



# Hong Kong College of Health Service Executives

Newsletter Issue 1 2019/20

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## Events Highlights

2019

JUL



**GBA Joint HK-Macau Seminar**  
Date : 6 July 2019  
Venue : Hotel Royal Macau, Macau

OCT

**Asia Pacific Health Leadership Congress (ACHSM)**  
Date : 9 - 11 October 2019  
Venue : Gold Coast Australia



NOV



**Policy Perspective for Future Health and Healthcare**  
Date : 20 November 2019  
Venue : Hong Kong

DEC

**HKCHSE Fellowship Gala Lunch cum Fellowship Conferment**  
Date : 1 Dec, 2019  
Venue : Cordis Hong Kong, Kowloon, Hong Kong



2020

FEB



**Online Teaching Began Under Emergency Response for Covid-19 Pandemic in February 2020**

## Upcoming Events

- 1) SHAPE conference in July **CANCELLED**
- 2) HKCHSE Annual conference / Fellowship Conferment/ AGM on 22 Aug 2020 (Details to be announced later)
- 3) ACHSM Asia Pacific Congress at Perth **CANCELLED**

JUL

AUG

College's website:

<http://www.hkchse.org>



## College Supports Open Online Learning During Covid Outbreaks



The spread of the new Coronavirus disease has affected all walks of lives in Hong Kong including postponing our College activities such as Brisbane Study Tour, Members' Night and various institution visits as well as the inevitable canceling of Saturday Study Group meetings. With the advancement of IT and communication software, we have maintained the class teaching by deployment of the Zoom solution. The running of virtual classroom and related limitation of audio-visual hardware cannot fully replace the experience of face-to-face teaching and learning for our Dual Fellowship Healthcare Management Course where many-to-many type of interactions among the participants are crucial.

Our arrangement of Zoom teaching does not require people to be in a same location, the system is equipped with built-in microphone and video portal and allows access through both laptops and smart phones. Slides, photos, video clips and textual documents can be upload during the teaching period for instant viewing and the session can be easily recorded. The other advantage is the opportunity of opening up the study subject to more members and Fellows who are keen to enhance their continuous professional development and sharing valuable personal experience with the students.

In any case, our session-chair and facilitators have to adapt to these changes and be hard working in order to maintain the quality of learning for the Dual Fellowship Program. They have to revise the original class schedules, re-align with guest speakers and the teaching material, invent innovative ways to interact with different participants in order that a simulated atmosphere of human interaction (and communication in reality) is created. On one hand, the College has to prepare for the teachers to learn the operations of video technologies, alleviate their fear of man-machine interface. On the other, we have to attend to potential sensitive areas such as variety in workplace/home environment, external distraction/



interruption factors, network connectivity, privacy and attendance versus intermittent absence, & many others.

To make the best outcome of open online teaching, we can try to reduce some of the limitations of tradition classrooms and provide an opportunity to encourage session-chair, facilitators and guest speakers to turn "classes" into more "learning", enhancing the advisory roles of teachers and promoting spirit of self driven professional development for adult-learners. There are several advantages of such approach. First, during the pandemic period, many of us are required to be on home office, the demarcation of work life and study life is blurred, many teaching materials and cross-modular references could be available to students with adequate time for pre-study and initial self assessment. This will facilitate our teachers to compile added accessories of key points review, real time assessment framework, e-laboratory in order that the online teaching resources are deployed in a smooth and focus manner. Students will also acknowledge the added value for more optimal use of their time and efficiency of current advanced technologies.

In traditional class (especially with a larger number of attendance), it is generally impossible for teachers or guest speakers to know instantly how many attendees understand or master the contents of the subject. However in synchronous virtual class, the effect of learning could be different. Teachers can know the distribution of answers to a list of well set MCQs and quick analysis of the distribution of incorrect answers through interactive polling function. Thus, students could be informed of how and where they went wrong and the learning points. Such kind of real time data requires piror hardware set up and is time

consuming in the classrooms. With the help of Zoom and other software, uni-directional teaching could include greater portion of interaction and such kind of "one-to-one" attention where the teachers' responses and discussions on the subject could be better guide to students to meet their personal progress and needs. This will improve the overall as well as individual learning efficacy.

Last but not least, there are the ever-expanding list of creativity with online and offline education model. For instance, the course program planners should think about how to motivate students and encourage them to become independent and proactive in the pursuit of knowledge-skill-attitude to prepare them as future healthcare leaders; sharing of best practice for "Education X Technologies" with colleagues and guest speakers; turning the COVID crisis into opportunity for course reform to meet future challenges; promoting principles on health and healthcare management to a wider audience through the enlarged accommodate scale and precise online learning that is impossible with present traditional classroom.

In conclusion, your College endeavors to provide the best educational experience for our members despite current climate of stringent social distancing and imposed infection control policy. The application of advanced technologies should not widen the distance between our learners and teachers, nor reducing the vitality of aspiration from our mutual sharing. Thus, the aim of education innovations is to improve humanity in our life long learning and work for the betterment of our society.

Dr LIU Shao Haei  
President



# Community Interim Medication Refill Scheme (CIMRS)



## Background

Due to the outbreak of coronavirus, chronic disease patients who are unable to attend Hospital Authority follow-up appointments can enroll in the CIMRS for free and immediate medication replenishment.



The scheme has been initiated by healthcare professionals, including doctors, pharmacists and health service executives, from non-government organizations (NGOs) including Society for Innovative Healthcare Hong Kong, Hong Kong College of Health Service Executives, Hong Kong Pharmaceutical Care Foundation, Health In Action, Easy Healthcare, HKSXH Lady MacLehose Centre Community Pharmacy and Bamboos. The service is free as the project managed to be funded by many kind hearted organizations and individuals who see the meaning of this service so

that the patients who cannot obtain their medications would not have interrupted medication supplies. The service kicked started since 22<sup>nd</sup> Feb 2020 after several rounds of promotion amongst different stake holders and patient group representatives.

## Enrollment Procedure

Patients can call the hotline 3708 8552 for registration between 9am and 9pm or enroll in the scheme via online application. Pharmacists will determine the suitability of patients according to their electronic health record to enroll patients in the scheme.

### Screening & Arrangement

Eligible patients whose appointments are due within a month will be arranged to visit designated private clinics.



### Visiting Doctor

Doctors prescribe the same medications for 4-8 weeks according to the Electronic Health Record Sharing System (eHRSS).



### Collecting Medications

Pharmacists dispense prescribed medications which will be collected by the patient or the authorized person at designated clinics.

## Service

Pharmacists conduct initial screening by examining patients' electronic health records, such as lab results, prescribing and medication history through the use of the EHRSS.

After initial screening, doctors exercise medical judgement and ensure that the patient is in a stable condition before prescribing the same medications to the patient according to the medication history.

Upon dispensing, pharmacists counsel the patient on medications.

## Challenges

One of the major barriers to the enrollment of patients involves the eHRSS. Some patients have never registered with eHRSS and they need to register online or in person. The registration deters some patients from enrollment as they deem it complicated. Besides, elderly patients who are less technology-savvy often have difficulty in online registration and relaying the eHR activation code received on their phones to us. Apart from registration and activation, there are cases where the information in the eHR did not match with patients' personal particulars, rendering the patient's eHR inaccessible. Based on these experiences, we have provided feedback to the eHRSS office, in the hope of that better and less complicated eHR access service can be enabled in the future.

Another challenge is procurement of medications. As there is a wide range of patients, an array of drug items is required for refill purpose, but the required quantity of each drug item may not be large, which makes procurement process expensive and inefficient. However, our pharmacist still makes every endeavor to source drugs with best possible prices from different distributors, with the goal of serving more patients with the given donated funding.

## Results

By mid April, around 300 patients and their relatives have inquired through the hotline 3708 8552 or online application for enrolment. Volunteer doctors and pharmacists will assess the suitability of dispensing medication refill for chronic medical conditions. At present, our Service has dispensed over 250 drug items with duration ranged from 1 to 2 months.



Those patients who received the service were very grateful as their anxieties about not getting the medications from HA were relieved.

This service though benefitting not a significant number of patients has proven that if provided the appropriate support, this is a very good case of public private partnership. From this coronavirus outbreak, it is clear that the public healthcare system is overburdened and it alone cannot accommodate all the patients in need, especially those chronic diseases patients where their conditions are stable and can be followed up easily in the primary care setting. The GPs in the private sector can be incentivized to share the workload and partly alleviate the burden of the public healthcare system.

## Acknowledgement

The council members of the Hong Kong College of Health Services saw the needs of the patients and through their leadership and commitment. With concerted efforts of the participating organizations, the project only took about 10 days from preparation to implementation, overcoming many administrative, procedural and financial support barriers. The pharmacists from the Hong Kong Pharmaceutical Care Foundation has not only shared their office to be the venue as command centre, but also provided pharmacists' professional support all the way for the project in executing the project details, making procurement of medications, arrangement for patients' medication clinic visit, media interviews and reporting.

Ms S. C. CHIANG  
Mr Wan LAM





## Visit to Biomedical Technology Company, Sanwa Biotech – Point-of-care Testing Researched & Developed in Hong Kong

Our delegation of 22 healthcare executives, including 18 members and 4 of their colleagues from Hong Kong and Macau, visited a Hong Kong-homegrown biomedical technology company – Sanwa Biotech Limited – on the pleasant Sunday morning of 8 Sept 2019.

We were greeted by the CEO, Mr Kelvin Chui, as well as the CTO and President, Mr William Yim, and their staff members over a simple breakfast of coffee and sandwiches at their Fo Tan main site, followed by their interesting founding story of the company and its vision.

Its Chief Scientific Officer, Dr Isabelle Dutry, shared with us the technology used in the R&D and production of their disposable lab-on-chip (LOC) diagnostic platform. Integrating one or more lab functions onto a single, tiny chip handling extremely small fluid volumes, such a platform served as a point-of-care (POC) testing for portable and rapid diagnosis of various infectious diseases.

The analogy we heard that morning was that one would operate the platform like an espresso machine – the technology (the protein-based LED-induced fluorescence immuno-assay platform, etc.) is already set, but there are different "flavors" (the single-use biochips for the diseases to check for) that one can use at the point-of-care.

Being a bit smaller than a desktop printer, the platform would display diagnostic results in about 15 minutes, as well as having the capability to remotely (globally) monitor and maintain the diagnostic device's functionality.

The company has developed one platform for diagnosing infectious diseases of animals and another one of humans, both aiming to serve as point-of-care devices. Some of the R&D are done at their lab in Hong Kong Science Park, while part of it are done at the Fo Tan location which also serves as its manufacturing site.

At the time of our visit, the company has confirmed to conduct a clinical trial of its platform for diagnosing influenza at the Prince of Wales Hospital in late 2019 to early 2020, for validating its platform using clinical samples in Hong Kong. We look forward to knowing its results when available. For health executives, the healthcare application of such technology would see a one-stop platform and much quicker way for diagnosis for patients at their point of care, a more streamlined process for clinical and non-clinical staff, and thus hopefully also a less costly way for diagnosis overall.

The visit ended with a relaxing lunch with the company's staff and a few board members at 銀杏館, a restaurant in the same building. We are glad to take this opportunity to support this social enterprise in Hong Kong.

After the visit, a few participants are invited to share their feedback and experience. Let's hear what they have to say –

“ Visiting Sanwa Biotech on a Sunday morning with a team of old and new friends was a new experience to me.

Located at Fo Tan, an industrial area, I would expect there are only warehouses and small local manufacturers. So this question came to mind – How come there is a biotech company there?

Starting with a warm welcome by William and Kelvin, I could feel their passion in their innovative areas. To me as a total lay man to this micro chip set technology and biological diagnostics technology, it was so amazing that their vision is to bring a laboratory and diagnostics technologies together in a micro chip set!

As I come from a healthcare distribution business background, we store diagnostic kits and solutions in warehouse with cold chain environment. They occupy quite a lot of space.

It is so exciting that some time in the future, technology can change all these storage settings – Cold rooms will store chip sets for diagnosing human diseases; and the testing will no longer only be done in a professional lab, but inside a small clinic space with a printer-size device with such a chip!

The visit ended with a lot of interesting Q&As which I learnt a lot in this healthcare business area. Moreover, it kick-starts an opportunity to explore further if our company can explore distribution opportunity with Sanwa through our Asia distribution network of over 13 countries.

Thanks to Inez and HKCHSE for organizing such a good visit! Also best wishes to Sanwa with a very successful launch of their great products in the market. ”

**Andrew Wong**  
Fellow (Class of 2015)  
Director of Government & Industrial Affairs  
Zuellig Pharma Limited

“ It's eye-opening to see the development of a local business in such an advanced medical diagnostic technology (point-of-care testing). Through the visit, we can understand the process of biotech start up and difficulties in R&D! ”

**Bonnie Wong**  
Cluster Manager (Quality & Safety)  
New Territories West Cluster  
Hospital Authority

“ It was such a refreshing visit. I saw people with passion, stamina and vision. It was so fascinating to know that "local" invention is not only possible, but in fact very advanced. ”

**Priscilla Lam**  
Fellow (Class of 2018)

“ I am delighted to visit Sanwa Biotech with HKCHSE members and fellows. Collectively, we should explore opportunities for greater collaboration between such innovative company to revolutionize healthcare solutions into the future. ”

**Dr Lawrence Cheung**  
Fellow (Class of 2016)  
Founder & Executive Director  
iMedic Hong Kong Limited

“ This visit is the 1<sup>st</sup> visit of a new Technology Series of HKCHSE. As each member is welcome to contribute his/her network and expertise for the College and members' benefits, this series aims to bridge members with innovative technology for healthcare applications in the market.

If you have any thoughts, eg. what problems you are encountering that may be helped by technology, or suggestion on the types of tech you'd like to know more about, please contact Inez via email to the HKCHSE Secretariat <hkchse@gmail.com> with the subject "Q for technology series". Look forward to hearing from you! ”

**Inez Wu**  
Fellow (Class of 2014)  
Senior Manager  
(Regulatory Planning & Government Relations)  
Biomedical Technology Cluster  
Hong Kong Science & Technology Parks Corporation

Ms Inez WU ◆





## Call to Vigilance for Seasonal Flu Surge - a Report from the Press Conference Held on 24 September 2019

In view of the winter surge of 19/20, your College has organized a public briefing by Prof Ivan Hung from University of Hong Kong to appeal to health care workers and community at large to be vigilance.

Dr S H Liu, your President has also expressed at the press conference that to manage the yearly winter flu surge, we should all contribute to develop best options as listed in the followings:

1. To enhance public awareness on the impact of outbreaks so as to promote strategies of patient empowerment and self-reliance on staying healthy;
2. To motivate stakeholders for cross sectorial collaboration in order to build capacity at primary care level where GPs could have an important role;
3. To implement effective ways of managing suspected flu A and B through knowledge sharing and joint efforts;
4. To advocate for universal influenza vaccination to protect our vulnerable groups;
5. To rationalize resource allocation by following the principle of money follows outcome;
6. To share innovative solutions to cultivate “can do” altitude among healthcare managers and frontline professionals.

有鑒香港每年冬季流感肆虐，公院病人大增，前線工作量「爆煲」，香港醫務行政學院邀請香港大學孔繁毅教授就最新醫療新知作公眾簡述。會上劉少懷院長亦向同儕及市民作出六大呼籲，以保民康。本學院就季節流感管控之策略介紹如下：

- (一) 我們會提升公眾意識，就不同醫療健康課題的參與度，強化病者賦權，達致自強自主。
- (二) 為進一步促進跨界別合作，通過激勵策略，建設基層醫療的能力，為繁忙的公營醫院體系分擔疾病預防篩檢，傳染病監控，疫苗注射及社區醫生的角色。
- (三) 知識行動合一，是帶動有效流感診斷及早治療之基礎。正如今次孔教授為大眾報告最新的發展。
- (四) 有效之預防更勝晚期之救治。全民注射流感疫苗可達到保障慢病者高危群族。
- (五) 從高效管理方面考慮，醫療資源運用要跟隨績效，收集分析臨床數據，合理分配撥款。
- (六) 香港醫務行政學院呼籲「老問題、新辦法」，時刻嘗試解決妙方案，培育實務管理新文化。



# Once Upon a time in Gold Coast Australia ...

If “one inch of time is one inch of gold”, then the value of time in Gold Coast Australia is full of valuable golden memories...

Time flashes back to 9-11<sup>th</sup> October 2019 when 8 pre-fellows attending the Asia Pacific Health Leadership Congress (ACHSM) with eight passionate and excited hearts. It was a unique opportunity to meet and listen to the leading insights in healthcare and management from across the world. The ACHSM congress attracted more than 500 delegates including keynote speakers in recognisable names, Alison Verhoeven, John Wakefield, Prof Anne Snowdon, Dr Mark O'Brien, Prof David Allison etc. Connecting to healthcare decision-makers from across Australia and Asia-Pacific was definitely a good experience. However, what made the trip more unforgettable was the sublimated brotherhood and sisterhood.



The theme of 2019 ACHSM bridged up 5 major domains namely, Sustainability, Values, Innovation, Integration and Design. According to the theme, the lectures were further diversified into several main streams such as Workforce Values and Sustainability, Health Facilities Planning and Design, Innovation and Sustainability in Planning and Design, Value for Organisational Sustainability, System Innovation and Design etc. This year, I had the honour to present my research under the theme of Workforce Values and Sustainability. The topic was about the effect of initial trust between doctors and patients and other



moderating marketing factors such as word of mouth of medication/treatment, country of origin of medication, patients' price sensitivity etc towards patients' medication purchase intention.

Moreover, we had Dr Li Pengbin who presented an interesting topic about how to establish a clinical governance system in a non-profit-making private hospital in Macau by adapting the project management approaches. We were so proud of Dr Li that he had succeeded in bringing what we

learnt from the course to the international platform. Our class monitress Viola Li also gave her poster presentation on how to prevent in-patient fall under the topic of "Leading the inpatient Fall Prevention Program in a Community Hospital of Hong Kong".

We had our first fellowship conferment ceremony there, too! It was full of joy, laughter (even screaming), blessings and touching moments. They were all shown in the pictures which saved me from thousands of words. What could not be further expressed was the uncountable support and companion among teachers, mentors and like-minded classmates. Yes, we did it!



Was that the end of our trip in Gold Coast Australia? Of course not! We had much fun! Seafood, the adventurous visit to the tropical rainforest, sunset in the Gold Coast etc., were all memorable moments. The trip climaxed in a spectacular Gala Dinner under the theme “Beach and Sand”. Our Hong Kong representatives, Anders Yuen and Anna Bella Suen echoed with the theme by cosplaying “Terminator in Hawaii Shirt” and “A Beach Girl Under 18”. Can you find them in the picture?

Dr Andrew HUI 



# A Successful Dinner-Seminar with Overwhelming Attendance Amidst Street Chaos and Violence

Whilst most organisations were forced to cancel or postpone their public events due to traffic disruptions and safety concerns, our College has well planned a function with Society for Innovative Healthcare HK to present an evening dinner-seminar on “Policy Perspectives for Future Health and Healthcare” at Cordis Hotel on 20 November, 2019.

President, Dr S H Liu, kicked off the discussion by painting the picture of a super-aging community of local and international scene. Dr the Honourable Lam Ching Choi spoke on what and how to enhance

primary healthcare through innovations in service delivery as an important strategy. The theme was further picked up by our College Advisor, Professor Peter Yuen who described the trajectory of medical and health financing and projected the impacts of a very old population to our city’s healthcare system. The evening was full of joys and enthusiasm from an attendance of over 100 members. The run down was catalyzed by the popular multi-media practitioner, Ms Fong Kin Yee, Akina with vivid mutual interchange of views and idea with guests on stages.



## Policy perspective for future health and healthcare

20 November 2019

Time	Topic	Speaker
18:45-19:00	Reception	All
19:15-19:20	Welcome Speech	<b>Dr Liu Shao Haei, MH</b> Founding President, Society for Innovative Healthcare Hong Kong
19:20-19:40	Keynote speech Enhancing primary healthcare through innovation in service delivery	<b>Dr The Honourable Lam Ching Choi, SBS, JP</b> Member, The Executive Council, HKSAR Government Chairman, Elderly Commission, HKSAR Government
19:40-20:00	Keynote speech The Trajectory of Healthcare Financing in Hong Kong	<b>Prof Peter P. Yuen</b> Professor and Dean, College of Professional and Continuing Education, The Hong Kong Polytechnic University Advisor, Hong Kong College of Health Service Executives
20:00-20:30	Guests Round table Discussion	Panelists <b>Mr. Chow Yick Hay, SBS, JP.</b> Chairman of Kwai Tsing Safe Community and Health City Association, Chief Executive of South Kwai Chung Social Service <b>Dr. Woo Yu Cho,</b> President, Diabetes Hongkong Moderated by <b>Ms. Fong Kin Yee Akina</b> Multimedia Practitioner
20:30-21:45	Dinner	All



Hong Kong  
College of  
Health Service  
Executives



society for  
innovative  
healthcare  
hong kong

# HKCHSE Fellowship Gala Lunch cum Fellowship Conferment on 1 Dec, 2019

1 December 2019 marked the date of the College's Gala Luncheon cum Fellowship Conferment 2019. Around 130 participants gathered at Cordis Hotel, Mongkok to interchange thoughts, learn together and foster mutual cooperation around a timely theme "Opportunity and Innovation for Caring the Aged". It was an enjoyable afternoon spent with renowned speakers from different health sectors and cross border sharing their insights and taking the audience through the challenges and opportunities in aspects like policy in caring for elders, end of life care, applications of technology and e-Health Records in caring the aged in the community and their homes, and points to note for elders when considering medical insurance. This year's annual event was somewhat held differently compared to the annual conferences the College had held over the past 13 years. It was the first time the event was held as a gala luncheon. The unforeseen circumstances the city encountered at the time had not stopped our passion and commitment in conducting the annual event. And it would not have been made possible without the endeavour of the Organising Committee, the valuable advice from the HKCHSE Council, the generous support from the sponsors, and most important of all, the participants who took the time to join the event.

Last but not the least, congratulations to the 2019 Fellows for passing the Fellowship examination and were conferred as Fellows of the College also on 1 December 2019. We wish them all the success in their journey as health service executives.

Kammy LEUNG  
Chairlady, HKCHSE 2019 Gala Luncheon



# SARS-CoV-2 / COVID-19

We are living and working through an unprecedented time in our history — and a transformative time for healthcare. I know what it's like to face disaster and trauma on the job, and I know that what you're doing isn't easy. In fact, it's next to impossible.

Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold and running nose like OC43 to more severe diseases like from the same family virus as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS) viruses, causes respiratory illness with infections ranging from mild to severe illness, and in some cases to be death.

Viruses are named based on their genetic structure to facilitate the development of diagnostic tests, vaccines and medicines. Virologists and the wider scientific community do this work, so viruses are named by the International Committee on Taxonomy of Viruses (ICTV). ICTV announced "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)" as the name of the new virus on 11 February 2020. This name was chosen because the virus is genetically related to the coronavirus responsible for the SARS outbreak of 2003. While related, the two viruses are different.

Diseases are named to enable discussion on disease prevention, spread, transmissibility, severity and treatment. Human disease preparedness and response is (World Health Organization) WHO's role, so diseases are officially named by WHO in the International Classification of Diseases (ICD). WHO announced "COVID-19" as the name of this new disease on 11 February 2020, following guidelines previously developed with the World Organization for Animal Health (OIE) and the Food and Agriculture Organization of the United Nations (FAO).

On 31 December 2019, the WHO China Country Office was informed of cases of pneumonia unknown etiology (unknown cause) detected in Wuhan City, Hubei Province of China. From 31 December 2019 through 3 January 2020, a total of 44 case-patients with pneumonia of unknown etiology were reported to WHO by the national authorities in China. During this reported period, the causal agent was not identified. On 4 January, Government launched Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance; and the Serious Response Level was activated with immediate effect. Not until 7 January, the Chinese authorities isolated and identified a new type of coronavirus; and on 11 and 12 January, WHO received further detailed information from the National Health Commission China that the outbreak

is associated with exposures in one seafood market in Wuhan City. On 12 January, China shared the genetic sequence of the novel coronavirus for countries to use in developing specific diagnostic kits. On 13 January, Thailand firstly reported the first imported case of lab-confirmed novel coronavirus (2019-nCoV) from Wuhan, Hubei Province, China, then Asia, Europe and the rest of the world. On Chinese New Year day, 25 January, due to the latest development of the novel coronavirus infection, Chief Executive announced that the response level under the "Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance" was raised to Emergency Response Level with immediate effect. World Health Organization declared on March 11 that the global COVID-19 outbreak could be described as a pandemic, expected that the number of cases, deaths and countries affected would continue to surge.

The most common symptoms of COVID-19 are fever, tiredness, and dry cough. Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhea. These symptoms are usually mild and begin gradually. Some people become infected but do not develop any symptoms and do not feel unwell. Most people (about 80%) recover from the disease without needing special treatment. Around 1 out of every 6 people who gets COVID-19 becomes seriously ill and develops difficulty breathing. People with fever, cough and difficulty breathing should seek medical attention. Older persons and persons with pre-existing medical conditions (such as high blood pressure, heart disease, lung disease, cancer or diabetes) appear to develop serious illness more often than others.

The main mode of transmission is through respiratory droplets, the virus can also be transmitted through contact. Most estimates of the incubation period range from 1 to 14 days, most commonly around 5 days. The 'SARS-CoV-2' (Coronavirus) was likely transmitted to people from an animal source initially. Person to person transmission is likely with coronaviruses, and while not initially detected, it appears that person to person transmission is occurring.

People can catch COVID-19 from others who have the virus. The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales. These droplets land on objects and surfaces around the person. Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets.

This is why it is important to stay more than 1 meter (3 feet) away from a person who is sick.

### Person-to-person spread

The virus is thought to spread mainly from person-to-person and the main way the disease spreads is through respiratory droplets expelled by someone who is coughing. The risk of catching COVID-19 from someone with no symptoms at all is very low. However, many people with COVID-19 experience only mild symptoms. This is particularly true at the early stages of the disease. It is therefore possible to catch COVID-19 from someone who has, for example, just a mild cough and does not feel ill.

### Spread from contact with infected surfaces or objects

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

### Protection measures for everyone

Stay aware of the latest information on the COVID-19 outbreak. Many countries around the world have seen cases of COVID-19 and several have seen outbreaks.

There is no vaccine for this infectious disease at the moment. To prevent pneumonia and respiratory tract infection, members of the public should maintain good personal hygiene at all times and keep both hands clean. When travelling outside Hong Kong, do not touch animals; do not eat game meat; and avoid visiting wet markets, live poultry markets or farms. After returning to Hong Kong, if you have a fever or other symptoms, wear a surgical mask, consult a doctor promptly and reveal your recent travel history.

**Maintain social distancing; with mask on whenever necessary; closely monitor advice and news from public health bodies and government sources and alongside observe good hygiene and strictly follow infection prevention control practices measures.**

**Together, we fight the Virus!!!**

Dr POON Wai Kwong 

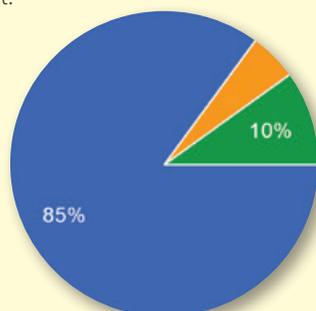
## Technology Series Survey Result

Riding on the opportunity of the company visit sign-up, participants were invited to fill out a few extra points on the online registration on Google as this survey (available from Aug 9 to Sept 6, 2019). The survey aims to find out what technology area(s) would be of interest for future visits.

### Survey participants = 20

The majority of the survey participants were members (including Fellows) of HKCHSE (17 people, 85%), while two (10%) are non-members who were invited by member participants to join the visit, and one (5%) was a non-member who had registered for the 2019 Annual Conference that was originally scheduled for the same weekend as (i.e., the day before) the tech company visit.

- Member (incl. Fellow)
- Not a member, but now joining as new Member
- Not a member, but is a guest/participant to the 2019 Annual Conference
- Other non-member



### Tech areas of interest: an indication for future visits

Although not all HKCHSE members are surveyed, the responses from these 20 participants gave an indication on the tech areas that would be of stronger interest to members, when planning visits in the future.

It is interesting to find that we have a tie for the 1<sup>st</sup> choice: **Medical devices** and also **Robotics / artificial intelligence (A.I.)** (both chosen by 18 people, 90%)! This is closely followed by **Diagnostic technology** and **Genomics / health analytics** (both chosen by 17 people, 85%), and then **Therapeutics** (chosen by 16 people, 80%). Other selections in descending order include **Gerontechnology / elderly care** (marked by 14 people, 70%), **Food-related technology** (marked by 10 people, 50%), **Connectivity / sensors** (marked by 9 people, 45%). Lastly we have the option of **"Not shown above. Will email you"** (marked by 2 people, 10%) – and indeed I still look forward to hearing from you!

On a separate note, it is also wonderful to see 6 survey participants (30%) showed positive response that they'd be willing to host a visit for HKCHSE at their organization/department.

Thanks to those who have provided their responses! All these will be taken into consideration for organizing future visits and seminars. Appreciate your inputs again and thanks for your support in advance for this new Technology series!

Ms Inez WU 

