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Message from the President

According to World Health Organisation (WHO), breastfeeding is one of the most effective means to ensure child health and survival and yet currently, fewer than half of infants under 6 months old are exclusively breastfed. Therefore, a worldwide strategy is needed to promote the adoption of breastfeeding widely. With effect from 2018, the World Health Assembly endorsed a resolution on establishing World Breastfeeding Week to be held in the first week of August each year as an important health promotion strategy, aiming to promote the enabling environments that help women to breastfeed – including support in the community and the workplace, with adequate protections in government policies and laws - as well as sharing information on breastfeeding benefits and strategies. (<https://www.who.int/campaigns/world-breastfeeding-week>)

Recently, Dr. Libby Lee, The Under Secretary for Health, chaired the ninth meeting of the Committee on Promotion of Breastfeeding to review the progress and effectiveness of various measures for promoting and supporting breastfeeding. Data revealed that the breastfeeding rate on hospital discharge still reached 85 per cent in 2022, marking a significant increase when compared to the 55 per cent recorded in 2000 despite the various constraints due to COVID-19 at the time. Dr. Lee reiterated that breastmilk offers very important nutrients to infants and young children, thereby reducing their risk of contracting serious complications while creating a protective health barrier for them. In fact, the Chief Executive proposed in the 2023 Policy Address the initiative to establish a breastmilk bank and formulate the related mechanism

for breastmilk donation in 2025 to provide breastmilk for infants and young children who cannot be breastfed by their biological mothers, with a view to benefitting the premature and severely ill babies in need.

(<https://www.info.gov.hk/gia/general/202404/09/P2024040900394.htm?fontSize=1>) Being at the forefront of community care, family doctors are in an advantageous position to help encourage breastfeeding in the community. Please keep up the excellent work in supporting mothers to breastfeed.

The Health Bureau organised an exchange session with District Council (DC) members in promoting primary healthcare at community level earlier in the month. Dr. Libby Lee, The Under Secretary for Health, hoped that the collaboration between District Council members and District Health Centres (DHCs) will be further strengthened through the exchange sessions for driving jointly more targeted promotion of primary healthcare at the district level in the future. Dr. Lee and the Commissioner for Primary Healthcare, Dr. Pang Fei-chau, briefed DC members on the concept and latest work progress of the Primary Healthcare Blueprint, including participation in the Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme). (<https://www.info.gov.hk/gia/general/202404/02/P2024040200215.htm?fontSize=1>) Since the revelation of the Primary Healthcare Blueprint, the Government has been promoting community-centric and patient-



(Continued on page 2)

Message from the President (Con't)

(Continued from page 1)

centred care. Family doctors are leaders in primary healthcare and we must continue to keep up our excellent work in the community in support of the Primary Healthcare Blueprint and realise the concept of "Family Doctor for All".

The WONCA APR Conference 2024 is to be hosted by the College of Family Physicians Singapore in Singapore from 21st – 24th August 2024 at the Raffles City Convention Centre. The Conference programme promises to offer both exciting educational and engaging networking opportunities amongst experts, healthcare practitioners, researchers, and peers in the field of Family Medicine. The theme for this year's Conference is "Art & Science of Family Medicine", aiming to focus on the myriad ways of approaching and practising Family Medicine. (<https://wonca-apr2024.com/>) It will be a Conference well worth attending.

But before that, our very own Hong Kong Primary Care Conference (HKPCC) 2024 is scheduled from 5th to 7th July this year and is to be held at the Hong Kong Academy of Medicine Building. Don't miss this annual opportunity to meet with the primary care experts from locally and

overseas and catch up with fellow colleagues and friends. We are excited to have many prominent speakers who will grace us with their presence, including Dr. LAM Ching Choi (Non-official Member, Executive Council, HKSAR; Steering Committee Member of the Primary Healthcare Development, Health Bureau, HKSAR; Chief Executive Officer, Haven of Hope Christian Service), Professor Cindy LAM (Danny D. B. Ho Professor in Family Medicine, Department of Family Medicine & Primary Care, School of Clinical Medicine, Li Ka Shing Faculty of Medicine, The University of Hong Kong), Professor Samuel WONG (Associate Dean (Education), Faculty of Medicine; Director, JC School of Public Health and Primary Care, The Chinese University of Hong Kong) and Professor Rodger Charlton (Professor of Undergraduate Primary Care Education, Leicester Medical School, College of Life Sciences, University of Leicester). In addition to lectures, we will have a wide range of seminars, workshops, Full Research Paper/Free Paper and Clinical Case Presentation Competitions. See you soon at the HKPCC 2024!

Dr. David V K CHAO
President

Meeting Highlights

CME Lecture on 15 March 2024

Dr. LING Li Min, Senior Consultant Infectious Diseases Physician, Rophi Clinic, Singapore, delivered a lecture on "The New Era of Pneumococcal Prevention against Pneumococcal Serotype Evolution".



A screenshot taken on 15 March 2024
Dr. Dr. LING Li Min (left, Speaker) and Dr. AU YEUNG Shiu Hing (right, Moderator)

Sunday Symposium on 17 March 2024

Dr. Fung Wing Shing, Winston, Specialist in Nephrology, delivered a lecture on "Unveiling strategies for CKD risk identification"; Dr. CHAN Zi, Specialist in Nephrology, delivered a lecture on "Understanding the relationship between hypertension and kidney disease: Strategies for early management of CKD"; Prof. CHOW Yee Kwan, Elaine, Clinical Assistant Professor, Phase 1 Clinical Trial Centre and Department of Medicine & Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong, delivered a lecture on "Preventing cardiorenal complications in diabetes mellitus: An integrated approach" and Dr. LEUNG Kwan Wa, Maria, Service Director in Primary & Community Healthcare and Chief of Service, Department of Family Medicine, NTE Cluster, Hospital Authority, delivered a lecture on "Holistic CKD management and navigating challenges in the primary care setting".

Certificate Course on Common Mental Health Problems for Primary Care Doctors in Treatment of Psychiatric Disorders 2024

The 1st session of Certificate Course on Common Mental Health Problems for Primary Care Doctors in Treatment of Psychiatric Disorders 2024 was held on 28 March 2024.

Dr. TSANG Fan Kwong, Specialist in Psychiatry, delivered a lecture on "Rethinking in handling patients' complained of anxiety related problems, stress and sleep problems".



Dr. WAN Kwong Yu (left, Moderator) presenting a souvenir to Dr. TSANG Fan Kwong (right, Speaker).

Certificate Course in Ophthalmology for Primary Care Doctors 2024 co-organized with The College of Ophthalmologists of Hong Kong

The 1st session of Certificate Course on Certificate Course in Ophthalmology for Primary Care Doctors 2024 was held on 7 April 2024.

Dr. Wong Ka Wai, Jasper, Specialist in Ophthalmology, delivered a lecture on "Anterior Segment Diseases".



Dr. CHAN Chin Ping (right, Moderator) presenting a souvenir to Dr. Wong Ka Wai, Jasper (left, Speaker).



Group Photo taken on 17 March 2024 (From left to right) Dr. FUNG Wing Shing, Winston (Speaker), Prof. CHOW Yee Kwan, Elaine (Speaker), Dr. CHEN Xiao Rui, Catherine (Moderator), Prof. CHAN Tak Mao, Daniel (Moderator), Dr. CHAN Zi (Speaker) and Dr. LEUNG Kwan Wa, Maria (Speaker).

HKCFP Council Announcement

WONCA Asia Pacific Region Conference 2024 Singapore

21 – 24 August 2024 (Wednesday – Saturday)

Dear Members,

WONCA Asia Pacific Region Conference 2024 would be held between **21 – 24 August 2024 (Wednesday – Saturday)** in **Singapore at the Raffles City Convention Centre.**

The College Council has decided to grant sponsorship with **a total amount at the maximum of HK\$175,000** to **partially sponsor members (including trainees)** to attend the Conference. Members with presentation(s) would be considered a priority. By the successful granting, the applicants shall agree to -

- (a) acknowledge the College in all of your Presentation materials, such as PowerPoints, Posters etc;
- (b) uphold and promote to the best of your ability the aims and objectives of the College;
- (c) observe the provisions of the Articles of Association and such Regulations and By-laws of the College;
- (d) take part in the College official functions if any during the Conference;
- (e) submit a written report (>800 words) with photos within one month after the conference;
- (f) submit all the official receipts and the related bank statement (if applicable) for reimbursement within two months after the conference.

The sponsorship is open to all members and first-come-first-served. All decisions shall be subject to the final approval of the Council. Interested members please download and complete the application form at <http://www.hkcfp.org.hk> under the section of "DOWNLOADS" and return the form to the Secretariat by **3 June 2024 (Monday)**.

The following are some important dates of the conference for your reference. For further and updated information please visit the Conference official website at <https://wonca-apr2024.com/>

- Early Registration Opens: 22 January - 30 June, 2024
- Regular Registration Opens: 1 July - 24 August, 2024
- Abstract Submission Deadline: 17 March, 2024
- Conference Dates: 21 – 24 August, 2024

Should you need any assistance, please contact Ms Erica So or Mr Roy Leung at 28718899 or email admin@hkcfp.org.hk.

Thanks,

Dr. Cecilia FAN
Honorary Secretary

Board of Vocational Training and Standards News

The Hong Kong Primary Care Conference 2024 will be held from **5 -7 July 2024 (Friday - Sunday)** and registration is now open.

All basic trainees are required to attend at least TWO Hong Kong Primary Care Conferences organized by the Hong Kong College of Family Physicians in the four-year training programme.

All higher trainees are required to attend at least ONE Hong Kong Primary Care Conference in the **two-year training programme**; OR, at least TWO Hong Kong Primary Care conferences in the **three-year training programme**.

The above information has already been mentioned in Trainee's logbook.

Please contact Ms. Hannah Lok or Ms. Kathy Lai at 2871 8899 for details.

Board of Vocational Training and Standards

Membership Committee News

The Council approved, on recommendation of the Chairlady of the Membership Committee, the following applications for membership in **March – April 2024**:

New Application

Associate Membership

Dr. CHAN Chak Ming Bernard	陳澤銘
Dr. HO Ka Wa	何家華
Dr. HUI Suet	許雪
Dr. LAI Hugo Tek Hou	賴達豪
Dr. LAW Mandy Yuen Sai	羅苑茜
Dr. LO Siu Fai	羅兆輝
Dr. LU Xiao Tong	盧曉彤

Non-HKSAR Membership

Dr. LEONG Wai Sam 梁偉森

Re-application

Associate Membership

Dr. CHAN Chim Yiu 陳佔耀

Resignation

Associate Membership

Dr. CHOW Tung Fai 周東輝
Dr. LEUNG Wai Man, Raymond 梁偉民

The Diary of a Family Doctor 【家庭醫生的日常】

《莫名的痛》 洗銘全醫生

64歲菲律賓籍男士，去年遇上交通意外，導致頸和右邊上臂疼痛及麻痺，已超過半年。意外當日已在急症室處理，X光顯示沒有骨折。他一直接受藥物及物理治療，惟痛楚始終未能改善。半年來每星期看醫生取病假，從未間斷。這位老先生進來時，一臉疲態，眼神透着無奈。

痛症一直影響睡眠，也令他情緒低落。他在香港任職室內設計，但公司要求他摒棄電腦繪圖，保持手繪藝術，他很擔心一直頸肩痛，令他以後不能再工作。

我：「仍想繼續工作？有冇計劃退休？」畢竟他已64歲了。

老先生：「仲想繼續做落去，因為退咗休都唔知有咩做。」

他沒有經濟問題，只是人生沒有找到什麼興趣。他生命一直只有工作，支援家庭，沒有尋找過自己。

痛症是人體一樣極度複雜及玄妙的反應。長期的痛楚，可以成為身體的一種記憶。就算身體受傷部份痊愈了，痛的感覺可如記憶依然存在。再加上情緒低落焦慮，令神經系統

紊亂，痛的感覺會揮之不去。要考慮採用針對神經痛的藥物，也要認真處理情緒。再加上用family life cycle來幫病人分析，便更容易給病人指引方向

我：「人生有不同階段，每個階段都有特別目標。你呢個年紀，子女已成長，目標應多放番去自己，尋找新嘅興趣，調理好身體。退休係要準備嘅，準備好要發展甚麼興趣，準備好點樣保持身體健康。如果無呢啲計劃，退休後好大機會出現情緒同身體問題。

你由今日開始，認真諗吓學一樣新嘅嘢，音樂陶瓷乜都得。有呢啲滿足感，你嘅情緒就會改善，痛症亦會大大減退。」

我給他處方了處理神經痛和情緒的藥物，鼓勵他改變自己。

老先生展露微笑，說：「謝謝你，今日好似上左一堂人生課。」

The Diary of a Family Doctor 家庭醫生的日常

Submission of articles to The Diary of a Family Doctor with up to 600 words in Chinese or 400 words in English are always welcome. Gift vouchers will be given as token of appreciation if the articles are selected for publication.
Email: FPLinks@hkcfp.org.hk

Young Doctors Committee News - YDC Hiking Activity to Dragon's Back

Dr. Cathy Lo, Committee Member, YDC
Dr. Kimberly Lee, Committee Member, YDC

The Young Doctors Committee organized a hiking activity to the Dragon's Back on 17th March 2024. It has been 4 years since we last held hiking activity due to COVID pandemic and social distancing. We are delighted that the activity can be resumed this year, and we treasured this opportunity to meet up and chat with family physicians from different backgrounds.



Started hiking on Dragon's Back mountain

We have chosen Dragon's Back mountain trail as our hiking route this time. It was located in the southeastern corner of Hong Kong Island, and it is one of the most popular hiking trails in Hong Kong due to its impressive coastal views but at the same time an easy route which is suitable for families and hikers of all levels. The Dragon's Back is also rated as one of the best hikes in Hong Kong by Lonely Planet.

The day started off with gloomy weather when we began our hike at To Tei Wan. As we slowly climbed up the mountain, reaching at our next destination at Shek O Peak, it was a pity that the renowned panoramic view was blocked by the heavy fog. Fortunately, as we continued the hiking trail heading to the Big Wave Bay, the sky gradually cleared up and we were able to take pictures of the breathtaking scenic view of the Big Wave Bay.



Group photo at Shek O Peak

The hiking experience was truly remarkable as it brought together individuals from diverse professional backgrounds. Our group consisted of community trainees, higher trainees, specialists, and even the esteemed chief of staff. This mix of participants enriched our discussions and allowed us to gain insights from various perspectives within the healthcare field.

Throughout the hike, we engaged in captivating conversations encompassing a wide range of topics. We delved into discussions about our work experiences, sharing clinical practices, and addressing the challenges we face within the healthcare system. These dialogues stimulated thought-provoking exchanges, enabling us to learn from one another's experiences and broaden our understanding of different approaches to patient care.



Breathtaking scenic view of the Big Wave Bay

Beyond the realm of medicine, we had the pleasure of exploring personal interests, hobbies, and leisure activities. These casual conversations not only provided glimpses into our lives outside of work but also fostered a sense of camaraderie and friendship. We discovered shared passions and discovered new dimensions to our colleagues' personalities, further strengthening our connections.

One of the most inspiring aspects of our interactions was the opportunity to discuss our goals and aspirations. We shared our visions for the future, both professionally and personally, and found common ground in our pursuit of excellence in patient care. Through these conversations, we realized that despite our diverse backgrounds and generations, we all shared a deep commitment to making a positive impact in the healthcare field.



Group photo at Big Wave Bay

This hiking experience left an indelible mark on all of us, deepening the connections between family

physicians from different backgrounds. We formed lasting bonds and cultivated a network of support and collaboration. The meaningful exchanges we had during this memorable adventure have laid the foundation for future collaborations, mentorship, and the exchange of knowledge and ideas.

In conclusion, the hiking experience was not only an opportunity to meet new friends but also a chance to forge connections that transcend professional boundaries. It was a truly remarkable journey that brought together individuals with diverse backgrounds and generations, fostering a sense of unity and shared purpose. We are grateful for the lasting connections and the valuable insights gained from this experience, which will undoubtedly shape our professional growth and contribute to the betterment of patient care.



Group photo at Dragon's Back

Classified Advertisement

Accredited Private FM Centre invites Energetic Specialists for expanding group practice in Tuen Mun/Kwai Fong. Developmental Paediatricians + Psychiatrists most welcomed. Profit Sharing ± Partnership. Send CV enquiry@adecmed.com (EChan) 9495-1404.

A fully renovated ground floor General Practice Clinic, measuring 393 sq.ft. with a loft, is available for lease near Olympic Station. For details, please contact Ms Chau at 97332886.

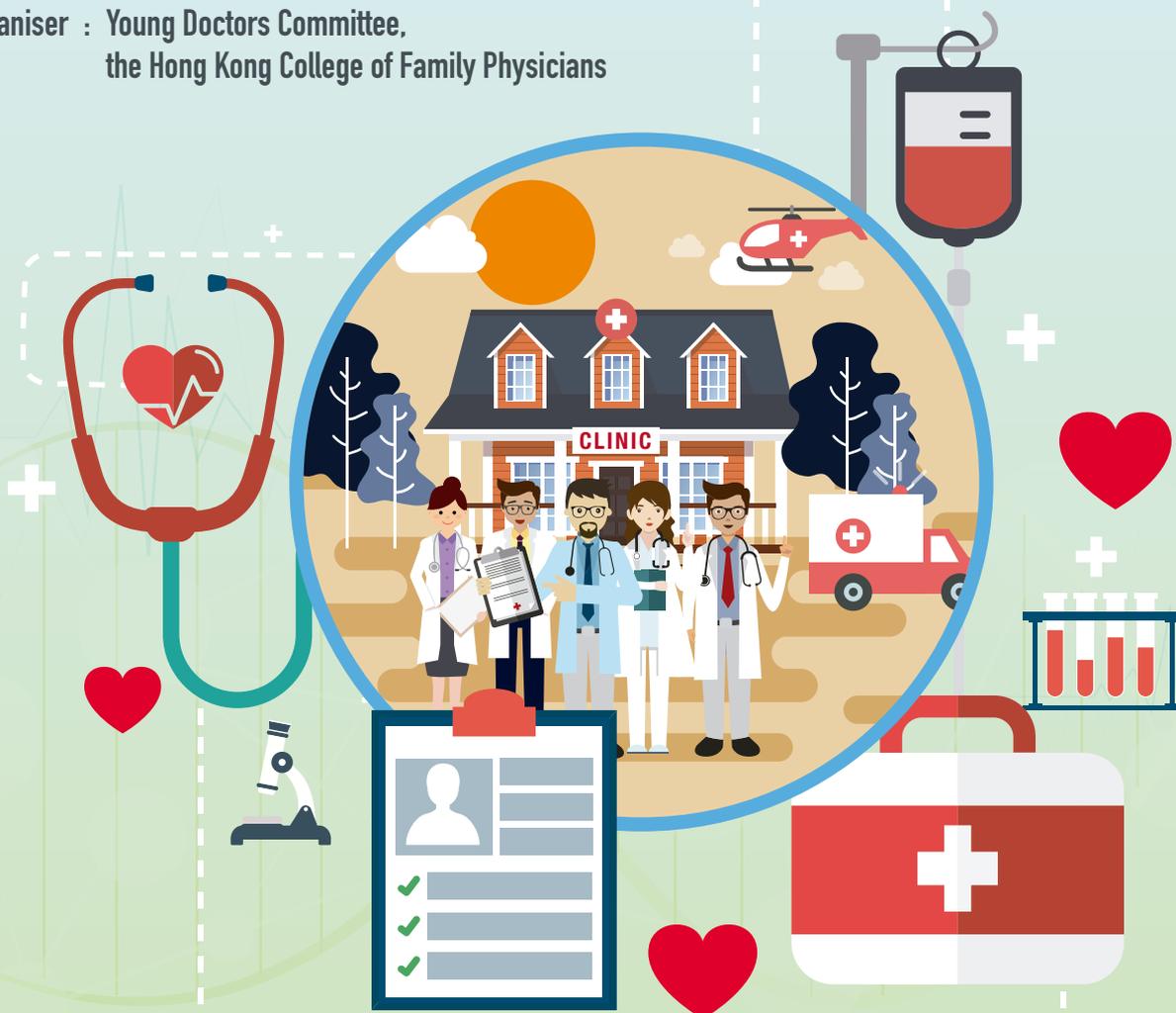
HKCFP Family Medicine Career Talk 2024



Scan to register:



- Date** : 13 June 2024 (Thursday)
Time : 18:30 - 21:00 (onsite) / 18:30 - 20:30 (Zoom)
Refreshment will be provided to on-site participants
Link to Zoom will be provided to registered participants by email in due course
Venue : 8/F, Duke of Windsor Social Services Building, Wan Chai (Hybrid)
Organiser : Young Doctors Committee,
the Hong Kong College of Family Physicians



Content:

- Family Medicine Vocational Training in Hong Kong
- Life and career path of family physicians in different settings
- "Q&A session" and "Tips on securing a training post in Family Medicine"

Registration:

- Free-of-charge
- Please scan the QR code to register via Google form
- For onsite participation, registrants must submit the registration form by 26 May 2024

For other enquiry,
please contact Ms. Nana Choy or Ms. Kathy Lai
through email YDC@hkcfp.org.hk or
telephone at 2871 8899.

The HKCFP Awards for the Best Research and Best Trainee Research of 2023

The Research Committee of the Hong Kong College of Family Physicians is calling for The Award for The Best Research of the Year 2023. All members and fellows of the College are invited to participate and submit their research papers to the Research Committee for selection.

Following 'The HKCFP Award for the Best Research', the Research Committee is pleased to organize an additional award, 'The HKCFP Award for the Best Trainee Research', specifically for the current trainees of HKCFP or within 3 years of completion of vocational training.

Both the abovementioned Awards will be presented at the Conferment Ceremony in 2024.

Please note that each applicant can only apply for one of the above Awards

Entry and assessment criteria are listed below:

Entry Criteria:

For Best Research Paper:

1. The principal investigator has to be a Member or a Fellow of the Hong Kong College of Family Physicians.
2. The research must be original work of the investigator(s).
3. The research should have been conducted in Hong Kong.
4. The research must have been completed.
5. The paper should be presented under the standard headings of Abstract, Introduction, Methodology, Results, Discussion and Conclusion. References should be listed in full at the end in Vancouver format.

For Best Trainee Research Paper:

1. The principal investigator has to be a trainee of the Hong Kong College of Family Physicians, or within 3 years of completion of vocational training.
2. For higher trainees who are submitting their Exit Examination research project for this award, they must have submitted their project to the Specialty Board and have passed the research segment of the Exit Examination.
3. The research must be original work of the investigator(s).
4. The research should have been conducted in Hong Kong.
5. The research must have been completed.
6. The paper should be presented under the standard headings of Abstract, Introduction, Methodology, Results, Discussion and Conclusion. References should be listed in full at the end in Vancouver format.

Assessment Criteria:

1. How relevant are the topic and findings to Family Medicine?
2. How original is the research?
3. How well is the research designed?
4. How well are the results analyzed and presented?
5. How appropriate are the discussion and conclusion(s) drawn?
6. How useful are the results for patient care in the discipline of Family Medicine?
7. How much effort is required to complete the research study?

Each research project submitted will be assessed according to the seven criteria listed above by a selection panel. Each criterion may attract a different weighting to be decided by the selection panel. Please indicate the research award that you applied for, i.e. "The HKCFP Award for the Best Research of 2023" or "The HKCFP Award for the Best Trainee Research of 2023", on your research project upon submission, and send your submission either

By post to Research Committee, HKCFP, Rm 803-4, 8/F, HKAM Jockey Club Building,
99 Wong Chuk Hang Road, Aberdeen, Hong Kong;
Or, **by email** to research@hkcfp.org.hk

DEADLINE OF SUBMISSION HAS NOW EXTENDED TO: 26 April 2024

Supported by HKCFP Foundation Fund

HKCFP Research Fellowship 2024

Introduction

The HKCFP Research Fellowship was established by the Hong Kong College of Family Physicians to promote research in Family Medicine. The Grant is up to the value of HK\$ 100,000. Applicants are expected to have regular contact with a nominated supervisor with Master degree (or equivalent) or above.

Eligibility

Applicants for the HKCFP Research Fellowship must be active Fellow, Full Member or Associate Member of the HKCFP. New and emerging researchers are particularly encouraged to apply. However, full-time academic staff of Universities would not be eligible to apply.

Selection criteria

Application will be judged on*:

- Training potential of applicants
- Relevance to family medicine and community health
- Quality
- Value for money
- Completeness (incomplete or late applications will not be assessed further)

** Please note that new researchers and those at an early stage of their research careers are defined as those who have not led a major research project or have fewer than 5 years of research experience.*

How to apply

1. Application form, terms and conditions of the Fellowship can be downloaded from www.hkcfp.org.hk or obtained from the College Secretariat, HKCFP at Rm 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong. Tel: 2871 8899 Fax: 2866 0616
2. Applicants must submit:
 - The completed application form;
 - The signed terms and conditions of the HKCFP Research Fellowship;
 - Curriculum vitae from the principal investigator;
 - Curriculum vitae from the co-investigator(s) (no more than two pages) AND,
 - Curriculum vitae from the supervisor.
3. **The application deadline has now extended to 26 April 2024.**
Late applications will not be accepted.
4. Applications can be either sent:

By post to Research Committee, The Hong Kong College of Family Physicians, Rm 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong; Or, **by email** to research@hkcfp.org.hk

Supported by HKCFP Foundation Fund

RSV vaccine – An Old “New” vaccine

Introduction

Respiratory Syncytial Virus (RSV) is one of the commonest respiratory viruses that affects individuals of all ages. While it usually causes mild cold-like symptoms in healthy adults and older children, it can lead to severe respiratory infections in infants, older adults, and immunocompromised individuals. RSV can exacerbate conditions, including COPD, asthma, and chronic heart failure and can lead to severe outcomes, such as pneumonia, hospitalization, and death. Recently, there is a promising development of an effective RSV vaccine that has gained significant attention as a potential solution to prevent RSV-related hospitalizations and complications. Let us explore the history of RSV vaccine development, the different types of RSV vaccines available, and the current status of RSV vaccination in Hong Kong.

History of RSV vaccine development

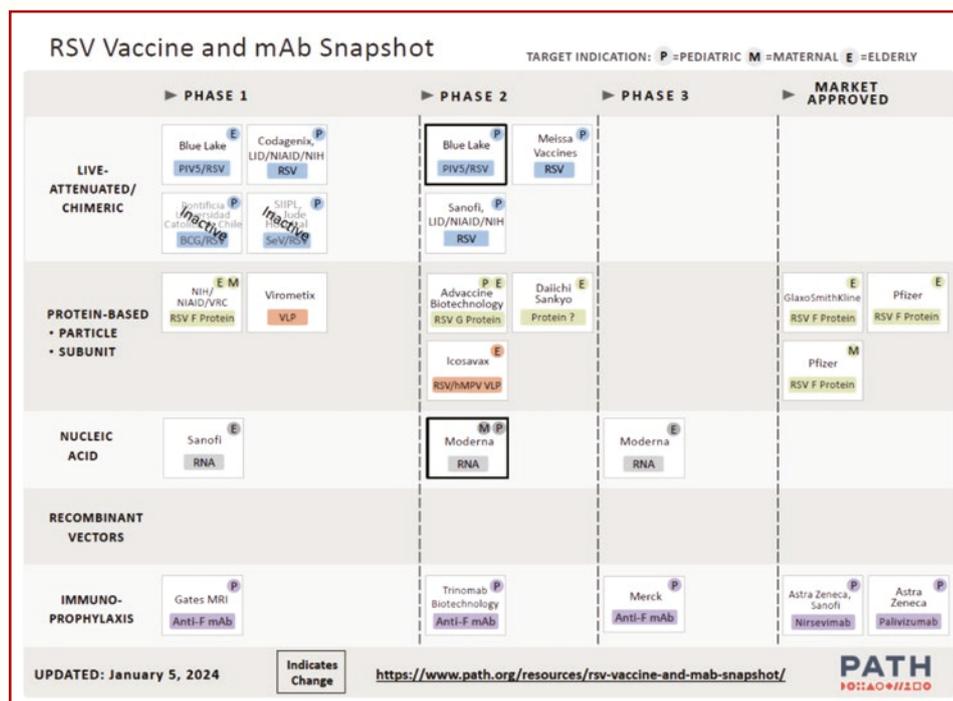
The development of a safe and effective RSV vaccine has been challenging due to the complex nature of the virus and its ability to evade the immune system. However, recent advancements in vaccine technology have brought us closer to achieving this goal.

The history of RSV vaccine development dates back to more than 60 years ago. RSV was discovered in 1956, where scientists isolated the virus from a population of chimpanzees with respiratory diseases. This virus was then identified in children with respiratory diseases. The initial attempts to develop an RSV vaccine in the 1960s were met with undesirable outcomes. Clinical trials of a formalin-inactivated RSV (FI-RSV) vaccine caused severe disease enhancement in vaccinated infants when they were later exposed to the virus. This led to a slow and cautious approach in subsequent vaccine development. Over the years, trial vaccines with various delivery modes have been tested, including live attenuated vaccines, subunit vaccines, viral vector-based vaccines, etc.

Current available RSV vaccines worldwide

Today, two RSV vaccines in international market have shown promising results in preventing RSV infections.

1. **Arexvy:** This vaccine is primarily targeted towards older adults, who are at a higher risk of severe RSV infections. Hong Kong is the second market in Asia after Japan to approve the vaccine. The shot was registered in the Hong Kong on October 20 2023.



<https://www.path.org/our-impact/resources/rsv-vaccine-and-mab-snapshot/>

Fig. 1 Worldwide RSV vaccines under research

Arexvy is a stabilized prefusion F subunit vaccine. It contains specific viral proteins that stimulate an immune response against RSV. It is formulated with an adjuvant to enhance the immune response and improve vaccine efficacy.

Indications: It is primarily indicated for older adults aged 60 years and above.

Contraindications: It should not be administered to individuals with a known hypersensitivity to any component of the vaccine.

Caution: It should be used with caution in individuals with a compromised immune system due to factors such as immunosuppressive therapy or underlying medical conditions. The safety and efficacy of Arexvy in pregnant women have not been established.

2. **Abrysvo:** It is designed for children and older individuals. Abrysvo was approved by the U.S. Food and Drug Administration (FDA) in May 2023. Although it has not yet been introduced in the Hong Kong market, its approval by the FDA signifies a significant step forward in RSV vaccine development.

Abrysvo is a bivalent recombinant stabilized prefusion F protein subunit vaccine (RSVpreF). It consists of equal amounts of prefusion F antigens from the two major RSV subgroups: RSV subgroup A prefusion F and RSV subgroup B prefusion F.

Indications: It is indicated for a broader range of individuals, pregnant individuals and older adults.

Contraindications: Individuals with a known hypersensitivity to the components of Abrysvo should not receive the vaccine.

Caution: Caution should be exercised in individuals with a history of severe allergic reactions to the components of the vaccine.

What is happening in Hong Kong

The introduction of Arexvy into the Hong Kong market has provided a preventive option for older adults. It was recommended that adults age 60 and older may receive the vaccine, in a single dose.

While Abrysvo has not been introduced in Hong Kong yet, the recent approval of Abrysvo by the FDA has sparked anticipation among healthcare professionals and the public.

Conclusion

The development of an effective RSV vaccine has been a long journey, but recent advancements have brought us closer to achieving this goal. As research and development in the field of RSV vaccines continue to progress, it is crucial to prioritize vaccination strategies that can significantly reduce the burden of RSV infections, particularly among vulnerable populations.

Reference:

1. Centers for Disease Control and Prevention (CDC), RSV in Older Adults and Adults with Chronic Medical Conditions, 2023 <https://www.cdc.gov/rsv/high-risk/older-adults.html#:~:text=RSV%20immunizations%20are%20recommended%20only,using%20shared%20clinical%20decision%2Dmaking>.
2. <https://www.cdc.gov/vaccines/vpd/rsv/hcp/older-adults.html#:~:text=two%20RSV%20seasons,-,Contraindications%20and%20precautions%3A,in%20the%20manufacturer's%20package%20insert>.
3. Savic M, Penders Y, Shi T, Branche A, Pirçon J-Y. Respiratory syncytial virus disease burden in adults aged 60 years and older in high-income countries: a systematic literature review and meta-analysis, *Influenza Other Respir Viruses* 2022 2023; 17:e13031 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9835463/>
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Compiled by Dr. Christina Cheuk

Guarding Life, Creating Hope - A Little Discussion on Suicide Prevention

Dr. John-Hugh Tam, Specialist in Family Medicine

Life is both fragile and complex, like a delicate web. For a long time, humans have lived in communities, and each of us is like a thread on this web, interwoven and connected in life, relationships, and emotions. However, this web sometimes faces immense pressure, and the breaking of a single thread can lead to despairing outcomes. Suicide is an extreme result, causing the loss of over 700,000 lives worldwide each year. As family doctors, we have a responsibility to convey important messages to the public, to guard life together and create hope.

Suicide is a serious social issue that knows no borders, age, or gender. With increasing pressure and challenges in modern society, suicide has become one of the global health focuses, and the same holds true locally. According to data from the World Health Organisation (WHO), over 700,000 people worldwide die of suicide each year, a heartbreaking and regrettable number. This means that every minute, a life is lost to suicide in this world. These numbers show that the issue of suicide needs to be treated with high attention.

The link between suicide and mental conditions and emotional disorders (especially depression and alcohol abuse), as well as a history of previous suicide attempts, has been established, particularly in low- and middle-income countries. However, many suicidal behaviours also occur during moments of low ebb in life and impulsive reactions to stress and crises. Other risk factors include loss of loved ones, loneliness, discrimination, relationship problems, financial pressure, chronic pain and illnesses, violence, bullying, and abuse, as well as conflicts in humanitarian emergencies. Suicide and suicide attempts not only harm individuals but also have a ripple effect on families, friends, colleagues, communities, and society as a whole.

In 2021, the WHO released the book "LIVE LIFE: an Implementation Guide for Suicide Prevention in Countries", aiming to prevent suicide. In addition to the recommendations from the WHO, many publications emphasise that suicide is preventable and propose preventive measures at the individual, interpersonal, community, and societal levels. At the individual level, this includes enhancing life skills, cultivating resilience in preventing and coping with stress, increasing awareness of suicide "warning signs", early identification and assistance to at-risk populations, and improving help-seeking willingness among high-risk individuals. At the societal level, it is necessary to reduce suicide risk factors, effectively respond to crises, provide timely post-crisis support, restrict access to means of suicide, improve access to mental health services to facilitate early diagnosis and treatment of mental disorders, promote mental health awareness and education, strengthen suicide warning and intervention mechanisms, provide support and social connections, and encourage responsible media reporting.

Suicide prevention requires comprehensive measures in the fields of medicine, mental health, public health, and various sectors of society. Therefore, the issue of suicide is not merely a medical or mental health problem. These strategies can be implemented through training, education, promotion, and policies, among other approaches. Achieving these goals requires the collaborative

efforts of various sectors of society, including healthcare institutions, schools, community organisations, religious groups, and government departments.

For those who are also interested in this topic, here is the related WHO publication, that is free to access to the general public at <https://www.who.int/publications/item/9789240026629>

Enough lengthy theory has been explained. So, in reality, as individuals in society and members of the medical profession, can we contribute to suicide prevention?

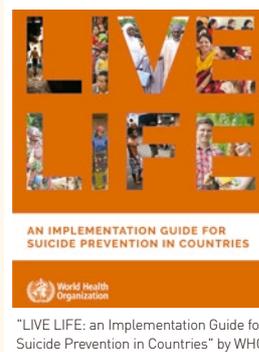
With our efforts, each of us can become a guardian of suicide prevention. Whether it's family members, friends, patients or colleagues, we can listen to others' concerns and provide care and support. If someone around you shows warning signs of suicide (verbal cues, such as intentionally or unintentionally expressing thoughts of death; behavioural clues, such as changes in mood, decline in academic performance, giving away beloved possessions, intentional neglect of medical treatment, substance abuse; situational clues, such as recent crisis or major life changes), please do not ignore it. Courageously communicate with them and guide them to seek professional help. A caring phone call or a sincere greeting can potentially save a life.

It is crucial to constantly pay attention to our own mental health and that of those around us and actively seek professional help when facing difficulties. If you or someone you know is experiencing mental distress and needs support, apart from social workers and healthcare professionals, don't forget that non-profit organisations in the community can provide assistance. For example, The Samaritans offers emotional support helplines at 2389 2222 (English emotional support helpline at 2389 2223), and the LifeLine (生命熱線) can be reached at 2382 0000. Caritas Family Crisis Support Centre (18288) provides support for family crises. These organisations have trained staff or volunteers who can provide immediate emotional counselling and assistance.

As we strive for suicide prevention, let us not forget an important truth: remember that "there are always more solutions than difficulties" (「辦法總比困難多」). As long as we are willing to lend a helping hand, hope will always exist. Let us together safeguard the hope of every individual and allow their stories to continue weaving. In this society full of love and care, we believe that the shadows of suicide will gradually dissipate, and the light of life will illuminate every soul.

Reference:

1. World Health Organisation (WHO), Health topics - Suicide, accessible from <https://www.who.int/news-room/fact-sheets/detail/suicide>
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歷史悠久的錦田診所

吳楊城醫生(新界西醫院聯網家庭醫學及基層及社區醫療 部門主管及服務總監)
曾錦華醫生(新界西醫院聯網家庭醫學及基層醫療部 駐院醫生)

屹立在八鄉石崗軍營旁的錦田診所，外表看似平常的一幢兩層高的診所。在這粉綠色外牆配以正門的麻石裝飾的建築內，有兩塊碑誌訴說著這所診所的由來。



在診所正門不遠處，有一塊名為《重建錦田婦孺醫院碑誌》的石碑。據碑上記載，診所的前身為錦田婦孺醫院。第一代的錦田婦孺醫院由元朗鄉紳鄧伯裘及摩利士先生所創立。在此提及的摩利士先生，亦作莫禮仕先生，為香港聖約翰救傷隊的創辦人^[1]。初代的婦孺醫院，為當時交通不便的錦田區病患及孕婦提供醫療及留產服務。



於第二次世界大戰時，原有建築及內裏設備借受戰火所毀。隨著香港重光，區內人口日漸上升，醫療需求亦隨之增加。有見及此，於六十年代初，錦田及八鄉兩區鄉民向各界籌募重建婦孺醫院的經費。碑上記錄了過百捐助者及機構，當中亦有數個熟悉的名字，例如曾任新界鄉議局主席的鄧乾新，博愛醫院壬子年董事局主席鄭任安先生。有不少商家也

同列募捐名錄，當中有香港人耳熟能詳的恆香酒家。

由各界所籌得的善款，在起初並未足以支撐整個重建工作，使工程有所延誤。後來在香港政府的撥款下，重建開作得以順利進行。重建後的錦田婦孺醫院於1963年12月16日由醫務衛生署總監鄧炳輝醫生主持開幕典禮。如今在診所候診大堂，有一中英雙語並列的石碑記錄著這一天。



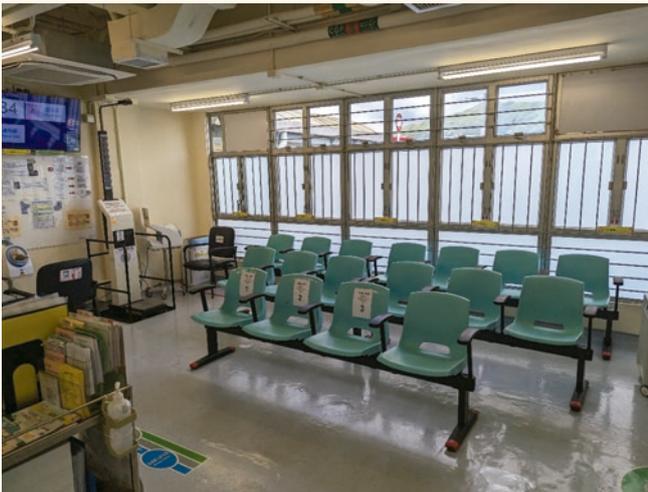
後來醫院由香港政府衛生署接管，設立一所普通科門診診所，而二樓則設有母嬰健康院。2003年普通科門診由醫院管理局接管。

現時，診所屬於醫院管理局新界西聯網管理之一幢普通科門診診所，提供一般普通科門診診症及其他治療服務。每星期只在四個早上提供普通科門診醫生應診服務，下午休息。

於2023年3月，錦田診所內部翻新工程完畢。診所翻新後環境及設施均有改進。隨診所內間隔更改，求診者等候大堂更加寬敞，求診流程亦更方便。醫生診症室及護理治療室的空間和設備亦得以改善。此外，這次工程更為診所新增設一間符合標準的負壓診症室，處理發燒或有傳染病感染風險的病人。



舊有的候診大堂



翻新後的候診大堂



翻新後新設於近入口的登記處



新設之負壓診症室



[1]: 【正能量】祠堂村村長憶半世紀錦田村民恩人莫文蔚嫻嫻為村婦接生兼創辦學校

<https://topick.hket.com/article/2957651/%E3%80%90%E6%AD%A3%E8%83%BD%E9%87%8F%E3%80%91%E7%A5%A0%E5%A0%82%E6%9D%91%E6%9D%91%E9%95%B7%E6%86%B6%E5%8D%8A%E4%B8%96%E7%B4%80%E9%8C%A6%E7%94%B0%E6%9D%91%E6%B0%91%E6%81%A9%E4%BA%BA%E3%80%80%E8%8E%AB%E6%96%87%E8%94%9A%E5%AB%B2%E5%AB%B2%E7%82%BA%E6%9D%91%E5%A9%A6%E6%8E%A5%E7%94%9F%E5%85%BC%E5%89%B5%E8%BE%A6%E5%AD%B8%E6%A0%A>

錦田診所
Kam Tin Clinic
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Address: G/F, 200 Kam Tin Road, Shek Kong



**Hong Kong
Primary Care
Conference**

The Hong Kong College
of Family Physicians

HONG KONG PRIMARY CARE CONFERENCE 2024



Family Medicine in the Community: **STRENGTHENING CONNECTIONS**

5-7 July 2024 (Friday - Sunday)

(Supported by HKCFP Foundation Fund)



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“Family Medicine in the Community: STRENGTHENING CONNECTIONS”

5th – 7th July 2024 (Friday – Sunday)

Scientific Programme at-a-glance

More
conference
details:



E-promotional
booklet:



Date	5 July 2024 (Friday) Pre-conference				
Time					
19:00 - 19:30			Workshop 1 Dermatology: dermatoscopy <i>Dr. David C.K. LUK</i>		
19:30 - 20:30	Sponsored online seminar 1			Sponsored online seminar 2	Sponsored online seminar 3

Date	6 July 2024 (Saturday) Day 1				
Time					
13:30 - 14:30	Registration and Welcome Drinks				
14:30 - 15:00	Opening Ceremony				
15:00 - 15:40	Plenary I Social Medical Collaboration <i>Dr. LAM Ching Choi</i>				
15:40 - 16:20	Plenary II Family Medicine: Connecting the Right Services at the Right Time to the Right Person <i>Prof. Cindy L.K. LAM</i>				
16:20 - 16:50	Coffee Break & Poster Presentation (Part 1)				
16:50 - 17:50	Seminar A Progress of DHC and DHCE on Chronic Disease Co-care Programme <i>Ms. Josephine Y.C. LEE & Dr. Pamela P.Y. LEUNG</i>	Seminar B Breakthrough and Recent Update on Dementia <i>Prof. Helen F.K. CHIU & Dr. SHUM Chun Keung</i>		Workshop 2 Introduction to Family Therapy – Understanding Mental Health Problems in the Context of Family <i>Dr. Irene W.K. KAM</i>	Workshop 3 Advancing Wound Care in Primary Health Care: Exploring Innovations and Hands on Workshop on Negative Pressure Wound Therapy <i>Ms. Annette K.K. LAM</i>
17:50 - 18:20	Seminar C Oncology Updates on Different Cancer Screening and Treatment for Family Doctors <i>Dr. Johnny K.S. LAU</i>	Seminar D Colorectal Screening/ Cervical Screening Programme <i>Dr. Patrick S.K. CHONG & Prof. Martin C.S. WONG</i>	Seminar E The Impact of Artificial Intelligence and Digital Health Technology on Medical Education <i>Prof. Joshua W.K. HO & Dr. YANG Jian</i>		
18:20 - 18:50					
19:00 - 20:30	Dinner Symposium				

Date	7 July 2024 (Sunday) Day 2				
Time					
08:30 - 09:00	Registration				
09:00 - 10:00	Seminar F Common Mental Illness in Adolescents, with a Focus on Eating Disorders and Cyberbullying <i>Dr. LOK Chi Wing & Ms. YAN Ka Wai</i>	Seminar G Drug Treatments in Obesity <i>Dr. NG Man Yuk</i>	Seminar H Inappropriate Drug Use and Need for De-prescribing in Elderly Patients <i>Dr. Bosco H.M. MA & Ms. CHIANG Sau Chu</i>	Workshop 4 MSK POCUS for Primary Care: Diagnostic and Therapeutic Part A: POCUS for Primary Care: Upper Limb <i>Dr. CHAN Kwok Wai</i>	Free Paper - Oral Presentation (Part 1)
10:00 - 10:20	Coffee Break & Poster Presentation (Part 2)				
10:20 - 10:30	Seminar I Loopholes in Hypertension and Sex-specific Difference <i>Dr. Eric K.P. LEE & Dr. Anastasia S. MIHAILIDOU</i>	Clinical Case Presentation Competition	Seminar J Beyond Ethnicity: Navigating Health Challenges and Co-creating Solutions in Hong Kong's Culturally Diverse Communities <i>Prof. DONG Dong</i>		Free Paper - Oral Presentation (Part 2)
10:30 - 11:20					
11:20 - 11:35					
11:35 - 12:15	Plenary III Community Mental Health in Family Medicine <i>Prof. Samuel Y.S. WONG</i>				
12:15 - 12:55	Plenary IV UK Experience of How Primary Care Coordinates End of Life Care <i>Prof. Rodger CHARLTON</i>				
13:00 - 14:30	Lunch Symposium			Workshop 4 MSK POCUS for Primary Care: Diagnostic and Therapeutic Part B: POCUS for Primary Care: Lower Limb <i>Dr. LAI Wai Wah</i>	

Disclaimer

Whilst every attempt will be made to ensure all aspects of the conference mentioned will take place as scheduled, the Organizing Committee reserves the right to make changes to the programme without notice as and when deemed necessary prior to the Conference.



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Registration Information

Registration is now open.
For registration details:



Registration Deadline: 4 June 2024 (Thursday)

A) Conference Registration		Member: HK\$200 Non-member: HK\$1000
Registration to the conference is required.		
B) Conference – General		Enrolment deposit: HK\$50 per symposium
<ul style="list-style-type: none"> Dinner Symposium: Saturday, 6 July 2024, 19:00 – 20:30 Lunch Symposium: Sunday, 7 July 2024, 13:00 – 14:30 (Seats for symposia are limited. First-come, first served. Registrants will be charged a deposit of HK\$50 per individual symposium. The deposit will be refunded at the individual symposium registration counter to the registrants who attended successfully. For the absent registrants, the enrolment deposit will be contributed to HKCFP as an administration fee.)		
C) Workshop Registration		
First-come-first-served.		
• CME/CPD application for workshop participants in progress.		
5 July 2024 (Friday)	19:00 20:30	Workshop 1 Dermatology: dermatoscopy HK\$600
6 July 2024 (Saturday)	16:50 18:20	Workshop 2 Introduction to Family Therapy – Understanding Mental Health Problems in the Context of Family HK\$600
	16:50 18:20	Workshop 3 Advancing Wound Care in Primary Health Care: Exploring Innovations and Hands on Workshop on Negative Pressure Wound Therapy HK\$600
7 July 2024 (Sunday)	Workshop 4 MSK POCUS for Primary Care: Diagnostic and Therapeutic	
	09:00 10:30	Part A* – POCUS for Primary Care: Upper Limb HK\$600
	13:00 14:30	Part B* – POCUS for Primary Care: Lower Limb HK\$600

*A discount of HK\$200 will be offered to the registrant who registers and attends both Workshop 4 Part A and Part B successfully. Registrant is strongly recommended to register for both Part A and Part B if you are interested in this topic at initial registration. Subsequent registration will follow the normal fee HK\$600 per session.

Payment Method

- Credit Card
- Cheque
- Tele-transfer: for overseas delegates only.
- FPS (轉數快): for local transaction only.

For details of payment method, please visit <https://www.hkpcc.org.hk/registration>.

Refund Policy

- Withdrawal of registration **on or before 20 May 2024: Full refund** after deduction of all bank charges and related transaction fees (if any).
- Withdrawal of registration **from 21 May 2024: No refund** will be accepted.
- All refunds would be arranged within 8 weeks after the Conference.
- Registrants will be charged a deposit of HK\$50 per individual symposium. The deposit will be refunded at the individual symposium registration counter to the registrants who attended successfully. For the absent registrants, the enrolment deposit will be contributed to HKCFP as an administration fee.

For inquiries, please contact the Conference Secretariat at (852) 2871 8899 or via email to hkpcc@hkcfp.org.hk.



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Full Research Paper Competition

We cordially invite your participation in the **Full Research Paper Competition** of the HKPCC 2024. The Competition is a long-standing tradition of the College’s Annual Conference to promote and recognize well-designed and innovative research which bears potential impact on clinical practice or development of primary care. This year, we will have TWO Awards:

AWARDS

Best Research Paper Award

Best New Investigator Research Paper Award

The HKPCC 2024 Organizing Committee will invite renowned scholars as judges to review the participating papers. Both winners will receive a **Certificate of Award** and will be invited to present their research papers at the Conference.

Free Paper Competition

Apart from the Full Paper Competition, we also have the **Free Paper Competition** which sees many pioneering research ideas, pilot studies and thought-provoking case studies, commentaries and stimulating discussions. The Free Paper Competition is one of the highlights of the HKPCC and can be in the form of **ORAL presentation** or **POSTER presentation**. We look forward to your active participation in the Free Paper Competition.

AWARDS

Best Oral Presentation Award

Outstanding Poster Presentation Award

Both the winners will receive a **Certificate of Award**.

Clinical Case Presentation Competition

Following on from the success of the previous years’ HKPCC Clinical Case Presentation Competition, the Organizing Committee of the upcoming HKPCC 2024 is honored to organize the competition again this year!

The Presentation can be in the form of individual or group presentation with up to 5 people per group. The details of the competition are listed as below. We look forward to your active participation in the Clinical Case Presentation Competition.

AWARD

The Best Presentation Award winner will receive a **Certificate of Award**.

QR Codes for further competition details:

Full Research Paper Competition	Free Paper Competition	Clinical Case Presentation Competition
		

For enquiries, please do not hesitate to contact our Conference Secretariat, Ms. Carol Pang or Ms. Nana Choy, at 2871 8899 or by email hkpcc@hkcfp.org.hk.

EXTENDED COMPETITION SUBMISSION DEADLINE

23 April 2024 (Tuesday)

“We look forward to receiving your research articles!”

Online Seminar on Dermatology – The 90th Meeting on 9 March 2024

Dr. CHIU Kwan Ki, Dr. HUANG Wanshu, Dr. IP Alvina, Dr. LEE Kin Lun, Dr. TAI Lok Yin, Nadia and Dr. WONG Tsz Yan

Topic : Trainees Dermatology Cases Presentation

Moderator : Dr. Lam Wing Wo, Board of Education

Summary of presented cases

1. Case presented by Dr. CHIU Kwan Ki

This is a case of a 62-year-old gentleman suffering from herpes zoster. He presented with rashes over his right chest wall for 2 days. He complained of pain and burning sensation with mild itchiness over the lesion site. Physical examination showed a cluster of erythematous vesicular rash with dermatomal distribution along the right chest wall with unilateral involvement. There was no sign of secondary bacterial infection. Diagnosis was made clinically: herpes zoster. Patient was given oral acyclovir 800mg 5 times/day for one week. Symptomatic treatment was given. Herpes Zoster was caused by reactivation of latent varicella-zoster virus within the sensory ganglia. The incidence is immune related. Risk factors include age >50 years old, immunocompromised state, immunocompromised agents use. The typical presentation is a cluster of vesicles on an erythematous base in a dermatomal distribution. Attacks are often preceded by pain, tenderness or tingling for up to 5 days before the onset of the eruption. Rashes can occur anywhere, but most commonly in the thoracic and trigeminal areas. Treatments by antiviral are effective if started early in the vesicular phase of the disease (within 72 hours of onset). Transmission to others can be prevented by covering rashes until all rashes have crusted. In uncomplicated cases, recovery is expected within 2 to 4 weeks. Complications of herpes zoster include post-herpetic neuralgia, herpes zoster ophthalmicus, Ramsay Hunt syndrome, secondary bacterial infection, scarring, etc. Herpes Zoster vaccination is recommended in adults ≥ 50 years old and adults ≥ 19 years old with a weakened immune system. It is effective in reducing risk of herpes zoster, severity of herpes zoster symptoms and complications risks. Common side effects include headache and local reactions e.g. redness, soreness, swelling and itchiness around the injection site. Two types of herpes zoster vaccines are available in Hong Kong, namely Shringrix and Zostavax. Shringrix has a higher efficacy in reducing herpes zoster and post-herpetic neuralgia when compared to Zostavax. Shringrix also provides a longer duration of protection than Zostavax. Shingrix

is suitable for immuno-compromised individuals whereas Zostavax is not.

2. Case presented by Dr. HUANG Wanshu

This case is a 28-year-old gentleman looking for control of his on and off erythematous papulopustular acne with scars which worsened in 2 months. There were comedones and no features of rosacea. Systemic treatment of 3 months of oral doxycycline and topical benzoyl peroxide offered, with regime, use and side-effects explained. Upon review 6 weeks later, mild improvement was seen, however patient hoped for stronger topical due to psychological burden from cosmetic concern. He was keen to start topical adapalene after discussion on use, regime and side-effects. Other drugs and treatment modalities for severe acne were also briefly explained. This case illustrated the approach to mild, moderate and severe acne. Differential diagnosis, and regime, contraindications and side effects of drugs were covered.

3. Case presented by Dr. IP Alvina

Ms Chan is a 63-year-old lady presented with hypopigmented spots on her forearms for two months. The spots were mildly pruritic. Physical examination revealed multiple, discrete, white-to-salmon pink, mildly scaly patches of variable size. Clinical diagnosis of pityriasis versicolor was made. She was treated with topical clotrimazole 1% cream daily for two weeks. Pityriasis versicolor is caused by infection of the skin by *Malassezia* species. It usually presents with flaky discoloured patches of the chest, back or upper arms. The discolouration may appear to be brown, paler than surrounding skin, or pink. There may be fine scales on the patches. Pityriasis versicolor occurs worldwide but has a higher prevalence in the tropical regions. Diagnosis is usually clinical. If in doubt, diagnosis can be confirmed with microscopy with potassium hydroxide preparation. First line treatment is topical application of imidazole creams such as clotrimazole or miconazole for one to four weeks. Another effective first-line treatment is anti-dandruff shampoos such as selenium sulphide and ketoconazole, use daily for one to two weeks. Mycological cure is usually achieved after treatment, although skin discoloration may persist for months. Recurrence of pityriasis versicolor is common, with relapse rate reported to be up to 60% after cessation of treatment. This

can be prevented by reapplication of anti-dandruff shampoo once to twice per week.

4. Case presented by Dr. LEE Kin Lun

Mr. Wong was a 31-year-old male presenting with left axillary itchiness for one month. Further history revealed no obvious triggering factor for the itchiness and there was no discharge. On physical examination, ill-defined border hyperpigmentation at the left axilla was seen. There was no satellite lesion. There is no involvement of other body parts. Clinical diagnosis of intertrigo was made. Intertrigo is a superficial inflammatory dermatitis occurring on two closely opposed skin surfaces because of moisture, friction, and lack of ventilation. Bodily secretions, including perspiration, urine, and feces, often exacerbate skin inflammation. Physical examination of skin folds reveals regions of erythema. Excessive friction and inflammation can cause skin breakdown and create an entry point for secondary fungal and bacterial infections, such as *Candida*, group A beta-hemolytic streptococcus, and *Corynebacterium minutissimum*. Hence, we need to seek if there are any associated features that suggest superimposed infection. In the case of candidiasis, satellite lesions that are not connected to the large lesion or peripheral scaling could be seen. Another differential diagnosis is tinea cruris which could present as lesion with raised border and central clearing. Bacterial cause should be suspected if there is purulence or crusting. If secondary infection is suspected, potassium peroxide smear for fungal infection and Gram stain for bacterial infection could be arranged. Optimal prevention includes minimizing skin-on-skin friction, reducing heat and moisture around skinfolds, and keeping high-risk areas clean and dry. Obese patients should lose weight, if possible. Barrier creams like zinc oxide, petrolatum, or dimethicone topicals can be applied. Topical hydrocortisone can be used if intertrigo not responds to the above treatments. We can prescribe azole or antibiotic like erythromycin if tinea infection or bacterial infection is suspected respectively.

5. Case presented by Dr. TAI Lok Yin, Nadia

My case was herpes zoster. A 54-year-old man presented with local back pain for two days with subsequent development of blisters over the same area. Physical exam showed groups of vesicular rashes in multiple dermatomal distributions. Diagnosis was made by the typical clinical findings. Herpes zoster is caused by the reactivation of Varicella Zoster virus infection; it is a common condition in people who are ≥ 50 years old due to the weakening of the immune system. Symptomatic relief

including topical calamine and oral paracetamol were given. Oral antiviral e.g. Aciclovir is most effective in reducing the severity and duration of acute pain if it is given within 72 hours of symptoms onset; however, oral antivirals do not prevent postherpetic neuralgia. Oral antivirals are also indicated for those who present after 72 hours of onset if there are developments of new lesions, features of dissemination, ophthalmic or otic involvement, or if the patients are immunocompromised. Post-herpetic neuralgia is the most common complication, others include secondary bacterial infection, herpes zoster ophthalmic, Ramsay Hunt Syndrome, aseptic meningitis or encephalitis. Vaccination e.g. Shingrix has been shown to reduce the risk of herpes zoster and post herpetic neuralgia and is recommended in all immunocompetent adults aged ≥ 50 or immunocompromised adults aged ≥ 19 .

6. Case presented by Dr. WONG Tsz Yan

My patient was a 50-year-old male with facial redness and hotness for 30 years, aggravated by alcohol intake and hot weather. He also noticed a bigger nose. On physical examination, there was centrofacial erythema with mild teleangiectasia, without comedones. There were skin nodules on face and nose. The eyes were normal. The other body parts were not affected. The diagnosis of Rosacea with Rhinophyma was made based on the clinical features and the physical findings. The patient was treated with topical metronidazole and oral doxycycline. He was referred to dermatologist for further assessment and for consideration of further treatment for the advanced rosacea with Rhinophyma. Patient was educated to cut down on alcohol intake and avoid hot beverages and put on sunscreens when having outdoor activities.



Group Photo taken on 9 March 2024

(From left to right)

Dr. HUANG Wanshu, Dr. WONG Tsz Yan, Dr. CHIU Kwan Ki, Dr. LAM Wing Wo, Dr. IP Alvina, Dr. LEE Kin Lun and Dr. TAI Lok Yin, Nadia

Certificate Course on Philosophical Counselling

Co-organised by HKCFP Interest Group in Medical Humanities, Interest Group in Counselling and The Department of Philosophy, CUHK

The Interest Group of the Medical Humanities, Interest Group of Counselling and the Department of Philosophy of The Chinese University of Hong Kong are going to co-organise a "Certificate Course on Philosophical Counselling". Philosophical counselling is a specialised modality of counselling and it emphasizes the use of philosophy, both Western and Eastern, as a consolation for human conditions. In this course we would like to apply the various skills of philosophical counselling to various problems faced by patients meeting their family doctors, namely Deliberate self-harm, Illness and pain, Death and grief, and Inter-personal conflict.

The training course consists of **FOUR** 2-hour sessions with the details below:

- Date** : 11 May, 25 May, 15 June and 13 July 2024 (All Saturdays)
- Time** : 2:00 – 4:00pm **Lecture and Discussion**
(Light refreshment will be prepared on first-come-first-served basis)
- Venue** : Room 802, 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wan Chai, Hong Kong
- Format** : Face-to-face event
- Accreditation** : 2 CME Points HKCFP (Cat. 5.2) for each session, max. 8 CME Points for whole course
2 CME Points MCHK (pending) for each session, max. 8 CME Points for whole course
- Certificate** : Those who have attended 3 sessions or more and have fulfilled the attendance requirement would be given an "e-Certificate of Attendance" jointly issued by HKCFP & Department of Philosophy, the Chinese University of Hong Kong.
- Capacity** : 40 participants (min: 15 participants)
- Course Fee** : HKCFP Member (Fellow, Associate or Full member) : Complimentary
Other Categories of HKCFP membership : HK\$250.00*
Non-HKCFP Member : HK\$500.00*
*Fee should be made payable to "HKCFP Education Limited" and all fee received is non-refundable nor transferable.
- Language** : Lecture and workshops will be conducted in both Cantonese and English.
- Registration & Enquiry** : Please register by scanning the QR code. For enquiry, please contact Ms. Minny Fung by email to education@hkcfp.org.hk or call 2871 8899. Thank you.
- Registration Deadline** : 7 May 2024 (Tuesday)

Registration QR Code



Course Programme

Dates	Time	Topics	Teaching Panel	Moderators
11 May 2024 (Sat)	2:00 - 4:00 pm	Lectures on <ul style="list-style-type: none"> Deliberate self-harm Illness and pain Death and grief, Inter-personal conflicts 	Dr. Alex LO Senior Lecturer, Department of Philosophy, CUHK Mr. Michael CHEUNG HKPPA Certified Counsellor Dr. Johnson CHEUNG Senior Lecturer, Department of Social Work and Social Administration, HKU Mr. Deo HO HKPPA Certified Counsellor Ms. Idris HO HKPPA Certified Counsellor	Dr. Mark CHAN & Dr. Carl WONG
25 May 2024 (Sat)				
15 June 2024 (Sat)		Small group discussion		
13 July 2024 (Sat)		Small group discussion		

In the first two sessions (which will be video-taped and can be reviewed on-line afterwards for registered members only), the principles, theories and skills of philosophical counselling with regard to the above-named situations will be discussed. In the last two sessions, we will have small group discussions focusing on real cases proposed by tutors and participants. Doctors enrolled are required to attend the lectures or to review the videos before proceeding to the last two sessions.

At the end of the course, participants are hoping to master some basic skills in philosophical counselling and to apply these techniques in their daily practice.

- Notes** :
- In case of over-subscription, the organiser reserves the right of final decision to accept registration.
 - Due to copyright issue, please note private recording of the lecture is **PROHIBITED**.

- Activities are supported by HKCFP Foundation Fund.
- Please wear a surgical mask if you have respiratory tract infection and confirm that you are afebrile before coming to the meeting.
- Please wear an appropriate dress code to the hotel for the Scientific Meeting.
- Private video recording is not allowed. Members, who wish to review the lecture, please contact our Secretariat.

Online Monthly Video Sessions

Dates and Time	Topics
31 May 2024 (Fri) 2:30 – 3:30 p.m.	“Microbiome Therapeutics & probiotics in the Management in Atopic Dermatitis” by Dr. LOO King Fan, Steven
28 June 2024 (Fri) 2:30 – 3:30 p.m.	“Should Beta blocker be used in COPD patients” by Dr. SIU Chung Wah

QR Codes for registration



Accreditation : 1 CME Point HKCFP [Cat. 4.2]
1 CME Point MCHK [pending]

Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)

***CME points would be given for self-study at online recorded CME lectures only if participating doctors have not attended the same live CME lectures and completed the relevant quiz.**

Admission Fee : Member Free
(For all online seminars) Non-member HK\$ 100.00 for each session

For non-members, please contact the secretariat for registration details. All fees received are non-refundable nor transferable.

Registration Method : Please register via the registration link to be sent by email later or scan the QR code above. For enquiry about registration, please contact Ms. Minny Fung by email to education@hkcfp.org.hk or call 2871 8899. Thank you.

Notes :

Online Events

1. In case of over-subscription, the organizer reserves the right of final decision to accept registration.
2. The link to join the webinar **SHOULD NOT** be shared with others as it is unique to each individual who has completed prior enrolment procedures. If additional attendee(s) is/are found using the same unique link to join the webinar with you, all attendees joining the lecture via your unique link would be dismissed. You can only login with one device at a time. CME point(s) would only be given to those on the pre-registration list and attended the lecture.
3. Please note you can just attend **ONE** CME activity at a time. If found you are attending more than one CME activity simultaneously by the CME administrator later, you may NOT be able to receive the CME point(s).
4. Members who have attended less than 75% of the length of the online lecture may not be able to receive CME. Final decision would be subject to the approval of the related Board / Committee.
5. **Please be reminded to complete and submit the *MCQs or survey after the session for HKCFP and MCHK CME point(s) accreditation. (*MCQs/ True or False Questions; 50% or above of correct answers are required)**
6. Please be reminded to check the system requirements beforehand to avoid any connection issues.
7. Due to copyright issue, please note private recording of the lecture is prohibited.
8. Registration will be closed 3 days prior to the event.

Structured Education Programmes

Free for members

HKCFP 2 CME points accreditation (Cat 4.3)

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
Thursday, 02 May 2024			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Professional Responsibility - Formal and Informal Encounters Dr. CHIU Kwan Ki, Dr. LO Cheuk Wai	Ms. Eliza Chan Tel: 2468 6813
Wednesday, 08 May 2024			
14:30 - 17:00	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Management of an Infertile Couple Dr. WANG Siqi	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	Immunization Dr. WONG Wei, Wade, Dr. LAI Siu Tung	Ms. Emily Lau Tel: 3506 8610
15:30 - 17:30	Seminar Room, Family Medicine Specialist Clinic, 3/F, Li Ka Shing Specialist Clinic (South Wing), PWH	Community Resources for SEN Child Dr. GE Shicong, George, Dr. HO Ka Wa, Joe	Mr. LAM Ka-lun Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital, 30 Hospital Road, Hong Kong	Common Symptom Complaints - Chest Pain Dr. TONG Tin Yan Emily	Ms. Cherry Wong Tel: 2589 2337
Thursday, 09 May 2024			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Update Management of CV Disease Including IHD and AF Dr. KWONG Chung Man, Dr. HO Tsz Bun	Ms. Eliza Chan Tel: 2468 6813
Thursday, 16 May 2024			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Diet Control in Prevention of Renal Stone Formation Dr. CHUNG Pak Yin, Dr. JOR Hon Man	Ms. Eliza Chan Tel: 2468 6813
Wednesday, 22 May 2024			
14:30 - 17:00	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Update Management of Hematological Disease - RBC, WBC & Platelet Dr. LEE Wai Chun	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	Substance Abuse Dr. YEUNG Pui Sze, Dr. CHENG Tsz Wai, Sam	Ms. Emily Lau Tel: 3506 8610
15:30 - 17:30	Seminar Room, Family Medicine Specialist Clinic, 3/F, Li Ka Shing Specialist Clinic (South Wing), PWH	Visit to Practice Clinic Dr. KUNG Kenny	Mr. LAM Ka-lun Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital, 30 Hospital Road, Hong Kong	Anticipatory Care in a Family Medicine Consultation Dr. LO Yan Yeung Vincent	Ms. Cherry Wong Tel: 2589 2337
Thursday, 23 May 2024			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Management of Urinary Incontinence in Female: Urinary Incontinence is Often Underdiagnosed in Women and can have a Significant Negative Impact on Quality of Life Dr. SHENG Wei Yang, Dr. TONG Ka Hung	Ms. Eliza Chan Tel: 2468 6813
Wednesday, 29 May 2024			
14:30 - 17:00	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Community Resources for Patient with Disability Dr. LIANG Kai Ting, Dr. LO Yu Chee	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	Sexual Dysfunction Dr. WONG Anthea, Dr. WONG Ho Sum, Dick	Ms. Emily Lau Tel: 3506 8610
15:30 - 17:30	Seminar Room, Family Medicine Specialist Clinic, 3/F, Li Ka Shing Specialist Clinic (South Wing), PWH	Evidence Base Medicine Strategies in Cancer Prevention Dr. GE Shicong George, Dr. WONG Ka Yan Judy	Mr. LAM Ka-lun Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital, 30 Hospital Road, Hong Kong	Potential Collaboration between Traditional Chinese Medicine and Family Medicine in Primary Health Care Dr. SZE Hon Ho	Ms. Cherry Wong Tel: 2589 2337
Thursday, 30 May 2024			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Update of Dementia and Related Problems Dr. LAM Ka Wai, Dr. HO Chung Yu	Ms. Eliza Chan Tel: 2468 6813

COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28 Apr 12:00 – 6:00 p.m. APCLS Training & Assessment Workshop	29	30	1 May	2 4:00 – 6:00 p.m. Structured Education Programme	3	4
5 2:00 – 4:00 p.m. Ophthalmology Course	6	7	8 2:30 – 7:00 p.m. Structured Education Programme	9 4:00 – 6:00 p.m. Structured Education Programme	10	11 2:00 – 4:00 p.m. Certificate Course on Philosophical Counselling
12	13	14	15	16 4:00 – 6:00 p.m. Structured Education Programme 8:30 p.m. HKCFP Council Meeting	17	18
19	20	21	22 2:30 – 7:00 p.m. Structured Education Programme	23 4:00 – 6:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	24	25 2:00 – 4:00 p.m. Certificate Course on Philosophical Counselling 3:00 – 5:00 p.m. DFM Written Exam
26 12:30 – 6:00 p.m. DFM Clinical Exam	27	28	29 2:30 – 7:00 p.m. Structured Education Programme	30 4:00 – 6:00 p.m. Structured Education Programme	31 2:30 – 3:30 p.m. Video Session	1 Jun

Red : Education Programmes by Board of Education
Green : Community & Structured Education Programmes
Purple : College Activities

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FP LINKS EDITORIAL BOARD 2024

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