

My Life My Health My CHOICE

# 年報 2016 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



尹慧兒醫生  
Dr. Wan Wai Yee

## 強與弱，動與靜 進深與拓展，起始與前瞻

走過了2016，CHOICE 便進入十五周年了。

2016年是忙碌而豐盛的一年。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，在五百多次社區及網上外展中，接觸人次多達二十萬。

CHOICE 多年致力愛滋病預防，項目對象包括性工作者及其顧客、男男性接觸者、以致濫藥及其他高危社群，近年我們因應香港流行病學的走勢，陸續發展了不少年青人項目，既強化了以中心為本的活動(centre-based activities)，亦以社區及網上外展，配合手機應用程式和社交媒體，緊貼年青人的腳步，接觸更廣泛的人群。此外，我們也為同行者作出專業培訓，當中包括老師、學生家長、大學院校學生、義工及導師等，今年整體都得到全面均衡的發展。

此外，我們在2016年舉辦首屆以愛滋病為主題的學術研討會。很榮幸邀請了世界衛生組織的 Dr Jacqueline LO 及愛滋病顧問局主席范瑩孫醫生作主禮嘉賓。除了本地專家外，也有享譽國際的學者主講，如Kirby Institute 的 Professor Andrew GRULICH, University of North Carolina 的 Dr TANG Weiming, 廣州市疾病預防控制中心的徐慧芳主任醫師，深圳市疾病預防控制中心的陳琳主任技師及趙錦主任技師等。會議得到熱烈的迴響，令我們感到十分欣慰和鼓舞。

有一些朋友知道我喜歡研習中華文化的哲理，在電台間中客席主持一個有關中華智慧與管理的節目，轉眼也超過十年了。今年節目集中討論《道德經》，令我在不同層面有新的體會，當中也不期然地反省CHOICE 的工作，就在這裡跟大家分享一些個人的感受。



## (1) 「道可道，非常道。」

這是《道德經》起始的一句，十分膾炙人口。不少學者曾經解釋甚麼是「道」，但是結論只有一個，就是真正的「道」是不容易說得清楚明白的。公共衛生的「道」亦然。回顧CHOICE過去的歲月，項目的果效雖然可以分享，但箇中的動人之處，往往需要用心才能感受得到。

這些年間，最難忘的是我們在資源緊拙之下，卻每每憑着勇氣和熱誠，排除萬難去拓展新項目。但卻因此，我們不少項目都是全港首創，亦成了行業的先驅前行者。當年最困難的時間，也成了現在最回味的記憶。一張張難忘的面孔也浮現眼前，我們是人接觸人、生命接觸生命的工作，一步一步的向前走，便成了今天的「路」。

CHOICE 這種實事求是的作風，令我們既不因了解困難的巨大而卻步不前，也不高踞道德高地而睥睨一切。畢竟「道」不是要談論，而是要實行。我的同事都不擅長高言大志，卻是行道的最佳典範。

## (2) 「名可名，非常名。」

其實，名稱與名銜，不一定等同一個人的內涵和位置；反之，不計名份工作的，更顯得可貴了。

再思機構成立之初，一直由何文勝博士擔任主席，歷六年之久。退任主席之後，他仍然在董事會裏孜孜不倦、不計名份的繼續服務和付出。此外，董事會裏，吳錦祥醫生與甘啟文醫生都是我公共衛生的前輩，而湯德輝先生，在愛滋病的領域的年日也比我長。但大家在各事項上，都能各按各職，親力親為的無私付出。此外，何景文醫生及劉德輝教授是創會至今的顧問，還有蔡元雲醫生也是非常支持我們的贊助人。能與這樣一個團隊不分彼此的共事，實在是我的榮幸。

還有不得不提何碧玉女士，她具備公共衛生管理碩士及輔導碩士，積極回應社群需要，所以於2002年創立CHOICE。一直任勞任怨，孜孜不倦，服務至今。就是這一群平實無華，卻忠心堅定的同事，令CHOICE在芸芸NGO中，顯出閃亮的光彩和個性。



(3)

「故有無相生，難易相成，長短相較，高下相傾，音聲相和，前後相隨。」

「天下皆知美之為美，斯惡已；皆知善之為善，斯不善已。」

在學習《道德經》的時候，也令我想到有關價值觀的問題。

社會上的主流價值觀，多是約定俗成、環環緊扣的。在不經意間，小朋友的「人生起跑線」被界定了，而社會成敗的基準也被建構起來。我們在有意無意之間參與了這個建構的過程：在美之外的我們叫做醜，在高之外的我們叫做低，在主流以外的我們叫做小眾，在強勢以外的我們叫做弱勢。當我們每每的這樣量度別人，也不期然這樣量度自己了。

如果CHOICE立定志向要在弱勢社群中服務，又應該怎樣界定自己的成功呢？

我們的項目都有SMART objectives；但是除了量化的評估，有素質有誠意的事奉也十分重要。但是我們怎樣去量度誠意？怎樣衡量創意和勇氣？又怎樣量化項目對生命的影響呢？

回顧 CHOICE 的發展，這些年頭我們一方面不斷發掘新的高危社群，擴闊項目的接觸面，同時亦積極深化我們的事奉，特別是愛滋病初期患者的關顧。未來一年，我們計劃投放更多資源，致力接觸在社會中沉潛、拒絕接受治療的愛滋病感染者，並且把他們連繫到醫療系統裏。每個頑固不肯接受治療的人士，背後都有一個冗長的故事。這種項目難之又難，成效也很難只用量化評估。一如既往，期待我們的事奉在量化增長的同時，能繼續保持誠懇、深刻，繼續以生命影響生命。

展望來年，我們將有不少發展。在2017年11月，CHOICE 將再接再厲，舉辦學術研討會，屆時將同時開展2018年的媒體項目。我們在項目中會有不少新嘗試，雖有種種不可知的因素，但可以肯定的，就是我們會全力以赴。

在弱勢社群中事奉多年，發覺越是弱勢的社群，越需要強韌的耐力。在困難的路上，繼續堅持作對的事，無忘初心才是堅強。在新的一年里，將迎接不少新的發展和挑戰，期望能與大家一起同心同德，大步向前邁進。

# 組織架構 Organisational Structure

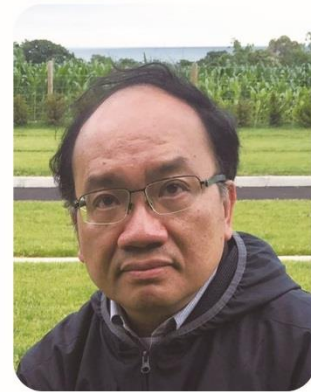
## 董事 Directors



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

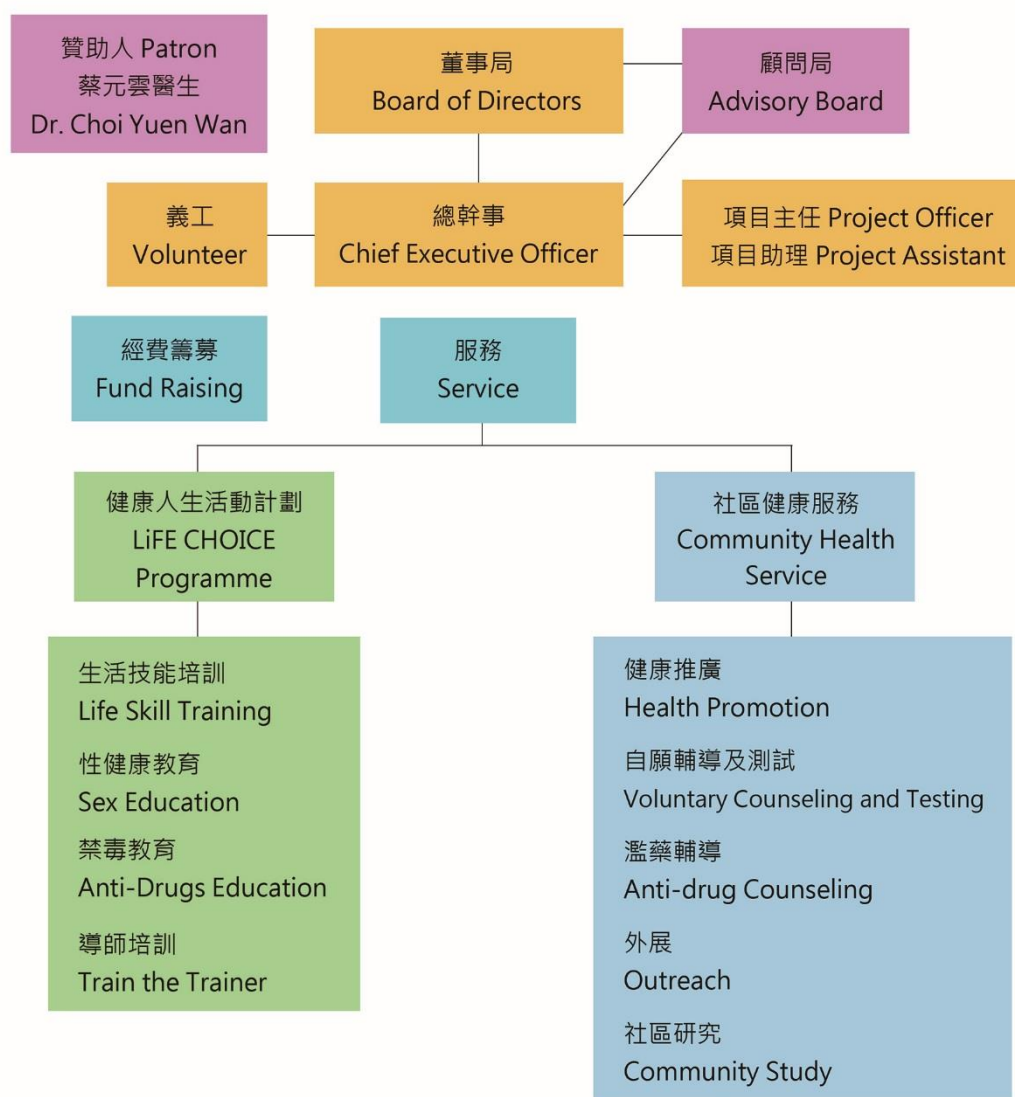


湯德輝先生  
Mr. TONG Tak Fai



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

贊助人 蔡元雲醫生

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

顧問局 何景文醫生  
劉德輝教授

義務核數師 廖建平會計師事務所

義務律師 馬致聰先生

其他 職員及義工

Cofounders Ms. Ho Pik Yuk, Shara  
Ms. Tammy Gautier

Patron Dr. Choi Yuen Wan

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

Advisory Board Dr. Ho King Man  
Prof. Lau Tak Fai Joseph

Hon. Auditor Alcott Liu CPA Limited

Hon. Lawyer Mr. Ma Chi Chung Ronald

Others Staff and Volunteers



## 再思背景 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，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，從而養成良好的生活模式，建立健康社區。成立至今，我們因應社會的需要，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。

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，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，向政府和愛滋病病毒感染/患愛滋病的人士提供意見。

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.

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.

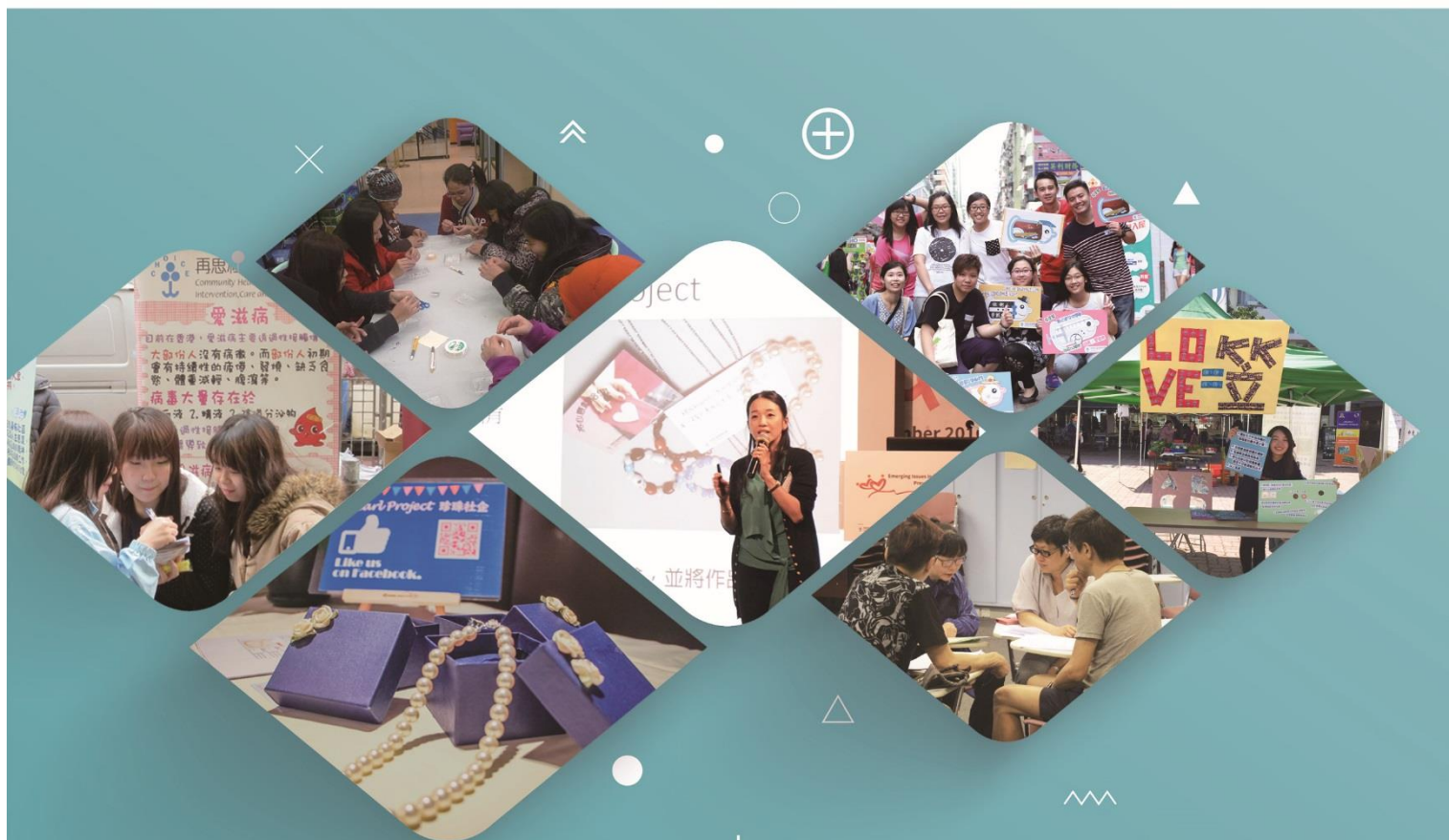
## 再思之旅 Milestones

| 年度<br>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毒抗體快速測試的非牟利機構。</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. 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. showed concern 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，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>   |
| 2008       | <p>擴展性病及愛滋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>  |

| 年度<br>Year |   |
|------------|---|
| 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>Introduced the “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” was 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>Established the “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>   |
| 2016       | <p>舉辦「國際愛滋病預防與治療新趨勢」研討會，邀請了10名本地、內地及國際的愛滋病專家作出分享。</p> <p>C.H.O.I.C.E. organized “HIV/AIDS Cconference : Emerging Issues in HIV/AIDS Prevention and Treatment” and assembled a panel of 10 local, mainland and international experts to share their views on HIV/AIDS issues.</p>              |



# 再思服務 Community Service



再思一直致力推行性病/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2016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 2016 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 and initiatives.

# 「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、保密的快速測試及輔導服務，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2016年，我們為超過1600人次提供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 testing and counseling services, which include HIV antibody test and Syphilis antibody test. We aim to allow members of 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 2016, we conducted HIV and Syphilis antibody tests for more than 1600 people.

### 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) 增加對預防性病和愛滋病的正確知識
- 2) 糾正對性病和愛滋病病毒感染的錯誤認知
- 3) 鼓勵定期接受性病和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 with the knowledge of STIs and HIV/AIDS prevention
2. Correct their misunderstandings on STIs and HIV/AIDS infection
3. Encourage them to undergo STIs and HIV screening tests regularly and avoid self-medication

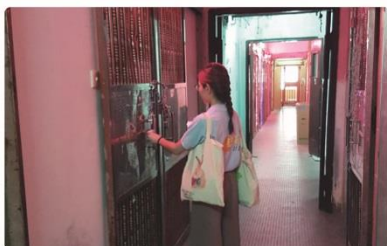




## 社區外展

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2016年，我們展開了340多次外展服務，接觸超過9萬人次，並派發了近16萬個安全套、10萬個潤滑劑及11萬份宣傳品。



## 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 on-site testing and counseling for HIV, Syphilis and other STIs.

In 2016, we conducted more than 340 outreach sessions, engaging more than 90,000 individuals and distributed around 160,000 condoms, 100,000 packs of lubricants and 110,000 sets of promotional collaterals.

## 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。

同時，我們在網絡社交平台設置專頁，不時張貼與性病/愛滋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資訊，鼓勵他們實踐安全性行為，減少高風險行為。

在2016年，我們展開了約500節網上外展服務，接觸人次超過18萬。



## Internet Outreach

C.H.O.I.C.E. provides online support service by answering enquiries 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 high-risk behaviours.

In 2016, we conducted around 500 Internet outreach sessions, reaching more than 180,000 people.



## 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。我們亦會定期舉行不同類型的活動，如桌上遊戲大賽、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。

## 公眾宣傳活動

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。本會在公眾場所設置街站，派發安全套和教育單張，並向青少年及公眾人士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，以「愛滋新體驗」為主題，舉辦了一系為女性非華裔亞洲人士而設的愛滋病教育講座，增加她們對愛滋病病毒的認識，包括傳播及預防方法，並鼓勵她們實行安全性行為。



## 宣傳刊物

本會定期製作及派發不同的宣傳刊物，以增加各社群對性病及愛滋病的認識，並提高他們對預防疾病的意識。在2016年，我們派發了超過11萬宣傳刊物。

## Rainbow Day Activities

Every Saturday is designated as the "Rainbow Day", on which C.H.O.I.C.E. center is open for the gay population. It provides a platform for them to interact and establish rapport with each other. We organize different activities regularly, for example, board game contests, 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.

## Publicity Campaigns

To enhance the public's awareness towards HIV/AIDS, we have launched a series of publicity programmes. We set up a stall in public areas 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, sponsored by the Red Ribbon Centre of the Department of Health, we launched a series of HIV/AIDS education seminars themed "HIV/AIDS Experience" for Non-Chinese Asian females. It aims at enhancing their understanding towards HIV/AIDS transmission and prevention and encouraging them to practice safe sex.

## Promotional Collaterals

C.H.O.I.C.E. promotes sexual health and offers information on STIs and HIV/AIDS through distributing various promotional collaterals. We hope to enhance the public's awareness on prevention. In 2016, we distributed more than 110,000 sets of promotional materials.

## 互助小組



本會開設「互助小組」，為受情緒困擾或用藥出現困難的愛滋病病毒新感染者提供社區支援服務。我們提供個案輔導，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。

## POZ Group



C.H.O.I.C.E. has 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 help them put healthy living into practice.

## 淋病、衣原體及丙型肝炎感染檢測

### Gonorrhea, Chlamydia and Hepatitis C (HCV) Infection Tests

本會與香港中文大學醫學院、瑪嘉烈醫院及衛生署社會衛生科合作，為男男性接觸者及女性性工作者提供免費的淋病、衣原體及丙型肝炎感染的檢測服務，讓他們了解自己的健康狀況，並增加對淋病、衣原體及丙型肝炎的認識。如有發現測者者受感染，本會會轉介感染者到相關的診所作進一步的跟進及治療，以及提供相關的健康諮詢服務。同時，此項檢測計劃亦能評估以上性病在香港感染的情況。

於2016年，在是次檢測計劃下，本會為近400名男男性接觸者及女性性工作者提供了淋病、衣原體及丙型肝炎感染檢測。

In collaboration with the Faculty of Medicine of the Chinese University of Hong Kong, Princess Margaret Hospital and Social Hygiene Clinic of the Department of Health, we have provided free gonorrhea, chlamydia and HCV infection tests for MSM and female sex workers. It allows them to understand their health status, and to enhance their awareness towards the infection of STIs. If the client is found to be infected, we will provide them with referral service to the relevant clinics for follow-up treatment, and continue to provide consultation service. Meanwhile, such scheme allows us to gauge the overall infection situation of these STIs in Hong Kong.

Under this scheme, we have conducted gonorrhea, chlamydia and HCV infection tests for around 400 MSM and female sex workers in 2016.



## 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 with MSM who ever abused drugs

#### 戒毒輔導 Anti-Drug Counseling :

本會以認知行為治療及動機晤談為藍本。截至2016年，本會已為200多名男同志提供適切的戒毒輔導

Up till 2016, we provided Cognitive Behavioural Therapy (CBT) 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 :

截至2016年，本會進行了60多次的社區外展及220多次的網上外展，以宣傳禁毒及健康生活資訊

Up till 2016, we conducted more than 60 community outreaches and more than 220 online outreaches in an effort to promote anti-drug messages and healthy living

#### 禁毒宣傳刊物 Anti-Drug Collaterals :

截至2016年，本會出版了4期“S.D.U.”小冊子及其他宣傳刊物，宣傳禁毒及健康生活

Up till 2016, we published 4 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。此手機應用程式由2015年2月開放供公眾下載，下載次數截至2016年已超過1100次

Mobile app specially designed to provide anti-drug information for the gay population. From its launch in February 2015 till the end of 2016, “CJUB” has already been downloaded for more than 1100 times





# 姊妹關懷行動 SHE Project

## 再思通訊

本會定期每季出版「再思通訊」，為女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

部分女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工作者提供支援，協助她們紓緩情緒壓力，並尋找解決方法。

## 藝術治療工作坊 – 畫出有話兒

本會為女性工作者舉辦了名為「畫出有話兒」的心理健康工作坊，透過藝術治療及正向心理學，提高女性工作者的自我認識，學習如何有效地表達內心想法，並培養她們的正向思維以應付生活中的逆境。

## 「創不同」活動

再思定期為女性工作者舉辦不同類型的健康及社交活動，如：「再思健康月」、化妝班及冰粽製作活動等，讓她們紓緩壓力，及鼓勵她們多點關注健康及家庭和諧。

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

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

## Emotional Support Service

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

## Art Therapy Workshop

C.H.O.I.C.E. holds the Art Therapy Workshop, for female sex workers. Through art therapies and positive psychology, the female sex workers could understand themselves better, be able to express themselves more effectively and cultivate their positive thinking as so to overcome adversities.

## "Make a Difference" Activities

C.H.O.I.C.E. organizes healthcare and social activities for female sex workers on a regular basis, such as "C.H.O.I.C.E. Health Month", "Make Up Tutorial" and "DIY Snowy Dumpling Workshop", aiming at alleviating their stress and encourage them to be more concerned with their health and family harmony.



# 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 healthcare campaigns.

### 性健康教育工作坊

本會舉辦「性健康教育工作坊」，為高小至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

C.H.O.I.C.E. organizes sex education workshops for senior primary to 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

本會與多間本地大專院校合作，推行「服務研習」計劃，為大專學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.

### 導師培訓

本會重視與其他團體的交流及經驗分享，曾多次獲邀在不同的講座或分享會中擔任講者，主要向教師、社工及其他社會服務工作者講解性病、愛滋病和毒品的知識、相關個案的輔導技巧和理論、分享前線服務的經驗。

### Train the Trainer

C.H.O.I.C.E. places heavy emphasis on the interaction and experience sharing with other organizations. We have been invited to give sharing at different talks and sharing sessions. They are mainly directed to teachers, social workers and other social service providers, introducing them with STIs, HIV/AIDS, drug knowledge, relevant case counseling theories and skills and providing frontline service experience sharing.





## 其他服務 Other Services

### 珍珠社企

本會於2015年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」邀請不同的服務使用者參與及製作不同的手工藝品及珍珠首飾，讓他們有機會發展新的工藝技能及發掘她們的興趣。



### Pearl Project

C.H.O.I.C.E created a platform for its service users to showcase their talents. In 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 develop their craft skills and to explore their interests.

### 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 Workshops

C.H.O.I.C.E. organizes "Volunteer Training Workshops" regularly to recruit and train new volunteers, provides them with different community experiences, enriches their lives and cultivates 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。

### Local and Overseas Exchange

C.H.O.I.C.E. has been maintaining close relationships with local and overseas organizations 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 and HIV/AIDS prevention knowledge, to enhance their awareness towards STIs/HIV and to promote the importance of safe sex practice.





## DIY夢工場

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

## 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.

## 國際愛滋病預防與治療新趨勢研討會

### HIV/AIDS Conference : Emerging Issues in HIV/AIDS Prevention and Treatment

本會於2016年11月25日舉辦了第一屆的愛滋病學術研討會，提供一個讓愛滋病專業人員作知識交流的平台。本會邀請了10名本地及國際的愛滋病專家及前線醫護人員作為是次研討會的嘉賓，讓他們就現今愛滋病預防及治療所面對的挑戰作出分享。

是次研討會近200名人士參加，當中包括愛滋病關注的人士及非政府組織代表、醫護人員、公共衛生的前線工作人士及學生等。

On 25 November 2016, we organized our first academic conference on the issue of HIV/AIDS prevention and treatment, providing a forum for knowledge exchange between HIV/AIDS professionals. We have assembled a panel of 10 local, mainland and international HIV/AIDS experts and frontline medical practitioners to share their views on the current HIV/AIDS epidemics and the challenges facing HIV/AIDS prevention and treatment.

We registered about 200 attendees for the conference, including representatives from non-governmental organizations, health care professional, frontline practitioners from other public health institutions and students.



## 活動花絮 Activities Tidbits



愛滋病教育講座  
HIV/AIDS Education Seminar

性健康教育工作坊  
Sex Education Workshop



「服務研習」計劃  
Service Learning Programme



公眾宣傳活動  
Publicity Campaigns



少數族裔的節日聚會  
Ethnic Minorities' Gathering





「彩虹日」活動  
"Rainbow Day" Activities

導師培訓  
Train the Trainer



感染者工作坊  
Workshop for PLHIV



愛滋病研討會2016  
HIV/AIDS Conference 2016



「創不同」活動  
"Make a Difference" Activities



## 服務使用者留言

### Messages from Service Users

#### 服務使用者 Jimmy

再思令我認識了更多有關性病的知識及學會怎樣保護自己外，也為我的人生增添了色彩，助我走出無助的困境。再思的愛滋病病毒感染者互助小組，除了可以培養正確的安全及預防意識外，也可助感染的朋友重新建立信心。我很喜歡及感謝再思職員對我的鼓勵及支持。他們真誠及耐心的協助讓我慢慢重回正常的軌道，適應生活。

#### 服務使用者 黃生

之前因為酒精影響，發生了不安全性行為。每天都處於極度不安又恐懼，加上身體又一直出現異樣，令我總是懷疑自己感染愛滋病病毒。在網上見到再思有輔導服務，職員很耐性地解答我很多很多的問題，之後又用手機程式跟我傾談，跟進我的情況。三個月空窗很難捱，又不能跟身邊的人講，好彩有再思的職員一直陪同和鼓勵。雖然最後做完檢查後沒事，但以後我都會更注重安全。

#### 義工 阿吉

參加再思的義工活動令我大開眼界，以前我只是留意眼前的事物，根本沒有發現到這個社會有一群明明很需要別人幫助但又得不到社會關注的人。沒有這次的活動，我根本沒有機會親身接觸這群被忽視的人，也沒有機會為他們提供有用的健康資訊。作為護士學生，我反思到不能只著重眼前的護理工作，也需要學習去關心及理解病人背後的需要，尤其是他們的情緒，我會在之後的醫院實習更加小心處理病人的需要。

#### 實習學生 珠珠

在再思進行實習，讓我體驗到不一樣的社會服務工作。以往只在課堂上聽過性小眾及性工作者，沒想到在這次實習可以親身去接觸他們。以前我對他們充滿不理解，但親身跟他們溝通及接觸後，我慢慢明白到，他們也只一個普通人，跟所有人都一樣有自己的需要、情緒、感受。為他們提供有用的健康資訊、其他社會服務資訊，關心他們的身心健康，這是我在再思實習其中一個工作，我覺得很有意義，也是一個很好的實習體驗。



**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 2016**

|  | 2016<br>HK\$ | 2015<br>HK\$ |
|--|--------------|--------------|
| <b>INCOME</b>                                      |              |              |
| Donation income                                    | 723,116      | 97,185       |
| Charity sales                                      | 21,900       | 23,700       |
| Bank interest income                               | 240          | 1,185        |
| Sundry income                                      | 84,992       | 276,010      |
| Exchange gain                                      | 917          | -            |
|  | 831,165      | 398,080      |
| <b>PROJECT GRANTS</b>                              | 2,723,497    | 4,952,311    |
| <b>PROJECT EXPENDITURES</b>                        | (2,994,315)  | (2,302,512)  |
|  | (270,818)    | 2,649,799    |
|  | 560,347      | 3,047,879    |
| <b>ADMINISTRATIVE EXPENDITURES</b>                 |              |              |
| Activity service fee                               | 100,214      | 1,500        |
| Bank charges                                       | 1,600        | 1,200        |
| Bank overdraft interest                            | 1            | -            |
| Building management fee                            | 2,500        | 19,500       |
| Center activities                                  | 81           | 1,681        |
| Electricity  | 9,341        | 7,150        |
| Exchange loss                                      | -            | 20,642       |
| Insurance  | 18,052       | 6,619        |
| Lab test and accessories                           | -            | 89,241       |
| Operating lease rental on land and buildings       | 150,000      | 149,500      |
| Less: rental classified under project expenditures | (137,500)    | (50,000)     |
| Printing, postage and stationery                   | 5,927        | 6,294        |
| Sundry expenses                                    | 754          | 18,304       |
| Volunteer allowance                                | 320          | 37,300       |
|  | (151,290)    | (308,931)    |
| <b>SURPLUS FOR THE YEAR</b>                        | 409,057      | 2,738,948    |
| <b>OTHER COMPREHENSIVE INCOME</b>                  | -            | -            |
| <b>TOTAL COMPREHENSIVE INCOME FOR THE YEAR</b>     | 409,057      | 2,738,948    |



**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)

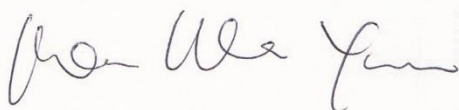
**STATEMENT OF FINANCIAL POSITION**

**AS AT 31 DECEMBER 2016**


|                             | 2016<br>HK\$     | 2015<br>HK\$     |
|-----------------------------|------------------|------------------|
| <b>CURRENT ASSETS</b>       |                  |                  |
| Rental and other deposits   | 31,900           | 31,900           |
| Cash and bank balances      | 3,726,505        | 3,264,173        |
|                             | 3,758,405        | 3,296,073        |
| <b>CURRENT LIABILITIES</b>  |                  |                  |
| Accruals and other payables | (97,610)         | (44,335)         |
| <b>NET ASSETS</b>           | <u>3,660,795</u> | <u>3,251,738</u> |
| <b>RESERVES</b>             |                  |                  |
| Accumulated funds           | <u>3,660,795</u> | <u>3,251,738</u> |

Approved and authorised for issue by the Council on 27 April 2017

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 2016**

|   | 2016<br>HK\$ | 2015<br>HK\$ |
|---|--------------|--------------|
| <b>CASH FLOWS FROM OPERATING ACTIVITIES</b>               |              |              |
| Surplus from operations                                   | 409,057      | 2,738,948    |
| Increase in rental and other deposits                     | -            | (2,000)      |
| Increase / (decrease) in accruals and other payables      | 53,275       | (251,210)    |
| Net cash generated from operating activities              | 462,332      | 2,485,738    |
| <b>CASH AND CASH EQUIVALENTS AT BEGINNING<br/>OF YEAR</b> | 3,264,173    | 778,435      |
| <b>CASH AND CASH EQUIVALENTS AT END OF YEAR</b>           | 3,726,505    | 3,264,173    |
| Analysis of cash and cash equivalents:                    |              |              |
| Cash and bank balances                                    | 3,726,505    | 3,264,173    |





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an STR built on the FTC/TAF backbone in ARV therapy!

**GIVE YOUR PATIENTS THE STRENGTH  
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**Genvoya®**  
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. Pregnancy: 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 dipivoxil used for the treatment of HBV infective the components of Genvoya and the following co-administered medicinal products: Antifungals (ketconazole/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, 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 (ciclosporin, sirolimus, tacrolimus); Sedatives/hypnotics (buspiron, 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.

HKGEN0013\_v1.0 8/24/2016



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**HIGH BARRIER TO RESISTANCE**  
0 resistance to  
dolutegravir-based regimens  
in treatment-naïve trials<sup>1-5</sup>

+



**BOOSTER-FREE DOSING**  
with few clinically  
significant  
drug-drug interactions<sup>5,6</sup>

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**Triumeq™**  
dolutegravir/abacavir/  
lamivudine



**Tivicay™**  
dolutegravir

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, HLA-B\*5701 status must always be documented. Abacavir should not be used in patients known to carry the HLA-B\*5701 allele due to the risk of hypersensitivity reaction.**

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).

#### 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 < 50 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 dofetilide. **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 hyperlactatemia 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 alpha interferon and ribavirin may constitute a special risk. **Lipodystrophy:** Lipid disorders should be managed as clinically appropriate. **Liver disease:** Triumeq is not recommended in patients with moderate to severe hepatic impairment. Patients should be monitored according to standard practice. If there is evidence of worsening liver disease in such patients, interruption or discontinuation of treatment must be considered. **Patients with chronic hepatitis B or C:** 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 an 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/ribavirin therapy. Caution should be exercised when medicinal products containing abacavir and ribavirin 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. **Myocardial infarction:** When prescribing Triumeq, action should be taken to try to minimize all 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 tipranavir/ritonavir. Triumeq is recommended to be administered 2 hours before or 6 hours after polyvalent cation-containing antacids and calcium or 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-glucuronyltransferase (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-K). **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, anorexia, abnormal dreams, depression, nightmare, sleep disorder, dizziness, somnolence, lethargy, vomiting, flatulence, abdominal pain, abdominal pain upper, abdominal distension, gastro-oesophageal reflux disease, dyspepsia, rash, pruritus, alopecia, arthralgia, muscle disorders, asthenia, fever, malaise, CPK 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: GDS04(hk)/EMC20150508

**References:** 1. Wolmsley S et al. J Acquir Immune Defic Syndr. 2015;70(5):515-519. 2. Molina J-M et al. Lancet HIV. 2015;2(4):e127-e136. 3. Orrell C et al. Presented at: Annual International AIDS Conference; July 18-22, 2016; Durban, South Africa. Abstract THAB0205LB. 4. Raffi F et al. Lancet Infect Dis. 2013;13(11):927-935. 5. TIVICAY (dolutegravir) Hong Kong Prescribing Information 2015. 6. TRIUMEQ Hong Kong Prescribing Information 2015.



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WORKING ON BEHALF OF  
ViiV HEALTHCARE IN HIV

**GlaxoSmithKline Limited**  
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HKRX/DGR/0011/17 (06/2017)  
Date of preparation: 02/05/2017





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MMKT-CMP-HK-0020 Version date: Jun 2016



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聯絡人 Contact Person: \_\_\_\_\_

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