

Department of Health, Taipei City Government

ANNUAL REPORT 2001

2001



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臺北市政府衛生局
Department of Health, Taipei City Government



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Department of Health, Taipei City Government
December 2002

Foreword

To build Taipei City into a city that enjoys international health standards is the mission of the Department. This ideal also drives the healthcare programs that the Department has been actively promoting. In recent years, through the efforts and leadership of successive commissioners of the Department, health and medical care in Taipei City have made remarkable progress. In these times of change however, the Department will make available more comprehensive healthcare services to meet the health demands of our residents and to promote and protect their health.

This Report sets out the achievements in health and medical care in Taipei City during the period from 1 January to 31 December 2001. The Report is, as well, a means to express our sincere appreciation to the staffs of the Department and subordinate organizations for their efforts last year; it will also be used as a basis for the evaluation of the programs. We welcome your comments and suggestions of ways in which we can more efficiently and effectively promote healthcare programs in Taipei City.

"Health for All" is a global trend of the 21st century; it is also the ultimate goal of all public health workers. The Department's future programs will therefore focus on three directions. For the protection of consumers, laws and regulations will be enforced; education on ways of taking advantage of healthcare services will be intensified; and control of tobacco hazards, management of foods, drugs and cosmetics and control of illegal advertisements will be strengthened. In area of the establishment of the medical care network, medical care resources will be consolidated and the quality of medical care services upgraded. In addition to the existing emergency medical, long-term and psychiatric care networks, medical care networks for cancer, cardiovascular diseases, depressive disorders, tuberculosis and care in the perinatal period will be further strengthened. Goals and indexes of quality will be formulated to further prolong the life expectancy of City residents and improve their quality of life. As we build a more healthy city, private sector resources will be used and community participation encouraged to jointly establish an increasingly user-friendly and healthy living environment. The public will be encouraged to take personal responsibility for ensuring their own adequate exercise, balanced diet and periodic health examinations and discouraged from the use of tobacco and betel nut. A new healthy lifestyle culture will thus be established.

Within the Department's healthcare teams a learning-type organization will be enforced to improve work efficiency and to enable the teams to work together toward the goal of enhancing our citizens' health and fostering Taipei City's standing as a world-class capital.

Commissioner, Department of Health, Taipei City Government
December 2002

Shu-Ti Chou

Chapter I. Health Administration

1. Health Organization

Taipei City was made a national city directly under the Executive Yuan in July 1967. The structure of the Department of Health, Taipei City Government has, in conjunction with developments in healthcare programs, been adjusted several times to become, in July 1992, seven divisions and eight offices. Division one is responsible for disease control, preventive health and supervision of health centers. Division two manages the sanitation of business establishments, occupational health, health of alien laborers and healthcare for residents of radioactively contaminated buildings. Division three is concerned with medical affairs, emergency medical care and psychiatric care. Division four focuses on pharmaceutical affairs and the control of drugs and cosmetics. Division five manages nursing administration and long-term care. Division six is responsible for health promotion, health education and training and Division seven manages food sanitation and nutrition. The Administrative Services oversees evaluations, the management of documents, general affairs and payment. The Laboratory carries out tests for public health and food sanitation. The Planning Office is in charge of health planning, research and development, international cooperation and the management of municipal hospitals. The Systems Administration office operates health and medical information systems and supervises the subordinate organizations in their use of the information systems. Statistics Office collates and compiles vital and

administrative statistics. The Accounting Office prepares budgets and conducts audits. The Personnel Office takes care of manpower resources and the Government Ethics Office is responsible for the control and investigation of corruption, maintenance of security and discipline of government employees.

The Department has eight general hospitals, the Chunghsing, Jenai, Hoping, Women and Children's, Yangming, Chunghsiao, Wanfang and Gandau (both entrusted to private management), one psychiatric center, one chronic disease hospital, one Traditional Chinese medicine hospital, one Venereal Disease control institute, and 12 district health centers with a total staff of 6,022 persons. The hospitals (excluding the Wanfang and Gandau hospitals) have altogether 3,891 beds.

Figure 1-1-1 Organization of Department



2. The Staff

Of the staff of the Department and its subordinate organizations (excluding the Wanfang and Gandau hospitals), 211 (4.34%) hold either master's or doctor's degrees; 1,735 (35.68%) are university graduates; 2,341 (48.15%) are junior college graduates; 481 (9.89%) are graduates of senior high schools or vocational schools; and 94 (1.93%) are of other educational backgrounds.



3. Health Expenditures

The budget for health and medical care for the year 2001 was NT\$ 5.27 billion, accounting for 3.40% of the City government budget.

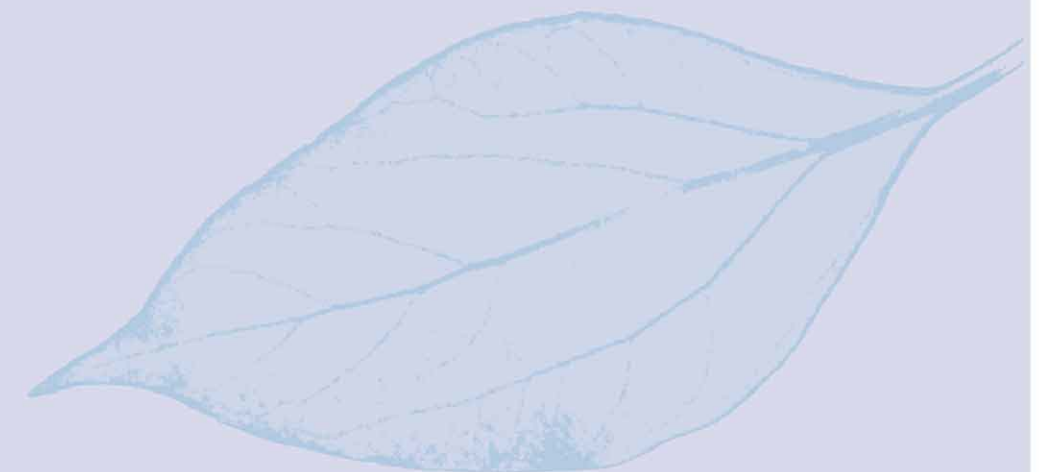


Table 1-4-1 Population and Life Expectancy, Taipei City, 2000

Item	Year-end Population	Mid-year Population	Crude Birth Rate (‰)	Crude Death Rate (‰)	Natural Increase Rate (‰)	Life Expectancy (at 0 age)	
						Male	Female
Year							
1991	2,717,992	2,718,825	13.44	3.90	9.54	75.88	80.22
1992	2,696,073	2,707,032	13.04	4.07	8.98	75.95	80.54
1993	2,653,245	2,674,659	12.85	4.12	8.73	75.99	80.83
1994	2,653,578	2,653,412	12.66	4.24	8.43	76.18	80.95
1995	2,632,863	2,643,221	13.15	4.47	8.68	76.18	81.08
1996	2,605,374	2,619,118	13.04	4.67	8.37	76.37	81.14
1997	2,598,493	2,601,934	13.48	4.75	8.73	76.51	80.96
1998	2,639,939	2,619,216	11.53	4.72	6.81	76.56	81.20
1999	2,641,312	2,640,626	12.05	4.80	7.25	76.84	81.55
2000	2,646,474	2,643,893	12.74	4.91	7.83	76.97	81.62

4. Important Health Indexes

1. The Population

1) Population Size and Life Expectancy

At the end of 2000, the City had a population of 2,646,474 persons, accounting for 11.8% of the total population of the Taiwan Area.

Taipei City was made a national city in 1968. The population then was 1,604,543 persons. It had increased to 2,719,659 by 1990, an increase of 69.50% in 22 years. The population began to decline in 1991 and increased again in 1998, primarily due to the yearly decline in the natural growth rate of population, and as more people moved out of the City. The social increase rate of population has, however, always been higher than its natural growth rate.

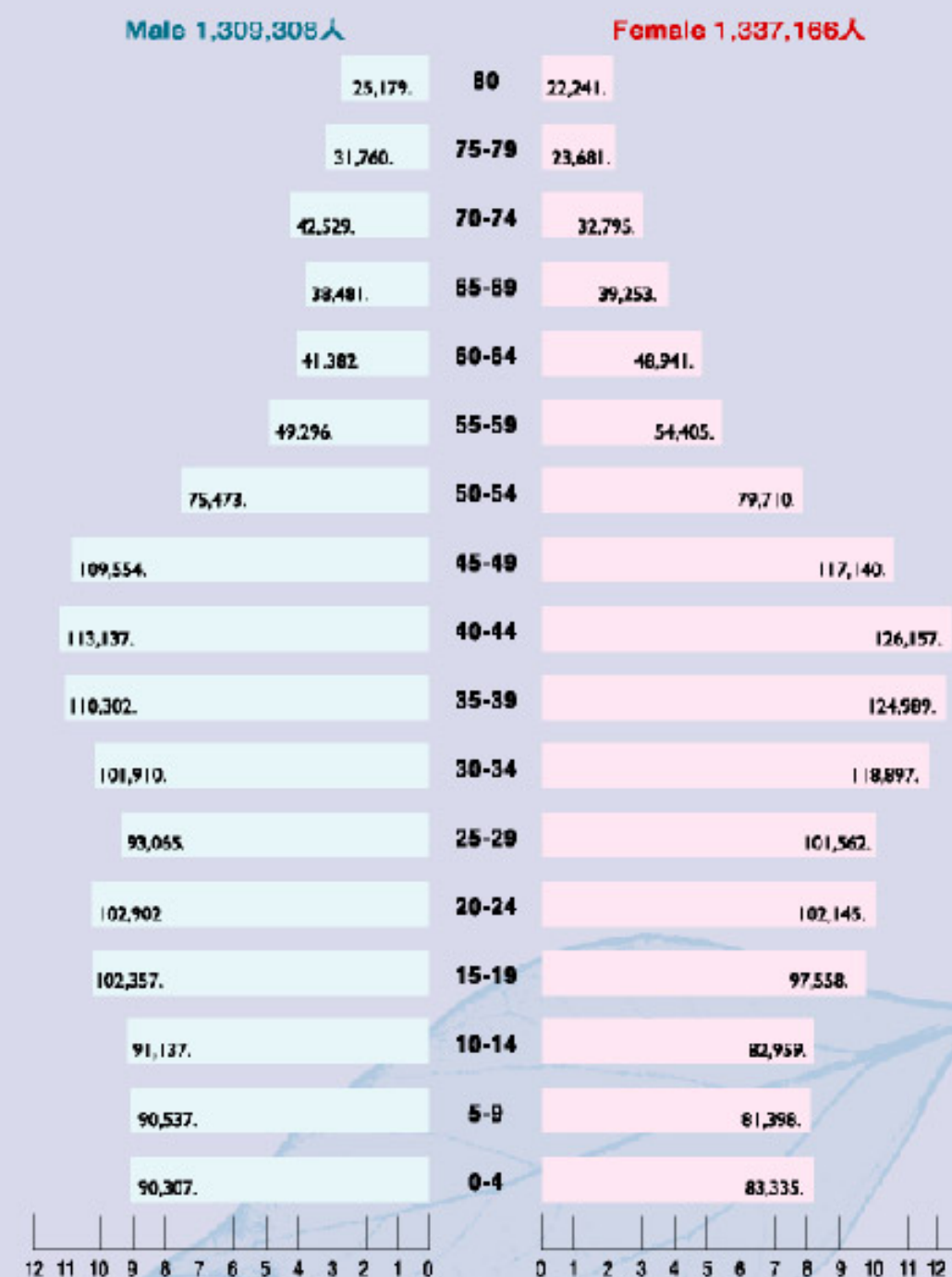
The population in 2000 had increased by 0.5% over 1999. The crude birth rate was 12.74‰; the crude death rate, 4.91‰; and the natural increase rate, 7.83‰. At the end of 2000, the life expectancy was 78.87 years; 76.97 years for males, and 81.62 years for females.

2) Age Structure of Population

At the end of 2000, there were in the City 1,309,308 males and 1,337,166 females at a sex ratio of 97.92. By age, young children of 0-14 years accounted for 19.78% (520,000); young adults of productive ages 15 to 64 accounted for 70.66% (1,868,000); and the elderly of 65 and above accounted for 9.55% (250,000) of the total population.

3) In the City, every 100 persons of productive ages 15 to 64 support 42 dependent persons of 14 years and under and 65 years and above.

Figure 1-4-1
Age Structure of Population, Taipei City, 2000



2. Vital Statistics

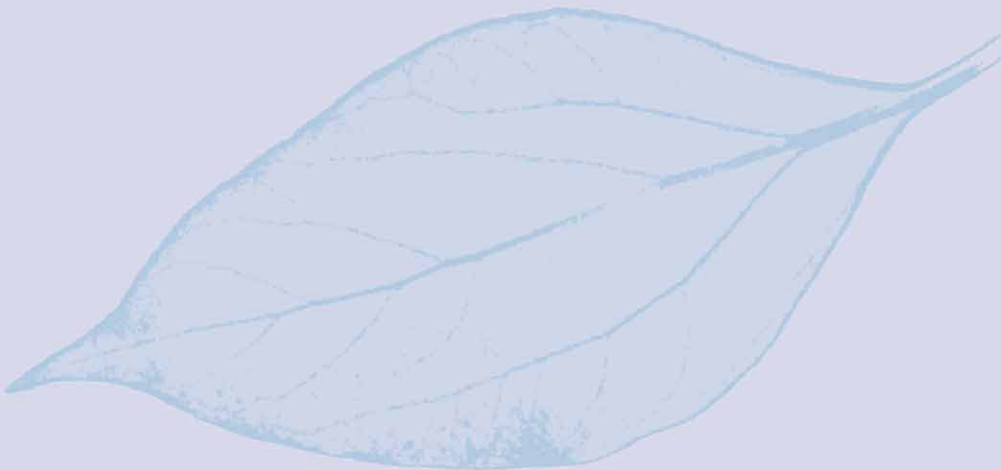
1) Changes in the Ten Leading Causes of Death

In the last ten years, malignant neoplasm has always been the first leading cause of death in the City, followed by heart diseases and cerebrovascular diseases. Deaths due to accidents and injuries have declined year by year. In 2000, the mortality rate of malignant neoplasm was 141.38 per 100,000 population and accounted for 29.21% of all deaths. The mortality rate of cerebrovascular diseases was 52.20, accounting for 10.78% of all deaths. The mortality rate of heart diseases was 47.35, accounting for 9.78% of all deaths. The other leading causes of death were, in descending order, diabetes, accidents and injuries, nephritis, nephrotic syndrome and nephrosis, chronic liver diseases and cirrhosis of the liver, pneumonia, suicide and hypertension.

Table1-4-2
Ten Leading Causes of Death by Year, Taipei City

Causes of Death	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Malignant neoplasms	1(98.52)	1(99.68)	1(104.73)	1(107.23)	1(111.55)	1(120.31)	1(128.52)	1(134.67)	1(133.21)	1(141.38)	1(141.38)
Cerebrovascular diseases	2(57.13)	2(52.01)	2(48.28)	2(45.02)	3(43.64)	2(49.41)	3(51.96)	3(50.96)	3(49.75)	3(45.78)	2(52.20)
Heart diseases	4(35.81)	3(41.75)	3(45.73)	3(44.68)	2(49.63)	3(47.56)	2(52.84)	2(55.84)	2(50.82)	2(54.08)	3(47.35)
Diabetes mellitus	5(14.31)	5(16.11)	5(20.43)	5(21.09)	5(19.79)	5(23.46)	5(24.21)	4(29.02)	5(24.70)	4(32.68)	4(37.97)
Accidents	3(38.21)	4(36.71)	4(35.06)	4(34.81)	4(33.54)	4(28.45)	4(29.48)	5(26.25)	4(26.42)	5(24.92)	5(22.66)
Nephritis, nephrotic syndrome and nephrosis	8(9.18)	9(8.61)	9(8.61)	9(8.56)	7(12.14)	8(13.54)	6(14.05)	6(14.53)	6(15.77)	6(15.87)	6(17.29)
Chronic liver diseases and cirrhosis	7(11.10)	6(9.82)	6(10.75)	7(11.48)	6(13.49)	6(14.38)	7(14.04)	7(13.41)	7(14.85)	7(15.30)	7(14.11)
Pneumonia	6(12.25)	7(8.68)	7(10.71)	8(10.24)	8(11.61)	7(14.07)	8(12.68)	9(10.61)	8(12.60)	8(15.00)	8(11.95)
Suicide	13(4.87)	11(6.66)	13(4.88)	11(5.27)	10(6.52)	10(7.79)	10(8.55)	10(8.22)	10(7.67)	10(8.03)	9(8.96)
Hypertensive diseases	9(9.15)	8(8.68)	8(8.90)	6(11.52)	9(9.95)	9(11.05)	9(12.52)	8(10.99)	9(10.73)	9(9.47)	10(7.22)
Bronchitis, emphysema and asthma	10(7.49)	10(7.54)	11(5.17)	10(6.21)	11(5.69)	11(7.19)	11(6.99)	11(6.99)	11(7.64)	11(5.91)	11(5.37)

Note: Number indicates relative order. Number in brackets is mortality per 100,000



2) Ten Leading Causes of Cancer Death

A total of 3,738 persons died of cancer in 2000, at a mortality of 141.38 per 100,000 population. Of these, 2,356 were males, at a mortality of 179.93 per 100,000 male population and 1,382 were females, at a mortality of 103.56 per 100,000 female population.

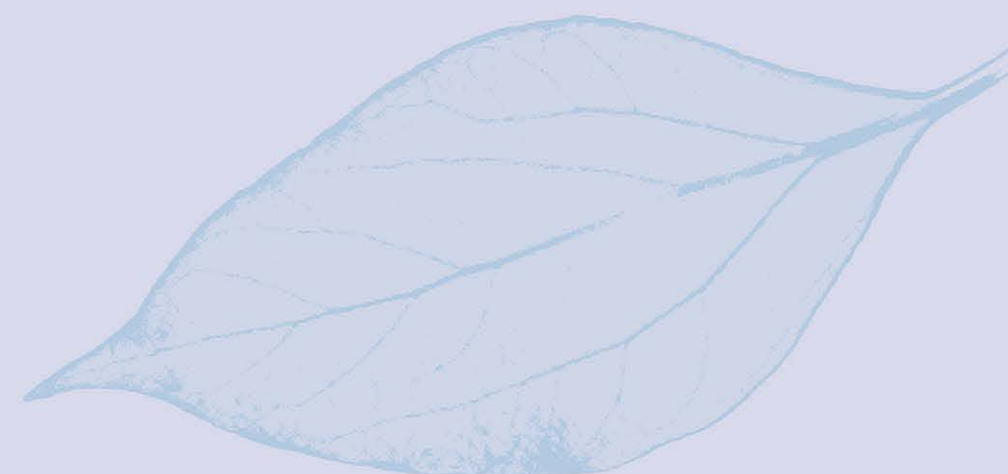
The ten leading causes of cancer death were, in descending order, cancer of the lung, colon-rectum, female breast, stomach, cervix, prostate gland, pancreas, non-Hodgkin's lymphoma and oral cavity cancer.

Table1-4-3 Ten Leading Causes of Cancer Death, Taipei City, 2000

Order	Cause of Death	No. of Death	Mortality per 100,00	%
	All cancer deaths	3,738	141.38	100.00
1	Lung cancer	751	28.41	20.09
2	Liver cancer	562	21.26	15.03
3	Colon-rectum cancer	462	17.47	12.36
4	Female breast cancer	169	12.66	4.52
5	Stomach cancer	328	12.41	8.77
6	Cervical cancer	97	7.27	2.59
7	Prostate cancer	93	7.10	2.49
8	Pancreatic cancer	138	5.22	3.69
9	Non-Hodgkin's lymphoma	136	5.14	3.64
10	Oral cavity cancer	113	4.27	3.02

Table1-4-3 Ten Leading Causes of Cancer Death by Sex, Taipei City, 2000

Order	Male				Female			
	Cause of Death	No. of Death	Mortality per 100,000	%	Cause of Death	No. of Death	Mortality per 100,000	%
	All cancer deaths	2,356	179.93	100.00	All cancer deaths	1,382	103.56	100.00
1	Lung cancer	514	39.26	21.82	Lung cancer	237	17.76	17.15
2	Liver cancer	432	32.99	84.05	Colon-rectum cancer	198	14.84	83.54
3	Colon-rectum cancer	264	20.16	61.11	Female breast cancer	169	12.66	85.35
4	Stomach cancer	218	16.65	82.58	Liver cancer	130	9.74	76.92
5	Esophagus cancer	100	7.64	45.87	Stomach cancer	110	8.24	84.62
6	Oral cavity cancer	94	7.18	94.00	Cervical cancer	97	7.27	88.18
7	Prostate cancer	93	7.10	98.94	Pancreatic cancer	54	4.05	55.67
8	Non-Hodgkin's lymphoma	91	6.95	97.85	Gallbladder cancer	49	3.67	90.74
9	Pancreatic cancer	84	6.42	92.31	Non-Hodgkin's lymphoma	45	3.37	91.84
10	Leukemia	68	5.19	80.95	Ovarian cancer	42	3.15	93.33
	Others	398	30.40	585.29	Others	251	18.81	597.62



5. Management of Health Centers

1. Supervision of Health Centers

1) Monthly Meetings of Directors of Health Centers

Meetings of directors of health centers and division chiefs of the Department are held each month for communication and coordination.

2) A Review and Evaluation Meeting of the Work of Health Centers

On 16 and 17 December 2001, a review and evaluation meeting was held at a beach resort to review the achievements of the Department and the health centers in 2001. Current issues in public health were discussed. Experts and academics were invited to talk about the theories and practice of program evaluation, community screening for diseases and improvement of service quality.

Health centers were assessed in relation to their general achievements, special and innovative performances and work in information management. Within these categories, the ZhongZheng, SongShan and DaAn health centers were the top three performers. The ZhongZheng, NanGang and DaAn health centers won the top awards for innovative performances.

3) Consumer-Oriented Services at Health Centers

(1) A "For Your Convenience Center" has been set up in each health center to provide the public with access to all services of the center through a single window.

(2) Health centers are checked by telephone each month to test if

telephone inquiries made by the public are handled properly.

(3) An assessment of the health centers' services to the public is made jointly with the Council of Research, Development and Evaluation of the City Government each year. Health centers are required to make corrections and improvements as necessary.

4) A Planning Group on the Development of Health Centers

To consolidate the work of health centers and to develop new and innovative service programs, a planning group for the development of health centers was set up. Meetings are held regularly to promote innovations and the integration of health centers to upgrade the quality of their services.

2. Home visit Healthcare

1) Health center staff make regular home visits. Priority is given to aboriginal residents, members of moderate and low-income families, psychiatric patients and residents of radioactive-contaminated buildings. During home visits, screenings for blood pressure, urine sugar, albumin, urine sugar and cholesterol are made. Cases thus identified are referred for care and follow-up. Findings resulting from home visits are stored in a healthcare service information databank. In the three years between January 1999 and December 2001, 421,850 households had been visited. 22,817 persons were suspected of having health problems and re-visited by public health nurses. Of these, 2,492 were later confirmed as having problems and 8,548 cases were placed under management. The health conditions of the remaining 11,777 persons were also found to have improved after health education.

Chapter II. Control of Communicable Diseases

1. Control of Communicable Diseases

With the aim of more effective and extensive control of communicable diseases, the Department of Health of the Executive Yuan has included both emerging diseases and new infectious diseases in the control programs. For public protection, relief measures and compensation regulations have been formulated. The responsibilities and authorities of the central and the local governments have been clearly defined. A sound regulatory structure has been established and penalties on violations augmented. The Law on the Control of Communicable Diseases, enacted on 23 June 1999, classifies forty communicable diseases in four categories for prevention and control.

As a result of more active efforts in disease control, no major outbreaks of communicable diseases occurred in the City during the year. The methods of controlling some important communicable diseases are summarized as follows.

1. Sexually Transmitted Diseases and AIDS

The Municipal Venereal Disease Control Institute is responsible for the prevention and control of sexually transmitted diseases. The Institute offers anonymous and quick screening services. Screening for syphilis and AIDS is also available to illegal prostitutes, customers of prostitutes, homosexuals, patients with sexually transmitted diseases, patients of STD clinics, employees of sanitary establishments and public eating places and the general public. During the year, screening was provided 129,171 person-

- 2) Further controls are provided by a plan for the quality control of household healthcare services.
- 3) Home visitors must be professionals in medical sciences, nursing or public health. They undergo specific skills training before making public visits.
- 4) The public is surveyed either by telephone or by re-visiting to check their satisfaction with the services.

3. Health Promotion of the Staff

To promote the health of the staff of the City Government, a screening program began in 2000. Cases thus identified are referred, followed-up and given health education. Workshops on healthcare are held. By the end of 2001, some 3,843 person-times staff screenings had taken place and 64 lectures held for 2,912 person-times.

times. Further testing by the Western Blot method confirmed 283 carriers. Cases are registered for management, a hotline, 2370-3738, has been set up for inquiries and an AIDS counseling clinic is in operation. In May 2001, a special AIDS dental clinic was set up for AIDS patients.

2. Control of Malaria

For visitors and tourists to malaria-infected areas, prophylaxis drugs have been supplied at the 12 health centers since July 1995. During the year, five imported positive cases were detected; of these none were indigenous.

3. Control of Dengue Fever

During the year, a total of 160 suspected cases were reported, an increase of 24% over the 116 cases in the year before. Of these, seven residents of the City were confirmed as imported cases and one was indigenous. Four more cases were detected through epidemiological investigations. Regular control strategies against dengue fever are as follows.

- 1) A center for the prevention and control of dengue fever is responsible for supervision and monitoring.
- 2) The Department of Environmental Protection coordinates the disinfecting of breeding sources within 24 hours after reporting.
- 3) Surveys of the density of vector mosquitoes are conducted regularly. Teams are sent to areas of higher or unusual density to supervise the cleaning of the neighborhood. In areas of Breteau index 2 and above, sanitation teams will be asked to clean up

breeding sources. In areas of index 3 and above, inspections will be made every two weeks until a safe level is reached.

- 4) Letters are sent to medical associations to stress the importance of dengue fever control, and to urge their members to cooperate in the control program. Blood samples are taken from cases with fever or cold symptoms and health centers notified immediately by telephone. Specimens are collected and forwarded to the Center for Disease Control for laboratory testing.
- 5) Timely reporting by doctors is urged. As part of history-taking, patients should be asked about recent international visits. Suspected cases should be faxed immediately to the Department so that the routes of infection can be interrupted.
- 6) Health education is being intensified. September is designated dengue fever control month. The elimination of breeding sources and disinfection of the environment are stressed. Residents are asked to monitor the vector-mosquito density in their neighborhood.
- 7) Mass media are used to urge visitors and tourists to seek medical care immediately if they experience any symptoms upon return from international visits. They should automatically tell doctors where they traveled. Early reporting of suspected cases is essential to the effective control of infectious diseases.
- 8) Self-reporting is urged. To encourage the active participation of residents in disease control, any self-reported cases, if confirmed by the Center for Disease Control through blood tests, will be

awarded NT\$2,500 per case. In 2000, one case received an award under this scheme. Disease reporting is essential to the prevention of dengue fever. It is only through high sensitivity to disease situations that timely control measures can be taken. Reporting of suspected rather than confirmed cases is the policy of the Department.

- 9) A reporting system for communicable diseases involving hotels and travel agents has been set up. The Bureau of Tourism of the Ministry of Transportation and Communications has been requested to coordinate hotels and travel agents' associations to report any suspected cases or groups of communicable diseases directly to the Department for prompt control measures.
- 10) A "Mosquito-Free Environment for Health" campaign was organized. Vector-mosquito densities show that densities are the highest in March and June through October. In the campaign, community resources were consolidated to monitor vector densities and clean up the environment to create a mosquito-free neighborhood.

4. Prevention and Control of Enterovirus Infection

Efforts of health, education and social welfare organizations have been consolidated for the prevention and control of enterovirus infections and a special task force has been established. Disease surveillance, training of professional workers and health education have been strengthened.

1) Disease Surveillance

- (1) District and above hospitals are required to report weekly to the Department the number of enterovirus patients at outpatient clinics and under hospital care. An epidemiological trend of the infection in the City is being established.
- (2) Post-partum care centers are required to reported cases to protect newborns from infection and serious complications.
- (3) A surveillance system involving primary schools, kindergartens, nurseries and child centers has been established in collaboration with the education and social welfare authorities. Epidemiological investigations are conducted immediately following reports of infections.

2) Training of Professional Workers

Disease control workers and childcare workers attend training programs on the prevention and control of enterovirus infections. Health stations also organize educational activities for caretakers of kindergartens and nurseries. With the support of the private sector, a series of health education activities has been organized.

3) Sanitation Inspections of Kindergartens and Public Places

Even before outbreaks of enterovirus infections occur, kindergartens, nurseries and childcare centers are supervised to ensure they clean up their environment. Teams visit schools for investigations during outbreaks. Health education is intensified and disinfectants are distributed to schools for disinfection of the environment.

4) Press Releases and a Hotline for Counseling

Information on the infection is released to the press regularly. Counseling is available through a hotline, 2720-5258.

- 5) Health education materials are distributed to parents when they bring their babies for immunization to alert them to the dangers of the disease and advise them how to avoid infection.
- 6) Mass media such as public and private radio, community cable television, LED bulletin boards of the Mass Transport System, health centers and all medical care institutions of the Department are extensively used to broadcast health education messages and information.

5. Prevention and Control of Japanese Encephalitis

Vaccines against Japanese encephalitis have been given free, since 1965, to children of 15 months and older. They receive two shots initially at a two-week interval, one booster a year after and another booster upon entering primary school. Vaccines are given during the three months between 1 March and 31 May each year. When infections of Japanese encephalitis are suspected, children under ten years in the neighborhood of suspected cases who have never been immunized or have not completed the course receive immunization. The environment of the suspected cases is disinfected with pesticide to eradicate vector mosquitoes.

6. Prevention and Control of Tuberculosis

The Municipal Chronic Disease Hospital primarily handles the prevention and control of tuberculosis. Along with the increase in AIDS infections, tuberculosis has re-emerged as an important

infectious disease. Since the City became a national city, four prevalence surveys of tuberculosis have been conducted to give a prevalence of 1.35% in 1978, 0.60% in 1983, 0.51% in 1988 and 0.22% in 1993. Although tuberculosis has not been one of the ten leading causes of death since 1986 (in 2000, it was the 12th cause of death with a mortality rate of 4.20 per 100,000), with the increase in recent years of international tourism, visits to the mainland China, higher numbers of alien labor migrants and complications of AIDS infections, tuberculosis is likely to re-emerge. Early detection of cases, complete courses of treatment and follow-up management are essential to the effective control of tuberculosis. Some important activities in this regard are summarized as follows.

1) Preventive Measures for Tuberculosis

- (1) Free mobile chest x-ray screening is offered to the public. During the year, 230 such screenings were conducted for 30,341 persons to detect 119 suspects, at a preliminary detection rate of 0.39%.
- (2) 157 chest x-ray screenings for 3,404 persons of high-risk groups were conducted to detect 33 suspects, at a preliminary detection rate of 0.96%.
- (3) 24,260 primary school children, newborns and infants received BCG vaccinations. 1,209 of them were given a tuberculin test.

- 2) The Municipal Chronic Disease Hospital is responsible for the planning, education and implementation of the reporting

system for tuberculosis.

- 3) Management of tuberculosis cases: In October 2000, a computerized case management system for the home care of tuberculosis patients was established that collates information on the epidemiology of tuberculosis infection in the City. By the end of 2000, 1,748 patients had been placed under management in the system.
- 4) Promotion of the Directly Observed Treatment, Short-course (DOTS) method: DOTS was promoted in May 2001. By December, 489 patients were on this method. Training of volunteers and trainers has been organized to develop manpower for tuberculosis control. The health professions visit schools and other organizations to lecture about tuberculosis control and the DOTS method. Mass media are used to educate the public on tuberculosis control.
- 5) The establishment of a standard laboratory for the testing of tuberculosis: Protective measures provided by the laboratory have been intensified. Laboratories of international standard for the testing of tuberculosis bacilli will be set up and a quick and sensitive method for the isolation of tuberculosis bacilli and a drug sensitivity test will be developed. Testing in the community will be conducted. Each year, around 14,313 person-times are tested; of them, 9,515 are tested in communities.

7. Prevention and Control of Hepatitis

In addition to health centers, 244 hospitals and clinics with

obstetrics and gynecology departments have been designated to blood-test pregnant women at prenatal clinics for hepatitis B. Babies born to mothers who test e-antigen positive will be given HB immunoglobulin within 24 hours of delivery. Thereafter, they will follow the same immunization schedule as other newborns.

8. Prevention and Control of Parasites

Priority is given to the control of threadworms. As threadworms are found more often in children of five to 14 years, examinations and treatment of cases thus identified are carried out in nurseries, kindergartens and the first, third and fifth classes of primary schools each year. The first year students of junior high schools are screened by six municipal hospitals. Students testing positive are medicated and re-examined. Families of positive cases are also examined and treated if positive.

In the year, 98,285 students in the first, third and fifth years of primary schools were examined to find 3,727 positive cases, at an infection rate of 3.79%. 33,734 students in the first year of junior high schools were examined to find 185 positives, at an infection rate of 0.55%. 63,534 children of nurseries and kindergartens were examined to find 1,731 positives, at an infection rate of 3.05%.

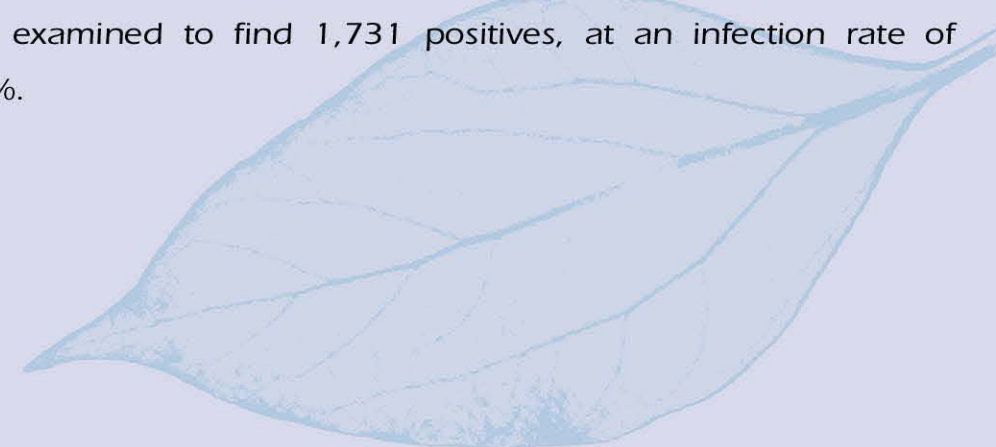


Table 2-1-1
Cases of Notifiable Diseases,Taipei City,2001

Category I		
Diseases	No, Reported	No, confirmed
Cholera	0	0
Plague	0	0
Yellow fever	3	0
Rabies	0	0
Ibola hemorrhagic fever	0	0

Category II		
Diseases	No, Reported	No, confirmed
Typhus fever	10	0
Diphtheria	0	0
Meningococcal meningitis	3	1
Typhoid	42	12
Paratyphoid	12	0
Anthrax	0	0
Poliomyelitis	0	0
Acute flaccid paralysis	2	1
Bacillary dysentery	39	25
Amebic dysentery	35	26

Category IV		
Diseases	No, Reported	No, confirmed
HIV infection	182	182
AIDS	26	26
Botulism	0	0
C-J disease	1	0
Leptospirosis	61	0
Lyme disease	113	9
Melioidosis	0	0

Category III		
Diseases	No, Reported	No, confirmed
Dengue fever	95	12
Dengue hemorrhagic fever	0	0
Malaria	15	8
Measles	12	1
Enterohemorrhagic E coli	3	1
Enterovirus complicatedsevere case	38	22
Open pulmonary Tuberculosis	888	861
Tuberculosis (exceptopen pulmonary tuberculosis)	1209	1104
Japanese encephalitis	31	2
Leprosy	0	0
Rubella	27	1
Congenital rubella syndrome	0	0
Pertussis	50	0
Scarlet fever	203	56
Tetanus	1	0
Scrub typhus	130	15
Acute viral hepatitisA	78	78
Acute viral hepatitisB	78	78
Acute viral hepatitisC	15	15
Acute viral hepatitisD	0	0
Acute viral hepatitisE	1	1
Acute viral unspecified hepaitis	29	0
Mumps	125	0
Chickenpox	1169	0
Legionnella	220	1
Gonorrhea	8	1
Syphilis	698	698
Invasive hemophilus influenza type B	154	154
Influenza	2	0

Table 2-2-1 BCG Vaccination
for Infants by District, Taipei City, 2001

District	No, of Births	No. Vaccinated	Vaccination Rate(%)	Vaccinated at			
				Health Center		Hospital	
				No, Vaccinated	Vaccination Rate(%)	No. Vaccinated	Vaccination rate(%)
Total	47,680	46,159	96.81	1,247	2.70	44,688	96.81
Songshan	2,985	2,772	92.86	95	3.43	2,677	96.57
XinYi	4,212	4,074	96.72	166	4.07	3,908	95.93
DaAn	5,001	4,893	97.84	102	2.08	4,791	97.92
ZhongShan	3,780	3,665	96.96	-	-	3,460	94.41
ZhongZheng	2,681	2,662	99.29	74	2.78	2,588	97.22
DaTong	2,554	2,488	97.42	184	7.40	2,285	91.84
WanHua	4,063	3,989	98.18	110	2.76	3,879	97.24
WenShan	4,865	4,778	98.21	143	2.99	4,635	97.01
NanGang	2,487	2,412	96.98	137	5.68	2,275	94.32
NeiHu	4,471	4,258	95.24	236	5.54	4,022	94.46
ShiLin	5,900	5,762	97.66	-	-	5,762	100.00
Beitou	4,681	4,406	94.13	-	-	4,406	100.00

Notes: 1.No. of births statistics provided by the Department of Civil Affairs.
2.No. vaccinated is the number reported by health centers and includes only babies born to residents of the City.

2. Immunization

1. Immunization

Immunization is an effective measure for the prevention and control of communicable diseases. Immunization vaccines can be used to stimulate the production of antibodies for either total or partial protection. Immunizations offered at no cost in the City are BCG, hepatitis B, combined diphtheria-tetanus-pertussis, oral poliomyelitis, measles, combined measles-mumps-rubella, Japanese encephalitis, tetanus-diphtheria vaccine with reduced amount of diphtheria toxoid, and rubella. Immunization is given by hospitals and clinics in each district (municipal hospitals took over the immunization of children from health centers in 1997-1998). To improve the immunization coverage rates of young children, children under three years are followed up through various channels to check their immunization status. The City also initiated a project to review the immunization records of school children upon enrollment and provide make-up immunization, if necessary. In 1989-1990, six schools were selected on a trial basis. The project was later extended to forty schools in 1991. The Department of Health of the Executive Yuan decided in 1992 to promote this project to all schools and in 1993, to all kindergartens and nurseries.

2. Prevention and Control of Poliomyelitis

There is no effective cure yet for poliomyelitis. The disease, however, is vaccine-preventable. Thus, an oral polio vaccine

Table 2-2-2 Immunization Against Hepatitis B, Taipei City, 2001

District	No. of Pregnant Women Examined						No. Immunized Immunoglobulin		No. of Newborns Immunized (Person-times)		No. of Preschool Children Immunized (person-times)	No. of 1st Grade Children Immunized (person-times)	
	Health Center	Hospital	Total	S-Antigen Positive	S-Antigen Positive Rate(%)	e-Antigen Positive	e-Antigen Positive Rate(%)	Hospital	Total	Hospital			Total
Songshan	0	5,388	5,388	676	12.55	136	20.12	180	180	16,750	16,750	2	0
Xin Yi	0	762	762	81	11.42	12	13.79	16	16	3,471	3,471	15	17
DaAn	157	4,045	4,202	540	12.85	106	19.63	104	104	12,528	12,528	0	1
Zhongshan	409	4,834	5,243	699	13.33	129	18.45	157	157	14,820	14,820	3	22
Zhong/Zheng	0	5,944	5,944	778	13.09	193	24.81	210	210	16,255	16,255	1	3
Da Tong	0	380	380	49	12.89	7	14.29	12	12	2,443	2,443	19	35
WanHua	46	877	923	121	13.11	46	38.02	37	37	3,766	3,766	0	9
WenShan	0	1,464	1,464	159	10.86	46	28.93	54	54	6,013	6,013	20	10
NanGang	0	335	335	38	11.34	5	13.16	14	14	3,261	3,261	20	13
NeiHu	77	1735	1812	245	13.52	47	19.18	54	54	6,466	6,466	10	0
Shil in	0	3,474	3,474	441	12.69	117	26.53	155	155	12,686	12,686	4	0
Beitou	195	2,586	2,781	323	11.61	81	25.08	103	103	10,021	10,021	2	9
Total	884	31,824	32,708	4,156	12.71	925	22.26	1,096	1,096	108,480	108,480	96	119

(OPV) project has been promoted actively in the City. At two, four and six months after delivery newborns receive one dose each of the oral polio vaccine, plus a booster dose at 18 months and another booster dose upon enrollment in primary schools. IPV (injectable polio vaccine) is given to cases allergic to OPV. A serious outbreak occurred in 1982 in the City and elsewhere in Taiwan. An extended OPV project and other control measures were immediately activated to control the spread of the infection quickly. In 1983, one case was reported. Since then, no further cases have been reported.

On 29 October 2000, Taiwan declared the eradication of poliomyelitis. To protect the health of the population and to avoid infections by wild strain polioviruses, in addition to strengthened disease surveillance and in coordination with the decision of the Center for Disease Control of the Department of Health, acute flaccid paralysis was made a reportable disease. Doctors in the City are instructed to report any cases within 24 hours to the Department and health centers.

3. Immunization Against Chickenpox

In October 1986, the City initiated a project to immunize children aged one to two years against chickenpox. Hospitals and clinics are subsidized NT\$ 1,500 per case. Since 2001, the Department has procured chickenpox vaccines for distribution to hospitals and clinics under contract. Any children born after 1 January 1997 who are entitled to City medical subsidies receive subsidized immunization at one year of age. During the year, a total

of 23,719 children were immunized.

4. Immunization of the Elderly Against Influenza

In the period between October 1999 and October 2000, in accordance with the policy of the Department of Health, the City implemented a project to immunize elderly people aged 65 and above within high-risk groups against influenza. This project was extended to all elderly people aged 65 and above in October 2001. In the two years of 1999 and 2000, 50,194 elderly persons were immunized and in the year 2001, 134,589 were immunized.

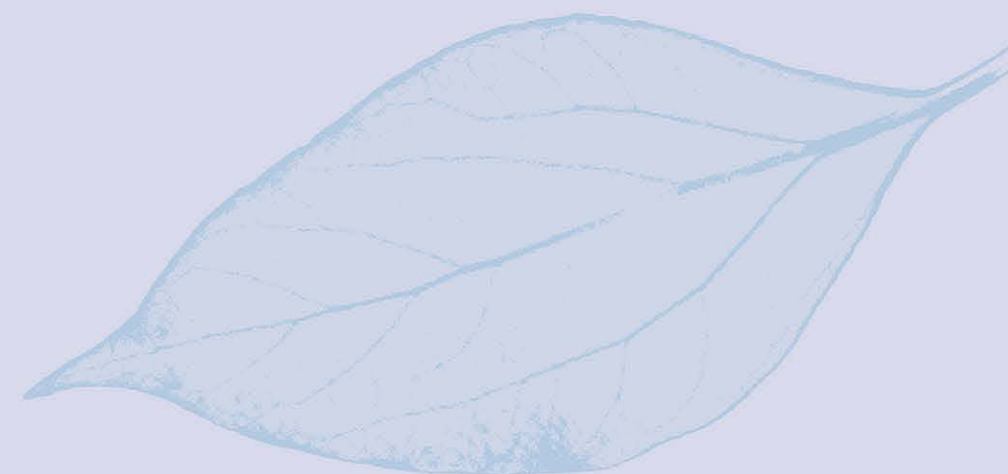


Table 2-2-4 Immunization Coverage Rates by District, Taipei City, 2001(2)

District	JE					MV		MMR		Td		Rubella
	No. to be immunized	1 st dose immunized	2 nd dose immunized	Booster No. to be immunized	1 st grade No. to be immunized	No. of Make-ups	No. to be immunized	No. to be immunized	No. to be immunized	No. to be immunized	No. of Make-ups	No. immunized
Songshan	2,209	2,166 (98.05)	2,120 (95.97)	2,106 (98.91)	2,521 (93.93)	133	2,271 (96.26)	2,186 (96.26)	2,275 (95.25)	2,564 (95.99)	62	140
XinYi	2,960	2,951 (99.70)	2,949 (99.63)	2,750 (98.87)	3,100 (99.06)	45	3,065 (97.91)	3,001 (97.91)	2,942 (99.66)	3,316 (97.07)	22	45
DaAn	3,409	3,340 (97.98)	3,330 (97.68)	3,000 (99.47)	3,988 (95.79)	95	3,274 (93.46)	3,060 (93.46)	3,230 (96.92)	3,150 (95.78)	42	348
ZhongShan	2,521	2,346 (93.06)	2,307 (91.51)	2,446 (89.66)	2,331 (93.87)	37	2,493 (91.50)	2,281 (91.50)	2,551 (93.02)	2,376 (95.03)	164	95
ZhongZheng	1,232	1,213 (98.46)	1,202 (97.56)	1,437 (84.76)	1,679 (98.39)	0	1,730 (93.18)	1,612 (93.18)	1,747 (93.42)	1,703 (100.00)	0	169
DaTong	1,722	1,699 (98.66)	1,579 (91.70)	1,635 (89.79)	1,588 (96.22)	274	1,618 (98.83)	1,599 (98.83)	1,733 (99.65)	1,584 (94.19)	16	172
WanHua	2,569	2,455 (95.56)	2,443 (95.10)	2,687 (92.71)	2,422 (97.73)	0	2,713 (92.66)	2,514 (92.66)	2,720 (91.76)	2,272 (94.06)	0	28
WenShan	3,482	3,430 (98.51)	3,380 (97.07)	3,375 (95.47)	3,767 (96.99)	0	3,549 (96.14)	3,412 (96.14)	3,467 (99.34)	3,612 (94.27)	0	122
NanGang	1,624	1,618 (99.63)	1,594 (98.15)	1,809 (66.13)	1,300 (96.69)	0	1,631 (99.57)	1,624 (99.57)	1,665 (98.86)	1,291 (96.67)	26	90
NeiHu	3,836	3,751 (97.78)	3,664 (95.52)	3,468 (97.69)	3,731 (96.94)	394	3,370 (95.49)	3,218 (95.49)	3,359 (97.14)	3,717 (97.98)	129	147
Shilin	3,477	3,391 (97.53)	3,385 (97.63)	3,188 (96.33)	3,660 (97.65)	0	3,586 (93.56)	3,355 (93.56)	3,556 (94.69)	3,660 (97.76)	0	358
Beitou	2,999	2,999 (100.00)	2,928 (97.63)	2,873 (99.69)	3,069 (95.37)	54	1,348 (99.48)	1,341 (99.48)	1,259 (94.76)	3,033 (96.74)	15	62
Total	32,040	31,359 (97.87)	30,881 (96.38)	30,774 (95.67)	33,156 (96.69)	1,032	30,648 (95.29)	29,203 (95.29)	30,524 (96.28)	32,992 (96.29)	618	1,776

Table 2-2-3 Immunization Coverage Rates by District, Taipei City, 2001(1)

District	DPT					OPV				
	No. to be immunized	1 st dose immunized	2 nd dose immunized	3 rd dose immunized	Booster No. to be immunized	No. of Make-ups	No. to be immunized	1 st dose immunized	2 nd dose immunized	3 rd dose immunized
Songshan	2,336	2,278 (97.52)	2,276 (97.43)	2,307 (98.76)	2,089 (95.69)	16	2,336 (97.52)	2,278 (97.52)	2,276 (97.43)	2,307 (98.76)
XinYi	3,087	3,033 (98.25)	3,033 (98.25)	3,032 (98.22)	2,874 (98.12)	67	3,087 (98.25)	3,033 (98.25)	3,033 (98.25)	3,032 (98.22)
DaAn	3,258	3,148 (96.62)	3,167 (97.21)	3,200 (98.22)	3,030 (98.42)	0	3,258 (96.62)	3,148 (96.62)	3,167 (97.21)	3,200 (98.22)
ZhongShan	2,473	2,305 (93.21)	2,262 (91.47)	2,283 (92.32)	2,505 (90.02)	1	2,473 (93.21)	2,305 (93.21)	2,262 (91.47)	2,283 (92.32)
ZhongZheng	1,814	1,733 (95.53)	1,732 (95.48)	1,696 (93.50)	1,813 (95.17)	0	1,814 (95.53)	1,733 (95.53)	1,732 (95.48)	1,696 (93.50)
DaTong	1,718	1,720 (99.07)	1,694 (98.60)	1,687 (98.20)	1,547 (99.55)	42	1,718 (99.07)	1,720 (99.07)	1,694 (98.60)	1,687 (98.20)
WanHua	2,742	2,618 (95.48)	2,597 (94.71)	2,574 (93.87)	2,777 (93.45)	0	2,742 (95.48)	2,618 (95.48)	2,597 (94.71)	2,574 (93.87)
WenShan	3,499	3,378 (96.54)	3,360 (96.03)	3,350 (95.74)	3,485 (95.55)	0	3,499 (96.54)	3,378 (96.54)	3,360 (96.03)	3,350 (95.74)
NanGang	1,562	1,559 (99.81)	1,557 (99.68)	1,555 (99.55)	1,632 (98.35)	3	1,562 (99.81)	1,559 (99.81)	1,557 (99.68)	1,555 (99.55)
NeiHu	3,581	3,466 (96.84)	3,409 (95.20)	3,389 (94.64)	2,691 (99.37)	24	3,581 (96.84)	3,466 (96.84)	3,409 (95.20)	3,389 (94.64)
Shilin	3,489	3,295 (94.44)	3,201 (91.75)	3,091 (88.59)	3,253 (94.87)	0	3,489 (94.44)	3,295 (94.44)	3,201 (91.75)	3,091 (88.59)
Beitou	3,103	2,870 (92.49)	3,060 (98.61)	2,787 (89.82)	3,103 (93.30)	0	3,103 (92.49)	2,870 (92.49)	3,060 (98.61)	2,787 (89.82)
Total	32,662	31,387 (96.10)	31,348 (95.98)	30,951 (94.76)	29,039 (95.96)	153	32,662 (96.10)	31,387 (96.10)	31,348 (95.98)	30,951 (94.76)

Chapter III Health Promotion

1.Genetic Health

1. Genetic Health Examination

Residents of the City meeting at least one of the following conditions are eligible to genetic health examination at one of the designated hospitals. Each examination is subsidized to a maximum of NT\$ 1,500. In the year, 1,153 such cases were examined.

- 1) parents and siblings of G-6-PD deficiency children;
- 2) husband of pregnant woman with red blood cell volume less than 80 millimicro-micro liter;
- 3) pregnant woman and her husband, if their average red blood cell volume is less than 80 millimicro-micro liter;
- 4) an individual, or his/her relatives within four degrees, suspected of genetic disorders
- 5) anomalies or abnormal stillbirth found during pre-natal care.

2. Pre-marital Health Examination

Persons to be married or newly married couples who have not become pregnant may receive a general health examination as well as an examination for communicable and genetic diseases. Citizens of low-income families, aboriginal, or mentally or physically disabled people are subsidized for such examinations up to a maximum of NT\$ 1,000 per case. Services are available at the National Taiwan University Hospital, Taipei Veterans’ General Hospital, Chang Gung Memorial Hospital, Taipei Medical University Hospital, Cathay General Hospital, Pojen Hospital,

Table 2-2-5 Tuberculosis Control in Taipei City, 2001

District	Mobile X-Ray	Cases Found						Case Management			Home Visits						
		Open Pulmonary Tb		Non-open Pulmonary Tb		Other Tb		Intertuberculous combined with extrapulmonary	No. Cured	No. Followed-up	Survey of Tb Deaths						
		New Case	Recurrence	New Case	Recurrence	New Case	Recurrence				No. of Households Reported	No. of Households Reported	No. of Households should be investigated	No. of Persons should be investigated	No. of Persons Investigated	No. of cases	
Songshan	1,991	48	5	57	0	25	0	3	133	69	354	7	7	7	15	12	0
Xinyi	5,282	65	5	65	2	35	0	5	169	103	465	15	10	10	12	12	0
Dadan	5,687	83	4	87	1	55	0	8	182	155	539	10	5	5	10	8	0
Zhongshan	5,024	77	14	76	0	37	2	6	179	92	383	8	6	6	15	15	1
Zhongzheng	2,449	39	9	43	1	19	0	2	95	94	344	8	6	6	15	15	1
DaTong	3,723	59	4	37	3	16	3	3	115	78	523	4	2	2	6	5	0
WanHua	3,812	100	11	80	5	35	3	3	192	161	784	14	10	10	31	26	1
Wenshan	2,650	69	2	55	0	37	0	6	179	99	302	11	9	9	26	26	0
NanGang	2,908	33	7	31	2	20	1	3	73	57	380	7	4	4	18	16	0
NeiHu	4,902	63	14	40	1	32	0	3	134	87	315	10	6	6	15	15	1
ShiLin	3,827	107	6	51	0	32	0	0	175	120	461	9	3	3	11	11	0
Beitou	4,367	92	16	44	5	33	0	10	156	114	233	15	12	12	43	43	0
Total	46,622	835	97	666	20	376	9	52	1,782	1,229	5,083	118	80	80	217	204	4

Notes: 1. No. examined by mobile-X-ray is the number of persons examined by mobile X-ray at no cost.
2. No. under management is the number at the end of 2001, including number of patients under treatment and patients followed up after termination of medication.
3. Cases found = open cases - non - open cases + other tuberculosis cases + pulmonary tuberculosis with complication of other forms of tuberculosis
4. Source: Taipei Municipal Chronic Disease Hospital

Mckay Memorial Hospital, Shing Kung Hospital, Taipei Municipal Chunghsing, Jenai, Hoping, Yangming, Chunghsiao and Women and Children's hospitals, the Army Sungshan Hospital, Hongen Hospital, Taian Hospital, Wanfang Hospital, and the DOH Taipei Branch Hospital. In the year, 3,722 cases accepted examinations.

3. Pre-natal Genetic Diagnosis

Any pregnant woman meeting the following conditions may apply for this service at one of the designated hospitals. Each case is subsidized NT\$ 2,000. Women of low-income families are subsidized NT\$ 5,500 per case. In the year, 5,134 cases accepted examinations.

- 1) pregnant woman aged 34 and above;
- 2) diagnosed or confirmed to have one of the following conditions:
 - (1) both husband and wife are carriers of the same recessive disease gene;
 - (2) either husband or wife has some genetic disorder;
 - (3) has previously given birth to a child/children with abnormalities;
 - (4) family members have genetic disorders;
 - (5) by serum screening, the woman is found to have odds of suspected chromosome disorders higher than 1/270;
 - (6) fetus is suspected of abnormality through ultrasound screening.

4. Screening of Newborns for Metabolic Disorders

Designated hospitals and clinics participate in the screening program. Blood specimens of babies born in these hospitals and

clinics are collected for screening. In the year, 23,526 babies were screened.

5. Screening of Pregnant Women for Down's Syndrome

Pregnant women may be screened for Down's syndrome at the Municipal Chunghsiao, Jenai, Hoping, Yangming, Chunghsing and Women and Children's hospitals. A case is subsidized NT\$ 665. In the year, 2,369 cases accepted the screening.

6. Induced Abortion

Women diagnosed or confirmed to have one of the following conditions may request subsidies for induced abortion at NT\$ 1,000-3,000 per case. In the year, 15 cases were subsidized.

- 1) certified handicapped manual holders;
- 2) women becoming pregnant after either sterilization or using IUDs and who have records to prove the case;
- 3) holders of the low-income family card or aboriginal certificates;
- 4) those who accept sterilization during the two months following induced abortion.

7. Subsidies for Male and Female Sterilization

Residents of the City meeting one of the following conditions may apply for subsidies for either male or female sterilization operations at NT\$ 2,500 for male, and NT\$ 10,000 for female sterilization. In the year, ten cases were subsidized.

- 1) the person concerned or his/her spouse carries a genetically undesirable genetic, communicable or psychiatric disease;
- 2) relatives within four degrees of kinship of either the person concerned or his/her spouse carry genetically undesirable diseases;

2. Family Planning

In the year, 2,473 women accepted IUDs; 56,306 cycles of oral contraceptive pills were distributed; 339,175 dozen condoms were distributed; ten men and women accepted sterilization and 3,868 persons belonging to special groups received visits for advice about family planning.

- 3) certified handicapped manual holders ;
- 4) women who become pregnant after sterilization or using IUDs (pregnant with IUD in situ) and who have records to prove the case;
- 5) carriers of low-income family card or aboriginal certificates;
- 6) those who accept sterilization immediately after induced abortion.

3. Maternal and Child Health

1. Health Management for Pregnant Women

1) Health Management for Pregnant Women of High-Risk Groups

Seven municipal hospitals conduct the health management of pregnant women of high-risk groups by offering enhanced pregnancy care to prevent the birth of deformed children and to protect the health of mothers and children. High-risk groups are women of 34 years of age and above, unmarried women, women who have previously given birth to children with deformities or premature babies, women with one of the 35 risk factors such as pre-eclampsia, heart disease, diabetes, hypertension and goiter. Their progress is managed carefully from pregnancy through delivery. In the year, 875 such women were placed under management.

2) Health Management of Mothers and Children of High-Risk Groups

Details of children born within 37 weeks of pregnancy or with a birth weight lower than 2,500 gm is sent to health centers for post-partum and neo-natal care. In the year, 2,275 babies were placed under management.

2. Birth Reporting

1) Child-delivery institutions are required to birth certificates (including stillbirths) and report within ten days of delivery any live births or stillbirths of more than twenty weeks to the Department of Civil Affairs and the Health Department (this work is handled by the Municipal Women and Children's Hospital).

2) Upon receipt of the reports, the Department refers them to the health centers concerned and to health bureaus of other counties and cities (as defined by the registered addresses of the mothers) for follow-up care in the communities. During the year, a total of 39,048 births were reported.

3. Follow-up of Congenitally Deformed Children

In compliance with the Department of Health's (Executive Yuan) policy for the follow-up of congenitally deformed children, all delivery hospitals are required to fill out records of congenitally deformed children and report them to the Department (handled by the Municipal Women and Children's Hospital). The reports are then referred to the relevant health centers for follow-up. In the year, 224 children were followed-up.

4. Healthcare Services for Children

1) Screening of Children for Development

In order to detect early children whose development may be retarded, screening of pre-school children is available at pediatric and family medicine clinics and hospitals. To improve the screening rate of children aged under six years, screening is also conducted jointly by health centers and medical care institutions in kindergartens and nurseries with the aim of early detection and treatment of children with abnormal rates of development. In the year, a total of 99,937 children were screened and 3,000 children were found to have retarded development. They have been referred to the Taipei Early Treatment General Service Center for further assessment.

2) Oral Examinations in Kindergartens and Nurseries

Serious tooth decay can have a negative impact on pre-school children's growth, chewing ability, pronunciation, nutrition levels and even emotional development. With the aim of preventing tooth decay and promoting oral health in young children through the development of more effective programs, the Department has, since 1993, conducted oral health surveys and epidemiological surveys of tooth decay prevalence levels by district in kindergartens and nurseries.

The Department random sampled some 13,087 children for further statistical analysis from surveys of practicing dentists in the 12 districts of the City in July 2000 through June 2001 and of 52,436 children in private and public kindergartens and nurseries. It was found that the oral health of these children was relatively stable and that the tooth decay rate was about 60%. The deciduous (or milk) tooth decay index was about 3.8. In the year, the deciduous tooth decay index was 3.86 ± 4.00 , and the tooth decay prevalence rate was 59.3%.

3) Fluoridated Water Mouth Rinsing Pilot Project

Fluorides are useful in promoting oral health, provided the application of fluoridated water continues for an adequate period of time. In accordance with its plan for the prevention of tooth decay in primary school children, in August 2000, the Department of Health, Executive Yuan, started a pilot program of mouth rinsing with fluoridated water in kindergartens. Currently, 10,590 children in 353 classes are in the project.

4. Health Promotion for Adolescents

To promote the physical and mental health of young children and adolescents and to help them develop appropriate attitudes to sexual relations, the Department of Health, Executive Yuan, provided subsidies to the Municipal Jenai, Hoping, Women and Children's, Yangming, Chunghsiao and Gandau hospitals and the Taipei Medical University Hospital to set up health clinics for adolescents to provide counseling and medical care services on issues of physical and mental health. A case is subsidized NT\$ 400. In the year, 13,626 adolescents used these services.

Educational pamphlets and posters on sexual relations have been produced and videos have been purchased and distributed. Activities on sex education and contraception have been organized in schools and communities with the aim of preventing unwanted births. In the year, some 83,885 persons attended these activities.

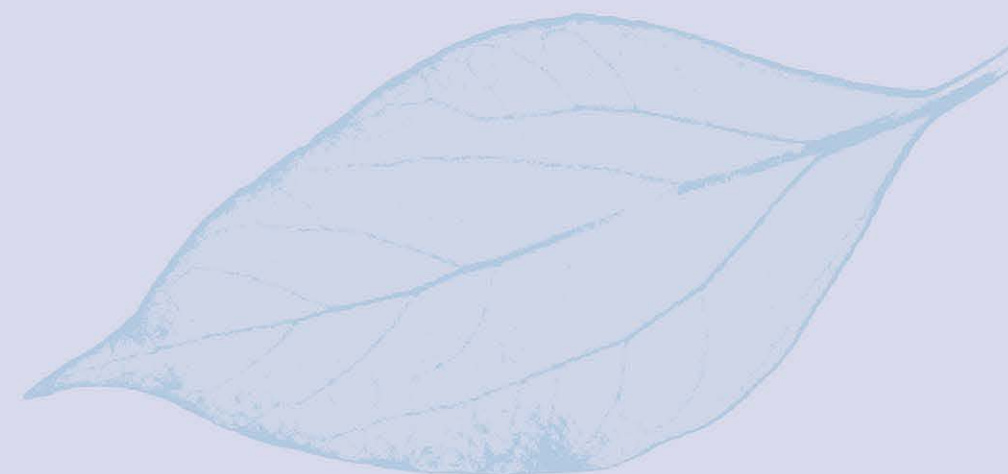


Figure 3-4-1 Health Clinics for Adolescents, Taipei City, 2001

Hospitals	No. of Perssons		Sex			Reasons for Visit	Diagnosis	Remarks
	Clinic	School	male	femal	age			
Municipal Yangming Hospitals WED 1:30-5:00PM	362	1,972	101	84	25	menstrual problems, physiology of puberty, sex, interpersonal relations, problems of adjustment, sleeping problems	organic psychosis, schizophrenia, emotional psychosis, abnormal psychosis, abnormal personality, anxiety, difficulties in sex-orientation identification	telephone counseling for 135 person-times
Municipal Hoping Hospital WED, THU 9:00-12:00AM WED 1:30-5:00PM	4,682	10,737	1,885	3,043	9-25	physiology, puberty, pregnancy and contraception, interpersonal relations, emotional behavior and retarded development, suicide	physiological problems of puberty, pregnancy and contraception, emotional adjustment, retarded development, suicide, drugabuse	Education on media(including radios) 22 times
Municipal Women and Children's Hospital WED 6:00-9:00PM WED~FRI 5:30-9:30PM	1,463	79,745	1,024	439	25	reproductive and urinary diseases, sex problems, obesity, acne, learning obstacles, menstrual pain and other problems, behavioral disorders, difficulties in communication	sex counseling, relaxation, learning obstacles, sex education, reproductive and urinary diseases, control of body weight, care of skins	education on media (including radios) 232 times; telephone counseling 1,384 person-times
Taipei Medical University Hospital MON~SAT 9:00-12:00AM	1,128	1,073	782	727	25	hemorrhoid, obesity, psychosomatics, development obstacles, sex counseling, urinary diseases, pregnancy and contraception, drug cessation, fear of edamination	diseases of the respiratory, digestive, reproductive and urinary organs, skin problems psychosis	education on media 29 times
Municipal Jenai Hospital MON 9:00-12:00AM	1,577	1,168	1,066	857	18	for Visit: emotional problems, learning problems, interpersonal reations, behavioral problems, family problems	adjustment difficulties and depresson, anxiety, refusal of school attendance, conflicts in families, depressive disorders	telephone counseling 162 person-times, education in community 382 times
Municipal Gandau Hospital MON, THU, FRI 9:00-12:00AM TUE, WED 1:30-4:00PM	1,909	2,662	1,188	675	25	physiological problems, physiology of puberty, sex problems, interpersonal relations, sleeping problems	organic psychosis, schizophrenia, cmotional psychosis, abnormal personality, anxiety, difficulties in sex-orientation identification	three articles in newspapers
Municipal Chunghsiao Hospital MON, THU, FRI 9:00-12:00AM TUE, WED 1:30-5:30	178	247	87	93	8-25	physiological problems, physiology of puberty, sex problems, interpersonal relations, sleeping problems	organic psycholis, schizophrenia, emotional psychosis, abnormal personality, anxiety, difficulties in sex-orientation identification	

5. Cancer Prevention

To help citizens understand and practice the principles of the prevention and control of cancer, including the importance of early detection and treatment, Pap-smear testing for cervical cancer, breast examination, screening of high-risk groups for liver cancer, colon-rectum cancer and oral cavity cancer programs have been implemented.

1. Prevention of Cervical Cancer

Health centers work in collaboration with private organizations to focus on women who have not been examined for the last three years. Medical care institutions are encouraged to contract into this screening program. To improve screening rates, examination and screening specimen collection stations have been set up in communities. A project to promote Pap-smear screening has also been implemented to encourage medical care institutions to propagate the services and to set up speedy specimen collection clinics. So far, 22 district and above hospitals have participated in the project. In the period between 1999 and 2001, a cumulative total of 873,422 women-times were screened and 10,108 positive cases were identified. Of these, 1,606 were confirmed (1,197 of cancer in situ and 439 of invasive cancer).

2. Prevention of Breast Cancer

Regular or requested meetings on breast self-examination are held by health centers in communities. In addition to teaching and demonstration, specialists also offer breast examination services. In the period between 1999 and 2001, 203,607

women-times were screened to find 23,528 suspected cases. Of these, 558 were later confirmed to be breast cancer patients.

3. Prevention of Liver Cancer

The Municipal Jenai Hospital offers free liver cancer screening services, examinations for hepatitis B surface antigen, hepatitis C antibody and a-fetalprotein and abdominal ultrasound re-examination of positive cases. In the year, 6,470 persons were screened and 681 hepatitis B surface antigen positive cases were discovered, as well as 114 hepatitis C antibody positive and 15 hepatoma cases.

4. Prevention of Colon-Rectum Cancer

The Municipal Jenai Hospital offers free services to high-risk groups for colon-rectum cancer screening. In the year, 5,608 persons were screened and 258 cases tested positives. Of these, one was confirmed to have colon cancer.

5. Prevention of Oral Cavity Cancer

Dentists of the 12 district health centers and dentists in private practice cooperate to offer free screening for oral cavity cancer and follow-up of positive cases in the community. In the year, 24,971 persons were screened and 227 suspected cases were found. Of these, 186 were referred for follow-up

**Table 3-5-1 Screening for Cervical Cancer
by District, Taipei City, 2001**

Health Center	No. Screened	No. Positive(C1NI and above)	Cancer in Situ	Invasive Cancer	No. Followed-up	Follow-up Rate(%)
SongShan	23,926	286	23	11	98	83.10
XinYi	23,784	330	24	12	101	78.30
DaAn	31,56	396	46	11	99	75.60
ZhongShan	39,815	536	60	12	122	66.30
ZhongZheng	14,676	174	20	7	50	70.40
DaTong	1,798	182	24	10	60	75.90
WanHua	18,829	248	30	12	92	77.30
WenShan	22,132	245	19	13	69	82.10
NanGang	11,797	139	14	4	38	86.40
NeiHu	23,422	302	25	9	89	88.10
ShiLin	29,414	427	38	13	114	82.60
Beitou	24,64	294	29	19	86	77.50
Unknow	18,509	202	12	17	39	72.20
Total	293,266	3,761	374	150	1,057	78.14

6. Health Promotion for Adults and the Elderly

1. Disease Prevention for Adults and the Elderly

1) Health and Medical Care for the Elderly aged 65 and Above

(1) Health examination

Elderly people aged 65 and above who have been residents of the City for more than one year are entitled to one free health examination and follow-up each year at a hospital under contract. In the year, 40,989 persons accepted the examination, accounting for 16.56% of the elderly.

(2) Subsidies to medical costs

Co-payments of medical costs of the elderly visiting hospital-affiliated clinics at health centers are subsidized NT\$ 50 for each visit. In the year, 39,762 person-times were subsidized.

(3) Community care and home care

Home services are made available to elderly people who are bed-ridden. In the year, 16,091 cases were offered services and 46,907 persons received home visits.

(4) Screening in the community for blood pressure, blood sugar and blood cholesterol

In the year, some 153,000 person-times were screened. People whose results are abnormal receive education and health management services.

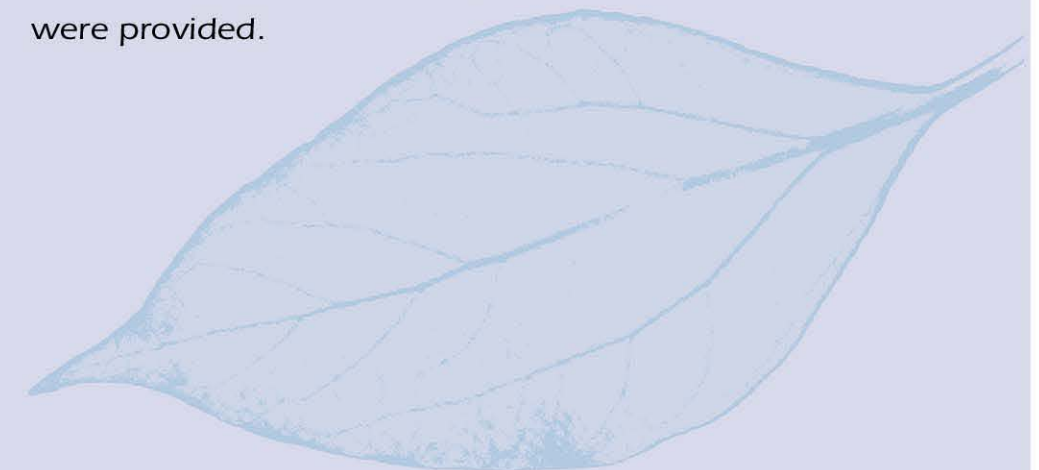
2) Care for the Unattended Elderly

(1) The Barthel index is used to assess the physical functions of the elderly referred by the Bureau of Social Welfare.

Elderly people whose total scores are lower than 90 or who suffer from chronic diseases are accepted for management. By the end of 2000, a total of 2,819 elderly persons had been accepted for management, accounting for 44.6% of the total unattended elderly (6,315) of the City.

(7) In the period 67 elderly people who live alone and who require health care received referrals to physicians, home-care nurses, physical therapists, occupational therapists, or dietitians for care at home. In the year, 74 person-times of visits were made. Volunteers from the Angel Manpower Bank will accompany elderly people requiring medical care to clinics and hospitals. In the year, 458 person-times of help were provided.

(8) A two-way referral service is operated in collaboration with the social welfare departments. Services include regular phone calls, home visits, meal delivery, eating assistance, bathing, laundry, housekeeping, shopping and emotional support. In the year, 870 person-times of help were provided.



Chapter IV Sanitation of Business Establishments and Control of Occupational Diseases

1. Management of the Sanitation of Business Establishments

1. Inspection and Supervision

Business establishments requiring sanitary control include hotels, barber shops, beauty salons, recreation centers, bathhouses, swimming pools and movie theaters. Sanitary controls have been strengthened. Achievements during the year are summarized as follows.

1) Sanitary inspections of hotels

In hotels toiletries, towels, bed sheets, blankets, closets, lightning and illumination, air quality and vector control are inspected, as well as the hygiene of employees and health managers, water towers, the environment, toilets and the hotels' own controls relating to sanitation. In the year, 2,263 inspections were made. Of these, 241 resulted in corrective supervision and 17 in fines.

2) Sanitary inspections of barber shops and beauty salons

In barber shops and beauty salons inspections cover the sanitation of tools, towels, cosmetics, sterilization facilities, air quality, illumination, vector control, hygiene of employees and health managers, water towers, the environment, toilets and the establishments' own controls relating to sanitation. During the year, 11,133 such inspections were made. Of these, 956 resulted in corrective supervision and 35 in fines.

3) Sanitary inspections of bathhouses

Inspections are made of the cleanness and sanitation of articles and facilities, air quality, water quality, sanitation labeling,

hygiene of employees and health managers and the environment. During the year, 1,025 such inspections were made. Of these, 107 resulted in corrective supervision and 32 in fines.

4) Sanitary inspections of swimming pools

Inspections are made of the sanitation of swimming pool facilities, locker rooms and showers, water quality, hygiene of employees and health managers and toilets. When swimming pools are in use, managers are asked to check the pH value and residual chloride of water every two hours. Water quality findings are recorded on a public bulletin board. During the year, 1,549 such inspections were made. Of these, 80 resulted in corrective supervision and four in fines.

5) Sanitary Inspections of Recreation Centers

Recreation centers include music halls, dance halls, KTVs and MTVs. They are inspected for air quality, illumination, vector control, hygiene of employees and health managers, the establishments' own controls relating to sanitation and environmental sanitation. During the year, 990 such inspections were made. Of these, 105 resulted in corrective supervision and ten in fines.

6) Sanitary Inspections of Movie Theaters

Movie theaters are inspected for their air quality, illumination, vector control, hygiene of employees and health managers, the establishments' own controls relating to sanitation and environmental sanitation. During the year, 470 such inspections were made. Of these, 15 resulted in corrective supervision.

2. Testing of Water Quality

Sample testing of the water quality of bathhouses (including sauna and hot springs) and swimming pools is conducted regularly. Violations are documented and published.

1) Water quality of bathhouses

During the year, 2,019 sample testings of the water quality of bathhouses were made. Of these, 331 samples (16.39%) were found to contain more than the regulated amount of either bacteria or E. coli.

2) Water quality of swimming pools

During the year, 1,457 sample testings of the water quality of swimming pools were made. Of these, 66 samples (4.53%) were found to contain more than the regulated amount of either bacteria or E. coli.

3. Improving the Sanitation Knowledge of Employees

1) During the year, 38 classes on sanitation and hygiene were organized for 1,545 employees.

2) During inspections, sanitation and hygiene information is disseminated.

3) Training programs are organized for health managers of hotels, barber shops and beauty salons, recreation centers, bathhouses and swimming pools. During the year, 15 such classes were organized for 1,203 participants. Of these, 963 passed the final examination.

4. Joint Inspections for Safety and Sanitation

1) Tourist and other hotels are inspected in collaboration with

the Department of Transportation. During the year, inspections were made of ten tourist hotels, 252 other licensed hotels, and 64 unlicensed hotels.

2) In collaboration with the Office of Information, The movies and video programs 87 movie theaters, 26 MTVs and 72 KTVs were inspected.

3) In collaboration with the Office of Business Administration, 29 beauty salons and seven game centers were inspected.

5. Promoting a System of Self-Regulatory Controls

Under supervision, 2,464 business establishments set up self-regulatory control systems for sanitation to improve their service quality. They are inspected frequently.

6. Sanitation of Air Conditioning Water Towers

To prevent infection from legionella, business establishments are required to clean up air conditioning water towers once every six months.

7. The Regulations Governing the Management of Sanitary Business Establishments in Taipei City were amended to become the Regulations Governing the Self-Regulatory Control of Sanitation of Business Establishments in Taipei City. This change was announced on 6 September 2001.

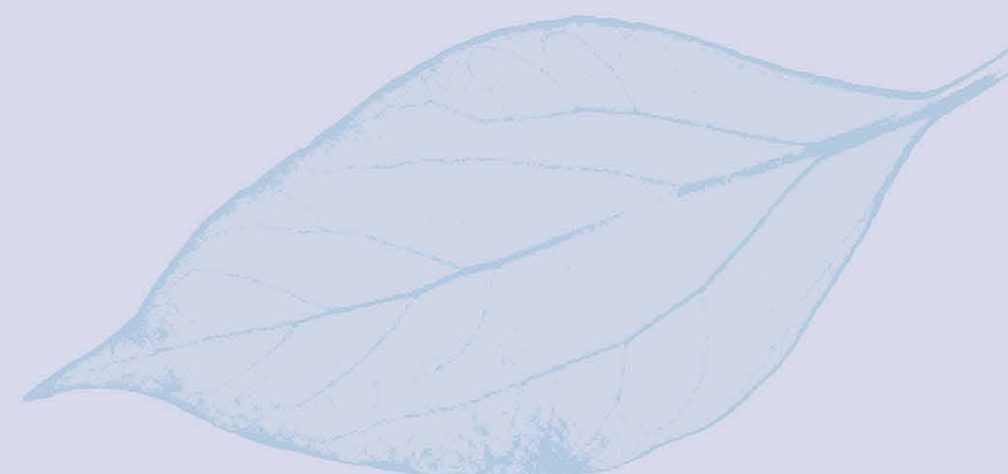
8. The Criteria for Water Quality for Hot Springs in Taipei City were announced on 8 October 2001.

2. Management of Occupational Health

In accordance with the Law on the Safety and Health of Laborers and its implementation regulations, Regulations on the Health Protection of Laborers and Guidelines for the Management of Medical Care Institutions for the Health Examination of Laborers, the Department has actively promoted measures for the protection of the health of laborers to prevent occupational diseases. Activities in the year are summarized as follows.

- 1) Factories are supervised to maintain the sanitation of workplaces, improve health care facilities and provide the workers with a sound working environment. During the year, supervisions of 2,481 factory-times were made.
- 2) With a view to improving the effectiveness of factories, records are maintained, based on information from the Bureau of Public Works. At present, there are 1,255 factories in the City.
- 3) Medical care institutions designated for the health examination of workers are supervised. Special examinations are provided for workers in high-risk occupations. Workers requiring levels two and three health management for the prevention of occupational diseases are re-examined and followed-up by health centers.
- 4) Special clinics for occupational diseases have been set up in eight municipal hospitals. A system for the reporting of patients suspected of having occupational diseases has been set up. Counseling services on occupational diseases are also made available.

- 5) Education on occupational health and health promotion is conducted for workers and managers. Program topics include ways to avoid fatigue, health examinations for workers, prevention of accidents and injuries, physical fitness, prevention of occupational diseases, stress management, chronic fatigue syndrome, prevention of diseases of the digestive tract and workplace sanitation. During the year, 15 such programs were organized for 1,098 participants.



3. Health Management for Alien Laborers

1. In accordance with the Regulations Governing the Employment and Management of Alien Laborers, the Department has been active in the area of health management of alien laborers. According to these regulations, alien laborers are required to take one health examination every six months at a hospital designated by the relevant health authority. Items of examination include general physical examination (including mental conditions), HIV antibody, serum testing for syphilis, hepatitis B surface antigen (at entry examination only), chest X-ray, parasites, pregnancy, urine testing for opium and amphetamine and leprosy. Laborers failing any item are deported immediately.
2. During the year, some 49,809 laborers were examined (53,894 examinations). Of these, 1,479 failed the examinations. Intestinal parasite infection rate was as high as 85%.
3. Meetings have been organized for employers of alien laborers to stress the importance of health management. A booklet, *Manual on the Health Management of Alien Laborers*, has been produced and distributed.

4. Healthcare Services for Residents of Radioactive-Polluted Buildings

1. Acting on resolutions made by Taipei City Council, the Department must offer free health examinations to residents of buildings radioactive-polluted to a level of more than 0.1 to 0.5 roentgen each year. Anyone suspected of suffering from radioactive hazards should be followed-up. Items for examination are decided by the relevant health authorities.
2. To protect the health of residents of low dosage radioactive-polluted buildings, it has been decided that their medical costs at municipal hospitals will be subsidized.
3. During the year, eight new cases of low dosage radioactive-polluted buildings were examined and 1,724 persons received follow-up services.
4. Counseling and referral services are provided by the Municipal Jenai Hospital. Abnormal cases are offered follow-up services and medical and psychological counseling.
5. Meetings have been organized educate the public about radioactive pollution and its prevention. Experts are available on the spot for counseling.
6. Booklets, *Medical Care for Exposure to Radioactive Substances*, and *Questions and Answers on Health Examination for Residents of Radioactive-Polluted Buildings*, have been produced for general distribution.

Chapter V Management of Medical Affairs

1. Administrative Management of Medical Care

1. Medical Care Resources

By the end of 2001, there were in the City 55 hospitals (47 western medicine and six Chinese medicine hospitals) and 2,328 clinics (1,129 western medicine, 1,166 dental and 298 Chinese medicine clinics). The number of western medicine clinics and dental clinics had declined slightly over the previous year. There were 15,090 acute beds in hospitals (including 13,144 acute general beds and 1,586 psychiatric beds), 360 chronic beds and 5,037 special beds, totaling 20,305 beds. There were 10,188 practicing physicians (7,120 western medicine physicians, 2,544 dentists and 532 Chinese medicine doctors), giving a ratio of 38.68 physicians and 49.91 acute beds per 10,000 population. Taipei City is richer in medical care resources than other cities and counties.

2. Violations of Regulations

- 1) Action is taken when violations of the Medical Practice Law and the Physician's Law occur. Medical care institutions are supervised to ensure that their practices are in accordance with laws enacted to protect patients. During the year, 305 violations were pursued, resulting in total fines of NT\$ 8,002,000.
- 2) Advertisements on medical care are scrutinized to protect consumers. During the year, 181 cases were pursued, resulted in fines totaling NT\$ 6,825,000, a sharp increase over the previous year.

- 3) 124 cases of other violations were pursued. Of these, 19 related to Chinese medicine institutions and others involved violations of the Physician's Law, the Medical Technologist's Law, the Physical Therapist's Law and the Occupational Therapist's Law.

3. Elimination of Unlicensed Practitioners

To protect patients, when unlicensed medical practitioners are discovered, they are prosecuted according to law. To improve the skills of primary care inspectors in locating unlicensed medical practitioners, a set of guiding principles on the processing of cases of unlicensed medical practice has been formulated for their reference in handling such cases. During the year, 86 cases were detected. Of these, 19 were prosecuted.

4. Review of Medical Affairs

For more effective management of medical care institutions, balanced distribution of medical care resources, improvement of medical care quality and protection of the rights of patients, acting on Article 74 of the Medical Practice Law, the Department has set up a committee for the review of medical affairs. The committee has so far met three times to discuss nine cases relating to the building, expansion and extension of hospitals, as well as cases relating to fees for occupational and physical therapy. In two provisional meetings, the committee also reviewed a set of guidelines on compensation for medical accidents by municipal

5. Improvement of Medical Care Quality and Medical Dispute Arbitration

- 1) On 8 May 2001 the City Council passed a provisional set of operational principles on compensation for medical accidents by municipal medical care institutions, effective of 1 January 2001.
- 2) A set of regulations on the arbitration of medical disputes was passed by the City Council on 23 June 2001.
- 3) In the arbitration of medical disputes, families of patients and the medical care institutions concerned are encouraged to engage in communication to clarify misunderstandings and to reach some agreement. Medical centers and professional associations are asked for professional opinions. During the year, 131 such cases of disputes were received.

2. Emergency Medical Care

1. Joint-Rescue System

To improve the survival rate of cardiac-arrest patients before arrival at hospitals, 11 hospitals with responsibility for this type of work are asked to dispatch physicians and nurses to accompany the Fire Department ambulance rescue teams to provide on-the-spot emergency care. In principle, the team is dispatched from the hospital that can best reach the accident site within eight minutes or, where cases require specialized care, from the hospital which has the staff with the best capabilities in that specialty. During the year, 336 such teams were dispatched. The average time lapse between the accident report being received and arrival at the site was five minutes. The survival rate of cardiac-arrest patients treated before arrival at hospital was 8.2%, eight-folds higher than past years.

2. On-line Emergency Care

To instruct and advise rescue teams in the assistance of accident victims while transporting them to hospitals, professionally trained emergency care physicians are available on-line by radio 24 hours. This expands the scope of the emergency care that can be provided at accident sites.

3. Training of Emergency Care Technicians

Mid-level emergency care technicians of the Fire Department receive training in life-saving skills at the National Taiwan

University Hospital, Taipei Veterans' General Hospital, Shingkuang Hospital, Taipei Medical University Hospital and Makay Memorial Hospital. During the year, 160 technicians received training.

4. Exchange of Emergency Care Devices

In order to avoid secondary injuries, so that devices used for the emergency care of victims of accidents need not be removed from patients on arrival at the hospital, emergency teams can receive exchange devices as replacements from the same hospital and leave the originals with the patients.

5. Classification of Hospitals by Degree of Trauma

1) Trauma centers in the City are classified into second and third degree trauma hospitals. A second degree trauma hospital should:

- (1) have more than three trauma teams; each team should have at least one neurosurgery, one general surgery and one orthopedic specialist;
- (2) a trauma coordinator;
- (3) at least one ICU trauma bed;
- (4) operating theater;
- (5) trauma ward;
- (6) trauma registration.

A third degree trauma hospital should:

- (1) have at least one trauma team;
- (2) and (2), (3), (4), (5), and (6) as above.

2) Classification

By these criteria, the designated emergency hospitals are: the National Taiwan University Hospital, Taipei Veterans' General Hospital, and Tri-Service General Hospital, which are second degree trauma hospitals. The Heping, Makay Memorial, Taipei Medical University and Chunghsiao hospitals are third degree trauma hospitals and the Chienhsing, Shingkuang, Taian, Jenai, Army Sungshan, Wanfang, Chunghsing, Hungeng and Pojen are classified as general trauma hospitals. Classification of trauma hospitals allows patients to be sent to the appropriate hospitals in the shortest possible time for better care.

6. Exercises on the Emergency Care of Heavy Casualties

- 1) Participating in the Environmental Protection Administration's exercise on "terrorist gas attack" on 27 October, physicians and nurses from the National Taiwan University Hospital, Chunghsiao Hospital and Heping Hospital were dispatched to the site to sterilize, examine and classify wounds and to transfer patients to hospitals. The Taipei Veterans' General Hospital conducted an exhibition of emergency care facilities and drugs to educate the public about chemical poisoning on 27 and 28 October.
- 2) On 31 October, a disaster rescue and emergency medical care exercise was held. The exercise included 1) accident reporting and site control, 2) casualty rescue, 3) full operation of the disaster rescue command system 4) evacuation and traffic control and 5)

locating casualties. A total of 500 people participated in the exercise.

7. Training of Emergency Care Personnel

1) A national symposium

A national symposium on developments in emergency care in the last ten years was held on 24 and 25 May for some 200 participants from the Department of Health of the Executive Yuan, the National Fire Administration, local health department and fire departments and designated emergency care hospitals, as well as experts and academics. Achievements in emergency care over the last ten years were reviewed and recommendations for future directions were made.

2) Major disaster emergency rescue training

A training course on major disaster emergency rescue was held on 30 May for some 250 participants.

3) A symposium on emergency care quality control

A symposium on emergency medical care quality control was held on 13 June for 30 participants from the fire department and designated emergency care hospitals. Topics included principles of TQM, major quality criteria for emergency medical care, risk management for emergency medical care and quality control in the use of automatic electric shock resuscitation equipment.

4) Training on emergency care for trauma

A training course was organized for 47 participants.

5) Re-training of primary level rescue technicians

Two courses were held on 30 and 31 August for 98 participants.

6) Training for primary level rescue technicians

A one-week course was held in August for 56 participants.

7) Training on Advanced Cardiovascular Life Support

A training course was organized on 22 and 23 November for 56 medical and nursing staffs of the designated emergency care hospitals.

8) Training for district disaster rescue and medical care teams

Two training courses were organized for 60 medical and nursing staffs of the designated emergency care hospitals.

9) Training of school nurses on pre-hospital arrival care for trauma victims

A training course was organized on 10 and 11 December for 104 school nurses.

8. On-site Medical Care Model

There are five rescue lines, organized according to administrative district. Each has a defined area for which it is responsible and is assigned designated hospitals and commanding hospitals covering the entire area.

9. A Radio Communication System for Emergency Care

A radio communication system has been set up to connect the 23 designated emergency care hospitals.

10. Education on Pre-Hospital Arrival Care

A video has been produced for use at the designated emergency care hospitals.

11. Ambulance Management

Currently in the City there are 161 ambulances, all covered by official regulations.

12. Support at Activities/Events

Teams are sent to activities/events to provide emergency care. During the year, 323 such teams with 560 care personnel and 307 ambulances were sent to care for 1,395 injured persons.

13. Protection Against Sexual and Family Violence

- 1) 27 hospitals in the City have been requested to assist in the protection of victims of sexual and family violence by providing 24-hour confidential evidence collection services.
- 2) The 27 hospitals were all inspected to ensure that they are complying with statutory requirements to report cases to the prevention center.
- 3) In the year,
 - (1) 3,783 cases of family violence were processed; of these, 3,561 cases involved adults, 207 males and 3,354 females; 78 cases involved adolescents, 30 males and 48 females; and 144 cases related to children, 73 males and 71 females.
 - (2) 352 cases of sexual violence were processed; of these, 159 cases involved adults, one male and 158 females; 142 cases concerned adolescents, three males and 139 females; and 37

cases related to children, two males and 35 females.

4) Training of workers

A training course on the management of sexual and family violence cases was held on 28 April for 54 workers. Course topics were sexual equality, relevant laws and regulations, collection of evidence, diagnosis of violence and physical and mental care of victims.

14. Assessment of Disability

To protect the rights and quality of life of the physically and mentally disabled and to guarantee equal opportunities for their participation in social activities, assessment of the disabled is made according to regulations. The disabled are referred to hospitals under contract for assessment. During the year, 27,557 persons were assessed

Table 5-3-1 Psychiatric Care and Rehabilitation Institutions by Service

District	Service										Psychiatric Beds			Day Care Beds
	Out- patient	Full Hospital Stay	Day Care	Mandatory Hospital Care	Home Care	Emerg ency care	Drug Cessation	Rehabilitation center	Half- Way House	Acute	Chronic	Total		
Songshan	6	4	2	1	0	2	4	0	1	64	101	165	50	
Xinyi	2	1	2	1	2	1	2	0	0	419	56	475	250	
DaAn	1	1	1	1	1	1	1	0	1	15	0	15	35	
Zhongshan	3	0	1	0	0	0	3	0	0	0	0	0	30	
ZhongZheng	3	1	2	1	0	1	1	0	0	68	0	68	100	
DaTong	1	1	0	1	0	1	1	0	0	20	100	120	0	
WanHua	1	0	1	0	0	0	1	0	0	3	0	3	50	
Wenshan	1	0	1	0	0	0	1	1	2	0	0	0	50	
NanGang	2	2	2	2	1	2	1	1	2	143	0	143	130	
NeiHu	1	1	1	1	0	1	1	0	1	49	0	49	10	
Shilin	2	1	1	1	1	1	2	0	4	25	0	25	60	
Beitou	5	3	3	3	2	3	3	1	4	336	187	523	300	
Total	28	15	17	12	7	13	21	3	16	1,142	444	1,586	1065	

3. Psychiatric Care

1. Management of Psychiatric Care and Rehabilitation Institutions

Visits have been made to the psychiatric care institutions in the City. Records have been set up for them, which are updated and used to manage the institutions more effectively. Findings of the visits are:

- 1) currently there are 28 psychiatric hospitals (and departments) and five clinics in the City;
- 2) with 1,142 acute beds, 444 chronic beds and 1,065 day care beds;
- 3) there are currently 18 psychiatric rehabilitation institutions including three community rehabilitation centers, with capacity for 183 patients; there are 15 half-way houses for 294 patients;
- 4) there are 242 psychiatrists; of these, 150 are psychiatry specialists;
- 5) there are 620 psychiatry nurses, 65 psychologists, 53 social workers and 72 occupational therapists.

2. Strengthening of Acute Care for Psychiatric Patients

The operations of the Taipei City Liaison Center for the Emergency Care of Psychiatric Patients have been strengthened. The Municipal Psychiatric Center is responsible for the coordination of psychiatric beds and their management.

During the year, emergency care was provided for 3,465 person-times. Of these, 59.1% were residents of the City; 34.7% were residents of Taipei County and 6.2% were from other cities and counties. As well, of these, 1,566 person-times (45.2%) were referred for outpatient care, 1,415 person-times (40.8%) for hospital care and 104 person-times (3.0%) for intensive care. 48 person-times of them (1.4%) were referred to general hospitals for surgical reasons and 332 person-times (9.6%) were referred for other reasons.

3. Mandatory Hospital Care of Psychiatric Patients

1) Mandatory hospital care

Under Articles 21 and 23 of the Mental Health Law, in order to protect serious psychiatric patients from self-injury or injury to others and to provide them with access to timely and adequate medical care, if patients who have been assessed by two and more psychiatry specialists as seriously ill and requiring in-patient treatment refuse hospital care, their admission may be mandated. Currently, there are 12 mandatory care hospitals in the City designated by the Department of Health of the Executive Yuan.

2) Assignment of guardians

To protect the rights of psychiatric patients, social workers of

health centers are made guardians of serious psychiatric patients who do not have families to care for them. Guardians have a regulatory responsibility to supervise the reporting of patients under mandatory hospital care. To help prevent relapse, when patients are discharged, they receive a home visit as a priority.

4. Follow-up of Patients in Communities

To prevent patients in communities from relapsing and to help ensure they receive adequate medical and social resources, mental health workers from the district health centers offer follow-up and supervision services to psychiatric patients discharged from hospitals or living in the communities. Health workers work with patients, getting to know their needs and helping them adjust to and play an active part in community life. During the year, 9,951 patients were followed-up for 23,583 person-times.

5. Establishing Community Emergency Care Teams

Community emergency care teams were set up in October 1999 to strengthen the referral systems for psychiatric patients.. When necessary, psychiatrists are sent to communities to provide direct and professional assessment, diagnosis and treatment as follows:

- 1) to handle immediate problems of patients to prevent accidents, thus reducing social costs;
- 2) to offer emergency care to patients and refer them for further care, thus to reducing the burdens on families;
- 3) to prevent psychiatric patients from being designated "violent groups"; and
- 4) to provide a community-based emergency care service for

psychiatric patients.

During the year, 233 cases were handled in this way. Help was requested by 99 families (42.5%); 24 requests were made by health centers (10.3%); 30 by police and fire departments (12.9%); six by neighborhood leaders (2.6%) and 74 by others (31.7%). Of these cases, 63 of the patients (27.0%) were treated and referred for outpatient care; 96 (41.2%) were hospitalized; 24 (10.3%) were placed under emergency observation; 16 (6.9%) were referred to other hospitals and 34 (14.6%) were referred to other organizations.

6. Prevention and Control of Drug Abuse

During the year,

- 1) the clinic for counseling and control of drug abuse of the Municipal Psychiatric Center provided 10,836 services person-times ;
- 2) the drug cessation program of the Municipal Psychiatric Center provided services 1,267 person-times;
- 3) two groups of 277 persons visited the Municipal Psychiatric Center for observation on the prevention and control of drug abuse;
- 4) thirty six lectures on controlled drugs were organized for 2,599 participants and
- 5) three training courses on the prevention and control of drug abuse had been organized for 277 participants.

7. Prevention and Control of Family Violence and Sexual Assault

- 1) Public and private psychiatric care institutions cooperate to provide medical care and psychological assistance to victims of family violence and sexual assault. At present, 16 institutions provide such services.
- 2) In accordance with Department of Health (Executive Yuan) regulations, psychiatric departments of eight medical care institutions have been designated to take responsibility for the treatment of victims of family violence .

8. Mental Health Services in Communities

- 1) A singing contest was held on 30 November for recovered psychiatric patients. Some 600 patients, friends and families of patients, community residents and volunteers participated in the contest.
- 2) The Taipei Community Mental Health Center was inaugurated on 21 December 2000 with the aim of preventing mental health problems. The plan is to set up four centers, one each in the northern, eastern, western, central and southern parts of the City. In the meantime, during the year the Center
 - (1) conducted a survey on mental health needs to be used as a reference in the planning of activities and programs on mental health;
 - (2) organized a series of activities addressing different categories of special needs, such as physical and mental development of children, growth and adjustment for adolescents, role adjustment for women and life and adjustment for the elderly;
 - (3) organized symposiums on mental health for workers in psychiatric care, mental health, education and social welfare;

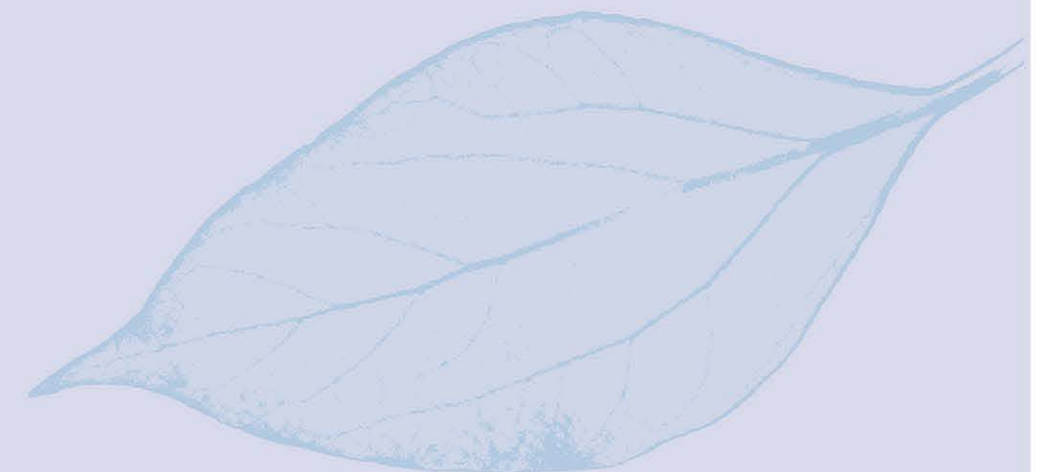
- (4) set up a web site on mental health resources and
- (5) integrated resources for psychiatric care, mental health, education and social welfare to set up a web site, <http://163.29.39.204/link/linkindex.asp>, for the public.
- 3) A series of activities was organized in communities to help people understand psychiatric diseases and mental health.
- 4) A training course for mental health seed workers was organized with the aim of improved mental health in educational institutions. Sixty-seven administrative staff of schools and members of parent-teacher associations attended the course. A workshop on mental health in schools was also organized.
- 5) Continuing education for mental health workers
 - (1) A workshop on the care and supervision of victims of sexual assault was organized for 40 physicians, nurses, mental health and social workers from psychiatric care institutions.
 - (2) A series of workshops on the care of psychiatric patients in communities was organized for 154 participants.
 - (3) A visit to psychiatric care institutions in Ilan County was organized for 58 City mental health workers to learn about resources available in neighboring cities and counties.

9. Assessment and Care of Children with Retarded Development

- 1) Subsidies for assessment and medical care
Subsidies are provided for the assessment and medical care of children whose development is retarded. During the year, a total of NT\$ 19,674,710 was provided in subsidies.
- 2) More institutions for early care

Currently, there are 14 institutions engaged in the assessment and care of children with retarded development and four institutions for the care of such children.

- 3) Videos on problems that parents, children and teachers may encounter in dealing with autistic children and ways of assisting such children have been produced for distribution to medical care institutions, health centers, social and educational organizations. A list of institutions for the early care of children with retarded development has been produced for general distribution.
- 4) To help parents of autistic children, eight meetings were held. A symposium on autism was held on 23 and 24 November.



4. Management of Municipal Hospitals

1. Restructuring of Municipal Hospitals

To assist municipal hospitals in meeting future changes in the medical care environment, to strengthen the research and development functions of municipal hospitals and to upgrade service quality and management efficiency, a Research and Development Center was set up in August 1999, with responsibility for helping municipal hospitals plan programs and integrate resources. Over the last two years, an information center for all municipal hospitals, a joint procurement center for supplies and an advisory committee on the management of municipal hospitals have been set up. More will be done to improve cross-hospital coordination and management efficiency to upgrade the quality of services.

2. Role of Municipal Hospitals in Healthcare

1) Reducing the financial burdens of medical care

Fees have been reduced to make medical care more accessible to everyone. For example, the registration fee has been reduced to NT\$ 50 from NT\$ 100-150 at private hospitals. Hospital bed charges have been reduced to NT\$ 400-1,200 from NT\$1,000-4,500. The physically and mentally disabled, members of low-income families and the elderly aged 65 and above are exempt from registration fees.

2) Care for underprivileged groups

(1) Municipal hospitals are responsible for the healthcare of

members of underprivileged groups such as homeless people, patients with communicable diseases, individuals who have no family to care for them and aboriginal people. Patients refused care by private hospitals on a cost-benefit basis are accepted for care by the municipal hospitals. Health examinations for the elderly and aboriginal people and the assessment and care of children with retarded development are given priority. Of the total number of patients cared for at municipal hospitals, 8.8% suffer from physical or mental disabilities, are members of low-income families, or are elderly people in need of care or aboriginal people.

- (2) Medical care services and counseling are regularly provided to special groups: Municipal Gandau Hospital organized a workshop for school teachers on the prevention and management of psychiatric diseases; the Municipal Hoping Hospital keeps records of elderly people in need of care and delivers meals to them on weekends; the Municipal Psychiatric Center runs community-based occupational therapy workshops for psychiatric patients; the Municipal Yangming Hospital provides care for children in orphanages and for the elderly in nursing homes and the Municipal Chunghsiao Hospital provides regular medical services to residents of nursing homes.
- (3) The Municipal Venereal Disease Control Institute has started an AIDS dental clinic. Thus far, services have been given 213 person-times. One hundred percent of the patients have indicated they are satisfied with the service.

2) Public Health and Community-Based Services

Municipal hospitals also organize activities within communities. During the year, 2,165 units of medical care service were offered in communities, resulting in 709,802 person-times; 2,358 educational activities were organized resulting in 413,068 person-times and 2,881 other activities resulted in 198,634 person-times.

- (1) Municipal hospitals are also responsible for the promotion and implementation of public health policies, providing first-line services to the public. During the floods caused by Typhoon Nari, the hospitals immediately set up emergency care stations across the City to provide free care and health promotion advice to the public.
- (2) The Municipal Psychiatric Center provides outpatient services as well as the largest number of acute hospital care beds for psychiatric patients. The Center helps psychiatric patients with access to medical care, reduces family and societal difficulties and engages in teaching, research and training. The Center has also set up a home-care team to care for psychiatric patients who do not wish to receive care in hospital. During the year, such services were offered 1,823 person-times.
- (3) The Municipal Chronic Disease Hospital is primarily responsible for the prevention and control of tuberculosis. The Hospital also provides healthcare to the elderly and conducts disease screening, treatment and follow-up. Regular mobile X-ray screening is conducted in communities, schools and long-term care institutions. The Hospital also

provides home-care, day care and respite care services as well as care for coma patients.

- (4) The Municipal Venereal Disease Control Institute is a specialty institute for the prevention and control of sexually transmitted diseases. The Institute operates a special AIDS clinic, providing medical care, counseling and laboratory testing. A project providing assistance to prostitutes was initiated, staffed by former prostitutes. A series of activities on sex education and safe sex was organized in schools.
- (5) The Municipal Traditional Chinese Medicine Hospital offers the public high quality Chinese medicine care. It is also a teaching hospital for the training of doctors and pharmacists in Chinese medicine practices. During the year, the Hospital organized a symposium on Chinese medicine and pharmacy attended by local delegates as well as representatives from Mainland China.
- (6) The Municipal Dandau Hospital is set up as a private trust. The Hospital integrates both acute and chronic care systems and provides resources primarily for the long-term care of chronic patients in communities.
- 3) Promotion of Major Healthcare Policies
Special bilingual healthcare services are provided for alien laborers. Public information is made available through electronic media. Other activities organized include campaigns promoting fathers' attendance at childbirth, parent and infant-friendly clinics, mother and infant sharing a room to encourage breast feeding and Pap-smear testing for cervical cancer.

5) Medical Support

- (1) Manpower support for pediatrics, family medicine, obstetrics and gynecology and other sub-specialties was provided to the Lienchiang County Hospital.
- (2) When El Salvador was seriously hit by an earthquake, the City immediately dispatched rescue and medical teams to support the country's recovery efforts.

3. Containment of Medical Costs

- 1) A cross-hospital review mechanism has been set up which will initially coordinate the radiology, pathology and anesthesiology departments of all hospitals.
- 2) A community service supervision system has been set up to encourage hospitals to provide community services. The level of community services offered is one of the criteria used in the allocation of government subsidies to hospitals.
- 3) The efficiency of the management of municipal hospitals is under review. Criteria have been formulated for the allocation of government subsidies. Hospital documents are reviewed and inspections take place each year to check the efficiency of their management as well as service standards, team-work and preventive healthcare activities.
- 4) Incentive payments are made to medical staff on the principle of "pay for service" to reflect different contributions made by doctors in the efficient management of the hospital.
- 5) A team has been set up with responsibility for the planning of a joint procurement center to simplify procedures and reduce costs through the joint procurement of medicines, supplies, equipment, medical devices, maintenance materials and stationery.

- 6) A team has been set up with responsibility for the planning of a joint information center that will integrate the information systems of all municipal hospitals.

7) Symposiums on hospital management

- (1) Hospital management reforms aimed at meeting the challenges of the new century was discussed at a symposium titled, Cross-Century Reform of the Management of Municipal Hospitals.
- (2) A medical care teamwork project has been implemented to promote alliances between municipal hospitals, care standardization and defined treatment models for eight major diseases to ensure that residents of all parts of the City receive medical care of the same quality and efficacy. The Internet is used to promote the CIS philosophy of hospitals.

4. Enhancement of Service Quality

- 1) A project to guarantee service standards in the treatment of eight priority diseases - diabetes, cardiovascular diseases, asthma, pulmonary tuberculosis, breast cancer, cervical cancer, perinatal care and depressive disorders - has been introduced to upgrade the quality of medical care.
- 2) A "clinical route" model is being implemented. So far, 66 such routes have been established. Through regular monitoring and follow-up, cure rates of diseases are expected to improve.
- 3) An analysis of drug use at outpatient clinics has been conducted to monitor the categories, quantity and costs of medicines used. Measures aimed at improving cost-effectiveness and reducing waste are encouraged.

- 4) A patient-centered standard flow of operations and technical terms is being promoted to standardize services and to improve patient satisfaction.
- 5) Suggestions for quality control measures have been encouraged through contests and observation tours and implemented to simplify operational procedures and improve administrative efficiency.

**Table 5-4-1 Indexes of
Municipal Hospital Management, Taipei City, 2001**

Hospitals	Year	Average Days of Hospital	Bed Occupancy Rate (%)	Nosocomial Infection Rate (%)	Rate of Cesarean Section Rate(%)	In-hospital Mortality (%)
Chungshing Hospital	2001	7.65	66.39	2.17	36.18	2.08
	2000	8.53	73.17	2.30	36.99	2.10
	% difference	-11.50	-10.21	-5.99	-2.24	-0.96
Jenai Hospital	2001	11.18	71.47	2.87	35.98	3.58
	2000	11.06	71.90	3.41	37.24	2.81
	% difference	1.08	-0.60	-15.84	-3.38	27.40
Hoping Hospital	2001	6.86	64.43	2.24	29.80	2.62
	2000	7.27	55.46	2.16	39.10	2.11
	% difference	-5.64	16.17	3.70	-23.79	24.17
Yangming Hospital	2001	8.85	71.34	1.88	29.29	2.10
	2000	9.61	65.40	2.19	28.74	1.80
	% difference	-7.91	9.08	-14.16	1.91	16.67
Chunghsiao Hospital	2001	9.34	81.38	2.28	33.44	2.59
	2000	9.60	84.31	2.50	30.19	2.77
	% difference	-2.71	-3.48	-8.80	10.77	-6.50
Wanfang Hospital (entrusted to private management)	2001	8.02	82.14	1.99	25.74	1.60
	2000	8.22	91.59	0.88	27.19	1.75
	% difference	-2.43	-10.32	126.14	-5.33	-8.57
Women and Children's Hospital	2001	4.65	59.95	0.39	32.46	0.07
	2000	4.91	61.95	0.45	33.96	0.07
	% difference	-5.30	-3.23	-13.33	-4.42	0.00
Psychiatric Center	2001	50.44	93.97	0.48	-	0.03
	2000	49.70	89.68	0.50	0.00	0.17
	% difference	1.49	4.78	-4.00	-	-82.35
Chronic Disease Hospital	2001	99.40	60.34	0.00	-	7.07
	2000	123.29	64.68	0.02	-	8.04
	% difference	-19.38	-6.71	-100.00	-	-12.06
Traditional Chinese Medicine	2001	14.53	22.70	0.00	0.00	0.00
	2000	15.98	27.60	0.00	0.00	0.00
	% difference	-9.07	-17.75	-	-	-
Gandau Hospital (entrusted to private management)	2001	21.39	74.17	4.17	0.00	7.48
	2000	11.28	67.00	0.00	0.00	7.69
	% difference	89.63	10.70	-	-	-2.73

The Municipal Dandau Hospital began operation on 22 July 2000.

Table 5-4-3
Services Provided by Municipal Hospitals, 2001

Hospitals	Year	Outpatient (person-times)	emergency patient (person-times)	In-patient (person-times)	In-patient examination (person-days)	Outpatient Health Examination (person-times)	In-patient Health Examination (person-times)	Hemodialysis (person-times)	Operation(person-times)			Delivery(person-times)		Clinics at Health Centers(person-times)
									Outpatient	Emergency	In-patient	Natural	Cesarean	
Chungshing Hospital	2001	457,204	23,380	10,985	89,687	11,902	132	9,958	2,086	1,225	5,297	286	149	44,485
	2000	681,566	35,112	15,210	138,444	15,038	164	15,675	3,531	2,013	7,186	484	281	93,527
Jenai Hospital	2001	609,689	41,410	22,539	187,854	29,779	1,084	18,667	6,306	819	5,923	186	105	71,856
	2000	878,221	58,920	25,888	283,300	40,108	1,648	25,782	9,572	1,139	9,289	374	206	116,018
Hoping Hospital	2001	539,461	44,684	11,326	79,538	28,182	236	21,485	2,938	712	3,997	275	112	72,742
	2000	711,571	58,118	14,968	112,887	40,867	451	26,428	3,780	733	5,429	395	254	92,391
Yangming Hospital	2001	527,825	40,277	14,191	106,538	19,627	265	15,192	4,082	3,442	1,156	314	130	65,250
	2000	761,480	61,345	17,014	158,430	18,889	735	23,550	5,501	2,242	4,312	590	222	82,841
Chungshiao Hospital	2001	555,189	59,307	13,023	139,273	19,885	91	10,172	2,063	990	4,640	400	201	36,314
	2000	812,389	90,920	20,186	215,074	24,082	87	14,239	3,378	1,757	7,421	796	352	53,393
Wanfeng Hospital	2001	1,088,213	65,172	26,535	160,990	95,705	886	27,416	5,666	693	6,006	1,110	369	-
	2000	390,840	84,696	29,313	229,084	117,159	1,1685	26,961	7,890	900	8,539	1,732	650	-
Women and Children's Hospital	2001	398,178	14,248	13,483	64,921	5,051	-	-	7,387	629	2,989	2,226	1,118	44,136
	2000	566,606	39,301	17,229	105,591	7,859	64	-	11,505	919	4,257	3,723	1,897	66,883
Psychiatric Center	2001	192,525	4,505	4,666	227,630	227,630	825	-	-	-	-	-	-	-
	2000	114,113	-	97	132,14	83,002	-	-	39	-	-	-	-	-
Chronic Disease Hospital	2001	123,609	-	160	25,773	143,375	-	-	-	-	-	-	-	-
	2000	30,675	-	-	-	-	-	-	-	-	-	-	-	-
General Disease Control	2001	48,276	-	-	-	-	-	-	-	-	-	-	-	-
	2000	224,450	-	111	1,1584	-	-	-	-	-	-	-	-	-
Traditional Chinese Medicine	2001	350,047	-	205	2,983	-	-	-	-	-	-	-	-	-
	2000	95,529	3,195	1,960	48,767	2,470	-	5,180	-	-	-	-	-	-
Gandau Hospital	2001	22,578	324	114	1,1097	-	-	-	-	-	-	-	-	-

* 1. The Municipal Gandau Hospital began operation on 22 July 2000.
2. service of 2000 year included from July 1999 to December2000

Table 5-4-2
No. of Beds in Municipal Hospitals, 2001

Bed Types	Total	Chungshing Hospital	Jenai Hospital	Hoping Hospital	Women and Childre 's Hospital	Yangming Hospital	Chungshiao Hospital	Wanfeng Hospital (entrusted to private management)	Psychiatric Center	Chronic Disease Hospital	Traditional Chinese Medicine Hospital	Gandau Hospital (entrusted to privats management)
Total No. of Beds	4,854	560	885	465	397	505	550	674	507	90	13	248
General beds	2,920	414	661	332	178	383	386	496	12	30	13	45
ICU beds	204	28	32	26	8	26	26	50	0	0	0	8
Burns beds	29	0	5	7	0	8	5	4	0	0	0	0
nursery beds	292	35	23	20	128	30	24	30	24	0	0	0
nursery care beds	115	12	6	5	56	8	8	20	0	0	0	0
Emergency observation beds	160	28	15	20	10	24	24	23	16	0	0	0
Hemodialysis beds	175	15	30	31	0	30	14	36	0	0	0	19
Recovery beds	64	15	12	9	7	6	8	7	0	0	0	0
Others	55	10	6	5	10	10	6	8	0	0	0	0
total	1,508	557	131	123	219	142	115	178	16	0	0	27
Acute beds	475	3	0	0	0	0	49	0	423	0	0	0
Chronic beds	56	0	0	0	0	0	0	0	56	0	0	0
total	531	3	0	0	0	0	49	0	479	0	0	0
Chronic General Beds	298	0	73	0	0	0	0	0	0	60	0	165
tuberculosis Beds	0	0	0	0	0	0	0	0	0	0	0	0
Leprosy Beds	0	0	0	0	0	0	0	0	0	0	0	0
Day Care for Psychiatric Patients	460	50	30	40	0	30	10	50	200	0	0	50

Notes: 1. total number of hospital beds does not include psychiatric day beds.
2. the municipal Gandau Hospital began operation on 22 July 2000.

Chapter VI Pharmaceutical Affairs

1. Management of Pharmaceutical Affairs

1. A consumer protection committee has been set up with responsibility for monitoring drug and cosmetics advertisements.

Advertisements are strictly reviewed before they appear in the media. During the year, 728 drug advertisements and 1,361 cosmetics advertisements were reviewed and approved. Health centers are instructed to monitor advertisements in newspapers, magazines, on radio and TV. Violators of regulations are punished and media are instructed to reject these advertisements. Consumers are also alerted to the violations. During the year, 83 drug advertisements and 139 cosmetics advertisements were subject to fines for violations.

2. Census of Pharmaceutical Dealers and Pharmacies

An annual census was conducted covering 634 pharmacies, 1,879 suppliers of western medicines, 1,118 suppliers of Chinese medicines, 6,354 suppliers of medical devices, 18 manufacturers of Chinese medicines, four manufacturers of western medicines and 31 manufacturers of medical devices. During the year, 30 unlicensed pharmaceutical dealers were penalized.

3. Consumer Protection

To encourage drug safety, a special telephone line has been set up. During the year, 175 calls were received reporting the suspected adulteration of Chinese medicines with western medicinal substances. Following laboratory testing, 14 cases were confirmed. When Chinese medicines are discovered to have been adulterated with western medicinal substances, consumers are advised not to use the drugs and the dealers are traced and penalized. Thirty calls about cosmetics were received, eight of which led to the discovery of violations.

In September, laboratory testing of whitening cosmetics was carried out. Findings are:

- 1) Six of the 29 cosmetics examined (20.7%) tested positive for mercury and two (6.9%) tested positive for hydroquinone. Violators were prosecuted under the relevant law.
- 2) Most cosmetics were bought outside Taiwan. Of these, 21 (72.4%) were made in Mainland China. Cosmetics were also bought at drug stores and beauty salons.
- 3) Eight products did not conform to specifications and of these, five (62.5%) were made in Mainland China.
- 4) Users of eight products (of which five did not conform to specifications) found them effective.

4. The Police authorities collaborate on the inspection and control of illegal drugs.

During the year, seven cases of counterfeit drugs, eight cases of prohibited drugs and six cases of illegal medical devices were detected.

5. Inspections of 1,186 pharmaceutical firms covered the labeling of 5,300 products.

Of these, 135 were found to be in violation of regulations. The monitoring of the quality of 587 drugs revealed that 37 of them did not conform to specifications.

6. The labeling of 5,374 cosmetic products on the market was checked and 535 were found to be in violation of regulations.

Sample testing of the quality of 327 products revealed that 38 of them did not conform to specifications and 21 cases were prosecuted under the relevant law.

2. Prevention and Control of Drug Abuse

Routine inspections of institutions using controlled drugs are conducted. Of the 1,609 institutions inspected, 43 were found to be in violation of regulations. Three of them were prosecuted.

3. Supervision of Community Pharmacies and Separation of Dispensing Practice from Medical Practice

1. Issuing of Prescriptions

As a result of the separation of dispensing from medical practices, more prescriptions are being issued. Pharmacies are encouraged to sign a National Health Insurance contract. Currently, there are 371 pharmacies under National Health Insurance contract. They receive on average about 115,000 prescriptions each month, accounting for 9% of all prescriptions issued by primary care institutions.

2. Continuing Education for Pharmacists

Municipal hospitals conduct continuing education for pharmacists and are also available for consultation on technical matters.

3. Inspection of Pharmacists and Pharmacies

The practices of pharmacists and assistant pharmacists at clinics and pharmacies under National Health Insurance contract are routinely inspected to check that prescriptions are filled by pharmacists or assistant pharmacists personally. During the year, clinics were inspected a total of 2,563 times, pharmacies 1,649 times and drug stores 2,402 times.

4. Meetings

Four meetings attended by 292 pharmacists and assistant pharmacists on new developments in pharmaceutical industries and laws on pharmaceutical affairs were held during the year.

5. Public Education

Educational activities to promote the separation of dispensing practice from medical practice were organized.

6. Municipal Hospitals to Issue Prescriptions

Municipal hospitals are required to set up a committee to promote the separation of dispensing from medical practices as well as a telephone advice service. They also conduct continuing education for pharmacists and assistant pharmacists. Operating procedures have been adjusted to allow patients to receive prescriptions directly from the attending doctors, so that the patients themselves can decide where the prescriptions are to be filled. All medical staff of hospitals must be familiar with the process of issuing prescriptions.

7. Healthcare Advice at Pharmacies

Some pharmacies under National Health Insurance contract are selected to provide consumers with information and advice on healthcare. There are currently 243 such pharmacies in the City. Of these, 168 have been selected to provide education on the prevention and control of drug abuse. They also refer drug addicts to drug rehabilitation institutions.

Chapter VII Nursing Administration

1. Nursing Administration

1. Nursing Care

- 1) Professional development in nursing care is encouraged. Projects on the advancement of professional capabilities in clinical nursing care and specialty nursing systems have been promoted. So far, fifty specialty nurses have been trained.
- 2) Twenty-two meetings and workshops for the continuing education of nurses were organized for 1,356 persons.
- 3) Nursing homes and postnatal care homes have been assessed. Five nursing homes were graded excellent and three were rated grade A. Of the 23 home-care institutions, five have been graded excellent. Of all postnatal care homes, one received the most excellent rating, one was graded excellent, and two received A ratings.
- 4) A set of regulations covering self-regulating controls on the management of postnatal care homes has been drafted. The draft was submitted to the City Council for review on 20 June 2000.
- 5) To improve service quality and protect the rights of patients and families, a set of regulations on the supervision of care providers at municipal hospitals and a standardized form of contract for services at municipal hospitals have been developed.

8. Safety Inspection of Drugs at Home

To ensure safer use of drugs, the public is encouraged to send drugs they may have at home that are out of date, that have deteriorated or are of unknown sources for safe disposal at pharmacies that provide healthcare advice.

9. In collaboration with the ROC Pharmacist Association and the Pharmacology Association, the Department organized the 2001 Asian Conference on Pharmaceutical Practice and the Second Symposium on Pharmacology in Three Cities.

This Conference took place on 8 and 9 September, in Taipei. Experiences of other countries in the separation of dispensing and medical practices shared at the Conference will be used for the further promotion of this reform in Taiwan.

2. Healthcare for Women

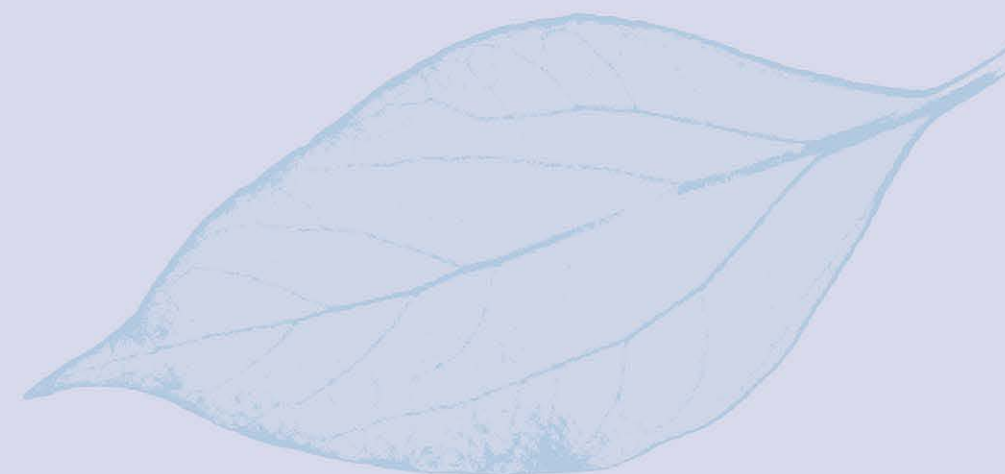
- 1) An advisory team on women's healthcare comprised of representatives from industry, government and academic institutions has been set up. The team meets regularly to discuss issues concerning women's healthcare.
- 2) The supervision of postpartum centers has been strengthened. Each year, inspections are conducted in collaboration with the Public Works and Fire Departments. These centers are encouraged to upgrade to become postnatal care homes. There are currently five such homes with 169 beds.
- 3) Promotion of Breast-Feeding
 - (1) Hospitals are encouraged to develop a mother-infant-friendly medical care environment. They are assessed against ten criteria, and if qualified, they receive certification. These ten criteria are now widely used for the verification of mother-infant-friendly hospitals.
 - (2) Nineteen hospitals in the City have been certified as mother-infant-friendly, an increase of ten hospitals over the previous year. They provide a comfortable environment for breast-feeding.
 - (3) Breast-feeding (and milk collection) rooms have been set up, ten in health centers, eight in municipal hospitals, 28 in public and private hospitals, nine in department stores, six in schools and seven in other public places.
 - (4) Continuing education consisting of two classes on breast-feeding has been organized for 360 medical and nursing

personnel. Training has been given to 64 voluntary breast-feeding promotion workers.

- (5) A campaign on breast-feeding was organized in July.
- (6) Of 7,057 mothers observed between January and December 2001, 34.82% of them had breast-fed their babies during their hospital stay and 61.56% fed their babies breast milk and infant formula combined, giving a total breast-feeding rate of 96.38%. In the month after delivery, 22.5% of mothers breast-fed their babies and 40.22% fed them a combination of breast-milk and infant formula, giving a total breast-feeding rate of 62.78%.

4) Encouraging Expectant Fathers to Attend Delivery

Fathers-to-be are encouraged to accompany expectant mothers during delivery. The practice is well accepted and further promotion seems worthwhile.



2. Management of Nursing Practices

1. Registration of Nurses

So far, 19,814 nurses are registered for practice in the City, accounting for 51% of all medical personnel. Of these, 14,170 are registered professional nurses (71.6% of all nurses), 5,616 are registered nurses, and 20 are midwives. During the year, 4,566 nurses were registered, and 4,000 canceled their registration.

2. Supervision of Nursing Practices

- 1) Criteria for the punishment of nurses who violate regulations have been agreed.
- 2) The practices of nurses in municipal hospitals and their services are checked. Nurses with problems receive corrective supervision. Nurses violating regulations are punished.
- 3) During the year, 130 nurses were fined for violations of regulations, and 111 paid their fines, giving a fine collection rate of 85.4%.

3. Improving the Performance of Nurses

- 1) Operational procedures have been reviewed and simplified to improve administrative efficiency.
- 2) A single access point for services has been set up for the convenience of the public and to simplify procedures.

3. Long-Term Care

1. Under the Regulations on Subsidies to Airway Section Patients at Nursing Care Institutions, such patients of low-income families receive subsidies of NT\$ 15,000 per month, and patients of mid-income families receive NT\$ 10,000 per month. During the year, some 656 case-times received subsidies.
2. Volunteer manpower banks for long-term care have been set up by district health centers with the support of private charitable organizations to develop volunteer resources for long-term care. So far, 702 volunteers have been trained. They have worked for 18,978 person-days.
3. To promote the health of the elderly, physical activities have been organized in communities.
4. Emergency evacuation and rescue systems have been established for nursing care institutions. Fire drills have been conducted. Different rescue procedures are used for elderly people in care who have special health requirements.
5. A project on the long-term care network in Taipei City has been piloted in the Municipal Jenai (DaAn District), Municipal Hoping (WanHua District), and Municipal YangMing (ShiLin District) hospitals. The long-term care service centers in these three hospitals began operation in June, offering services in counseling, assessment, home visiting and case management. They have so far provided care for the elderly 767 times, referred cases 1,534 times, and home-visited patients 2,301 times.

Chapter VIII Health Education and Training

1. Health Education

To improve public knowledge of ways of maintaining good health and living a healthy lifestyle, a variety of approaches are used to promote health education extensively. Campaigns are organized and talks given in communities by health centers and various media are used. Major achievements in the year are summarized as follows.

1. Health Promotion in Communities

Thirteen community health promotion centers in 12 districts actively foster community health. They meet regularly to share experiences and for problem solving and training, consolidating public and private resources with the goal of building a healthy living environment.

2. Vision Care Promotion

- 1) Several dramatic groups have been organized in primary schools, with the assistance of the Education Department, who make presentations in schools and communities to educate the audiences on vision care. During the year these groups performed 42 times at nine primary schools and one senior high school.
- 2) A children's theatrical group performed seven times at municipal libraries to educate the public about the importance of vision care.
- 3) A project for vision screening and screening for strabismus and amblyopia for pre-school children has been conducted. A total of

are currently under contract, an increase of three over the pervious year. In the year, a total of 197 elderly persons accepted these services for 2,019 person-days.

7. Professional workers (physicians, nurses, physical therapists, occupational therapists, respiratory therapists and dietitians) are encouraged to visit patients at home to provide home-care. During the year, services were provided 2,262 person-times.

8. A symposium on the care quality criteria in long-term care institutions in the Taipei Area was held on 6 and 7 December for 225 participants. Experts from Australia, Canada and the US were invited to share their experiences in this field.

9. In December, two workshops on the care of mental retardation were attended by 220 participants to improve their knowledge and skills on the care of mentally retarded cases.

20.7% had abnormalities. Of these, 86.4% received re-examination at medical care institutions.

- 4) The Ministry of Education assessed the vision care promotion program and recognized its excellence in a public declaration on 18 December.

3. Sex Education and Prevention and Control of Sexually-Transmitted Diseases

- 1) Videotapes on the prevention and control of AIDS (in English and Thai) produced by the Center for Disease Control have been distributed to institutions and organizations employing alien laborers.
- 2) To improve their knowledge on sex and for their own protection, a manual for teenage girls has been developed and produced in collaboration with the Taipei Association for the Promotion of Women's Rights.
- 3) The Municipal Venereal Disease Control Institute organizes a sex education classroom for young people to learn about AIDS prevention and safe sex. During the year, 613 students attended the class.
- 4) Activities on sex education have been organized in collaboration with the Department of Military Service for new draftees.

4. Prevention and Control of Cancer and Other Chronic Diseases

- 1) In collaboration with the Taipei Medical Association and the community health promotion centers, 12 meetings on healthcare

for adults and the elderly were attended by 566 participants.

- 2) The Municipal Chronic Disease Hospital organized a Jogging against Tuberculosis event and outdoor party for some 300 participants.
- 3) A campaign on cancer control titled Five Vegetables Every Day to Stay Healthy, was organized for some 4,000 participants.
- 4) A leaflet, Self-Examination for Breast Cancer, has been produced in large quantities for general distribution.

5. Control of Tobacco Hazards

- 1) A speech contest for junior and senior high school students on tobacco hazards was held on the World Smoke-Free Day.
- 2) In coordination with the Department of Health of the Executive Yuan and the John Tung Foundation, a 30-second commercial, Jackie Chan Says No to Tobacco, in both Chinese and English, was produced and shown at the meeting of the American Cancer Association in July and at a press conference of the Department of Health in August.
- 3) Six tobacco cessation classes were organized for 160 participants. Nineteen meetings were held in schools and communities for 7,610 participants.
- 4) A speech contest was held on tobacco hazards for students from 95 schools.

6. Health and Fitness

Meetings are organized by district health centers to alert the public to the importance of health and fitness. During the year, a total of

18,000 persons participated in these meetings.

7. Women's Health

- 1) Activities on health issues relating to menopause attracted some 3,000 participants.
- 2) A symposium on women's sexual health was held in collaboration with the ROC Sex Education Association.
- 3) The Municipal Heping Hospital organized lectures on healthcare for women, and the Hsinyi Health Center and the Peitou Army Hospital provided services in women's healthcare.
- 4) A manual, Care of Menopause using Chinese Medicine, has been produced for general distribution.

8. Control of Communicable Diseases

- 1) Prevention and Control of Enterovirus Infections
 - (1) A dance campaign, Hand-Washing to Combat Enterovirus, was organized for children from 20 kindergartens and nurseries. Prizes were awarded to the best six groups.
 - (2) A poster contest and outdoor event on the topic of Hand-Washing to Combat Enterovirus was organized by the Municipal Women's and Children's Hospital.
 - (3) The Bureau of Social Affairs of the City Government has been asked to include the prevention and control of enterovirus infections in the training curricula of child-care workers.
 - (4) With the support of commercial sponsors, children under three years immunized against enterovirus receive a small gift.
 - (5) Twenty-nine workshops on the prevention and control of

enterovirus infections were organized for 3,002 child-care workers of kindergartens and nurseries and school teachers.

- (6) A commercial on enterovirus prevention was shown on TV on Dragon Boat Festival Day.
- (7) An outdoor party with the theme of the prevention and control of enterovirus infections attracted some 2,000 people.
- (8) A commercial was shown in early September to warn parents and teachers against possible outbreaks of enterovirus infections after schools began.
- (9) A leaflet on enterovirus prevention was produced with the support of the McDonalds restaurant chain.
- 2) Prevention and Control of Dengue Fever
 - (1) Three summer camps on learning about disease-transmitting vectors and insects were attended by 150 primary school children with the support of the Center for Disease Control.
 - (2) Campaigns against dengue fever have been organized. Citizens are urged to clean up the environment and empty stagnant water from containers of all sizes.
 - (3) Mass media are extensively used to educate the public on the prevention and control of dengue fever. The Education Department is required to distribute leaflets through school children; the Bureau of Civil Affairs is required to post some 1,500 copies of posters in communities and the Information Office requests mass media to participate in the campaigns.
- 3) Prevention and Control of Hepatitis

- (1) An essay-writing contest on the topic of hepatitis B control was conducted in March. Prizes were awarded for the ten best essays, which were published in newspapers.
- (2) A variety of health education activities were conducted, including 42 meetings attended by 4,254 persons, 41 lectures attended by 5,912 participants, eight poster displays, 16 campaigns covering 2,959 persons, video shows in hospital waiting rooms, 17 free medical care services for 2,312 patients, 14 health education sessions at clinics and in hospital wards and the use of magazines for education.
- (3) Free medical care services including blood testing for hepatitis, screening for osteoporosis, education on the prevention and control of hepatitis and counseling on other medical matters have been provided to some 4,000 persons.
- 4) Prevention and Control of Anthrax
 - (1) A leaflet, Understanding Anthrax, has been produced and posted on the web site for downloading.
 - (2) A meeting for the staff of the City Government to learn about anthrax and its prevention was organized for 130 participants.
 - (3) A 30-second video, Understanding Anthrax, has been produced.

9. Oral Health

- 1) Educational activities about the hazards of betel nut have been organized 112 times in communities, 90 times in

- 2) A series of activities for adolescents titled, Generation-X vs. e-betel Nut, has been posted on the Internet.
 - (1) A paragraph on the health hazards of betel nut has been posted on the web site, including an anonymous poll survey.
 - (2) A web page design contest has been conducted.
 - 3) Dramatic presentations on betel nut hazards, aimed at adolescents, are performed. .
 - 4) Large quantities of posters and pamphlets on betel nut hazards have been produced.
 - 5) A web site on the prevention and control of oral cavity cancer has been set up.
 - 6) Oral mucous membrane screening primarily for taxi drivers was organized on Betel Nut Control Day, 3 December. Of the 159 screened, 10 were found to have abnormalities (6.3%).

10. Payment-Per-Bag Garbage Collection Policy

- 1) In accordance with this new policy, the public is encouraged to reduce kitchen waste through prudent cooking practices. A press conference was held to demonstrate ways to reduce cooking waste. A commercial is posted on the Internet and broadcast on TV.
- 2) A Department team meets every two months to discuss ways to reduce the amount of waste in offices.

11. Traffic Safety

- 1) In accordance with the new traffic regulations of the Bureau of Transportation, a series of activities on the control of impaired

driving, irresponsible driving, child safety in cars and safe driving practices have been planned.

- 2) A leaflet on the new traffic regulations has been produced for distribution to health centers and municipal hospitals.
- 3) A quiz on the new traffic regulations has been organized for staff of health centers and municipal hospitals.
- 4) Department staff members were tested on the Priority for Pedestrians policy. All passed the test.

12. Other Health Education Activities

- 1) Health education activities are organized with a monthly theme.
- 2) Municipal medical care institutions meet regularly to coordinate health education.
- 3) A film on mental health was screened in a movie theater five times, followed by lectures by experts. Each showing attracted some 300 persons.
- 4) In August, 12 posters on pre-hospital arrival emergency care, safe use of drugs, betel nut and oral cavity cancer, and health in hot springs were produced.
- 5) A Taipei City Health Department Report, July 1999 – December 2000, was produced for distribution to the municipal and other related medical care institutions and schools.
- 6) An English edition on the activities of the Department was produced.

13. The Internet

- 1) A segment, Healthcare for Babies – Dental Care, has been

posted on the Internet.

- 2) A segment on RU486 has been posted on the Internet. Some 15,000 viewers have responded to the questionnaire. It is found from the questionnaire responses that the public requires more information on the use of abortion drugs.
- 3) A campaign on safe sex posted on the Internet has attracted some 50,000 adolescent viewers.
- 4) Basic information about the 12 municipal hospitals is posted on a web site called e-Century Healthy Life. Each hospital prepares a videotape and also organizes activities on the Internet. The first series of activities by the Municipal Psychiatric Center began on 16 August.
- 5) A VCD has been produced on sex education for adolescents.
- 6) A series of activities has been posted on the Internet, titled Generation-X vs. e-betel Nut on the hazards of betel nut.
- 7) The web site of the Department, <http://edu.health.gov.tw>, has been updated.



2. Health Training

1. Emergency Care Skills Training

- 1) Public CPR skills training has been organized for 1,456 times for 118,411 person-times. Of these, 108,731 persons attended the training for the first time and 9,680 persons came for re-training.
- 2) A workshop on basic rescue skills for instructors was attended by 58 participants from the Department. Fifty-six participants attended the second workshop.

2. Continuing Education for Staff

- 1) Department staff received on-the-job training.
- 2) Training was organized for 54 inspectors in the ISO quality control system to standardize ISO 9002 inspections.
- 3) To maintain the cleanliness of public toilets, training has been organized for persons in charge of public toilets in medical care institutions.
- 4) A special lecture on the prevention of sexual harassment and relevant laws was given to 140 participants.
- 5) A series of activities on the sexual equality was organized for 151 participants.
- 6) Two workshops on the information economy and service for primary level civil servants were organized for 109 participants.
- 7) A workshop on the information economy and service for mid-level civil servants was organized for 16 participants.

3. Sixty students from 21 universities and colleges visited the Department for field training.

4. Health Education in Hospitals

- 1) Demonstrations on health education were organized for 90 health education workers from hospitals and health centers.
- 2) Teaching materials have been developed, focusing on the use of Chinese medicine and pharmacies, prevention and control of liver and gall bladder diseases through Chinese medicine, care of menopause and physiological analysis through Chinese medicine.
- 3) A learning camp on Chinese medicine was organized for health education workers of regional level and above hospitals in the City.
- 4) Videotapes on oral health for children, periodontosis, betel nut and oral cavity diseases, and Facts about the Department have been produced.

5. Education against Drug Abuse

- 1) A Hualien-based anti-drug organization received assistance in fund raising for the building of a half-way home for drug addicts.
- 2) An outdoor party was held with the theme of the prevention of drug abuse

Chapter IX Food Sanitation

1. Supervision and Inspections of Foods

During the year, annual plans for the management of food industries to improve the hygiene and safety of foods were drawn up; inspections and supervision of food manufacturers and dealers and public eating places were strengthened; inspections and testing of foods on the market were carried out and health education activities for the public and for food handlers took place.

1. Supervision of Food Sanitation

- 1) Public eating-places, food manufacturers and food dealers were inspected 36,211 times (at least one inspection per unit per season). Improvement was required in 6,953 cases. It was concluded that more should be done in regard to the inspection of sanitary facilities and personal hygiene, that corrective action should be more stringently imposed and that an assessment system for inspection and supervision should be set up.
- 2) An assessment of boxed lunch manufacturers was conducted which 33 passed. Hazard Analysis and Critical Control Point (HACCP) supervision was piloted with boxed lunch manufacturers. Fifteen of them passed the inspection and two are currently under mandatory supervision (one boxed lunch manufacturer and one tourist hotel).
- 3) An assessment of the sanitation of 95 bakeries in the City was conducted. Of these, 77 passed the assessment. Those who pass the assessment receive a certificate of excellence and their names are published.

- 4) Training on food Sanitation is given to employees of food manufacturers and food handlers of cold-drink chain shops, breakfast stores, bakeries, sashimi stores and food manufacturers to help them establish a self-regulating system for food sanitation. One-hundred-eleven classes on food sanitation were organized for 6,514 newly licensed Chinese cooking technicians.

5) Investigation of Food Poisoning Outbreaks

Prevention of food poisoning is the primary function of food sanitation regulations and practices. In order to prevent large-scale food poisoning outbreaks, inspections focus on the sanitation of lunches ordered-in by schools, school lunch programs, cafeterias around schools, catering services and restaurants. Self-regulating systems for food sanitation are encouraged. During the year, there were 12 food poisoning outbreaks with 161 victims. To upgrade the quality of food inspectors, a manual of operating procedures for investigation, specimen collection and delivery for laboratory testing in food poisoning outbreaks is being prepared.

6) Consumer Services

A telephone complaints line is available at the Department for consumers. Details of foods not meeting regulations are made public.

- (1) Three tapes, Adolescents, say no to smoking, Your health is not for sale, and "Know your rights before surgery, have been produced and broadcast on radio.
- (2) Two videotapes on the topics of the safe use of drugs, and short-term care services have been produced and broadcast.

7) Food sanitation Volunteers

The Plan for the Use of Volunteers in Food sanitation and Tobacco Hazard Control encourages the use of volunteers in healthcare programs. In May, training for volunteers in food sanitation, and in October, visits to food factories were conducted. During the year, volunteers helped monitor 125 food products for inadequate labeling, 25 food products claiming curative effects, 46 products past their use-by date and 31 food advertisements in violation of regulations. Volunteers also participate in the education of the public on food sanitation.

8) Registration of Dietitians

During the year, 87 applications for the registration of dietitians were accepted; 61 cancellations of registration were processed and six dietitians were prosecuted under Article 16 of the Dietitian's Law.

9) On Chinese Valentine's Day, 14 August, methods of cooking fat-reduced sesame chicken and fat-reduced fried rice were demonstrated. The fat-reduced chicken contained only 60% of the calories of regular chicken, a 48% reduction in fat and 1.3 times more fiber. The fat-reduced rice contained only 340 kcal per bowl, a reduction of 33% in fat and an increase of 43% in protein.

On 21 August, a healthy diet demonstration was conducted. In September, a fat-reduced moon-cake was introduced. Five bakeries were persuaded to produce 13 kinds of fat-reduced moon-cakes. These cakes contained only 30% of the fat of regular cakes.

2. Sanitary Inspections of Foods

1) Inspections of Foods on the Market

Foods on the market are tested for unlicensed food additives, borax, illegal preservatives, artificial sweeteners, aflatoxin and residual pesticides. During the year, inspections were made of 4,720 food products and 569 violations of regulations were discovered. Findings of inspections are announced in newspapers and on the Internet for consumer reference.

2) Test Sampling of Traditionally Prepared Foods

Some traditionally prepared foods such as noodles, soybean products, dumplings, preserved fruit and ice candies are found not to meet sanitary requirements. Their preparation is placed under supervision for improvement.

3) Testing of Residual Pesticides on Vegetables

During the year, 1,415 kinds of vegetables on the market were tested. Of these, 26 (1.8%) did not meet regulations. The agricultural authorities have been approached to control the sources of vegetables and to promote the labeling of sources.

4) Labeling of Foods and Control of Advertisements

Labeling of 104,306 food items was checked. Of these 298 items and 429 food advertisements were found to be in violation of regulations.

5) Improvement of Inspection Standards

Food inspectors from local health centers have received training on the labeling of boxed lunches, the management of the sanitation of restaurants and the handling of food poisoning

incidents. In May, the process of test sampling of ice products and beverages, passed ISO 9001:2000 verification. A set of standard operational procedures has been established for inspectors and laboratory technicians to follow.

2. Control of Tobacco Hazards

1. During the year, 85 places failing to display non-smoking signs and ten places without distinct segregation of smoking and non-smoking areas, 13 cases of selling cigarettes to juniors under 18, 111 cases of smoking in non-smoking areas and six advertisements in violation of regulations were detected and prosecuted. The number processed was 2.5 times more than that in the previous year.
2. On 31 May 121 smoke-free restaurants received certification.
3. Incentives for reporting tobacco hazards will be introduced in 2002. A toll-free line is available for reporting tobacco hazards.
4. Strict non-smoking rules are included in the regulations concerning the self-regulation of computer game establishments. Smoking will be prohibited in all computer game shops.
5. Night-time inspections for tobacco hazards in places where large numbers of people gather at night were conducted by health centers from 23 November. Inspections were made of 33 computer game shops, 12 KTVs, and 18 others. Sixteen establishments were found to be in violation of regulations. Problems detected were discussed at later meetings.

3. Prevention and Control of Betel Nut Hazards

A plan has been formulated for the sanitary control of betel nut dealers, products, chewers and chewing places. A set of regulations for the self-regulation of sanitation for betel nut dealers has also been formulated. The set of regulations is expected to be approved by Taipei City Council soon.

In the two months of July and August 2000, a survey was conducted of 1,298 betel nut dealers with regard to the kinds of products, sales amounts, other articles sold, sanitary conditions, labeling and health warnings, sites, licenses and the chewing habits of handlers. The daily consumption of betel nut in Taipei City was 602,300 pieces, an increase of 6,000 over 1997 (596,000 pieces).



Memo

Chapter X Health Planning, Research and Development, and International Cooperation

1. Health Planning, Research and Development, and Evaluation

1. Planning of Annual Programs

Programs for the year are planned based on the policies of the Department and budget allocated. They are then submitted to the City Government for follow-up.

2. Evaluation of Administrative Procedures

1) Processing of Documents

To improve the quality and efficiency of document processing, the average days required for processing are tabulated and reviewed at staff meetings. Reasons why documents are not processed within the designated time frames are analyzed with a view to improving processes. During the year, 109,601 documents were received and 25,604 dispatched. Average processing time was 3.95 days.

2) Processing and Follow-up of Applications and Appeals

During the year, 51,950 applications, 619 appeals and 160 cases for administrative relief were received. All were processed in the designated time.

3) Follow-up of Annual Programs

Three programs, strengthening the services of community mental health centers, the establishment of new laboratory testing techniques and the management of postpartum care centers, come under the supervision of the City Government. A program to implement the Mayor's White Paper is under the supervision of

the Department. The program has been successfully implemented.

4) Overseas Visits and Reports

During the year 27 overseas visits were made for the purpose of study tours, reports and meetings. The reports and information resulting from these visits are managed and referred as resources to the agencies concerned.

3. Information Dissemination

1) Taipei's Health

A publication for disseminating information to the public, Taipei's Health, began as a monthly on 20 September 1993 and then a bimonthly in July 1995. By December 2001, 61 issues had been published.

2) Health Exhibits

Exhibits on (1) the journey of life – from pregnancy, birth to death, healthcare services provided by the Department, (2) vital statistics of Taipei residents, (3) major communicable diseases and their control, (4) health education themes of the season, (5) modeling, (6) facts about controlled drugs and (7) locations of health centers and municipal hospitals are displayed at the City Information Hall.

4. Research and Development

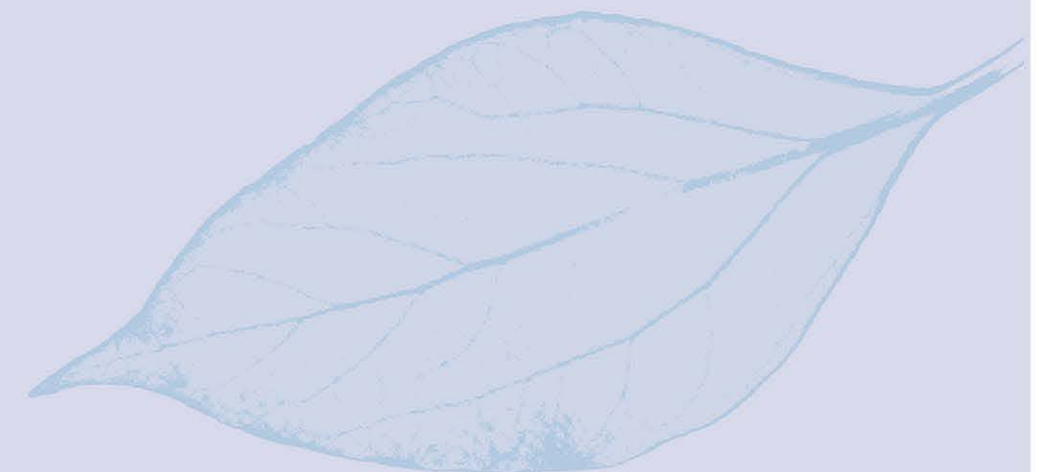
1) Research on Health and Medical Care

To understand the needs of the public which will be used for reference in the formation of health policies, research in health

and medical care is encouraged. Department and municipal hospital staffs are encouraged to conduct research or to contract projects to institutions for research. During the year, 79 research projects were proposed.

2) Manpower Development

The Johns Hopkins University has been requested to organize a master's degree program on hospital management for the development of staff members of municipal hospitals. A series of lectures on hospital management and a training program for the chief nurses of municipal medical care institutions has been organized. Negotiations for collaboration with Taipei Medical University are underway.



2. International Cooperation

1. International Exchanges

1) Exchanges with Non-Governmental Organizations

In Taipei the ROC National Federation of Medical Associations held the CMAAO Convention and the 22nd Annual Meeting and Symposium on Healthcare Reform and Its Impact on Medical Care System.

2) International Cooperation

Visits have been made to Hong King and Singapore to learn about these cities' healthcare programs and experiences in hospital management.

3. Other Healthcare Services

1. Consumer Protection

- 1) Campaigns are organized by health centers to advocate the concepts of consumer protection.
- 2) Posters are displayed on buses and videos are broadcast on TV.
- 3) Two videotapes and three recorded tapes have been produced and broadcast on radio and TV.
- 4) Findings of inspections of medicated cosmetics and foods are shown on the Department web site.
- 5) Illegal advertisements in newspapers, magazines and cable TV are eliminated.
- 6) Individuals and organizations who advertise medical care, drugs and cosmetics illegally have been fined according to the following categories:

(1) illegal advertisements on medical care - 181 cases;

(2) illegal advertisements on drugs - 70 cases

(3) illegal advertisements on cosmetics - 140 cases.

- 7) The labeling of 104,306 items of food products was checked and 298 violations of regulations were discovered. Media are requested to cooperate in the control of illegal and exaggerated advertisements to protect the consumer rights.

2. Subsidies for Children's Medical Costs

A project to subsidize the medical costs of children aged under three years began on 25 December 1995. The project was extended to children under six years of age on 10 October 1998. On 1 February 2001, the project was further extended to include children of low-income families, children suffering from critical conditions and children with rare diseases.

1) Children Eligible for Subsidies:

(1) Group I: children under six years of age, registered in the City, with one parent (or guardian) registered and living in the City for more than two years.

(2) Group II:

i) children under six years of age, registered in the City whose families have been assessed by the Bureau of Social Affairs as low-income;

ii) children under 12 years of age, registered in the City who are patients suffering from rare diseases as defined by the Department of Health of the Executive Yuan, or who have been assessed by the National Health Insurance as critically ill.

- 2) Services are available at all designated hospitals and clinics.
- 3) Services are made available upon presentation of the medical cost subsidy card, the National Health Insurance card, or the Children's Health Official Booklet.

4) Applications for Subsidies

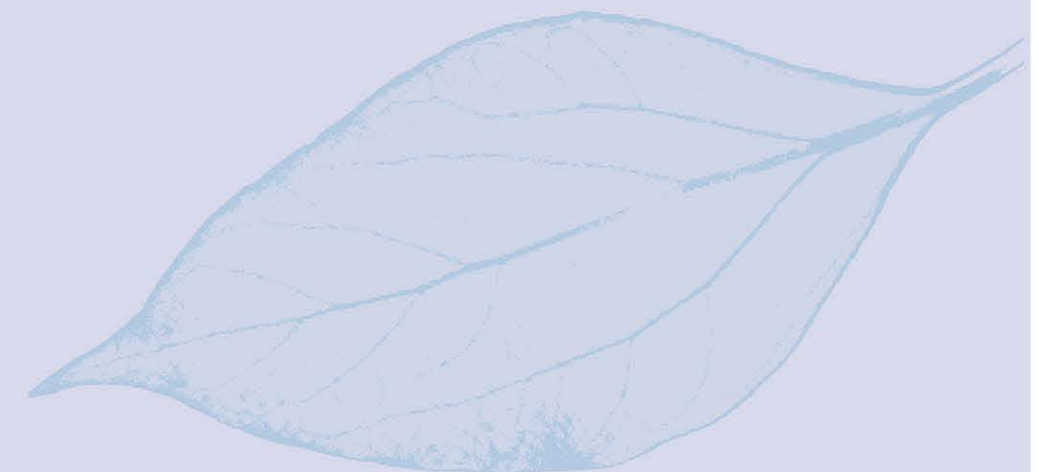
- (1) For Group I children: application for subsidies is made to the district administration office by a parent (or guardian) upon presentation of household registration documents and the Children's Health Official Booklet.
- (2) For Group II children: the above-mentioned documents are required, plus other documents proving either their low-income status, that they are suffering from rare diseases or in critical condition.

5) Subsidy Amounts

- (1) For Group I children:
 - i) subsidies for registration fees and co-payments for emergency care and inpatient hospital care;
 - ii) subsidies for registration fees for health examination and fees for health counseling (up to nine sessions).
- (2) For Group II children:
 - i) subsidies for registration fees and co-payments for outpatient, emergency and inpatient care;
 - ii) subsidies for registration fees for health examination and fees for health counseling (up to nine sessions);
 - iii) subsidies for self-paid medical costs for inpatient care of up to NT\$ 1,000 per person per day to a maximum of NT\$ 14,000 a year

6) Project Outcomes

- (1) By December 2001, there were 460 medical care institutions officially participating in the project, plus 46 hospitals and 414 clinics.
- (2) During the year, subsidies were made 524,324 person-times, totaling NT\$ 163,456,242. Of these, 101,507 person-times received health examinations.



Chapter XI Health Information

1. Health Information Services

The Systems Administration Office is primarily responsible for the planning, supervision, promotion and review of health information services and implementation, as well as the coordination of matters concerning the National Health Information Network. In June 1988, a plan for the promotion and development of health information services between the Department and its affiliated medical care institutions was approved.

1. Development of the National Health Information Network

The Department of Health of the Executive Yuan initiated a National Health Information Network project in 1988. This project is integral to the development of the information service network in the City.

2. Promotion of a Health Information Service in the City

- 1) Work began in 1989. In the first phase of the project, technological equipment was purchased and application systems developed. In the second phase, work continued to develop application systems. By 1997, ten application systems had been developed.
- 2) In 1989, the Department began to purchase computer facilities for the Department and the 12 health centers.

2. Development of the Health Information System

In 1997 the Office formulated a plan for the overall integration and development of information systems in Taipei City Health Department for the promotion of health information services in the Department and its affiliated medical care institutions.

1. Development of Information Management Systems

The following systems have been developed aimed at integrating health information: a management system for medical devices, a system for the monitoring of drug use and management of pharmaceuticals, an accounting management system and system for the management of subsidies for the medical costs of children aged under six years.

In the area of public health, health centers have developed a health management information system categorizing records by household, an automatic interactive voice response system, a health promotion management system and a health information management system to provide public health nurses and other health workers with prompt and accurate information for the more effective management of the health of the population.

2. Computerization of Document Processing

To improve efficiency and reduce processing times, an automated document processing and management system has been introduced. A personnel management system has been developed, based on fingerprint identification. Every staff member has access to an email account to facilitate the flow of information.

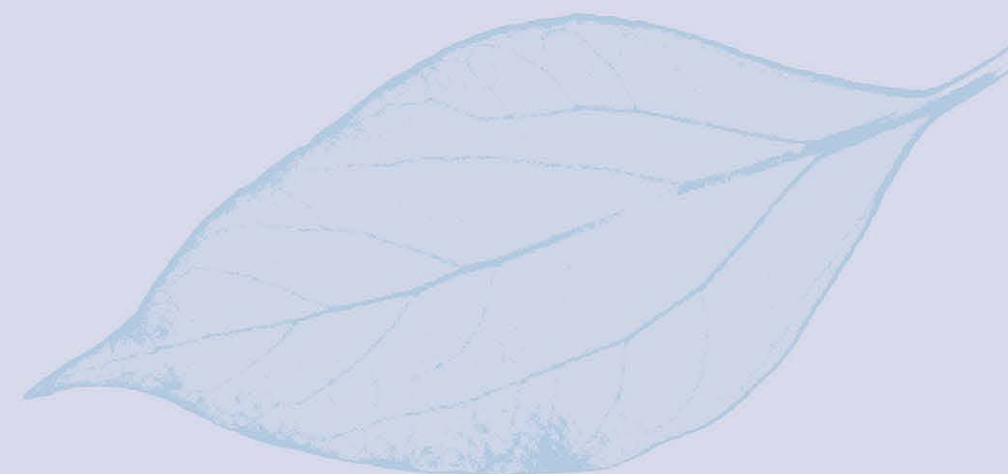
3. Internet Services

An automated voice inquiry and response system has been developed to provide new health information to the public. Web-sites have been set up providing information about the Department and its functions, news releases, subsidies for medical costs for children under six years of age, tobacco hazard control and Q&As on health and medical care. A web-site, titled Health and Medical Care, was set up in 2001. The web-site contains more information on health and medical care, offers advice and can be used to make medical appointments online. More systems will be developed to provide user-friendly health services and information for the public.

3. Education and Training

During the year, the following training programs were organized for Department and municipal medical care institution staff:

1. advanced course in Word 2000, 12 hours for 30 participants;
2. advanced course in Excel 2000, 12 hours for 30 participants;
3. advanced course in PowerPoint 2000, 12 hours for 30 participants;
4. advanced course in Access 2000, 12 hours for 30 participants;
5. course on Front-page 2000, 18 hours for 30 participants;
6. course on Asp, 50 hours for 30 participants; and
7. course on Java, 50 hours for 30 participants.



Chapter XII Laboratory Testing

Laboratory testing is one of the foundations of public health. Health administration relies upon scientific, objective and accurate information collected through laboratory testing. By standardizing operations, defining quality standards and providing automated systems for management, the Department's laboratory, which has been certified by both the CNLA and ISO, is striving to develop new techniques that will help ensure the safe use of drugs and foods.

1. Major Functions of the Laboratory

The Laboratory tests specimens collected during inspections, tests food and beverage specimens sent in by the public, as well as specimens relating to special projects. Testing includes general testing for food hygiene, testing for pathogenic microorganisms, food additives and residual pesticides, testing for hazardous heavy metals, testing of food utensils and containers, testing of detergents and drugs for animal use, testing of water quality of swimming pools and bathhouses, testing of Chinese medicines suspected of being adulterated with western medicines, testing for hepatitis B, malaria and pinworm.

During the year, laboratory testing was conducted on 82,628 items of food, 8,493 specimens from business establishments, 3,132 items of Chinese medicines suspected of being adulterated with western medicines, 122 cases of amebic dysentery and 143,995 cases of communicable diseases (pinworm, malaria and hepatitis B). Tests were carried out on 17,192 specimens submitted by the public.

2. Standardizing Quality of Laboratory Testing

To standardize the quality of laboratory testing, a quality manual has been developed. The manual contains 28 chapters on management and personnel requirements.

3. Training

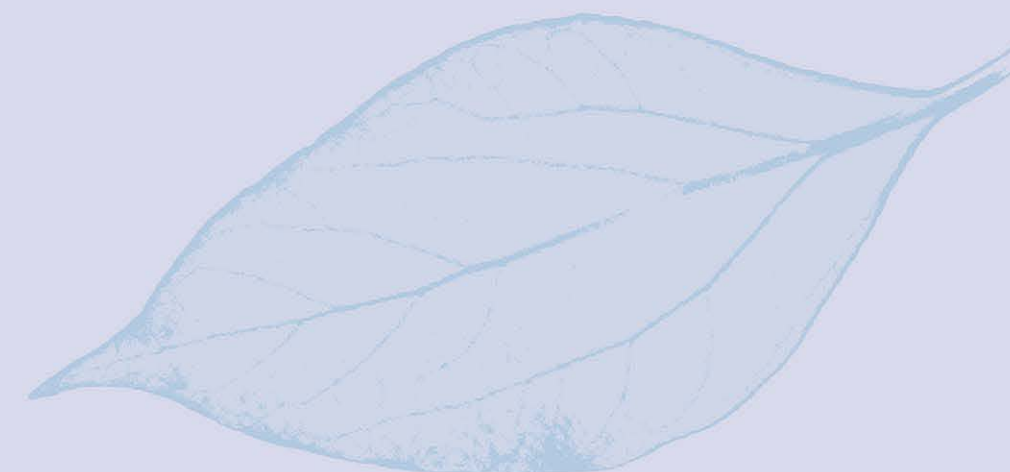
Five classes and six workshops have been organized for the staff of the Office. Experts are invited to deliver lectures.

4. Symposium on Technology of Laboratory Testing of Food

Key staff of the Office participated in the 2001 Symposium on Technology of Laboratory Testing of Food. They presented two papers and 11 poster papers.

5. Research and Development

In order to develop fast, comprehensive laboratory methods aimed at shortening timeframes and improving the quality of testing, during the year, the Office conducted 20 research projects.



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