



NEWSLETTER

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THE HONG KONG SOCIETY OF COMMUNITY MEDICINE

Next Academic meeting on 14 July 2006

Pathological Gambling - Risk Factors and Prevention

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Dr. Irene WONG
Coordinator,
Responsible Gaming Training & Gambling Counseling,
Professional Practice Centre,
Department of Applied Social Sciences,
The Hong Kong Polytechnic University

Speaker :

Date : 14 July 2006 (Friday)
Time : 6:30 – 7:30 pm
Venue : Lecture Hall
4/F, Argyle Street Jockey Club School Dental Clinic,
147J Argyle Street, Kowloon

CME :

- 1 CME point accredited by Hong Kong College of Community Medicine
- 1 CME point accredited by Hong Kong College of Family Physicians
- 1 CME point for doctors who are not taking CME programme for specialists and have registered with one of the CME programme administrators (Department of Health, Hong Kong Academy of Medicine, Hong Kong Doctors Union Ltd. or Hong Kong Medical Association)

New venue at
Kowloon side!

Coming soon

21 Aug 2006
Health Care Financing Policy in HK–Past, Present & Future
by
Professor Gabriel LEUNG,
Department of Community Medicine, University of Hong Kong

28 September 2006
Vector Survey Methodology
by
Mr. Thomas LEE, Head (Risk Assessment Unit),
Pest Control Advisory Section, Food & Environmental Hygiene Department

Social function

27 May 2006

Chemical Waste Treatment Centre

Mr. Larry WONG, the EH & S Manger of the contractor company of Chemical Waste Treatment Centre has kindly offered us a guided tour and introduced to us the chemical waste collection, waster profile analysis and chemical waste treatment.



Mr. Larry WONG (left) &
and our Chairman, Dr. Ronald Lam (right)



An Epidemiological Review of Suicide and Prevention of HKSAR

By Dr. Paul Yip, HKJC Centre for Suicide Research and Prevention, The University of Hong Kong

Academic meeting

11 May 2006

Abstract:

The talk examined the epidemiological profile of suicide deaths in Hong Kong. Hong Kong has one of the highest rate in Asia with a rate of 18.6 per 100,000 with more than 1264 suicide death in 2003. It was the sixth leading cause of death and the leading cause of death among the teenagers. Suicide would rank the fourth in terms of year of life lost. The middle age group (25-49) has experienced more than 70% increase in number of suicides since 1997. Also, the most significant increase in the past five years is the charcoal burning suicide death which has increased from less than 1% to about 26% of the total suicide death in 2003.



World Health Organization and many other countries have advocated a public health approach to deal with suicide. It involves three levels: i. Universal, ii. Selective and iii. Indicative. The first level is to do with the general population, for example, restricting of the means of suicide; the second level is for some particular high risk groups, for example, the unemployed and the third level is dealing with the people with extreme high risk, suicide attempters. The public health approach of suicide prevention aims to prevent illness, disability, and premature death through early intervention and active intervention. It provides a strong framework for creating an effective, concerted effort across different sectors to prevent suicide. The public health approach advocates a strong collaboration among various parties of suicide prevention in the local territory as these efforts need to be strategically coordinated to maximize their effectiveness. A clear identified role of each sector of the community, better identification of service gaps, stimulation of new and innovative modes of service, and the development of evidence based guidelines for intervention and evaluation of program effectiveness are undoubtedly necessary

Also, a more comprehensive monitoring system is needed for deliberate self harm patients in the Hospital Authority Hospitals.



Dr. Paul YIP (left) & Dr. Ronald LAM (Right)

Academic meeting

12 June 2006

Zoonotic Diseases: A Public Health Perspective

by Dr Howard WONG, Senior Veterinary Officer, Food and Environmental Hygiene Department

Abstract

The classical concept of zoonoses is of disease and infections naturally transmitted between vertebrate animals and man. The term tends to simplify what is, in fact, a complicated subject which can be classified according to aetiology, epidemiology, transmission mode, classical expression, etc. Zoonoses are important to consider because of their effect on public health and the economy. However, to truly understand and appreciate the fundamental aspects of zoonoses it is vital to use an epidemiological and ecological approach.

Infectious diseases have been evolving from the earliest days of life on earth. The WHO estimates that more than 75% of emerging diseases over the past decade are zoonotic. An understanding of the development of mankind helps to better understand man's relationship with zoonoses. From hunter gatherers to village settlements (and domestication of animals) and onward to pre and post industrial cities to the present day, mankind has been inextricably linked to zoonoses. Malaria, Measles, small pox, parasites, Western equine encephalomyelitis, rabies, anthrax, brucellosis, avian influenza, Hendra virus, Nipah virus, variant Creutzfeldt Jakob disease and HIV are all examples of zoonotic diseases directly arising as a result of a modification of the human-animal interface.

These interface modifications continue to this day, even in an ecologically urban society like Hong Kong. We are not only affected by zoonoses occurring locally such as Japanese encephalitis but by those that arise elsewhere such as avian influenza or bovine spongiform encephalopathy. It is therefore essential that Hong Kong continues to monitor this human-animal interface, not only locally, but in overseas countries. For that to occur we need to fundamentally change the way our front line professions interact. It is clear that zoonoses will continue to emerge and that there must be increasingly close cooperation and collaboration between the veterinary and human health professions.



Dr. Ronald Lam (left)
& Dr. Howard WONG (right)