



# Hong Kong College of Paediatricians NEWSLETTER

## December 2013

Editors: Prof. Leung Nai Kong, Drs Albert Martin Li, Winnie Tse, Chris Woo

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## Message from the Editors

December marks the end of the year. Our annual event, the Annual General Meeting and Fellows Conferment Ceremony as well as the Annual Dinner was just held earlier this month. We will have a detailed account on this grand event in this issue of the Newsletter. On behalf of the House Committee, we would like to wish everyone a joyful Christmas and Happy New Year.

## 22<sup>nd</sup> Annual General Meeting, Fellows Conferment Ceremony and Annual Dinner on 7 December, 2013

The 22<sup>nd</sup> Annual General Meeting was held successfully on 7 December, 2013 at Lim Por Yen Theatre of the Hong Kong Academy of Medicine Jockey Club Building. Prof. Chan Chi Fung, Godfrey, Dr. Li Chi Kong and Prof. Albert Martin Li were elected *ipso facto* to fill the three vacancies of Council Members for a term of three years (2013-2016). Mr. Chan Chi Hung and Mr. Walter Ma were re-appointed as the College's Honorary Legal Advisor and Honorary Auditor respectively.

Dr. Chan Chok Wan and Dr. Cheung Pik To retired as Elected Council Members after many years of invaluable service. The College Council would like to thank them very sincerely again for their remarkable contribution and continuing support to the College.

The 2014 subscription fees would remain the same as in 2013 as follows: HK\$1,800 for Fellows, HK\$900 for Overseas Fellows, HK\$1,200 for Members, HK\$600 for Overseas Members and HK\$600 for Associates. The subscription fee for paediatricians aged 65 or above before 1<sup>st</sup> Jan., 2014 would continue to be waived.

The Annual General Meeting was followed by the Admission Ceremony of the New Members, conferment of New Fellows and presentation of certificates to the First Fellows of the subspecialties of Paediatric Immunology and Infectious Diseases (PIID), Developmental-Behavioural Paediatrics (DBP) and Paediatric Neurology (PN).

The highlight of the day was certainly the Annual Dinner attended by more than 150 members of the College and guests. We are indebted to Dr. Donald Li, President of the HK Academy of Medicine, Dr. Ko Wing Man, Secretary for Food and Health of the HKSAR, Prof. Lau Wan Yee, Joseph, Chairman of Medical Council of Hong Kong, Dr. Derrick Au, Head of Human Resources of Hospital Authority, the Honorable Dr. Leung Ka Lau, LegCo Member, the Presidents and representatives of Sister Colleges and statutory organizations, who showered grace to our days' events with their presence and blessings.

With the New Year ahead, we look optimistically to the future of our College as we make bold strides on together.

# President's speech at Fellowship Conferment Ceremony 2013

Dr Donald Li, Dr Ko Wing Man, Professor Joseph Lau, Dr the Honorable Leung Ka Lau; Dr Derrick Au; Presidents and representatives of our sister Colleges; Fellows, Members, Associates; distinguished guests, ladies and gentlemen, good evening.

On behalf of the Hong Kong College of Paediatricians, I would like to welcome you all to the 2013 Fellowship Conferment Ceremony of our College.

I would like to congratulate our young colleagues on their achievement. After fulfilling the 6-year paediatric training, you have demonstrated that you have the knowledge, skills and clinical competences in paediatrics and will soon be conferred the Fellowship of the College of Paediatricians. You will have the privilege to be listed in the specialist register of the Hong Kong Medical Council as a "Specialist in Paediatrics". This is not only your success, but you should also thank your dear family and your colleagues for their support over the past few years.

I must remind you that your new title carries with it new professional responsibilities. One of these is to keep up to date. Compliance with the Academy's Continuing Medical Education Programme (i.e. getting 90 points in 3 years), is actually the minimum. I would urge you to keep on with life-long learning. Although there is no more formal examination, you should engage in continuous professional development in the area of your special interest. You should also engage in clinical audit and continuous quality improvement programmes. In the new Academy CME Guideline for the cycle starting next year, it was specifically mentioned that *"The Academy sees the need and benefits of requiring Fellows to regularly review and evaluate their practice in order to improve the quality of their patient services and advance their practice. It is planned that in the long run, review and evaluation of practice would be made part of the CPD profiles of all Fellows."*

Today we are also presenting certificates to the First Fellows of our newly accredited Paediatric Subspecialties. It is the inevitable trend that modern paediatric practice requires more and more subspecialisation. Many colleagues have already devoted much of their time and effort to develop expertise in the subspecialty areas of their interest. The current accreditation is just to formalise the system and duly recognize the achievement of these subspecialists. College has over the years set up a robust system to accredit the subspecialties as they become ready to apply for accreditation. May I take this opportunity to congratulate the First Fellows on your achievements.

With this privilege to practice in your subspecialty area, you are also entrusted by the College to the task of development of the subspecialty. College now depends on you to run the training programme, to maintain subspecialty service and to plan for the future sustainability of the subspecialty.

Indeed the planning of the Kai Tak Children's Hospital in the next 5-6 years poses a major challenge but also a golden opportunity for our profession to review our paediatric health care services. We need to give up our individual territorial interests for the good of the whole. We also need to convince our health administrators the benefit of Paediatric service rationalization. This does not mean just the opening of the Children's Hospital, but also the maintenance of adequate paediatric services in all clusters. I call upon you all to work together and shape the best health system to ensure that our future generation is not only free of diseases but also able to achieve their full potential.

I would like to end by congratulating our new Fellows and First Fellows again, and by thanking all of you for attending.

# Committee for Subspecialty Boards

The College would like to take this opportunity to congratulate the following colleagues who were certified as First Fellows in their respective subspecialties in 2012 and 2013:

## A) Subspecialty in Paediatric Immunology and Infectious Diseases (PIID) on 6 Nov 2012:

- |                                 |                            |
|---------------------------------|----------------------------|
| 1. Dr Chan Wai Hung             | 8. Dr Kwan Yat Wah, Mike   |
| 2. Dr Chan Wai Ming             | 9. Prof Lau Yu Lung        |
| 3. Dr Chen Hong (on 5 Mar 2013) | 10. Dr Lee Pui Wah, Pamela |
| 4. Dr Cheng Wai Tsoi, Frankie   | 11. Dr Leung Chi Wai       |
| 5. Dr Chiu Shui Seng, Susan     | 12. Prof Leung Ting Fan    |
| 6. Dr Chong Chun Yin            | 13. Dr Yau Yat Sun, Felix  |
| 7. Dr Ho Hok Kung, Marco        |                            |

## B) Subspecialty in Developmental-Behavioural Paediatrics (DBP) on 1 Jun 2013:

- |                                       |                                  |
|---------------------------------------|----------------------------------|
| 1. Dr Chak Wai Kwong                  | 14. Dr Lee Mun Yau, Florence     |
| 2. Dr Chan Chok Wan                   | 15. Dr Lee So Lun                |
| 3. Dr Chan Fung Ying, Dorothy         | 16. Dr Leung Sze Lee, Shirley    |
| 4. Dr Chan Hoi Shan, Sophelia         | 17. Dr Liu Ka Yee, Stephenie     |
| 5. Dr Cheng Man Yung (on 11 Sep 2013) | 18. Dr Mak Ha Ling, Rose         |
| 6. Dr Cheung Chiu Ping, James         | 19. Dr Tang May Ling             |
| 7. Dr Fung Cheuk Wing                 | 20. Dr Tsang Yee Hoi, Hannah     |
| 8. Dr Ip, Patrick                     | 21. Prof Wong Chun Nei, Virginia |
| 9. Dr Ko Yang Yang, Lillian           | 22. Dr Wong Lai Yin              |
| 10. Dr Kwong Ling, Karen              | 23. Dr Woo Kai Fan, Estella      |
| 11. Dr Lam Chi Chin, Catherine        | 24. Dr Yip Pui Wah, Lesley       |
| 12. Dr Lam Wai Fan, Fanny             | 25. Dr Yung Wing Yan, Ada        |
| 13. Dr Lau Kin Chun, Iris             |                                  |

## C) Subspecialty in Paediatric Neurology (PN) on 11 Sep 2013:

- |                               |                                  |
|-------------------------------|----------------------------------|
| 1. Dr Chak Wai Kwong          | 17. Dr Ma Kam Hung               |
| 2. Dr Chan Chok Wan           | 18. Dr Ng Sui Fun, Grace         |
| 3. Dr Chan Hoi Shan, Sophelia | 19. Dr Tai Shuk Mui              |
| 4. Dr Chan Keung Kit          | 20. Dr Tse Wan Ting, Philomena   |
| 5. Dr Chan Kwok Yin           | 21. Dr Tsui Kwing Wan            |
| 6. Dr Chan Yee Shing, Alvin   | 22. Prof Wong Chun Nei, Virginia |
| 7. Dr Cheng Wai Wai           | 23. Dr Wong Suet Na              |
| 8. Dr Cherk Wan Wah, Sharon   | 24. Dr Wong Yee Ling             |
| 9. Dr Fung Cheuk Wing         | 25. Dr Woo Lap Fai, Chris        |
| 10. Dr Fung Lai Wah, Eva      | 26. Dr Wu Shun Ping              |
| 11. Dr Ko Chun Hung           | 27. Dr Yam Ka Ling               |
| 12. Dr Kong Chi Keung         | 28. Dr Yau Kin Cheong, Eric      |
| 13. Dr Kwong Ling, Karen      | 29. Dr Yeung Chak Ming, Sam      |
| 14. Dr Lau Wai Hung           | 30. Dr Yeung Wai Lan             |
| 15. Dr Liu Kam Tim            | 31. Dr Yim Tak Man               |
| 16. Dr Ma Che Kwan, Louis     | 32. Dr Yung Wing Yan, Ada        |

## **Congratulations and Celebrations**

We would like to congratulate Dr Vincent Leung on his being an awardee of the “ATV Hong Kong Loving Hearts Campaign 2013”. This was in recognition of his tremendous accomplishments in leading the Hong Kong College of Paediatricians Foundation to spearhead evidence-based training of medical professionals in Neonatal Resuscitation in many remote provinces of Mainland China in the past years. The training programme has filled the gap in both the knowledge and skills in neonatal resuscitation, and significantly improved the medical care to newborns at birth where many morbidities and even mortality could be avoided. It has pivotal bearing on the long-term health of the young generations and brings socio-economic benefits to the community at large.

Three Cheers to Dr. Leung for his well-deserved honour! Time to celebrate!

## **Membership Committee**

The following doctors were approved to join the College as Associates:

So Kin Wai

Choi Florence

Lin Anna

Yam Wing In, Ivy

Yau Kwok Chung, Vincent

Lam Kei Kwan, Brian

Yu Chi Hang

Au Chi Yu, Dennis

Lam Cheuk San, Ivan

To Wing Yan, Sharon

Choi Wing Man, Ann

Yeung Yun Sang

Kwok Ka Hang, Andy

Yeung Yik Tsing, Emma

Yuen Hoi Wing, Winnie

Mo Chung Yin, Alex

Wong Sze Wa

The following doctors were recommended for elevation to Members:

Ng Ka Wai

Tong Suet Wai

## **Examination Committee**

### **Results of recent examinations**

<b>Date</b>	<b>Examination</b>	<b>Pass / No. of sittings</b>	<b>Pass rate</b>
18 September 2013	MRCPCH Applied Knowledge in Practice Exam	4/6	67%

8 October 2013	MRCPCH Foundation of Practice, Theory and Science Exam		
	Foundation of Practice	26/32	81%
	Theory and Science	23/24	96%
29-30 October 2013	MRCPCH Clinical	13/20	65%
31 October 2013	DCH Clinical	5/5	100%

## Volunteers needed for CBT (Computer-based Testing) pilot examination in Hong Kong

All written examinations will be moved from paper and pencil-based to computer-based in the latter part of 2014. The Royal College of Paediatrics and Child Health (RCPCH) has scheduled a pilot CBT exam to be held on **25<sup>th</sup> March 2014 (Tuesday) in Hong Kong**, before launching the CBT live in late 2014 or early 2015. The pilot exam will be 1.5 hours long and is a condensed version of the Applied Knowledge Paper. The exact time and venue of the pilot exam will be confirmed in due course.

Trainee volunteers are needed to take part in this pilot exam. Participants do not need to pay and it would not count towards the individual exam results. Interested basic trainees please visit the following website for more information and to apply for this pilot exam. Application period will begin on Monday **13<sup>th</sup> January 2014 until Friday 7<sup>th</sup> February 2014**. Participated candidates will receive a £100 discount off their next exam.

<http://www.rcpch.ac.uk/CBTPilotExam>

For CBT details, please refer to **Appendix I**.

## Education Committee

### Child Protection Course

Please be reminded that the next Child Protection Course will be held on **10<sup>th</sup> May 2014 (Saturday)**. It will be a full-day programme. The application will start in the early March, 2014. Details of the course will be announced in the 2014 February Newsletter. Since completion of the Child Protection Course is a mandatory requirement before the Exit Examination, Training Supervisors are advised to plan ahead so that trainees in their units can be released to attend the courses.

### Paediatric Advanced Life Support Course (PALS) 2014

PALS Provider Course: Class A : 19, 26 Jan 2014 (Sun) 0830-1800

Class B : 16, 23 Feb 2014 (Sun) 0830-1800

PALS Update Course: Class 1) 19 Jan 2014 (Sun) 0830-1800

Class 2) 16 Feb 2014 (Sun) 0830-1800

Class 3) 9 Mar 2014 (Sun) 0830-1800

Enrollment form is available at <http://www3.ha.org.hk/aetc/enrollment.htm>. For enquiry, please call: 3553 3300, or email to [aetc\\_rhtsk@ha.org.hk](mailto:aetc_rhtsk@ha.org.hk)

## **PGA Committee**

### **Articles on public education in newspaper AM730**

Nine Fellows of our College had contributed articles on various paediatric problems published on Tuesdays in this newspaper for October and November this year in the column under the Academy. Copies of these articles including the series published in 2011 are available for viewing through the link [http://www.paediatrician.org.hk/index.php?option=com\\_content&view=article&id=166&catid=2&Itemid=26](http://www.paediatrician.org.hk/index.php?option=com_content&view=article&id=166&catid=2&Itemid=26)

### **Annual Social Function on 10/11/13**

The visit to Ma Shi Chau and the dragon fruit farm was attended by 35 participants. We were shielded from the sun by the overcast while the drizzle refreshed the air. The short boat ride took us directly to the spectacular rock formations that could not be found elsewhere in Hong Kong. An unforeseen event was the temporary detention of the boat for suspected speeding by the Marine Department. The Hakka lunch was a delight that was much welcomed by the group after the morning exercise. In the dragon fruit farm we saw the largest cactus plantation in Hong Kong and learned that farm workers need to work through the night to pollinate the cactus flowers that only bloom shortly at night. Pictures of the function are available for viewing through the link

[http://www.paediatrician.org.hk/index.php?view=category&catid=2&option=com\\_joomgallery&Itemid=61](http://www.paediatrician.org.hk/index.php?view=category&catid=2&option=com_joomgallery&Itemid=61)

## **Letter from Department of Health regarding “Healthcare professionals and the Industry”**

Our College has recently received a strong letter (**Appendix II**) from the Chairperson of the Taskforce on Hong Kong Code of Marketing of Breastmilk Substitutes, Department of Health, expressing its concern that some of our Fellows were involved in advertising of milk formulas and its appeal that health professionals should promote breast feeding and the proper use of breastmilk substitutes when breast feeding is not chosen. Please see the attached letter.

One of the common scenarios was that our colleagues were invited to “write” an article for health education or attend an “interview” for sharing of personal experience. A preliminary draft of the “article” or “interview report” would even be supplied, and the colleague just approved it without being aware that it would appear as an advertisement-in-disguise i.e. its publication was sponsored by the milk company alongside an advertisement of an infant formula, but the colleague’s name and title of “Specialist in Paediatrics” were quoted.

According to the Medical Council of Hong Kong Code of Professional Conduct, article 6.2 on “health education activities”, it stated that medical practitioner should take reasonable steps to ensure that the materials (“the published or broadcasted materials”) are not used directly or indirectly for the commercial promotion of any medical and health related products or services.

Besides delinking from commercial promotion, we as paediatricians have a role in promoting breast feeding and giving proper and unbiased information to the parents who choose not to breastfeed. We should be vigilant when we are approached by commercial companies, and avoid falling into these traps which may lead to criticism or even disciplinary actions.

## **Objection to direct-to-consumer advertising on a special infant formula**

The College Council was informed about advertisements in mother magazines advocating the use of Neocate for diagnosis and treatment of cow's milk allergy. After consulting the PIID Subspecialty Board and other colleagues, the Council has adopted the attached position statement on the use of amino acid based formulas in the treatment of allergic gastrointestinal disorders (**Appendix III**). In short, amino-acid based formulae (AAF), e.g. Neocate, are to be used under the direction of a specialist or clinical dietitian for a small proportion of infants with cow's milk protein allergy who do not tolerate or respond to soy protein formula or extensively hydrolysed formula. AAF is expensive on one hand, and poorly palatable on the other. Our College has sent a letter to the milk company objecting such direct to consumer advertisements. The company has just replied that the advertisements had been withdrawn immediately.

## **Obituary**

### **In Memory of Dr Ko Wai Keung Frederick (高偉強醫生)**

The College noted with great sadness the passing away of Dr Ko Wai Keung on 18<sup>th</sup> November 2013, after a prolonged illness. Dr Ko graduated from the University of Hong Kong in 1972, and worked in the Department of Paediatrics at Queen Elizabeth Hospital and Princess Margaret Hospital till 1981 when he started his private practice. He was the Founding Chairman of the Princess Margaret Hospital Doctors' Alumni Association from 1998-2000.

Dr Ko was a Founding Fellow of the Hong Kong College of Paediatricians in 1991, and Fellow of the Hong Kong Academy of Medicine (Paediatrics) in 1993 and of the Royal College of Paediatrics and Child Health in 1997. He has made important contributions to the College: He served as the Honorary Treasurer of Hong Kong College of Paediatricians from 2000 to 2009, Member of the Membership Committee from 2000 to 2009 and of the House Committee from 2004 to 2011. He was also the Vice-President of Hong Kong College of Paediatricians Foundation from year 2000 to 2009.

We all remember his humour, and kind but insightful comments during our meetings. We are most impressed by his devotion to lead the annual Cambodia Mission from 2003-2009 and the formation of the Rhenish Charity Home for orphans in Kamp Pom Thom in 2005.

At the height of the influx of mainland mothers, Dr. Ko single-handedly set up the Neonatal Nursery at Precious Blood Hospital and helped to ease the pressure on other private hospitals.

As a man of courage, Dr. Ko undertook to raise funds for his church in spite of his illness. Since 2011 he solicited pledges of donations of HK\$180,000,000, a feat which few of us can hope to achieve in a lifetime.

We shall miss him as a dear friend, a Fellow paediatrician, and a champion for the poor and needy children. The College would like to extend our deepest condolences to his wife Margaret and their family members.

## CME Category A Activities

Listed below are CME Category A activities organized by the HKCPaed, various paediatric societies and institutions, and selected paediatrics-focused topics. For the complete list of Category A activities, including continuous courses, and Category B activities, please refer to the homepage of the HKCPaed. The accuracy of the information has been checked according to the details submitted by the responsible organizers. The information below is abstracted from the College Web site on 16 December 2013. *Members and fellows are reminded to contact the enquiries listed below for last-minute alterations.*

<b>Dec 2013</b>		
20-21 Dec	Topic:	<b>Paediatric Epilepsy Workshop</b>
	Venue:	Windsor Bldg. 4/F.
	Time:	20 Dec. - 19:30-21:30; 21 Dec. - 9:00-12:30
	Speaker:	Various
Cat. A 5 pts (2 pts for 20 <sup>th</sup> / 3 pts for 21 <sup>st</sup> )	Organizer:	HK Society of Child Neurology and Developmental Paediatrics
	Coordinator:	Dr. Chak Wai Kwong
	Enquiry:	Tel: 78889938

24 Dec	Topic:	<b>Glycogen Storage Diseases</b>
	Venue:	Queen Elizabeth Hospital
	Time:	18:30-19:30
	Speaker:	David A. Weinstein
Cat. A 6 pts	Organizer:	HK Society of Inborn Error of Metabolism
	Coordinator:	Dr. K. H. Chan
	Enquiry:	Tel: 27253773

<b>Jan 2014</b>		
24 Jan	Topic:	<b>Is NUSS the answer to pectus deformity?</b>
	Venue:	Prince of Wales Hospital
	Time:	18:00-20:00
	Speaker:	Dr. Jennifer Mou / Dr. Albert M. Li
Cat. A 2 pts	Organizer:	CUHK
	Coordinator:	Dr. Albert Li
	Enquiry:	Tel: 26322982

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# MRCPCH & DCH Exams introduce Computer Based Testing (CBT)

## What does it mean for me?

The College is introducing CBT for all written exams in summer 2014. The MRCPCH exam is for Membership of the Royal College of Paediatrics and Child Health and is usually taken during the period of basic specialist training. The DCH is taken by GPs, staff grades and trainees in specialities aligned to paediatrics in recognition of competency in child health.



### What does this mean?

This means that instead of sitting the MRCPCH and DCH written exams via paper and pencil in exam halls, trainees will sit exams at designated test centres in the UK and via British Councils overseas.

### When will this take effect?

The College plans to implement CBT in summer 2014, the exact date that the first CBT exam will take place will be confirmed in 2014.

### Will the exams be different?

All the written exams (Theory and Science, Foundation of Practice and Applied Knowledge) will be in exactly the same format as they are currently with the same amount of time to complete them in.

### How can I apply to sit exams via CBT?

You will apply to sit CBT exams via the same online application system that is currently used during advertised application periods.

### How will CBT affect me?

For candidates in the UK it will mean that you will be able to sit the exams closer to home as the exam will be offered in more locations than it is currently.

For more information about CBT please see:  
[www.rcpch.ac.uk/examscbt](http://www.rcpch.ac.uk/examscbt)

# MRCPCH & DCH Exams introduce Computer Based Testing (CBT)

## Volunteers needed for pilot exam

Before going live with CBT in summer 2014, the College is holding a pilot exam on 25 March 2014 to ensure the system works well and to gather feedback. For the pilot to run successfully, we're looking for trainees to volunteer to sit the exam.



### Who can take part in the pilot?

Anyone can take part in the pilot exam but the College is keen to have volunteers who have taken an exam with the College previously so that we can gather feedback on taking a CBT exam in comparison to taking a paper and pencil exam.

### What are the benefits of taking part?

All those taking part in the pilots will receive a £100 discount off their next exam. You will also be given feedback on your performance and have the opportunity to feedback to the College on what you think of CBT in comparison to paper and pencil exams.

### How can I apply to take part in the pilot?

For more information and to apply for the pilot exam please see [www.rcpch.ac.uk/CBTPilotExam](http://www.rcpch.ac.uk/CBTPilotExam)

For more information about CBT  
please see:  
[www.rcpch.ac.uk/examscbt](http://www.rcpch.ac.uk/examscbt)

**RCPCH**  
Royal College of  
**Paediatrics and Child Health**  
*Leading the way in Children's Health*

## Appendix II

衛生署  
家庭健康服務  
香港灣仔愛群道 32 號  
愛群商業大廈 13 樓 1308 室



FAMILY HEALTH SERVICE  
DEPARTMENT OF HEALTH  
Room 1308, 13/F, Guardian House  
32 Oi Kwan Road, Wan Chai  
HONG KONG

本署檔號 OUR REF: (27) in DH FHS/7030/ 10 pt. 3  
來函檔號 YOUR REF:  
電 話 TEL: 3796 0807  
圖文傳真 FAX: 2574 8977

22 November 2013

Dr WONG Sik-nin  
President  
Hong Kong College of Paediatricians  
Room 801,  
Hong Kong Academy of Medicine Jockey Club Building  
99 Wong Chuk Hang Road, Hong Kong

Dear Dr Wong,

### **Re: Healthcare professionals and the Industry**

Linking expert opinion to commercial products has become a widely adopted strategy for advertising, including that of formula milk. It has come to my notice that a Formula Milk Manufacturer has been using healthcare professionals to help advertise its products. Since July 2013, a free newspaper has been publishing weekly featured articles on one of its pages, with a formula milk advertisement on the adjacent page. These articles, as confirmed by the editor, are a part of an advertisement and apparently written by healthcare professionals including medical practitioners, dietitians/nutritionists and midwives, on a range of health topics including nutrition of infants and young children, pregnant women and lactating mothers. Furthermore, there are numerous other examples of similar editing of articles or interview reports containing “expert advice” on common maternal and child health issues alongside (or close to) advertisements of formula milk in popular parent or baby magazines. Copies of the articles and advertisements are attached for your information and reference.

As you are aware, the Taskforce on Hong Kong Code of Marketing of Breastmilk Substitutes was set up in June 2010 under the Department of Health to develop the “Hong Kong Code of Marketing and Quality of Formula Milk and Related Products, and Food Products for Infants & Young Children” (“HK Code”). The public consultation of the draft “HK Code” has been completed on 28 February 2013 and the Code is expected to be launched early next year.

The HK Code aims to protect breastfeeding and ensure proper use of formula milk or related products on the basis of adequate and unbiased information and through appropriate marketing. Although the Code aims primarily at the trade, it states that “Information and Promotion to Health Worker” clearly states that “*Health worker should encourage and protect breastfeeding and those who are concerned in particular with maternal and infant nutrition should make themselves familiar with their responsibilities under this Code...*” (Article 7, draft HK Code).

***We build a healthy Hong Kong and  
aspire to be an internationally renowned public health authority***

Health workers should always protect infant feeding practices from undue commercial influences. They also have the responsibilities to monitor the companies' compliance with the Code, especially within the health sector.

Besides, according to the **Code of Professional Conduct** issued by the **Medical Council of Hong Kong**, Article 6.2 "Health education activities" stated that medical practitioner "should take reasonable steps to ensure that the materials ("the published or broadcasted materials") are not used directly or indirectly for the commercial promotion of any medical and health related products or services".

As health professionals, we have the ethical responsibility to promote health by acting in the best interests of our patients and the public. In the context of infant feeding, we should always support and protect breastfeeding and ensure proper use of breastmilk substitutes when breastfeeding is not chosen. More importantly, we have to ensure that our health advice is evidence-based and is delivered in such a manner that does not promote any commercial products/ services or is associated with commercial activities. Early nutrition is important for the child's health and lays the foundation for future adult health. Parents should be informed of how to feed their child based on unbiased and evidence-based information. I therefore urge the **Hong Kong College of Paediatricians** to remind its fellows and members to be mindful of the Code of Professional Conduct laid down by the Medical Council and ensure that they take active steps to avoid involvement in any commercial promotion of health related products or services.

Should there be any queries, please do not hesitate to contact Dr. Rachel CHENG of the Taskforce Secretariat (email: smo\_fhs5@dh.gov.hk, telephone: 3796 0805).

Yours sincerely



Dr Lilian L.Y. LEONG, BBS, JP  
Chairperson of the Taskforce on  
Hong Kong Code of  
Marketing of Breastmilk Substitutes

cc.

Dr CHOW Chun Bong, Council Member of Hong Kong College of Paediatricians/  
Member of Taskforce on Hong Kong Code of Marketing of Breastmilk Substitutes

Dr Shirley LEUNG, Assistant Director of Health (Family and Elderly Health Services)/  
Secretary, Taskforce on Hong Kong Code of Marketing of Breastmilk Substitutes

## **Position statement on the use of amino-acid based formula (AAF)- A response from PIID subspecialty of Hong Kong College of Paediatricians towards direct-to-consumer advertising of a special infant formula.**

Prepared by Dr Marco HK HO and Dr Patrick CY Chong

Date: 1 Nov 2013

Endorsed by PIID Subspecialty Board

Date: 16 Dec 2013

### **Background:**

There is an increasing prevalence of food allergy in Asia populations including mainland China and Hong Kong. This upsurge results in an unmet need for improved allergy health services in our region. Amino-acid based formulae (AAF) has been traditionally used as a treatment formula for cow's milk allergy. However, AAF is reported to be useful as a form of elimination diet for treating different forms of food hypersensitivity and other immunologically-based gastrointestinal conditions.

In children, one of the most difficult areas is food allergy-induced eczema. Due to the long waiting time for allergy consultation, some experts advocate that an empirical trial of AAF for 2-4 weeks may help in supporting the diagnosis of cow's milk allergy and relieving allergic symptoms. Nonetheless, it is highly debatable whether such proposal justifies such direct consumer marketing strategy.

In general, in our clinical practice, AAF (Neocate for example) are clearly indicated as special formulas that are prescribed by paediatric specialists and clinical dietitians. For families that cannot afford this expensive dietetic treatment, we can cover it by disability allowance or other social security subsidy. In places like Australia, families will be reimbursed through insurance for such specialised treatment when specialists endorsed the use of AAF in their children.

### **Our views:**

- 1) AAF is a special infant formula with market-price being 4-5 times more expensive than usual infant formulae. Direct-to-consumer advertising should be discouraged from both consumer and professional perspectives.
- 2) All national infant feeding guidelines do not recommend AAF for primary allergy prevention or as a starter formula in children weaning from breast feeding.
- 3) In infants at risk for allergy (e.g. strong family history), partially hydrolysed formula is recommended as a supplement if breast feeding alone is deemed inadequate or inappropriate.
- 4) AAF is considered an elimination diet with both diagnostic and therapeutic implications. It is important to note that elimination and reintroduction of cow's milk and dairy products should be undertaken with advice from medical specialists, particularly in children with severe allergic symptoms.
- 5) Though AAF is considered nutritionally comparable to all other normal infant formulas in terms of supporting growth and development, there is a potential harm for using it uncensored for all children. Most children do not fulfill the indications for AAF. Recent studies suggest that complete avoidance may increase food allergy prevalence. The complete forms of food protein (e.g. cow's milk protein) should be introduced during the window period of 4-6 months of age in order to achieve immune tolerance.
- 6) As AAF are unpalatable, clinical experience suggests that expert guidance to stressful parents is needed when switching babies from normal formula to AAF.
- 7) Following the diagnosis of cow's milk allergy, we recommend the following nutritional options:

### 1. Soy-based formula

Around 50-80 per cent of children with cow's milk allergy can tolerate soy-based formulae. However, this option is not suitable for children who are also allergic to soy protein.

Recommended / adopted age limits for offering soy formula by various professional bodies:

No age restriction	Older than 6 months of age
Hong Kong public sector Australia [1] PBAC American Academy of Pediatrics [2]	Australia [1] expert opinion ESPGHAN GI Committee (Europe)[3] World Allergy Organisation (WAO)[4] BSACI (UK) [5]

### 2. Extensively hydrolysed formula (EHF)

EHF contains cow's milk protein that has been treated with enzymes to break down most of the proteins that cause allergic symptoms in infants with cow's milk allergy (brands include Alfare and Pepti-Junior). These formulas are supplements of first choice in cow's milk-allergic children. However, the minority of children unresponsive to EHF will need to be switched to AAF. Extensively hydrolysed formulas are less allergenic than partially hydrolysed formulas, and all national guidelines do not recommend the latter for the treatment of cow's milk allergy.

### 3. Amino acid-based formula

This special formula is necessary in around 10 per cent of children with cow's milk allergy (brands include Neocate, Elecare). Virtually all children with cow's milk and soy allergy will be tolerant to AAF.

8) Other immunologically-based disorders that are indications for AAF include:

Food protein-induced enterocolitis syndrome (FPIES)

Eosinophilic disorders of GI tract (EoE, EoG, etc)

*Remark: Some may regard these two conditions together with cow's milk-induced anaphylaxis as absolute indications for AAF.*

### **Conclusions:**

With the above deliberations, our PIID subspecialty strongly objects direct-to-consumer marketing strategy for AAF. Through public education and evidence-based clinical guidelines, we recommend AAF as a special milk formula treatment only for infants and children with severe or refractory cow's milk allergy and several other immunologically-based gastrointestinal conditions.

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