



港大醫學院聯同懲教署推行丙型肝炎篩查先導計劃
為合資格在囚人士提供自願檢測及治療
預防肝病重症

新聞發布會

HKUMed and the Correctional Services Department launch a pilot programme for hepatitis C virus screening and treatment for eligible persons in custody (PICs) on a voluntary basis

Press Conference



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LKS Faculty of Medicine
The University of Hong Kong
香港大學李嘉誠醫學院

香港丙型肝炎概況及挑戰

Overview and challenges of hepatitis C in Hong Kong

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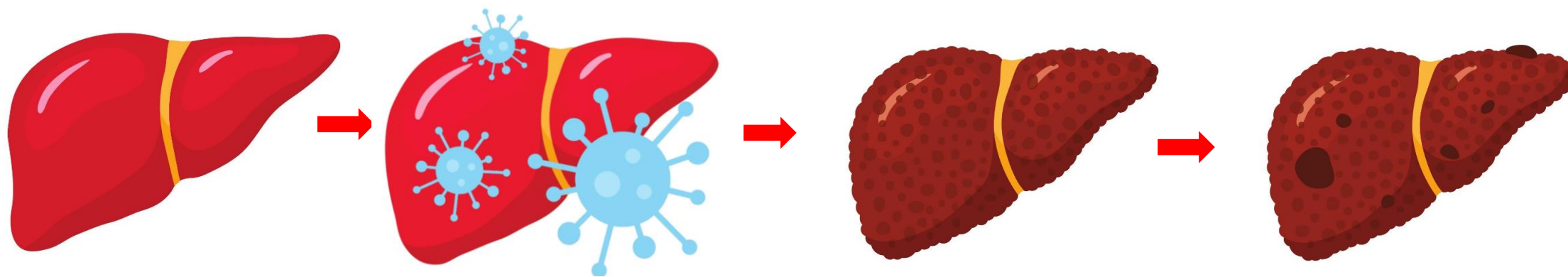
甚麼是丙型肝炎（丙肝）？

What is Hepatitis C?

- 由丙肝病毒引起 Caused by hepatitis C virus (HCV)
- ~70%患者感染丙肝病毒後發展為慢性肝炎 ~70% Individuals infected with HCV may develop **chronic hepatitis**
 - 感染六個月後，血液中仍偵測得到丙肝病毒 HCV can still be detected in blood six months after infection
- 透過血液或體液傳播，例如 Transmitted through contact with **blood or body fluid**, such as :
 - 共用針筒 Shared syringe
 - 性接觸 Sexual intercourse
 - 生產時從母體受到感染等 Mother-to-child transmission during labour etc.
- 大部分患者感染後不會出現明顯病徵 **HCV infection is mostly asymptomatic**

丙肝增加患上肝硬化及肝癌的機會

Hepatitis C increases the risk of developing cirrhosis and liver cancer



健康肝臟
Healthy liver

肝臟受丙肝病毒感染
Liver infected with HCV

肝硬化
Liver cirrhosis

肝癌
Liver cancer

丙肝高危人士

High-risk groups or factors of Hepatitis C

- 注射毒品 Individuals who inject drugs
- 愛滋病感染者 Individuals infected with HIV
- 男男性接觸者 Men who have sex with men
- 曾輸入可能受污染的血液製品 Transfused blood products that may be contaminated
- 曾以未被徹底消毒的刺針紋身／穿環 Tattoo/ piercing with a needle that has not been thoroughly disinfected
- 曾經入獄人士／服刑中的在囚人士 People with history of incarceration/ current persons in custody*

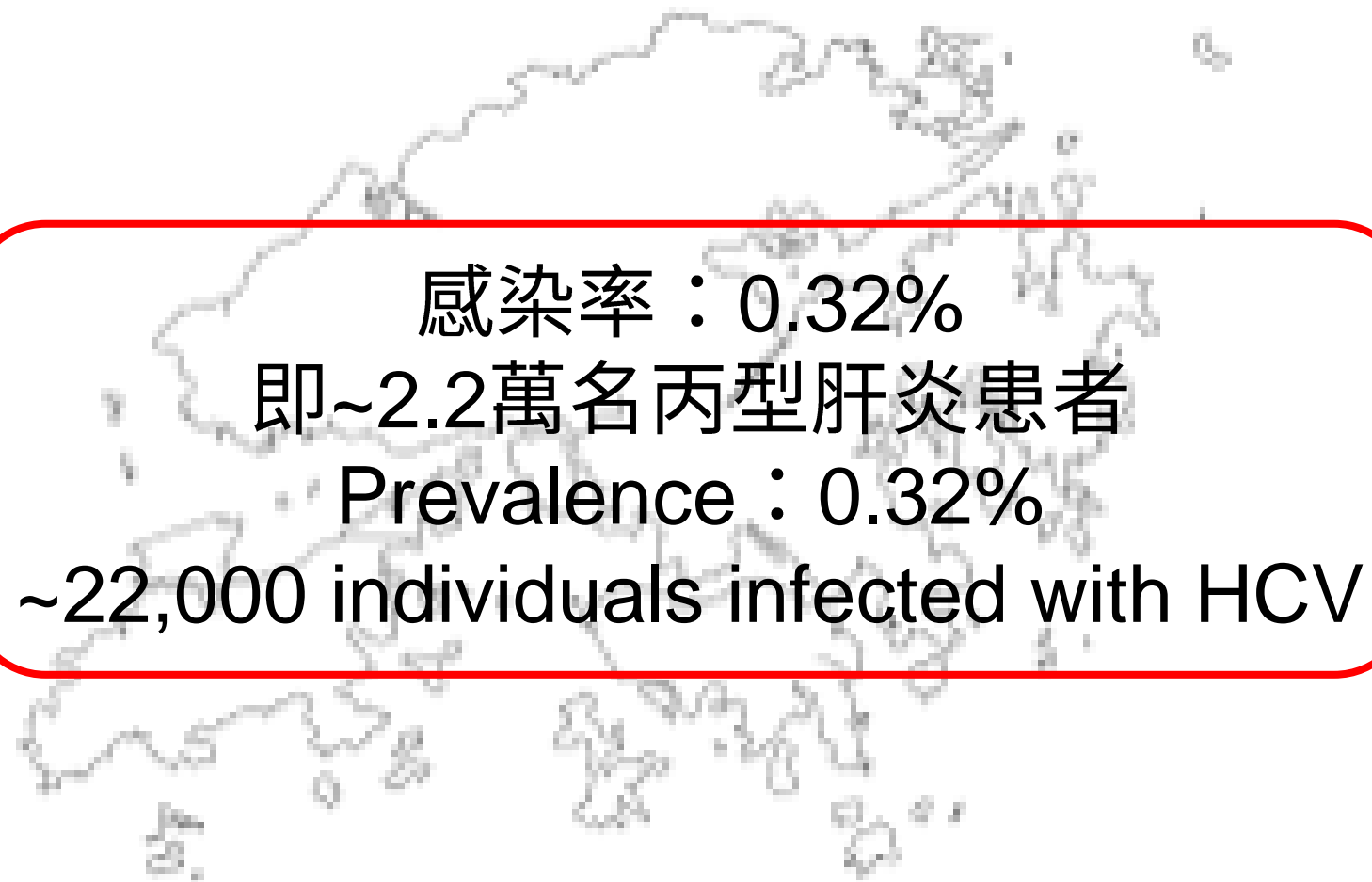
資料來源: 衛生署衛生防護中心控制病毒性肝炎辦公室 (https://www.hepatitis.gov.hk/tc_chi/what_is_hepatitis/hepatitis_c.html)

Source: Viral Hepatitis Control Office, Department of Health (https://www.hepatitis.gov.hk/tc_chi/what_is_hepatitis/hepatitis_e.html)

*外國參考資料來源 Overseas reference source: Ghany MG, et al. Hepatology 2020; 71: 686-721.

香港丙肝情況

Hepatitis C in Hong Kong



感染率：0.32%
即~2.2萬名丙型肝炎患者
Prevalence：0.32%
~22,000 individuals infected with HCV

丙型肝炎治療

Treatment of Hepatitis C

傳統治療 Traditional treatment : 聚乙二醇干擾素 + 利巴韋林 Peginterferon alfa + ribavirin		新一代標準治療 Standard treatment : 直接抗病毒藥物 Direct-acting antivirals (DAA)
~40% (主流丙肝病毒型 Major HCV genotype) <80% (其他丙肝病毒型 Other HCV genotypes)	治癒率 Cure rate	90-100%
注射 Injection	給藥途徑 Route	口服 Oral
24 - 48周 weeks	療程 Treatment duration	8 - 12周 weeks
中等 (疲倦、發燒、發冷、抑鬱) Moderate (fatigue, fever, chills, depression)	副作用 Side effects	輕微 (疲倦、頭痛、噁心) Mild (fatigue, headache, nausea)

*自2020年10月起，醫管局已全面提供口服直接抗病毒藥物，用以治療不同嚴重程度的丙型肝炎病人
 *Since October 2020, the Hospital Authority has expanded the access of DAA treatment to all hepatitis C patients regardless of disease severity

港大醫學院推行丙型肝炎篩查先導計劃 採用「目標群組消除」策略



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The CHIME programme by HKUMed: Screening, linkage to care and treatment of chronic hepatitis C infection in high-risk populations in Hong Kong

CHIME programme: Conquering Hepatitis via Micro-Elimination

研究設計 Design

港大醫學院內科學系肝科研究團隊與非政府組織 合作

接觸於中途宿舍或藥物復康中心的丙肝高危人士

Hepatology team @ HKUMed partnered with **NGOs** in Hong Kong that run halfway houses or drug rehabilitation programme

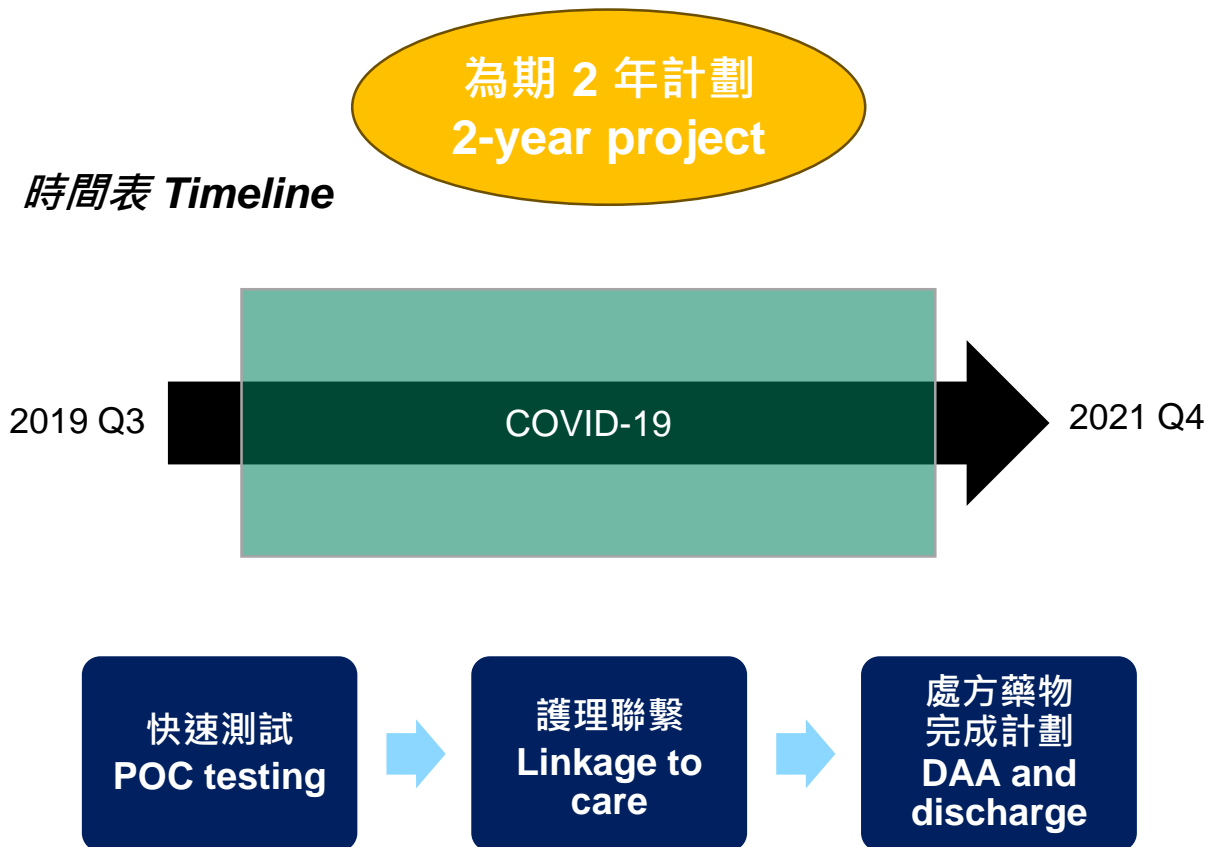
納入條件 Inclusion criteria

現正於中途宿舍或藥物復康中心住宿或接受藥物復康服務
Individuals who are undergoing rehabilitation in halfway houses or drug rehabilitation centres

- 曾濫藥人士 Subjects with history of illicit drug use
- 曾共用針筒人士 Individuals who have shared needles, syringes or other equipment to inject drugs
- 曾經入獄人士 Subjects with prior imprisonment

排除條件 Exclusion criteria

- 已經或現正接受丙肝治療 Already on antiviral therapy for known HCV



2 年期間 進行共 22 次探訪

22 site visits were conducted over a 2-year period



Queen Mary Hospital



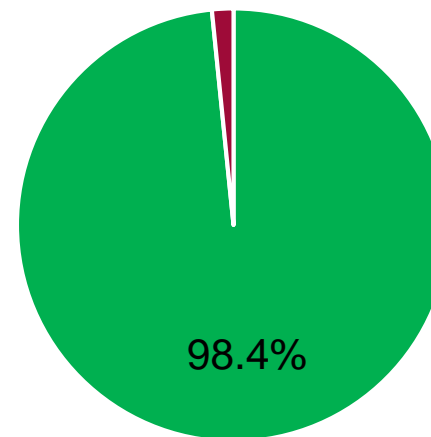
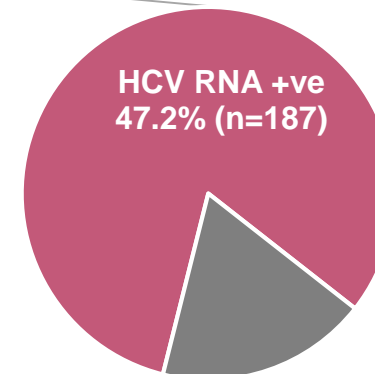
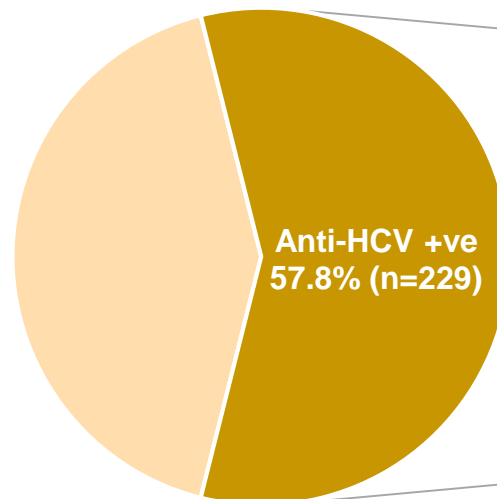
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共為 396 人進行篩檢

Total number screened: 396

曾接觸丙肝病毒 (anti-HCV+ve): 229

現為帶病毒者 (HCV RNA+ve): 187



■ 成功治癒
Cured

■ 不成功治癒
No cure

小結

Summary

- 丙肝會增加患上肝硬化及肝癌的機會，嚴重威脅健康 HCV infection may lead to cirrhosis and liver cancer, posing a serious threat to health
- 直接抗病毒藥物治療可治癒大部分丙肝 Direct-acting antivirals (DAA) can cure most of HCV infection
- 大部分丙肝患者沒有明顯病徵，沒有及早治療 HCV infection is mostly asymptomatic and may result in delayed treatment
- 香港丙肝感染率低，難以透過大型篩檢找出患者 Prevalence of hepatitis C is low in Hong Kong and hard to identify cases by mass screening

找出丙肝患者安排治療，為消滅丙肝的關鍵

Identifying hepatitis C among high-risk patients for treatment is the key to eliminating the disease

港大醫學院研究團隊證明「目標群組消除」策略有效及可行

The HKUMed research team has demonstrated the feasibility and efficacy of the 'micro-elimination' approach



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為在囚人士成立的「丙型肝炎篩查先導計劃」簡介

Introduction of the HCV pilot screening programme for persons in custody

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2020-2024年度香港病毒性肝炎行動計劃

HK Viral Hepatitis Action Plan 2020-2024



香港特別行政區政府
衛生署 控制病毒性肝炎辦公室

- 舉辦公眾宣傳活動 launch awareness campaign for the general population
 - 提供專業培訓 provide professional training
 - 教育風險群組 educate at-risk populations
 - 建立支援環境 build supportive environment
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- 減低易受感染群組的風險及疾病負擔 prevent healthcare-related transmission and harm reduction approach

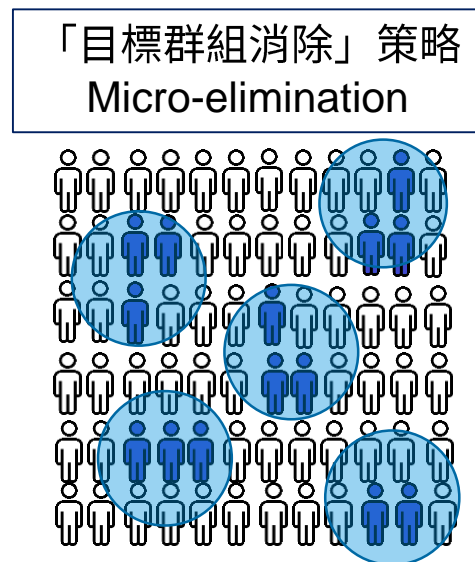
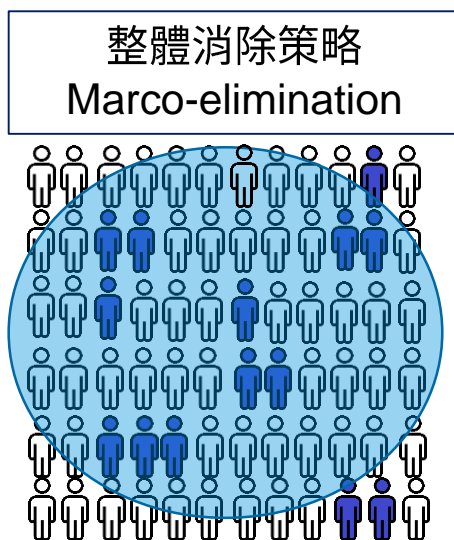


- 持續疾病監測 conduct ongoing surveillance
 - 制定本地指標 develop local indicators
-
- 擴展直接抗病毒藥物用於治療丙型肝炎 expanding access to DAA
 - 消除目標群組中的丙型肝炎 micro-elimination of HCV infection in high-risk groups
 - 向注射毒品人士推廣丙型肝炎測試 promoting HCV testing in PWIDs

「目標群組消除」策略

Micro-elimination

- 按照環境、地理區域、處所、分組人口及年齡等因素，去界定及劃分出特定的人口組別，然後實施針對性措施，以逐步實現最終消除疾病的目標 Defines and segments population groups by demographics, such as age, subpopulations, environmental factors, geographical areas and premises, for which tailor-made measures are designed and implemented to gradually eliminate diseases
- 以丙肝為例，根據丙肝的疾病負擔來選定目標群組，在較小且明確劃分的高風險群組落實干預措施，有助更快及更有效率地實行消除丙肝的計劃 In the case of hepatitis C, the target groups are defined by the disease burden. Implementing intervention measures in smaller, well-defined high-risk groups will help achieve the goal of eliminating hepatitis C more efficiently and effectively



丙肝高危群組 Hepatitis C high-risk groups

- 曾吸毒人士 Former drug addicts
- 曾共用針筒注射毒品人士 Individuals who have shared syringes for injecting drugs
- 曾入獄人士等等 Former persons in custody

目標群組消除：為本港在囚人士推行丙肝醫護計劃

Development of a hepatitis C infection care model for persons in custody: a pilot programme for micro-elimination of hepatitis C infection in Hong Kong

項目主要負責人 Programme led by :

港大醫學院臨床醫學學院內科學系 袁孟峰教授 及 麥龍兒醫生

Professor Yuen Man-fung (Chair Professor in Hepatology, HKUMed)

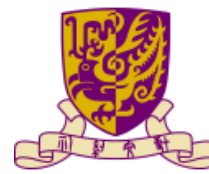
Dr Loey Mak Lung-yi (Clinical Assistant Professor, HKUMed)

參與項目單位 / 機構 Involved parties :

- 香港特別行政區政府懲教署 Correctional Services Department, The Government of HKSAR
- 港大醫學院臨床醫學學院內科學系 Department of Medicine, School of Clinical Medicine, HKUMed
- 瑪麗醫院內科部門 Department of Medicine, Queen Mary Hospital, Hong Kong
- 醫院管理局 Hospital Authority
- 香港大學社會科學學院 School of Social Sciences, HKU
- 香港中文大學內科及藥物治療學系 Department of Medicine and Therapeutics, CUHK
- 威爾斯親王醫院內科及藥物治療學系 Department of Medicine and Therapeutics, Prince of Wales Hospital, Hong Kong
- 香港特別行政區政府衛生署 Department of Health, The Government of HKSAR



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計劃目的

Objectives

主要目標 Primary aim :

發展亞洲以至於本港特有的護理聯繫模式，幫助在囚人士實行目標群組消除丙型肝炎病毒。過程評估的指標包括：參與率、等待時間、治療率、療效率、退出率

To develop an Asian-specific **linkage-to-care** model to aid micro-elimination of HCV among persons in custody. The metrics of process evaluation include: enrolment rate, waiting time, treatment initiation rate, compliance rate, and dropout rate

次要目標 Secondary aims :

- 檢查在囚人士中丙型肝炎病毒的流行情況以及丙型肝炎病毒感染的特徵（患有晚期肝病的比例、與其他血源性病毒的合併感染、基因型分佈、心理社會特徵） To examine the prevalence of HCV among persons in custody and the characteristics of HCV infection (proportions with advanced liver disease, co-infection with other blood-borne virus, genotype distribution, psychosocial profile)
- 檢視治療成功率、不良事件和治療前後心理因素的改變 To examine the treatment success rate, adverse events and improvement in psychosocial outcomes

研究對象

Subjects

納入條件 Inclusion criteria

1. 在囚人士 persons in custody
2. 年齡 ≥ 18 歲 age ≥ 18 years old
3. 被定罪而餘下監禁時間 ≥ 9 個月
convicted with remaining sentences
 ≥ 9 months

排除標準 Exclusion criteria

1. 已經接受DAA治療 already receiving DAA therapy
2. 非肝病原因導致預期壽命有限 have limited life-expectancy from a non-liver cause
3. 還押在囚人士 persons in custody on remand
4. 不能理解中文或英文 cannot understand Chinese or English

計劃詳情

Implementation details



~相隔8週
~8 weeks interval

8-12 週 DAA + 再相隔12 週
8-12 weeks DAA + 12 weeks interval

人員 Personnel

儀器 Equipment

	第一段教育影片 1 st Educational video	第一次到訪 Site visit 1	第二段教育影片 2 nd Educational video	第二次到訪：遙距 CMS Site visit 2: Remote CMS	第三次到訪：檢視治療效果 Site visit (confirm cure)
肝科醫生 Hepatologist		基本資料問卷、知情同意書、進行丙肝快速檢測 +/- 抽血		處方 8-12 個星期的DAA療程 Start DAA	
研究護士 Research nurse	預先錄好的影片：增加在囚人士對丙型肝炎的認識 Pre-recorded video: education to persons in custody about HCV	Demographic questionnaire, informed consent, perform rapid HCV test +/- blood taking	預先錄好的影片：輔導剛確診丙型肝炎及即將接受治療人士 Pre-recorded video: counselling and education	提供有關依從性、副作用、藥物互相影響的諮詢 Counselling about adherence, side effects, DDIs	病毒核酸快速測試 Perform POC for RNA
研究助理 Research assistant		進行肝纖維化掃描 進行丙肝快速檢測 Perform Fibroscan® Perform rapid test for anti-HCV		完成第一份評估生活品質的問卷 1 st Questionnaire to assess quality of life	完成第二份評估生活品質的問卷 2 nd Questionnaire to assess quality of life
丙肝快速測試 POC test		丙肝快速測試 anti-HCV (point-of-care [POC] test)			病毒核酸快速測試 viral load & GX VIII
現場抽血 Venepuncture • 病毒基因型 Genotype • 肝腎功能 LRFT • 乙型肝炎表面抗原、愛滋病抗體 HBsAg, HIV		若丙肝快速測試為陽性 If POC (rapid test for anti-HCV) +			如無肝硬化及治療成功，可不必再跟進 *Discharge if SVR and no F3/F4*
肝纖維化掃描（便携式） Fibroscan®		現場進行（若丙肝快速測試為陽性） Onsite (portable) if POC (rapid test for anti-HCV) +			

*原理 Rationale:

- 在沒有肝硬化的 HCV 患者中很少觀察到 HCC HCC is rarely observed in HCV patients without cirrhosis
- 即使達到治療成功，嚴重肝纖維化或肝硬化患者也需要定期進行肝癌監測 Patients with F3/F4 need regular HCC surveillance even if SVR achieved

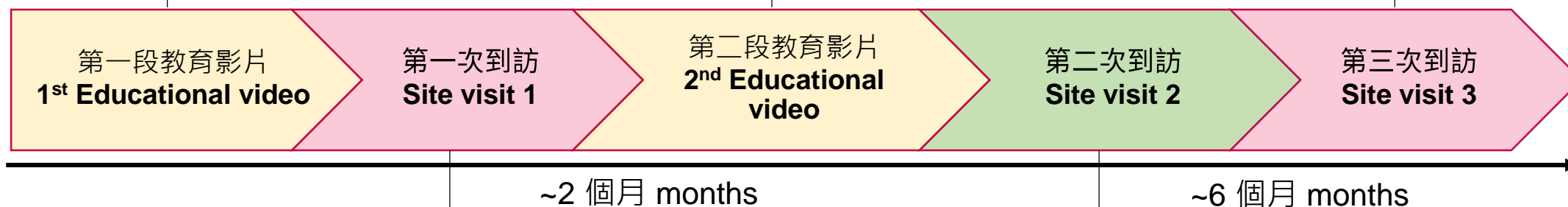
第一段教育影片 1st Educational video:

- HCV 基本知識 (性質、併發症、傳播途徑、可治癒率) general knowledge about HCV (nature, complications, route of transmission, curable infection)

第二段教育影片 2nd Education video:

- 為剛確診丙型肝炎的在囚人士作出輔導和介紹丙型肝炎藥物療程 (全額資助的療程、依時服藥的重要性、療程的安全性、再次感染的風險) counselling about what to expect next following diagnosis of HCV (course of fully-subsidised treatment, need of adherence, good safety profile, risk of re-infection)

- 病毒核酸快速測試 POC for HCV RNA to document SVR
- 完成第二份評估生活品質的問卷 Follow-up 2nd GHQ-12 and CLDQ



- 基本資料問卷 Demographics questionnaire
- 知情同意書 Consent
- 進行丙肝快速檢測 POC for anti-HCV
- 如果快測結果為陽性 If confirmed positive :
 - 抽血 blood taking
 - 肝纖維化掃描 Fibroscan®

- **遙距 CMS Remote CMS**
 - 提供有關服藥的重要性、副作用、藥物互相影響的輔導 Counselling
 - 解答問題 Clarify queries
 - 澄清在囚人士有否任何長期藥物治療 Clarify any long-term medications
- 完成第一份生活品質的問卷 Baseline 1st GHQ-12 and CLDQ
- 處方 8-12 個星期的DAA療程 A full course of 8-12 weeks of treatment will be prescribed

丙肝快速測試 Oraquick® for anti-HCV



OraQuick® Rapid Antibody Test
HCV

肝纖維化掃描 (便攜式) Fibroscan 430 Mini Plus



丙肝病毒核酸測試 Xpert HCV VL Fingerstick on the GeneXpert® System

1

Collect 100µl blood in the minivette provided



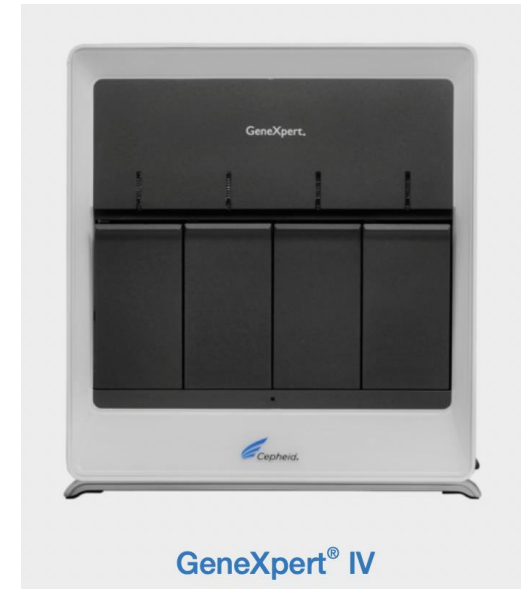
2

Transfer sample to the cartridge



3

Insert cartridge and **start test**



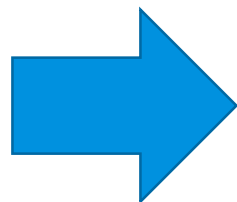
研究最新狀況

Research update

- 丙型肝炎篩查先導計劃已率先於赤柱監獄推行
Programme was launched in Stanley Prison
- 篩查及接受治療人數 Number of people screened

目標篩查總人數
2026年9月底(研究結束)
Screening target by end
of September 2026
(research completion)

2023年10月
October 2023
已篩查 / Screened :
76



2023年12月
December 2023
已篩查 / Screened :
106



500 +



懲教署協助推行先導計劃

The implementation of the pilot programme in collaboration with the Correctional Services Department

懲教署
高級監督 (健康護理)
黃啟泰先生

Mr Wong Kai-tai
Senior Superintendent (Health Care)
Correctional Services Department (CSD)

為在囚人士提供醫療護理

Medical care for persons in custody (PICs)

- 所有懲教院所均設有醫院或診療室，由合資格人員當值，為在囚人士提供全日24小時的基本醫護服務 There are on-premises hospitals or sick bays staffed by qualified personnel in all correctional institutions where round-the-clock basic health care services are provided to PICs
- 醫院管理局或衛生署的到診專科醫療人員定期為在囚人士診症及治療 Visiting medical specialists from the Hospital Authority or the Department of Health also provide consultations and treatments to PICs on a regular basis
- 外國研究數據顯示，在囚人士屬丙型肝炎高危一族，但本港並無相關的研究數據 Overseas research data reveal that PICs are at high risk of contracting Hepatitis C, but there is no relevant research data in Hong Kong

在懲教院所推行先導計劃

Launch of the pilot programme in correctional institution

- 港大醫學院團隊藉外展服務到訪懲教院所，與具備護理資格的懲教人員合作推行先導計劃，為在囚人士提供 The HKUMed team visited the correctional institution through the outreach service to launch the pilot programme in collaboration with correctional officers with nursing qualifications to provide PICs with :
 - 健康教育及輔導 health education and counselling
 - 丙型肝炎快速測試 rapid tests for HCV
 - 為確診的在囚人士處方直接抗病毒藥物 treatment prescription for HCV-infected PICs
- 整個過程簡單快捷，亦無須押解在囚人士到外間醫院接受檢查及治療 The process is straightforward and fast without the need to escort PICs to outside hospitals for tests and treatment

在赤柱監獄推行先導計劃

Launch of the pilot programme in Stanley Prison



於赤柱監獄內張貼的海報 Promotional poster (displayed in Stanley Prison)

The poster features a blue background with a white banner at the top. On the left, a hand in a blue glove holds a test tube labeled 'Hepatitis C - Test' with a 'Positive' result. In the center, large red Chinese characters read '測試丙肝 可救你一命' (Testing for Hepatitis C can save your life). To the right, a red heart contains the word 'LIFE', and a large red character '命' (life) is hanging from a string. Below this, a magnifying glass focuses on a liver with a red tumor, with text stating '丙肝可致肝癌' (Hepatitis C can cause liver cancer). Further down, a pill bottle and pills are shown with text '口服藥物可治癒丙肝' (Hepatitis C can be cured by oral medications). A speech bubble icon with a question mark is next to the text '詳情請向當值醫護人員或更生事務組查詢。' (Please approach on-duty hospital staff or staff of Rehabilitation Unit for details.). The bottom section contains English text about the pilot program and logos for the Correctional Services Department and the Li Ka Shing Faculty of Medicine.

滅丙肝 獲新生 HKU Med
Fighting Hepatitis C to Obtain a Renewed Life
丙型肝炎篩查先導計劃
Pilot Program for Micro-elimination of Hepatitis C Infection

測試丙肝 可救你一命
Getting Tested for Hepatitis C can save your **LIFE**

丙肝可致肝癌
Hepatitis C can cause liver cancer

口服藥物可治癒丙肝
Hepatitis C can be cured by oral medications

詳情請向當值醫護人員或更生事務組查詢。
Please approach on-duty hospital staff or staff of Rehabilitation Unit for details.

懲教署及香港大學李嘉誠醫學院合作推出丙型肝炎篩查先導計劃，為合資格在囚人士提供丙型肝炎檢測服務。
The Correctional Services Department has collaborated with the Li Ka Shing Faculty of Medicine of the University of Hong Kong to launch the Pilot Program for Micro-elimination of Hepatitis C Infection to provide hepatitis C testing for eligible persons in custody.

懲教署印製
Priority Circulars Service Department

合資格在囚人士踴躍參與先導計劃

Eligible PICs are enthusiastic about taking part in the programme



在囚人士觀看教育影片
PICs watch educational videos

計劃推行情況

Programme highlights



為在囚人士進行丙肝快速測試
A PIC receives a rapid test for anti-HCV



丙肝快速測試（兩條線表示測試結果為陽性）
Rapid test for anti-HCV (two lines indicate a positive result)

計劃推行情況

Programme highlights



袁孟峰教授及麥龍兒醫生診視在囚人士
A consultation offered to a PIC by Professor
Richard Yuen Man-fung and Dr Loey Mak Lung-yi

港大醫學院研究團隊與懲教署健康護理組人員合作推出
丙型肝炎篩查先導計劃
HKUMed team and staff of the Health Care Section of the CSD
have launched the HCV pilot screening programme for PICs





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LKS Faculty of Medicine
The University of Hong Kong
香港大學李嘉誠醫學院

總結

Conclusions

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項目的潛在效益

Potential benefits of project

個人層面 Individual level

- 提高對濫用藥物風險的認識 Raise awareness of risk of illicit drug use
- 提高對血液傳播感染的認識 Enhance understanding of blood-borne infections
- 透過參與計劃減少嚴重肝臟併發症並獲得免費治療 Reduce serious liver complications via participation in project and receive treatment free of charge

學術層面 Academic level

- 了解在囚人士感染丙型肝炎普遍程度及特點 Understand the prevalence and characteristics of HCV infection among PICs
- 協助決策者制定後續計劃，在其他環境中推出相類的護理模式並擴大納入標準 Help policy makers formulate subsequent plans to roll out similar care models in other settings and broaden the inclusion criteria
- 了解本港以至亞洲在囚人士的心理因素 Understand the psychosocial factors of Hong Kong's and even Asian PICs
- 為進一步研究心理健康和準備重返社會設定基線 Set a baseline for further researches in the mental well-being and for preparation to return to society

社會層面 Society level

- 評估該護理模式的表現 Evaluate the performance of this care model
- 提供參考數據，協助決策者完善衛生策略，制定消除丙型肝炎的框架，納入人力資源和財務考慮，以至就直接抗病毒藥物的價格進行談判 Provide statistics to help policy maker refine healthcare strategies, develop framework for HCV elimination, incorporate human resources and financial considerations, and even negotiation the price of DAAs
- 證明在懲教院所推行外展專科醫療服務的可行性 Prove the feasibility of outreach specialist medical services in correctional institutions
- 減少患有慢性疾病的在囚人士的醫療護理費用 Reduce costs of medical care for PICs with chronic illnesses

總結

Conclusions

- 丙型肝炎篩查先導計劃採用「目標群組消除」策略 The HCV pilot screening programme employs a 'micro-elimination' approach for persons in custody and provide :
 - 集中資源為特定丙肝高危群組提供服務 targeted screening and treatment for hepatitis C virus infection in high-risk group
 - 成功提高篩查效率及縮短治療進程 improves screening efficiency and shortens time to treatment
 - 治癒率預料能保持於九成或以上 >90% treatment success rate is expected
- 丙肝高危人士應盡快接受檢測及治療，降低日後患上肝硬化及肝癌等嚴重疾病的機會
Individuals belonging to high-risk groups for hepatitis C should undergo early testing and treatment to reduce the risk of developing other serious conditions, such as cirrhosis and liver cancer

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謝謝
Thank You