

My Life My Health My CHOICE

年報 2015 Annual Report



再思社區健康組織
Community Health Organisation for
Intervention, Care and Empowerment

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主席獻辭 Message from Chairperson

志不求易，事不避難；
無忘初表，迎難再上。

回顧2015，C.H.O.I.C.E. 走過了豐盛的一年。我們今年在各項活動中，提供了近一千五百個愛滋病毒及梅毒抗體測試，五百五十多次社區及網上外展，其中社區外展接觸多達五萬人次，而網上外展則有十四萬人次，於不同的宣傳活動推廣健康訊息。



尹慧兒醫生
Dr. Wan Wai Yee

這幾年我們繼續發展了不少年青人的項目，無論是新開發的手機應用程式、傳統媒體及社交媒體的宣傳，都很受年青人歡迎。當中特別重要的社群，有男同志、濫藥、年輕感染者等，今年都有很好的發展。

有一些朋友知道我喜歡閱讀中華文化的書籍，我間中在電台的中華智慧與管理節目中作客席主持，也踏入第十年了。其中有一些節目專題探討《易經》的智慧，是頗受聽眾歡迎的。

《易經》被譽為「群經之首，大道之源」，我們現在較為流行的「傳世本」，在周朝已經成書，是古代占筮的文本；但《易經》同時也是一套符號哲學，由簡單的陰陽，推演了萬物消息轉化之道，故亦可視之為一套修身處世的哲學，教導人明得失、知進退。

《易經》有所謂「卦」，每一卦由六條陰爻或者陽爻組成，所以有64種組合，成為64卦，包含了64種不同的境況。近年管理學，也有借用《易經》的哲學框架，以擴闊思維的。我在這裡打算借用《易經》思考非政府組織(NGO)的管理，自也無不可吧！

環顧《易經》的64卦裏面，有所謂「四大難卦」，可以比喻作人生處境中，最難處理的四種情況。究竟有什麼情況，是公認的因難呢？

《易經》的「四大難卦」，是屯、坎、蹇、困。我在回顧C.H.O.I.C.E. 的歷史時，發現跟我們很有關係。所以，這裏嘗試用「四大難卦」作為框架，討論一下C.H.O.I.C.E. 歷年的發展和變化。

(一) 屯卦：創始艱難

「屯卦」的卦象是上面是「雷」，下面是「水」。「雷」在卦象中代表行動，「水」則一般代表凶險，所以是「雲雷聚集、舉步維艱」的狀態。「屯卦」同時亦是是《易經》中首個出現的難卦，喻意在創始階段出現的種種障礙，正所謂「萬事起頭難」。

C.H.O.I.C.E. 在2002年8月成立，由兩個有心人創辦，是金錢、人力，以致各種資源都缺乏的。當中難得有總幹事何碧玉由始至終一直堅持、努力不懈，也有很多人士的熱心幫忙，C.H.O.I.C.E.才能一步一步的走到今日。但是因為熬過來了，回顧昔日的缺乏，無忘初衷，又成了我們今日的動力。

(二) 坎卦：險中有險

「坎卦」在《易經》中，上下卦皆由「水」組成，因為「水」寓意凶險，所以「坎卦」便是「險中有險，危機四伏」的卦象。

但是這個「險」字，倒令我聯想起公共衛生的「風險」概念。愛滋病預防中項目中有所謂高危社群，卻正是C.H.O.I.C.E.一直事奉的對象。

C.H.O.I.C.E. 的開始成立，便是一直專注高危社群的愛滋病預防的；從成立時我們專注的性工作者事工，一直發展到男男性接觸者、濫藥、網上隱蔽而有高危行為人士，以至年輕性病感染者等，C.H.O.I.C.E.一直追尋「險中之險」的對象，並且因應這些的群體不同的需要，發展了一個又一個嶄新的項目。回首看來，每個艱難，都是機構成長的契機，也因此一步步把服務推廣到更多高風險的人士。

(三) 困卦：乾涸無水

「困卦」的卦象是上「澤」下「水」，所以「澤中無水」，可以想像為一個乾涸的湖泊，是資源缺乏的意象。

在香港，NGO資源缺乏可謂是常態，大概是不需多解釋的。針對愛滋病的項目，可幸有「愛滋病信託基金」；而因應服務對象濫藥的情況，我們近年也發展了不少禁毒項目，因而得到「禁毒基金」的資助。我們亦獲「蘋果日報慈善基金」支持婦女精神健康活動。此外，C.H.O.I.C.E. 一直還是要感激很多熱心捐獻者，使我們可以健康的營運下去。

在2015年C.H.O.I.C.E.開始了一個全新概念，創立「珍珠社企」，是我們首次以社企的形式，以朋輩的手工藝，經C.H.O.I.C.E.已有的渠道作銷售；期待在不同的層面，讓更多人士明白C.H.O.I.C.E.的使命和工作。這也可算是一個好開始。

(四) 蹇卦：身心疲累

「蹇卦」的卦象是，上卦是「水」，代表凶險，下卦是「山」，代表障礙。所以意喻行人在凶險及障礙中，疲憊不堪。

C.H.O.I.C.E.的經營現正步入第十四個年頭，在資源捉襟見肘，竭心盡力的員工及義工，都難免有身心疲累的時候。

但是這個疲累的卦，卻有契機在其中。

在「蹇卦」的卦辭及爻辭中，有幾個特別的詞語，譬如：「利見大人」、「往蹇，來連」、及「大蹇，朋來」等，均提及了各種外來因素及朋友的幫助；似乎在山窮水盡、身心俱疲的時候，往往有賢人義士拔刀相助，是化解困難的轉機。

其實在項目發展的範疇，C.H.O.I.C.E. 承蒙很多好朋友的協助，亦有不少成功的合作項目。在2015年，我們首次推行了「丙型肝炎血液檢測」服務，為男男性接觸者提供免費的丙型肝炎檢查。這次活動便是由衛生署紅絲帶中心贊助，並與瑪嘉烈醫院合作的。讓C.H.O.I.C.E. 在服務對象之餘，亦為香港的流行病學研究作出一點貢獻。

踏進2016年，C.H.O.I.C.E.的合作項目將更多姿多彩。其中我們籌備經年的學術會議，將在11月舉行，屆時將有國際學者及國內外愛滋病專家，並香港的預防及治療專家鼎力支持。會議亦會邀請本港及廣東省一些愛滋病預防及治療的團體免費參加，期望可以建立一個愛滋病預防的討論及學習平台，都是令人期待的。

以上，用「四大難卦」拉雜的談了C.H.O.I.C.E. 的起始和發展。總括的談這個「難」字：其實公共衛生的項目，總是向「難」度挑戰的。一般是越「難」接觸的人群 (hard - to - reach population)，便有越多未滿足的需要 (unmet needs)，卻會成為越有果效 (impact) 的項目。C.H.O.I.C.E. 一向是「志不求易，事不避難」的機構，「無忘初衷」，會繼續與更多同行者，「迎難而上」，向前邁進。

組織架構 Organisational Structure

董事 Directors



秘書 Secretary
何文勝博士
Dr. HO Man Sing



主席 Chairperson
尹慧兒醫生
Dr. WAN Wai Yee



財務 Treasurer
甘啟文教授
Prof. KAM Kai Man Joseph

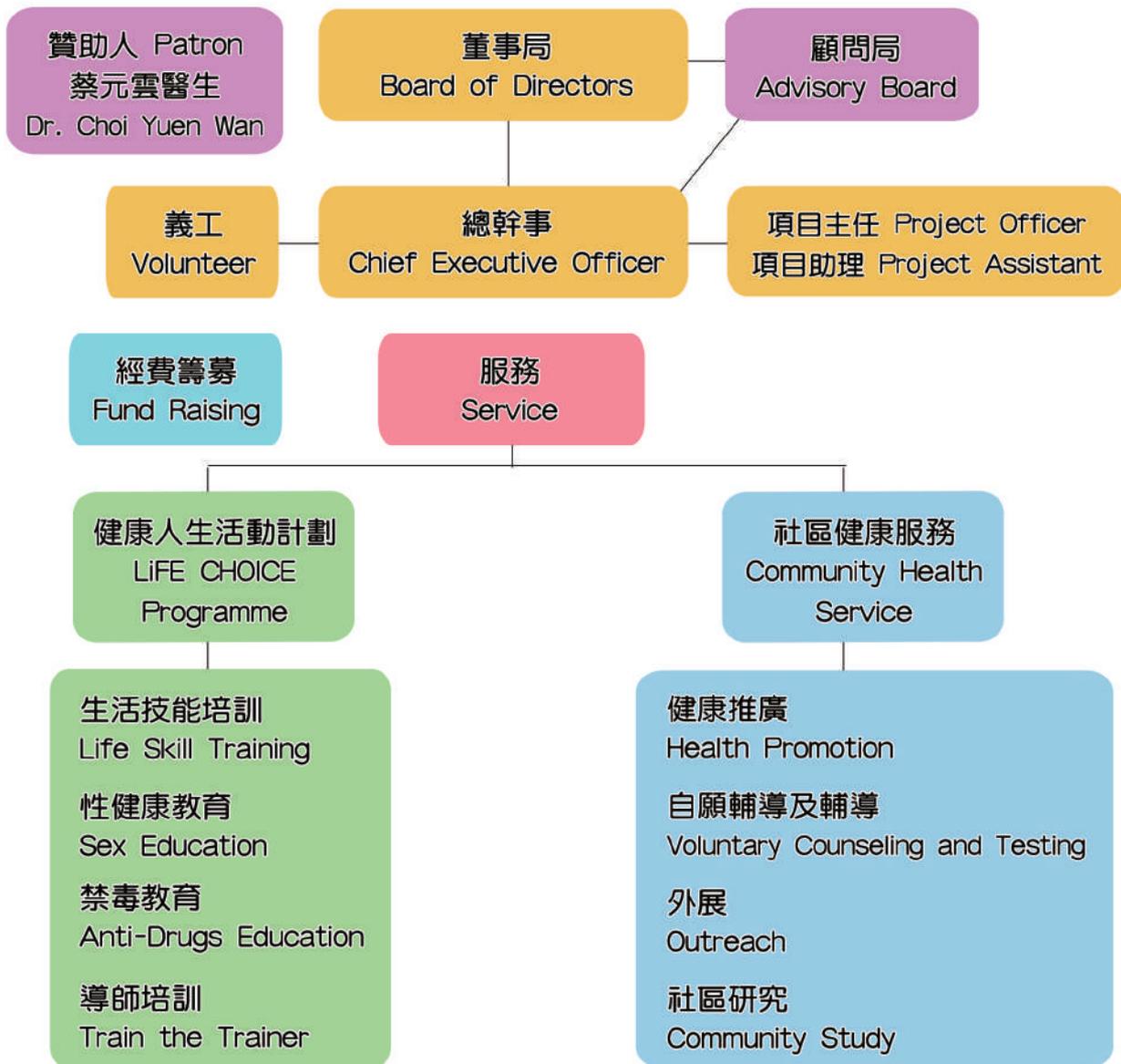


湯德輝先生
Mr. TONG Tak Fai



吳錦祥醫生
Dr. NG Kam-cheung Stephen

組織圖 Organisational Chart



創辦人	何碧玉女士 譚美儀女士	Cofounders	Ms. Ho Pik Yuk, Shara Ms. Tammy Gautier
贊助人	蔡元雲醫生	Patron	Dr. Choi Yuen Wan
董事局	尹慧兒醫生 (主席) 何文勝博士 (秘書) 甘啟文教授 (財務) 湯德輝先生 吳錦祥醫生	Board of Directors	Dr. Wan Wai Yee (Chairperson) Dr. Ho Man Sing (Secretary) Prof. Kam Kai Man Joseph (Treasurer) Mr. Tong Tak Fai Dr. Ng Kam Cheung, Stephen
顧問局	何景文醫生 劉德輝教授	Advisory Board	Dr. Ho King Man Prof. Lau Tak Fai, Joseph
義務核數師	廖建平會計師事務所	Hon. Auditor	Alcott Liu CPA Limited
義務律師	馬致聰先生	Hon. Lawyer	Mr. Ma Chi Chung Ronald
其他	職員及義工	Others	Staff and Volunteers

背景 Background

再思社區健康組織 (簡稱「再思」) 成立於2002年8月，是專注推廣疾病預防的非政府社會服務機構。本會堅信任何的人生階段，都可以有選擇，生命也可改變的，故機構的英文定名為「C.H.O.I.C.E.」，中文名為「再思」。我們一直致力推廣「促進健康、預防疾病」的訊息，鼓勵公眾加強對健康生活的認識，從而養成良好生活模式，建立健康社區。成立至今，因應社會的需要，不斷改進服務的內涵和對象，由初期主要為高危社群提供服務，擴展到青年群組及公眾。

現時本會為香港愛滋病服務機構聯盟的會員。另外，總幹事何碧玉女士獲香港愛滋病顧問局委任為委員之一，就有關香港預防、治理及控制愛滋病病毒感染及愛滋病的政策向政府提供意見及受愛滋病病毒感染/患愛滋病的人士提供服務方面的意見。

The Community Health Organisation for Intervention, Care and Empowerment (C.H.O.I.C.E.) was established in August 2002. It is a non-governmental social service organisation which focuses on promoting disease prevention and health promotion. The name "C.H.O.I.C.E." comes from our conviction that there are choices in every stage of life, and that life can be changed and made better. We are dedicated to promoting health and disease prevention and enhancing public awareness towards healthy living and lifestyle for the good of the community in Hong Kong. Since the establishment of C.H.O.I.C.E., we have been improving our services in response to the changing social needs. We have extended our services from vulnerable groups identified as high risk communities to teenage groups and the public.

Currently, C.H.O.I.C.E. is a member of the Hong Kong Coalition of AIDS Service Organizations (HKCASO). Our Chief Executive Officer, Ms. Shara Ho, has been appointed as one of the committee members for the Hong Kong Advisory Council on AIDS (ACA) and offers advice to the Hong Kong Government and HIV-infected people in relation to the prevention, care and control of HIV and AIDS policy formulation.

使命 Our Mission

本會致力推廣社區關懷、將健康訊息遍佈社區及建立正向人生態度。我們鼓勵服務使用者發揮自助互助的精神，透過社群參與及義務工作，從而建立一個關愛包容的社會。

We strive to promote care, healthy lifestyle and positive attitude in the community. Through community engagements and volunteer works, we empower our service users to build a mutually supportive and caring society.

再思之旅 Milestones

年度 Year	
2002	<p>再思成立，為一所由義工主導的非牟利慈善機構，並展開性服務業的外展服務。</p> <p>C.H.O.I.C.E. established as a charitable non-governmental, volunteer-based organisation on 14th Aug 2002, and started reaching out to the local sex industry to provide outreach services.</p>
2003	<p>再思為本港首間為性工作者及其顧客提供梅毒及愛滋病病毒抗體快速測試服務的非牟利機構。</p> <p>C.H.O.I.C.E. became the FIRST Hong Kong-based organization to provide RAPID Syphilis and HIV antibody test for sex workers and their clients.</p>
2004	<p>與香港中文大學合辦「香港女性性工作者及其顧客生理健康及行為研究」。</p> <p>與衛生署紅絲帶中心合辦外展活動-「驕陽計劃」。</p> <p>Conducted a community study on female sex workers and their clients' physical health and behaviors in collaboration with the Chinese University of Hong Kong.</p> <p>Launched an outreach project called Project Sunny with the Red Ribbon Centre, Department of Health.</p>
2005	<p>關注青少年跨境濫用藥物問題，開展邊境外展服務。</p> <p>C.H.O.I.C.E. concerned about the problem of Cross-boundary Substance Abuse for Youth, and started offshore outreach.</p>
2006	<p>開展首個為年青男男性接觸人士社群而設的策略性網上干預服務。</p> <p>在香港愛滋病顧問局推動下，再思成為「性工作者及其顧客群組」的評估及政策策劃召集人。</p> <p>Launched the FIRST strategic internet intervention programme for the young men who have sex with men (MSM) community.</p> <p>C.H.O.I.C.E. became the convener to plan and evaluate the policies catering for sex workers and their clients propelled by Advisory Council on AIDS, HK.</p>
2007	<p>與香港中文大學合作，為懷疑感染或已感染性病的婦女開展輔導干預計劃。</p> <p>Launched a counseling programme with the Chinese University of Hong Kong for females who were (or suspected to be) infected with STIs.</p>



年度 Year	
2008	<p>擴展性病及愛滋病病毒抗體測試服務予男男性接觸人士。</p> <p>Started providing voluntary STI/ HIV testing and counseling service for the MSM community.</p>
2009	<p>擴展健康促進計劃至大眾。與香港大學持續進修學院及香港戒毒會合辦「到校教師培訓課程」，增強教師有關禁毒的知識。</p> <p>Health promotion and education were further spread among public. Launched an anti-drugs training programme for teachers in collaboration with the HKUSPACE and the SARDA to empower teachers on knowledge of drug abuse.</p>
2010	<p>開展為青少年、家長及教師而設的「健康人生活動」計劃。</p> <p>Began "LiFE CHOICE programme" which is offered for the well being of youth, their parents and teachers.</p>
2011	<p>舉行世界愛滋病日活動 — 「仁心妙韻」粵曲演唱會，向長者傳遞預防訊息。</p> <p>Conducted a Cantonese Opera on the World AIDS Day to deliver HIV prevention information to elderly.</p>
2012	<p>「姊妹關懷行動」榮獲蘋果日報慈善基金頒發「出色服務獎」。</p> <p>"SHE Project" has awarded "The Outstanding Service" by the Apple Daily Charitable Foundation.</p>
2013	<p>開設「DIY夢工場」，鼓勵婦女可有新的工作技能。</p> <p>Began "DIY Handicrafts Workshop" to equip women with new life skills.</p>
2014	<p>開展「男同志綜合禁毒服務計劃」，為男同志提供連貫性的預防濫藥服務。</p> <p>Launched an "Integrated Anti-drug Service Scheme for Gay population" to provide a series of coherent anti-drug services.</p>
2015	<p>創立名為「珍珠社企」的社會企業，邀請服務使用者製作不同的手工藝品及首飾</p> <p>Launched a social enterprise, the "Pearl Project", to engage service users in making different handicrafts and accessories</p>

再思服務 Community Service

再思健康社區組織一直致力推行性病/愛滋病的工作、推廣性健康及支援弱勢社群，還以「促進健康·全人發展」為主題，培育年青新一代。在2015年，我們實行了多項公共健康計劃，包括「愛之平台—高危行為干預、測試及跟進」、「健康人生活動計劃」、「男同志綜合禁毒服務計劃」、「姊妹關懷行動」等，服務對象涵蓋不同社群。

C.H.O.I.C.E. not only aims at providing a spectrum of sexually transmitted infections (STIs) / Human Immunodeficiency Virus (HIV) prevention services, sexual health promotion and supporting services catered for different vulnerable groups, but also aims at rendering life skill training to children and youth in accordance with the main theme of "health promotion and holistic development". Various community projects have been implemented in 2015 for different members in the community, including "A Platform for HIV/AIDS Prevention, Test and Support", "LiFE CHOICE Programme", "Integrated Anti-drug Service Scheme for Gay Population" and "SHE Project", alongside other projects.



「愛」之平台—高危行為干預、測試及跟進服務

A Platform for HIV/AIDS Prevention, Test and Support

由愛滋病信託基金委員會贊助，本會為高危社群提供性病/愛滋病預防及支援服務，包括外展、快速測試及輔導等。另外，我們亦舉行公眾教育活動，提高社區預防疾病的意識。

This programme is sponsored by the Council for the AIDS Trust Fund. C.H.O.I.C.E. provides STIs/HIV prevention, testing and follow-up services for the high-risk communities. Services include outreach sessions, voluntary testing, counseling...etc. In addition, we also launch publicity campaigns to raise the public's awareness towards disease prevention.

快速測試及輔導

自2003年起，本會為有需要人士提供免費、匿名、保密的自願性輔導及測試服務，包括：愛滋病病毒和梅毒的快速檢測，讓接受測試者了解自己的身體狀況，並得到相關的健康資訊，及早接受治療或預防。在2015年，我們提供了近1500次愛滋病病毒及梅毒抗體測試。

Rapid Testing and Counseling

Since 2003, C.H.O.I.C.E. has been providing free and anonymous counseling and testing services, which include HIV antibody test and Syphilis antibody test. We aim to allow high-risk communities to be aware of their health status, provide them with healthcare information, and prepare them for early follow-up treatment and/or prevention. In 2015, we conducted 1500 HIV and Syphilis antibody tests.

外展服務

自2002年起，本會已提供逾十年的外展服務，包括專為高危社群而設的社區外展及網上外展。

目標為：

- 1) 增加對預防性病/愛滋病的正確知識
- 2) 糾正對性病/愛滋病病毒感染的錯誤認知
- 3) 鼓勵定期接受性病/愛滋病病毒抗體測試和避免自行用藥

Outreach Service

Since its establishment in 2002, C.H.O.I.C.E. has been providing outreach services for more than 10 years, including Community Outreach and Internet Outreach for the high-risk communities.

Objectives:

1. Educate them about STIs / HIV prevention
2. Correct their misunderstandings on STIs / HIV infection
3. Encourage them to undergo STIs / HIV screening tests regularly and avoid self-medication

社區外展

本會定期到訪服務使用者聚集的地方，主動向他們宣傳預防疾病的健康訊息、免費派發安全套及潤滑劑，並提供性病快速測試及輔導。

在2015年，我們展開了240多次的外展服務，接觸人數約5萬人次，並派發了約14萬個安全套、4萬個潤滑劑及5萬張宣傳品。

網上外展

本會提供網上支援服務，為網絡使用者解答對性病的疑問，並提供輔導，以紓緩他們的不安和焦慮情緒。同時，我們在網絡社交平台設置專頁，不時張貼與愛滋病/性病及其他健康議題的相關文章，為網絡使用者提供多元化的健康資訊。

另外，因應各種智能手機社交應用程式的盛行，我們將網上外展服務延伸至智能手機的交友應用程式，利用各種流行的社交平台及交友應用程式，向手機用戶傳遞性健康、性病的資訊，鼓勵他們實踐安全性行為，減少高風險行為。

在2015年，我們展開了300多次的網上外展服務，接觸人次約為14萬。



Community Outreach

C.H.O.I.C.E. makes regular visits to identified assembling places of our target service users to promote disease prevention, deliver healthcare information, distribute free condoms and lubricants and provide point of care HIV and Syphilis testing and counseling.

In 2015, we conducted more than 240 outreach sessions, engaging more than 50,000 individuals and distributed around 140,000 condoms, 40,000 packs of lubricants and 50,000 sets of promotional collateral.

Internet Outreach

C.H.O.I.C.E. provides online support service by answering enquires about STIs/HIV and providing them with counseling service to alleviate their stress and anxiety.

In the meantime, we have set up a page on social networking platform, posting not only STIs/HIV-related articles but also other health issues' discussions from time to time so as to provide diverse healthcare information for Internet users.

In addition, following the proliferation of social networking application on mobile devices, we make use of different popular networking platforms and mobile apps to provide smartphone users with sexual health and STIs' information, and encourage them to practise safe sex and reduce risky behaviours.

In 2015, we conducted over 300 Internet outreach sessions, reaching more than 140,000 people.

「索。FreeDom」 手機應用程式



為鼓勵大眾實行安全性行為，本會推出「索FreeDom」iPhone手機應用程式。手機用戶可以透過該應用程式索取免費安全套，我們會以郵寄方式寄出安全套。

彩虹日

每個星期六為本會的「彩虹日」。當天會開放予男同志使用，為他們提供一個暢所欲言的交流平台。另外，我們亦會定期舉行不同類型的活動，如桌上遊戲大賽、戶外活動、節日慶祝派對等。我們希望透過一系列遊戲活動及經歷分享，加強男同志之間的交流，藉以推廣健康生活訊息，並協助他們提升自我形象。



“FreeDom” Mobile Application

C.H.O.I.C.E. has launched an iPhone mobile application “FreeDom” to encourage safer sex practice. Mobile application users could request for free condoms through the application and we will send them condoms via mail.

Rainbow Day Activities

Every Saturday is designated as the “Rainbow Day”, on which C.H.O.I.C.E. centre is open for the gay population. It provides a platform for them to interact and establish rapport with each other. We organise different activities regularly, for example, board game contests, outdoor activities, festival celebrations...etc. Through a series of games and experience sharing, we aim to enhance the interactions between them, promote healthy living and help them build up confidence and self-esteem.

丙型肝炎血液檢測



由衛生署紅絲帶中心贊助，本會與瑪嘉烈醫院合作，為男男性接觸者提供免費的丙型肝炎檢查，讓他們了解自己的健康狀況，並增加對丙型肝炎的認識，提早作出預防。此項檢測亦能讓我們評估香港男男性接觸者感染丙型肝炎的情況。

是次篩查檢測，於2015年9月完結。我們提供了435多次丙型肝炎測試，測試者的年齡中位數為25至29歲，1名測試者呈陽性反應，感染率為百分之0.23。

互助小組



本會提供的快速測試及輔導服務中，察覺到愛滋病毒感染者愈趨年輕。當面對感染時，心裡可能出現不少壓力和不安的情緒而作出負向行為。有見及此，本會開設了「互助小組」，為新感染者、受情緒困擾或用藥出現困難的感染者提供社區支援服務。我們提供個案輔導，目的是協助他們正面地處理情緒和壓力及適應定時服藥的習慣及藥物的不良反應。另外，本會於每月舉辦一次互助小組活動，讓他們於朋輩間互相支持，實踐健康生活。

HCV Blood Test

Sponsored by the Department of Health Red Ribbon Centre and conducted in collaboration with Princess Margaret Hospital, C.H.O.I.C.E. has been providing free HCV test for the MSM population. It allows them to understand their health status and enhances their awareness of HCV infection for early prevention. This programme also allows us to evaluate the situation of HCV infection within the MSM population in Hong Kong.

We conducted 435 HCV tests by end of September 2015 (with a median age of 25-29 years), within which 1 respondent was screened HCV positive, corresponding to a prevalence rate of 0.23%.

POZ Group

From our rapid test and counseling services, we have noticed that HIV-infected individuals are getting younger and younger. When faced with HIV infection, they may have tremendous pressure and anxiety, leading to negative emotions and behaviours. In view of it, we have established the POZ group for the newly infected, the baffled and those who have difficulty in adapting to the medication. Through community support service and case counseling, we aim to help them handle emotional problems and stress, adapt to the regular use of medicine and overcome the adverse body responses stemming from the medication. In addition, there will be monthly POZ group activities that cultivate mutual support between peers and put healthy living into practice.

公眾宣傳活動



Publicity Campaigns



為提高公眾對愛滋病的認識，本會舉行一系列的公眾宣傳活動。本會於旺角行人專用區、大專院校等設置街站，派發安全套和教育單張，並向青少年及公眾人士年宣傳與愛滋病相關的資訊，如傳播途徑、預防及香港的感染情況等。

此外，本會獲衛生署紅絲帶中心贊助，製作了一輯名為「愛·同行」的愛滋病教育短片。片段上載至多個網上平台，點擊量及觀看人次超過6000人次。同時，短片也製作成光碟，供各中學及教育機構免費索取。

To enhance the public's awareness towards HIV/AIDS, we have launched a series of publicity programme. We set up a stall in public areas like Mongkok Pedestrian Zone, and local universities to distribute condoms and educational collaterals to the public and youngsters, educating them about HIV-related information, including but not limited to routes of transmission, prevention and infection rate in Hong Kong.

In addition, with the sponsorship from the Red Ribbon Centre, Department of Health, we produced an educational video "Walk with Love" in relation to HIV transmission, which was uploaded to the internet and recorded a view rate of about 6,000. The video was compiled into a DVD for distribution in secondary schools.



短片網上截圖
Screen Capture
from the Internet

宣傳刊物

本會定期製作及派發不同的宣傳刊物，以增加各社群對性健康、性傳染疾病的認識，並提高他們預防疾病的意識。在2015年，我們派發了5萬宣傳刊物。



Promotional Collaterals

C.H.O.I.C.E. promotes sexual health and offers information on STIs through distributing various promotional collaterals, including leaflets, booklets, posters, stickers, cards...etc. In 2015, we distributed more than 50,000 sets of promotional materials. We hope to enhance mass awareness of infection prevention in the long term.

香港愛滋病建議策略起草工作之社區持份者諮詢 2015 Community Stakeholders' Consultation Meeting 2015

香港愛滋病建議策略起草工作之社區持份者諮詢是由香港愛滋病顧問局舉辦，為香港愛滋病策略起草工作的重要基石。



為響應此諮詢會，以協助顧問局制定2017-2021的5年政策方針，本會職員於諮詢會擔任小組主持，帶領小組討論。同時，我們亦邀請了20名服務使用者，參與諮詢會的討論和表達他們對未來愛滋病政策制訂的意見。本會亦以機構身份，就本港未來愛滋病的政策方針發表意見，促進更全面的策略諮詢。

The Community Stakeholders' Consultation Meeting organised by the Hong Kong Advisory Council on AIDS has been the cornerstone for the strategic planning of HIV/AIDS policies in Hong Kong.

In response to the Community Stakeholders' Consultation Meeting 2015 whereby new recommended HIV/AIDS strategies for the 5-year period of 2017-2021 are discussed, our staff members served as table hosts and facilitators to lead discussions at the consultation meetings. We also invited 20 service users to be volunteer participants at the consultation meetings to discuss and express their views. C.H.O.I.C.E. as an organisation, also tendered opinions on different proposed HIV/AIDS policies in Hong Kong to facilitate a more comprehensive consultation process.

男同志綜合禁毒服務計劃

Integrated Anti-drug Service Scheme for Gay Population

本會在禁毒基金會贊助下，於2014年6月新設為期三年的「男同志綜合禁毒服務計劃」，為男同志提供連貫性的禁毒服務，由預防教育、提供戒毒輔導、培訓朋輩輔導員至舉辦治療小組。

Sponsored by the Beat Drugs Fund, in June 2014, C.H.O.I.C.E. established the 3-year Integrated Anti-drug Service Scheme for Gay Population, which continues throughout 2015. We provide the gay population with a series of coherent services, ranging from preventative education, anti-drug counseling and peer counselor training to intervention groups.

計劃內容 Content of the scheme :

焦點小組 Focus Group :

與曾濫藥的男同志探討本港男同志社群吸食毒品的現況，以及與高危行為之關係
Explore the relationship between drug-taking and high-risk behaviours

戒毒輔導 Anti-Drug Counseling :

本會以認知行為治療及動機晤談為藍本。在2015年，本會為200多名男同志提供適切的戒毒輔導
In 2015, we provided Cognitive Behavioural Therapy and Motivation Interviewing skill to more than 200 drug abusers who are determined to quit drugs or/and reinforce their anti-drug motivation

戒毒預防教育 Anti-Drug Education :

在2015年，本會進行了30多次的社區外展，及140多次的網上外展，以宣傳禁毒及健康生活資訊
In 2015, we conducted more than 30 community outreaches and more than 140 online outreaches in an effort to promote anti-drug messages and healthy living

禁毒宣傳刊物 Anti-Drug Collaterals :

在2015年，本會出版了2期“S.D.U.” 禁毒小冊子及其他刊物，宣傳健康資訊
In 2015, we published 2 issues of “S.D.U.”, an anti-drug and healthy living promotion booklet, alongside other promotional collaterals which are catered for the gay population



CJUB手機應用程式 “CJUB” Mobile App :

本會開設了一個為男同志而設的禁毒資訊性手機應用程式。自2015年2月開放供公眾下載，下載次數至年底已超過1000次
Mobile app specially designed to provide anti-drug information for the gay population. From its launch in February 2015 till the end of 2015, “CJUB” has already been downloaded for more than 1000 times



姊妹關懷行動

SHE Project

再思通訊

本會定期每兩個月出版「再思通訊」，為女性性工作者提供多元化的健康資訊，內容包括：性病和愛滋病、精神健康、婦女健康、親子關係管理等。

情緒支援服務

部分性工作者表示因照顧家庭、管教子女、親子關係等各種問題而產生不少壓力及情緒困擾，難以紓緩。因此，本會為有家庭及親子壓力的性工作者提供支援，協助她們紓緩情緒壓力，並尋找解決方法。

「創不同」活動

再思定期為女性性工作者舉辦不同的活動，如：「再思健康月」，透過婦女健康講座、性健康檢查、運動及防身術等，鼓勵她們多加關注個人健康。另外，我們也舉辦了冰粽製作、化妝班等休閒活動，藉此讓她們紓緩壓力。



C.H.O.I.C.E. Newsletter

C.H.O.I.C.E. publishes the bimonthly "C.H.O.I.C.E. Newsletter" to provide female sex workers with more diverse healthcare information, which includes STIs/HIV, mental health, women's health and parent-child relationship management.

Emotion Support Service

Some of the female sex workers suffer from tremendous pressure and emotional distress arising from their family and children. In view of it, we provide support for female sex workers who have family and children by assisting them to relieve their pressure and helping them search for appropriate solutions.

"Make a Difference" Activities

C.H.O.I.C.E. organises activities for female sex workers on a regular basis to encourage them to be more concerned with their health. For example, we organised the "C.H.O.I.C.E. Health Month", an initiative that shares healthcare information with female sex workers through women health talks, sexual health check-ups and exercise, and teaches them self-defense skills. In addition, we organised other activities to help female sex workers alleviate their stress, such as the "DIY Snowy Dumpling Workshop" and "Make up Tutorial Workshop".

健康人生活動計劃

LiFE CHOICE Programme

「健康人生活動」計劃主要為青少年、家長及教師而設，以提升青少年的生活技能為本。透過各種在社群推廣健康的活動，培養正向生活。

The LiFE CHOICE Programme is mainly for teenagers, parents and teachers. It aims at enhancing teenagers' life skills to lead a positive and fruitful life through a number of social health promotion campaigns.

性健康教育工作坊

本會獲得紅絲帶中心贊助，舉辦「性健康教育工作坊」，為高小至高中學生提供性健康的預防教育，以提升學生的性健康知識及自我保護意識。工作坊除了講解有關愛滋病知識外，也包括性病知識、預防方法，以及毒品禍害等。

Sex Education Workshops

Sponsored by the Red Ribbon Centre, we organise sex education workshops for senior primary to senior secondary school students to provide them with preventative education and raise their sex knowledge and awareness for self-protection. The workshops also talk about STIs / HIV knowledge, ways of prevention and the adverse consequences of drug abuse.

服務研習計劃

本會與多間大專院校合作，推行「服務研習」計劃，為大專生提供前線的實習體驗，讓他們走出校園，活用所學，親身了解社會現象，並以行動回應社會弱勢社群的需要。

Service Learning Programme

In collaboration with a number of local tertiary institutions, we have launched the "Service Learning Programme" to provide tertiary students frontline experiential learning, which allows them to explore social phenomena outside school, to apply what they have learnt in class and to respond to the needs of the socially disadvantaged.



其他服務 Other Services

珍珠社企

本會於2015年11月創立了一個讓服務使用者展現自我的平台—「珍珠社企」。「珍珠社企」邀請服務使用者參與及製作不同的手工藝品及珍珠首飾，讓他們有機會發掘新興趣及發展新的工藝技能。



Pearl Project

C.H.O.I.C.E created a platform for its service users to showcase their talents. In November 2015, we launched the “Pearl Project”, a social enterprise that engages the service users to make different handicrafts and pearl accessories. Engaged in the Pearl Project, they also had the opportunity to explore their interests and to develop craft skills.

導師培訓計劃

本會多次舉辦導師培訓工作坊，向本地教師、社工及其他社會服務工作者提供培訓，主要講解性病、愛滋病和毒品的知識、相關個案的輔導技巧和理論，及分享前線服務的經驗。



Train the Trainer Programme

C.H.O.I.C.E. organises training workshops to teachers, social workers and other social service providers, mainly introducing them STIs, HIV/AIDS, drug knowledge, relevant case counseling theories and skills and frontline service experience sharing.



義工訓練計劃

本會定期舉辦義工訓練工作坊，招募及培訓新義工，為他們提供不同的社區體驗，豐富他們的生活經驗，並培養正向的人生價值觀。

Volunteer Training Programme

C.H.O.I.C.E. organises “Volunteer Training Workshops” regularly to recruit and train new volunteers, provide them with different community experiences, enrich their lives and cultivate their positive life attitudes.

與本地及外地機構分享交流

本會一直與本港及外地的組織有緊密的聯繫及交流，除了參與香港愛滋病服務機構的定期交流會外，也透過「獅子會紅絲帶學人計劃」，與內地的愛滋病預防工作者進行交流。此外，我們參與本港少數族裔的節日聚會，如泰國新年慶祝活動及印尼女性聚會等，讓本港的南亞裔婦女進一步了解性病及愛滋病，同時宣傳安全性行為等健康訊息，提高她們的預防意識。



DIY夢工場

本會舉辦「DIY夢工場」，透過與本地及小數族裔的婦女進行手工藝、飾物製作，鼓勵她們將作品送給至愛的子女、家人以表達愛意，從而促進親子及家庭關係。

新城電台訪問

為響應世界愛滋病日，本會及2名服務使用者，於2015年11月獲邀到新城電台節目「新香蕉俱樂部」接受訪問，講述他們在感染愛滋病病毒前後的個人經歷，分享他們在感染後如何處理與家人的關係及繼續生活，以及宣傳安全性行為及及早進行性病檢測的重要性。

Local and Overseas Exchange

C.H.O.I.C.E. has been maintaining close relationships with local and overseas organisations in HIV prevention. We are one of the members of the Hong Kong Coalition of AIDS Service Organizations. Through the "Lions Red Ribbon Fellowship Scheme", we exchanged knowledge with HIV prevention specialists in mainland China. We also participated in ethnic minorities' festivals, such as the Thai New Year celebration and Indonesian Women gathering. We hope to equip South Asian women with STIs / HIV prevention knowledge, enhancing their awareness towards STIs/HIV and to promote the importance of safe sex practice.

DIY Handicrafts Workshop

A series of "DIY Handicrafts Workshops" aims to encourage local and ethnic minority women to make accessories by themselves and give these DIY accessories to their beloved children or family, so as to improve their relationship.

Metro Radio Interview

In response to the World AIDS Day, our organisation along with 2 service users were invited to a radio interview at the programme "New Banana Club" in November 2015 to share their personal stories before and after HIV infection, how they manage their family relationship after infection and how they live with HIV, and to promote the importance of safe sex and early STI screening.

服務使用者留言

Messages from Service Users

實習學生 Shirley

跟著再思一起進行社區外展及推廣性健康，讓我覺得自己做了正確的事，亦讓我感受到弱勢社群的辛苦。希望日後到醫院實習時，可以做到對病人少一些假設，而是真心幫助他們，也做到主動關心的角色。

實習學生 Cindy

跟著再思到各區進行外展，更在鬧市、大學裡擺過街站，讓我發現，即使現在教育普及，資訊流動，仍然有許多人對性病 / 愛滋病沒有很多認識，甚至有很大錯誤的知識。我覺得再思的性病快速測試服務很好，不記名而且很快就可以知道結果，但可以多利用不同的方式，加強對公眾的宣傳和教育。

義工 阿邦

參與再思的義工訓練計劃，除了讓我學習到性病 / 愛滋病的知識外，參與外展工作，讓我學習到與不同群組人士的溝通技巧和態度，更讓我知道性工作者不為人知的一面，如：態度友善、顧家等，打破了我過去對她們的定型及想法。

服務使用者 M.U.T

等待渡過空窗期的日子真的很難捱，每天都擔心自己會不會中招，身體又總是有各種小異樣，我的擔心、驚恐我又不敢跟身邊的親友說，更怕他們知道。好彩有再思的輔導員這段時間的陪伴，不厭其煩地在App上回答我的問題、聽我訴苦，又經常提醒我盡量放鬆心情。謝謝！

服務使用者 AI

由細到大都知道毒品真的好差好危險，但一次好奇心接觸到毒品後，真的整個人的狀態都每況愈下，經常沒精神，有幻覺又暴躁。參加戒毒小組後，真的讓我知道毒品到底有多壞，也讓我想要有一個有目標的人生，更堅定要遠離毒品，不可一不可再！



**Summary
Financial Report**

財務撮要

**COMMUNITY HEALTH ORGANISATION FOR INTERVENTION, CARE
AND EMPOWERMENT LIMITED**

再思社區健康組織有限公司

(Incorporated in Hong Kong and limited by guarantee)

STATEMENT OF INCOME AND EXPENDITURE AND OTHER COMPREHENSIVE INCOME

YEAR ENDED 31 DECEMBER 2015

	2015 HK\$	2014 HK\$
INCOME		
Donation income	97,185	266,243
Charity sales	23,700	34,300
Bank interest income	1,185	11,204
Sundry income	276,010	44,504
	398,080	356,251
PROJECT GRANTS	4,952,311	384,620
PROJECT EXPENDITURES	(2,302,512)	(1,754,087)
	2,649,799	(1,369,467)
	3,047,879	(1,013,216)
ADMINISTRATIVE EXPENDITURES		
Activity service fee	1,500	31,777
Bank charges	1,200	1,770
Bank overdraft interest	-	2
Building management fee	29,500	24,000
Center activities	1,681	26,856
Electricity	7,150	6,673
Exchange loss	20,642	14,671
Insurance	6,619	6,762
Lab test and accessories	89,241	-
Printing, postage and stationery	6,294	23,531
Rent	89,500	129,300
Sundry expenses	18,304	35,116
Volunteer allowance	37,300	17,510
	(308,931)	(317,968)
SURPLUS / (DEFICIT) FOR THE YEAR	2,738,948	(1,331,184)
OTHER COMPREHENSIVE INCOME	-	-
TOTAL COMPREHENSIVE INCOME / (LOSS) FOR THE YEAR	2,738,948	(1,331,184)

**COMMUNITY HEALTH ORGANISATION FOR INTERVENTION, CARE
AND EMPOWERMENT LIMITED**

再思社區健康組織有限公司

(Incorporated in Hong Kong and limited by guarantee)

STATEMENT OF FINANCIAL POSITION

AS AT 31 DECEMBER 2015

	2015 HK\$	2014 HK\$
CURRENT ASSETS		
Rental and other deposits	31,900	29,900
Cash and bank balances	3,264,173	778,435
	3,296,073	808,335
CURRENT LIABILITIES		
Accruals and other payables	(44,335)	(295,545)
NET ASSETS	<u>3,251,738</u>	<u>512,790</u>
RESERVES		
Accumulated funds	<u>3,251,738</u>	<u>512,790</u>

Approved and authorised for issue by the Council on 2 September 2016

On behalf of the Council



WAN WAI YEE
CHAIRMAN



KAM KAI MAN JOSEPH
TREASURER

**COMMUNITY HEALTH ORGANISATION FOR INTERVENTION, CARE
AND EMPOWERMENT LIMITED**

再思社區健康組織有限公司

(Incorporated in Hong Kong and limited by guarantee)

STATEMENT OF CASH FLOWS

YEAR ENDED 31 DECEMBER 2015

	2015 HK\$	2014 HK\$
CASH FLOWS FROM OPERATING ACTIVITIES		
Surplus / (deficit) from operations	2,738,948	(1,331,184)
Increase in rental and other deposits	(2,000)	-
(Decrease) / increase in accruals and other payables	(251,210)	285,822
	<u>2,485,738</u>	<u>(1,045,362)</u>
Net cash generated from / (used in) operating activities	2,485,738	(1,045,362)
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR		
	<u>778,435</u>	<u>1,823,797</u>
CASH AND CASH EQUIVALENTS AT END OF YEAR		
	<u><u>3,264,173</u></u>	<u><u>778,435</u></u>
Analysis of cash and cash equivalents:		
Cash and bank balances	<u><u>3,264,173</u></u>	<u><u>778,435</u></u>



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elvitegravir 150mg/cobicistat 150mg/emtricitabine
200mg/tenofovir alafenamide 10mg tablets

POWER FOR WHAT'S AHEAD

Genvoya® Abbreviated Prescribing Information (Version: HK-OCT15-EU-OCT15) **Presentation:** Green, capsule-shaped, film-coated tablet, debossed with "GSI" on one side and "510" on the other side of tablet. immunodeficiency virus-1 (HIV-1) without any known mutations associated with resistance to the integrase inhibitor class, emtricitabine or tenofovir. **Food:** Elderly: No dose adjustment is required. **Renal impairment:** No dose adjustment is required in adults or adolescents (aged at least 12 years and of at least 35 kg body weight) with estimated creatinine clearance (CrCl) in patients with estimated CrCl < 30 mL/min. Genvoya should be discontinued in patients with estimated CrCl that declines below 30 mL/min during treatment. (Child Pugh Class B) hepatic impairment. Genvoya has not been studied in patients with severe hepatic impairment (Child Pugh Class C); therefore, Genvoya is not recommended for use in patients with severe hepatic impairment. efficacy of Genvoya in children younger than 12 years of age, or weighing < 35 kg, have not yet been established. No data are available. **contraception:** Genvoya should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. in humans. **Contraindications:** Hypersensitivity to the active substances or to any of the excipients; Co-administration with the following medicinal products due to the potential for serious or life-threatening adverse reactions or loss of virologic response and possible resistance to Genvoya: alpha 1-adrenoreceptor antagonists: alfuzosin; antiarrhythmics: amiodarone, quinidine; anticonvulsants: carbamazepine, phenobarbital, phenytoin; antimycobacterials: rifampicin; ergot derivatives; dihydroergotamine, ergometrine, ergotamine; gastrointestinal motility agents: cisapride; herbal products: St. John's wort (Hypericum perforatum); HMG Co-A reductase inhibitors: lovastatin, simvastatin; neuroleptics: pimozide; PDE-5 inhibitors: sildenafil for the treatment of pulmonary arterial hypertension; sedatives/hypnotics: orally administered midazolam, triazolam. **Warnings and Precautions:** While effective viral suppression with antiretroviral therapy has been proven to substantially reduce risk of sexual transmission, a residual risk cannot be excluded. Precautions to prevent transmission should be taken in accordance with national guidelines. Patients co-infected with HIV and hepatitis B or C virus: Discontinuation of Genvoya therapy in patients co-infected with HIV and HBV may be associated with severe acute exacerbations. **Liver disease:** Safety and efficacy of Genvoya in patients with significant underlying liver disorders have not been established. Patients with pre-existing liver dysfunction, have an increased frequency of liver function abnormalities during combination antiretroviral therapy (CART) and should be monitored according to standard practice. Blood lipids and glucose: demonstrated in vitro and in vivo to cause a variable degree of mitochondrial damage. Any child exposed in utero to nucleoside and nucleotide analogues, even HIV negative children, should have clinical and laboratory follow up and should be fully investigated for possible mitochondrial dysfunction in case of relevant signs or symptoms. **Immune Reactivation Syndrome:** In HIV infected patients treated with CART, immune reactivation syndrome has been reported. Any inflammatory symptoms should be evaluated and treatment instituted when necessary. Autoimmune disorders (such as Graves' disease) have also been reported to occur in the setting of immune reactivation, complications of HIV infection, and therefore should remain under close clinical observation by physicians experienced in the treatment of patients with HIV associated diseases, advanced HIV disease and/or long-term exposure to CART. Patients should be advised to seek medical advice if they experience joint aches and pain, joint stiffness or difficulty in movement. exposure to low levels of tenofovir due to dosing with tenofovir alafenamide cannot be excluded. Co-administration of other medicinal products: with other antiretroviral medicinal products; Female patients of childbearing potential should use either a hormonal contraceptive containing at least 30 Qg ethinylestradiol and containing norgestimate as the progestagen or should use an alternative reliable method of contraception. The effect of co-administration with oral contraceptives containing progestagens other than norgestimate is not known and, therefore, should be avoided; Genvoya contains lactose monohydrate, patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency, or glucose-galactose malabsorption should not take Genvoya. **Adverse reactions:** Diarrhea and headache. Autoimmune disorders (such as Graves' disease) have been reported. **Drug interactions:** Products containing tenofovir disoproxil (as fumarate), lamivudine or abacavir used for the treatment of HBV infection; the components of Genvoya and the following co-administered medicinal products: Antifungals (ketoconazole/ elvitegravir, itraconazole, voriconazole, posaconazole, fluconazole); Antimycobacterials (rifabutin/elvitegravir/cobicistat), Anti-hepatitis C virus medicinal products (telaprevir/elvitegravir/cobicistat, boceprevir); Macrolide antibiotics (clarithromycin, telithromycin); Anticonvulsants (carbamazepine/elvitegravir/cobicistat); Glucocorticoids: inhaled/nasal corticosteroids (fluticasone); Antacids (magnesium/ aluminum-containing antacid suspension/elvitegravir/ritonavir); Food supplements (multivitamin supplements); Oral anti-diabetics (metformin); Oral contraceptives (norgestimate/ethinylestradiol/elvitegravir/ cobicistat); Antiarrhythmics (digoxin, disopyramide, flecainide, systemic lidocaine, mexiletine, propafenone); Anti-hypertensives (metoprolol, timolol, amlodipine, diltiazem, felodipine, nicardipine, nifedipine, verapamil); Endothelin receptor antagonists (bosentan); Anticoagulants (warfarin, dabigatran); Inhaled beta agonist (salmeterol); HMG Co-A reductase inhibitors (atorvastatin, pitavastatin, lovastatin, simvastatin); Phosphodiesterase type 5 (PDE-5) inhibitors (sildenafil, tadalafil, vardenafil) Antidepressants (tricyclic antidepressants, trazodone, selective serotonin reuptake inhibitors, escitalopram); Immunosuppressants (cyclosporin, sirolimus, tacrolimus); Sedatives/hypnotics (buspirone, clorazepate, diazepam, estazolam, flurazepam, lorazepam, triazolam, zolpidem, orally administered midazolam/tenofovir alafenamide, intravenously administered midazolam/tenofovir alafenamide); Anti-gout (colchicine).

Before prescribing, please consult full prescribing information which is available upon request.

Genvoya is a registered trademark of Gilead Sciences, Inc., or its related companies.

Reference: 1. Genvoya Prescribing Information (Version: HK-OCT15-EU-OCT15)

Further information can be provided upon request.



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HKGEN0015_V1.0 8/24/2016

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TRIUMEQ™ is indicated for the treatment of HIV-infected adults and adolescents above 12 years of age weighing at least 40 kg.

Before initiating treatment with abacavir-containing products such as TRIUMEQ™, screening for carriage of the HLA-B*5701 allele should be performed in any HIV-infected patient, irrespective of racial origin. Abacavir should not be used in patients known to carry the HLA-B*5701 allele.

TIVICAY™ is indicated in combination with other antiretroviral medicinal products for the treatment of HIV-infected adults and adolescents above 12 years of age.

The recommended dose of dolutegravir is 50mg (one tablet) twice daily for patient with resistance to integrase class (documented or clinically suspected).



Flexibility to build a tailored treatment regimen

Abbreviated prescribing information

TRIUMEQ™ Each film-coated tablet contains 50 mg dolutegravir, 600 mg of abacavir and 300 mg of lamivudine

Indication: Indicated for the treatment of HIV infected adults and adolescents above 12 years of age weighing at least 40 kg. Before initiating treatment with abacavir-containing products, screening for carriage of the HLA-B*5701 allele should be performed in any HIV-infected patient, irrespective of racial origin. Abacavir should not be used in patients known to carry the HLA-B*5701 allele. **Posology and administration:** Therapy should be prescribed by a physician experienced in the management of HIV infection. **Adults and adolescents (weighing at least 40kg):** One tablet once daily. TRIUMEQ should not be administered to adults or adolescents who weigh less than 40 kg. TRIUMEQ should not be prescribed for patients requiring dose adjustments. Separate preparations of dolutegravir, abacavir or lamivudine are available in cases where discontinuation or dose adjustment of one of the active substances is indicated. **Missed doses:** Take TRIUMEQ as soon as possible, providing the next dose is not due within 4 hours. If the next dose is due within 4 hours, the patient should not take the missed dose and simply resume the usual dosing schedule. **Elderly:** There are limited data available on the use of dolutegravir, abacavir and lamivudine in patients aged 65 years and over. **Renal impairment:** TRIUMEQ is not recommended for use in patients with a creatinine clearance < 30 mL/min. **Hepatic impairment:** A dose reduction of abacavir may be required for patients with mild hepatic impairment (Child-Pugh grade A). TRIUMEQ is not recommended in patients with moderate and severe hepatic impairment. **Paediatric population:** No data are available. **Method of administration:** Oral use. TRIUMEQ can be taken with or without food. **Contraindications:** Hypersensitivity to dolutegravir, abacavir or lamivudine or to any of the excipients. **Co-administration with didanosine:** Special warnings and precautions for use. **Transmission of HIV:** Precautions to prevent transmission should be taken in accordance with national guidelines. **Hypersensitivity reactions:** Both abacavir and dolutegravir are associated with a risk for hypersensitivity reactions (HSR). The following should always be adhered to: 1) HLA-B*5701 status must always be documented prior to initiating therapy. 2) TRIUMEQ should never be initiated in patients with a positive HLA-B*5701 status, nor in patients with a negative HLA-B*5701 status who had a suspected abacavir HSR on a previous abacavir-containing regimen. 3) TRIUMEQ must be stopped without delay if an HSR is suspected. 4) TRIUMEQ or any other medicinal product containing abacavir or dolutegravir must never be re-initiated. 5) Restarting abacavir containing products following a suspected abacavir HSR can result in a prompt return of symptoms within hours. 6) Patients who have experienced a suspected HSR should be instructed to dispose of their remaining TRIUMEQ tablets. **Lactic acidosis:** Lactic acidosis generally occurred after a few or several months of treatment. Treatment with nucleoside analogues should be discontinued in the setting of symptomatic hepatomegaly and metabolic/lactic acidosis, progressive hepatomegaly, or rapidly elevating aminotransferase levels. Caution should be exercised when administering nucleoside analogues to any patient (particularly obese women) with hepatomegaly, hepatitis or other known risk factors for liver disease and hepatic steatosis (including certain medicinal products and alcohol). Patients co-infected with hepatitis C and treated with combination antiretroviral therapy are at an increased risk of severe and potentially fatal hepatic adverse reactions. If TRIUMEQ is used in patients co-infected with hepatitis B, patients with chronic hepatitis B or C and treated with combination antiretroviral therapy are at an increased risk of severe and potentially fatal hepatic adverse reactions. If TRIUMEQ is used in patients co-infected with hepatitis B on additional antiviral is generally needed. Reference should be made to treatment guidelines. Some data suggest that HIV/HCV co-infected patients receiving abacavir-containing ART may be at risk of a lower response rate to pegylated interferon/ritonavir therapy. Caution should be exercised when medicinal products containing abacavir and ritonavir are co-administered. **Immune Reconstitution Syndrome:** Monitoring of liver chemistries is recommended in patients with hepatitis B and/or C co-infection. **Mitochondrial dysfunction:** Any child exposed in utero to nucleoside and nucleotide analogues, even HIV-negative children, should have clinical and laboratory follow-up and should be fully investigated for possible mitochondrial dysfunction in case of relevant signs or symptoms. **Cardiac interaction:** When prescribing TRIUMEQ, action should be taken to try to minimize oil modifiable risk factors (e.g. smoking, hypertension, and hyperlipidaemia). **Osteonecrosis:** Patients should be advised to seek medical advice if they experience joint aches and pain, joint stiffness or difficulty in movement. **Opportunistic infections:** Patients should remain under close clinical observation by physicians experienced in the treatment of these associated HIV diseases. **Drug resistance:** Use of TRIUMEQ is not recommended for patients with integrase inhibitor resistance. **Drug interactions:** The use of TRIUMEQ is not recommended for patients taking efavirenz, nevirapine, rifampicin and lopinavir/ritonavir. TRIUMEQ is recommended to be administered 2 hours before or 6 hours after polyvalent cation-containing antacids and iron supplements. Patients should be monitored during therapy and a dose adjustment of metformin may be required. The combination of lamivudine with didanosine is not recommended. TRIUMEQ should not be taken with any other medicinal products containing dolutegravir, abacavir, lamivudine or emtricitabine. **Interaction with other medicinal products and other forms of interaction:** Dolutegravir is eliminated mainly through metabolism by UGT1A1. Co-administration of TRIUMEQ and other drugs that inhibit UGT1A1, UGT1A3, UGT1A9, CYP3A4, and/or P-gp may therefore increase dolutegravir plasma concentration. Abacavir is metabolised by UDP-glucosyltransferase (UGT) enzymes and alcohol dehydrogenase. Lamivudine is cleared renally. Active renal secretion of lamivudine in the urine is mediated through the organic cation transporter (OCT2) and multidrug and toxin extrusion transporters (MATE1 and MATE2). **Pregnancy and lactation:** There are no data on the use of TRIUMEQ in pregnancy. TRIUMEQ should be used during pregnancy only if the expected benefit justifies the potential risk to the foetus. It is recommended that HIV infected women do not breast-feed their infants under any circumstances in order to avoid transmission of HIV. **Undesirable effects:** Very common: insomnia, headache, nausea, diarrhoea, fatigue. Common: hypersensitivity, anaemia, abnormal dreams, depression, nightmare, sleep disorder, dizziness, somnolence, lethargy, vomiting, flatulence, abdominal pain, abdominal pain upper, abdominal distension, abdominal discomfort, gastro-oesophageal reflux disease, dyspepsia, rash, pruritus, alopecia, arthralgia, muscle disorders, asthenia, fever, malaise, GPK elevations. ALT/AST elevations. **Overdose:** If overdose occurs, the patient should be treated supportively with appropriate monitoring, as necessary. **Abbreviated Prescribing Information based on PI version: GDS02(nk)/EMA20150508**

TIVICAY™ Tablets (Dolutegravir) 50mg

Indication: Indicated in combination with other anti-retroviral medicinal products for the treatment of Human Immunodeficiency Virus (HIV) infected adults and adolescents above 12 years of age. **Dosage and administration:** Prescribed by physicians experienced in the management of HIV infection. Patients infected with HIV-1 without documented or clinically suspected resistance to the integrase class: TIVICAY 50 mg (1 tablet) orally once daily. Co-administered with efavirenz, nevirapine, lopinavir/ritonavir, or ritonavir: twice daily. Patients infected with HIV-1 with resistance to the integrase class (documented or clinically suspected): TIVICAY 50 mg twice daily. Decision to use should be informed by integrase resistance pattern. Avoid co-administration of TIVICAY with efavirenz, nevirapine, lopinavir/ritonavir, or ritonavir. Missed doses: Take TIVICAY as soon as possible, providing next dose is not due within 4 hours. If next dose is due within 4 hours, patient should not take the missed dose and simply resume the usual dosing schedule. **Adolescents (aged from 12 to 17 years and weighing ≥ 40 kg) infected with HIV-1 without resistance to the integrase class:** TIVICAY 50mg once daily. Efficacy: Limited data available. No evidence that elderly patients require a different dose than younger adult patients. **Renal impairment:** No dosage adjustment required for patients with mild, moderate or severe (CrCl < 30 mL/min, not on dialysis) renal impairment. **Hepatic impairment:** No dosage adjustment required in patients with mild or moderate hepatic impairment (Child-Pugh grade A or B). Use with caution in patients with severe hepatic impairment (Child-Pugh grade C). **Children aged < 12 years or weighing < 40 kg:** Safety and efficacy not yet established. **Oral use:** Taken with or without food. In the presence of integrase class resistance, TIVICAY should preferably be taken with food to enhance exposure (particularly in patients with Q148 mutations). **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Co-administration with didanosine:** Integrase class resistance of particular concern: Decision to use dolutegravir in the presence of integrase class resistance should take into account that dolutegravir activity is considerably compromised for viral strains harbouring Q148+R2 secondary mutations from G140A/C/S, E138A/K/R, L74I. **Hypersensitivity reactions:** Discontinue dolutegravir and other suspect agents immediately if signs or symptoms of hypersensitivity reactions develop (including, but not limited to, severe rash or rash accompanied by raised liver enzymes, fever, general malaise, fatigue, muscle or joint aches, blisters and lesions, conjunctivitis, facial oedema, eosinophilia, angioedema). Monitor clinical status including liver aminotransferases and bilirubin. **Immune Reconstitution Syndrome:** Monitoring of liver biochemistries is recommended in patients with hepatitis B and/or C co-infection. Particular diligence should be applied in initiating or maintaining effective hepatitis B therapy when starting dolutegravir-based therapy in hepatitis B co-infected patients. **Opportunistic infections:** Patients remain under close clinical observation of these associated HIV diseases by physicians. **Drug interactions:** Avoid factors that decrease dolutegravir exposure in the presence of integrase class resistance (e.g. dose adjustments of metformin, rifampicin, and certain anti-epileptic drugs). Monitor patients and may require dose adjustment of metformin. **Osteonecrosis:** Patients should be advised to seek medical advice if they experience joint aches and pain, joint stiffness or difficulty in movement. **Interactions:** Avoid factors that decrease dolutegravir exposure in the presence of integrase class resistance. Medicinal products that induce enzymes UGT1A3, UGT1A9, CYP3A4, P-gp, and BCRP may decrease dolutegravir plasma concentration and reduce the therapeutic effect of dolutegravir. Co-administration of dolutegravir and other medicinal products that inhibit these enzymes may increase dolutegravir plasma concentration. **Administration of dolutegravir is reduced by certain anti-acid agents, Non-nucleoside Reverse Transcriptase Inhibitors:** Not use TIVICAY with efavirenz without co-administration of atazanavir/ritonavir, darunavir/ritonavir, or lopinavir/ritonavir. TIVICAY 50mg twice daily when co-administered with efavirenz or nevirapine. In the presence of integrase class resistance alternative combinations that do not include efavirenz or nevirapine should be considered. **Nucleoside Reverse Transcriptase Inhibitors:** TIVICAY 50 mg twice daily when co-administered with lopinavir/ritonavir the absence of integrase class resistance. Avoid this combination in the presence of integrase class resistance. In the presence of integrase class resistance alternative combinations that do not include losamprenavir/ritonavir should be considered. TIVICAY and didanosine co-administration is contraindicated. Co-administration with enzyme inducers (carbamazepine, phenytoin, phenobarbital, carbamazepine) inducers should be avoided. Co-administration with St. John's wort is strongly discouraged. **Magnesium/aluminum-containing antacid, calcium supplements, iron supplements or multivitamins** should be taken well separated in time from the administration of dolutegravir (minimum 2 hours after or 6 hours before). **Close monitoring of metformin efficacy and safety is recommended when starting or stopping dolutegravir in patients receiving metformin.** Dose adjustment of metformin may be necessary. TIVICAY 50 mg twice daily when co-administered with rifampicin in the absence of integrase class resistance. Avoid this combination in presence of integrase class resistance. **Pregnancy & lactation:** No or limited amount of data in pregnant women. Use during pregnancy only if the expected benefit justifies the potential risk to the foetus. Not recommend HIV infected women to breast-feed their infants under any circumstances in order to avoid transmission of HIV. No data on effects on human fertility. **Adverse reactions:** Common: Headache, Nausea, Diarrhoea, Fatigue, Dizziness, Vomiting, Flatulence, Upper abdominal pain, Abdominal pain, Abdominal discomfort, Rash, Pruritus, Fatigue, Alanine aminotransferase (ALT) and/or Aspartate aminotransferase (AST) elevations. Creatine phosphokinase (CPK) elevations. **Overdose:** No specific treatment for overdose. Patient should be treated supportively with appropriate monitoring as necessary. **Abbreviated Prescribing Information based on PI version: GDS02(nk)/EMA20140128.**



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HKX572/001/1/66 (1/2018)
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Community Health Organisation for
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