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香港中華醫學會有限公司

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以腦護老

阿茲海默症的最新診斷與治療

Advances in Alzheimer's Disease





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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. Kacey Hau, Dr. Albert Kong, Dr. May Lam, Dr. Adrian Cheong, Dr. Catherine Chen, Dr. Mike Kwan, Dr. Paul Shea, Dr. Ng Siu-kwan, Dr. Anna Wong, Dr. Chun-kong Ng, Dr. Norman Chan, Dr. Christopher Hui
Front row from the left: Dr. Ho Chung-ping, Dr. Carol Kwok, Dr. Law Yim-kwai, Dr. Jane Chan, Dr. Daniel Chu, Dr. Adrian Leung, Dr. Charas Ong



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HKCMA Membership Application





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Words from the Issue Editor



Dr. Paul Shea 余達明醫生
Issue Editor

Alzheimer's disease in Hong Kong

Dementia in Hong Kong remains a major public health challenge, with prevalence of around 5% for those above aged 65. The prevalence increases sharply with age, reaching 20-30% among aged 85+. With Hong Kong's elderly population expected to double by 2039, dementia cases could exceed 300,000 by 2039.

Alzheimer's disease treatment has entered a new era with FDA-approved disease-modifying drugs like lecanemab and donanemab. In 2026, over 190 clinical trials are underway globally, marking a decisive shift towards multimodal strategies beyond amyloid.

In Hong Kong SAR, laboratory tests for Alzheimer's disease become available commercially in the past two years. Amyloid PET scan is more easily accessible. A 2026 Hong Kong Geriatric Society issued a consensus statement and set guideline for biomarker use and infusion monitoring, aiming to standardise care across the territory.

In this issue, there is review of current management of Alzheimer's disease. Conventional Alzheimer's therapies (cholinesterase inhibitors and memantine) mainly relieve symptoms without altering disease progression, while anti-amyloid therapies (lecanemab, donanemab) target the underlying pathology by clearing amyloid plaques and modestly slowing cognitive decline in early stages. The two approaches are currently regarded as complementary for the treatment of Alzheimer's disease.

Editor-in-Chief's Words



Dr. Kacey Kwun-cheung Hau 侯鈞翔醫生
Editor-in-Chief
HKCMA Bulletin
香港中華醫學會會訊主編

一本學會的禮物

時光匆匆，每逢到集稿準備新一期香港中華醫學會會刊時，總感受到我們一眾人齊心協力的凝聚力量。

的確，要整合一本集政策議題討論、事業論文、乃至詳細會務及各種興趣活動，需要多方支持。我為學會感恩，這是一個人才濟濟滿有份量的刊物。

香港醫療正面臨改革及蛻變。怎樣堅守我們的事業，與政策配套，這期有林哲玄議員為我們對新的醫療條例的解讀。

香港中華醫學會年度科研大會歷來節目精彩、陣容鼎盛。大會涵蓋專題講座、工作坊及「基層一專科醫療協作」等多樣化環節，歷年皆為醫學界矚目的年度盛事。自 2023 年設立「中國院士傑出講座」以來，大會更添重磅亮點——高福、馬駿、黃曉軍、袁國勇教授等多位中國科學院及中國工程院院士先後登臺，傾囊相授傳染病防控、腫瘤精準治療、血液病「北京方案」等國家級科研前沿成果。此舉將頂尖學術直引香港，構築起本地難得一見、持續昇華的醫學交流平臺。本次科研大會的具體內容，將由陳真光會長以及大會聯席主席陳曉瑞醫生和關日華醫生為您詳細介紹。

香港醫療，不單是業內關注的議題，也是整個社會拭目以待的一個服務方向。畢竟，醫療服務乃民生重中之重。本港作為領先全球的龐大精英醫療平台，醫療產業何去何從，由香港中華醫學會顧問周伯展醫生為我們作一分析。

本期同有專業的回顧論文及問答，由老人科任展鵬及皮膚科林嘉雯醫生供稿。

今期我們拓展了更多生活及興趣文章，希望能令內容多姿多采。會員能有更多觀賞趣味，今期有我兩位尊敬的前輩江炎輝及陳文岩醫生的文章，分別介紹攝影以及中華書法和相關藝術。期望下次能有您的支持和參與，令我們的期刊能更盛載豐富，成為每人的一份禮物。

不要忘了，我們今年的重頭戲 ASM 將在九月六日舉行，歡迎參加，希望到時見到各位。

立法會議員林哲玄醫生 - 2026 年 6 月工作報告 (醫療衛生界)



林哲玄醫生
立法會醫療衛生界議員

生命健康科技研發的可持續發展

2026 年施政報告諮詢拉開帷幕，行政長官陸續會晤立法會議員聽取意見和建議。我的詳細意見書已上載工作網頁，歡迎瀏覽。下面是會晤時有關生命健康科技研發的可持續發展的表述：

生命健康科技發展是國家在整體發展佈局中給予港深包括河套區的主要定位。一籃子稅務優惠已經落地，四流暢通逐漸到位，包括 GBAICTI 等基建逐步落成。香港藥物及醫療器械監督管理中心（CMPR）將於年內開展原有藥物的藥物新適應症和劑量的第一層審批；新藥品首批指日可待。國家以至全球的頂尖科研製藥企業（藥企）已經落戶香港，進行藥物註冊前臨床試驗。優勢之中潛藏危機：上半年一所藥企退場了，其他藥企正面對縮減科研人員的壓力。維持生命健康科技研發的可持續性，我們必須鞏固上、中、下游的科研企業促進政策。研發藥物、臨床試驗、註冊使用，就是科研製藥的上、中、下游。

上游的吸引措施足矣。中游是臨床試驗，醫管局的龐大醫生團隊和病人數目足以提升臨床藥物試驗的速度，可透過政策鼓勵。下游是藥物註冊、落地使用以及導入國內外雙循環，也就是市場。下游也包括真實世界數據收集分析。下游是我們的弱點。

市場方面，藥企希望在香港以至大灣區研發的藥物優先註冊審批（1+ 或第一層）、優先獲得醫管局「藥物名冊」的審批，以及優先加入港澳藥械通計劃。

藥物研發耗時長，投資大，盈利主要在專利權發出到結束的時間窗口獲得。真實世界數據為醫生提供試驗環境以外的實效經驗，可提升使用創新藥物的信心。因此審批時間和真實數據主宰盈利。香港市場不大，佔國際藥物市場 0.1-0.2%，我們必須從時間窗口和真實世界數據入手維持優勢。

《醫生註冊條例》修訂

政府即將向立法會提交《2026 年醫生註冊（修訂）條例草案》。是次修訂主要涉及改組醫生成員來源、增加業外成員 3 人（醫療衛生專業人員）、修訂投訴處理和紀律研訊機制，以及修改紀律處分。外界對醫務委員會的批評有兩方面：投訴處理漫長而不透明以及判罰過輕。前者表現在投訴人無法得知個案進度，只能無止境等候。後者表現於屢屢緩刑，被批評如同放生。

投訴處理不透明的苦主又何止投訴人？醫生都希望頭上一把劍要不來個痛快，要不儘快移開，苦候其實雷同。除牌指定時期是指該時期內不得申請復牌，并非時辰一到就可以復牌。不少醫生除牌 3 個月後復牌遙遙無期。修訂後，法例訂明責任歸屬；醫委會必須訂立指標時間、推出個案追蹤機制。

修訂法例取消了緩刑，於是處罰從嚴；但停牌是清晰的處分，申請復牌不必再訊。相信市民必會認同專業監管變得更加可信，我希望醫生也都看到公道是邁出了一步。



《2026 年醫生註冊（修訂）條例草案》

醫務委員會是監管醫生的法定機構，對懷疑違反專業操守的醫生進行紀律聆訊，一旦裁定專業失當可予以紀律處分，最嚴重者除牌。嚴格監管是人民對專業信心的重要基礎之一。多年來，市民對醫委會多有不滿；不滿在於兩方面：投訴處理耗時過長，也無從得知進度，以及專業失當醫生處分屢屢緩刑，在市民眼中等於沒有懲罰。醫醫相衛之說由此而起。當然，市民不會理解醫生被除牌後申請復牌難關重重，半年的除牌往往變成幾年甚至永遠。

是次改革要求醫委會為每個投訴處理階段訂立時限標準（並非死線），提升查詢透明度，並增設停牌處分選項。停牌是吊銷執業證書，停牌期後即可重新申請執業證書，也不必通過另一次聆訊，令恢復執業變得確定，有效解決恢復執業遙遙無期的難題，是投訴處理的重大突破。當然，情節特別嚴重的個案仍舊可處以除牌，後續程序不變

立法時間表：2026 年 7 月 8 日：草案提交立法會首讀和二讀，終止待續

2026 年 7 月 10 日：內務委員會決定成立法案委員會詳細審議草案

恢復二讀和三讀日期待定

1. 改革香港醫務委員會（醫委會）的組成

- 增加業外委員 3 人：均為醫生以外的醫療衛生專註冊業人員；業外委員佔比由 25% 增加到 31%
- 醫生人數不變：
 - 香港醫學會會董會提名 7 → 4 人；醫生普選 7 → 4 人 = 減 6
 - 增加香港科技大學醫生 2 人、基層醫療健康專員 1 人及特首委任醫生 3 人 = 加 6

2. 優化醫委會處理申訴的程序

- 提升醫務調查組及醫務審裁團的獨立性，由獨立審裁員佔多數，由醫生佔多數；醫委會主席不得兼任審裁團主席
- 為篩查、調查、研訊和覆核上訴各階段設立目標時限、監察進度
- 醫專建立專家證人人才庫
- 賦予調查組權力傳喚召人及交出證物，並授權調查員履行相關職務

- 訂明醫委會須監督秘書處；秘書處由衛生署首長級官員領導，增加問責性
- 懲處選項修訂：永久除牌、有時限除牌（時限後可申請復牌）、有時限暫時吊銷執業證書（屆滿後自動恢復執業資格）、有條件執業、譴責、警告
- 取消緩刑除牌
- 為申訴人和答辯醫生提供額外覆核途徑，容許醫委會在保障公眾利益前提下就審裁團裁決提出上訴

3. 危害國家安全罪行或其他嚴重刑事罪行定罪醫生的處理機制

- 危害國家安全罪行定罪並判處 3 年監禁或以上刑罰 → 永久除牌
- 危害國家安全罪行定罪並判處 3 年監禁以下 → 3 年內不得申請復牌，3 年後復牌申請必先得到醫務衛生局局長信納復牌不會不利於國家安全，並得到醫委會全體支持才可以復牌



- 其他嚴重刑事罪行定罪（附表列明罪行）→ 3 年內不得申請復牌，3 年後復牌申請須得到醫委會全體支持才可以復牌
- 其行醫有關的刑事罪行定罪而被判監 → 暫時吊銷執業證書直至醫委會完成處理對其的相關研訊為止

4. 強制 CME

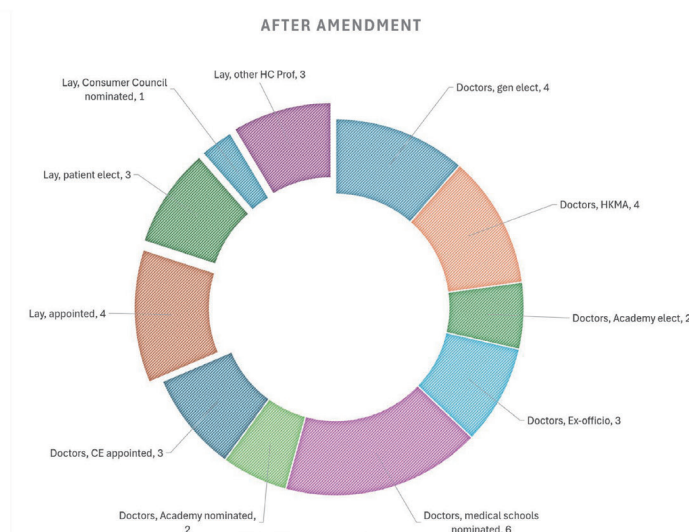
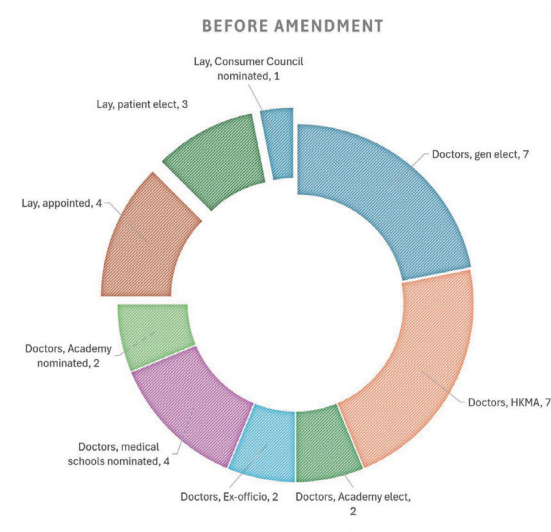
- 擴展強制性延續醫學教育至非專科醫生

5. 放寬特別註冊至涵蓋非港人，其他條件不變

- 政府及醫管局多次表明優先聘任新畢業本地醫生

6. 技術性和行政修訂

醫衛局局長在符合公眾利益的情況下，可向醫委會就其職能發出書面指示





立法會議員林哲玄醫生 - 2026 年 6 月工作報告 (醫療衛生界)

6 月 1 日	就「中大醫院提早償還政府貸款」接受港台《千禧年代》訪問
6 月 1 日	擔任中大「私營醫保與可持續醫療融資」區域研討會嘉賓
6 月 3-4 日	立法會會議
6 月 3 日	與輝瑞藥廠代表會面，了解落地香港配套措施
6 月 3 日	就「跨境私營救護車服務」與安珀醫療代表會面
6 月 3 日	就「AI 醫療」接受香港 01 訪問
6 月 5 日	「與實施建築地盤全面禁煙有關的 3 項附屬法例小組委員會」
6 月 5 日	內務委員會會議
6 月 5 日	財務委員會會議
6 月 5 日	與醫衛局會面聽取《醫生註冊條例》政策介紹並提出建議
6 月 6 日	擔任中大護理博士課程客座講師，主講法律與健康政策如何推動群體健康
6 月 6 日	擔任「2026 M3C」分場主席，主持「針對老年人的輔助科技在不同面向上的應用」專題研討
6 月 8 日	應共享基金會邀請為東帝汶醫學生介紹香港醫療制度
6 月 8-9 日	出席「仁毅醫學教育計劃」開班儀式並致辭
6 月 9 日	與中大醫學院代表及華為團隊會面，探討 AI 醫療應用，探索共同研發空間
6 月 10 日	立法會第二次前廳交流會
6 月 10-11 日	立法會大會
6 月 10 日	與衛生事務委員會會見五個認可醫療專業註冊計劃的指定監管團體，聽取法定註冊聯合建議
6 月 11 日	內務委員會特別會議
6 月 11 日	香港電台器官捐贈專題節目錄製
6 月 12 日	出席理大「第一屆香港國際核醫學創新大會」並致辭
6 月 12 日	主持衛生事務委員會會議，隨後與衛生署代表進行午餐會議
6 月 12 日	內務委員會會議
6 月 12 日	財務委員會會議
6 月 12 日	就「在家分娩事件」接受東周刊電話訪問
6 月 14 日	擔任「中醫在你左右 - 健康養生講座及國民教育嘉年華」主禮嘉賓，為活動揭幕
6 月 15 日	出席「賽馬會幼童牙齒健康計劃」七週年里程碑慶祝典禮
6 月 15 日	交通事務委員會會議
6 月 15 日	與物理治療師就「物理治療師首診制度」會面，了解政策實施成效
6 月 16 日	日出席貿發局 60 週年慶祝活動
6 月 17-18 日	出席立法會大會並就「提升高齡職業司機駕駛安全的措施」提出質詢

6 月 17 日	就「醫護失德」接受堅料網訪問
6 月 18 日	出席將軍澳醫院醫院管治委員會 2026/27 年度第一次會議
6 月 18 日	參加香港科研製藥聯會年度晚宴專題討論會前準備會議
6 月 18 日	於香港護理教育及研究學院第 13 屆周年大會、香港護理教育學會第 40 屆周年大會暨學術會議護理教育學術會議擔任演講嘉賓，主講「十五五」規劃對香港護理專業的機遇與啟示
6 月 20 日	擔任「香港聖約翰救傷隊第十二屆杏林之夜」主禮嘉賓並致辭
6 月 22 日	出席《2026 年安老院（修訂）規例》及《2026 年殘疾人士院舍（修訂）規例》小組委員會
6 月 22 日	主持仁毅醫學教育計劃顧問會議
6 月 23 日	出席香港警察隊員佐級協會新一屆理事會就職晚會，與執委會、會長及顧問交流
6 月 24 日	出席立法會大會，並就「長者醫療券獎賞先導計劃涵蓋範圍」提出書面質詢
6 月 24 日	聽取醫衛局就修改《醫生註冊條例》進行的簡報並提出意見
6 月 24 日	就「跨境私營救護車服務」與醫療機構「一站醫護通」代表會面
6 月 24 日	主持勞福局及社署與護理界代表開會商討護理保健師的立法監管
6 月 25 日	與保安局會面聽取《刑事罪行條例》修訂簡介
6 月 25 日	擔任香港科研製藥聯會年度晚宴專題討論主席及榮譽嘉賓
6 月 26 日	出席立法會議員與西貢和中西區區議會議員舉行會議
6 月 26 日	內務委員會會議
6 月 26 日	財務委員會會議
6 月 26 日	出席醫衛局局長就修訂《醫生註冊條例》進行的議員簡介會
6 月 27 日	擔任香港物理治療學會 2026 年度會議暨國際心肺物理治療師聯合會創會開幕典禮主禮嘉賓，並參與專題研討會
6 月 27 日	日擔任 2026 年香港放射師及放射治療師會議開幕典禮主禮嘉賓
6 月 28 日	擔任香港醫學組織聯會 2026 年度學術會議開幕典禮嘉賓
6 月 28 日	出席香港家庭醫學學院第 39 屆院士頒授典禮暨第 36 屆孫中山紀念講座並擔任主禮嘉賓
6 月 29 日	就「醫委會改革」接受香港電台英語時事清談節目訪問
6 月 29 日	出席由財政司司長主持的「AI + 與產業發展策略委員會」第一次會議
6 月 30 日	出席慶祝香港回歸祖國 29 周年「香江奮進啟新程」文藝晚會



Hot Topics - 2026 Annual Scientific Meeting

Welcome Message for HKCMA Annual Scientific Meeting 2026



Dr. Jane Chan
President of HKCMA



Dr. Catherine Xiao-rui Chen
Co-chairperson of ASM 2026, HKCMA



Dr. Mike Yat-Wah Kwan
Co-chairperson of ASM 2026, HKCMA

Dear friends and colleagues,

On behalf of the Hong Kong Chinese Medical Association (HKCMA), it is our great honour to extend a warm welcome to you to attend the Annual Scientific Meeting (ASM) 2026 organized by the HKCMA.

ASM is the annual signature event of HKCMA, where esteemed guests, distinguished speakers, and top scholars from various fields congregate to share the latest advancements in their respective areas of expertise. The theme of this year's ASM is "**Clinical Excellence and Advancement: Bridging Primary and Specialist Care.**" Partnerships and collaborations between family doctors and specialists are essential to provide seamless healthcare in Hong Kong. From educational lectures on medical advancements in various fields to interactive FibroScan workshops, our scientific program has been carefully curated to feature both cutting-edge research and practical insights from leading experts around the globe. Furthermore, Professor Yuen Kwok-yung, Academician of the Chinese Academy of Engineering, will deliver the **Chinese Academician Distinguished Lecture (CADL)** after the opening ceremony. As a world-renowned microbiologist and physician, Professor Yuen will share with us his wisdom on pandemic virus research from Hong Kong's perspective.

Details of the ASM are listed below for your kind information:

Date: 6th September 2026 (Sunday)

Time: 09:00-17:00 (Full-day Programme)

The Opening Ceremony will be held at 11:00-11:45am followed by CADL

Venue: Cordis Hong Kong, 555 Shanghai Street, Mongkok, Kowloon

Enclosed please find the e-flyer of the scientific program for your preview. We look forward to meeting you at the ASM and make the most of this opportunity to learn, connect, and inspire one another.

Sincerely yours,

Dr. Jane Chan, President of HKCMA

Dr. Catherine Xiao-rui Chen, Co-chairperson of ASM 2026, HKCMA

Dr. Mike Yat-wah Kwan, Co-chairperson of ASM 2026, HKCMA



HONG KONG CHINESE MEDICAL ASSOCIATION

香港中華醫學會

2026 ANNUAL SCIENTIFIC MEETING

Clinical Excellence and Advancement: Bridging Primary and Specialist Care



6 September 2026 (Sunday)
09:00 – 17:15



Format: Hybrid

- **Physical Participation:** 7/F & 8/F, Cordis Hong Kong
555 Shanghai Street, Mongkok, Kowloon, Hong Kong
- **Online Participation:** Zoom Webinar (Live)

REGISTRATION FEE

PHYSICAL

- Members and Associate members of HKCMA **HK\$100**
- Non-members of HKCMA
 - Doctors (Early-bird HK\$500, before 15 July) **HK\$ 600**
 - Nurses and Allied Health Professionals (Early-bird HK\$200, before 15 July) **HK\$ 300**
 - Hong Kong Medical Students **Free of charge**
 - Non-Hong Kong Registered Doctors, Nurses & Allied Health Professionals **HK\$ 600**

ULTRASOUND WORKSHOP

- All Participants **HK\$400**

ONLINE

* For Non-Hong Kong Registered Doctors, Nurses & Allied Health Professionals only

- Members of 澳門中華醫學會, 深圳市醫師協會, 廣東省醫師協會 **Free of charge**
- Non-member of the above **HK\$200**



Deadline for Registration

Physical Attendance:
23 August 2026 (Sunday)

Online Attendance:
30 August 2026 (Sunday)

PANEL OF SPEAKERS

OVERSEAS



Prof. Sunil BHANDARI

Honorary Professor, Consultant in Nephrology and Transplant Medicine, Hull York Medical School, NHS Trust, UK



Prof. Tom LAWTON

Head of Clinical Analytics, Improvement Academy Data Analytics Unit, Bradford Institute for Health Research, UK



Dr. William W. WONG, MD

Professor and Chair Emeritus, Department of Radiation Oncology, Mayo Clinic Arizona, USA

GREATER CHINA



Prof. Hung-hsueh CHOU 周宏學教授

Professor, School of Medicine, College of Life Science and Medicine, National Tsing Hua University, Taiwan



Prof. Jung-lung HSU 徐榮隆教授

President, Taiwan Dementia Society
Director of Department of Neurology, New Taipei Municipal TuCheng Hospital



Prof. Diahn-warng PERNG, MD, PhD 彭殿王教授

Professor, School of Medicine, National Yang Ming University
Chief, Chest Department, Taipei Veterans General Hospital



Prof. YANG Zifeng 楊子峰教授

Vice President, Guangzhou Institute of Respiratory Health, the First Affiliated Hospital of Guangzhou Medical University



Prof. Kwok-yung YUEN 袁國勇教授

Academician, Chinese Academy of Engineering
Chair, Department of Microbiology;
Henry Fok Professor of Infectious Diseases, The University of Hong Kong



Prof. Martin Chi-sang WONG 黃至生教授

Professor, JC School of Public Health and Primary Care & Director, The Centre for Health Education and Health Promotion, The Faculty of Medicine, The Chinese University of Hong Kong



Dr. Albert Ka-wing AU 歐家榮醫生

Head, Communicable Disease Branch, Centre for Health Protection, Department of Health



Dr. Adrian Piers Yan-yue CHEONG 張仁宇醫生

Specialist in Cardiology
Council Member, Hong Kong Chinese Medical Association



Dr. Edith Wing-kar CHOW 周穎嘉醫生

Specialist in Endocrinology, Diabetes & Metabolism
Clinical Lecturer, Department of Medicine & Therapeutics, The Chinese University of Hong Kong



Dr. Christopher Kim-ming HUI 許建名醫生

Specialist in Respiratory Medicine
Vice-President, Hong Kong Chinese Medical Association



Dr. Alan Chun-hong LEE 李俊康醫生

Consultant, Department of Medicine, Tung Wah Hospital
Honorary Clinical Associate Professor, The University of Hong Kong



Dr. Ada Wai-chi LIN 連慰慈醫生

Specialist in Infectious Disease
Immediate Past President, The Hong Kong Society for Infectious Diseases



HONG KONG CHINESE MEDICAL ASSOCIATION

香港中華醫學會

2026 ANNUAL SCIENTIFIC MEETING

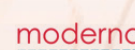
Clinical Excellence and Advancement: Bridging Primary and Specialist Care

Time	Level 7, Ballroom I & II	Level 8, Shanghai Room I & II
0830-0900	Registration (onsite and online)	
0900-0910	Opening Remarks (by co-chair Dr. Mike Yat-wah KWAN 關日華醫生)	
	Session 1 Session Chairs: Dr. Loletta Kit-ying SO 蘇潔瑩醫生 & Dr. Carol Chi-hei KWOK 郭子熹醫生	Concurrent Session 1 Session Chair: Dr. Adrian Hon-bong LEUNG 梁漢邦醫生
0910-0940	Lecture 1A Difficult-to-Treat Asthma in Clinical Practice: What Makes it Difficult to Treat? (Online Lecture) Prof. Diahn-warng PERNG, MD, PhD 彭殿王教授	FibroScan Workshop
0940-1010	Lecture 2A Proton Therapy for Prostate Cancer (Online Lecture) Dr. William W. WONG, MD, USA	
1010-1040	Lecture 3A Colorectal Cancer Screening in Asia Pacific - Scientific Updates, Implementation Journey, and Innovative Approaches Prof. Martin Chi-sang WONG, HKSAR 黃至生教授	
1040-1100	Coffee Break	
1100-1145	Opening Ceremony Opening Address by Guest of Honour Dr. Fei-chau PANG, Commissioner for Primary Healthcare 基層醫療健康專員彭飛舟醫生	
1145-1230	Chinese Academy Distinguished Lecture 中國院士傑出講座 Pandemic Virus Research: Hong Kong Perspective Prof. Kwok-yung YUEN - Academician, Chinese Academy of Engineering 中國工程院院士袁國勇教授 Orators: Prof. Patrick Pak-keung IP 葉柏強教授 & Dr. Catherine Xiao-rui CHEN 陳曉瑞醫生	
	Session 2 Session Chairs: Dr. Mike Yat-wah KWAN 關日華醫生 & Prof. Daniel Tak-mao CHAN 陳德茂教授	
1245-1330	Lunch Symposium 1 The New Era of RSV Protection: Redefining Infant Respiratory Health from Clinical Trials to Real-World Practice Prof. YANG Zifeng, Guangzhou 楊子峰教授	
1330-1400	Lunch Symposium 2 Improving CKD Management and Advancing Novel Approaches to CKD Related Anaemia (Online Lecture) Prof. Sunil BHANDARI, UK	
	Session 3 (CKM/obesity session) Session Chairs: Dr. Catherine Xiao-rui CHEN 陳曉瑞醫生 & Dr. Simon Chi-yuen CHEUNG 張志遠醫生	Concurrent Session 3 (vaccinology) Session Chairs: Dr. Chun-kong NG 吳振江醫生 & Dr. Wilson LAM 林緯遜醫生
1400-1430	Lecture 4A Achieving Long Term Cardio Kidney Metabolic Preservation Across the CKD Spectrum Dr. Edith Wing-kar CHOW, HKSAR 周穎嘉醫生	Lecture 4B HPV Gender Neutral Vaccination: Learning from Taiwan (Online Lecture) Prof. Hung-hsueh CHOU, Taiwan 周宏學教授
1430-1500	Lecture 5A Advancing DKD Management: The Emerging Role of Finerenone Dr. Alan Chun-hong LEE, HKSAR 李俊康醫生	Lecture 5B Japanese Encephalitis: Fresh Takes Dr. Ada Wai-chi LIN, HKSAR 連慰慈醫生
1500-1530	Lecture 6A Are GLP1 Receptor Agonists the Pan-vascular Panacea? Dr. Adrian Piers Yan-yue CHEONG, HKSAR 張仁宇醫生	Lecture 6B From Evidence to Practice: COVID-19 Burden, Chronic Disease Impact, and Expert Perspectives Dr. Christopher Kim-ming HUI, HKSAR 許建名醫生
1530-1545	Coffee break	
	Session 4 Session Chairs: Dr. Jane Chun-kwong CHAN 陳真光醫生 & Prof. Bernard Man-yung CHEUNG 張文勇教授	
1545-1615	Lecture 7A Bridging Public Health and Primary Care: Adult Immunisation in Hong Kong Dr. Albert Ka-wing AU, HKSAR 歐家榮醫生	
1615-1645	Lecture 8A Exploring Cutting Edge Advancements in Alzheimer's Care Prof. Jung-lung HSU, Taiwan 徐榮隆教授	
1645-1710	Lecture 9A Clinicians, AI, and the Liability Sink (Online Lecture) Prof. Tom LAWTON, UK	
1710-1715	Closing Remarks (by co-chair Dr. Catherine Xiao-rui CHEN 陳曉瑞醫生)	

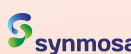
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CME & CNE application in progress

Meeting secretariat: Mr. Kelvin Man / Ms. Aries Yeung
The Federation of Medical Societies of Hong Kong
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Email: kelvin.man@fmshk.org / aries.yeung@fmshk.org



HONG KONG CHINESE MEDICAL ASSOCIATION

香港中華醫學會

2026 ANNUAL SCIENTIFIC MEETING

Clinical Excellence and Advancement: Bridging Primary and Specialist Care

Co-organised by



The Federation of Medical Societies of Hong Kong
香港醫學組織聯合會

Mainland and Macao



深圳市医师协会
ShenZhen medical Doctor Association



Supporting Organisations



ASIAN SOCIETY FOR
PEDIATRIC INFECTIOUS DISEASES



香港糖尿病士協會
Association of Hong Kong Diabetes Nurses



香港中文大學健康教育及促進健康中心
Centre for Health Education and Health Promotion
The Chinese University of Hong Kong



DIABETOLOGISTS &
ENDOCRINOLOGISTS
ALLIANCE



HONG KONG ASSOCIATION OF FAMILY MEDICINE
AND PRIMARY HEALTH CARE NURSES
香港家庭醫學及基層健康護理士協會



香港家庭醫學學院
The Hong Kong College of Family Physicians



Hong Kong Obesity Society
香港肥胖學會



香港政府華員會護士分會
NURSES BRANCH, HKCCSA



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Medical Council of Hong Kong



The Hong Kong Academy of Nursing & Midwifery
香港護理及助產專科學院



The Hong Kong Society
For Infectious Diseases
香港感染及傳染病醫學會



The Obstetrical and Gynaecological
Society of Hong Kong
香港婦產科學會



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THE SOCIETY OF PHYSICIANS OF HONG KONG
FOUNDED 1956



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香港中華醫學會

2026 ANNUAL SCIENTIFIC MEETING

Clinical Excellence and Advancement: Bridging Primary and Specialist Care

中國院士傑出講座

Chinese Academician Distinguished Lecture



袁國勇教授

Prof. Kwok-yung YUEN

- 中國工程院院士
Academician, Chinese Academy of Engineering
- 香港大學微生物學系傳染病學講座教授及
霍英東基金教授（傳染病學）
Chair, Department of Microbiology
Henry Fok Professor of Infectious Diseases,
The University of Hong Kong

演講主題

Lecture Topic

從香港視角看全球疫情大流行的病毒科研

Pandemic Virus Research: Hong Kong Perspective

Hot Topics - The Chinese Academician Distinguished Lecture series

香港中華醫學會中國院士傑出講座簡介



Dr. Jane Chan
President of HKCMA



Dr. Catherine Xiao-rui Chen
Co-chairperson of ASM 2026, HKCMA

Since its inauguration in 2023, the Chinese Academician Distinguished Lecture (CADL, 中國院士傑出講座) has been one of the most anticipated highlights of the Annual Scientific Meeting (ASM) of the Hong Kong Chinese Medical Association (HKCMA).

The HKCMA has demonstrated a remarkable vision in establishing the CADL and spearheaded the implementation of this prestigious initiative. In its inaugural year, we were tremendously honored to have Prof. Kao Fu (高福院士) to be our first CADL speaker. His lecture demonstrated the breadth and depth of the Chinese Academy of Sciences (CAS, 中國科學院) Academician in leading Greater China in combating the COVID pandemic. In 2024, as nominated by Sun Yat-sen University HK Alumni Association, CAS Academician Prof. Ma Jun (馬駿院士) told the story of how China refines the precise diagnosis and management of nasopharyngeal cancer, and guides global clinical practice with Chinese wisdom. Since 2025, with the kind guidance and facilitation of the Chinese Medical Association (CMA, 中華醫學會) based in Beijing, the HKCMA has been privileged to be able to invite other renowned Academicians from the CAS or Chinese Academy of Engineering (CAE, 中國工程院) to grace our ASM. For example, in 2025, Prof. Huang Xiao-jun (黃曉軍院士), Academician from CAE, shared the "Beijing protocol" in managing haematological malignancies. His talk

enlightened us on how contributions from China have revolutionised the landscape of leukemia management globally. In 2026, we are very much honored to have Prof. Yuen Kwok-yung (袁國勇院士), Academician from CAE, to grace our ASM. As a world-renowned microbiologist and physician, he has played a vital role during the SARS outbreak and COVID-19 pandemic. This year, he will share with us his wisdom on pandemic virus research from Hong Kong's perspective.

The CADL has become a symbol of a profound commitment of the HKCMA and CMA to fostering scientific advancement and cross-regional collaborations in medical research. Showcasing breakthroughs at the highest level of scientific encounter, the CADL bridges Mainland innovations with Hong Kong's medical excellence.

Since 2024, the CADL has been made possible by the generous endowment of a prominent Hong Kong family, who has chosen to stay anonymous. The HKCMA would like to extend her deepest gratitude to the benefactor family for their utmost generosity in supporting our notable cause. Their steadfast support has made it possible to bring world-class scientists to Hong Kong, enriching the local academic landscape and empowering the next generation to shape the future of medicine.

Hot Topics - The Chinese Academician Distinguished Lecture series

A summary of speakers of The Chinese Academician Distinguished Lecture series of HKCMA ASM from 2023-2026

	Year	Speaker	Title	Topic of the speech
	2023	高福院士	中國生物工程學會理事長 中華醫學會副會長 中國科學院微生物研究所教授	The Enlightenment of COVID-19 Prevention and Control to the Development of Biomedical Industry 新冠防控對生物醫藥產業發展的啟示
	2024	馬駿院士	中國科學院院士 中山大學腫瘤防治中心主任醫師	Fostering Young Talents and Forging Competitive Team through Clinical Problem-Oriented Research 以臨床問題為導向開展科技創新：在項目中培養青年人才、鍛造有國際競爭力團隊
	2025	黃曉軍院士	中國工程院院士 北京大學血液疾病研究所所長 國家血液系統疾病臨床醫學研究中心主任	Advances in the Treatment of Haematological Malignancies: Contributions from China 血液腫瘤治療的進展：來自中國的貢獻
	2026	袁國勇院士	中國工程院院士 香港大學微生物學系傳染病學講座教授及霍英東基金教授（傳染病學）	Pandemic Virus Research: Hong Kong Perspective 從香港視角看全球疫情大流行的病毒科研

Hot Topics - Expert Roundtable Meeting on COVID-19

Summary Report of the Expert Roundtable on Strengthening COVID-19 Vaccination in Hong Kong

Contributors

Prof. Ivan Fan-ngai Hung
Specialist in Infectious Diseases,
The University of Hong Kong

Prof. Martin Chi-sang Wong
Specialist in Family Medicine, School of Public Health
The Chinese University of Hong Kong

Dr. Mike Yat-wah Kwan
Specialist in Paediatric Immunology, Allergy and Infectious Diseases
Princess Margaret Hospital

Dr. Christopher Kim-ming Hui
Specialist in Respiratory Medicine
Vice-President of Hong Kong Chinese Medical Association



Dr. Christopher Hui
Specialist in Respiratory Medicine
Vice-President of Hong Kong Chinese Medical Association

Introduction:

The global transition of Coronavirus disease 2019 (COVID-19) from a pandemic to an endemic disease has recalibrated public health strategies from emergency response to sustained management.¹ Prevention in populations that are vulnerable to severe outcomes remains a cornerstone of this long-term approach. In alignment with international guidelines and the recommendations of the Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on Emerging and Zoonotic Diseases (Joint Scientific Committee, JSC) under the Centre for Health Protection (CHP), the CHP has provided updated LP.8.1 mRNA COVID-19 vaccines at no cost for initial vaccination to the entire population, and for booster vaccination to five high-risk priority groups*, as well as healthcare workers, provided that at least six months have elapsed since the last dose of vaccine or infection.²⁻⁴

Although the elevated risk of severe disease and death faced by older adults and other high-

risk populations is well documented,⁵ COVID-19 vaccine booster uptake among this group in Hong Kong is considerably lower than in comparable regions (e.g. 4% for elderly ≥65 years in Hong Kong versus 45% for elderly ≥65 years in South Korea in the 2024-25 season), underscoring the need to examine and mitigate the drivers of such stagnation (**Figure 1**).⁶⁻¹⁰

- On 31 March 2026, the Hong Kong Chinese Medical Association (HKCMA) convened a multidisciplinary expert roundtable to: Review the current evidence and status of COVID-19 vaccination in Hong Kong;
- Identify practical strategies to support and strengthen the government's vaccination programme, with a focus on improving vaccine uptake among vulnerable, high-risk populations where the disease burden is greatest;
- Produce a meeting report that summarises aligned, evidence-based recommendations and consolidates key discussion points to support and enhance vaccine access and uptake among vulnerable groups.

* Residents of residential care homes for the elderly (RCHE); elderly persons aged 65 years or above who are living in the community; persons aged 50 to 64 years with underlying comorbidities; persons with immunocompromising conditions aged 6 months or above; and pregnant women.

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Evidence Review - Latest Update on COVID-19 and Vaccination in Hong Kong

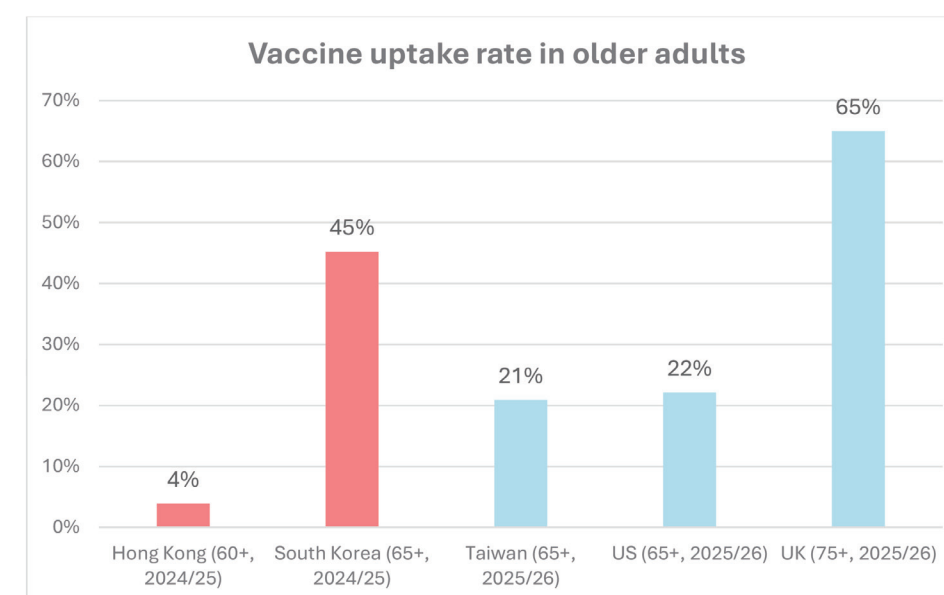
Epidemiology of COVID-19 in Hong Kong

Longitudinal data since 2023 have shown a precipitous global decline in disease burdens of COVID-19 caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), including community outbreaks, hospitalisations, and attributable mortality.¹¹ Hong Kong's surveillance data are consistent with the global trend since the transition to the endemic phase, showing periodic upsurges encountered every 6-9 months with declining COVID-19 activity observed in each peak. The COVID-19 activity has maintained at a low level since the upsurge ended in July 2025. Since June 2026, another upsurge period has been observed, with the NB.1.8.1 sub-lineage as one of the dominant circulating variants.¹²

This overall attenuation, however, can be misleading when considering the continued burden of COVID-19, especially in specific high-

risk cohorts. CHP surveillance data indicate that hospitalisation and mortality rates among individuals aged ≥65 years and residents of residential care homes for the elderly (RCHE) remain 3.3-24.2 and 4.1-79.8 times of the rates in the general population, respectively.¹³ Unvaccinated RCHE residents have a 3.6-fold higher risk of severe disease compared with those who received their last dose within the preceding six months.¹³ In addition, patients with pre-existing chronic conditions continue to exhibit heightened susceptibility to severe outcomes and death across all age strata, with the highest risk observed in the population aged 65 years and above.¹³

In comparison with other common respiratory infections, including influenza and respiratory syncytial virus (RSV), the hospitalisation rates of COVID-19 in RCHE remain the highest and are similar to those for influenza and higher than those for RSV in those aged 65 years and above (**Figure 2**).¹³ In terms of mortality rates, COVID-19 was lower than influenza and higher than RSV in RCHE,



*Data from Hong Kong cover the period 19 November 2023 to 28 February 20256; data from South Korea are based on vaccine uptake rate on day 54 of the 2024-25 vaccination campaign7; data from Taiwan cover 29 September 2025 to 10 May 20268; data for the US are up to 28 March 2026 for the 2025-26 season9; data for the UK cover 1 October 2025 to 31 January 2026¹⁰.

#Age cut off differences for the vaccine update rate were due to the reporting age groups and recommended age groups of the different health authorities.⁶⁻¹⁰

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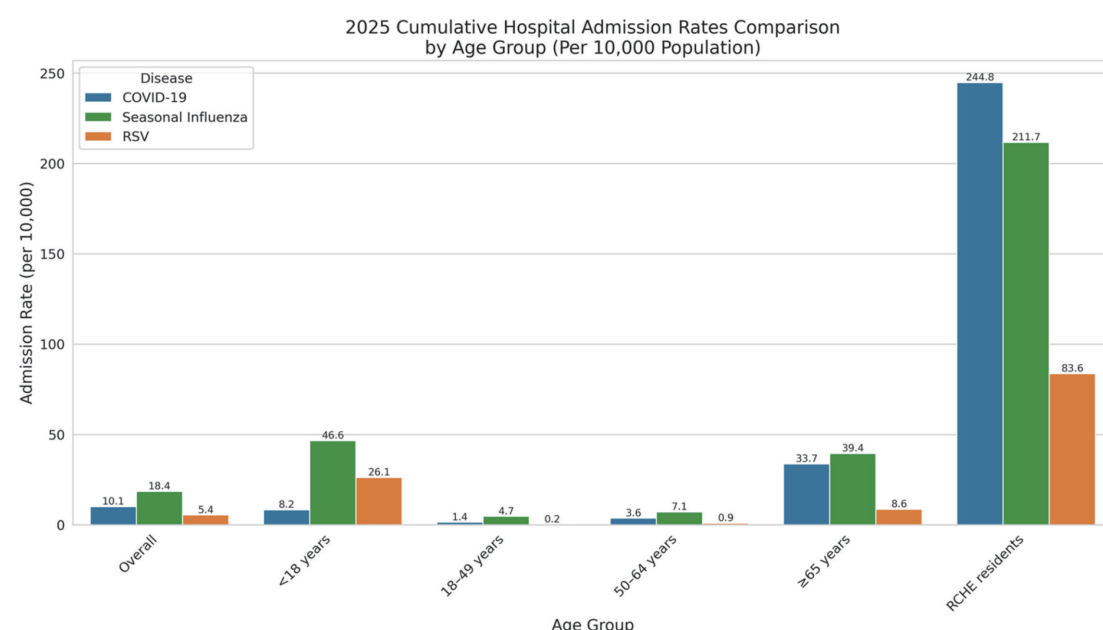


Figure 2: Comparison of cumulative admission rate in public hospitals by age group in 2025 (COVID-19 vs seasonal flu vs RSV)¹³

and lower than influenza and similar to RSV in those aged 65 years and above.¹³

Impact of COVID-19 on Chronic Disease Patients and COVID-19 Vaccine Effectiveness

Prof. Ivan Fan-ngai Hung, Specialist in Infectious Diseases, The University of Hong Kong

The relationship between COVID-19 and chronic diseases is bidirectional. Patients with multimorbidity clusters involving chronic kidney disease (CKD), hypertension, diabetes mellitus and others have been associated with up to a 2.44–4.93-fold increase in the risk of severe COVID-19 outcomes.¹⁴ Conversely, SARS-CoV-2 infection may exacerbate underlying chronic pathologies, potentially destabilising chronic conditions and accelerating disease progression.¹⁵⁻²³

A Hong Kong population-based cohort study that followed 145,199 COVID-19 patients with 1:1 propensity score-matched controls revealed that COVID-19 increased the risk of incident diabetes by 22.5% ($p < 0.001$).²⁴ Similarly, a retrospective matched cohort study using data from the US Montefiore Health System ($n = 18,838$) showed that,

among hospitalised patients with COVID-19 and pre-existing coronary artery disease, the risk of all-cause mortality and major adverse cardiovascular events (MACEs) was 51%–127% higher than among healthy individuals without SARS-CoV-2 infection.¹⁶

Vaccination has been an important intervention in controlling the burden of COVID-19. Published data estimate that vaccinations prevented 14.4 million deaths from COVID-19 in 185 countries and territories between December 2020 and December 2021 during the pandemic.²⁵ Post-pandemic, a significant body of real-world evidence has substantiated the additional protection offered by updated booster doses (including BA.4/BA.5, XBB.1.5, JN.1 and KP.2 variant vaccines) against emergency department and urgent care visits, hospitalisation and death.²⁶⁻²⁹

For the 2024–25 season, a Danish population-based study involving 894,560 individuals who received a JN.1-adapted vaccine demonstrated vaccine effectiveness of approximately 70.2%–84.9% against hospitalisation and 76.2%–95.8% against death among older adults.³⁰ Such consistent protection against severe outcomes,

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delivered against a background of waning immunity and viral evolution in a population with hybrid immunity, reinforces the health benefits and significance of regular vaccination for high-risk groups.

COVID-19 Vaccine Safety Updates

Dr. Mike Yat-wah Kwan, Specialist in Paediatric Immunology, Allergy and Infectious Diseases, Princess Margaret Hospital

The safety of mRNA COVID-19 vaccines is corroborated by large-scale pharmacovigilance data. A recent cohort study based on the French National Health Data System, which included 22.7 million vaccinated and 5.9 million unvaccinated individuals aged 18–59 years, showed no increased risk of all-cause mortality after vaccination over a median follow-up of 45 months and a protective effect, with vaccinated individuals having a 74% lower risk of severe COVID-19 death than unvaccinated individuals.³¹ This safety finding is further consolidated by data from the U.S. Vaccine Adverse Event Reporting System (VAERS), in which reporting rates of death after mRNA COVID-19 vaccination have remained consistently below the background level in the general U.S. population.³²

Reports of declining reactogenicity with successive booster doses have also been observed. Across multiple phase II/III studies, subsequent mRNA COVID-19 boosters were generally well tolerated, with a similar or lower frequency of both local and systemic reactions.³³⁻³⁵ This observation is echoed by cumulative adverse event (AE) reporting statistics under the Korea Infectious Disease Prevention and Management Act, which documented more than a 75-fold reduction in AE reports from the initial vaccination doses in 2021–22 to the JN.1 booster dose in 2024–25.³⁶

Myocarditis remains an infrequent yet recognised adverse event of COVID-19 vaccines. In a Hong Kong cohort study that reviewed 387,078 doses of ancestral strain BNT162b2 vaccine among adolescents, 7 and 36 myocarditis-

related hospitalisations were recorded following the first and second doses, respectively.³⁷ To mitigate the risk associated with the second dose, the government recommended a longer dosing interval and intramuscular injection at the anterolateral mid-thigh in children and adolescents.^{38,39} Safety analysis by the U.S. Centers for Disease Control and Prevention on myocarditis for the 2024–25 season in those aged 12–39 years found that the myocarditis rate after mRNA COVID-19 vaccination was < 2 per million doses, below the background rate of myocarditis.⁴⁰

Collectively, the available evidence from multinational databases and surveillance strongly supports the net benefit of updated mRNA boosters for high-risk groups in preventing death and severe disease.

Knowledge and Attitude Towards COVID-19 Vaccination in Hong Kong

Prof. Martin Chi-sang Wong, Specialist in Family Medicine, School of Public Health, The Chinese University of Hong Kong

Despite the proven protection offered by COVID-19 vaccines, a substantial portion of the public remains sceptical, with an average vaccine hesitancy rate of approximately 30% in both global and local studies.^{41,42} To better evaluate willingness and identify barriers to COVID-19 vaccination in Hong Kong, 5,524 adults were invited to participate in a territory-wide, cross-sectional online survey in August 2024.⁴³

Among the 2,099 participants who completed the survey, only 26.2% indicated willingness to receive a booster within the subsequent six months, and only 10.6% had actually received a fourth booster dose.⁴³ Notably, participants with a history of SARS-CoV-2 infection demonstrated a significantly higher intention to receive a booster (adjusted OR: 12.7, $p < 0.001$).⁴³

When the data were examined within the framework of the seven constructs of the Health Belief Model (HBM), “cues to action” –

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encompassing internal or external triggers that could prompt a person to take action (particularly recommendations from healthcare professionals and government sources) – emerged as the factor most strongly associated with booster willingness (adjusted OR: 1.18, $p < 0.001$).⁴³

These findings reflect insufficient willingness to receive COVID-19 vaccine booster doses among the general population of Hong Kong. Targeted efforts by the government and healthcare professionals will be essential to strengthen cues to action and increase booster uptake.

Vaccine Uptake in Asia Pacific

Dr. Christopher Kim-ming Hui, Specialist in Respiratory Medicine; Vice-President of Hong Kong Chinese Medical Association

In contrast with the 4% booster vaccine uptake rate in Hong Kong among the population aged ≥ 60 years during the 2024-25 season,⁶ residents in Korea and Taiwan in the similarly aged group (i.e. ≥ 65 years) recorded much higher booster vaccination rates in a single vaccination season (45.2% for 2024-25 season and 19.56% for 2025-26 season, respectively).^{8,44} Review of the vaccination programmes in those two settings suggests that synchronous co-administration of the COVID-19 booster with the annual influenza vaccination campaign, together with readily available walk-in services delivered through an extensive network of vaccination centres, served as the most effective cues to action to increase booster uptake.^{45,46}

Summary of the Expert Discussion

I. Reasons and Challenges That Impact COVID-19 Vaccine Uptake Rates

Perception of Disease Burden

The low post-pandemic uptake of COVID-19 booster vaccination in Hong Kong may be driven by a shift in public and professional perception, whereby the disease is increasingly regarded as a minor infection. This belief creates a considerable

barrier to mobilising eligible groups to receive the booster vaccine because of the limited perceived benefits. Compared with other adult vaccines, such as those for influenza, pneumococcal disease, herpes zoster and RSV, which are supported by sustained public education campaigns, awareness of the ongoing burden of COVID-19 and the benefits of booster vaccination remains comparatively low. In addition, COVID-19 vaccination is often considered a lower priority in clinical settings, especially when compared with other adult vaccines with higher public visibility where patients may actively enquire about them.

Knowledge and Awareness

Despite substantial evidence demonstrating the bidirectional relationship between COVID-19 severity and chronic diseases,¹⁴⁻²³ the recommendation to receive booster COVID-19 vaccination is often not incorporated into local guidelines for chronic disease management.^{47,48} Routine clinical practice is predominantly focused on acute disease management and optimisation of existing therapies, especially in patients with multimorbidity. Thus, preventive measures, including vaccination, tend to receive less attention, potentially weakening physicians' intent or ability to recommend COVID-19 vaccination to their high-risk patients because of prioritisation of disease management and time constraints. The number of vaccines that are required and recommended for chronic disease patients, especially those who are immunocompromised, also further complicates the recommendation of the COVID-19 vaccine when knowledge and awareness of its importance are not as high as other adult vaccines, both among physicians and the public.

The success of well-established influenza and pneumococcal vaccination campaigns, underpinned by sustained government promotion to healthcare professionals and the public, underscores the need for comparable efforts

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to improve awareness and uptake of COVID-19 booster vaccination.

Accessibility and Its Impact on Vaccine Uptake Rate

Barriers to access may further contribute to lower vaccine uptake. While walk-in vaccination is readily available for influenza across public and private settings, prior online booking is required for COVID-19 vaccination at many of the designated vaccination sites.⁴⁹ In addition, the number of COVID-19 vaccination sites, especially in the private sector, is comparatively limited relative to other government subsidised vaccination programmes, such as influenza and pneumococcal disease. The reduced accessibility of COVID-19 booster vaccination may disproportionately affect older adults and those with chronic diseases, for whom convenience is a key determinant for receiving the vaccine.

Recommendations and Their Implementation in Real-Life Settings

With the lack of clear seasonality for SARS-CoV-2 activity, the establishment of a routine booster vaccination schedule is yet to be defined, which diminishes the perceived urgency for regular vaccination. Unlike influenza, which has a clear and definite timing for its yearly vaccination campaign, the absence of a recommended regular timing for vaccination against COVID-19 presents challenges in mobilising high-risk populations and sustaining engagement with the COVID-19 booster vaccination programme.

II. Practical Recommendations to Strengthen the COVID-19 Vaccination Programme in Vulnerable Populations

The expert roundtable identified four major practical strategies to address the challenges.

The first approach is **immunisation programme integration**. The roundtable's strongest recommendation is to adopt the synchronisation and/or co-administration of the COVID-19 booster

campaign with the seasonal influenza vaccination. This single policy change would leverage the well-established infrastructure and public habits to facilitate COVID-19 booster vaccination.

The second approach focuses on **clinical workflow integration**, whereby the identification of priority groups and vaccination recommendations are incorporated into routine clinical management. The Hospital Authority (HA) and the Primary Healthcare Commission are identified as suitable segments within the health system to explore the development of automated alerts or prompts embedded in widely used platforms, such as the Clinical Management System (CMS), the HA Go mobile app, and the eHealth app, for COVID-19 vaccine priority groups. These tools with automated alerts can enable healthcare professionals to efficiently identify eligible high-risk patients and prompt timely vaccination recommendations, while also providing direct reminders to high-risk patients. In addition, utilisation of these available platforms may facilitate the systematic collection of data to support key performance indicators (KPIs) tracking for COVID-19 booster vaccine promotion.

Medical colleges and societies can also consider incorporating the recommendation of COVID-19 booster vaccination into their chronic disease management guidelines, or developing clinical guidelines on vaccination specific to their specialty, taking reference from international guidelines such as the 2025 Concise Clinical Guidance: An ACC Expert Consensus Statement on Adult Immunizations as Part of Cardiovascular Care.⁵⁰

Nurses can also play an essential role in the patient journey as key partners in identifying patients who can benefit from the COVID-19 booster vaccine and briefing patients on the benefits of vaccination before their consultation with clinicians. The positive impact of this cue to action was demonstrated in a local study involving 1,004 patients, which indicated that a physician's



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recommendation could lead to 23 times more patients undertaking a colorectal cancer screening test.⁵¹

The third approach entails the **expansion of community access**. The establishment of additional vaccination sites offering walk-in services, including private clinics, District Health Centres (DHCs), non-governmental organisation (NGO) partner community pharmacies, and private clinics is recommended as necessary to improve access and convenience. These sites can eliminate the barrier of prior booking requirements and capture the immediate motivation generated by a clinician's recommendation. With the integration of the COVID-19 vaccination programme with other subsidised vaccines, patients can benefit from more readily available and convenient vaccine access.

DHCs may serve as a practical platform for social prescribing, whereby patients are prescribed community-based, non-medical support to facilitate chronic disease prevention and management. Experience from England's National Health Service (NHS) suggests that such approaches can enhance patient engagement and may support vaccination uptake through positive peer influence and improved access to reliable health information.⁵²⁻⁵⁴ Incorporating COVID-19 booster vaccination promotion into the Chronic Disease Co-Care (CDCC) scheme, for example, may further strengthen implementation. Aligning vaccination promotion with programme KPIs could facilitate more consistent delivery and improve vaccination uptake at the community level.

The fourth critical approach targets the **enhancement of structured outreach services**. Given the markedly elevated risk of mortality and severe disease after COVID-19 infection among the elderly and RCHE residents, it is recommended to enhance the current Residential Care Home COVID-19 Vaccination Programme (RVP - COVID-19).⁵⁵ It is further recommended

to incorporate outreach vaccination into the work of existing community outreach teams (e.g. Community Nursing Service) that serve community-dwelling elderly to improve vaccine uptake among high-risk priority groups.

Conclusion

Despite an overall decline in population-level disease activity in the post-pandemic phase, COVID-19 continues to disproportionately affect older adults, residents of residential care homes for the elderly, and individuals with chronic conditions in Hong Kong. However, booster vaccination uptake among these high-risk groups remains suboptimal, reflecting a misalignment between evidence-based benefits and real-life implementation.

Findings from this expert roundtable highlight that low uptake is multifactorial, driven by reduced perceived disease severity, insufficient awareness among both the public and healthcare professionals, structural barriers to access, and the absence of a well-defined vaccination timeline and schedule. Collectively, these factors contribute to limited prioritisation of COVID-19 vaccination in routine clinical care and public health practice.

To address these gaps, a coordinated, system-level approach is required. Key strategies proposed by the experts include integrating COVID-19 booster vaccination into existing influenza immunisation programmes to leverage established infrastructure and public behaviour; embedding vaccination prompts and performance indicators within clinical workflows to support healthcare professional recommendations; expanding convenient access through community-based and walk-in services; and strengthening outreach efforts targeting elderly high-risk populations, particularly those in residential care homes and the community-dwelling elderly. Enhancing the role of healthcare professionals as trusted sources of recommendation and incorporating vaccination guidance into disease-specific management



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pathways will also be critical to improving uptake. Sustained efforts across policy, healthcare delivery, and community engagement are

essential to realign perceptions, reinforce the value of vaccination, and ensure that vulnerable populations remain adequately protected against severe COVID-19 outcomes in the endemic era.

References

- WHO. 2023. From emergency response to long-term COVID-19 disease management: sustaining gains made during the COVID-19 pandemic. Available from: <https://www.who.int/publications/i/item/WHO-WHE-SPP-2023.1> (Accessed 24 Apr 2026).
- WHO. 2025. Statement on the antigen composition of COVID-19 vaccines. Available from: <https://www.who.int/news/item/18-12-2025-statement-on-the-antigen-composition-of-covid-19-vaccines> (Accessed 24 Apr 2026).
- EMA. 2025. EMA recommendation to update the antigenic composition of authorised COVID-19 vaccines for 2025-2026. Available from: https://www.ema.europa.eu/en/documents/other/ema-recommendation-update-antigenic-composition-authorised-covid-19-vaccines-2025-2026_en.pdf (Accessed 24 Apr 2026).
- HK Government. 2026. Latest COVID-19 vaccination arrangements announced. Available from: <https://www.info.gov.hk/gia/general/202602/24/P2026022400635.htm> (Accessed 24 Apr 2026).
- Centre for Health Protection. Communicable Diseases Watch. Vol. 21 Issue No. 7. Available from: https://www.chp.gov.hk/files/pdf/cdw_v21_7.pdf (Accessed 24 Apr 2026).
- DATA.GOV.HK. Daily count of vaccination by age groups (English). Available from: <https://data.gov.hk/en-data/dataset/hk-hhb-hhbcovid19-vaccination-rates-over-time-by-age> (Accessed 24 Apr 2026).
- Taiwan Centre for Disease Control. 2025. As COVID-19 cases increase, demand for vaccinations rises; public urged to stay vigilant and get vaccinated as soon as possible to gain protection. Available from: <https://www.cdc.gov.tw/En/Bulletin/DetailUYz-uNymm3Sq5588Gw4NcQ?typeid=158> (Accessed 24 Apr 2026).
- Korea Disease Control and Prevention Agency. 2024. Press release. 4 Dec 2024. Available from: <https://www.kdca.go.kr/kdca/2847/subview.do?enc=Zm5jdDF8QEB8JTJGYmJzTjGa2RjYSUyRjQxJTJGMjE1MTEzJTJGYXJ0Y2xWaWV3LmRvJTNGcGFzc3dvcmQIM0QIMjZyZ3NCZ25kZVN0ciUzRDlwMjQuMTluMDEIMjZmaW5kT3Bud3JkJTNEJTl2ZmluZFdvcnQIM0QIMjZyZ3NFbmkZVN0ciUzRDlwMjQuMTluMDEIMjZmaW5kVHlwZS5uZmVzJTNEJTl2cGFuZS5uZmVzRDlmJmY%3D> (Accessed 24 Apr 2026).
- CDC. 2026. Respiratory Illnesses Vaccination Trends - COVID-19 Vaccination Coverage, Adults 65 Years and Older, United States. Available from: <https://www.cdc.gov/covidvaxview/weekly-dashboards/adults-65yrs-older-vaccination.html> (Accessed on 24 Apr 2026).
- NHS England. 2026. Vaccinations: COVID-19. Available from <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/> (Accessed on 24 Apr 2026).
- WHO. 2026. WHO COVID-19 dashboard. Available from <https://data.who.int/dashboards/covid19/circulation?n=o> (Accessed on 24 Apr 2026).
- CHP. 2026. COVID-19 & Flu Express Vol. 24, No. 16. Available from https://www.chp.gov.hk/files/pdf/covid_flux_week16_23_4_2026_eng.pdf (Accessed on 24 Apr 2026).
- CHP. 2026. Data on file.
- Chudasama YV, et al. Patterns of multimorbidity and risk of severe SARS-CoV-2 infection: an observational study in the U.K. BMC Infect Dis. 2021;21:908.
- Hilser JR, et al. COVID-19 Is a Coronary Artery Disease Risk Equivalent and Exhibits a Genetic Interaction With ABO Blood Type. Arterioscler Thromb Vasc Biol. 2024;44:2321-2333.
- Hadidchi R, et al. Long-term outcomes of patients with pre-existing coronary artery disease after SARS-CoV-2 infection. EBioMedicine. 2025;116:105778.
- Kole C, et al. Acute and Post-Acute COVID-19 Cardiovascular Complications: A Comprehensive Review. Cardiovasc Drugs Ther. 2024;38:1017-1032.
- DeFilippis EM, et al. Considerations for heart failure care during the COVID-19 pandemic. JACC Heart Fail. 2020;8:681-691.
- Suri C, et al. Interplay between Lung Diseases and Viral Infections: A Comprehensive Review. Microorganisms. 2024;12:2030.
- Choi JY, et al. Change in exacerbation rate of COPD patients before and after COVID-19 infection. Sci Rep. 2025;15:2427.
- Kim SH, et al. Risk of acute exacerbation of chronic obstructive pulmonary disease after COVID-19 recovery: a nationwide population-based cohort study. Respir Res. 2025;26:116.
- Lu JY, et al. Long term outcomes of patients with chronic kidney disease after COVID-19 in an urban population in the Bronx. Sci Rep. 2025;15:6119.
- Bowe B, et al. Kidney Outcomes in Long COVID. J Am Soc Nephrol. 2021;32:2851-2862.
- Xiong X, et al. Incidence of diabetes following COVID-19 vaccination and SARS-CoV-2 infection in Hong Kong: A population-based cohort study. PLoS Med.. 2023;20:e1004274.
- Watson OJ, et al. Global impact of the first year of COVID-19 vaccination: a mathematical modelling study. Lancet Infect Dis. 2022;(9):1293-1302.
- Tseng HF, et al. mRNA-1273 bivalent (original and Omicron) COVID-19 vaccine effectiveness against COVID-19 outcomes in the United States. Nat Commun. 2023;14:5851.
- Kopel H, et al. Effectiveness of the 2023-2024 Omicron XBB.1.5-containing mRNA COVID-19 Vaccine (mRNA-1273.815) in Preventing COVID-19-related Hospitalizations and Medical Encounters Among Adults in the United States. Open Forum Infect Dis. 2024;11:ofae695.
- Wilson A, et al. Evaluating the Effectiveness of mRNA-1273.815 Against COVID-19 Hospitalization Among Adults Aged ≥ 18 Years in the United States. Infect Dis Ther. 2025;14:199-216.
- Vicic N, et al. Evaluating the Effectiveness of 2024-2025 Seasonal mRNA-1273 Vaccination Against COVID-19-Related Hospitalizations and Medically Attended COVID-19 Among Adults Aged ≥ 18 years in the United States: An Observational Matched Cohort Study. Infect Dis Ther. 2026;15:701-714.
- Hansen CH, et al. Effectiveness of the BNT162b2 and mRNA-1273 JN.1-adapted vaccines against COVID-19-associated hospitalisation and death: a Danish, nationwide, register-based, cohort study. Lancet Infect Dis. 2025;25:1293-1302.
- Semenzato L, et al. COVID-19 mRNA Vaccination and 4-Year All-Cause Mortality Among Adults Aged 18 to 59 Years in France. JAMA Netw Open. 2025;8:e2546822.
- CDC. 2025. Update on CDC's COVID-19 Vaccine Safety Monitoring. Available from <https://www.cdc.gov/acip/downloads/slides-2025-06-25-26/04-Meyer-COVID-508.pdf> (Accessed on 24 Apr 2026).
- Chu L, et al. Immune response to SARS-CoV-2 after a booster of mRNA-1273: an open-label phase 2 trial. Nat Med. 2022;28:1042-1049.
- Chalkias S, et al. Original SARS-CoV-2 monovalent and Omicron BA.4/BA.5 bivalent COVID-19 mRNA vaccines: phase 2/3 trial interim results. Nat Med. 2023;29:2325-2333.
- Chalkias S, et al. Interim Report of the Reactogenicity and Immunogenicity of Severe Acute Respiratory Syndrome Coronavirus 2 XBB-Containing Vaccines. J Infect Dis. 2024;230:e279-e286.
- Korea Disease Control and Prevention Agency.). COVID-19 Vaccination Adverse Events Report, 24 Dec 2025. Available from https://dportal.kdca.go.kr/pot/component/file/ND_fileDownload.do?q_fileSn=3957364&q_fileId=9c350d01-b6c6-4942-8ea0-618232beea7c (Accessed on 24 Apr 2026).



Hot Topics - Expert Roundtable Meeting on COVID-19

37. Li X, et al. Myocarditis Following COVID-19 BNT162b2 Vaccination among Adolescents in Hong Kong. JAMA Pediatr. 2022;176:612-614.
38. HK Government. 2022. BioNTech jabs' interval extended. Available from https://www.news.gov.hk/eng/2022/06/20220617/20220617_180809_880.html (Accessed on 24 Apr 2026).
39. CHP. 2025. Points to Note and Frequently Asked Questions on COVID-19 Vaccination for Children and Adolescents. Available from https://www.chp.gov.hk/files/pdf/faq_children_adolescents_eng.pdf (Accessed on 24 Apr 2026).
40. CDC. Update on COVID 19 vaccine safety monitoring. ACIP Meeting slides, 25-26 Jun 2025. Available from: <https://www.cdc.gov/acip/downloads/slides-2025-06-25-26/04-Meyer-COVID-508.pdf> (accessed Apr 2026).
41. Limbu YB, et al. Why Some People Are Hesitant to Receive COVID-19 Boosters: A Systematic Review. Trop Med Infect Dis. 2023;8:159.
42. Tsang SJ. Predicting COVID-19 vaccine hesitancy in Hong Kong: Vaccine knowledge, risks from coronavirus, and risks and benefits of vaccination. Vaccine X. 2022;11:100164.
43. Zhong C, et al. HSD5 Assessment of Willingness and Influencing Factors for COVID-19 Booster Vaccination Among Residents of Hong Kong in the Post-Pandemic Context. Value in Health. 2025;28(Suppl 1):S225 Abstract and data on file.
44. Taiwan Centre for Disease Control. 2025. Press Release. 17 Jun 2025. Available from <https://www.cdc.gov.tw/Bulletin/Detail/MKg6reGH5fo-B8QFKvTwwQ?typeid=9> (Accessed on 24 APR 2026).
45. Taiwan Centre for Disease Control. 2025. Press Release. 1 Oct 2025. Available from <https://www.cdc.gov.tw/Bulletin/Detail/5KgtuPbL0VQH8J4Ntn8Odg?typeid=9> (Accessed on 24 Apr 2026).
46. Ahn S, et al. Immunization Program against Influenza in Korea, 2023-2024 Season. Public Health Weekly Report. 2024;17:1849-1859.
47. Health Bureau. 2023. Diabetes Care for Adults in Primary Care Settings. Available from https://www.healthbureau.gov.hk/phcc/rfs/src/pdfviewer/web/pdf/diabetescare/en/16_en_RF_DM_full.pdf (Accessed on 24 Apr 2026).
48. Health Bureau. 2021. Hypertension Care for Adults in Primary Care Settings. Available from https://www.healthbureau.gov.hk/phcc/rfs/src/pdfviewer/web/pdf/hypertensioncareforadults/en/13_en_RF_HT_full.pdf (Accessed on 24 Apr 2026).
49. CHP. 2026. FAQs. Available from <https://www.chp.gov.hk/en/features/106953.html> (Accessed on 24 Apr 2026).
50. Heidenreich PA et al. 2025 Concise Clinical Guidance: An ACC Expert Consensus Statement on Adult Immunizations as Part of Cardiovascular Care: A Report of the American College of Cardiology Solution Set Oversight Committee. J Am Coll Cardiol. 2025 Nov 25;86(21):2085-2098. doi: 10.1016/j.jacc.2025.07.003. Epub 2025 Aug 26. PMID: 40856667.
51. Sung JJY, et al. Obstacles to colorectal cancer screening in Chinese: a study based on the health belief model. Am J Gastroenterol. 2008;103(4):974-981.
52. NHS. Utilising opportunities to support people and address concerns about Covid-19 Vaccines. Available from https://www.transformationpartners.nhs.uk/wp-content/uploads/2021/07/Social-Prescribing-Case-Study_Covid-19-Vaccinations-Utilising-opportunities-to-support-people-and-address-concerns-about-Covid-19-Vaccines_Newham.pdf (Accessed on 24 Apr 2026).
53. Westlake D, et al. Terms of engagement for working with patients in a person-centred partnership: A secondary analysis of qualitative data. Health Soc Care Community. 2022; 30: 330-340. <https://doi.org/10.1111/hsc.13406>
54. NHS. GP teams work together with members of health inequality groups to expand their COVID-19 vaccine equity project. Available from <https://www.england.nhs.uk/gp/case-studies/gp-teams-work-together-with-members-of-health-inequality-groups-to-expand-their-covid-19-vaccine-equity-project/> (Accessed on 24 Apr 2026).
55. CHP. 2026. Residential Care Home Vaccination Programme - COVID-19 Vaccination Programme Available from https://www.chp.gov.hk/files/pdf/rch_covid_briefing_20260212.pdf (Accessed on 24 Apr 2026).

Roundtable Panellists

Name	Title
Dr. Jane Chun-kwong Chan	Specialist in Respiratory Medicine; President of Hong Kong Chinese Medical Association
Dr. Christopher Kim-ming Hui	Specialist in Respiratory Medicine; Vice-President of Hong Kong Chinese Medical Association
Prof. Ivan Fan-ngai Hung	Specialist in Infectious Diseases, The University of Hong Kong
Dr. Mike Yat-wah Kwan	Specialist in Paediatric Immunology, Allergy and Infectious Diseases, Princess Margaret Hospital
Prof. Martin Chi-sang Wong	Specialist in Family Medicine, The Chinese University of Hong Kong
Dr. Godwin Tat-chi Leung	Specialist in Cardiology, Immediate Past President of the Hong Kong College of Cardiology
Prof. David Tak-wai Lui	Specialist in Endocrinology, Diabetes, and Metabolism, The University of Hong Kong
Prof. Ho So	Specialist in Rheumatology, The Chinese University of Hong Kong
Dr. Stanley Kui-fu Tam	Specialist in Geriatrics, President of the Hong Kong Geriatrics Society



Hot Topics - Telemedicine vs Face-to-Face Care

Telemedicine vs Face-to-Face Care: Outcomes from Hong Kong's COVID-19 Designated Clinics



Dr. Jiao Fang-fang
Specialist in Family Medicine



Dr. Catherine Xiao-rui Chen
Specialist in Family Medicine

The COVID-19 pandemic catalysed a rapid transformation in Hong Kong's primary care landscape, most notably through the widespread adoption of telemedicine. During the severe fifth wave, the Hong Kong Hospital Authority (HA) launched both physical designated clinics (PDCs) and tele-designated clinics (Tele-DCs) to manage the overwhelming surge of mild cases. While telemedicine offered obvious advantages in minimising viral transmission and improving accessibility, a critical question lingered for healthcare providers: *Is a scalable, consultation-only telemedicine model as safe as traditional face-to-face care?*

A recent retrospective cohort study published in the Journal of Medical Internet Research [1] by our team sought to answer this important question. By analysing data from the Kowloon Central Cluster of the HA, the study provides robust, real-world evidence on the comparative effectiveness of Tele-DCs versus PDCs, offering vital insights for the future of primary care in Hong Kong.

Comparable Safety in Triage and Management

To ensure a fair comparison, our study utilised propensity score matching based on age, sex, smoking status, socioeconomic status, and comorbidities, resulting in a massive cohort of 17,199 matched patient pairs.

The primary findings were highly encouraging. The Tele-DC model demonstrated clinical safety that was entirely comparable to the PDC model. Specifically, the hospital admission rates between day 1 and day 28 were similar (2.89% for Tele-DC vs. 2.74% for PDC). Furthermore, there were no significant differences in the length of hospital stay, rates of severe complications, or mortality between the two groups.

These results challenge the traditional medical reliance on in-person physical examinations—such as lung auscultation or immediate vital sign checks—for the safe triage of mild respiratory infections. The data validates that clinical history-taking and visual assessment via video consultation are sufficient to identify risk factors and safely manage the illness course for COVID-19 patients with mild symptoms.

The Caveats: AED Visits and Antiviral Prescriptions

Despite the comparable safety outcomes, the study revealed important nuances in patient behavior and treatment patterns that require our attention.

First, the Tele-DC group exhibited a slightly higher rate of Accident and Emergency Department (AED) visits (3.73% vs. 3.15%) and a higher clinic revisit rate. Without the reassurance of a physical examination, patients experiencing changing

Hot Topics - Telemedicine vs Face-to-Face Care

symptoms—coupled with the psychological anxiety of a pandemic—were understandably more inclined to seek in-person reassurance. Additionally, doctors managing patients remotely may have adopted a lower threshold for escalating care due to diagnostic uncertainty. Importantly, however, this higher AED visit rate did not translate into higher hospital admissions, suggesting that most of these urgent visits did not involve severe clinical deterioration.

Second, the Tele-DC group had a lower antiviral prescription rate (57.4% vs. 62.78%). This disparity likely stems from logistical challenges. In PDCs, medications are dispensed immediately. In contrast, Tele-DC medications prescribed in the afternoon were delivered the next day, which may have pushed some patients past the critical 5-day window for antiviral efficacy, prompting doctors to exercise more caution in prescribing.

Future Policy Implications for Hong Kong to prepare for Infection outbreak

As we navigate the post-pandemic era and prepare for future infectious disease surges, these findings carry profound implications for healthcare policy and resource allocation in Hong Kong:

• Embracing a Digital-First Triage Strategy

The proven safety of Tele-DCs supports a shift toward a "digital-first" triage model for acute respiratory infections. By utilising telemedicine as the standard first line of defense, Hong Kong can effectively conserve physical clinic space and personal protective equipment for patients with complex needs, while drastically reducing the risk of nosocomial transmission in crowded waiting rooms.

• Integrating Remote Monitoring Tools

To mitigate the higher rates of AED visits driven by patient anxiety and diagnostic uncertainty, future telemedicine models cannot operate in isolation. We must integrate scalable remote patient-monitoring tools—such as home pulse oximeters and wearable health devices—into our teleconsultation workflows. Providing doctors with objective, real-time vital signs will boost diagnostic confidence and provide patients with much-needed reassurance.

• Optimising Medication Delivery Logistics

The lower antiviral prescription rate highlights a critical bottleneck. To fully replicate the efficacy of conventional care, we must invest in robust and efficient logistical support for medication delivery, ensuring that remote patients receive time-sensitive therapeutics just as quickly as those attending physical clinics.

Ultimately, telemedicine is no longer just a crisis-response tool; it is a permanent pillar of modern primary care. By acknowledging its current limitations and actively refining our digital health infrastructure, Hong Kong's medical community can harness the full potential of telemedicine to build a more resilient, accessible, and equitable healthcare system.

Reference

Jiao F, Ho KM, Chiang L, Ko SH, Chen XRC. Effectiveness of Telemedicine vs Face-to-Face Consultation in Fighting COVID-19: Retrospective Cohort Study of Adult Patients With COVID-19 in a Primary Care Setting. *J Med Internet Res* 2026;28:e74046
doi: 10.2196/74046PMID: 42134790

Hot Topics - 香港持續醫療發展

香港的世界頂級醫療如何持續發展下去？



周伯展 眼科醫生
香港中華醫學會榮譽顧問

香港擁有世界級醫療水準，連續 10 年蟬聯全球最長壽地區。在 2024 年，本港男性的出生時平均預期壽命是 83 年，女性則是 88 年。香港的嬰兒夭折率處於全球最低行列，每千名活產嬰兒夭折 1.7 人。香港的多種癌症治癒率亦領先全球，香港癌症病患五年相對存活率在過去 10 年間提升了 10 個百分點，達到 56%。這些數據足以證明，香港擁有卓越的公共衛生體系、高質素的醫療技術以及普及的健康公民意識。

彭博多次指出香港擁有全球最有效的醫療系統。香港醫療開支僅佔本地生產總值（GDP）的 7.5%，與美國（醫療開支佔 GDP 約 17.5%）相比，香港政府與市民花費相對較少資金，做到世界頂級的醫療成果。

有關成績令人自豪，問題是能否持續下去。地緣政治加上中美博弈，導致國際與本地的經濟環境變得不穩定與不可預測，人口老齡化也為醫療系統帶來壓力，加上病種日益增加且涉及昂貴的醫治方法，均為香港的醫療發展的可持續性帶來挑戰。

香港實行公私營並行的雙軌醫療制度，惟現時的服務側重於公營醫療。以 1,000 多億公帑服務全港九成市民。因此，在有限的人手與資源下，公營醫療應專注於「急、重、貧、培」四大支柱服務，即急症病人、重症病人、貧困市民與培訓醫務人員。

政府應該做好解釋、宣傳及教育，使經濟負擔能力相對較好的市民應善用私營醫療，不應使

用太多公營醫療服務。付費方面應本着「用者自付，能者多付」的原則，急症室收費就是一個好的改良例子。

政府也應與積極與保險界加強協作，推出更好的醫療保險給市民，以第三者共付來幫助有需要的市民。

完善基層醫療體系非常重要，基層醫療做得好就無須更貴的第二，三層醫療。政府現在全港 18 區設立「地區康健中心」或「地區康健站」，為市民提供重點基層醫療健康服務，但中心不設駐診醫生，主要由護士、物理治療師等醫療專業人員組成，有關安排並不理想，應主動吸納社區內的私家醫生到中心提供並監督服務，推動公私營協作，攜手做好基層醫療。

加強公私營協作也同樣重要。香港現時約有 7,000 名醫生在公營機構服務 8 成至 9 成人口，約 9,000 名醫生在私營服務，人手錯配導致失衡，故需要進一步加強公私營協作。如針對白內障手術，醫管局會邀請輪候較久的合資格患者參加「耀眼行動」，獲定額資助到私家診所進行手術，正是一項非常成功的公私營協作計劃。

以上提議的數招是最快捷，最廉宜，最合乎邏輯的方法可幫助我們持續發展香港的世界頂級醫療。

Advances in Alzheimer's Disease



By Dr. Yam Chin-pang
Specialist in Geriatric Medicine

Introduction

Alzheimer's disease (AD) is the most common cause of dementia and represents a major public health challenge in Hong Kong's aging population. With an aging demographic and increasing life expectancy, the number of people living with dementia is projected to rise substantially in the coming decades. Recent advances in biomarkers and the emergence of disease-modifying therapies have transformed the landscape from purely symptomatic management to earlier diagnosis and potential modification of disease trajectory. This CME article provides an evidence-based update tailored for Hong Kong clinicians, incorporating local epidemiology, the 2026 Hong Kong consensus, and practical considerations for both public and private practice.

What is Alzheimer's Disease and Its Pathophysiology

Alzheimer's disease is a progressive neurodegenerative disorder characterized by the accumulation of extracellular amyloid-beta (A β) plaques and intracellular hyperphosphorylated tau neurofibrillary tangles. These pathological processes lead to synaptic dysfunction, neuroinflammation, neuronal loss, and progressive brain atrophy, beginning in the medial temporal lobes and spreading to neocortical regions. The disease process starts 15–20 years before clinical symptoms, supporting the concept of a biological continuum rather than a purely clinical syndrome.

Genetic factors (e.g., APOE ϵ 4 allele), vascular risk factors, and lifestyle elements contribute to risk. Understanding this long preclinical phase has opened opportunities for early intervention.

Typical and Atypical Presentations

The classic amnesic presentation begins with impairment in episodic memory – forgetting recent events or conversations – followed by broader cognitive decline affecting orientation, language, and executive function. Functional impairment eventually leads to loss of independence.

Atypical presentations, seen in up to 30% of cases (particularly younger-onset), include posterior cortical atrophy (prominent visuospatial and perceptual deficits), logopenic variant primary progressive aphasia, and frontal/behavioral variants. These can mimic other neurodegenerative diseases and require heightened clinical suspicion and biomarker confirmation to avoid misdiagnosis. In Hong Kong, where family members often serve as primary caregivers, early recognition of behavioral changes is particularly important.

Updated Diagnostic Criteria (NIA-AA 2024 and IWG)

The 2024 NIA-AA criteria mark a paradigm shift by defining AD biologically using core biomarkers of amyloid and tau pathology, allowing diagnosis across the entire continuum from preclinical to dementia stages. The updated AT(N) framework incorporates blood-based biomarkers and refined staging (Jack et al., 2024).

The International Working Group (IWG) criteria similarly emphasise the combination of clinical phenotypes with in vivo evidence of AD pathology. These frameworks facilitate earlier, more accurate diagnosis, which is crucial for timely therapeutic decisions in Hong Kong's busy clinical settings.

Dementia Definitions (DSM-5) and Differential Diagnosis

In DSM-5, dementia is termed Major Neurocognitive Disorder, requiring significant decline in one or more cognitive domains that interferes with independence. Mild Neurocognitive Disorder involves more modest changes.

Differential diagnosis includes vascular dementia, dementia with Lewy bodies, frontotemporal dementia, and mixed pathologies. Potentially reversible causes – such as depression (pseudodementia), vitamin B12 deficiency, hypothyroidism, medication effects, infections, and normal pressure hydrocephalus – must be systematically excluded using history, laboratory tests, and imaging.

Local and Global Epidemiology

Globally, approximately 57 million people live with dementia, with numbers expected to reach 152 million by 2050. The economic cost already exceeds US\$1.3 trillion annually (Nichols et al., 2022; World Health Organization, 2023).

In Hong Kong, the weighted prevalence of dementia among adults aged 60 and above is approximately 9.7% (the age- and gender-adjusted prevalences of mild and major NCD were 21.8% and 9.7%, Lam et al 2026), with much higher rates in residential care homes. Prevalence increases exponentially with age, reaching nearly 50% in those 85 and older (Centre for Health Protection, 2025).

AD accounts for the majority of cases. These figures highlight the urgent need for early detection and effective management strategies within Hong Kong's healthcare system.

Clinical Diagnosis Pathways in Hong Kong Settings

Diagnosis begins with a detailed history from patient and informants, cognitive screening tools (e.g., HK-MoCA, AMT), functional assessment, and neurological examination. Basic blood tests and structural neuroimaging (preferably MRI) help rule out reversible or alternative causes.

When AD is suspected, especially for consideration of disease-modifying therapy, biomarker confirmation is recommended. The 2026 Hong Kong consensus provides practical guidance on when and how to use CSF analysis, imaging, or blood-based tests in local practice, taking into account resource availability in Hospital Authority and private sectors (Shum et al., 2026). Multidisciplinary memory clinics play a central role in comprehensive assessment.

Biomarkers: CSF, Neuroimaging, and Emerging Blood-Based Biomarkers

Cerebrospinal fluid (CSF) analysis showing a low A β 42/40 ratio and elevated total-tau and p-tau181 remains a gold standard with high diagnostic accuracy. Amyloid PET visualises plaque burden, while tau PET correlates with clinical severity. Structural MRI demonstrates characteristic atrophy patterns.

Emerging blood-based biomarkers, particularly plasma p-tau217, show strong performance for detecting AD pathology and may serve as accessible screening tools to triage patients for more invasive testing. These developments are especially promising for Hong Kong, where access to specialised testing may vary.

Symptomatic Treatments (ChEIs and Memantine)

Cholinesterase inhibitors (donepezil, rivastigmine, galantamine) remain first-line for mild-to-moderate AD, providing modest improvements in cognition, function, and behavior through increased acetylcholine levels. Memantine, an NMDA



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receptor antagonist, is approved for moderate-to-severe disease and is often combined with a ChEI for additive benefit. These treatments are generally well-tolerated but offer symptomatic rather than disease-modifying effects.

Disease-Modifying Anti-Amyloid Therapies (Lecanemab and Donanemab)

Lecanemab and donanemab represent a major breakthrough as the first approved disease-modifying therapies for early AD. In the Clarity AD trial, lecanemab slowed clinical decline on the CDR-SB scale at 18 months compared with placebo, with corresponding reductions in amyloid burden (van Dyck et al., 2023).

The TRAILBLAZER-ALZ 2 trial of donanemab similarly demonstrated slowing of cognitive and functional decline (Sims et al., 2023). Both therapies are administered intravenously and are indicated for patients with mild cognitive impairment or mild dementia due to AD with confirmed amyloid pathology. Patient selection, APOE genotyping, and serial monitoring are essential.

Safety Considerations: ARIA, Infusion Reactions, and Risk Mitigation

The primary safety concern is amyloid-related imaging abnormalities (ARIA), which include edema/effusions (ARIA-E) and microhemorrhages (ARIA-H). Risk is higher in APOE ε4 carriers. Regular MRI monitoring is mandatory. Infusion reactions are usually mild and manageable. Clinicians in Hong Kong should follow the local consensus for risk stratification and monitoring protocols.

Hong Kong Consensus on Biomarkers and Anti-Amyloid Therapies (2026)

The 2026 multidisciplinary consensus statement provides locally tailored guidance on the appropriate use of biomarkers and anti-amyloid therapies. It addresses indications for testing

in atypical or uncertain cases, patient selection criteria, safety monitoring, and implementation considerations within Hong Kong's mixed public-private healthcare system (Shum et al., 2026). This document is an important resource for standardising care.

Practical Management Strategies, Multidisciplinary Care, and Future Directions in Hong Kong

Optimal management integrates pharmacological treatment with non-pharmacological approaches, caregiver education, and advance care planning. Multidisciplinary teams involving family doctors and specialists such as geriatricians, neurologists, psychiatrists, nurses, and social workers are ideal. Risk factor modification (vascular health, physical activity, cognitive engagement) should be emphasised.

Future directions include wider adoption of blood-based biomarkers for screening, development of combination therapies, and strengthened community support services to reduce caregiver burden in Hong Kong.

Conclusion

Advances in biomarkers and disease-modifying therapies have ushered in a new era for Alzheimer's disease care. By applying updated diagnostic criteria, judicious use of biomarkers, and the recent local consensus, clinicians can improve early detection and patient outcomes while carefully weighing benefits and risks. Continued education, research collaboration, and resource allocation will be essential to meet the growing challenge of AD in Hong Kong.



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References

- Jack, C. R., Jr., et al. (2024). Revised criteria for diagnosis and staging of Alzheimer's disease... *Alzheimer's & Dementia*, 20(8), 5143-5169. <https://doi.org/10.1002/alz.13859>
- Dubois B, Villain N, Schneider L, et al. Alzheimer Disease as a Clinical-Biological Construct—An International Working Group Recommendation. *JAMA Neurol.* 2024;81(12):1304-1311. doi:10.1001/jamaneurol.2024.3770
- Jack, C. R., Jr., et al. (2018). NIA-AA Research Framework... *Alzheimer's & Dementia*, 14(4), 535-562. <https://doi.org/10.1016/j.jalz.2018.02.018>
- Alzheimer's Association. (2023). 2023 Alzheimer's disease facts and figures. *Alzheimer's & Dementia*, 19(4), 1598-1695. <https://doi.org/10.1002/alz.13016>
- Shum, C. K., et al. (2026). Consensus statement on the use of Alzheimer's disease biomarkers... *Hong Kong Medical Journal*, 32(2), 144-154. <https://doi.org/10.12809/hkmj2514198>
- Lam LCW, et al. Prevalence of mild and major neurocognitive disorders in community and residential care homes in Hong Kong: considerations for multidimensional risk factor evaluation and intervention in primary care. *Hong Kong Med J.* 2026 Apr;32(2):98-113. doi: 10.12809/hkmj2412656.
- Anoop, A., Singh, P. K., Jacob, R. S., & Maji, S. K. (2010). CSF biomarkers for Alzheimer's disease diagnosis. *International Journal of Alzheimer's Disease*, 2010, Article 606548. <https://doi.org/10.4061/2010/606548>
- Birks, J. S., & Harvey, R. J. (2018). Donepezil for dementia due to Alzheimer's disease. *Cochrane Database of Systematic Reviews*, 6(6), Article CD001190. <https://doi.org/10.1002/14651858.CD001190.pub3>
- Centre for Health Protection. (2025). https://www.chp.gov.hk/files/pdf/ncd_watch_aug_2025_en.pdf
- Hansson, O., Blennow, K., Zetterberg, H. et al. Blood biomarkers for Alzheimer's disease in clinical practice and trials. *Nat Aging* 3, 506-519 (2023). <https://doi.org/10.1038/s43587-023-00403-3>
- Nichols, E., et al. (2022). Estimation of the global prevalence of dementia in 2019 and forecasted prevalence in 2050: an analysis for the Global Burden of Disease Study 2019 *The Lancet Public Health*, 2022; 7, e105-e125 [https://doi.org/10.1016/S2468-2667\(21\)00249-8](https://doi.org/10.1016/S2468-2667(21)00249-8)
- Sims JR, Zimmer JA, Evans CD, et al. Donanemab in Early Symptomatic Alzheimer Disease: The TRAILBLAZER-ALZ 2 Randomized Clinical Trial. *JAMA.* 2023;330(6):512-527. doi:10.1001/jama.2023.13239
- van Dyck, C. H., et al. (2023). Lecanemab in early Alzheimer's disease. *New England Journal of Medicine*, 388(1), 9-21. <https://doi.org/10.1056/NEJMoa2212948>
- World Health Organization. (2023). Dementia (Fact sheet). <https://www.who.int/news-room/fact-sheets/detail/dementia>
- Yu R. e al. (2012) Trends in prevalence and mortality of dementia in elderly Hong Kong population: projections, disease burden, and implications for long-term care. *Int J Alzheimers Dis.* 2012;2012:406852. doi: 10.1155/2012/406852.
- Ahmad, F., Karan, A., Sharma, R., Sharma, N. S., Sundar, V., Jayaraj, R., Mukherjee, S., & DeCoster, M. A. (2024). Evolving Therapeutic Interventions for the Management and Treatment of Alzheimer's Disease.. *Ageing research reviews*, 102229. <https://doi.org/10.1016/j.arr.2024.102229>
- Fox, N. C. et al. (2025). Treatment for Alzheimer's disease.. *Lancet.* [https://doi.org/10.1016/s0140-6736\(25\)01329-7](https://doi.org/10.1016/s0140-6736(25)01329-7)
- Frisoni G, Hansson O, Nichols E et al. New landscape of the diagnosis of Alzheimer's disease. *The Lancet*, 2025; 406, 1389-1407. [https://doi.org/10.1016/S0140-6736\(25\)01294-2](https://doi.org/10.1016/S0140-6736(25)01294-2)
- Tahami Monfared, A.A., Phan, N.T.N., Pearson, I. et al. A Systematic Review of Clinical Practice Guidelines for Alzheimer's Disease and Strategies for Future Advancements. *Neurol Ther* 12, 1257-1284 (2023). <https://doi.org/10.1007/s40120-023-00504-6>
- Mostafa, R., & Asaad, G. F. (2026). Bridging the gaps in alzheimer's disease: a comprehensive review of current and emerging therapies. *Inflammopharmacology*, 34, 2219 - 2241. <https://doi.org/10.1007/s10787-026-02151-3>
- Pardo-Moreno, T., González-Acedo, A., Rivas-Domínguez, A., García-Morales, V., García-Cózar, F., Ramos-Rodríguez, J. J., & Melguizo-Rodríguez, L. (2022). Therapeutic Approach to Alzheimer's Disease: Current Treatments and New Perspectives. *Pharmaceutics*, 14. <https://doi.org/10.3390/pharmaceutics14061117>
- Self, W. K., & Holtzman, D. (2023). Emerging diagnostics and therapeutics for Alzheimer disease. *Nature Medicine*, 29, 2187-2199. <https://doi.org/10.1038/s41591-023-02505-2>
- Soni, U., Singh, K., Jain, D., & Pujari, R. (2025). Exploring Alzheimer's Disease Treatment: Established Therapies and Novel Strategies for Future Care.. *European journal of pharmacology*, 177520. <https://doi.org/10.1016/j.ejphar.2025.177520>
- Sunderland, A., Thatcher, A. L., Rackley, E., & Kuruville, T. (2025). Advances in Diagnostics and Treatments for Alzheimer's Disease.. *British journal of hospital medicine*, 86 12, 1-19. <https://doi.org/10.12968/hmed.2025.0492>
- Thangwaritorn, S. S., Lee, C., Metchnikoff, E., Razdan, V., Ghafari, S., Rivera, D., Pinto, A., & Pemminati, S. (2024). A Review of Recent Advances in the Management of Alzheimer's Disease. *Cureus*, 16. <https://doi.org/10.7759/cureus.58416>
- Vaz, M., & Silvestre, S. (2020). Alzheimer's disease: Recent treatment strategies.. *European journal of pharmacology*, 173554. <https://doi.org/10.1016/j.ejphar.2020.173554>
- Wu, C.-K., & Fuh, J. (2025). A 2025 update on treatment strategies for the Alzheimer's disease spectrum. *Journal of the Chinese Medical Association : JCMA*, 88, 495 - 502. <https://doi.org/10.1097/jcma.0000000000001252>
- Wu, C., Yang, L., Feng, S., Zhu, L., Yang, L., Liu, T., & Duan, R. (2022). Therapeutic non-invasive brain treatments in Alzheimer's disease: recent advances and challenges. *Inflammation and Regeneration*, 42. <https://doi.org/10.1186/s41232-022-00216-8>
- Reisberg, B. et al. (2003). Memantine in moderate-to-severe Alzheimer's disease. *New England Journal of Medicine*, 348(14), 1333-1341
- Rogers, S. L. et al (1998). A 24-week, double-blind, placebo-controlled trial of donepezil in patients with Alzheimer's disease. *Neurology*, 50(1), 136-145. <https://doi.org/10.1212/wnl.50.1.136>
- Atri, A., Apostolova, L. G., Iwata, A., et al. (2026). Clinical Meaningfulness of Donanemab in Early Symptomatic Alzheimer Disease: Data From the Randomized Phase 3 TRAILBLAZER-ALZ 2 Trial. *Neurology: Clinical Practice*, 16(3).
- Schindler, S.E., Galasko, D., Pereira, A.C. et al. Acceptable performance of blood biomarker tests of amyloid pathology – recommendations from the Global CEO Initiative on Alzheimer's Disease. *Nat Rev Neurol* 20, 426-439 (2024). <https://doi.org/10.1038/s41582-024-00977-5>
- Dubois, B., von Arnim, C.A.F., Burnie, N. et al. Biomarkers in Alzheimer's disease: role in early and differential diagnosis and recognition of atypical variants. *Alz Res Therapy* 15, 175 (2023). <https://doi.org/10.1186/s13195-023-01314-6>
- Ebenau JL, Pelkmans W, Verberk IMW, et al. Association of CSF, plasma, and imaging markers of neurodegeneration with clinical progression in people with subjective cognitive decline. *Neurology.* 2022;98(13):e1315-e1326. <https://doi.org/10.1212/WNL.00000000000020035>
- Robinson JL, Richardson H, Xie SX, et al. The development and convergence of copathologies in Alzheimer disease. *Brain.* 2021;144(3):953-962. doi: <https://doi.org/10.1093/brain/awaa438>
- Villain N, Michalon R. What is Alzheimer's disease? An analysis of nosological perspectives from the 20th and 21st centuries. *Eur J Neurol.* 2024; 31:e16302. doi:10.1111/ene.1630
- Forkea J, Zaman S, Hartley S et al. Alzheimer's disease associated with Down syndrome: a genetic form of dementia *The Lancet Neurology*, 20, 930-942 DOI: 10.1016/S1474-4422(21)00245-3
- Bieger A, Brum WS, Borelli WV, et al; Alzheimer's Disease Neuroimaging Initiative. The influence of different diagnostic criteria on Alzheimer disease clinical research. *Neurology.* 2024;103(5):e209753. <https://doi.org/10.1212/WNL.00000000000209753>
- Frisoni G, Altomare D, Ribaldi F et al. Dementia prevention in memory clinics: recommendations from the European task force for brain health services *The Lancet Regional Health - Europe*, 2023; 26
- Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5. Book by American Psychiatric Association and John G. Gunderson



Medical Education - CME

CME Questions

Instructions: Choose the single best answer for each question. Answers and explanations are provided at the end for self-assessment.

1. According to the 2024 NIA-AA criteria, Alzheimer's disease is best defined as:

- a) A purely clinical syndrome based on memory loss
- b) A biological continuum identified primarily through biomarkers (amyloid and tau)
- c) Only diagnosable at autopsy
- d) A normal part of aging in people over 75

2. Which of the following is characteristic of an atypical presentation of Alzheimer's disease?

- a) Predominant early memory loss
- b) Prominent visuospatial deficits (posterior cortical atrophy variant)
- c) Isolated depression without cognitive impairment
- d) Acute onset following stroke

3. In Hong Kong, the approximate prevalence of dementia among adults aged 60 and above is:

- a) Less than 2%
- b) Around 9.7%
- c) Over 30%
- d) Similar to global average without age adjustment

4. Which biomarker profile is most consistent with Alzheimer's disease pathology?

- a) Normal CSF A β 42 and low p-tau
- b) Low CSF A β 42/40 ratio and elevated p-tau181
- c) Normal amyloid PET and high FDG-PET metabolism
- d) Low blood p-tau217 only

5. The primary mechanism of action of cholinesterase inhibitors (e.g., donepezil) in AD is:

- a) NMDA receptor antagonism
- b) Increasing acetylcholine levels by inhibiting breakdown
- c) Removing amyloid plaques
- d) Reducing tau phosphorylation

6. In the Clarity AD trial, lecanemab demonstrated:

- a) Complete reversal of cognitive decline
- b) Slowing of decline on CDR-SB at 18 months
- c) No significant difference from placebo
- d) Superiority only in severe AD

7. The most important safety concern with anti-amyloid monoclonal antibodies (lecanemab, donanemab) is:

- a) Gastrointestinal bleeding
- b) Amyloid-related imaging abnormalities (ARIA-E and ARIA-H)
- c) Severe hypertension
- d) Nephrotoxicity

8. According to the 2026 Hong Kong consensus, biomarkers should be used in:

- a) All patients over 65 with any memory complaint
- b) Individuals with atypical presentations or when considering anti-amyloid therapy
- c) Only in research settings
- d) Never, due to cost



Medical Education - CME

CME Questions

9. Which statement is correct regarding blood-based biomarkers for AD?

- a) They have completely replaced CSF and PET
- b) p-tau217 shows high promise for screening and triage
- c) They are not useful in any clinical setting
- d) They are only validated in Caucasian populations

10. A key practical management strategy for AD in Hong Kong involves:

- a) Immediate initiation of anti-amyloid therapy in all suspected cases
- b) Multidisciplinary care, early biomarker confirmation where appropriate, and caregiver support
- c) Avoidance of all pharmacological treatment
- d) Routine genetic testing for all patients

Answer Sheet HKCMA Bulletin Issue 08 (August 2026)

Doctors are most welcome to answer the self-assessment questions to attain the CME point for respective authorities if 8 answers out of the 10 short questions are correct by returning the completed answer sheet via fax 3007 1019 or by email to secretariat@hk-cma.org on or before 28th September 2026 for documentation.

Advances in Alzheimer's Disease

By Dr. Yam Chin Pang, Specialist in Geriatric Medicine

Answers to questions will be provided in the next issue of the HKCMA Bulletin.

Self-assessment Questions 1-10, Please answer T (true) or F (false)

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10

Full Name (blockletters): _____ Signature: _____

HKID No. : _____ () MCHK No: _____

HKMA No: _____ or HKDU No: _____

College: _____ Fellowship No: _____

Answers to Issue 07 (April 2026)

Diagnosis and management of resistant hypertension in primary care: a brief review and update

By Dr. Catherine Xiao-rui Chen, Specialist in Family Medicine

Self-assessment Questions, 1 - 10: Please answer T (true) or F (false)

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

Medical Education - Clinical Quiz

Dermatology Quiz



Dr. Carman Ka-man Lam
Specialist in Dermatology and Venereology

Case Study

A 31-year-old lady presented to the clinic with a persistently painful lump in the right knee painful bump for 2 years after injury from slip and fall. The lesion was not itchy and she denied scratching. Physical examination revealed a well-defined, purplish, tender nodule, 1.5x1.8cm, with scaling, on the right knee (Fig. 1). No other cutaneous lesions, enlarged lymph node or systemic symptoms were observed.

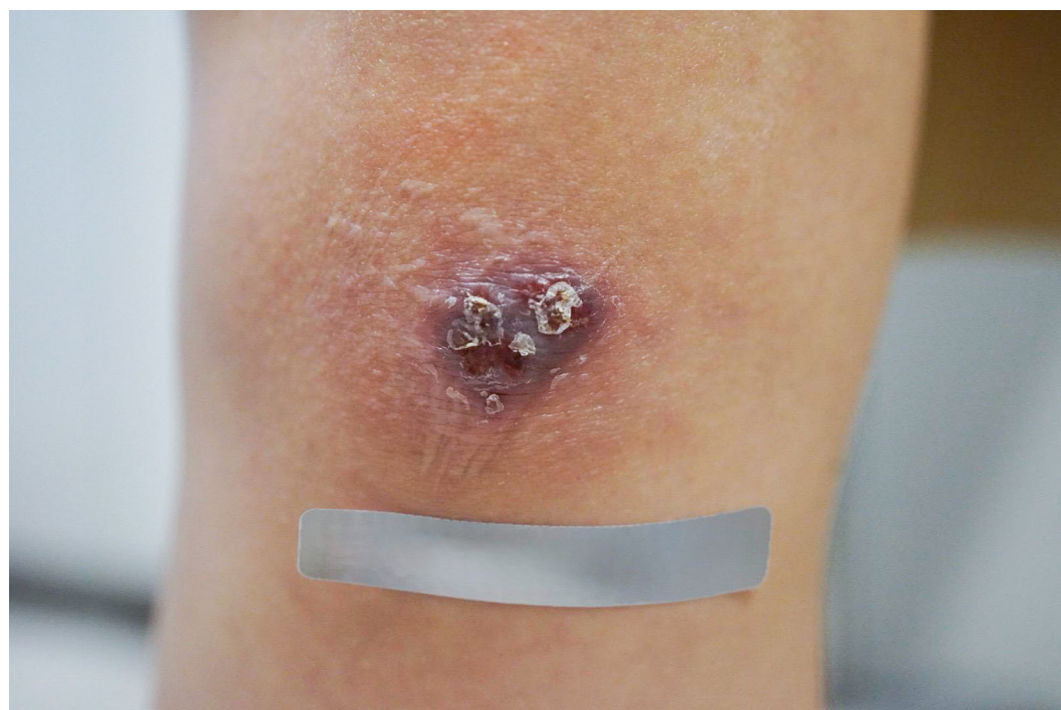


Fig 1. On the day of presentation

Q1. What is the most likely diagnosis based on the clinical presentation and Fig. 1 ?

- A. Keloid scar
- B. Bowen's disease
- C. Pyogenic granuloma
- D. Cutaneous Mycobacterium marinum infection
- E. Cutaneous lymphoma

Q2. To support the diagnosis, which historical detail is most critical to elicit during the patient interview?

- A. Exposure to saltwater or freshwater aquariums.
- B. Personal history of atopy or eczema.
- C. Family history of malignant melanoma.
- D. Recent travel to high-altitude regions.

Answers:
Q1: D, Q2: A

Medical Education - Clinical Quiz

Discussion

Explanation of question 1:

- A. Keloid** : While common after trauma, keloids are typically more well defined, and usually do not exhibit scaling or crusting.
- B. Bowen's Disease** : Usually presents as a slow-growing, well defined erythematous scaly plaque; however, the purplish, nodular quality here is more suggestive of a deep-seated granuloma.
- C. Pyogenic Granuloma** : Typically grows rapidly over days or weeks, and prone to bleeding, rather than persisting for two years.
- E. Cutaneous Lymphoma** : Can present as a violaceous nodule, but is less likely given the specific history of trauma and localized.

Explanation of question 2:

Though Mycobacterium marinum infection is uncommon, it is important to consider atypical infections in chronic, non-healing skin lesions following trauma. High index of suspicion for mycobacterial infections when "standard" anti-inflammatory treatments fail.

These organisms are commonly present in soil and water. Exposure to saltwater or freshwater aquariums is important while taking history of patients.

The condition typically presents as a solitary, violaceous or dusky red nodule or plaque, more common on the extremities like hands, elbows, or knees. Sporotrichoid spread, nodules along lymphatic drainage, is common. However, solitary lesion like the one in this case can persist for years if misdiagnosed.

Treatment based on in vitro susceptibility testing and case reports. Most cases require a prolonged course (3 to 6 months) of antibiotics such as clarithromycin, minocycline, doxycycline, ethambutol, or rifampin [1].

Reference

1. Mycobacterium marinum. Aubry A, Mougari F, Reibel F, Cambau E. Microbiol Spectr. 2017;5(2)

聯合主辦機構：



向醫者致敬： 醫心相連、杏林傳承、感恩有您！

2026中國醫師節香港慶祝大會

2026年8月17日(星期一)

晚上7:25 至 10:30 (入場時間 6:45pm 開始) 中環香港大會堂音樂廳

演出語言: 粵語、英文、普通話



支持機構：



節目程序表

時間	節目內容	
6:45 - 7:25 pm	所有嘉賓在座	
7:25 - 7:35 pm	進場儀式以及全場起立唱國歌	
7:35 - 8:20 pm	合辦機構代表共同致歡迎辭 1.衛生署署長 林文健醫生 2.醫院管理局主席 范鴻齡先生 3.香港醫學專科學院主席 李錦滔教授 4.香港大學李嘉誠醫學院院長 劉澤星教授 5.香港中文大學醫學院院長 趙偉仁教授 6.香港註冊中醫學會會長 陳永光教授	
	合辦機構代表致歡迎辭 香港中華醫學會會長 陳真光醫生	
	主禮嘉賓致辭 醫務衛生局局長 盧寵茂教授	
	傑出實習醫生獎頒獎儀式	
	慶祝大會亮燈儀式	
8:20 - 8:35 pm	合照	
	專題演講 無創產前和癌症檢測: 從夢想到現實 Non-invasive prenatal and cancer testing: from dream to reality 主禮嘉賓:香港中文大學校長 盧煜明教授	
8:35 - 10:25 pm	醫者樂韻	跨代短絃
	The Nephrons 1. World Kidney Day 2026 街頭劇《腎利人生動起來!》 2. 獻歌: 護腎真理	
	鄧智偉教授 健康食神之歌	
		鄧惠瓊教授、梁智鴻醫生
	腎兒聲夢合唱團 KIDS' Dream Choir from Children's Kidney Fund 1. 新生有你 2. 童心盼望 3. 劃破黑暗	
		前食物及衛生局局長 周一嶽醫生 訪問2026年度醫院管理局優秀青年獎得獎者 基督教聯合醫院副顧問醫生 范加熙骨科醫生
	胸肺力量 呼吸我共你	
		卞兆祥教授、林蓓茵博士
	醫院管理局中樂團 1. 我的祖國 2. 蘭亭序	
		香港中文大學醫學院院長 趙偉仁教授 訪問2026年度醫院管理局優秀青年獎得獎者 內科威爾斯親王醫院顧問醫生 麥詠欣內科醫生
10:30 pm	中國醫師節香港慶祝大會合唱團 1. Stand by Me 2. 如願 3. 明天會更好 杏林好聲音慈善演唱 郭寶賢醫生、袁淑賢醫生 (由謝德富醫生、陳曦齡醫生伉儷贊助) Against All Odds	
	閉幕	



Past CME and Non-CME Activities

29 APRIL 2026 (Wed)

Academic Lunch Lecture

Disease Modification vs. Disease Management: Dual IL-4/IL-13 Inhibition Refining Goals in Pediatric Atopic Dermatitis (sponsored by Sanofi)

Speakers

Dr. Chung Man-ho
Specialist in Dermatology and Venereology

Moderator

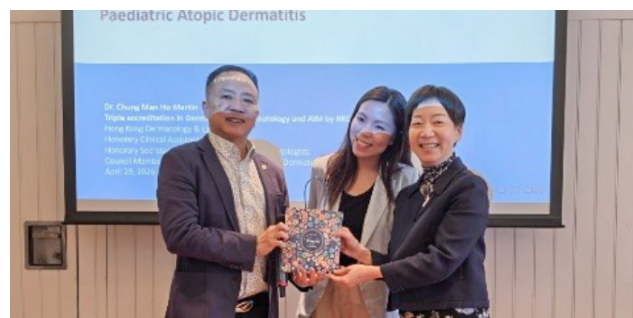
Dr. Douglas Nim-tak Chan
General Practitioner

Time: 1:00 - 1:30pm
(Welcome Reception)
1:30 - 2:30pm
(Scientific Sharing and Q&A)

Venue: Nanhai No. 2, 12/F,
World Trade Center,
280 Gloucester Road,
Causeway Bay, Hong Kong



Moderator Dr. Douglas Chan & President Dr. Jane Chan presenting souvenir to speaker Dr. Chung Man-ho.



Moderator Dr. Douglas Chan and President Dr. Jane Chan presenting souvenir to sponsor Sanofi representative.

6 May 2026 (Wed)

Academic Lunch Lecture

Unravelling Strategies across Cardiorenal Management with SGLT2i (sponsored by AstraZeneca)

Speaker

Dr. Michael Pak-hei Chan
Specialist in Cardiology

Moderator

Dr. Poon Man-kay
Council Member of HKCMA

Time: 1:00 - 1:30pm
(Welcome Reception)
1:30 - 2:30pm
(Scientific Sharing and Q&A Section)

Venue: Queen Victoria 8
(八公館), 3/F,
Hung Kei Mansion,
5-8 Queen Victoria Street,
Central, Hong Kong



President Dr. Jane Chan with speaker Dr. Michael Chan and sponsor Astra Zeneca representative.



President Dr. Jane Chan presenting souvenir to speaker Dr. Michael Chan.



Past CME and Non-CME Activities

17 June 2026 (Wed)

Academic Lunch Lecture

Early Intervention for Patients with Psoriatic Disease(sponsored by AbbVie)

Speakers

Dr. Chung Man-ho
Specialist in Dermatology and Venereology

Moderator

Dr. Poon Man-kay
Council Member of HKCMA

Time: 1:00 - 1:30pm
(Welcome Reception)
1:30 - 2:30pm
(Scientific Sharing and Q&A session)

Venue: QUEEN VICTORIA 8
(八公館), G/F - 3/F,
Hung Kei Mansion,
5-8 Queen Victoria Street



President Dr. Jane Chan presenting souvenir to speaker Dr. Chung Man-ho.

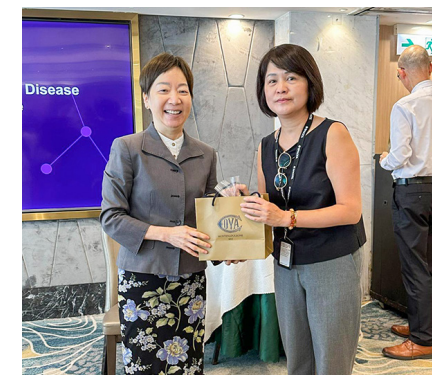


President Dr. Jane Chan presenting a souvenir to sponsor AbbVie representative.

Date	Topic	Speaker/s	Time & Venue
5 August 2026 (Wednesday)	Academic Lunch Lecture Redefining Early Alzheimer's Disease Management in Primary Care	Dr. Ray Chun-chung Chan Specialist in Geriatrician	Time : 1:00 pm - 2:30 pm Venue : Queen Victoria 8 (八公館)



HKCMA Council Members with speaker Dr. Ray Chun-chung Chan.



President Dr. Jane Chan presenting a souvenir to sponsor.

Upcoming CME and Non-CME Activities

Date	Topic	Speaker/s	Time & Venue
2 September 2026 (Wednesday)	Academic Lunch Lecture: From Early Screening to Advanced Management: Integrating Tools into Daily BPH Practice	Dr. Clarence Lok-hei Leung Specialist in Urology	Time : 1:00 pm - 2:30 pm Venue : Queen Victoria 8 (八公館)
6 September 2026 (Sunday)	2026 Annual Scientific Meeting	Please refer to eflyer on page 10-11.	Time : 9:00am-5:00pm (Full-day Programme) Venue : The Ballroom (Level 7) & Shanghai Room (Level 8), Cordis Hong Kong, 555 Shanghai Street, Mongkok, Kowloon
17 September 2026 (Thursday)	Academic Lunch Lecture: Transforming Diabetes Care: The Role of DPP4i for Patients with Special Needs	Dr. Ip Tai-pang Specialist in Endocrinology, Diabetes & Metabolism	Time : 1:00 pm - 2:30 pm Venue : Queen Victoria 8 (八公館)
13 October 2026 (Tuesday)	Academic Lunch Lecture: Probiotics in Clinical Practice: Updated Guideline Recommendations on acute diarrhea and antibiotic-associated diarrhea management	Prof. Hania SZAJEWSKA M.D. The Medical University of Warsaw, Department of Paediatrics	Time : 1:00 pm - 2:30 pm Venue : Queen Victoria 8 (八公館)

Medical Lifestyle - 攝影藝術

從醫生角度，淺談攝影藝術



江炎輝醫生

引言

關於攝影的工具書本，視頻課程，隨處可得。但如何入門則因人而異，各有所需，各有所好。

希望此短文能夠引起初學者對攝影更加了解，產生更深興趣，參與香港中華醫學會攝影小組活動，鬆弛工作壓力，增加藝術樂趣，擴大羣體友誼。相信所有同業，都有機會拿起手機或數碼相機，拍攝不同題材。亦有不少同僚，卧虎藏龍，已經擠身“金牌拍友”行列，參加國際及本港多個著名攝影會之活動及比賽，作為個人的嗜好，陶冶緊張生活的一個藝術選擇。

不少同道常困於題材選擇，風景、人像、生態、運動、節慶、街頭寫實，黑白與彩色，各有特色。像醫科一樣，從基礎的全科，進展至各分科，內、外、婦、兒、骨、五官、等等，各包涵獨特技術，隨個人興趣而選擇進修，各適其適，各展所長。雖然懂光圈快門、熟記三分法構圖，卻偶爾疑惑：為何技術到位的相片，就算加上濾鏡或道具，處理背景散景，甚至加入 AI，總少了一點動人心弦的力量？攝影不單是參數堆砌，而是捕捉光影、定格靈魂的藝術。今天便以醫者的角度，分享一張優美照片的核心元素。

1. 光與影

攝影第一步，和臨床診斷同樣基本以“望”為首：看懂光與影。醫學上，放射素描以光暗對比色調為基礎分辨器官質量，手術燈光照明則追求明亮無影，集中觀察組織層次；而攝影，同樣地以光暗對比色調為基因。清晨斜射的側光勾勒

山巒紋理；黃昏柔軟漫光溫柔包裹人物；強烈側逆光製造深邃陰影，刻畫人像輪廓，活現主體情緒。黑白攝影更是光影的極致，捨去色彩干擾，單憑黑、白、灰三層層次，便能壓縮畫面情緒；高對比令線條粗獷有力，適合街頭寫實、運動動態；低灰調柔和安靜，配合靜物與自然生態。彩色則利用色調烘托氣氛，暖金朝夕陽光帶來希望溫暖喜悅，冷藍陰雨畫面充滿孤獨憂鬱恐懼。善用色彩，等同為相片配上情緒藥方。

2. 構圖

黃金井字九宮格、引導線、點線圓，是牽引觀者視線的「診斷指南」。就像我們處理病人會由「首先印象」逐步「聚焦病徵」。完成一幀相片必須有清晰視覺核心。風景攝影不必滿載山河，留白反而襯托海闊天空；人像肖像切忌滿畫面塞滿五官，視覺上給人物空間自由；運動題材善用動態模糊線條，突出主題，傳遞速度衝擊；生態自然攝影利用銳利鏡頭大光圈虛化隔離雜亂背景，如同臨床鑑別，讓主體脫穎而出。規則是基礎，打破規則更是藝術：刻意偏離中心的人物、天馬行空構圖反而能留下強烈記憶印象。

3. 決定性時刻 Decisive moments

比光影、構圖更珍貴的，是瞬間即逝的關鍵決定性時刻。這一點身為醫生額外體會共鳴。急診室搶救黃金數分鐘、手術中千鈞一髮的操作，我們深知掌握時間的機遇時刻不可重來。攝影亦是一門抓瞬間的藝術：街頭寫實裡路人擦肩的微笑、孩童抬頭望天的純真；運動賽場選手衝線剎

Medical Lifestyle - 攝影藝術

那的張力；野生動物抬頭望鏡的靈動眼神；肖像拍攝時對象流露真實情緒的一秒；意外，災難，戰爭的生死關頭，錯過便永不復現。相機參數可以調校，但人類情緒、自然巧合的獨特剎那，只有用攝影才能複製珍貴難得的紀錄。

4. 紀實 / 故事

一張相片能否吸引動人，最終取決於畫面背後的故事與心靈共鳴。技術決定相片合格與否，故事才決定相片能否觸動入心。同是風景照，若記錄山間居民日常、季節更迭帶來的生活變化，畫面便有溫度；同為人像，捕捉孩童、少青、長者、勞動者藏在臉上的純真或風霜洗禮，才能對話心靈；寫實街拍記錄城市角落的冷暖，運動攝影傳遞堅毅拼勁威力，自然生態訴說萬物共生的懦弱與殘酷，每一幀相片都是拍攝者內心投射。醫生見過生老病死，痛苦與溫馨，更懂得珍惜世間喜怒哀樂，這份獨特共鳴，是普通攝影者難以擁有的優勢。

總結

放下聽筒或手術刀，拿起手機或相機，我們依舊是觀察者、記錄者、治療者。醫生的耐性與敏銳，透過鏡頭轉化成獨一無二的攝影藝術，不必追求完美畫質，只要留住屬於自己的感觸，便

附上一些個人不同題材作品，質素參差，讓大家批評，以後有機會亦開放篇幅給會員分享個人及名家作品，互相切磋，以相會友。



SUNSET AT TAI SANG WAI, Nikon Z8, 1/1600, f6. 3, iso 500, 0EV, 28mm.



PRAYING, Nikon D800E, 1/160s, f8, iso 200, 0EV, 70mm.

是最動人的相片。善用自己寶貴的工餘時間，與朋友及家人，選擇適合的時間及地點拍攝自己喜愛的題材，用電腦做一些後製的美化，與親友共享拍攝成果，如有佳作，可以參加各項比賽，提升自己的水平，享受整個過程，一定有意想不到的收獲。攝影確實是消費低，益智養生，亦可享受旅遊及自然生態的最佳嗜好。願大家一同分享攝影樂趣。

呼籲參與活動

香港中華醫學會積極籌辦攝影活動。邀請大家參予發展，提供寶貴意見，共謀良方：

1. 照片分享 - 歡迎會員及其家屬投稿照片（手機或任何相機不限），恆常刊於會訊。規格題材不限，每三個月發表一次。特色的照片會由攝影界名家評判選出，獲得獎品鼓勵。全年四期作品再選出相皇，加以表揚。
2. 專題比賽 - 每年本醫學會舉行活動，如果題材適合亦會舉行專題比賽，在活動期間所拍照片選出優勝作品，加以獎勵。
3. 投稿及比賽細則，請與秘書處聯絡。

江炎輝醫生
香港中華醫學會 攝影興趣小組主席
2026 年 7 月

Medical Lifestyle - 攝影藝術



豐順火龍, Sony A1, 1/100s, f4.5, iso 160, 100mm.



曙光第一線 (越南), Nikon D500, 1/1000s, f13, iso 400, -0.33EV, 82mm.



BIRDING AT KAM TIN RIVER, Sony A1, 1/2000s, f8, iso 1000 560mm.



親子樂 (深圳俞欣書店), Vivo 手機版.



BOXING HOOK PUNCH, Sony A7, 1/400s, f4, iso 3600.



Medical Lifestyle - 漫談中國書法

漫談中國書法



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漢曹節玉印

中華文明最傲人的一點就是有二千多年的連續文字記載，而且現代人也可讀懂古人的書寫。

書法由甲骨文，青銅器上的銘文（金文），到秦統一六國後李斯奉命所作的標準文（小篆），而到漢代寫在竹簡上的簡書（後來演變成章草），而草書，行書，到唐代楷書即已定形。

中國書法以毛筆蘸墨書寫，因毛筆柔而有彈性，提按有輕重，墨勻水後有濃淡，墨跡在宣紙上有留白，便形成獨有的視覺後果。因而書法有著實用和藝術的雙重性。受到歷代文人的推崇。

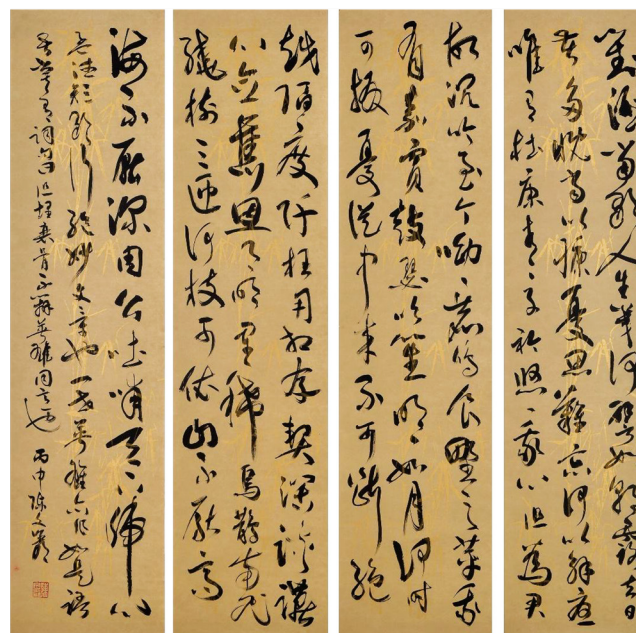
近年國內書法大熱。部份原因‘雅賄’流行，有身份的人書法可賣大價錢，甚至所書篇幅尺寸價與書法家官位掛鉤。更有甚者，為了搏取眼球，出現所謂亂書，吼書，射書等行為藝術。這些所謂創新，可以稱之為水墨視覺藝術，但絕不是書法。

書法的首要是書，後才是法。書可以讀，欣賞一幅書法作品，除了看真視覺後果，更引人入勝的是其內容。天下三大行書莫不如是。王羲之

蘭亭序，顏真卿的祭侄稿，蘇東坡的寒食帖都是耐看可細品的傑作。

若問書法往哪裡去？我的答案是：在中文的文化圈。如一味推崇那些為迎合西方資本市場的水墨視覺藝術恐怕要斷了中國的文脈！寫出來的字沒人看懂，還能叫書法嗎？

什麼是好書法？我的答案很簡單。好的書法一定耐看，不是曇眼嬌。所謂功夫在字外，‘腹有詩書氣自華’指的是書者的文學修養。我第二次在北京世紀壇藝術館舉行個展時恰逢汶川地震。我的作品全是自作詩詞，既反映當時景況。亦自澆胸中塊壘。中華醫學會英文版雜誌主編錢壽初醫生看了有共鳴，遂成了朋友。



陳文岩草書曹操短歌行

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~800-1,000

weekly
detection^{9-12*}

~28

average severe/
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week^{9-12*}

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*During peak season in 2025. Based on Hong Kong COVID-19 surveillance data summaries reported by the Centre for Health Protection from Week 19 to Week 22 (4–31 May 2025). Weekly detections refer to newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2. Severe cases include deaths preliminarily assessed to be related to COVID-19. †Based on Hong Kong COVID-19 surveillance data summaries reported by the Centre for Health Protection, Weeks 17–20 (20 April–17 May 2025).

References:

1. Centre for Health Protection, COVID-19 & Flu Express, Local Situation of COVID-19 Activity (as of Jun 25, 2025). Available at: https://www.chp.gov.hk/files/pdf/covid_flux_week25_26_6_2025_eng.pdf. Accessed 12 January 2026. 2. Li K, et al. Lancet Reg Health West Pac 2025;58:101554. 3. The Government of Hong Kong Special Administrative Region. DH urges high-risk individuals to receive COVID-19 vaccines as soon as possible as COVID-19 activity hits one-year high in Hong Kong. Available at: <https://www.info.gov.hk/gia/general/202505/15/P2025051500748.htm>. Accessed 14 January 2026. 4. European Medicines Agency. ETF recommends updating COVID-19 vaccines to target new LP.8.1 variant. Available at: <https://www.ema.europa.eu/en/news/etf-recommends-updating-covid-19-vaccines-target-new-lp81-variant>. Accessed 24 February 2026. 5. World Health Organization. Statement on the antigen composition of COVID-19 vaccines. Available at: <https://www.who.int/news/item/15-05-2025-statement-on-the-antigen-composition-of-covid-19-vaccines>. Accessed 24 February 2026. 6. US Food & Drug Administration. COVID-19 Vaccines (2025-2026 Formula) for Use in the United States Beginning in Fall 2025. Available at: <https://www.fda.gov/vaccines-blood-biologics/industry-biologics/covid-19-vaccines-2025-2026-formula-use-united-statesbeginning-fall-2025>. Accessed 24 February 2026. 7. Centre for Health Protection. Updated Consensus Recommendations on the Use of COVID-19 Vaccines in Hong Kong (As of 20 Oct 2025). Available at: https://www.chp.gov.hk/files/pdf/consensus_recommendations_on_the_use_of_covid-19_vaccines_in_hong_kong_oct2025.pdf. Accessed 24 February 2026. 8. Spikevax LP.8.1 dispersion for injection in pre-filled syringe COVID-19 mRNA Vaccine 50 micrograms/dose 0.5 mL Full Prescribing Information. 9. Centre for Health Protection, COVID-19 & Flu Express, Local Situation of COVID-19 Activity (as of May 14, 2025). Available at: https://www.chp.gov.hk/files/pdf/covid_flux_week19_15_5_2025_eng.pdf. Accessed 21 January 2026. 10. Centre for Health Protection, COVID-19 & Flu Express, Local Situation of COVID-19 Activity (as of May 21, 2025). Available at: https://www.chp.gov.hk/files/pdf/covid_flux_week20_22_5_2025_eng.pdf. Accessed 21 January 2026. 11. Centre for Health Protection, COVID-19 & Flu Express, Local Situation of COVID-19 Activity (as of May 28, 2025). Available at: https://www.chp.gov.hk/files/pdf/covid_flux_week21_29_5_2025_eng.pdf. Accessed 21 January 2026. 12. Centre for Health Protection, COVID-19 & Flu Express, Local Situation of COVID-19 Activity (as of Jun 4, 2025). Available at: https://www.chp.gov.hk/files/pdf/covid_flux_week22_5_6_2025_eng.pdf. Accessed 21 January 2026. 13. Bausch-Jurken M, et al. Expert Rev Vaccines 2024;23:914–943.

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