



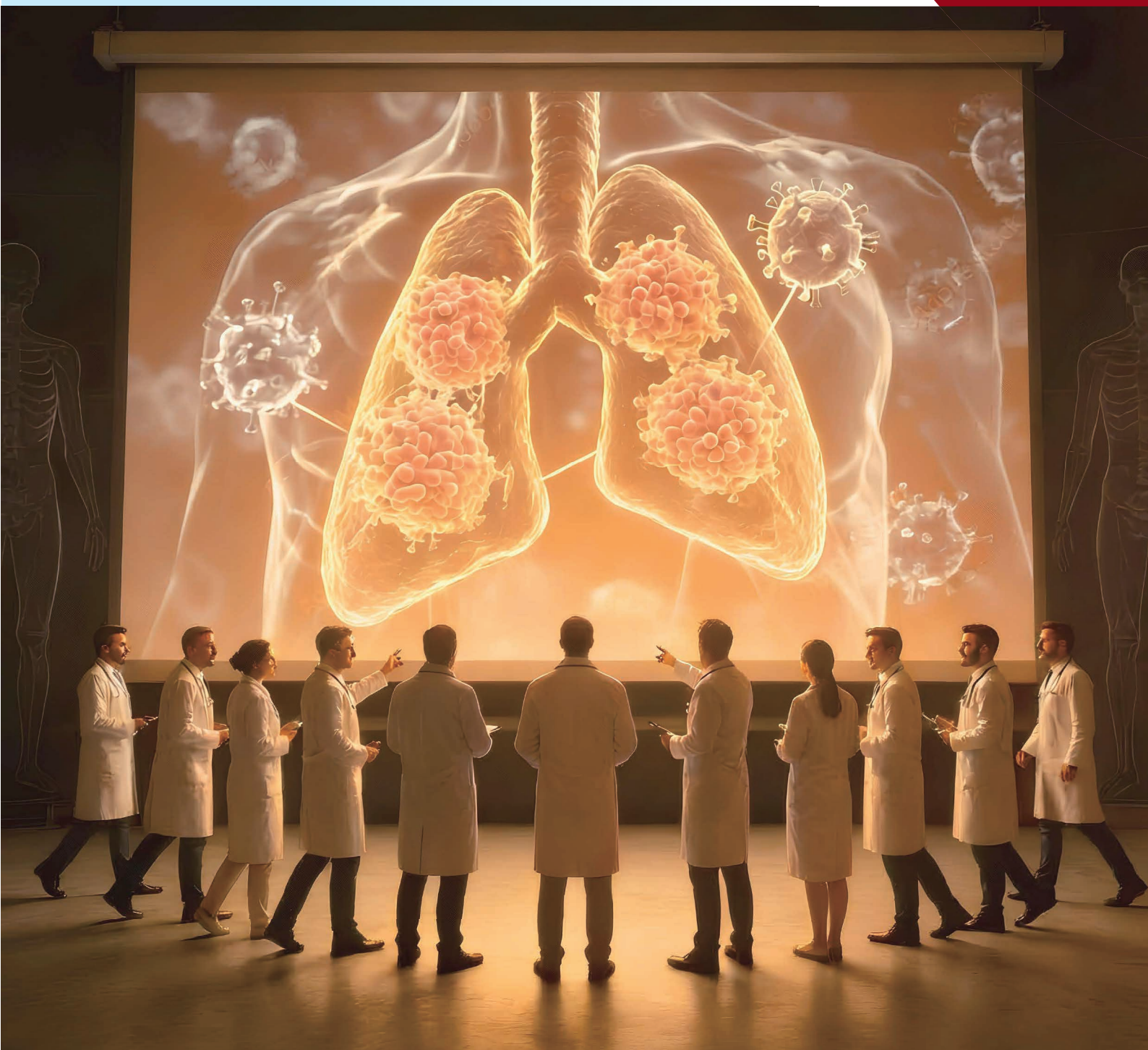
HONG KONG CHINESE MEDICAL ASSOCIATION LTD.
香港中華醫學會有限公司

HKCMA *Bulletin*

香港中華醫學會會訊 HKCMA Bulletin

ISSUE **06**
JAN 2026

齊來關注 **RSV** 擁抱健康莫遲疑





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香港中華醫學會 — 使命和願景

香港中華醫學會於 1995 年正式在香港註冊成為有限公司，時任會長為曹世植醫生，副會長為鍾尚志教授，秘書為沈祖堯教授。公司註冊處列明，香港中華醫學會的首四大宗旨如下：

- 促進醫療行業的福利和保護醫療行業的合法利益。
- 向公眾推廣和傳播醫學知識。
- 促進醫學科學的研究和工作。
- 促進和鼓勵醫學界成員之間的團結和友好關係。

HKCMA Vision and Mission

In 1995, the HKCMA Ltd. was formally registered as a limited company by guarantee. The first President of the registered company was late Dr. William Chao Sai-chik; the Vice- President was Professor Sydney Chung Sheung-chee; and the Honorary Secretary was Professor Joseph Sung Jao-yiu. The Memorandum of Association stated that the top four objectives of the HKCMA Ltd. are as follows :

- To promote the welfare and protect the lawful interests of the medical profession.
- To promote and spread knowledge of medical science among the public.
- To promote the study of and work for the advancement of medical science.
- To promote and encourage unity and friendly relationship among members of the medical profession.



Back row from the left : Dr. Ricky Chan, Dr. Albert Kong, Dr Chung-ping Ho, Dr. Norman Chan, Dr. Man-kay Poon, Dr. James Wong, Dr. Chun-kong Ng, Dr. Catherine Chen, Dr. Kacey Hau, Dr. Paul Shea

Front row from the left : Dr. Loletta So, Dr. Carol Kwok, Dr. Yim-kwai Law, Dr. Jane Chan, Dr. Daniel Chu, Dr. Charas Ong, Dr. Adrian Leung



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HKCMA Membership Application



For Doctor



For Associate Member



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Introduction



Dr. Mike Yat-wah Kwan
President, Asian Society for Pediatric Infectious Diseases (ASPID)

Welcome to the first issue of the Hong Kong Chinese Medical Association (HKCMA) Bulletin in 2026. I take this opportunity to wish everyone a successful and fabulous Year of 2026.

Respiratory Syncytial Virus (RSV) is a common cause of respiratory tract infection. It can cause severe morbidities and mortalities in high-risk individuals. On 20 November 2025, the “World Children’s Day 2025”, The Hong Kong Chinese Medical Association together with 33 medical and nursing societies, including The Asian Society for Pediatric Infectious Diseases, Asia Pacific Pediatric Association, The Hong Kong Society for Paediatric Immunology Allergy and Infectious Diseases, etc. jointly issued the statement “Caring for Infants and Vulnerable Individuals with Respiratory Syncytial Virus (RSV) at Home and Their Prevention”.¹

Dr. Jane Chan, President of HKCMA, together with Professor Martin Wong, Honorary Advisor, Global Health Program, the Association of Pacific Rim Universities and me, hosted a press conference advocating citizens in Hong Kong on the prevention of Influenza and RSV infection in the



fore coming Winter season on 23 November 2025. In this issue of the HKCMA bulletin, I have highlighted the importance of Respiratory Syncytial Virus (RSV) Infection and its subsequent consequences to those being infected, particularly the at risk group individuals and the preventive strategies on RSV infection are discussed.

Reference:

1.The 34 Medical and Nursing Societies Joint Statement “Caring for Infants and Vulnerable Individuals with Respiratory Syncytial Virus (RSV) at Home and Their Prevention”, 20 November 2025. Available at: <https://www.hkspaid.org/publications/>

Editor's Words



Dr. Kacey Kwun-cheung Hau 侯鈞翔醫生
Editor-in-Chief
HKCMA Bulletin

新的一年，各位醫生同仁們有什麼期望？

醫院診所與病人話別時，說聲「再見」，不見得是一句人人認同的說話。因為無病無痛，有誰想來診所醫院「再見」醫生？

甚至，有時病人覆診日子久了，掛念我們，想來診所找我或同事聊幾句，一定會強調「我今次沒有病」、「我不是來看病的」。

2025 年，香港整體發展，大家有什麼總結？全球經濟陰霾揮之不去，地緣政治觸目驚心；生離死別，身在香港，也經歷我們所有香港人一生難忘的傷痛。

治未病，理事兼好朋友、亞洲兒童傳染病學會主席關日華醫生在不同傳染病上為香港市民特別是青少年兒童方面不遺餘力，本身是港大醫學院兒童及青少年科學系名譽臨牀副教授、瑪嘉烈醫院兒童傳染病科顧問醫生，今年第一篇的學術討論呼吸道合胞病毒 RSV，最為合適不過。

西醫治未病，除了健康生活的放諸四海皆適宜方案，還有疫苗。

疫苗是帶領人類健康邁向新里程碑的重要基石，古今皆有的技術，科技更日趨成熟。RSV 就是這樣一個例子：無藥可治，幸有疫苗。全球有反疫苗及疫苗猶豫現象，造就了不少古舊疾病，

在不同地方死灰復燃，大家有目共睹。

11 月 26 日，大埔宏福苑五級火災，至少 161 人死亡，媒體稱之為「港殤」。王予婷醫生統籌一班醫護義工團隊，不分日夜輪更，與災民共度時艱，處理不少臨床案件；有天晚上，在火車站與王醫生相遇，她簡單一句“做得幾多得幾多”，印象尤深。的確，面對災難，我們只能盡力。

更難的，也許是怎樣處理各種後遺症：什麼該說，什麼不該說？

Clinical Quiz 令我們能快速學習，掌握臨床診治技巧，面對創傷後遺症 PTSD，精神科醫生林美玲用當中案例向我們示範，顯得非常及時。另有由皮膚科醫生劉顏銘提供精彩的皮膚圖像學習個案。

在香港這個艱難的時刻，林哲玄醫生獲選續任立法局議員。林議員過去一直十分支持香港中華醫學會會刊工作，在此再三感謝。

許建名醫生報告了去年西安醫療交流考察團情況，這是本會參與與內地的重要交流。

Hot Topics

2025 年 12 月份回顧與展望



林哲玄醫生
立法會醫療衛生界議員



我懷著謙卑向大家報告我在 12 月 7 日的立法會換屆選舉中獲選連任立法會醫療衛生界議員。我深深感謝各位同仁的信任和支持！

今年的競選要比四年前艱巨，我看到候選人都全力以赴。選舉是我們深入接觸選民的時候：積極接觸平日與業界共事仍未能接觸的同事。多聽意見才能優化政綱。

選舉期間，災情觸動了所有人。下面一段周記，記錄了人、情、事。

「26 日，開會。會後同事告訴我大埔發生嚴重火災；看新聞後，心裡一沉。

聯絡上威爾斯親王醫院的舊同事，得知大部分嚴重傷者都是吸入性肺部創傷。傷者人數雖

多，但經分流到各聯網，人手還算足夠，所以不必外援。但更壞的消息是，好幾個小時沒有收到病人了，能救出、逃出來的恐怕不多。

同是外科的江醫生晚上來訊建議組隊幫忙；於是我們成立群組。當時，群組裡只有江醫生和我。他說，同事將很快加入。不到幾小時，群組裡醫生人數過百。當時，我們不清楚政府是否需要我們的幫忙，但先組隊吧！眼科梁醫生負責統籌，與基層醫療署聯繫，目標定在社區處理輕患，舒緩公院壓力。未幾，群組迅速增加到 400 人；我們之外，各醫學團體和機構也組織起來。

27 日，基層醫療署在每個收容中心設立醫療站。各站由來自全港的醫護人員駐守，24 小時照顧有需要的居民。醫生都特別熱心，不少醫療站



醫生人數多過病人，一名病人往往由幾位醫生會診。

值得一提的是每個醫療站均設有地區康健中心和社區藥房服務點，人員來自全港各區的相關機構。醫生負責診斷、處方，社區藥房的藥劑師負責發藥、解釋藥物使用。遇到居民失去慢病藥物時，地區康健中心的護士透過醫健通找出藥物清單，交醫生處方，再交社區藥房發藥。要是下次復診時距踰月，社區藥房會與公立醫院聯繫，為病人補充整個時段的所需藥物。臨床心理學家在現場提供情緒輔導。西醫、中醫、脊醫、護士、藥劑師在有限時空內無分你我服務市民。醫護原是一家人。

原是學校的收容中心內義工忙個不了：有送物資的、有維持秩序的，更多為居民填寫和核對各種申請表。義工多來自各區關愛隊：第一天我見到大埔、沙田和北區關愛隊，第二天不少來自黃大仙、九龍城等，到了第三天，中西區關愛隊都來了。民政提供慈善基金申請、社署簽發災民證、安排一戶一社工以及中期住宿、入境處幫助居民補領身分證等。一時之間，學校化身一站式服務中心；居民累了、餓了有食物。食物、物資來自市民的自發捐贈；無數善長慷慨解囊，透過各大慈善機構發放緊急資金，以解居民燃眉之急。

災情下，消防、警察、海關、入境以萬計動員，民政、社署、各區關愛隊傾巢而出，醫管局



以萬計的員工夙夜不懈，私人執業和退休醫護人員以千計一一奔赴前線，全天候不停服務。我們一起在前線，親睹了同事的辛勞，看到是無私的付出、無疆的大愛。大家一點一滴，一分一毫幫助居民，務求給受影響的居民燃點燭光。逆境裡，流離中，我們守望相助，展現出光輝的隣舍精神。香港努力吧！希望在明天！」

選舉過後，復會在即，處理善後必然是本屆議會重點工作。醫療衛生界面也對嚴峻挑戰，我試例舉說明：

近日醫務委員會對聆訊耽誤的處理引起社會廣泛關注。永久終止聆訊既讓病人父母沮喪，也使答辯醫生即使沒有犯錯也難以通過公平聆訊取回清白。醫委會進行內部調查、申訴專員主動介入。現聆訊重啓，但危機仍在。事件亮起了市民對醫委會的信任紅燈。醫委會是醫生的監管機構，對監管機構的信任危機等同對我們專業自主的信任危機。當務之急是挽回公眾對醫學界的信任，改革迫在眉睫。

跨境醫療廣告誇張失實，引導市民接受非必要的治療；非法行醫訛稱提供有效治療，可令市民延誤診治。兩者皆對公眾健康構成威脅。我將儘快與政府溝通，商討解決方案，不排除建議修法。

醫療服務挑戰也不少，例如人口老化引起的併發症，以及公立醫院資源不足。基層醫療仍是發展重點；醫療融資方面，繼公營醫療收費改革

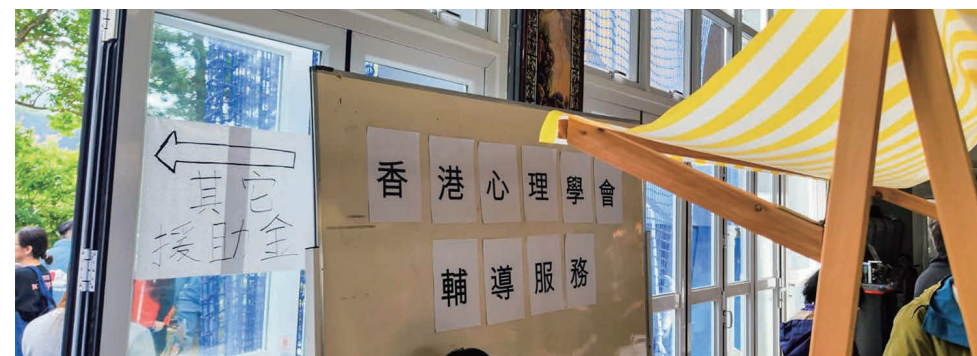
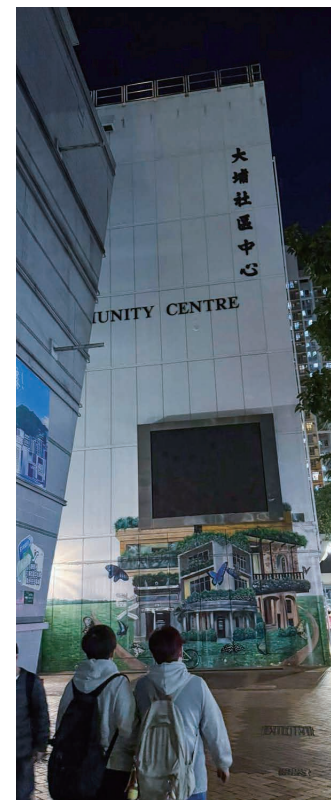
後，下一步是私營醫療收費透明度的提昇，但必須配合保險賠償同步透明才能讓市民有信心使用私營醫療體系，分流病人、善用全港醫療人力資源。康復治療隨著中風等慢病併發症增加將越發重要，但我們在康復治療方面欠缺整全規劃，亟需提上議程加速發展。

中醫藥是我國文化瑰寶，擁有極大的生命力和醫療優勢。發展既是國策，也是提昇中華民族文化自信的重要一環。中醫藥發展藍圖剛剛推

出，政府亦全程投入推進；我深信中醫藥將在專業、服務、科研、傳承全面提升，匯聚本港和內地優勢，善用從香港的國際脈絡走向世界，既造福市民，也惠澤全球。

我再次感謝各位的支持和鼓勵，也感謝我團隊過去一個多月，不眠不休，全力投入競選工作。

在未來四年，我定必全力以赴、盡責履職，為市民和業界服務，共同建構更健康、幸福的香港。



Presentation by HKCMA at "The 2026-27 Budget Consultation Session : Healthcare, Medical and Chinese Medicine Sector"



Dr. Christopher Kim-ming Hui
Vice President, HKCMA



Health Secretary, ladies and gentlemen, distinguished guests, and members of the Budget Consultation Panel,

Good afternoon. I am Dr Christopher Hui, representing the Hong Kong Chinese Medical Association (HKCMA). Thank you for the opportunity to share our core views on the 2026-27 Budget for the Healthcare, Medical, and Chinese Medicine Sector. As an association committed to Hong Kong's economic and social well-being, we emphasise sustainable, cost-effective healthcare that supports our workforce and community.

First, on tobacco control, we strongly align with the Council on Smoking and Health (COSH) in

advocating for substantial tobacco tax increases. Raising the tax to 75% of retail price, followed by annual 5% hikes, could significantly reduce smoking prevalence—potentially by up to 40% in health harms, based on recent studies. This follows the success of the 2023 and 2024 increases, which cut daily smoking rates from 84.8% to 54.1%. Such measures not only save lives but also ease the HK\$251 billion annual healthcare burden, where tobacco-related costs remain high.

Regarding alcohol taxes, we note the concerning rise in consumption after the 2008 tax cuts, leading to an estimated 616 alcohol-attributable deaths in 2018. To promote reduced alcohol consumption

and protect public health, we urge consideration of reverting to pre-2008 levels—40% on beer and 20% on wine—which modelling shows could decrease pure alcohol intake by 8-31% and avert 11-40% of related deaths.

On program expansion, we support broadening the Chronic Disease Co-Care (CDCC) Pilot Scheme, launched in 2023 for diabetes and hypertension management. To enhance accessibility, integrate more local general practitioners (GPs) and family medicine doctors, fostering seamless collaboration with the Hospital Authority (HA) and Department of Health. This public-private partnership could subsidize preventive care for millions, reducing hospital strain. As part of our commitment, HKCMA currently operates a chronic kidney disease (CKD) screening study of *at-risk* patients. Sponsored by the MPS Foundation, it involves the screening of over 500 patients to date.

The incidence of detecting moderate to severe CKD is about 15%, and it will mean significant cost-savings for supporting middle and end-stage kidney disease if this population can duly get started on proper renal-supportive treatment. Perhaps such programmes such as this can be expanded in-hand with the government.

Turning to budget management, Hong Kong's healthcare expenditure grew 8.6% year-on-year to HK\$251.2 billion in 2023/24, representing 8.3% of GDP—a trend nearing the 9.9% average over recent years. We caution against overbuilding local tertiary capacity, given the Greater Bay Area's (GBA)

explosive growth: an 86 million population, 652 million outpatient visits, and 14 million inpatients in 2023, with cross-border visits from Hong Kong surging 61% from 2018-2021. Shenzhen alone now serves 640,000 Hong Kong and Macao residents last year, often at lower costs. Instead, we can prioritise cross-border integration to optimise resources.

To lower prices and control budgets, we propose:

1. Bolstering primary healthcare through District Health Centres and Family Medicine Clinics to shift from expensive tertiary care—aiming for a 4:6 primary-to-secondary ratio;
2. Expanding Voluntary Health Insurance Scheme (VHIS) uptake, now at 1.4 million policies, to share costs;
3. Integrating Chinese medicine for affordable preventive treatments;
4. Implementing digital tools like telemedicine for efficiency; and
5. Reforming public fees to target subsidies for the needy, ensuring fiscal sustainability.

In conclusion, these measures will build a resilient, integrated healthcare system. We look forward to the government's support in the upcoming budget. Thank you.



HKSEMS Xi'an Exchange and Inspection Mission 2025: Key Learnings from Hospital Visits and Professional Exchange



Dr. Ludwig Chun-hing Tsoi
Former President, Hong Kong Society for Emergency Medicine and Surgery (HKSEMS)



Dr. Christopher Kim-ming Hui
Vice President, HKCMA



Visit to Shaanxi Provincial People's Hospital (Xixian New Area Campus) on 25 September 2025.
拜訪陝西省人民醫院（西咸院區）（25/9）

The Hong Kong Society for Emergency Medicine and Surgery (HKSEMS) organised an extremely fruitful four-day delegation to Xi'an from 25-28 September 2025. The group of local luminaries and experts included 30 members: doctors, nurses, physiotherapists, pharmacists, and other specialists from public and private sectors in Hong Kong.

The trip was co-organised with the Xi'an Municipal Bureau of Investment Cooperation (XAIC), Hong Kong College of Emergency Medicine and the Xi'an Overseas Friendship Association. More than 20 local organisations provided support, including the Hong Kong Chinese Medical Association, College of Nursing Hong Kong, Federation of Medical Societies of Hong Kong, Hong Kong Women Doctors Association, Pharmaceutical

Distributors Association of Hong Kong, Hong Kong Physiotherapy Association and Hong Kong St John Ambulance.

The main focus was on-site visits to three tertiary Grade A hospitals. These visits allowed direct observation of operations, equipment, and workflows.

Discussions covered extensive details on emergency protocols, trauma care, training standards, and advanced technology use. The delegation left Hong Kong on Cathay Pacific CX946 (11:10 departure, 14:35 arrival), 25 September, and returned on CX947 (15:50 departure, 19:20 arrival), 28 September.

All members stayed at the Royal City Haomen Hotel in central Xi'an.

Day 1 (25 September): Shaanxi Provincial People's Hospital (Xixian New Area Campus)

This public hospital opened in December 2022. It serves the Xixian New Area between Xi'an and Xianyang.

- Beds: 1,500 (Phase 1); planned expansion to 1,800.
- Clinics and wards: 35 outpatient clinics, 27 inpatient wards.
- Annual volume: >500,000 outpatients, >30,000 inpatients, ~180,000 emergency cases.
- Key features: Rooftop helipad, hybrid operating rooms, 16 advanced technology platforms.
- Performance: Door-to-balloon time for STEMI <60 minutes; AI-assisted CT triage for stroke reduces imaging delay to <8 minutes.

The group toured the emergency department and trauma centre. Staff explained pre-hospital coordination with more than 80 ambulance stations and the integrated use of 5G telemedicine links for pre-hospital care and communication. Hong Kong members compared this to the Hospital Authority's systems and discussed joint trauma drills for 2026.

Day 2 (26 September): Two Major Hospitals

Xi'an Jiaotong University Second Affiliated Hospital (Northwest Hospital) This hospital has

been operating since 1937. It reports directly to the Ministry of Education and National Health Commission.

- Beds: 2,580.
- Annual volume: 2.4 million outpatient and emergency visits, >130,000 inpatients.
- Staff: 4,200 total, including 578 senior specialists.
- Surgical output: >12,000 major emergency operations per year.
- Training: Emergency residents complete 200 supervised POCUS scans (Hong Kong: standard is on achieving demonstrable competency and unsupervised practice through a structured program).

The visit included the hybrid emergency operating room. Workflow cases demonstrated how it was achievable for a median arrival-to-groin puncture time of 45 minutes for a ruptured abdominal aortic aneurysm. The MCI command centre coordinates 120+ ambulance stations. Both sides were interested in extending the cooperation in research and training in the near future.

Xi'an International Medical Centre Hospital (High-tech Zone) This private-public partnership hospital opened in July 2019 and holds JCI accreditation. It operates north and south districts on one massive town-sized site. On-site corridors reach over 1-2



Visit to Xi'an International Medical Centre Hospital (High-tech Zone) on 26 September 2025.
拜訪西安國際醫學中心醫院（26/9）

kilometres in length, requiring 12-seater golf-carts to transport staff, patients and materials!

- Beds: >8,600 total (>23,000 planned for Phase II).
- Annual volume: ~3.5 million outpatients, ~400,000 emergency cases.
- Stroke centre: Door-to-needle time <30 minutes.
- Sepsis tool: AI prediction model with 94% sensitivity.
- Emergency setup: 120 bays in two sections, negative-pressure isolation rooms, early mobilisation unit. On-site imaging centre, HDU, ICU and surgical facilities.

The group reviewed the critical care complex and protocols for the air evacuation fleet (6 critical care helicopters). Physiotherapists noted the rehab protocols. Talks led to plans for shared rescue and medical standards across the Greater Bay Area. This hospital aims to be a major portal and gateway to the new "Health Silk Road" from Xi'an and Shaanxi-province.

Day 3 (27 September): Site Visits Continued - The Story of Jiaotong University's Westward Migration and Expansion

The schedule included the Jiaotong University Migration Museum in the morning. This displays over 2,200 items, including 480 donated by former staff and students. The museum highlights the challenges and historical precedent of the 1950s relocation-extension of Shanghai Jiaotong University from Shanghai to Xi'an.

Although a most ancient city within China, Xi'an today houses a great number of universities in the country, with strengths in information technology, electronics and engineering. Xi'an Jiaotong University (together with Northwestern Polytechnical University and Xidian University) is one of the country's most prestigious C9 League universities with strong engineering and bioengineering programmes.

Epilogue: Cultural Cadence Amidst Professional Pursuit

The professional program was balanced with short interval cultural stops. On Day 3, the group visited Huaqing Pool, a Tang-era hot spring site upgraded to 5A status in 2024. The evening performance of Song of Everlasting Sorrow used lasers, lights, water, and the beautiful Mount Li as the backdrop. Further brief visits were arranged to the Qin Shi Huang Mausoleum, covering 56 square kilometres; construction ran from 246 BCE to 208 BCE. The nearby Terracotta Army pits, discovered in 1974, contain more than 8,000 amazing life-size figures.



Field study of the Huaqing Pool cultural project (27/9)
實地考察文化項目華清池 (27/9)



Field study of the "Five Chambers" site of the 1212 Xi'an Incident (27/9)
考察 1212 西安事變地點「五間廳」(27/9)



Field study of the Terracotta Warriors Pits 1, 2, and 3 (27/9)
實地考察兵馬俑 1 號 2 號及 3 號坑 (27/9)

Each soldier (like each doctor?) showing unique facial features and original colour traces. A true legacy for all mankind, and UNESCO heritage site oft quoted as the "Eighth Wonder" of the world.

On Day 4, members walked sections of the 13.74 km Xi'an City Wall (built 1374-1378, 12 m high, 15-18 m wide at base). The morning gate-opening at Yongning Gate provided a brief photo stop. These activities lasted 1-2 hours each and gave time to the group to discuss the hospital findings and meetings. Group meals included local dishes; one evening ended with a quick vote on the best local dishes near the Bell Tower.



Experienced the cultural performance "Grand Qin Banquet" (27/9)
品嚐文化項目「大秦禮宴」(27/9)



Experienced the cultural performance *Song of Everlasting Sorrow* (27/9)
體驗文化項目長恨歌 (27/9)



Field study of the Xi'an Xianyang Airport Museum (28/9)
考察西安咸陽機場博物館 (28/9)

Outcomes and Next Steps

The delegation suggested the following for future activities:

1. Deepen professional exchanges by providing hospital introductions and discussion outlines prior to visits and arranging small-group networking sessions.
2. Establish a long-term communication mechanism by distributing standardized contact lists after the event to facilitate future collaboration.

The trip showed clear operational differences and similarities: Xi'an hospitals handle much higher patient volumes with larger bed bases, and faster target times in stroke and cardiac cases. Hong Kong offers stronger clinical governance in a compact urban response environment. Both sides see great value in regular staff swaps, joint-training and shared protocols. We look forward to further engagement and deeper cooperation in the near future.

Concluding Remark

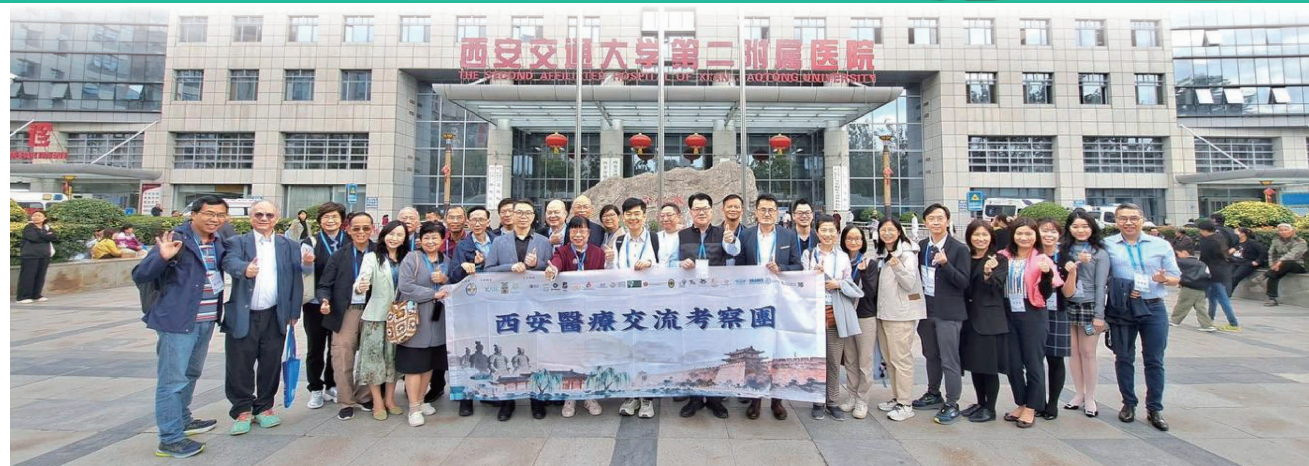
We extend our deepest gratitude to the Xi'an Municipal Bureau of Investment Cooperation (XAIC), the Xi'an Overseas Friendship Association, and all supporting organisations for their exceptional coordination and unwavering support. The warm hospitality of our hosts at Shaanxi Provincial People's Hospital, Xi'an Jiaotong University Second Affiliated Hospital, and Xi'an International Medical Centre Hospital made every visit both insightful and memorable. From seamless logistics and thoughtful cultural interludes to the generous sharing of expertise, their kindness fostered genuine camaraderie and enriched our professional exchange.

We are truly thankful for the open doors, attentive care, and enduring friendships forged during this inspiring journey.

西安醫療交流考察團活動檢討報告

**蔡振興 醫生**

香港急症醫學會前任會長



拜訪西安交通大學第二附屬醫院（26/9）

1、前言

本會於 2025 年 9 月 25 日至 28 日舉辦「西安醫療交流考察團」，共 30 位來自醫療、護理、藥劑、復康及管理等不同專業領域的團員參與。活動旨在促進秦港兩地醫療專業交流、開拓視野，並探索未來合作契機。行程涵蓋三所具代表性的醫療機構參訪及多項文化體驗。

活動結束後，全體 30 位團員均完成評估問卷（回應率 100%），本報告基於問卷回應內容進行統計分析與重點歸納，並參考團員於社交媒體的公開分享，作為未來策劃同類活動之檢討與優化依據。

2、量化統計分析

2.1. 整體滿意度

- 目的達成評分（1-5 分）：

所有 30 位受訪者中，26 人給予 5 分（最高分），4 人給予 4 分。

平均分：4.87/5，反映活動整體成效極佳。

2.2. 考察目的選擇（可多選）

受訪者選擇的考察目的分佈如下：

- 開拓視野，吸收新知識：30 人（100%）
- 建立人脈網絡：23 人（76.7%）
- 尋找具體的合作或科研／商業機會：12 人（40%）
- 放鬆身心，激發創意：12 人（40%）
- 學習特定的技術或知識：10 人（33.3%）
- 完成特定的任務或專案：4 人（13.3%）

此顯示活動成功滿足了團員對「開拓視野」、「獲取知識」與「人脈建立」的核心期望。

3、質性回饋分析

3.1. 活動亮點

團員普遍認為亮點集中於以下兩方面：

3.1.1. 醫療考察深度與廣度兼備

- 參觀陝西人民醫院（西咸院區）（定位為「大綜合，強專科」的省級重點建設項目）、西安交通大學第二附屬醫院（國家級三甲醫院，其 CAR-T 細胞治療多發性骨髓瘤技術在國際

上備受關注），以及西安國際中心醫院（2021 年高分通過 JCI 認證的超大型現代化綜合醫院，擁有質子治療中心等尖端設施）。

- 團員特別讚賞能同時接觸公立與私立醫療體系，從而立體了解內地醫療生態。

3.1.2. 文化體驗獨特且高效

- 透過貴賓通道參觀兵馬俑，避免長時間排隊與步行。
- 觀賞《長恨歌》及《1212·西安事變》等大型實景演出，結合科技與歷史，帶來震撼體驗。

3.2. 改進建議

綜合團員意見，主要改進方向如下：

3.2.1. 行程節奏：

多位團員（如 Case 4, 8, 12, 27）反映行程略為緊湊，建議延長天數，並增加自由活動時間（如購物、自由用餐、卡拉 OK）。

3.2.2. 餐飲安排：

有團員（Case 3, 5, 29）建議優化餐單，增加地道陝西小吃（如肉夾饃、涼皮），或安排 1-2 次自由用餐時段，以貼合「小吃大省」特色。

3.2.3. 醫療交流深度：

建議在參訪前提供各醫院的重點介紹與交流方向（Case 10, 24, 30），並在行程中安排「陝港醫療小組討論」，促進針對性對話（Case 3）。

3.2.4. 後續跟進：

有團員（Case 28）強烈建議製作詳細聯絡名單（含中英文姓名、職銜、機構、通訊方式），以利後續合作。



考察西安市文化遺產古城牆（28/9）

3.3. Take-Home Message（核心心得）

團員的最重要心得高度一致，可歸納為：

- 3.3.1. 「開拓視野對個人與事業發展至關重要。」
- 3.3.2. 「秦港醫療合作潛力巨大，應持續深化交流。」
- 3.3.3. 「感謝團長與接待單位的悉心安排，活動兼具專業與人情味。」

4、結論與建議

本次西安醫療交流考察團在專業性、組織性與文化體驗三方面均獲高度評價，成功達成預設目標。團員不僅對內地醫療發展規模與創新（如 ECMO 基地、質子治療、CAR-T 技術）感到震撼，亦對兩地未來合作充滿期待。

未來活動建議：

- 4.1. 延長行程至 5 天，保留 1 個晚上為自由活動時間。
- 4.2. 優化餐飲體驗，融入更多在地小吃元素。
- 4.3. 深化專業交流，於參訪前提供醫院簡介與討論提綱，並安排小組對接環節。
- 4.4. 建立長效聯絡機制，活動後發放標準化聯絡名單，促進後續合作。

謹此感謝香港急症醫學會及所有協辦機構的信任與支持。本人深信，此次活動為秦港醫療合作奠定了堅實的基礎，未來可在此基礎上策劃更具針對性的專題交流。



拜會香港特區政府駐陝西省辦公室陳靜儀主任（26/9）



考察大唐不夜城文化項目（26/9）



Medical volunteers' joint effort on Tai Po fire relief made a difference



Dr. Charas Yeu-theng Ong
Chairperson, Medical Conscience

From November 26 to December 6, I had the privilege of serving as one of the coordinators for medical support at the shelters for residents affected by the devastating fire in Tai Po. Our operations were based at the Tai Po Community Centre, where we provided essential medical services to those in dire need.

Over the course of our mission, our dedicated volunteer team of doctors, Chinese medicine practitioners, nurses, pharmacists, first-aiders, clinical psychologists and others conducted more than 400 consultations, offering a blend of both Western and Chinese medicine, and psychological counselling. Multidisciplinary teams serve to address the diverse medical needs of the affected residents, ensuring they receive the comprehensive care necessary during such a difficult time.

Each consultation transcended basic medical assistance; it became a moment of connection, understanding, and support for individuals coping with significant loss. Many residents were dealing with not only physical injuries but also psychological sequelae stemming from the fire. Being able to lend a listening ear or provide reassurance was as crucial as any medical treatment we administered.

One of the stand-out aspects of this experience was the collaborative effort among various teams, including District Health Centre nurses, the Pharm+ community pharmacies run by different NGOs, Hong Kong Red Cross, clinical psychologists and the medical volunteers mainly from the private sector gathered by our group Medical Conscience. Witnessing the synergy between these groups has been nothing short of inspiring. We truly operated

as a family, unified by our commitment to support the community. This spirit of cooperation enhanced the quality of care we provided, demonstrating the power of collective effort in achieving meaningful outcomes.

As the mission progressed, it became increasingly clear that our work was about more than just medical treatment. We have humbly kicked start the process of rebuilding lives and restoring hope. Each volunteer brought not only their medical skills but also compassion to the forefront of our efforts.

As I reflect on this mission, my heartfelt gratitude goes to the leadership of the Health Bureau and Primary Healthcare Commission, and all healthcare colleagues who demonstrated unity and unwavering dedication. Our medical support at the Tai Po Community Centre, along with the medical support rendered at the other shelters, has made a significant difference in the lives of those impacted.

The conclusion of our medical volunteer support at the shelters on December 6 marks the end of this phase but represents lasting bonds formed during our service.

While we mourn the losses experienced, the medical community has shown remarkable unity, strength and professionalism throughout this crisis. As we conclude our immediate responsibilities, everyone will be encouraged to carry forward our commitment to serve with love and purposeful action. Together, we can continue to make a difference, regardless of the challenges that lie ahead.



Respiratory Syncytial Virus Infection, the Consequences and the Preventive Strategies



Dr. Mike Yat-Wah Kwan
President, Asian Society for Pediatric Infectious Diseases (ASPID)

Respiratory Syncytial Virus (RSV) infection usually being considered as a mild illness in healthy population, all humans have been infected with RSV at least once by the age of two and reinfection throughout life is common.¹ Two to three out of every 100 infants under 6 months are hospitalized with RSV every year.² Over 70% of RSV hospitalizations occur in healthy full-term infants.³⁻⁶ However, it can lead to serious illnesses and even mortality in high-risk individuals particularly those children born preterm, aged below 1 year old, some young children and adults with co-existing medical illness and older adults such as heart or lung conditions, diabetes, and weakened immune systems.⁷⁻⁹ RSV infection occurs throughout the year in Hong Kong.⁹ RSV infection can also cause outbreaks in vulnerable settings, such as nursing homes, paediatric wards, and neonatal intensive care units.¹⁰

Clinical manifestations of RSV infections are like that of other viral respiratory pathogens and include cough, nasal congestion, rhinorrhoea, sore throat, dyspnoea, decreased appetite, body ache or weakness, headache and occasionally otitis media. Lower respiratory tract disease is common and may result in respiratory failure or death.¹¹ Occasionally, children present with trouble breathing and difficulty in feeding. Symptoms of bronchiolitis can last for 1 to 2 weeks but occasionally can last longer.¹²

RSV infection is possibly associated with recurrent wheezing, reduced pulmonary function, and poses a substantial health burden in children.¹³⁻¹⁵

Severe RSV infection, with lower respiratory tract involvement, is more strongly associated with the development of recurrent wheezing of early childhood (RWEC) or asthma than non-severe RSV infection. However, the evidence on cause of association is mixed and inconclusive.¹⁴

For older adults in the community, it is estimated that RSV infection developed annually in 3 to 7 percent of healthy elderly patients and in 4 to 10 percent of high-risk adults.¹⁶ Among those older patients who are hospitalized, about 10-20% result in intensive care unit admission or mortality.¹⁷ The illness is mild in most adults; however, adults with history of chronic obstructive pulmonary diseases, heart diseases, stroke, diabetes mellitus, kidney disease, obesity and immunosuppression stand a higher risk of severe illness from RSV requiring hospitalization.¹⁸ Similar to subjects at younger age, in the adults RSV may cause persistent cough, wheezing, worsening of chronic lung conditions, pneumonia, respiratory failure, exacerbation of underlying chronic diseases, with or without fever. When compared with influenza viral infection, RSV infection in hospitalized adults is associated with more severe clinical manifestations, including elevated incidence of pneumonia, more severe respiratory complications, greater reliance on supplemental oxygen therapy, acute kidney injury, and increased mortality rates.^{17,18}

There is no specific antiviral medication for fighting RSV.^{19,20} Most RSV infections go away on their own in a week or two. Patients, parents and caregivers should focus on relieving symptoms



and supportive care across all age groups, making the patients comfortable and to observe for complications.⁹

Prevention is better than cure⁹

To protect infants and young children, older adults, and individuals with chronic or immunocompromising conditions, precautions for RSV prevention include maintaining good personal hygiene; avoiding to go places where crowds gather at the time of epidemic seasons; wearing a properly fitted surgical mask when going outdoor; observing respiratory hygiene etiquette by covering your mouth and nose when you cough or sneeze.

In addition, if necessary, parents may consider giving their babies RSV antibody injections for protection (passive immunization). Pregnant women may also consider receiving RSV vaccination so that maternal antibodies can be transferred to the baby through the placenta. Citizens may consult their doctors based on their clinical needs. Adults, particularly individuals and those with chronic conditions, should consider similar preventive measures, including hand hygiene, avoiding going to crowded places, and maintaining good respiratory etiquette or receiving appropriate vaccination timely.

Immunisation in infants

Possible options for immunization against RSV include (1) Infant immunization with RSV long-acting monoclonal antibodies, (2) Maternal RSV vaccine for pregnant women and (3) Infant immunisation with short-acting monoclonal antibodies for preterm and high-risk babies.

Infant immunization involves the use of long-acting monoclonal antibodies that mimic the antibodies our bodies naturally produce to fight infections. Monoclonal antibodies provide passive immunity which means they offer direct and immediate protection without requiring the immune system to respond. These antibodies are

made to target specific structure on the surface of pathogens and remain in the body for an extended period to provide prolonged protection.^{21,22}

In a recent published meta-analysis reviewed real-world effectiveness of RSV long-acting monoclonal antibodies, it showed long-acting monoclonal antibodies are able to reduce RSV related lower respiratory tract infection, hospitalisation and Intensive Care Unit admissions by 75%, 83% and 81%.²³ Proven sustained efficacy against RSV disease in infants were demonstrated in pivotal clinical trials with duration of protection at least 6 months and sustained levels of RSV neutralising antibodies through 1 year.²⁴⁻²⁸

Maternal immunization involves vaccinating pregnant women at specific period (recommended gestational ages from different societies and countries varied, including a recommended gestational age to be above 26 weeks, 28 weeks, and above 32 weeks) to protect both mother and infants from infectious diseases. When a pregnant woman is vaccinated, her immune system produces antibodies against the targeted pathogens and are then transferred to the fetus through the placenta during pregnancy. The transferred antibodies provide passive immunity to the newborn, protecting them during the first few months of life when their immune system is still developing, and they are most vulnerable to infections.^{22,29-31}

RSV prophylaxis with monthly injection of short-acting monoclonal antibodies, should be considered for 5 to 6 months after hospital discharge among preterm infants born at <29 weeks gestational age; it should also be considered for children aged <1 year with haemodynamically significant congenital heart disease or bronchopulmonary dysplasia.^{32,33}

All the above three preventive strategies have been proven to be effective in preventing RSV lower respiratory tract infection especially for high-risk infants (preterm, infants with



immunocompromised condition, chronic lung and heart diseases).

Immunisation in Adults

The possible options for immunization against RSV in adults aged ≥60 years include (1) adjuvanted RSV vaccine and (2) non-adjuvanted bivalent RSV vaccine. Adjuvanted RSV vaccine is also approved for use in adults aged 50-59 years with increased risk due to underlying health conditions.^{34,35}

The U.S. Advisory Committee on Immunization Practices (ACIP) recommends a single RSV vaccine dose for adults aged ≥60 years, particularly those with chronic respiratory, cardiovascular, renal, hepatic, neurologic, metabolic, or immunocompromised conditions, based on shared clinical decision-making. In June 2024, ACIP extended this recommendation to adults aged 50-59 years with similar high-risk conditions.³⁶

Adjuvanted RSV vaccine contains an adjuvant that enhances immune response, particularly in older or immunocompromised adults, with first-season clinical trials showing 82.6% efficacy against RSV related lower respiratory tract disease (LRTD) and 94.1% against severe LRTD with ≥2 signs, with protection sustained for approximately 3 RSV seasons.^{34,37,38} A community based study showed that adjusted RSV vaccine efficacy (VE) against any RSV infection was 50.8% and 59.8% against symptomatic RSV. The study also suggests that a higher antibody level may be associated with a reduced risk of RSV infection.³⁹ Bivalent vaccine targeting RSV-A and RSV-B prefusion proteins, demonstrated protection across two RSV seasons. In season 1, VE was 65.1% for LRTI with ≥2 symptoms and 88.9% for LRTI with ≥3 symptoms. In season 2, VE remained high at 55.7% for LRTI with ≥2 symptoms and 77.8% for LRTI with ≥3 symptoms, with efficacy across both seasons reaching 81.5% for LRTI with ≥3 symptoms.^{35,40}

The Scientific Committee on Vaccine Preventable Diseases (SCVPD) of the Centre for Health

Protection (CHP), Department of Health, HKSAR reached interim consensus in January 2025 that adults aged 75 years and above or living in residential care homes may consider receiving a single dose of RSV vaccine after consultation with their healthcare provider.⁴¹

Although the RSV vaccine has been proven effective in preventing RSV infection, a minor risk of adverse reactions remains post-vaccination, including the potential for Guillain-Barré Syndrome (GBS). For further details, please refer to the information published by the Hong Kong Drug Office on 8 January 2025.⁴²

International and Global Recommendations

The World Health Organization identified RSV as the most important cause of acute lower respiratory infections in infants and a significant burden in older adults and those with underlying conditions, calling for global surveillance and vaccine development.⁴³ In a joint appeal published in The Lancet, The World Society for Pediatric Infectious Diseases (WSPID), The Asian Society for Pediatric Infectious Diseases (ASPID), The Asia Pacific Pediatric Association (APPA) and 41 leading scientific and social organisations from across the globe are calling on Gavi, the Vaccine Alliance, to take urgent action to save millions of young lives by protecting them against RSV.⁴⁴

On 20 November 2025, the “World Children’s Day 2025”, Hong Kong Chinese Medical Association together with 33 medical and nursing societies jointly issued the joint statement “Caring for Infants and Vulnerable Individuals with Respiratory Syncytial Virus (RSV) at Home and Their Prevention”⁴⁵ to increase the public awareness on this issue.

Regarding the detailed recommendations in different regions and countries, please kindly refer to the relevant local and regional experts and societies.

Reference:

Reference will be provided upon request.



CME Questions

Please answer the following statements T(True) or F(False):

1. All humans should have been infected by RSV at the age of 6 months. (T/F)
2. RSV reinfection throughout life is common. (T/F)
3. RSV infection in children possibly associated with recurrent wheezing, reduced pulmonary function, and poses a substantial health burden. (T/F)
4. RSV infection in hospitalized adults is much less severe compared to Influenza Infection. (T/F)
5. The following are effective strategies in prevention of RSV infection:
 - A. Good personal hygiene and frequent and handwashing practice. (T/F)
 - B. Expectant mothers to get vaccinated against RSV. (T/F)
 - C. Infants and children to receive RSV vaccine. (T/F)
 - D. Short- or Long-acting monoclonal antibodies to infants and children. (T/F)
 - E. RSV vaccination to elderly and adults at risk of RSV infection. (T/F)
6. The Scientific Committee on Vaccine Preventable Diseases (SCVPD) of the Centre for Health Protection (CHP), Department of Health, HKSAR reached interim consensus in January 2025 that adults aged 45 years and above or living in residential care homes may consider receiving a single dose of RSV vaccine after consultation with their healthcare provider. (T/F)

Answer Sheet HKCMA Bulletin Issue 06 (January 2026)

Doctors are most welcome to answer the self-assessment questions to attain the CME point for respective authorities if X answers out of the 10 short questions are correct by returning the completed answer sheet via fax 3007 1019 or by email to info@hk-cma.org.hk on or before 20 Mar 2026 for documentation. Answers to questions will be provided in the next issue of the HKCMA Bulletin.

Respiratory Syncytial Virus Infection, the Consequences and the Preventive Strategies

By Dr. Mike Yat-wah Kwan, President, Asian Society for Pediatric Infectious Diseases (ASPID)

Self-assessment Questions 1-4, 5A-E, 6: Please answer T (true) or F (false)

Q1	Q2	Q3	Q4	Q5A	Q5B	Q5C	Q5D	Q5E	Q6

Full Name (blockletters): _____ Signature: _____

HKID No. : _____ () MCHK No: _____

HKMA No: _____ or HKDU No: _____

College: _____ Fellowship No: _____

Answers to Issue 05 (October 2025)

Atonic Postpartum Haemorrhage

By Prof. Terence Tzu-hsi Lao, MBBS, MD

Honorary Professor, Department of Obstetrics & Gynaecology, The University of Hong Kong

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
F	F	T	T	F	F	T	T	T	T



Assessment and Management of Post-Traumatic Stress Disorder (PTSD) for Family Physicians and Other Specialists



Dr. May Mei-ling Lam
Specialist in Psychiatry

A 54-year-old lady presented with 5 weeks history of poor sleep, recurrent nightmare, irritability, startled response, avoidance behaviour, hyper-vigilance, avoiding the fire scene, with crying spells, excessive guilty feeling over not helping neighbours when she was escaping from the fire and during evacuation. She is a survivor in the Tai Po tragic fire incident in late November 2025.

Q1. What is the most likely diagnosis?

- A. General Anxiety Disorder
- B. Depression
- C. Adjustment Disorder with depressed mood
- D. Acute Stress Reaction
- E. PTSD

Q2. What should be done when seeing a patient with emotional distress after experiencing crisis?

- A. Ask for detailed description of the traumatic event
- B. Normalizing his or her sufferings, e.g. 「放鬆D，唔諗就無事啦。」
- C. Non-judgmental understanding, e.g. 「我明白你嘅感受。」
- D. Reassuring that the situation will definitely get better, e.g. 「唔洗擔心，一定冇事。」
- E. Standby 24 hours for the patient, e.g. 「有咩事，24小時都會搵到我，我必定立即回覆。」

Q3. Which of the following is NOT a signal of suicidal risk?

- A. Feeling hopelessness
- B. Feeling worthlessness
- C. Excessive self-blame
- D. Enjoying watching sunset
- E. Guilty feeling

Overview of PTSD

Post-Traumatic Stress Disorder (PTSD) is a prevalent mental health condition that can develop after exposure to a traumatic event. It affects approximately 6% to 10% of individuals over a

lifetime, with significantly higher rates in women and trauma-exposed populations such as military veterans and first responders. Early recognition and appropriate management in primary care settings are essential for improving patient outcomes.

Diagnostic Criteria

PTSD is diagnosed based on specific criteria outlined in the DSM-5-TR, consisting of: - Criterion A: Exposure to actual or threatened death, serious injury, or sexual violence via direct experience, witnessing, or learning about a close friend or family member. - Symptoms categorized into four main clusters: - Intrusions (e.g., recurrent, involuntary memories) - Avoidance (e.g., efforts to avoid reminders of the trauma) - Cognition and Mood impairment (e.g., negative beliefs about oneself) - Alterations in Arousal and Reactivity (e.g., hypervigilance) An important distinction is made between PTSD and Acute Stress Disorder (ASD), where ASD symptoms manifest within 3 days to a month following the traumatic event, while PTSD symptoms must persist for more than a month.

Comorbidities

PTSD frequently coexists with other psychiatric conditions such as Major Depressive Disorder (MDD), Generalized Anxiety Disorder (GAD), and substance use disorders. Approximately 80% of individuals with PTSD meet criteria for at least one other psychiatric disorder. Effective treatment should address these comorbidities concurrently.

Risk Factors for PTSD Development Understanding risk factors can aid in prevention and early intervention: - Pre-traumatic: History of childhood emotional problems, family psychiatric history, and socioeconomic factors. - Peri-traumatic: Severity of the trauma and the perceived threat at the moment. - Post-traumatic: Negative appraisals and poor coping mechanisms following the trauma. Certain populations, including racial and sexual minorities, are at heightened risk, highlighting disparities in treatment access.

Complications of PTSD PTSD complications extend beyond mental health issues; they can impact

physical health, leading to cardiovascular disease, metabolic disorders, and a higher risk of suicide. Survivors are also prone to depression and anxiety, leading to increased social isolation.

Treatment Approaches

The management of PTSD predominantly involves psychotherapy. 1. Trauma-Focused Psychotherapy: Evidence-based therapies such as Cognitive Processing Therapy (CPT), Prolonged Exposure therapy (PE), and Eye Movement Desensitization and Reprocessing (EMDR) are recommended as first-line treatments. 2. Pharmacotherapy: SSRIs like sertraline and paroxetine are commonly used for symptomatic relief. While pharmacotherapy can supplement therapy, it is not a standalone preventive measure following trauma. 3. For Patients with Comorbid Conditions: A longer duration of treatment may be necessary, and combination therapy is often effective in facilitating recovery.

Referral Guidelines

Primary care providers play an integral role in identifying PTSD. Referral to specialty care should occur when: - Symptoms are present and impairing functioning significantly. - Patients show persistent symptoms after trauma exposure. In high-risk cases—particularly with suicidal ideation—immediate evaluation in emergency settings is warranted.

Conclusion

A comprehensive approach to PTSD involves timely diagnosis, appropriate treatment, and awareness of the individual's comorbidities and risk factors. Understanding the intersection of physical and mental health impacts allows for better care strategies in primary practice, ultimately improving patient outcomes and quality of life.

Reference:

Schrader C, Ross A. A Review of PTSD and Current Treatment Strategies. *Mo Med*. 2021 Nov-Dec;118(6):546-551. PMID: 34924624; PMCID: PMC8672952 Iribarren J, Prolo P, Neagos N, Chiappelli F. Post-traumatic stress disorder: evidence-based research for the third millennium. *Evid Based Complement Alternat Med*. 2005 Dec;2(4):503-12. doi: 10.1093/ecam/neh127. PMID: 16322808; PMCID: PMC1297500.

Answers:
Q1: E, Q2: C, Q3: D

Dermatology Quiz



Dr. Laura Ngan-ming Lau
Specialist in Dermatology and Venereology

A 53-year-old lady with good past health, presented with eyelid swelling, persistent rash over face and bilateral hand dorsum for 3 months.



Fig 1. Face

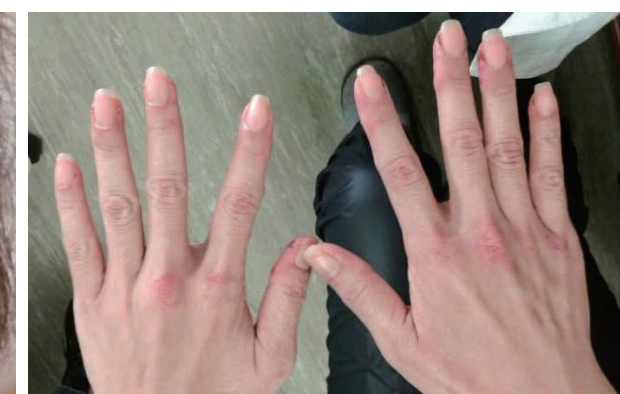


Fig 2. Hand dorsum

- Q1. What should be your top differential diagnosis?**
- A. Lupus erythematosus
 - B. Eczema
 - C. Dermatomyositis
 - D. Psoriasis
- Q2. What is the sign shown on the face from the photo?**
- A. Heliotrope rash
 - B. Holster sign
 - C. Gottron's papules
 - D. Shawl sign

Dermatomyositis (DM) usually presents with characteristic skin manifestations. DM typically begins on the face with a heliotrope rash involving the eyelids and periorbital area. The rash on the face that can involve the nasolabial folds. Lupus erythematosus (LE), on the other hand, commonly features a malar rash which typically spares the nasolabial folds. Psoriasis on face presents as more well-defined scaly plaques.

Gottron's papules are also pathognomonic sign of DM, with violaceous papules and plaques on extensor surfaces of hands joints and knuckles.

In LE, a rash may appear on the knuckles and interphalangeal spaces, while Gottron's papules in dermatomyositis tends to spare the interphalangeal spaces.

Apart from heliotrope rash and Gottron's papules as shown, other cutaneous signs of DM include Gottron's sign, shawl sign, Holster sign, etc. Gottron's sign of DM involving the extensor surfaces of elbows and knees may resemble psoriasis, but with a more violaceous hue. Shawl sign refers to photodistributed poikilodermatous lesions involving the upper back. Similar lesions seen in the lateral thigh is called the Holster sign.

Reference:

1. Sagut, Pelin et al. Images in dermatology: Dermatomyositis. *Journal of the American Academy of Dermatology*, Volume 91, Issue 3, 606 - 611
2. Arghya Chattopadhyay, Aman Sharma. Lupus hand. *Rheumatology*, Volume 59, Issue 10, October 2020, Page 2763

Answers:
Q1: C, Q2: A

Past CME and Non-CME Activities

10 NOVEMBER 2025 (Mon)

Academic Lunch Lecture:

Beyond Lipid Lowering: Advanced Approaches for the Management of Dyslipidemias (Non-CME Lecture)

Speaker

Dr. Adrian Piers Yan-yue Cheong
Specialist in Cardiology

Time: 1:00 pm to 2:30 pm

Venue: Queen Victoria 8, Central



Dr. Jane Chun-kwong Chan presented a souvenir to the speaker, Dr. Adrian Piers Yan-yue Cheong, prior to his talk.



Dr. Jane Chun-kwong Chan presented a souvenir to the representative of the sponsor.

23 NOVEMBER 2025 (Sun)

RSV Press Conference:

30+ 個海外和本地醫護團體組織呼籲加強防護預防雙重感染威脅記者發佈會

Speakers

陳真光醫生香港中華醫學會會長、呼吸系統科專科

關日華醫生香港中華醫學會理事、亞洲兒童傳染病學會主席、兒童免疫、過敏及傳染病科專科

黃至生醫生環太平洋大學聯盟全球健康榮譽顧問

時間: 上午 10 時 30 分

地點: 尖沙咀南洋中心



香港中華醫學會會長、呼吸系統科專科陳真光醫生，香港中華醫學會理事、亞洲兒童傳染病學會主席、兒童免疫、過敏及傳染病科專科關日華醫生以及環太平洋大學聯盟全球健康榮譽



講者合照。

Past CME and Non-CME Activities



講者：香港中華醫學會會長、呼吸系統科專科陳真光醫生。



講者：環太平洋大學聯盟全球健康榮譽顧問黃至生醫生。



講者：香港中華醫學會理事、亞洲兒童傳染病學會主席、兒童免疫、過敏及傳染病科專科關日華醫生。

27 NOVEMBER 2025 (Thu)

Academic Lunch Lecture:

Osteoporotic vertebral fracture: treatment and prevention (Non-CME Lecture)

Speaker

Dr. Sieh Koon-man

Specialist in Orthopaedics & Traumatology

Time: 1:00 pm to 2:30 pm

Venue: Chariot Club, Central



Dr. Jane Chun-kwong Chan presented a souvenir to speaker, Dr. Sieh Koon-man.



Dr. Jane Chun-kwong Chan presented a souvenir to the representative of the sponsor.

Past CME and Non-CME Activities

2 DECEMBER 2025 (Tue)

Academic Lunch Lecture:

「情緒健康先鋒」：大埔災後校園支援培訓課程 (Non-CME Lecture)

Speaker

Dr. May Mei-ling Lam

Specialist in Psychiatry

Time: 1:00 pm to 2:30 pm

Venue: The Chinese Bank's Association Limited,
Central



Dr. Law Yim-kwai and Dr May Mei-ling Lam presented a souvenir to the representative of the sponsor.



The Guest of Honour, Dr. Ko Wing-man delivered his opening address.



Speaker, representatives of supporting organisations and participants took a group photo.

Past CME and Non-CME Activities

10 DECEMBER 2025 (Wed)

Academic Lunch Lecture:

Emotional Wellbeing Ambassador - Post Fire Support Training (Non-CME Lecture)

Speaker

Dr. May Mei-ling Lam

Specialist in Psychiatry

Time: 1:00 pm to 2:30 pm

Venue: Nanhai No.2, Causeway Bay



Dr. Jane Chun-kwong Chan presented a souvenir to the speaker, Dr. May Mei-ling Lam, before her lecture.



Dr. Jane Chun-kwong Chan presented a souvenir to the representative of the sponsor.



Dr. Jane Chun-kwong Chan and the HKCMA Council presented a gift to Dr. Hon David Tzit-yuen Lam.



Dr. May Mei-ling Lam delivered her lecture.

Past CME and Non-CME Activities

23 DECEMBER 2025 (Tue)

Academic Lunch Lecture:

Emotional Wellbeing Ambassador – Post Crisis Support Training (Non-CME Lecture)

Speaker

Dr. May Mei-ling Lam

Specialist in Psychiatry

Time: 1:00 pm to 2:30 pm

Venue: Nanhai No.2, Causeway Bay



Dr. Jane Chun-kwong Chan, Dr May Mei-ling Lam and Dr. Douglas Nim-tak Chan presented souvenirs to the representatives of the sponsors.



Dr. Jane Chun-kwong Chan and Dr. Douglas Nim-tak Chan presented a souvenir to the speaker, Dr. May Mei-ling Lam.

Past CME and Non-CME Activities

10 JANUARY 2026 (Sat)

Advance Medical Directive and Advance Care Planning: From Law to Practice (co-organiser)

Speakers

Mr. Chan Kai-Chuen

Founder and CEO, Awesum Care

Dr. Lum Chor-ming

Specialist in Geriatric Medicine

Dr. Lo See-kit

Specialist in Geriatric Medicine

Dr. Leung Man-fuk

Specialist in Geriatric Medicine

Prof. Chan Yue-lai

Professor, The Nethersole School of Nursing,
Faculty of Medicine, CUHK

Ms. Law Po-ka

Vice-President, HK College of Gerontology
Nursing

Ms. Chan Wing-yee

Service Director, The HK Society for the Aged

Time: 2:00 pm to 5:00 pm

Venue: 4/F, Duke of Windsor Social Service Building



Upcoming CME and Non-CME Activities

Date	Topic	Speaker/s	Time & Venue
31 January 2026 (Saturday)	MSD HPV Symposium (co-host Society): From Evidence to Action: Accelerating HPV Disease Elimination through Gender-Neutral Vaccination in Hong Kong	Prof Anna Giuliano Founding Director of the Center for Immunization and Infection Research in Cancer (CIIRC), Moffitt Cancer Center, USA Prof Paul Kay-sheung Chan Professor, Department of Microbiology, CUHK	Time : 7:30 pm to 9:15 pm Venue : Regent Hong Kong, Tsim Sha Tsui
Early February 2026	Academic Lunch Lecture: The Burden of a Lifetime: Can Modifying Its Narrative Rewrite the Story of Atopic Dermatitis ?	TBC	Time : 1:00 pm to 2:30 pm Venue : The Chinese Bank's Association Limited, Central
6 September 2026 (Sunday)	2026 Annual Scientific Meeting: Clinical excellence and advancement: Bridging Primary and Specialist Care	TBC	Time : 9:00 am - 5:00 pm Venue : Cordis Hong Kong, Mongkok



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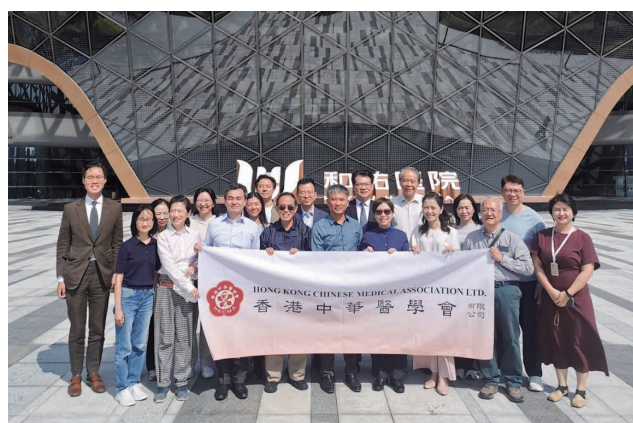
Past Social Activities

1 NOVEMBER 2025 (Sat)

參觀佛山和祐國際醫院

時間：上午 9 時至晚上 9 時 30 分

地點：佛山和祐國際醫院



參觀佛山和祐國際醫院



於當地農莊享用私房菜午餐



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COPD=Chronic obstructive pulmonary disease; LRTD=Lower respiratory tract disease; RSV=Respiratory syncytial virus

References: 1. Hong Kong Arexvy Prescribing Information 2. Drugs Database, Drug Office, Hong Kong. Accessed 25 Jan 25. Available at https://www.drugoffice.gov.hk/eps/do/tc/consumer/search_drug_database2.html. 3. Ison MG, et al. CHEST, Oct 6-9 2004;3391 4. Walsh EE, NEJM; 2024;391:1459-1461



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Safety Information: Contraindications: Hypersensitivity to the active substances or to any of the excipients. **Special warnings and precautions for use:** Do not administer the vaccine intravascularly or intradermally. As with other intramuscular injections, Arexvy should be given with caution to individuals with thrombocytopenia or any coagulation disorder since bleeding may occur following intramuscular administration to these individuals. Patients receiving immunosuppressive treatment or patients with immunodeficiency may have a reduced immune response to Arexvy. **Undesirable effects:** The most commonly reported adverse reactions were injection site pain, fatigue, myalgia, headache, and arthralgia.

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PM-HK-RSA-DPB-250002 (Jan 27) Date of preparation: 1 Feb 25

GSK



Past Social Activities

2 NOVEMBER 2025 (Sun)

香港中華醫學會包場觀賞電影

時間：下午 2 時 30 分

地點：中環娛樂行



會員專場觀賞電影

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with a linear read
hierarchy

2 Products are differentiated
through color

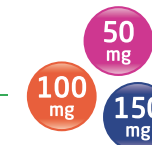


6 Key info on
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5 The back-of-pack
table clearly structures
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- ✓ Similar rates of systemic adverse reactions between ABRYSVO and placebo arms²

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- ✓ Infants under 6 months of age are at greatest risk for RSV hospitalization³
- ✓ Proven protection from RSV-LRTD and hospitalizations with ABRYSVO immediately at birth through 6 months³
- ✓ Safety was studied in pregnant women and their infant and found to be similar to placebo group³

LRTI = lower respiratory tract infection; RSV = respiratory syncytial virus.

References:

1. Abrysvo (Respiratory syncytial virus vaccine) Prescribing Information. Pfizer Corporation Hong Kong Limited: Version MAR 2024.
2. Walsh EE, Pérez Marc G, Zareba AM, et al. for the RENOIR Clinical Trial Group. Efficacy and safety of a bivalent RSV prefusion F vaccine in older adults. *N Engl J Med.* 2023;388(16):1465-1477.
3. Kampmann B, Madhi SA, Munjal I, et al. Bivalent prefusion F vaccine in pregnancy to prevent RSV illness in infants. *N Engl J Med.* 2023;388(16):1451-1464.



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