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Foreword

Through the efforts and leadership of my predecessors at the department, health and medical care in Taipei City has made remarkable progress and advancement. To build on their achievements, the department has begun this year an initiative to make Taipei City into a truly “Health City”. Our “Healthy City” concept involves a new more positive and creative approach to our mission at hand. We hope to ultimately improve the healthcare program of our citizens, through the provision of outstanding service and the implementation of groundbreaking policies. As the dawn of a new era has already begun, we hope to keep up with the times and provide high-quality contingency medical service to further promote and protect the residents of Taipei City.

The availability of health for all is a global trend of our new century as well as the goal for all public health care workers. Therefore the focus of our department in this new era will be to work on the attainment of this vision. For the protection of the consumer and the general public, laws and regulations will be strictly enforced. In addition, we will work tirelessly to strengthen our programs for tobacco hazards, food sanitation, drug and cosmetic safety, misleading advertising, and education of the public on how to better use our services. In aspect of the establishment of a medical care network, resources will be consolidated to improve the overall quality of medical care and emergency response services. Other improvements will also be made in long-term care, physical care networks as well as medical care networks for cancer, cardiovascular diseases, depression, tuberculosis and prenatal care.

As we begin our quest to build our city into a “Healthy City”, we seek to enlist the help and support of the private sector and increase community participation. With their backing, an increasingly user-friendly and healthy environment can be created. The public will be encouraged to take personal responsibility to exercise, eat a balanced diet, get routine health check ups, and avoid tobacco and betel nut. In combination with a more receptive, efficient, and consolidated health department, we can work together to mold Taipei City into a world-class capital.



Commissioner, Department of Health,
Taipei City Government

A handwritten signature in black ink, which appears to read "Kang Chang".

December 2003



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Chapter I. Health Administration

1. Organization of the Department

Under the direction of the Executive Yuan of the Republic of China, Taipei City was made into a national municipality in July 1967. The organizational structure of the Taipei Department of Health has been restructured several times as a result of changes in healthcare programs. In July 1992, the department was reorganized into its present form of seven divisions and eight offices. Division one is responsible for disease control, preventive health and the supervision of health centers. Division two manages the sanitation of business establishments, occupational health, health of foreign laborers and the health of residents affected by radioactive contamination. Division three is concerned with medical affairs, emergency medical care and psychiatric care. Division four focuses its attention 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 and 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. The Office of Statistics 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.

In addition to these offices and divisions, the Department also oversees a municipal hospital system that includes, Chunghsin Hospital, Jenai Hospital, Hoping Hospital, Women's and Children's Hospital, Yangming Hospital, Zhongxiao Hospital, Wanfang Hospital* and Gandau Hospital*. Additionally, there is one psychiatric center, one chronic disease hospital, one traditional Chinese medicine hospital, one Sexually Transmitted Disease Control Center, and 12 district health centers with a total staff of 5,926 persons. Altogether, the hospitals (excluding the Wanfang and Gandau hospitals) have 3,913 beds.

Figure 1-1-1 Organization of the Department



2. The Staff

1. Current Staff Situation

Within the Health Department, the current manpower totals 4,647 persons (excluding employees of Wanfang and Guandu Hospitals.) Among the total, 38 (0.81%) are appointed staff, 2,989 (64.32%) are recommended staff, 1,517 (32.64%) are authorized staff, and 103 (2.2%) are hired employees.

2. Current Staff Educational Situation

Within the Department and its subordinate organizations (excluding the Wanfang and Gandau hospitals), 224 (4.82%) hold either master's or doctorate degrees; 1,680 (36.15%) are university graduates; 2,254 (48.50%) are junior college graduates; 412 (8.86%) are graduates of senior high schools or vocational schools; and 77 (1.65%) are of other educational backgrounds.

3. Current Staff Examination Qualification Situation

To qualify for employment at all the units of the Department of Health (excluding Wanfan and Guandu Hospitals), examinations are required. Among the department's employees, 1,150 (24.74%) have an advanced examination qualification, 942 (20.27%) have a regular examination qualification, 103 (2.2%) have a specialized examination qualification, 1,267 (27.26%) have primary or upgraded examination qualification, and 1,185 (25.50%) are hired based on other regulation requirements and degrees.

3. Health Expenditures

The budget for health and medical care for 2002 was NT\$ 5.13 billion, accounting for 3.31% of the City government budget.



4. Important Health Indexes

1. The Population

1) Population Statistics

As of 2002, Taipei City had a population of 2,641,856 persons, accounting for 11.73% of the total population of Taiwan.

At the time Taipei became a national municipality in 1967, the city's population was 1,604,543 persons. By 1990 the population had grown to 2,719,659, an increase of 69.50% in 22 years. The population began to fluctuate between 1991 and 1998, primarily due to the yearly decline in the natural population growth rate and as more people moved out of the City. The social increase rate of the population has however, always been higher than the natural growth rate.

The population in 2002 has seen a decrease of 0.3% since 2001. The crude birth rate was 9.72‰; the crude death rate, 5.13‰; and the natural increase rate, 4.6‰. At the end of 2001, the average life expectancy was 79.11 years; 77.33 years for males, and 81.79 years for females.

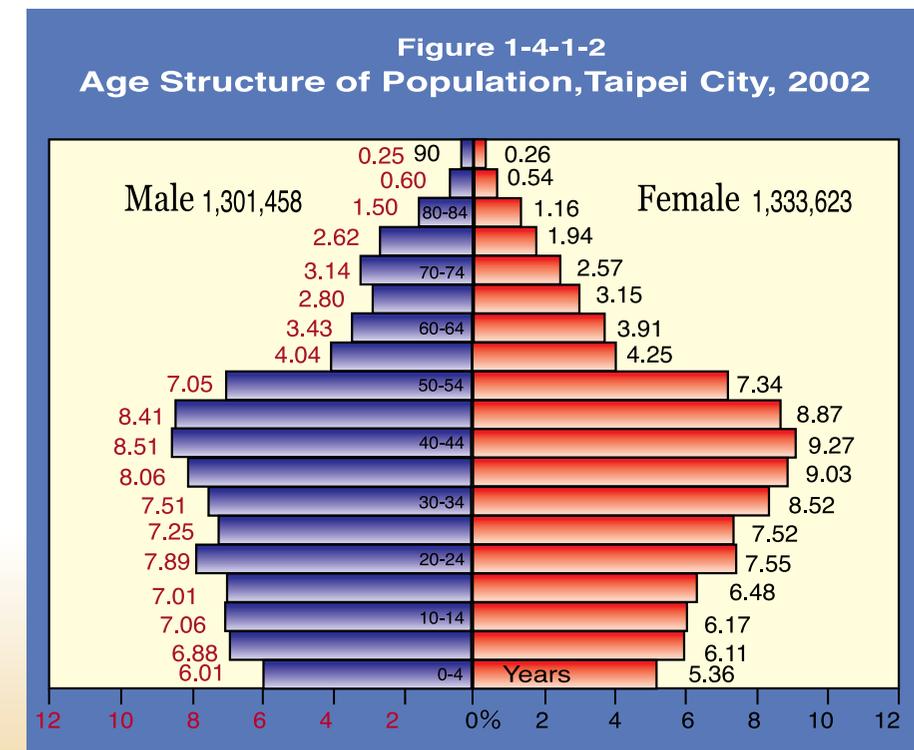
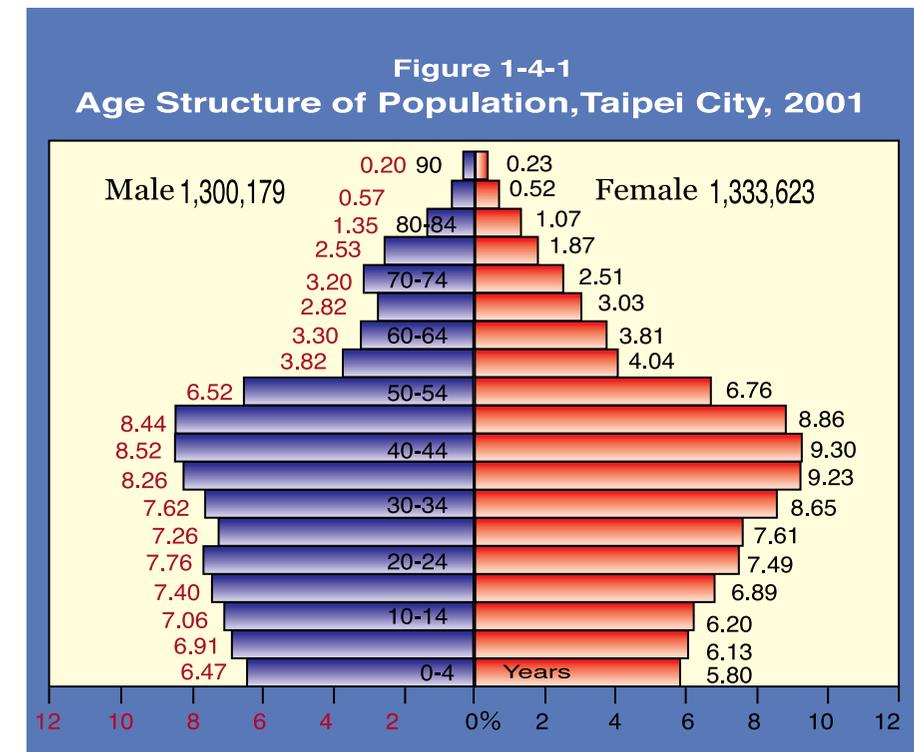
Table 1-4-1 : Population and Life Expectancy, Taipei City, 1992-2002

Item	Year-end Population	Mid-year Population	Crude Birth Rate (‰)	Crude Death Rate (‰)	Natural Increase Rate (‰)	Life Expectancy (at 0 age)	
						Male	Female
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	2,643,220	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
2001	2,633,802	2,640,138	10.23	5.05	5.17	77.33	81.79
2002	2,641,856	2,634,829	9.72	5.13	4.60

2) Age Structure of Population

At the end of 2002, there were 1,301,458 males and 1,340,398 females with a sex ratio of 97.09. By age, young children of 0-14 years accounted for 18.77% (496,000); young adults of productive ages 15 to 64 accounted for 70.97% (1,875,000); and the elderly segment of 65 years and above accounted for 10.25% (270,000) of the total population.

Since 1992, the elderly population percentage has comprised at least 7% of the population and fits the definition of the UN's "Silver Society." The rate has been steadily increasing since 1992. In 2002, the elderly segment of 65 years and above was over 10% and ranked 11th among 23 counties and cities in Taiwan. In the city, every 100 persons of productive age, those between 15-64, support 41 dependents, of ages 14 and under and 65 and older.



2. Vital Statistics

1) Changes in the Ten Leading Causes of Death

In the last ten years, malignant neoplasm has been the 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 2001, the mortality rate of malignant neoplasm was 154.88 per 100,000 people and accounted for 30.93% of all deaths. The mortality rate of cerebrovascular diseases was 52.91, accounting for 10.57% of all deaths. The mortality rate of heart diseases was 52.38, accounting for 10.46% of all deaths. The other leading causes of death were, in descending order, diabetes, accidents and injuries, nephritis, nephrotic syndrome nephrosis, and pneumonia chronic liver diseases and cirrhosis of the liver, suicide and hypertension.

Table 1-4-2 : Ten Leading Causes of Death by Year, Taipei City

Causes of Death	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Malignant neoplasms	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)	1(154.88)
Cerebrovascular diseases	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)	2(52.91)
Heart diseases	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)	3(52.38)
Diabetes mellitus	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)	4(34.20)
Accidents	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)	5(19.17)
nephritis, nephrotic syndrome and nephrosis	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)	6(18.56)
chronic liver diseases and cirrhosis	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)	8(13.83)
Pneumonia	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)	7(13.90)
Suicide	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)	9(10.98)
Hypertensive diseases	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)	10(6.33)
Bronchitis, emphysema and asthma	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)	11(5.64)

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

2) Ten Leading Causes of Cancer Death

A total of 4,089 persons died of cancer in 2001, at a mortality of 154.88 per 100,000 population. Of these, 2,565 were males, at a mortality of 196.59 per 100,000 male population and 1,524 were females, at a mortality of 114.12 per 100,000 female population.

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

Table 1-4-3 : Ten Leading Causes of Cancer Death, Taipei City, 2001

Order	Cause of Death	No.of Death	Mortality per 100.000	%
	All cancer deaths	4,089	154.88	100.00
1	Lung cancer	883	33.45	21.59
2	Liver cancer	671	25.42	16.41
3	colon-rectum cancer	444	16.82	10.86
4	Female breast cancer	199	14.90	4.87
5	Stomach cancer	349	13.22	8.54
6	Prostate cancer	120	9.20	2.93
7	Cervical cancer	110	8.24	2.69
8	Non-Hodgkin's lymphoma	130	4.92	3.18
9	Pancreatic cancer	124	4.70	3.03
10	Oral cavity cancer	113	4.28	2.76

5. Management of Health Centers

1. Supervision of Health Centers

1) Monthly Meetings of Directors of Health Centers

Meetings with health center directors and division chiefs are held on a monthly basis for communication and coordination.

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

On December 12 and 13, 2002, a review and evaluation meeting was held, during a retreat, to review the achievements of the Department and the health centers. Experts and scholars were invited to speak about the theories and practice of program evaluation, community screening for disease, and improvement of service quality. Also, they used community evaluation outcomes to formulate tailored plans for each health center, based on each districts' unique needs.

Health centers were assessed in relation to their general achievements, special and innovative performances and work in information management. Within these categories, the Shihlin, Zhongzheng and Songshan health centers were the top three performers. The Zhongshang, Shihlin and Peitou health centers won the top awards for innovative performances.

3) Consumer-Oriented Services at Health Centers

(1) A "For Your Convenience Center" was 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.

Table 1-4-4 : Ten Leading Causes of Cancer Death by Sex, Taipei City, 2001

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	2,565	196.59	100	All cancer deaths	1,524	114.12	100
1	Lung cancer	619	47.44	24.13	Lung cancer	264	19.77	17.32
2	Liver cancer	491	37.63	19.14	Female breast cancer	199	14.90	13.06
3	Colon-rectum cancer	261	20.00	10.18	Colon-rectum cancer	183	13.70	12.01
4	Stomach cancer	244	18.70	9.51	Liver cancer	180	13.48	11.81
5	Prostate cancer	120	9.20	4.68	cervical cancer	110	8.24	7.22
6	Oral cavity cancer	96	7.36	3.74	Stomach cancer	105	7.86	6.89
7	Esophagus cancer	92	7.05	3.59	Ovarian cancer	56	4.19	3.67
8	Non-Hodgkin's lymphoma	90	6.90	3.51	Gallbladder cancer	54	4.04	3.54
9	Pancreatic cancer	71	5.44	2.77	Pancreatic cancer	53	3.97	3.48
10	Leukemia	62	4.75	2.42	Non-Hodgkin's lymphoma	40	3.00	2.62
	Others	419	32.11	16.34	Others	280	20.98	18.37

(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

In order to develop plans that suit the unique needs of each individual district, according to characteristics, achievement and other criteria, an innovative planning group was established in April 2002. The group was subdivided into four groups that handled service quality, procedure reform and information technology, manpower resources, and information technology. These groups perform tasks relating to learning standards, quality and management, staff selection, symbols and slogans, etc.

2. Home Visit Healthcare

Health center staff members regularly make home visits. Priority is given to aboriginal citizens, 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. This year, 18,575 visits were made, resulting in the referral of 424 for further care and follow-up check-ups.



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Chapter II. Control of Communicable Disease

1. Control of Communicable Disease

With the goal of attaining 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 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, classified 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 Sexually Transmitted Disease Control Center 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 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 141,156 times. Further testing, by the Western Blot method, confirmed 248 carriers. Cases are registered for management and a telephone hot line, 2370-3738, has been set up for inquiries. An AIDS counseling clinic is in operation and in May 2001, a

special AIDS dental clinic was set up for AIDS patients.

The Department of Health has strengthened health education promotion. The targets for promotion include corporations, foreign laborers, drug users, sex workers, children, teenagers, students, troubled youths, women, medical staff, and the general public. In addition, the Department of Health also conducted large promotional activities, including AIDS patient gatherings and media promotions. Total activities were 391.

The Department of health also trained retired sex workers to promote AIDS prevention among sex workers. In addition, the Department of Health held AIDS prevention education promotions for 1,735 sex workers in Wanhua District. 167 of them had undergone blood testing and no AIDS discovered.

Moreover, the Department of Health also established the "Taipei City AIDS Prevention Committee" which involves all the departments of city government. The department also unified all the departments of city government to set up a "Five year plan for AIDS prevention" to effectively prevent the spread of AIDS.

2. Malaria Prevention

For visitors and tourists coming from malaria-infected areas, prophylaxis drugs have been supplied at the 12 health centers since July 1995. During the year, six imported, positive cases were detected, while there were no indigenous cases.

3. Control of Dengue Fever

1) Prevention of Dengue Fever

From 1/1/2002-12/31/2002, the Department of Health received 396 reports of suspected cases of Dengue Fever (206 cases in

Taipei City). After evaluation from the Taiwan CDC, 23 positive cases of Dengue Fever were confirmed, and, of these, 16 were imported positive cases. Of 16 cases, 8 were from Thailand, 2 were from Cambodia, 1 was from Indonesia, 2 were from Myanmar, 1 was from the Philippines, 1 was from Malaysia and 1 was from the Dominican Republic. The other 7 were indigenous cases; of these 7 cases, 6 were from Kaohsiung. The number of reported probable cases was more than 160 (Last year at the same time was it was also 160), and of these 160, 93 were Taipei City residents. Confirmed, imported positive cases increased by 8, compared with the previous year. Following evaluation by the Taiwan CDC, no case was confirmed in Taipei, and this is a record.

A routine investigation was done by the Department of Health to understand the density of communicable disease carrier mosquitoes. The department made neighborhood inspections 2,302 times, from 01/01/2002 to 12/31/2002. Of the 2,302 inspections, the density of mosquitoes which carries communicable disease, at level two or above, was found 293 times, accounting for 12.7%. In addition, this number showed that the density of mosquitoes, which may carry communicable disease, has increased since June. In July, the numbers peaked at the same time as in the previous year, but it started decreasing in August. From August to December, the numbers reached its lowest point, which is consistent with previous years.

2) Policy of the Department of Health about prevention of Dengue Fever

- (1) The Department of Health set up "2002 Prevention Work for Dengue Fever" on 03/20/2002, and all the departments were required to conduct the following work, according to the plan.

(2) The Department of Health unified different departments at the city government and convened a meeting to start the prevention work system.

(3) Strengthened Monitoring of Epidemiological Diseases

- i. The Department of Health sent official documents to municipal hospitals and medical centers, which provided updates on the Dengue Fever situation. Moreover, the department emphasized the concept of a comprehensive and complete reporting system, whether the case was suspected, probable or confirmed.
- ii. The department established single contact windows for Dengue Fever inquiry. Schools were asked to pay more attention to the health situation among teaching and administrative staff and students. If teaching and administrative staff are found to have suspected Dengue fever symptoms, such as fever, headache, bone aches, back eye socket aches, skin rashes and so on, the school reports to the Department of Health immediately. After receiving such information, the department proceeds to carry out prevention work.
- iii. The Department of Health strengthened the communicable disease reporting system for tourists, tourism and hotel industries. Taipei City was the first in Taiwan to establish a communicable disease reporting system for tourists, tourism and hotel industries in 2001. This year, Taipei City once again sent an official document to ask all the departments of the Taipei City Government to continue the work begun in 2001. The Department of Transportation included a study forum for tourists, tourism employees and hotel staff as part of their Dengue Fever prevention work. The forum was held on 10/3/2002 and 10/7/2002. The main purpose of the forum was to educate and promote prevention among the staff.

(4) Measurements Regarding the Monitoring of Epidemic Prevention

Once the Department of Health receives a report from a resident in Taipei City, it immediately investigates the situation as well as the density of mosquitoes within the particular residential area.

Moreover, the Department also cooperates with the Department of Environmental Protection to spray pesticides in residential areas, including the residence of the person making the report and 20 nearby households (a 50 meters radius). The frequency of the spraying is twice every other week.

(5) Strengthened investigation about density of infected mosquitoes

The Department of Health strengthened the investigation of infected mosquito density in public places such as schools, markets, (parks, railway stations and bus stations. and parks. If the Department finds containers, with accumulated water containing mosquito larvae, the owners of the containers are asked to take necessary measures. The Department of Health conducts a follow-up examination after one week. If the owners of the containers fail a second examination, a fine of NT\$10,000~150,000 is imposed.

(6) Lectures and Study Groups for Prevention Staff

The Department of Health conducted relevant lectures and study groups aimed at educating and protecting communicable disease prevention staff and municipal, community and neighborhood leaders.

(7) Dengue Fever Education and Promotion Work

The Department of Health published various fliers about Dengue Fever prevention, in order to promote proper prevention concepts. Also, the Department of Health held summer camps for children in order to teach them about the ecological relationship of Dengue fever and mosquitoes. In addition, the Department of Environmental Protection hung red banners on garbage trucks, which contained promotional information about Dengue Fever prevention. The Department of Health also cooperated with radio stations to produce health programs and promotional slogans to encourage Dengue Fever prevention. Moreover, the department also visited

many hospitals, medical centers and school to promote Dengue Fever prevention work and put up posters throughout the city. The department regularly sent out press releases to provide updates on Dengue Fever epidemics and to remind the public of prevention methods. On 7/25/2002, Mayor Ma led a Taipei citizens' assembly in a pledge and competition to clean up containers with accumulated water that could be breeding areas for mosquitoes. The department also held a similar activity with the Department of Environmental Protection. During the activity, the Mayor, the Commissioner of the Department of Environmental Protection, and the Commissioners of other departments and bureaus all demonstrated how to eliminate mosquito breeding grounds that could carry Dengue Fever, and mobilized all city government employees to do the same in their office environments. Through a neighborhood and community system, the Department of Environmental Protection delivered self-check forms for the promotion of Dengue Fever prevention. The department also used vehicles to advertise information about elimination of mosquito breeding grounds. Lastly, the Department of Health, in cooperation with the Department of Environmental Protection, sprayed pesticides in areas where it was necessary to eliminate the mosquitoes that carry Dengue Fever.

- (8) In accordance with the Environmental Clean Week activity held by the Environmental Protection Bureau, the Department of Health set up prevention work to eliminate the mosquitoes that carry Dengue Fever. More importantly, the Department of Health increased the frequency of monthly neighborhood checks, from 10-15 to 15-20, to determine density of Dengue Fever carrying mosquitoes.
- (9) In accordance with the Department of Environmental Protection's "2002 Control Plan for Mosquitoes that Carry Communicable Diseases," twelve district health centers were evaluated and the

Department of Health awarded the three best performers with monetary bonuses and certificates.

4. Enterovirus Prevention

The Department of Health, Department of Social Welfare and the Department of Education dictates enterovirus prevention work in Taipei City. There are 19 or more district municipal hospitals that provide weekly feedback on Enterovirus emergency cases and numbers of cases hospitalized. The department, on a weekly basis, calculates the numbers and forwards the information to the Taiwan CDC. Through this, people suspected to be infected with Enterovirus are monitored carefully regarding their hospitalization and medical treatment situation. In addition, the department also established Enterovirus prevention contingency work teams. The main task for the team is to monitor minor epidemic situations. The team also conducts staff training and promotes health education.

1) Strategy for Implementation of Prevention Measures

- (1) Continued Promotion and Education: The Department of Health utilized the mass media to provide the public, medical staff, education staff, child care staff and others with the correct Enterovirus prevention information, such as the development of good habits, proper hand washing, medical treatment for the public, and proper medical treatment for medical staff.
- (2) Strengthened Case Reporting and Relevant Information Evaluation: The Department of Health continues to collect Enterovirus infection information from Taiwan and abroad to understand the Enterovirus infection situation. Through early detection and understanding,

effective response measurements can be established.

- (3) Establishment of Emergency Epidemic Disease Process System: Controlling Enterovirus not only requires prevention work, but also involves a medical, education, mass media, social and political aspects. Therefore, if there are any problems with the monitoring system, all departments at city government must cooperate closely to establish an effective prevention network. Through good network communication, effective mobilization can begin to provide proper medical treatment, inspection, case investigation and consultation service. With this system, epidemic diseases like Enterovirus, and deaths caused by them, can be reduced or eliminated, and panic can be avoided.

2) Specific Indication

- (1) Twelve District Health Offices held large-scale promotion activities at least once a year, and held Enterovirus discussions twice a month. The topics of the discussions include those relating to childcare staff and the community.
- (2) The Department of Health held on-the-job training classes for medical staff at least once a year.
- (3) The Department of Health held discussions at least once a year and invited experts, academics, and administrators from various organizations.
- (4) Through various promotions, the department educated the public on the five steps for correct hand washing. The recognition, among the public, regarding the correct concept, reached 90%.
- (5) Hospital Enterovirus Case Reporting:

From January 1, 2002 to December 21, 2002, the Department of Health received a total of 132,000 suspected Enterovirus case reports from among 19 or more Taipei municipal hospitals. Of the 132,000 registered cases, Taipei City residents that were hospitalized accounted for 792. Twelve were suspected cases of Enterovirus infection (severe symptoms). (Of those 12, 6 were confirmed, 5 was eliminated and 1 case was still pending.)

(6) Campus Enterovirus Case Reporting:

From January 1, 2002 to December 31, 2002, the Department of Health received a total of 1,042 reports of suspected Enterovirus cases from school campuses. Students suspected of being infected with Enterovirus were reported at 1,642 person times total. The Department of Health referred all reported cases to district health offices for further follow-up. In addition, the department also taught schools and families to practice environmental disinfecting and Enterovirus prevention.

5. Japanese encephalitis prevention and control

Free Japanese encephalitis vaccinations have been given to children age 15 months and older since 1965. They receive two initial shots at a two-week interval, one booster a year after and another booster upon entering primary school. Vaccines are given during the months between March 1 and May 31 each year. When infections of Japanese encephalitis are suspected, children under ten years of age, from neighborhoods where children have never been immunized, receive vaccination. The environments, where suspected cases are found, are disinfected with pesticide to eradicate mosquitoes.

6. Prevention and Control of Tuberculosis

The Municipal Chronic Diseases Hospital primarily handles the prevention and control of tuberculosis. Along with the increase in AIDS infections, tuberculosis has re-emerged as a significant infectious disease. Since the City became a national municipality, four prevalence surveys for tuberculosis have been conducted. Prevalence rates were found to be 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, with the increase in recent years of international tourists, travel to and from mainland China, increase in foreign labor and complications from AIDS infection, tuberculosis is likely to re-emerge. (In 2001, the mortality rate was 3.37 per 100,000, according to the CDC Tuberculosis annual report, and the prevalent rate in 1993 was 0.06%, according to the CDC's eighth investigation, which targeted the population aged 20 and older). 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, 221 such screenings were conducted for 27,757 persons, which detected 53 suspected cases, at a preliminary detection rate of 0.19%.
- (2) 149 chest x-ray screenings for 10,982 persons in high-risk groups were conducted and 42 suspected cases were detected, at a preliminary detection rate of 0.38%.
- (3) 38,431 primary school children, newborns and infants received BCG vaccinations. 8,337 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

Currently, Chronic Disease Prevention Hospital is in charge of tuberculosis prevention work in Taipei City. From January to December 2002, 1,485 patients were 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 2002, 1,471 patients were in this program. Training of volunteers and trainers was organized to develop manpower for tuberculosis control. The health professionals visited schools and other organizations to lecture about tuberculosis control and the DOTS method. The mass media was used to educate the public on tuberculosis control. Through mass media promotion, the public can better understand tuberculosis prevention and the DOTS plan.

5) The Establishment of a Standard Laboratory for the Testing of Tuberculosis

Protective measures provided to laboratories were intensified. International standard laboratories, for the testing of tuberculosis bacilli, were set up and a quick and sensitive method for the isolation of tuberculosis bacilli and a drug sensitivity test was developed. Testing in the community was conducted. In 2002, around 45,493 tests were conducted; of them, 31,840 were tested in 100 community hospital laboratories.

7. Prevention and Control of Hepatitis

In addition to medical 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 5 to 14 years of age, examinations and treatment of identified cases are carried out in nurseries and kindergartens; and the first and the fourth classes of primary schools are screened by three municipal hospitals each year. Students that test positive are medicated and re-examined. Families of positive cases are also examined and treated if found to be positive.

In 2002, 65,523 students in the first, third and fifth years of primary school were examined and 2,686 positive cases were found, at an infection rate of 4.01%. 52,115 children of nurseries and kindergartens were examined and 1,563 positive cases were found, at an infection rate of 3.075%.

Table 2-1-1 Cases of Notifiable Diseases, Taipei City, 2002

Category I			Category III			Category IV		
Diseases	No. Reported	No. Confirmed	Diseases	No. Reported	No. Confirmed	Diseases	No. Reported	No. Confirmed
Total	0	0	Total	6088	2988	Total	601	251
Cholera	0	0	Dengue fever	206	23	HIV infection	199	199
Plague	0	0	Dengue hemorrhagic fever	3	1	AIDS	28	28
Yellow fever	0	0	Malaria	16	6	Botulism	0	0
Rabies	0	0	Measles	8	1	C-J disease	4	2
Ibola hemorrhagic fever	0	0	Enterohemorrhagic E coli	3	0	Leptospirosis	88	4
			Enterovirus complicated severce case	12	5	Lyme disease	282	18
			Open pulmonary tuberculosis	985	887	Melioidosis	0	0
			Tuberculosis(except open pulmonary tuberculosis)	1341	840			
			Japanese encephalitis	16	0			
			Leprosy	1	1			
			Rubella	17	1			
			Congenital rubella syndrome	0	0			
			Pertussis	33	1			
			Scarlet fever	290	152			
			Tetanus	0	0			
			Scrub typhus	118	14			
			Acute viral hepatitis A	45	45			
			Acute viral hepatitis B	70	70			
			Acute viral hepatitis C	2	2			
			Acute viral hepatitis D	3	3			
			Acute viral hepatitis E	1	1			
			Acute viral unspecified hepatitis	19	0			
			Mumps	179	0			
			Chickenpox	1509	0			
			Legionnella	276	4			
			Gonorrhea	8	5			
			Syphilis	670	670			
			Invasive hemophilus influenza type B	254	254			
			Influenza	3	2			

Category II		
Diseases	No. Reported	No. Confirmed
Total	102	59
Typhus fever	0	0
Diphtheria	0	0
Meningococcal meningitis	7	4
Typhoid	13	4
Paratyphoid	5	0
Anthrax	0	0
Poliomyelitis	0	0
Acute flaccid paralysis	4	1
Bacillary dysentery	28	24
Amebic dysentery	45	26

2002	
No. Reported	No. Confirmed
6791	3298

Table2-2-1 : BCG Vaccination for Infants by District, Taipei City, 2002

District	No. of Births	No. Vaccinated	Vaccination Rate(%)	Vaccinated at			
				Health center		Hospital	
				No. Vaccinated	Vaccination Rate(%)	No. Vaccinated	Vaccination Rate(%)
Total	25071	24,614	98.18	758	3.08	23,856	96.92
SongShan	1,751	1,736	99.14	42	2.42	1,694	97.58
XinYi	2,417	2,366	97.89	143	6.04	2,223	93.96
DaAn	2,632	2,589	98.37	58	2.24	2,531	97.76
ZhongShan	2,038	2,003	98.28	-	-	2,003	100.00
ZhogZheng	1,428	1,424	99.72	41	2.88	1,383	97.12
DaTong	1,338	1,323	98.88	58	4.38	1,265	95.62
WanHua	2,055	2,013	97.96	61	3.03	1,952	96.97
WenShan	2,853	2,810	98.49	45	1.60	2,765	98.40
NanGang	1,299	1,276	98.23	86	6.74	1,190	93.26
NeiHu	2,157	2,042	94.67	81	3.97	1,961	96.03
ShiLin	2,786	2,747	98.60	-	-	2,747	100.00
PeiTou	2,317	2,285	98.62	143	6.26	2,142	93.74

Notes:1.No. of births statistics provided by the Bureau of Civil Affairs.

2.No.vaccinated is the number reported by health centers and includes only babies bom to residents of the City

Table 2-2-2 : Immunization Against Hepatitis B, Taipei City, 2002

	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 Rate(%)	s-Antigen Positive Rate(%)	e-Antigen Positive	(%) of s-Antigen Positive	Hospital	Total	Hospital	Total		
Total	0	29,190	29,190	4,142	14.2%	921	22.2%	1,000	1,000	98,948	98,948	145	147
SongShan	0	4,969	4,969	788	15.9%	149	18.9%	151	151	15,298	15,298	0	0
XinYi	0	803	803	104	13.0%	25	24.0%	27	27	3,018	3,018	2	10
DaAn	0	3,581	3,581	447	12.5%	105	23.5%	100	100	10,876	10,876	2	15
ZhongShan	0	4,319	4,319	569	13.2%	117	20.6%	143	143	13,909	13,909	0	26
ZhongZheng	0	5,726	5,726	843	14.7%	189	22.4%	195	195	16,397	16,397	0	6
DaTong	0	337	337	42	12.5%	10	23.8%	9	9	2,343	2,343	20	8
WanHua	0	602	602	99	16.4%	29	29.3%	33	33	2,869	2,869	0	0
WenShan	0	1,164	1,164	191	16.4%	58	30.4%	56	56	5,382	5,382	49	19
NanGang	0	169	169	22	13.0%	8	36.4%	17	17	2,445	2,445	69	23
NeiHu	0	1,813	1,813	261	14.4%	61	23.4%	59	59	6,191	6,191	0	0
Shilin	0	3,185	3,185	431	13.5%	101	23.4%	130	130	11,604	11,604	3	25
PeiTou	0	2,522	2,522	345	13.7%	69	20.0%	80	80	8,616	8,616	0	15

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 (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 (injected 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 quickly control the spread of the infection. In 1983, one case was reported. Since then, no further cases have been reported.

On October 29, 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 1998, 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. Children born after January 1, 1997, who are entitled to City medical subsidies, receive subsidized immunization at one year of age. In 2002, a total of 25,652 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 2001, 134,598 elderly persons were immunized and in the year 2002, 168,430 were immunized.

Table 2-2-3 : Immunization Coverage Rates by District, Taipei City, 2002 (1)

District	DPT					OPV						
	No. to be immunized	3rd dose NO. immunized	NO. to be immunized	4rd dose NO. immunized	No. of Make-ups	No. to be immunized	3rd dose NO. immunized	NO. to be immunized	4th dose NO. immunized	1 st grade NO. to be immunized	NO. immunized	No. of Make-ups
Total	27,389	24,919 (90.98)	34,691	30,802 (88.79)	76	27,389	24,920 (90.99)	34,691	30,767 (88.69)	32,249	30,916 (95.87)	876
SongShan	1,931	1,816 (94.04)	2,586	2,397 (92.69)	38	1,931	1,816 (94.04)	2,586	2,392 (92.50)	2,453	2,396 (97.68)	23
XinYi	2,547	2,347 (92.15)	3,205	2,973 (92.76)	0	2,547	2,347 (92.15)	3,205	2,973 (92.76)	3,062	2,995 (97.81)	51
DaAn	2,941	2,810 (95.55)	3,783	3,582 (94.69)	0	2,941	2,810 (95.55)	3,783	3,582 (94.69)	3,898	3,657 (93.82)	112
ZhongShan	2,195	1,977 (90.07)	2,652	2,406 (90.72)	0	2,195	1,977 (90.07)	2,652	2,406 (90.72)	2,371	2,211 (93.25)	72
ZhongZheng	1,551	1,433 (92.39)	1,989	1,801 (90.55)	0	1,551	1,433 (92.39)	1,989	1,801 (90.55)	1,727	1,696 (98.20)	54
DaTong	1,332	1,219 (91.52)	1,702	1,424 (83.67)	0	1,332	1,219 (91.52)	1,702	1,424 (83.67)	1,514	1,434 (94.72)	91
WanHua	2,178	1,950 (89.53)	2,686	2,265 (84.33)	0	2,178	1,950 (89.53)	2,686	2,265 (84.33)	2,248	2,149 (95.60)	0
WenShan	2,909	2,422 (83.26)	3,758	3,010 (80.10)	8	2,909	2,423 (83.29)	3,758	3,010 (80.10)	3,620	3,406 (94.09)	149
NanGang	1,389	1,301 (93.66)	1,688	1,527 (90.46)	0	1,389	1,301 (93.66)	1,688	1,527 (90.46)	1,261	1,200 (95.16)	35
NeiHu	2,915	2,708 (92.90)	3,709	3,329 (89.75)	30	2,915	2,708 (92.90)	3,709	3,329 (89.75)	3,603	3,459 (96.00)	161
ShiLin	2,902	2,691 (92.73)	3,686	3,435 (93.19)	0	2,902	2,691 (92.73)	3,686	3,435 (93.19)	3,504	3,489 (99.57)	58
PeiTou	2,599	2,245 (86.38)	3,247	2,653 (81.71)	0	2,599	2,245 (86.38)	3,247	2,623 (80.78)	2,988	2,824 (94.51)	70

Table 2-2-4 : Immunization Coverage Rates by District, Taipei City, 2002 (2)

District	J E						M V		M M R			T d			
	NO. to be Immunized	2nd dose No. immunized	No. to be Immunized	3rd dose No. immunized	1 st grade No. to be Immunized	No. immunized	No. of Make-ups	No. to be Immunized	No. Immunized	No. to be Immunized	No. Immunized	No. of Make-ups	No. to be Immunized	No. Immunized	No. of Make-ups
Total	34,691	31,045 (89.49)	32,547	28,549 (87.72)	32,401	30,266 (93.41)	1,087	27,389	24,279 (88.65)	34,691	31,482 (90.75)	3,802	32,249	31,120 (96.50)	588
SongShan	2,586	2,417 (93.46)	2,422	2,210 (91.25)	2,511	2,423 (96.50)	1	1,931	1,753 (90.78)	2,586	2,436 (94.20)	456	2,453	2,398 (97.76)	10
XinYi	3,205	2,979 (92.95)	2,840	2,667 (93.91)	3,123	3,061 (98.01)	76	2,547	2,366 (92.89)	3,205	3,016 (94.10)	344	3,062	3,010 (98.30)	35
DaAn	3,783	3,553 (93.92)	3,671	3,395 (92.48)	3,867	3,638 (94.08)	15	2,941	2,765 (94.02)	3,783	3,602 (95.22)	518	3,898	3,671 (94.18)	91
ZhongShan	2,652	2,395 (90.31)	2,542	2,288 (90.01)	2,409	2,281 (94.69)	121	2,195	1,941 (88.43)	2,652	2,399 (90.46)	207	2,371	2,211 (93.25)	46
ZhongZheng	1,989	1,792 (90.10)	1,912	1,713 (89.59)	1,682	1,651 (98.16)	6	1,551	1,393 (89.81)	1,989	1,801 (90.55)	630	1,727	1,700 (98.44)	47
DaTong	1,702	1,461 (85.84)	1,621	1,358 (83.78)	1,595	1,526 (95.67)	0	1,332	1,186 (89.04)	1,702	1,500 (88.13)	437	1,514	1,471 (97.16)	51
WanHua	2,686	2,371 (88.27)	2,427	2,046 (84.30)	2,223	2,072 (93.21)	0	2,178	1,878 (86.23)	2,686	2,356 (87.71)	71	2,248	2,149 (95.60)	0
WenShan	3,758	3,044 (81.00)	3,531	2,780 (78.73)	3,617	3,459 (95.63)	240	2,909	2,255 (77.52)	3,758	3,109 (82.73)	233	3,620	3,482 (96.19)	64
NanGang	1,688	1,532 (90.76)	1,573	1,340 (85.19)	1,288	1,248 (96.89)	40	1,389	1,312 (94.46)	1,688	1,593 (94.37)	161	1,261	1,203 (95.40)	18
NeiHu	3,709	3,334 (89.89)	3,474	2,910 (83.77)	3,568	3,488 (97.76)	321	2,915	2,615 (89.71)	3,709	3,424 (92.32)	196	3,603	3,459 (96.00)	116
ShiLin	3,686	3,423 (92.86)	3,440	3,172 (92.21)	3,733	2,646 (70.88)	253	2,902	2,610 (89.94)	3,686	3,430 (93.05)	435	3,504	3,502 (99.94)	50
PeiTou	3,247	2,744 (84.51)	3,094	2,670 (86.30)	2,785	2,773 (99.57)	14	2,599	2,205 (84.84)	3,247	2,816 (86.73)	114	2,988	2,864 (95.85)	60

Source : From 12 district health Center

Table 2-2-5 : Tuberculosis Control in Taipei City, 2002

District	Mobile X-Ray	Cases Found							Case Management		Home Visits					
		Open Pulmonary Tb		Non-open Pulmonary Tb		Other Tb		Intrapulmonary combined with extrapulmonary	No. cured	No. Followed-up	NO. of Households Reported	Survey of Tb Deaths				
		New Case	Recurrence	New Case	Recurrence	New Case	Recurrence					NO. of Households Reported	NO. of Households should be investigated	NO. of Persons should be investigated	NO. of Persons investigated	NO. of case
Total	27,757	1,041	111	968	89	332	17	46	1,529	1,346	6,041	2,329	1,432	3,338	2,957	9
SongShan	1,537	65	2	72	2	30	-	5	96	85	462	162	80	216	208	-
XinYi	2,646	87	5	80	8	2	1	3	130	131	537	208	121	244	217	-
DaAn	3,523	116	11	109	6	39	2	5	160	162	634	251	187	465	412	-
ZhongShan	1,807	113	9	80	5	26	2	5	148	126	397	214	115	293	265	-
ZhongZheng	1,119	69	10	61	10	25	2	4	113	84	416	151	98	258	230	-
DaTong	1,249	68	8	69	5	22	1	2	105	77	529	157	59	152	125	1
WanHua	3,399	92	11	104	13	30	1	3	138	173	651	223	154	428	376	2
WenShan	2,074	75	9	77	7	35	1	3	145	97	395	184	119	252	217	-
NanGang	2,553	39	4	46	4	19	-	2	57	65	496	102	99	166	166	-
NeiHu	4,299	89	15	82	12	35	3	6	139	120	489	200	113	310	275	-
ShiLin	1,398	109	15	106	8	38	2	4	151	159	568	249	146	312	251	3
PeiTou	2,153	119	12	82	9	31	2	4	147	67	467	228	141	242	215	3

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 2002, 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 complications of other forms of tuberculosis
 4. Source: Taipei Municipal Chronic Disease Hospital



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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 for genetic health examination at one of the designated hospitals. Each examination is subsidized to a maximum of NT\$ 1,500. In 2002, 1,088 genetic health examinations were conducted.

- 1) Parents and siblings of G-6-PD deficiency children;
- 2) Husbands of pregnant women with red blood cell volume less than 80 millimicro-micro liter;
- 3) Pregnant women and their husbands, if their average red blood cell volume is less than 80 millimicro-micro liter;
- 4) Individuals, or their 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, Mackay Memorial Hospital, Shinkong Hospital, Taipei Municipal Chunghsin, Jenai, Hoping, Yangming,

Zhongxiao and Women's and Children's Hospitals, the Army Songshan Hospital, Hongen Hospital, Taian Hospital, Wanfang Hospital, and the DOH Taipei Branch Hospital. In 2002, 3,448 persons received 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 2002, 4,895 persons received examinations.

- 1) Pregnant women aged 34 and above;
- 2) Persons 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 type of genetic disorder;
 - (3) Individual whom previously has given birth to a child/children with abnormalities;
 - (4) Family members with genetic disorders;
 - (5) Through 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. The case subsidized NT\$100 Blood specimens of babies born in these hospitals and clinics are collected for screening. In 2002, 21,507 babies were screened.

5. Screening of Pregnant Women for Down's Syndrome

Pregnant women may be screened for Down's Syndrome at the

Municipal Zhongxiao, Jenai, Hoping, Yangming, Chunghsin and Women's and Children's hospitals. A case is subsidized NT\$ 665. In 2002, 2,576 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 2002, 12 cases were subsidized.

- 1) Certified handicapped certificate manual holders;
- 2) Women who become pregnant after either sterilization or IUD use 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 at NT\$ 2,500 for male, and NT\$ 10,000 for female sterilization. In the year, 14 cases were subsidized.

- 1) The person concerned or his/her spouse carries an undesirable genetic, communicable or psychiatric disease;
- 2) Relatives, within four degrees of kinship, of either the person concerned or his/her spouse who carry undesirable genetic diseases;
- 3) Certified handicapped certificate holders;
- 4) Women who become pregnant after sterilization or IUD use, (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.

2. Family Planning

Special group visits: Special groups are given special attention regarding child bearing. This special group includes handicapped persons, foreign brides, and mothers of young infants. 4,555 visits were made to provide these persons with guidance and health care.

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. In order to establish a comprehensive screening system for pregnant women, these seven hospitals have set up a maternal health care model to standardize examinations and screening procedures. In this year, there were 12,855 cases, with an average reporting rate of 93.6%.

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

The pre-mature birth rate in Taipei City is 8.7%. Public healthcare nurses visited 1,197 premature birth cases in the year 2002.

2. Birth Reporting

1) Child-delivery institutions are required to provide birth certificates (including stillbirths) and report within ten days of delivery any live births or stillbirths of more than twenty weeks to the Bureau 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 their communities. During the year, a total of 37,397 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, 392 children were provided 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 less than 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 102,763 children were screened and 793 children were suspected to have retarded development. They have been referred to the Taipei Early Treatment General Service Center for further assessment. 55 of the referred cases were confirmed cases.

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 randomly sampled some 12,697 children for further statistical analysis, from surveys of practicing dentists in the 12 districts of the City in July 2000 through June 2001, and 50,729 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 3.97 ± 4.08 , and the tooth decay prevalence rate was 58.3%.

3) Fluoridated Water Mouth Rinsing Demonstration 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 program in kindergartens to demonstrate mouth rinsing with fluoridated water. Currently, 30,000 children are in the project. Since 2002, children aged five and up, in kindergarten and nurseries, have been included in the project.

4) School Health Review

Beginning in 2002, reviews were initiated to review children's health in schools. The evaluation included care of eyesight, oral hygiene, student health data management, nutrition, health care education, accident prevention, and seven items related to communicable disease prevention. Qualifying schools received "Exemplary School Health Awards;" schools scoring 90% will receive the "Golden Exemplary School Health Award," which is valid for two years. Among the participating schools, 162 received awards on October 12, 2002 at the

Sun Yat-Sen Memorial Hall. 145 schools were awarded the “Exemplary School Health Award” and 17 were awarded the “Golden Exemplary School Health Award.”

4. Health Promotion for Adolescents

To promote the physical and mental health of young children and adolescents and to help them develop appropriate attitudes toward sexual relations, the Department of Health, Executive Yuan, provided subsidies to the Municipal Jenai, Hoping, Women’s and Children’s, Yangming, Zhongxiao 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, 9,342 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.



Table 3-4-1: Health Clinics for Adolescents, Taipei City, 2002

Hospitals	No. of Persons		Sex		age	Reasons for Visit	Diagnosis	Remarks
	Clinic	School	male	female				
Municipal Yangming Hospital WED 1:30PM	418	School Speeches:20 Community Training:880 Consulting:316	214	204	25	for Visit:emotional problems, learning problems,interpersonal relations,behavioral problems, family problems	adjustment difficulties and depression, anxiety, refusal of school attendance, conflicts in families, depressive disorders	Press conference including newspaper:4
Municipal Hoping Hospital WED, THU 9:00-12:00AM WED 1:30PM	2,589	School Speeches:39 Community Training:4990 Consulting:239	1,216	1,373	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, drug abuse	Press conference including newspaper:53
Municipal Women's and Children's Hospital WED 6:00-9:00PM MON~SAT 5:30-9:00PM	2,962	School Speeches:182 Community Training:13,711 Consulting:546	1,952	1,010	25	menstrual problems, physiology of puberty, sex, interpersonal relation, adjustment, sleeping problems	organic psychosis schizophrenia, emotional psychosis, abnormal psychosis abnormal personality, anxiety, difficulties in sex-orientation identification	
Taipei Medical University Hospital MON~SAT 9:00-12:00 AM	639	School Speeches:34 Community Training:39 Consulting:1,287	358	281	25	reproductive and urinary diseases, sex problems, obesity, acne, learning obstacles, drug abuse, 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	Press conference including newspaper:72
Municipal Jenai Hospital MON 9:00-12:00AM	653	School Speeches:10 Community Training:1,625 Consulting:36	338	315	8	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	
Municipal Zhongxiao Hospital TUE-FRI 9:00-12:00AM TUE,WED 1:30-4:00PM	218	School Speeches:10 Community Training:30 Consulting:51	108	110	8-25	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	Press conference including newspaper:5
Municipal Gandau Hospital MON,THU,FRI 9:00-12:00AM THU,WED 1:30-4:00PM	1,863	School Speeches:10 Consulting:14	1,336	527	25	hemorrhoid,obesity, psychosomatics,development obstacles, sex counseling, urinary diseases, pregnancy and contraception, drug cessation, fear of examination	diseases of the respiratory, digestive, reproductive and urinary organs, skin problems, psychosis	Press conference including newspaper:7

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, 20 district and above hospitals have participated in the project. In 2002, a cumulative total of 247,163 women were screened and 3,850 positive cases were identified. In all, 446 cases were confirmed from the screening.

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 2002, 63,999 women were screened and 5,805 suspected cases were found. Of these, 44 were later confirmed to be breast cancer patients.

3. 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, 29,011 persons were screened and 68 suspected cases were found. Of these, 3 were confirmed and 16 were referred for follow-up check-ups.

4. City Government Employee Health Plan

- 1) Conduct "Staff Health Check Ups," 324 participants.
- 2) Conduct "Health Series Lecture Courses," 2,202 participants.
- 3) Conduct "Health Exercise Professional Teacher Training Courses," 12 courses, 1,639 participants.
- 4) Conduct "Weight Loss Courses," 21 classes, 751 participants.
- 5) Conduct "Weight Loss Cooking Classes," 10 classes, 256 participants.
- 6) Conduct "Physical Energy Classes," 10 sessions, 212.
- 7) Conduct "Physical Strength Evaluation," 2 sessions, 350 participants.
- 8) Conduct a "Full Body Check-up Service," 2 sessions, 250 participants.
- 9) Conduct "Health Loss Introduction Instruction Meetings;" 2 sessions, 100 participants.
- 10) Conduct "Health Exercise Promotion and Weight Loss Activity," 2 sessions, 350 participants.
- 11) A total of 1,666 participants joined in these activities, resulting in a total weight loss of 3,162 kg.

Table 3-5-1 : Screening for Cancer by District, Taipei City, 2002

Health Center	No. Screened	No. Positive (CIN 1 and above)	Cancer in Situ	Invasive Cancer	No.Followed-up	Follow-up Rate
Total	273,525	1,418	303	149	1,265	89.2%
SongShan	25,298	115	21	8	109	94.8%
XinYi	23,729	118	27	9	109	92.4%
DaAn	32,859	162	35	21	145	89.5%
ZhongShan	37,859	193	46	11	168	87.0%
ZhongZheng	14,994	96	20	5	91	94.8%
DaTong	10,787	72	17	8	67	93.1%
WanHua	18,401	107	24	10	72	67.3%
WenShan	23,566	95	13	7	84	88.4%
NanGang	11,249	56	12	7	46	82.1%
NeiHu	23,056	107	17	14	97	90.7%
ShiLin	28,727	151	34	25	137	90.7%
PeiTou	23,000	146	37	24	140	95.9%

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 Older

(1) Health examination

Elderly people aged 65 and older, 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 25 hospitals under contract. In the year, 40,016 persons accepted the examination, accounting for 15.28% of the elderly.

(2) Subsidies for medical costs

Co-payments for medical costs for the elderly visiting hospital-affiliated clinics, at health centers, are subsidized NT\$ 50 for each visit. In the year, 32,443 visits were subsidized.

(3) Community care and home care

Home services are made available to elderly people who are bed-ridden. In the year, 15,298 cases were offered services and 51,291 persons received home visits.

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

In the year, some 111,055 screenings were provided. People whose results are abnormal receive education and health management services.

2) Middle Aged and Elderly Healthcare

For the care of middle-aged and elderly persons, the Department of Health led the way in Taiwan by establishing the “Taipei City Heart and Blood Disease Prevention Network” and the “Taipei City Diabetes Mutual Care Network.” Consultants and other professionals were hired to draft medical training plans, care guides, an accreditation system, and health promotion methods. Since

2002, 96 institutions have acquired an accreditation from the “Taipei City Diabetes Mutual Care Network”, and 758 healthcare workers have received individual accreditation. The “Taipei City Heart and Blood Disease Prevention Network” provided 50 institutions with accreditation and 488 healthcare workers with individual accreditation.

3) 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 2002, 2,642 elderly persons were accepted for management, accounting for 43.98% (6,007) of the total unattended elderly of the City.

(2) Elderly people who live alone and who require healthcare, 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, help was provided 227 times.



Chapter IV

Sanitation of Business Establishments and Control of Occupational Diseases

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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, lighting 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, 2,192 inspections were made. Of these, 163 resulted in corrective supervision and 14 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, 11,262 such inspections were made. Of these, 845 resulted in corrective supervision and 111 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, 1,267 such inspections were made. Of these, 151 resulted in corrective supervision and 77 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, 1,021 such inspections were made. Of these, 65 resulted in corrective supervision and 25 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, 845 such inspections were made. Of these, 88 resulted in corrective supervision and 17 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, 515 such inspections were made. Of these, 18 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, 2,662 sample tests of the water quality of bathhouses were made. Of these, 437 samples (16.42%) were found to contain more than the regulated amount of either bacteria or E. coli.

2) Water quality of swimming pools

During the year, 1,772 sample tests of the water quality of swimming pools were made. Of these, 54 samples (3.05%) 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, 29 classes on sanitation and hygiene were organized for 1,661 employees.

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

3) Training programs are organized for health managers of hotels, barber shops and beauty salons, recreation centers, bathhouses and movie theaters and MTVs. During the year, 15 such classes were organized for 833 participants. Of these, 646 passed the final examination.

4. Joint Inspections for Safety and Sanitation

1) Tourist and other hotels are inspected in collaboration with the Bureau of Transportation. During the year, inspections were made of ten tourist hotels, 143 other licensed hotels, and 78 unlicensed hotels.

2) In collaboration with the Office of Information, the movies and video programs of 41 movie theaters, 12 MTVs and 83 KTVs were inspected.

3) In collaboration with the Office of Business Administration, 21 beauty salons and 10 game arcades were inspected. In addition, 155 Internet service centers, 35 bathhouses, and 93 nightclubs or pubs were inspected.

5. Promoting a System of Self-Regulatory Controls

- 1) Under supervision, 2,453 business establishments set up self-regulatory control systems for sanitation to improve their service quality. They are inspected frequently.
- 2) Promotion of Self-Regulatory Control Licenses
 - (1) Recruit designers through the internet to design licenses
 - (2) Through professional consultation and internet surveys, Self-Regulatory Control licenses are chosen.
 - (3) Handling of Licenses for swimming pools and beauty salons:
In order to raise the sanitary standards of swimming pools and beauty salons, the Department of Health specially managed the licenses of these establishments. 84 swimming pools and beauty salons applied for licenses. After evaluation, 52 of them were given licenses.

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 were supervised to maintain the sanitation of workplaces, improve healthcare facilities and provide the workers with a sound work environment. During the year, supervisions of factories were made 2,502 times.
2. With a view to improving the effectiveness of factories, records were maintained, based on information from the Bureau of Public Works. At present, there are 1,323 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 were set up in eight municipal hospitals. A system for the reporting of patients suspected of having occupational diseases was 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, 17 such programs were organized for 1,543 participants.

6. In order to strengthen occupational health and weight management, 17 sessions, of an occupational health care promotion, were held that involved 1,543 persons.
7. To promote smoke free work environments, the Department of Health invited various organization and associations to elect judges. These judges evaluated licensed beauty salons on the smoke free environment. A total of 140 licensed beauty salons were awarded "Exemplary Smoke Free Beauty Salon Awards" and licenses.
8. Regarding weight management in the work place, a weight loss competition was held in 2002, involving 597 teams from various work places (Excluding departments of the Taipei City Government). 37,276 individuals participated in the competition and shed a total of 40,789 kg. In addition to this, there was a separate competition for the medical field, involving 126 teams. 15,595 individuals were involved in the medical competition and they shed a total of 11,098 kg. After the competition, a "Work Place Weight Management Manual" was produced. The manual aims to provide guidelines and references for promoting weight management at work places. 800 copies of the manual were sent out to all the participating organizations and businesses.

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 49,190 laborers were examined (51,455 examinations). Of these, 1,207 failed the examinations. Intestinal parasite infection rate was as high as 92%.



4. Healthcare Services for Residents of Radioactive-Polluted Buildings

1. Acting on resolutions made by Taipei City Council, the Department must offer free, annual health examinations to residents of buildings radioactive-polluted to a level of more than 0.1 to 0.5 roentgen. Anyone suspected of suffering from radioactive hazards should be followed-up. The relevant health authorities select certain health conditions for examination.
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. A draft of this initiative has been sent out to the appropriate authorities for review.
3. During the year, 1,766 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. The Department of Health, in conjunction with the Taiwan Lions Club, the Radioactive Safety Promotion Association and the Radioactive Medical Professionals Association, held an annual celebration. Through this gathering, the Department of Health promoted to the public everyday issues on how to protect themselves from radioactive contamination. In addition to this, a variety of stands were set-up for the public to provide information and services, including stands for health check-ups, health education promotion, and environmental protection. Many experts on radioactivity were also on hand to consult with the public on specific questions regarding radioactive contamination and its implications on health. Through these exchanges, the Department of Health was able to lessen the fear of

radioactive contamination among the public and also assist them in maintaining a healthy life.

6. A booklet, titled Medical Care for Exposure to Radioactive Substances, and Questions and Answers on Health Examination for Residents of Radioactive-Polluted Buildings, has been produced for general distribution.



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Chapter V. Management of Medical Affairs

1. Administrative Management of Medical Care

1. Medical Care Resources

By the end of 2002, in Taipei City, there were 53 hospitals (47 western medicine and 6 Chinese medicine hospitals) and 2,443 clinics (1,031 western medicine, 1,118 dental and 294 Chinese medicine clinics). The number of western medicine clinics and dental clinics had declined slightly over the previous year. There were 15,698 acute beds in hospitals (including 13,720 acute general beds and 1,134 psychiatric beds), 400 chronic beds, 444 psychiatric beds and 6,463 special beds, totaling 22,161 beds. There were 10,285 practicing physicians (7,283 western medicine physicians, 2,302 dentists and 700 Chinese medicine doctors), a ratio of 38.93 physicians to 51.93 acute beds per 10,000 population. Taipei City has the best medical resources in Taiwan.

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, 281 violations were pursued, resulting in total fines of NT\$ 9,153,000.
- 2) Advertisements on medical care are scrutinized to protect consumers. During the year, 186 cases were pursued and resulted in fines totaling NT\$ 7,500,000, a sharp increase over the previous year.
- 3) There were 95 violations of the Medical Practice and Physician's Regulations, the Physician's Law, Medical Practice Law and other related regulations, including the Doctor's Law, Medical Technicians

Law, Physical Therapy Law, and Function Therapy Law. These cases have resulted in fines totaling NT\$ 787,000, an increase from last year's total. As well as the Physician's Law and Medical Practice Law, other related regulatory bodies scrutinized include the Doctor's Law, Medical Technicians Law, Physical Therapy Law and Function Therapy 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, 68 cases were detected. Of these, 12 were prosecuted and 3 sentenced.

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 set up a committee for the review of medical affairs. The committee has so far met four times to discuss six cases relating to the building, expansion and extension of hospitals, as well as cases relating to fees for occupational and physical therapy. They have also met five times to discuss fees to be charged for the Taipei City Function Therapy and Physical Therapy Office. In addition to this, the committee has also met once, each, for the review of healthcare work, ethical conduct and Patient's Rights.

5. Improvement of Medical Care Quality and Medical Dispute Arbitration

- 1) Regarding medical disputes, the Department of Health assists patients, medical centers and officers by acting as an intermediary. Through its position, the department acts to facilitate communication between disputing parties to work toward a compromise. With set procedures, the department will seek the consultation and suggestions of healthcare workers. As patients are also very important, their views and opinions will be more fully understood. To help patients with information and reference, the department will ask medical centers to assist these patients.
- 2) The Department of Health processed 130 cases in 2002. Of the 130 cases, 40 involved medical centers, 50 involved regional hospitals, 8 involved local hospitals, and 32 involved clinics. 41 of them were surgery related, making them the majority of cases. 49 cases actually applied to the department for conciliation assistance, which resulted in 20 conciliations.

6. Healthy Hospital Evaluation

The "Healthy Hospital Evaluation" that was initiated in Taipei City is the first of its kind in Taiwan. The aim of the department is to strengthen hospital attention toward health. Most notably, the department hopes to upgrade the current hospital system from a medical industry oriented institution to a health-oriented institution. The department began to do comprehensive planning and other relevant tasks beginning in January 2002. Among the many health aspects evaluated under the system were weight management, exercise, eating habits, and tobacco use prevention. The evaluated hospitals were divided into four main groups; medical centers, regional hospitals, local hospitals A, and local hospitals B. 53 hospitals were judged by

the evaluation committee, which included professionals, academics and management level health department officers. The evaluation period lasted from November 4, 2002 through November 22, 2002. 30 hospitals were given the “Qualification Award” and 4 given the “Special Qualification Award.”

2. Emergency Medical Care

1. Joint-Rescue System

To improve the survival rate of cardiac-arrest patients before arrival at hospitals, 12 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, 334 such teams were dispatched. The average time lapse between the accident report being received and arrival at the site was five minutes. 1,075 transported persons were pronounced dead on arrival, and 92 persons recovered and were discharged from the hospital (updated April, 1999-December, 2002) The survival rate of cardiac-arrest patients, treated before arrival at hospital, was 8.5%, eight-folds higher than past years.

2. On-line Emergency Care

To instruct and advise rescue teams how to assist accident victims while transporting them to hospitals, professionally trained emergency care physicians are available 24 hours by on-line radio. 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, Fire Department technicians receive training in life-saving skills at the National Taiwan University Hospital, Taipei Veterans' General Hospital, Shinkong Hospital, Taipei Medical

University Hospital and Mackay Memorial Hospital. During the year, 160 technicians received training.

4. Exchange of Emergency Care Devices

In order to avoid possible secondary injuries, devices used for the emergency care of accident victims need not be removed from patients on arrival at the hospital. Emergency teams can receive replacement devices from hospitals in exchange for those left with the patients. The frequency devices were exchanged is illustrated below: fixators (38 times), head and neck fixators (90 times), long back plank (393 times), and extremity protection (222 times).

5. Establishment of EMS Classification System in Taipei City

- 1) In all, 16 hospitals are in charge of handling trauma patients, which are separated into different levels of trauma. Level two trauma hospitals include NTU Hospital, Taipei Veterans General Hospital, and Tri-Services General Hospital. Level three trauma hospitals include Hoping Hospital, Mackay Hospital, TMU Hospital, and Zhongxiao Hospital. Normal level trauma hospitals include ZhengShin Hospital, Shinkong Hospital, Taian Hospital, Jenai Hospital, Songshan Hospital, Wanfang Hospital, Chunghsin, Hongen Hospital, and Pojen hospital.
- 2) The Department of Health initiated, this year, the "Significant Trauma Patient Classification Treatment Policy." This policy was implemented with the goal to have trauma patients delivered to the appropriate hospital for treatment in the shortest amount of time. In this manner, the overall quality of medical care for trauma patient care can be improved and upgraded. There were 7,919 trauma patients in 2002. 55% of these patients were delivered to trauma

centers for treatment and hospitalization.

6. Supervision and Evaluation of Emergency Care Hospitals.

From July to August 2002, the Department of Health evaluated 25 Taipei City hospitals regarding their performance on heavy loads re of emergency care casualties. The "Emergency Medical Treatment Group" assessed these hospitals and provided suggestions on how to improve their emergency care.

7. Emergency Care Exercises for Heavy-load Casualties

- 1) In accordance with the "Wan An No. 25 Maneuvers" on 6/4/2002, the Department of Health was responsible for preparing provisional medical stations. A number of hospitals were assigned to muster staff for this purpose, including Jenai, Tri-Services, Songshan, Taian, and Changgun. Ambulances also took part in the exercises at the Taipei Songshan Airport and on the MRT Mucha line. The Songshan District Health Office is in charge of giving medical care and setting up an emergency shelter at Min Chuan Elementary School.
- 2) In accordance with the "Chemical Disaster Maneuvers" held by the Taipei Rapid Transit Corporation on 9/27/2002, the Department of Health is responsible for planning on-site medical rescue. Hopping Hospital was mobilized to join the event.
- 3) In accordance with the "Boat Tour Rescue Maneuvers," held by the Department of Transportation on 10/7/2002, the Department of Health is in charge of on-site medical rescue. Chunghsin and Hopping Hospitals mobilized medical officers and ambulances to join the exercise to care for the injured.
- 4) The Department of Health held a "Hospital Explosion Exercise" at Jenai Hospital and the Air Force Activity Center on November 20,

2002 to practice disaster response. The main goal of the exercise was to assess the capabilities regarding the establishment of an emergency command center and emergency rescue support from other hospitals.

- 5) On December 27, 2002, the Department of Health, in conjunction with the Taipei Rapid Transit Corporation, held an exercise simulating a variety of disasters at a subterranean mall in the Eastern section of Taipei. The Department of Health and Renai Hospital was in charge of conducting drills related to the handling of the injured and deceased.

8. Education Training of Rescue Personnel

1) Trauma Care Operation System Classes

In order to transport severely injured patients to hospitals in a timely manner and improve care quality, the Department of Health held "Trauma Care Operation Classes" at the Taipei City Hall on January 28, 2002. The training was aimed toward educating employees of the 35 branches of the Taipei City Fire Department. A total of 70 persons participated in the class.

2) Internal Hospital Disaster Contingency Forum

To increase the ability of hospitals to respond to disasters, the department held an "Internal Hospital Disaster Contingency Forum" at Chungshin Hospital on February 19, 2002. The aim of the forum was to train and educate directors of emergency services from hospitals, district health offices, and branches of the Fire Department. Dr. Shi Fu-Yuan, a renowned authority on emergency response, gave a lecture on structural organization of hospitals and medical centers with regard to emergency response. Dr. Shi covered a wide range of topics including the current state of the

command system and emergency response measures. In addition to this, he also elaborated on the lasting implications Typhoon Nari had on the city's hospitals. Other experts from numerous hospitals were also invited to speak and share their knowledge and experience related to emergency response and preparedness.

3) Training of Civil Medical Care Groups

On 5/2/2002, a training session was held at City Hall, and included topics such as Taipei City's emergency response and preparedness, hospital and medical center terrorism preparedness, and improvement of hospital and medical center emergency response and preparedness. The aim of the department is to educate 350 persons from civil medical groups and private hospitals.

4) Emergency Trauma Treatment Training Courses

To better prepare leaders of relevant emergency response divisions and units, the Department of Health held "Emergency Trauma Treatment Training" courses at Jenai Hospital on June 28. The purpose of the courses was to set up indicators and standards for trauma care quality. In all, 63 persons were involved in the training courses.

5) Second Echelon "Primary Aid and Care Technician Training"

The Department of Health held a second echelon "Primary Aid and Care Technician Training" on August 29 and 30, 2002 at Hopping Hospital. Seven participating lecturers and assistants comprised of hospital staff and technical instructors from the Fire Department were involved. They were sent to Canada for training on emergency medical care instruction, and following their training, they trained 130 paramedics in Taipei City.

6) Amateur Radio Operation Lectures

To assist hospitals, responsible for EMS, on the use of amateur

radio operation, the Department of Health conducted “Amateur Radio Lecture Training” on September 12, 2002. The goal of the training program was to educate 46 persons to be responsible for radio communication management.

7) Primary Aid and Care Technician Training

The Department of Health conducted “Primary Aid and Care Technician Training” at the Tri-Services General Hospital on 9/10/2002-9/19/2002. The target was to train 67 municipal ambulance paramedics.

8) The Improvement of EMS quality Forum

The Department of Health hosted an “Improvement of EMS Quality Forum” at Shinkong Hospital on 10/25/2002. The agenda of the forum revolved around the upgrading and improving the quality of EMS services. 150 people from Taiwan health agencies participated in the forum.

9) Taipei City Disaster Rescue Training Courses

The Department of Health, in conjunction with the Veterans General Hospital, held the third and fourth sessions of the “Taipei City Disaster Rescue Training Course.” The target trainees were staff of disaster medicine divisions at municipal hospitals. Every session trained 35 persons.

10) First Response Training Courses

To establish effective EMS services, the Department of Health held “First Response Training courses at Shinkong Hospital on 11/14/2002 and 11/15/2002. 55 persons were involved in the courses. Among the participants, all were either traffic policemen or public safety officers at resorts, department stores, and other establishments.

9. Emergency evaluation of water levels during droughts

- 1) On May 3, 2002, directors from 19 municipal hospitals and representatives from the water works office came together to discuss contingency measures for hospitals during times of water shortages. At these meetings, an exchange of knowledge and experience took place regarding water conservation and management during droughts.
- 2) The Department of Health provided 10 major strategies for water use during times of water shortage. All medical centers and hospitals were asked to report their capacity for water storage, daily water usage volume, volume of water supplied by the water works office during suspension and specific difficulties experienced during suspension of water service. From the gathering of this information, the department of Health was able to better assess and improve the management of water at hospitals and medical centers during water service suspensions.
- 3) The Department of Health requested district health offices to strengthen and report their understanding of the water situation in their districts and assess its implications on the health of the district residents.
- 4) The Department worked to establish communication channels between medical centers, hospitals, and the water works office. In times of water stoppage, the water works office was asked to supply water to medical centers and hospitals that urgently need it.
- 5) The Department of Health published news releases regarding contingency measures during droughts. The media assist the department in educating the general public about contingency measure during droughts.
- 6) In order to prevent drinkable water from being contaminated when

district water supply suspension occurs, the Department of Health asked 53 hospitals to maintain and inspect water storage containers and drinking fountains. To ensure the quality of drinking water, the Department required the hospitals to switch off the water meters throughout the duration of water suspension, from start to end.

- 7) If hospitals required water during suspension of service, daily investigations of the in-patient care situation and the water storage situation was reported to the water works office. After review by the waterworks office, these hospitals were provided with water during water suspension.
- 8) From May 13 to July 2, the water works office assisted 19 hospitals by supplementing them with 5,970 tons of water. Despite the inconvenience caused by the suspension, supplemental water supplies prevented any major medical problems.

10. Establishment of amateur EMS Radio Telecommunications System

The Department of Health completed its amateur EMS radio telecommunications system (25 fixed stations and 64 vehicles) on July 22, 2002. The system is primarily used as a communication channel for district EMS hospitals and the Executive Yuan Department of Health to allocate emergency medical care when public communications systems are paralyzed.

11. Ambulance Management

Currently, in Taipei City, 180 ambulances are officially regulated. Aside from the annual examination of these ambulances, the Department of Health instructs district health offices to conduct examinations of them twice a year.

12. Support at Activities/Events

Teams are sent to activities/events to provide emergency care. During the year, 346 such teams with 566 care personnel and 297 ambulances were sent to care for 1,807 injured persons.

13. Protection Against Sexual and Family Violence

- 1) 28 hospitals in the city were requested to assist in the protection of victims of sexual and family violence by providing a 24-hour evidence collection service. The Department of Health processed 3,327 family violence cases and 305 sexual violence cases.
- 2) The Department of Health conducted hospital evaluations from July to August 2002. Hospitals process protection work for family violence and sexual violence in accordance with regulations.
- 3) The Department of Health conducted professional training regarding the prevention of family and sexual violence on May 2, 2002 at Jenai Hospital. Those who joined the training consisted of doctors, nurses, and volunteers at obstetrics, gynecology, emergency and outpatient departments. In total, 120 participated in the training.

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, 27,618 persons were assessed.

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 5 clinics in the City;
- 2) With 1,142 acute beds, 444 chronic beds and 1,195 day care beds;
- 3) There are currently 23 psychiatric rehabilitation institutions including 5 community rehabilitation centers, with capacity for 362 patients; there are 18 half-way houses for 374 patients;
- 4) There are 242 psychiatrists; of these, 150 are psychiatric specialists;
- 5) There are 620 psychiatric nurses, 65 psychologists, 53 social workers and 72 occupational therapists.

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	Emergency care	Drug Cessation	Rehabilitation Center	Half-Way House	Acute	Chronic	Total	
Total	33	15	20	12	10	13	24	5	19	1,586	1,142	444	1195
SongShan	6	4	2	1	0	2	5	1	1	165	64	101	50
XinYi	2	1	2	1	2	1	2	0	0	475	419	56	250
DaAn	7	0	1	0	1	0	3	0	0	0	0	0	30
ZhongShan	1	1	1	1	1	1	1	0	1	15	15	0	35
ZhongZheng	3	1	3	1	1	1	2	0	0	68	68	0	230
DaTong	1	0	1	0	1	0	1	0	1	3	3	0	50
WanHua	2	1	0	1	0	1	1	0	1	120	20	100	0
WenShan	1	0	1	0	0	0	1	1	3	0	0	0	50
NanGang	1	1	1	1	0	1	1	0	1	49	49	0	10
NeiHu	2	2	2	2	1	2	2	1	3	143	143	0	130
ShiLin	2	1	1	1	1	1	2	0	4	25	25	0	60
PeiTou	5	3	4	3	2	3	3	2	4	523	336	187	300



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 3,645 times. Of these, 56.6% (2,064 times) were residents of the City; 38.1% (1,389 times) were residents of Taipei County and 5.3% (192 times) were from other cities and counties. As well, of these, 1,532 times (42%) were referred for outpatient care, 1,539 times (42.2%) for hospital care and 126 times (3.5%) for intensive care. 62 times (1.7%) patients were referred to general hospitals for surgical reasons and 386 times (10.6%) patients 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 as seriously ill, by two and more psychiatry specialists, and who require 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 on Patients in Communities

To prevent patients in communities from relapse and to help ensure they receive adequate medical and social resources, mental health workers from the twelve district health centers offer follow-up and supervision services to psychiatric patients who have been discharged from hospitals or who live in the community. Health workers work with patients, get to know their needs and help them to adjust and play an active part in community life. During the year, 10,235 patients were followed-up 22,067 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 reducing the burden 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, 254 cases were handled in this way; 86 families requested help (33.8%); 66 requests were made by health

centers (26%); 65 by police and fire departments (25.6%); 7 by neighborhood leaders (2.8%) and 30 by others (11.8%). Of these cases, 49 of the patients (19.3%) were treated and referred for outpatient care; 144 (56.7%) were hospitalized; 17 (6.7%) were placed under emergency observation; 19 (7.5%) were referred to other hospitals and 25 (9.8%) were referred to other organizations.

6. Prevention and Control of Drug Abuse

In order to strengthen the prevention of drug abuse and strengthen professional training, the Department of Health executed the following work:

- 1) The clinic for counseling and control of substance abuse at the Municipal Psychiatric Center provided services 8,316 times.
- 2) The drug cessation program of the Municipal Psychiatric Center provided services 1,107 times.
- 3) Thirteen groups of 335 persons visited the Municipal Psychiatric Center for observation at the clinic for counseling and control of substance abuse.
- 4) Ninety-one lectures on controlled drugs were organized for 37,049 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. Psychology health services and training activity

1) Depression prevention work promotion

(1) The department of health has included depression as one of the eight major diseases and has set up a clinical depression service standard, evaluation and treatment procedure. In total, 18 outpatient services for depressed patients have been set up in municipal hospitals from April 2002. Through these 18 outpatient services, resources will be increased.

(2) The Department of Health established “the depression and suicide prevention plan for elderly citizen that live alone,” and processed physical and mental evaluation during visits to those citizens (including depression and suicide possibility). In order to carry out this plan, the Department of Health held first and second echelon evaluation and visitations on 6/21/2002 and 6/25/2002. Later, twelve district health centers visited the elderly citizens and proceeded with depression evaluation from August 2002. After the evaluation, if high-risk cases were found, they were referred to a municipal hospital for follow-up treatment.

(3) The Department of Health designed a measurement standard and held a series of speeches about depression prevention. Furthermore, the Department of Health established a campus psychological health support network. From May to November 2002, the Department of Health proceeded with a series of campus speeches, on psychological health, with total participation of 1,720 students.

(4) In order to increase adolescent knowledge about depression (the earlier they detect it, the earlier they can seek treatment), the Department of Health held a “defeat depression and move on” activity at Warner Village to screen out depression among the adolescent participants. The total number of people who joined the

activity was 1,300.

- (5) A website was officially set up on 12/12/2002. The address is: <http://mental.tccpc.gov.tw/depression/>. The public can log on-line to learn about depression, including adjustment among relatives and family, medical resources and more information.
- (6) The department of health set up a mutual care guide, core training classes and a license standard. Furthermore, the department of health also planned to conduct educational training classes and started the mutual care network of depression in July 2003. This makes it more convenient for the public to see doctors and a better quality of service can be expected.

2) Community Psychological Health

- (1) The Department of Health promoted campus psychological health work, and conducted a series of speeches about psychological health care. The topics include stress adjustment, prevention of depression and suicide, etc. The total number of people who attended the speech was 4,700.
- (2) In order to promote campus psychological healthcare work, the Department of Health conducted four information sessions for parents of fifth and sixth grade students and teachers. The topics touched on adolescent alternative culture and life adjustment. 1,189 people attended the sessions.
- (3) During the summer months, the Department of Health conducted a series of speeches about the prevention of adolescent depression. The total number of people who attended the speech was 295. In addition, the Department of Health also conducted a series of six support group meetings. Through these support groups, teenagers with emotional problems or relationships problems can learn

different ways to manage them. The number of people who joined the meetings was 96.

- (4) The Department of Health conducted community psychological health promotion activities and held a series of lectures related to depression prevention, disaster psychological health, suicide prevention, insomnia, and psychological health of adolescents. The number of people who joined the lecture was 2,000.
 - (5) In order to reduce the risk of depression in women and to improve their quality of life, the Department of Health conducted, in June 2002, an activity on women and depression. The activity included lectures, movies, evaluations and information to help women better understand the female body and mind. 240 people joined the activity.
 - (6) In order to assist relatives of victims of airline accidents, the Department of Health strengthened website service beginning 5/26/2002. In addition, the Department of Health opened an assistance hot-line and set up an information center at Number Two Morgue. Moreover, the department of health also established emergency care service at the Number Two Morgue from 5/28/2002.
- ## 3) Community and neighborhood knowledge of patients with psychological problems
- (1) In order to increase the public's knowledge about psychological patients, and facilitate their acceptance of psychological patients, the Department of Health held a concert at Sun Yat-Sen Memorial Hall. Commissioners, officers from city government, patients and patients' relatives and families attended the concert. Total attendance was 1,300.
 - (2) In order to strengthen positive interaction between rehabilitation institutions and psychological patients, and also to inspire patient potential, the department of health held an art activity and invited students from art schools to interact with the patients. The

Department of Health also invited school students and related people to join the exhibition unveiling ceremony. The total number of people who joined this activity was 300. In addition, the department of health also held a chess contest for the community and patients. Total number of people joining the contest was 350.

- (3) In order to attract the public's attention to psychological health, volunteer workers were invited to help psychological patients rebuild their confidence. To do so, the Department of Health and the Consortium Juridical Health Fund mutually held six sessions on "Training for Community Psychological Healthcare Volunteers." 650 persons joined the activity.
- (4) The department of health integrated some institutions to hold two sessions for support group activity. Through this kind of activity, the Department of Health is able to promote immediate family and extended relatives' care and support with regard to psychological patients. 38 people joined the activity. Support was given 251 times.
- (5) The Department of Health conducted the "2002 singing, talent and skill contest for psychological patients who have recovered from illness." The total number of people who joined the contest, including cheering squads for those patients, was 900.
- (6) The Department of Health combined district offices and medical resources to conduct a "Healthcare promotion for twelve administrative divisions." Heads of families or secretaries of a neighborhood promoted psychological service measurements and addressed community violence problems caused by psychological patients. Those who attended the promotion work were mainly directors and secretaries of neighborhoods, volunteer workers and family members of patients. 1,800 participated in the activity.

4) On-the-job workers training

- (1) The Department of Health invited professionals to train caregivers through the course "Community care for psychological patients." Through the training, resources for the care of psychological patients were increased.
- (2) In order to strengthen professional knowledge of staff at twelve district health offices, the Department of Health conducted twelve-district health office teamwork courses. The aim was to modernize psychological care and the community care model. Trainees learned basic knowledge of psychological development, current psychological care models, depression prevention and suicide prevention, etc. The total number of people who joined the courses was 69, 62 and 46 respectively.
- (3) The Department of Health conducted "mobilization working groups" for consultants and medical staff that provide psychological treatment, in order to further develop professional knowledge about suicide prevention, family violence and disaster psychological health. 343 persons joined the training program.
- (4) In order to strengthen community's ability to handle psychological cases, the department held three sessions on "Community learning activity for psychological patient care" at twelve district health offices. Total number of community health staff who joined was 133.
- (5) Because of the increase in suicides, prevention networks are being established. The Department of Health also conducted a forum on suicide case reporting and invited professional who are good at handling such cases to train relevant community and medical staff. In addition, the forum strengthened staff abilities and consolidated the Taipei city suicide prevention network. 75 people joined the forum.

9. Assessment and care of children with retarded development

1) Subsidies for assessment and medical care

The department of health assessed 1,204 children with retarded development and provided medical subsidies totaling NT\$ 4,470,070. Treatment was given to children 98,114 times, and medical subsidies totaled NT\$ 19,795,250. United outpatient service subsidies totaled NT\$ 195,000 and medical care meeting subsidies totaled NT\$ 234,000. Administration subsidies totaled NT\$ 282,440. During the year, a total of NT\$ 24,994,190 in subsidies was provided.

2) Expanded service for institutions to handle early care

Currently, there are 15 institutions engaged in the assessment and care of children with retarded development and 5 institutions care for such children.

3) Videos on problems that parents, children and teachers may encounter, in dealing with autistic children and ways of assisting such children, were 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 was produced for general distribution.

4) In order to strengthen the quality of early care for children, the Department of Health conducted meetings to give on-the-job training for relevant staff. The "2002 Autism International Seminar," had the participation of 300 people. The "2002 Taipei City Seminar on Early Care for Autism Case Professionals," had the participation of 53. 270 people attended the three-session seminar, 2002 Taipei City on-the-job educational training for function remedy technicians or related staff.

4. Management of Municipal Hospitals

1. Restructuring of municipal hospitals

To assist municipal hospitals in meeting future changes in the medical care environment and to strengthen the research and development functions of municipal hospitals and 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 3 years, an information center for all municipal hospitals, a joint procurement center for suppliers, 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. At the same time, a committee will be set up to give municipal hospital workers assistance and advice on operations and management and how to increase management efficiency and speed up hospital restructuring.

2. Role of Municipal Hospitals in Healthcare

1) Reducing the financial burden of medical care

Fees have been reduced to make medical care more accessible to everyone. Municipal hospitals will continue to provide healthcare to the public at lower costs than government run and private hospitals. 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 municipal hospitals. Health examinations for the elderly and aboriginal people and the assessment and care of children with retarded development are given priority.

- (2) Medical care services and counseling are regularly provided to special groups: Chungshin Hospital runs community-based occupational therapy workshops for psychiatric patients; Jenai Hospital and Chronic Prevention Center set aside rooms for the neomort to provide service to them and 6,547 patients were served. Yangming Hospital provides meal delivery service to the elderly and 3,509 meals were sent in 2002. Zhongxiao Hospital cooperates with 12 social welfare institutions to provide regular medical services to residents of nursing homes and provides volunteer services to psychiatric centers. Thus far, services have been given 105-110 times to psychiatric centers and 745-898 times to persons at Kuang-Tzu Care Home. The Psychiatric Center forms a team to provide home nursing care service and 1,390 people have been served.
- (3) Municipal hospitals conducted chronic disease X-ray screening. Those targeted for screening were high risk groups, homeless people, nursing home and sanatorium residents, aborigines, AIDS infected patients, and pulmonary tuberculosis patients. During the year, 126 screening sessions of high risk groups were conducted. Screening was provided 10,982 times, and 42 suspected cases were found (Primary discovery rate is 0.27%).

3) Public Health and Community Based Services

Municipal hospitals also organize activities within communities.

During the year, 1,544 types of medical care services were offered in communities, resulting in 320,131 provided services; 2,860 educational activities were organized resulting in participation of 431,572 persons. 2,698 community educational lectures were held with a total attendance of 408,452 and 1,297 other community activities were held with total attendance of 221,329.

- (1) Municipal hospitals will provide weekly community health check-ups at 22 locations such as Kuang-Tzu Care Home and Department of Social Welfare. This year, these locations provided service for 8,699 individuals.
- (2) The 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.
- (3) The Hospital of Traditional Chinese Medicine plans to hold several lectures and press conferences and will set up a website for women and children rich in content. Free mobile clinics, within communities, will hold lectures, aid in early detection of diseases and promote healthcare awareness and knowledge to the public via manuals, handbooks and other materials.
- (4) The Guandu Hospital is under private management. The hospital integrates both acute and chronic care systems and provides resources primarily for long-term care of chronic patients in communities.

4) Promotions of Major Healthcare Policies

In addressing the eight most common diseases; heart diseases, diabetes, asthma, breast cancer, depression, cervical cancer, weekly prenatal care, and tuberculosis, the newest and most up-to-date methods are used by doctors, thus giving patients the best possible treatment for their specific illness.

5) Medical Support

(1) Aid to Offshore Hospitals

Municipal hospitals will provide aid and support to Ma-Tzu and other offshore hospitals in the fields of pediatrics, family practice, OBGYN, acne doctors, nose, mouth, and ear disease, cardiology departments, neuro-surgery, urology, and rehabilitation.

(2) On 11/17/2002, a team of volunteer optometrists from Taipei municipal hospitals went to Sri Lanka to aid in curing 190 cataract cases. Through this exchange, the Department of Health hopes to share its experiences and resources with the international community and show its sincerity to assist people outside of Taipei City and Taiwan.

3. Containment of Medical Costs

- 1) A cross-hospital review mechanism was set up to coordinate the radiology, pathology, emergency medicine division and anesthesiology departments of all hospitals.
- 2) A community service supervision system was 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 management efficiency as well as service standards, teamwork and health care 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 was 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) To further promote hospital integration and to establish a supply information system among hospitals, a “municipal hospitals information integration promotion team” was set up. The team will proceed with a unified medical information development system to speed up the creation of a municipal hospital information system.

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, prenatal care and depressive disorders - has been introduced to upgrade the quality of medical care. Doctors are to provide personalized service to patients and review reports on instructions and measurements of each disease.
- 2) The clinic manager, chosen from among senior nurses, will oversee quality control between doctors and the management teams. The functions of the clinic manager are to assist in maintenance of a database, analyze special cases and maintain quality control.

Comprised of doctors, nutritionists, pharmacists, social workers, and volunteers, a high quality team provided integrated service and 124,432 patients have been served in 2002.

- 3) A municipal hospital promotion, called “Do Something Good, Be Good Hearted and Say Something Good,” was conducted to improve service through the training of more staff, promotions, medication labeling and experience sharing.
- 4) The Department of Health officially integrated medicine quality checks when evaluating municipal hospitals for subsidies. The evaluation of municipal hospitals for subsidies, in 2002, will include a “Quality Service Guarantee Plan for the Eight Major Epidemic Diseases” and the service performance will be listed in the evaluation. This concept was the first such guarantee plan to be used in Taiwan.
- 5) Suggestions for quality control measures have been encouraged through contests and observation tours and implemented to simplify operational procedures and improve administrative efficiency.

Table5-4-1 : Indexes of Municipal Hospital Management, Taipei City, 2002

Date:01/01/2002-12/31/2002

Hospitals	Year	Average Days of Hospital	Bed Occupancy Rate(%)	Nosocomia 1 Infection Rate(%)	Rate of Cesarean Section(%)	In-hospital Mortality (%)
Chunghsin Hospital	2002	8.30	82.71	2.46	34.10	2.05
	2001	7.50	66.63	2.36	34.40	2.28
	(%)difference	10.67	16.08	0.10	-0.30	-0.23
Jenai Hospital	2002	11.28	71.36	2.50	39.37	3.06
	2001	11.02	68.32	2.60	36.08	3.68
	(%)difference	2.36	3.04	-0.10	3.29	-0.62
Hoping Hospital	2002	6.95	70.35	2.50	22.14	2.29
	2001	6.86	64.43	2.24	29.80	2.62
	(%)difference	1.31	5.92	0.26	-7.66	-0.33
Women's and Children's Hospital	2002	4.64	65.91	0.57	32.42	0.01
	2001	4.69	59.95	0.39	32.46	0.07
	(%)difference	-1.07	5.96	0.18	-0.04	-0.06
Yangming Hospital	2002	9.83	76.81	1.98	19.71	2.34
	2001	9.19	71.34	1.95	29.29	2.09
	(%)difference	6.96	5.47	0.03	-9.58	0.25
Zhongxiao Hospital	2002	8.95	74.31	2.12	32.31	2.43
	2001	9.12	78.05	2.28	33.44	2.60
	(%)difference	-1.86	-3.74	-7.02	-3.38	-0.17
Traditional Hospital	2002	12.35	11.25	0.00	-	-
	2001	14.53	22.70	0.00	-	-
	(%)difference	-15.00	-50.44	0.00	-	-
Psychiatric Center	2002	46.13	92.61	0.25	-	0.06
	2001	50.44	93.97	0.48	-	0.03
	(%)difference	-8.54	-1.36	-0.23	-	0.03
Chronic Disease Hospital	2002	84.57	45.95	0.00	-	6.72
	2001	99.40	60.34	0.00	-	7.07
	(%)difference	-14.92	-14.39	0.00	-	-0.35
Sexually Transmitted Diseases Control Center	2002	-	-	0.00	-	-
	2001	-	-	0.00	-	-
	(%)difference	-	-	0.00	-	-
Wanfang Hospital(entrusted to private management)	2002	7.93	81.39	2.63	25.67	2.35
	2001	8.02	82.16	2.39	25.74	2.42
	(%)difference	-1.12	-0.71	0.24	-0.07	-0.07
Gandau Hospital(entrusted to private management)	2002	25.03	85.22	0.38	-	7.49
	2001	21.43	74.00	0.32	-	7.53
	(%)difference	16.80	15.16	0.06	-	-0.53

Source: Taipei Municipal Hospital

Table 5-4-2 : No. of Beds in Municipal Hospitals , 2002

		Date:01/01/2002-12/31/2002													
Bed Types	Hospital	Total	Chunghsin Hospital	Jenai Hospital	Hoping Hospital	Women's and Children's Hospital	Yangming Hospital	Zhongxiao Hospital	Traditional Chinese Medicine Hospital	Psychiatric Center	Chronic Disease Hospital	Sexually Transmitted Disease Control Center	Wanfang Hospital (entrusted to private management)	Gandau Hospital (entrusted to private management)	
Acute beds	Total No. of Beds	4,827	560	855	479	385	505	547	13	509	60	-	674	240	
	General beds		414	651	316	172	363	379	13	18	20	-	496	45	
		total	1,180	143	131	163	213	142	115	-	16	9	-	178	70
	Special beds	ICU beds	227	28	40	41	8	26	26	-	-	-	-	50	8
		Burns beds	27	0	5	7	0	8	3	-	-	-	-	4	0
		Nursery beds	258	12	20	20	122	30	24	-	-	-	-	30	0
		Nursery care beds	137	35	5	5	56	8	8	-	-	-	-	20	0
	Psychiatri	Emergency observation beds	173	28	15	30	10	24	24	-	16	-	-	23	3
		Hemodialysss beds	182	15	30	36	0	30	16	-	-	-	-	36	19
	Chronic General Beds	Recovery beds	62	15	10	9	7	6	8	-	-	-	-	7	0
Other		114	10	6	15	10	10	6	-	-	9	-	8	40	
Tuberculosis Beds	total	527	3	0	0	0	0	49	-	475	-	-	-	0	
	Acute beds	471	3	0	0	0	0	49	-	419	-	-	-	0	
Leprosy Beds	Chronic beds	56	0	0	0	0	0	0	-	56	-	-	-	0	
	total	233	0	73	0	0	0	4	-	-	31	-	-	125	
Day care for Psychiatric Patients	Tuberculosis Beds	0	0	0	0	0	0	0	-	-	-	-	-	0	
	total	0	0	0	0	0	0	0	-	-	-	-	-	0	
Total		520	50	30	50	20	60	10	-	200	-	-	50	50	

Note : total number of hospital beds does not include psychiatric day beds.

Table 5-4-3 : Services Provided by Municipal Hospitals 2002

		Date: 01/01/2002-12/31/2002												
Hospital	Year	Opatient (person-time)	Emergency (person-times)	In-patient (person-times)	In-patient (person-days)	Outpatient Health Examination (person-times)	In-patient Health Examination (person-times)	Hemodialysis (person-times)	Operation(person-times)		Delivery(person-time)		Clinics at Health Centers (person-times)	
									Outpatient	Emergency	Natural	Cesarean		
Chunghsin Hospital	2002	495,580	26,757	13,236	11,761	12,355	121	11,400	350	1,254	5,820	263	136	39,321
	2001	457,204	23,357	9,334	85,347	11,902	107	10,782	3,311	1,225	5,097	286	151	46,045
Jenai Hospital	2002	636,502	41,564	17,738	196,920	31,292	1,061	30,441	6,725	700	5,630	191	124	63,258
	2001	609,689	41,419	17,422	187,761	29,779	1,084	28,367	6,306	812	5,929	186	105	72,195
Hoping Hospital	2002	635,566	50,444	14,703	99,062	25,743	250	22,821	2,967	699	4,166	284	82	71,545
	2001	539,46	44,684	11,887	82,025	28,182	236	21,485	2,938	712	3,997	275	112	72,742
Women's and Children's Hospital	2002	442,305	16,561	15,335	72,293	6,600	-	-	7,708	745	3,071	2,568	1,232	37,685
	2001	398,178	14,248	13,483	64,921	5,051	-	-	7,387	629	2,989	2,326	1,118	44,136
Yangming Hospital	2002	534,908	41,638	13,944	112,079	17,960	273	16,727	4,330	514	3,017	326	78	56,219
	2001	527,825	40,277	14,191	106,538	19,627	265	15,192	4,062	1,156	3,442	314	130	65,250
Zhongxiao Hospital	2002	533,561	57,090	13,575	133,713	21,198	52	11,324	2,241	737	3,996	375	179	41,197
	2001	555,189	59,307	13,590	141,875	19,685	91	10,172	2,063	990	4,640	400	201	36,314
Traditional Chinese Medicine	2002	294,936	-	45	546	-	-	-	-	-	-	-	-	-
	2001	234,450	-	110	1,361	-	-	-	-	-	-	-	-	-
Psychiatric Center	2002	154,461	3,646	3,292	164,972	1,341	-	-	-	-	-	-	-	-
	2001	141,619	3,465	3,185	162,928	913	-	-	-	-	-	-	-	-
Chronic Disease Hosdital	2002	118,731	-	109	10,064	11,857	-	-	32	-	-	-	-	-
	2001	114,113	-	96	13,116	93,002	-	-	39	-	-	-	-	-
Sexually Transmitted Disease Control Center	2002	38,352	-	-	-	1,856	-	-	-	-	-	-	-	-
	2001	29,362	-	-	-	1,313	-	-	-	-	-	-	-	-
Wanfang Hospital	2002	94,727	5,827	2,394	12,855	7,796	95	2,642	436	511	84	95	33	-
	2001	86,977	5,431	2,195	13,416	7,975	97	2,285	472	501	58	93	31	-
Gandau Hospital	2002	101,487	3,479	2,392	66,145	-	-	7,930	-	-	-	-	-	-
	2001	95,437	3,195	2,175	48,781	-	-	5,178	-	-	-	-	-	-

Source: Taipei Municipal Hospital

Chapter VI. Pharmaceutical Affairs

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Chapter VI. Pharmaceutical Affairs

1. Management of Pharmaceutical Affairs

1. Drug and cosmetic advertisement monitoring

A consumer protection committee has been set up with responsibility for monitoring drug and cosmetic advertisements. Advertisements are strictly reviewed before they appear in the media. During the year, 727 drug advertisements and 1,582 cosmetic advertisements were reviewed and approved. Health centers are instructed to monitor advertisements in newspapers, magazines, and on radio and TV. Violators of regulations are punished and media are instructed to reject these advertisements. Consumers are also alerted to violations. During the year, violations of drug and cosmetics advertisements totaled 1,207 cases. Of these cases, 83 drug advertisements were subject to fines totaling 3.4 million dollars and 254 cosmetics advertisement were subject to fines totaling 2.65 million dollars.

2. Census of Pharmaceutical Dealers and Pharmacies

An annual census was conducted covering 701 pharmacies, 1865 suppliers of western medicines, 1,124 suppliers of Chinese medicines, 6592 suppliers of medical devices, 17 manufacturers of Chinese medicine, four manufacturers of western medicines and 33 manufacturers of medical devices. During the year, 25 unlicensed pharmaceutical dealers were penalized.

3. Consumer Protection

To encourage drug safety, a special hot-line was set up. During the year, 2500 calls were received.

1) Project to inspect weight loss product claims: 28 weight loss

medicines were checked, including 4 from Mainland China; 3 weight loss tea bags; 8 cocktail therapies; 5 Chinese medicines; and 8 weight loss foods. Results from 96 inspections were released through the media to educate the public on the importance of healthy dining and exercise.

2) Testing of Whitening Cosmetics: 25 cosmetics were examined and all passed under relevant law.

3) 578 Chinese medicines were examined and 82 of them were found to be adulterated with western medicine substances; consumers were advised not to use the drugs and the dealers were traced and penalized.

4. To promote self-regulation of Chinese medicine stores, the Department of Health held a Contest of Excellency. There are 1,123 Chinese pharmacies in Taipei; 198 of them were chosen as excellent stores. Thirty senior professionals, that have worked in the business their entire lives, and two stores, that have been open more than 100 years, were invited to participate in this contest.

5. Organized a biotechnology consulting team to help deal with industrial issues.

6. To simplify administration, the ROC Pharmacist Association issues pharmaceutical licenses through the internet and makes adjustments on-line.

7. Cooperating with the Taipei City Government back-up command department, Department of the Secretariat and Department of Economic development, random sampling was performed at 3 pharmacies, 15 medical supply companies, and 21 hospitals, for a total of 39.

8. Labeling: Strengthened inspections of labeling of drugs at 208 hospitals and 196 pharmacies.
9. Organized Lectures: Eight lectures were held to further advance knowledge in the medical field. Total attendance was 867 persons.
10. The police authorities collaborated with the inspection and control of illegal drugs. During the year, 8 cases of counterfeit drugs, 6 cases of prohibited drugs, 2 cases of illegal medical devices and 24 other violations were detected.
11. The labeling of 1,107 pharmaceuticals and 4,676 cosmetic products on the market were checked and 107 were found to be in violation of regulations. Monitoring of medication quality testing was strengthened and of 467 cases sampled, 13 were disqualified.
12. Monitoring of information packaged with products was strengthened. During the year, 4,562 cases were examined; 724 gave improper information; quality examination was made on 315 products; 91 cases gave improper information, and 25 were penalized.
13. Inspection of illegal drugs (strengthened management and inspections at supermarkets and convenience stores): In an inspection of 10 stores, 27 illegal drugs were found for sale. Also, working with the Chinese Traditional Medicine Committee, 83 supermarkets and convenience

stores were inspected. 33 illegal drugs, at 12 locations, were found.

14. Inspection of black market illegal drugs: Department of Health found 15 cases of illegal documentation of vitamins.
15. 2002 Illegal Drug Inspection Plan: In cooperation with the Department of Health's Traditional Chinese Medicine Committee, inspections were made at 19 pharmacies, manufacturers, TV shopping channels, night markets, etc., and 4 illegal cases were found; and working with the National Bureau of Controlled Drugs, another 2 illegal cases were found.

2. Prevention and control of Drug Abuse

1. Strengthened Monitoring of the Distribution of Controlled Drugs

Routine inspections of institutions using controlled drugs are conducted. Of the 2,263 institutions inspected and 7,253 institutions surveyed by phone, 36 were found to be in violation of regulations. Two of them were prosecuted; others were fined NT\$ 2.25 million.

2. Training drug safety inspectors

Cooperating with the Taipei Pharmacist Association, 50 lecturers were trained.

3. Drug Safety Lectures

- 1) 208 lectures took place within communities, work place and schools.
- 2) 2 classes on drug safety were given for the members of ROC Pharmacist Association.
- 3) 1 anti drug abuse lecture was given to the army.
- 4) 20 campaign events were given for anti smoking and anti drugs at schools, with total attendance of 14,373 students.

3. Medical Practice

1. Issuing of Prescriptions

Municipal hospitals are required to set up a committee to promote the separation of dispensing from medical practices. Currently, there are 438 pharmacies under the National Health Insurance contract.

2. Continuing education for pharmacists

Four meetings, attended by 289 pharmacists and assistant pharmacists, on new developments in pharmaceutical industries and laws on pharmaceutical affairs were held during the year.

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 ensure that prescriptions are personally filled by pharmacists or assistant pharmacists. During the year, clinics were inspected a total of 2,842 times; pharmacies 1,091 times; and drug stores 1,262 times.

4. Setting up Weight Management Information Center

Designated pharmacies were asked to set up information centers to provide information on health and to aid in public health work. Taipei City has already set up 243 such information centers and, of these, 168 have centers on weight loss and drug abuse. To promote healthy weight loss and management, 264 pharmacies have set up weight



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loss information centers to promote healthy weight loss and to prevent abuse of illegal weight loss drugs.

5. Promote safe use of drugs at home

Information centers and drug recycling boxes have been set up for citizens to ask about or discard expired or unlabeled drugs.

6. Increase awareness of drug safety and abuse

- 1) In collaboration with the ROC Pharmacist Association, The Department organized a seminar to educate 50 pharmacists to promote drug safety. 208 seminars were open for people from communities and schools.
- 2) Assisted the Department of Health in promoting drug safety seminars: provided health tips, distributed promotional calendars and weight loss brochures.
- 3) Activities were held to promote the separation of dispensing practices and medical practices.
- 4) Provided 2 classes on drug safety and abuse for Taipei Pharmacist Association.

Chapter VII. Nursing Administration

1. Nursing Care

1. Nursing Care business

- 1) Seven meetings and workshops, for the continuing education of nurses, were organized for 694 people.
- 2) Nursing homes and postnatal care homes were assessed. Five nursing homes were graded excellent and 6 were rated A. Of home-care institutions, 9 have been graded excellent, 7 were rated A. Of all postnatal care homes, 2 received the most excellent rating, 4 were rated A.

2. Healthcare for women

- 1) An advisory team on women's healthcare, comprised of representatives from industry, government and academic institutions, was set up. The team meets regularly to discuss issues concerning women's healthcare.
- 2) The supervision of postpartum centers was 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 11 such homes with 330 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) Twenty hospitals in the city have been certified as mother-infant-friendly. They provide a comfortable environment for breast-feeding.
- (3) Breast-feeding (and milk collection) rooms were set up. There are a total of 78 breast feeding rooms in Taipei City, 12 breast feeding rooms in health centers, 8 in municipal hospitals, 28 in public and private hospitals, 9 in department stores, 14 in schools and 7 in other public places.
- (4) Continuing education, consisting of 2 classes on breast-feeding, was organized for 390 medical and nursing personnel. Training was given to 89 voluntary workers who promote breast-feeding.
- (5) A campaign on breast-feeding was organized and 425 people attended.
- (6) In August 2002, 60.6% of mothers had breast-fed their babies during their hospital stay and 36.1% fed their babies breast milk and infant formula. In the month after delivery, 37.3% of mothers breast-fed their babies and 41.3% fed them a combination of breast-milk and infant formula. Two months after delivery, 23.8% of mothers breast-fed their babies and 30.8% fed them a combination of breast-milk and infant formula.

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. Of 8,523 new births in 16 hospitals by mid 2002, 1,865 couples (21.9% of total) attended the birth preparation classes

held, 1,284 fathers or mothers to be (15.1% of total) attended.

2. Management of Nursing Practices

1. Registration of nurses

So far, 20,348 nurses are registered for practice in the City, accounting for 52% of all medical personnel. Of these, 14,505 are registered professional nurses (71.3% of all nurses), 5,826 are registered nurses, and 17 are midwives. 4,839 are registered nurses, and 17 are midwives. During the year, 4,839 nurses were registered, and 4,152 canceled their registration.

2. Supervision of Nursing Practice

- 1) Criteria for the punishment of nurses who violate regulations has been agreed upon.
- 2) The practices of nurses in municipal hospitals and their services are checked. Nurses with problems receive corrective supervision. Nurses violating regulations are penalized.
- 3) During the year, 131 nurses were fined for violations of regulations, and 131 paid fines, for a fine collection rate of 100%.

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. In addition, the Department of Health authorized nursing staff and nurse unions to conduct professional registration. This service is convenient for the general public to apply.

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 438 subsidies were given.
2. Volunteer manpower banks for long-term care have been set up by 12 district health centers with the support of private charitable organizations to develop volunteer resources for long-term care. So far, 834 volunteers have been trained; they serviced 5,651 cases. In addition, they have worked for 15,274 days.
3. Promoted the Community Cardiovascular Health Plan; worked with community groups; promoted sporting events and activities for senior citizens; promoted their spiritual health. 450 people attended these events.
4. Established a community nursing and help system: held fire drills at nursing homes, promoted safety awareness and provided support for the elderly based on their different health conditions.



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5. Promoted the “Long Term Nursing Care Plan Team” led by the Deputy Mayor; set up a website. Continued to promote the website with aid from Jenai, Hoping, and Yang Ming hospitals, provided information, comments and managed by the professional team. A total of 3,136 have visited the site and 1,405 have used the site.
6. Promoted temporary care institutions: 19 institutions, with 43 beds, have provided service to 1,524 cases.
7. Promoted in-house professionals (doctors, nurses, re-habilitation professionals, nutritionists, etc). Serviced 2,003 people this year.
8. Provided home nursing service: 24 centers have been set up and have aided 65,642 people to date.
9. Four workshops, on the care of the mentally challenged, were given and attended by 273 participants to improve their knowledge and skills. Six workshops on enhanced training were given; 409 persons participated.
10. Upgraded service quality of staff; 6 institutions were set up and have held 24 training classes for 1,745 people.

Chapter VIII. Health Education and Training

1. Health Education

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

1. Community Health

- 1) Campaigns to promote healthcare, substance abuse prevention and anti-drug abuse were organized. Films were made to educate about prevention of enterovirus.
- 2) Several activities were set up to stress the importance of a healthy lifestyle, healthy dining and healthy ways to lose weight. 10 medical centers, in 12 districts, provided physical exams to 10,000 citizens.
- 3) Vision screening and screening for strabismus and amblyopic, for pre-school children, was conducted. A total of 46,975 children were screened.
- 4) A website and CDs on sex education and prevention were made to improve teenagers' knowledge of sex.
- 5) A variety of health education activities were conducted, including internships at 6 colleges, lectures on maintenance of health and health tips.

2. Creating a Healthy Community

To promote healthy communities within Taipei City, classes were held

on "Creating a Healthy Community;" four committee member meetings were held, "Healthy Weight Loss debates" were held, and a "Healthy Weight Loss Speech Competition," was held. These activities were used to promote and to increase public awareness of the importance of healthy ways to achieve weight loss and weight maintenance. The topics revolved around the idea of "The establishment of a new view, healthy and energetic life. Through this, the department conducted the "Taipei Healthy Carnival Community Center Activity."

To ensure that staff is most qualified, 4 basic level classes were held for them, and 4,000 attended. Classes were also held for the more intermediate or advanced level staff. Activities were also held to promote their team spirit. In 2002, the total team consisted of 8,407 people. We hope this can increase to over 10,000 next year.

3. Taipei City Citizen Weight Management Plan

Obesity is a serious problem of the 21st century. Under the supervision and support of Mayor Ma and Department of Health head, Ms. Chui, 2002 was declared as the "First Year of Healthy Taipei City," promoting "Healthy, Long Life Taipei City - Lose 100 Tons to Improve Health." Within schools, communities, work places and hospitals, a healthy eating culture was promoted to people, along with proper

exercise techniques and healthy lifestyle tips to maintain a healthy weight and lifestyle.

The Plan was successfully launched on 4/18/2002 and ended 12/31/2002. 145,108 people took part and together achieved weight loss of 181,804 kg. The plan was successful in citizens' weight loss and simultaneously included promoting healthy school lunches, healthy hospitals, and healthy government entities. It also proved that different government departments and private and public entities were able to work together to achieve a common goal. In the process, 81 restaurateurs made available "healthy set menus," 38 lunch box makers made "healthy lunch boxes," 35 bakeries developed 101 "low calorie, low fat" recipes, 23 made 75 new recipes for "low calorie low fat cakes and moon cakes" and worked together to label the calorie contents of baked items. In promoting exercise, the government improved the conditions of sidewalks and encouraged walking and stair climbing. Aerobic activities were held within communities and the government provided fitness tests for people. Pamphlets such as "fitness passport," "weight management program," "BMI calculator," "Aerobic exercises," "Diet Pill safety" and a website for the program was created. Hospitals and the Department of Health successfully worked together in planning events - lectures, information centers, clinics, and set up 264 information centers for the public and used the media to increase awareness and knowledge of proper eating and healthy weight loss.

The plan was completed successfully. The government is confident that they it is able to create a healthy Taipei City making it the "Healthy Capital of Asia."

2. Training

1. Prevention and Training

- 1) Public CPR skill training was organized 1,582 times for 113,870 persons.
- 2) 1,389 "Accident Prevention" seminars, with total attendance of 89,376, were held. 195 were for children with attendance of 2,278; 123 were for communities with the attendance of 6,370 people; and 156 were held in the workforce with attendance of 11,994; 915 were held in schools with total attendance of 68,734.

2. On the job training

13 educational promotional services and 7 QCC seminars were held. 7 Workshops were held for high level management to create a shared vision. Total attendance was 390. 4 workshops on making formal documents for primary level civil servants were organized for 158 participants. A special lecture on the prevention of sexual harassment and relevant laws was given to 442 participants.

3. Student Internship and visits

Seventy students from universities and colleges visited the Department for field training.

4. Hospital Health Education



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Chapter IX Food Sanitation

1. Regulation and Inspection of Food Sanitation

1. Supervision of Food Sanitation

- 1) An assessment of boxed lunch manufacturers was conducted from May to June 2002. Of the 28 that passed, 14 boxed lunch manufacturers put the food sanitation (point of damage analysis) control system into effect. In addition to this, a hotel also implemented the food sanitation control system.
- 2) The safety of food control system: In order to promote food sanitation and healthy food among hotels, a press event named “The New Culture of Healthy Dining” was held in September 2002. Representatives from other international hotels and international guests were invited to the press event.
- 3) The assessment of self-managed cold beverage chain stores: Of the stores that were examined during 2001, 26.5 % of them did not pass. To improve the management of hardware, software and manufacturing process, on-site support was present and also provided satisfactory “self-management” verification. Twelve stores passed the verification and they were listed in the newspaper and on the internet for public reference.
- 4) The assessment of self-managed sashimi shops: After a random inspection of sashimi restaurants, it was discovered that 81% did not pass sashimi sanitation standards; 51% did not pass general sanitation standards; and 35% did not pass environmental sanitation standards. Qualification is based on the QCC system. Due to the high percentage of disqualification of sashimi restaurants, the Fisheries Administration will strengthen its management of the industry and provide a list of exemplary distributors.

- 5) Promotion of night market “self-management” sanitation is used to strengthen sanitation standards and habits.
- 6) Public dining areas, food manufacturers, and food distributors were inspected 58,064 times (at least one inspection per season). Improvements were required in 6,235 cases. From the inspections, it was concluded that more should be done in regards to examination of sanitary and personal hygiene facilities. In addition, it was also concluded that regulations should be stringent and swift and also a standard assessment and supervision system should be set up.

2. Sanitation Inspection of Foods

- 1) Inspection of Food in the Market: Foods in the market are tested for unlicensed food additives like borax, illegal preservatives, artificial sweeteners, aflatoxin and residual pesticide. During the year, 3,705 food products were inspected with the discovery of 637 violations. All cases of violation are published in newspapers and on the internet for consumer reference.
- 2) Test Sampling of Traditional Foods: Traditional foods like noodles, soybean products, dumplings, preserved fruits and candies are sometimes found not to meet sanitary standards. In certain instances, extra additives that are detrimental to health are found within the products. To lower these instances, on-site testing will be maintained in addition to the education of manufacturers in correct processing procedures.
- 3) Testing of Residual Pesticide on Vegetables: During 2002, 1,147 types of vegetables on the market were tested. Of the vegetable types tested, 9 (0.78%) did not pass. In addition to testing, agricultural authorities were also approached to control the sources of vegetables and promote labeling.

3. Execution of Food Sanitation Management (FSM)

- 1) The prevention of food poisoning is the primary target of FSM. The first task to help prevent widespread food poisoning is to supervise distributors of school lunch boxes, school lunches, buffets close to schools, food delivery stores and large restaurants. In addition to this, the promotion of the “self-management” system for these establishments is essential for improved safety.
- 2) Lecture to Food Industry on Strengthening Food Sanitation: To promote food sanitation, regulations, and the “self-management” system, lectures were held for the food industry. 58 classes were held for Chinese food technicians and licensed chefs. 4,142 participated in the lectures.
- 3) During the year, there were 36 cases of food poisoning outbreaks affecting 347 people. The department set up procedures and a manual for food poisoning reporting, investigation sampling and examination on 5/20/2002. Through accurate and clear procedures, quality of services can be upgraded and improved.
- 4) Licenses were issued to 2,142 people, for maintaining safety regarding food. 1,855 were Chinese food cooking technicians.
- 5) The issuance of chef licenses was set by the “Taipei City Food and Beverage Occupation Union” and the “Taipei City Chef’s Occupational Union. Up until 2002, the total number of licenses issued was 2,028 and the rate of licensed chefs in the food and beverage business reached the regulation standard.

4. Labeling of Food and Advertisement Regulation

- 1) To improve the standards for monitoring illegal advertisements, a training session was held to check illegal advertisements. 70 persons were invited to the session, along with members from the

press, to discuss issues pertaining to illegal advertising.

- 2) 101,013 food labels were checked during the year. Of these, 397 did not meet regulation and the Taipei City Government investigated 644 as illegal advertisements. (TV Cases: 494, Magazine Cases: 45, Internet Cases: 104, Radio Cases: 1)
- 3) Since 9/1/2002, nutrition content labeling has been required on packaged food. Five lectures were held regarding this topic. In addition, 16 illegal foods were found. These illegal food processors have been penalized according to the food sanitation management laws and health authorities.

5. Consumer Services

- 1) Twelve information sessions were held for consumers regarding correct food sanitation information.
- 2) Creation of consumer information tapes and videos:
 - (1) Two, 20 second short films, titled "The healthy Meal Box" and "Does Thin Equal Beauty?" will be aired on cable television.
 - (2) An information program titled "Mother's Breast Milk is Love" will be broadcast on radio.
- 3) The Department of Health set up a complaint hotline for consumers. In theyear, there were 325 cases in all. Foods that do not pass regulations are announced in the media for public reference.

6. Food Sanitation Volunteers

- 1) Citizens are encouraged to work with the government to improve food sanitation, due to limits in the government workforce. The Department of Health established a "Food and Smoke Volunteer Business Promotion Plan. In addition to this, the public was asked to assist the Department in monitoring sanitation in the City.

- 2) To improve the knowledge of food sanitation among volunteer workers, seminars were held on food sanitation. The topics discussed included nutrition labeling of packaged food, management of nutrition declaration labeling, gene altered foods, etc. 42 volunteers participated in the seminars.
- 3) To improve knowledge of healthy eating among volunteers, a teaching activity was carried out. Volunteers were asked to submit "Healthy Holiday Meals" and they were displayed accordingly on 12/10/2002. The department compiled the submissions into a book for the public to review. The contents were also made available on the internet.
- 4) Volunteers assisted by monitoring 29 foods for inadequate labeling. 17 products were found to claim false curative effects and 14 were found with incorrect expiration dates. 136 food advertisements were also monitored for violation of regulations. Volunteer workers also participated in educating the public regarding food sanitation.

7. New Healthy Eating Culture

- 1) 102 registered dietitian applications were accepted in the year. 47 resulted in cancellation of registration and 12 dietitians were prosecuted under article 16 of the "Dietitians Law."
- 2) Promotion of Healthy School Lunch Boxes
 - (1) From 12/27/2001 through 1/5/2002, school lunch boxes were analyzed for caloric and fat content. All the lunch boxes analyzed were found to have over 30% fat; in addition, it was discovered that 78% of the lunch boxes contained over 900 calories.
 - (2) From 1/23/2002 through 3/6/2002 a three step educational training was carried to help students make healthier lunch box choices. They were taught how to classify food, calculate calories, and use portion control. Dietitians were also invited to discuss other relevant

topics that pertain to the making of healthy lunch boxes including innovations in cooking and suggestions in marketing and promoting.

- (3) From 3/5/2002 through 3/11/2002 a survey was done by TVBS news involving 1,089 parents who have children from elementary to high school age. The aim was to discover the popularity of lunch boxes at schools versus the popularity of the “Healthy Lunch Boxes” policy. The result of the survey showed that 72% of parents agreed that lunch boxes should clearly state nutritional and caloric value. 97% of the parents support the “Healthy Lunch Box” policy and 78% of the parents would like to see quicker implementation of the policy.
- (4) On 3/20/2002, a press conference regarding “Healthy Lunch Boxes” was held at Taipei city Hall. Mayor Ma was invited to speak about the policy.
- (5) On 4/4/2002, The “Healthy Lunch Box” was put in effect on a trial basis on a select number of school campuses. Mayor Ma was invited to speak to the children and emphasized that changing eating habits must begin with the young.
- (6) On 6/9/2002 a “Healthy Lunch Box” promotion meeting was held at Taipei City Hall. Principals and superintendents from all Taipei City schools were invited to attend.
- (7) From 10/7/2002 through 10/12/2002, a “Healthy DIY Lunch Box” activity was held to encourage parents to prepare healthy lunch boxes.
- (8) On 11/30/2002, in order to drive the “Healthy Lunch Box” policy and improve public understanding, a competition was held among junior high schools in Taipei City. Seven groups, in all, participated and involved 64 students.

3) Popularize “Healthy Baked Goods”

- (1) From 5/1/2002 through 5/20/2002, a “Healthy Baked Goods” (bread, cakes, etc.) seminar was held for bakeries in Taipei city. The seminar included discussions on a variety of topics including manufacturing, creation and preservation of baked goods.

- (2) On 6/17/2002, a press conference was held to promote “Less calories, Less Fattening Bread.” 29 bakeries were present at the conference and they created 88 different breads, including 31 low-fat varieties.

- (3) On 8/2/2002, a “Healthy Baked Goods” competition and press conference was held. The competition qualified 33 bakeries (147 products) for creating healthy baked goods and allowed them to display their goods to encourage other bakeries.

4) Promotion of Nutritional Labeling at Fast Food Chains

- (1) On 7/5/2002, a meeting was held regarding the identification of calories in fast food. Various fast food chain representatives were invited to the meeting. It was concluded, that to better protect consumers, dietary information regarding caloric and nutritional value would be supplied to the public free of charge.
- (2) On 11/18/2002, a press conference was held by the department regarding providing caloric and nutritional information at fast food restaurants. From then on, dietary information would be available to the public at a number of well-known fast food restaurants. In addition to this, restaurants were also encouraged to include healthier meals on their menus.

5) Development of a Healthy Diet Culture in Taipei:

- (1) On 4/17/2002, the Department assisted restaurants in the Taipei City Council building to serve healthy meals (including buffets, lunch boxes, and full course meals). A press conference was held to display the results.
- (2) On 4/20/2002, the Daan District Health Office and the Central Times held a cooking contest to find the best “Healthy New Culture Meal Chef.” The contest was held at a Taipei City junior high school, and the contest was divided into a student category and a chef category. Among the 48 groups, three received first, second and third place awards. Ten other groups received the masterpiece awards.
- (3) On 5/3/2002, Wenshan District Health Office held a press conference

to promote healthy Maokong Tea meals at the Taipei Tea Research Center. Restaurants assisted with the promotion and created six healthy tea meals and a soup.

- (4) On 5/18/2002, Zhongshan District Health Office held a press conference to assist 13 tourist restaurants to carry out "Mother's Day Healthy Meals." Another similar promotion was held on Valentine's Day.
- (5) On 5/29/2002, Nangang District Health Office promoted "Healthy Lunch Boxes" to employees at IT firms. 13 lunch box manufacturers displayed their healthy lunch boxes. Other services were also provided including, weight, height, blood pressure and fat measuring services and related consulting services.
- (6) On 6/1/2002, Datong District Health Office held a "Less Salt New Culture" lecture for area restaurants.
- (7) On 6/20/2002, Wanhua District Health Office assisted their area restaurants to promote healthy meals and encouraged fast food restaurants to provide nutritional information.
- (8) On 6/27/2002, Songshan District Health Office held a "Raohe Night Market Self-Management and Information Labeling" announcement of achievement.
- (9) On 7/18/2002, Neihu District Health Office held an announcement of achievement for the caloric and nutritional labeling at food courts.
- (10) On 8/6/2002, Zhongzhen District Health Office held an announcement of achievement of assistance to administrative institutions. Ten administrative institutions provided healthy meals for employees.
- (11) On 10/5/2002, Xinyi District Health Office held a consumer protection promotion activity. Restaurants that assisted successfully displayed their results on-site.
- (12) On 10/25/2002, Beitou District Health Office held a press conference to announce the achievement of the Shanyao Health Feast. With the help of nutritionist and the restaurants union, 12 area restaurants

offered meals in Shanyao and maps that show where to get healthy food.

- (13) On 12/27/2002, Zhongshan District held a press conference regarding "Take Out Holiday Meals." 9 tourist hotels offered "Take Out Healthy Holiday meals" for people to enjoy at home.
- 6) Promotion of Healthy Holiday and Festival Meals:
- (1) On 1/7/2002, dietitians were invited to analyze the caloric content of Chinese hotpot. The typical spicy varieties of hotpot were found to have 2000 calories and consisted mostly of oil and cholesterol.
 - (2) On 1/21/2002, Taipei City invited the Dietitians Union to introduce "Healthy Holiday Meals" and reminded citizens to avoid over-eating high calorie snacks.
 - (3) On 2/25/2002, the Department authorized dietitians at Zhongxiao Hospital to introduce low calorie Chinese Sweet Tang Yuan Desert. In addition to Tang Yuan, other low calorie Chinese desserts made from fiber were introduced. Compared to Tang Yuan made with normal ingredients, those made with fiber were 20% lower in calories (50 calories) and had twice the fiber content (0.5 grams)
 - (4) On 6/3/2002, a press conference was held to promote "Low Calorie Dumplings." Two companies created the low calorie dumplings, and showed that dumpling calories could be reduced by 240 calories and carry 24% less oil.
 - (5) On 9/16/2002, the Department promoted "Oil Free, Reduced Calorie" moon cakes prior to the Moon Festival. The promotion was not only done to provide an alternative, but also to inform people of the caloric content of moon cakes on the market and principles of health eating.

8. Sanitation Management of Meals

- 1) Strengthening Food Manufacturing During Water Suspension:
 - (1) Through news releases, the department informed food retailers and manufacturers on how to conserve and maintain safe water.
 - (2) Lectures were given to inform lunch box businesses and beverage

businesses personnel on how to make healthy products during times of water shortage.

- (3) Fast food chains were gathered together to make sure they understood sanitary procedures during water shortages and suspensions.

2) Inspections and Testing

- (1) The 12 District Health Offices of Taipei City strengthened inspections of food and ice cream manufacturing facilities. They informed manufacturers on how to respond during times of water shortage. The results are reported every Wednesday. During suspension of water services this year, 2,701 inspections were made, resulting in 15 violations. The violators were asked to improve their sanitation accordingly.
- (2) 70 packages of water, imported and domestic, were tested during the year. One was found to have violated regulations, and the others passed. All results were published for public reference.
- (3) 181 cases of ice in food courts were tested. 33 were in violation of regulations; 78 cases were chain ice stores; and 35 were in violation of regulations and were asked to make improvements within a time limit.

9. Wine Testing

- 1) During the year, 2,687 cases of counterfeit liquor were checked.
- 2) 1,008 cases of counterfeit liquors were checked (37 were sample checks), two cases involved the discovery of excessive amounts of methyl alcohol, which was dealt with by the Department of Finance.
- 3) An emergency response system was set up at medical centers for those that drank counterfeit alcohol and suffered from poisoning; 8 were ambiguous, promulgated cases from hospitals, 4 were insured.

10. Testing Quality

- 1) Retraining classes were held for department staff from March to August. The topic of the classes included food labeling, food sanitation management, food poisoning, etc.
- 2) The Department passed ISO 9001:2000 Edition for ice test examination. The Department also held an internal examination in May. An external examination followed and through the set up of standard procedures, all the staff maintained high quality standards.



2. Control of Tobacco Hazards

1. During the year, 4 advertisements were found to be in violation of regulations and were prosecuted accordingly; 50 establishments were found to have failed to display no-smoking signs. In addition to 77 establishments that did not have segregated smoking and non-smoking areas; 51 establishments were found to have sold cigarettes to minors. There were 141 cases of smoking reported in non-smoking areas. There were 323 cases total, resulting in fines totaling NT\$ 1,902,000.
2. The Department of Health set up a toll free hotline for consumer complaints and reporting. 123 complaints were received through this hotline in addition to the 70 received through the Mayor's mailbox. The participation of the public resulted in fines totaling NT\$ 300,000. Reporters also assisted with the reporting of violations and they received rewards of NT\$ 15,000.
3. Promotion of Smoke Free Restaurants
On 5/26/2002, 254 restaurants received the new non-smoking certification. 33 were Chinese food establishments, 27 were western food establishments, 16 were Japanese food establishments, 46 were coffee shops and 132 were fast food restaurants.
4. On 7/15/2002, the "New Healthy Eating Culture - Non-Smoking Restaurants" website was created to promote control of tobacco hazards.
5. For the first time, the Department carried out a survey to understand the prevalence of smoking among pregnant women. In addition to this, a cessation of smoking intervention program for pregnant women was also established.
6. 11 assistants were trained, beginning in 11/29/2002, to help with tobacco hazard related inspections and promotion.

7. In order to promote the tobacco hazards concept to teenagers, the Department of Health authorized the Department of Education to hold a "Say No to Smoking" retreat. 118 senior high school students took part in the event. The students returned to their campuses to become spokespersons at their schools regarding tobacco hazards. The Department of Health also held a comic contest at schools to further promote the control of tobacco hazards.



3. Prevention and Control of Betel Nut Hazards

A Plan was formulated during the year for the control of betel nut products, sellers, users and places of use. A set of regulations was recently created to allow betel nut sellers to practice "self-management;" however, it is still being reviewed by the city council.

During the months of July and August, a survey was conducted among 1,298 betel sellers to understand the type of products provided, sales quantity, sanitary conditions, labeling and other relevant information. The total consumption of betel nut in Taipei this year totaled 602,300 pieces, an increase of 6000 pieces from 1997.

Once the regulations regarding betel nut have been approved by the City Council, the Department looks to further improve and adapt them.



Chapter X

Health Planning, Research and Development, and International Cooperation

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Chapter X

Health Planning, Research and Development, and International Cooperation

1. Health Planning, Research and Development

1. Planning of Annual Programs

Annual program planning is based on the policies of the Department of Health regarding its budget and allocation of resources. The planned programs are submitted to the Taipei City Government for follow-up.

2. Evaluation of Administrative Procedures

1) Processing of Documents

To improve the quality and efficiency of document processing, the days for processing are recorded and reviewed at staff meetings. Documents not processed within a time certain frame are further analyzed to decide how the process can be improved. During the year, 72,383 documents were received and 27,764 were dispatched. The average document processing time was 3.84 days.

2) Processing and Follow up of Applications and Appeals

During the year, 49,577 applications, 1,080 appeals and 249 cases for administrative relief were received. All were processed within the designated time.

3) Evaluation of Annual Programs

Four programs were devised to strengthen services, including a program for promotion of achievements, community mental health centers, prevention of tuberculosis and prevention of tooth decay among children. The programs were under the supervision of the City Government. A program to implement the Mayor's "White Paper" is under the supervision of the Department and was recently implemented.

4) Overseas Visits and Reports

During the year, 14 overseas visits were made for the purpose of further studies, reports and meetings. The reports and information resulting from the visits are managed and referred to as resources of the concerned units.

2. International Cooperation

1. Promotion of Public Sanitation Policy and International Exchanges

1) Exchanges with NGOs

During the International Federation of Medical Students Association-General Assembly, Taiwan introduced to medical students of other countries the essence of Chinese medicine to inspire their interest. Another point that was emphasized to the other participants was the co-existence of Chinese and western medical practices in Taipei.

2) Strengthening International Cooperation and Promotion of Medical Services Abroad

According to the department's white paper and the key points of the department's policy regarding city-to-city relations, medical health exchanges would be encouraged with foreign counterparts and international organizations. One such example is found in a volunteer Ophthalmology and Optometry group from Taipei that traveled to a government hospital in Jaffna, Sri Lanka. The group consisted of 12 ophthalmologists, 2 inpatient doctors, 2 nurses, 2 technicians, and 1 administrative staff member. The theme of the group was "Sight Through Peace." 190 Optical Cataract Surgeries were performed in five days.

3) List of International Conventions and Events

- (1) The Second Cross-Strait Meeting on Low Oxygen.
- (2) The Fifth International Fatty Acid Conference.
- (3) Chinese Women's Medical Association Seminar, "Seventh Session of the Western Pacific District Conference."
- (4) The Twelfth International Christians Dental Union Conference.
- (5) The Second Asia Pacific Pharmaceutical Conference.
- (6) The Cross Strait Medical Investigation Conference.

- (7) The Seventeenth Asian Occupational Health Conference .
- (8) Taiwan Society of Aesthetic Plastic Surgery.
- (9) National Health Research Institute Fourth Asian Cell Biology International Conference.
- (10) 2002 Chang-Gung Memorial Hospital Asia Pacific Liver Medical Center Conference.
- (11) The Twelfth Asia Pacific Endocrinology Conference.
- (12) 2002 Internal Medical Students Conference.
- (13) The Sixth Cross-Strait and Hong Kong Medical Education Conference
- (14) The Thirty-Third International Surgeons Association Conference.
- (15) 2002 International Medical Information Conference and Science Conference.
- (16) The Policy for Obese Children.
(Cross-Strait strategy Conference)
- (17) 2002 The Eighth Terry Fox Run.

3. Important Healthcare Services

To ensure that the consumer is protected, the Department of Health cooperated with its 12 District Health Offices to enlist the participation of communities, neighborhoods, and businesses to hold a variety of promotional activities.

1. To upgrade the general public's consumption of ideas for a healthy lifestyle, one large promotional event was held every month during the year.
2. Six different posters were displayed on City buses, in addition to TV advertisements for consumer reference.
3. Two videos and three audiotapes regarding accurate consumer sanitation protection were provided to television and radio stations for broadcast.
4. Results from investigations regarding cosmetics and foods were published on the Department of Health website for consumer reference.
5. Illegal advertisements in newspapers, magazines and cable television have been eliminated successfully.
6. Illegal advertisements of medical treatments, drugs and cosmetics in newspapers, magazines and cable television have been eliminated successfully.
 - 1) There were 186 illegal advertisement penalties regarding medical care; NT\$ 7,500,000 in fines.
 - 2) There were 83 illegal advertisement penalties regarding drugs; NT\$ 3,430,000 in fines.
 - 3) There were 254 illegal advertisement penalties regarding cosmetics;

NT\$ 2,655,000 in fines.

7. The labeling of 101,013 food items were checked and 397 violations of regulations were discovered. As advertisements for food on cable TV and radio become more prevalent and competitive, they have become more exaggerated. Media companies have been asked to cooperate in the control of illegal advertisements for the protection of consumers.

8. Subsidies for Children's Medical Costs in Taipei City

A project to subsidize the medical costs, for children under three years of age, began on 12/25/1995. The project was extended to include children aged six and under on 10/10/1998. On 2/1/2001, 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 1: 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 2:
 - i. Children under six years of age, registered in the city whose families have been assessed by the Department of Social Welfare as low-income.
 - ii. Children under 12 years of age, registered in the city who are patients suffering from a rare disease, as defined by the Department of Health of the Executive Yuan, or who have been assessed by the Bureau of 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, National Health Insurance Card, or the Official Children's Health Booklet.

4) Application for Subsidies

- (1) For Group 1 Children: Application for subsidies is made to district administration offices by a parent (or guardian) upon presentation of household registration documents and the Official Children's Health Booklet.
- (2) For Group 2 Children: The Above mentioned documents are required in addition to documents proving their low-income status and proof they are suffering from a rare disease or are in critically condition.

5) Subsidy Amounts

- (1) For Group 1 Children:
 - i. Subsidies for registration fees and co-payments for emergency care and inpatient hospital care.
 - ii. Subsidies for registration fees for health examinations and fees for health counseling (up to nine sessions)
- (2) For Group 2 Children:
 - i. Subsidies for registration fees and co-payments for outpatient emergency care and inpatient emergency care.
 - ii. Subsidies for registration fees for health examinations and fees for health counseling (up to nine sessions.)
 - iii. Subsidies for self-paid medical cost 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 2002, there were 470 medical care institutions that were officially part of the project, in addition to 44 hospitals and 426 clinics.
- (2) By December 2002, 311,626 medical subsidies cards were issued to group 1 children and 3,958 subsidies cards were issued to group 2 children.
- (3) During the year, subsidies were provided 246,999 times, totaling NT\$ 88,751,338. Of these, health examinations were given 102,766 times.

Chapter XI. Health Information

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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. National Medical information network development

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. Development of the National Health Information Network

- 1) Work began in 1989 with the first phase of the project. Technological equipment was purchased and application systems developed. During the second phase of the project, in 1991, work continued on development of application systems. In 1993, while the first and second projects were in the process, the third project was initiated. The fourth project followed in 1997, and its aim was to integrate the systems at the Department of Health and the municipal hospitals. In the future, the Department of Health will continue its application development projects and strive to create a true e-Government.
- 2) Beginning in 1989, The Department of Health began to purchase computer equipment for the Department and 12 district health offices. At present there are 10 mainframe computers, 270 PCs, 26 notebooks, 55 printers (ink and laser), 3 routers, 11 exchange servers, 36 hubs, and 16 color printers.

3) In 1997, The Department of Health purchased advanced computer equipment and upgraded the network. Through the improvements, the network was further integrated allowing easier distribution and sharing of information and resources.

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 addition, an emergency medical care system, elderly resident check-up management system and long-term care management system was set up. In the area of public health, health offices 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 more effective management of the health of the population.

2. Computerization of Document Processing

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

3. Internet Services

An automated voice inquiry and response system was developed to provide new health information to the public. Websites were set up to provide 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&A on health and medical care. A website, titled Health and Medical Care, was set up in 2001. The website 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, 24 hours for 30 participants;
2. Advanced course in Excel 2000, 24 hours for 30 participants;
3. Advanced course in PowerPoint 2000, 24 hours for 30 participants;
4. Advanced course in Access 2000, 18 hours for 30 participants;
5. Course on Front-page 2000, 24 hours for 30 participants;
6. Course on Photo Impact 6.0, 18 hours for 30 participants;
7. Course on Outlook 2000, 9 hours for 30 participants;
8. Course on Windows 2000, 12 hours for 30 participants;
9. Course on Internet Explorer, 12 hours for 30 participants;



Chapter XII. Laboratory Testing

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, strives 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, and testing of Chinese medicines suspected of being adulterated with western medicines.

During the year, laboratory testing was conducted on 72,666 items of food. 9,199 specimens from business establishments were also tested as well as 112,274 Chinese medicine items suspected of being adulterated with western medicine. In addition, 211 cases of amebic dysentery and 79,739 cases of communicable diseases were also examined. 7,761 cases applied for inspection. Total cases inspected were 281,850.

2. Standardizing Quality of Laboratory Testing

As a result of Taiwan's entry into the WTO, larger numbers of food, beverages, drinks, and cosmetics are being imported. The Department of Health standardized routine testing procedures and quality of testing in order to better protect customers. The Department will remain to test Chinese medicines adulterated with western medicine, foods with anti-oxidants, and food with germs.

3. Training

Five classes have been organized for staff of the laboratory. Experts were invited to deliver lectures.

4. Symposium on Technology of Laboratory Testing of Food

Key laboratory staff participated in the 2002 Symposium on Technology of Laboratory Testing of Food. They presented two oral presentations and nine slide presentations.

5. Research and Development

In order to develop fast, comprehensive laboratory methods aimed at shortening timeframes and improving the quality of testing, the laboratory conducted the following 15 research projects during the year.

- 1) The thin layer chromatography test method for coal tar dyes in food.
- 2) Set up a database for a gas chromatography/mass spectrometry chromatography test method to check for chemical adulterates in traditional Chinese medicines.
- 3) Quantity of metal and pesticide found in Chinese tea.
- 4) Quantity of metal, pesticide, and artificial coloring in scented tea.
- 5) Reduction of nitrate in vegetables.
- 6) Comparison of germs present in hands before and after hand washing.

7) Correlation between preservation level and germs.

8) Comparison of pesticide residue in regular vegetables versus organic vegetables.

9) Iron remains in aluminum food cans.

10) Micro organisms and coloring in toys.

11) Testing of diet pills with GC/MS, TLC and UV.

12) Testing of Arbutin and hydroquin 1 in cosmetics.

13) Testing for mercury in cosmetics.

14) Testing on ways for infusing Retinoic acid into cosmetics.

15) Testing for bleaching agent residue level in bamboo shoots, bean sprouts, and pickled cabbage, resembling sauerkraut, after soaking.



Appendix

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The Department of Health Implementation Items of 2002

1. The First Year of the “Healthy City Initiative” and Reading of the Citizen Oath
 In 2002, Mayor Ma promised to strengthen and improve the cooperation between all the departments of the City Government to make Taipei City into a world-class healthy city. The City Government will make all efforts to protect consumers and provide accessible and high quality healthcare.

Citizens’ Oath

Starting from today, I promise

To live a healthy life and be responsible for my health.

To help improve the health of my family and the community.

To use community resources to work for the betterment of the public’s health.

To follow and carry out government policy and build a healthy life together.

Starting from today, we must actively participate to encourage all citizens to build Taipei into a healthy city together.

HAPPY CITIZENS, HEALTHY TAIPEI!

ENERGETIC COMMUNITY, HEALTHY TAIPEI!

FRIENDLY CITY, HEALTHY TAIPEI!

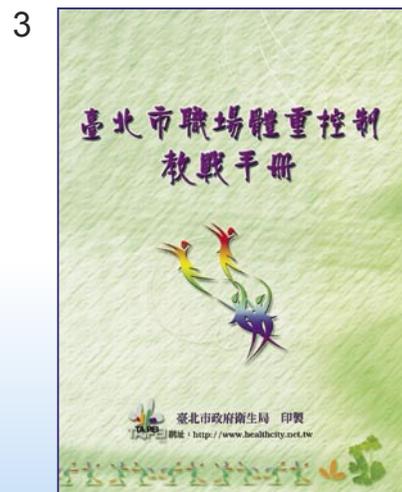


2. "Lose Weight in a Healthy Way and Live Long."



Obesity is major problem that is detrimental to health. People have to know the proper way to lose weight. There are three ways to lose weight properly and they include eating and drinking foods that comprise a healthy diet, exercising routinely, and maintaining normal body weight.....
.....Reference P -120

3. Published "Workers Weight Management Guide Manual.".....Reference P-66



- 4. Published "Citizens' Weight Management Passport.".....Reference P-121
- 5. Created a variety of exercises for inclusion on an informational VCD and VHS video.



The Department of Education created "Citizens' Health Exercises and the Department of Health created the "Complete Health and Energy Exercises"

6. New Healthy Eating Culture



Various activities, programs and publications were devised to promote a new healthy eating culture. They include:

- “Complete Healthy Set Diet” (For western and Chinese food)
- “Healthy Lunch boxes for Schools”
- “Low Fat, Low Calorie Bread, Cakes, and Moon Cakes”
- “Low Fat Confinement Diet”
- “Healthy Cooking for Menopausal Women”
- “Healthy Holiday Foods”
- “Healthy Local Snacks”

7. Fast Food, Buffet, and Night Markets Food Labeling.

Because people tend to overeat at fast food chains, buffets, and night markets, the Department of Health asked these establishments to provide nutrition and calorie labels for their foods.

8. Healthy e-Food Map



The Department designed an e-Food map to inform the public where to get healthy and delicious food.

9. Healthy School Evaluation



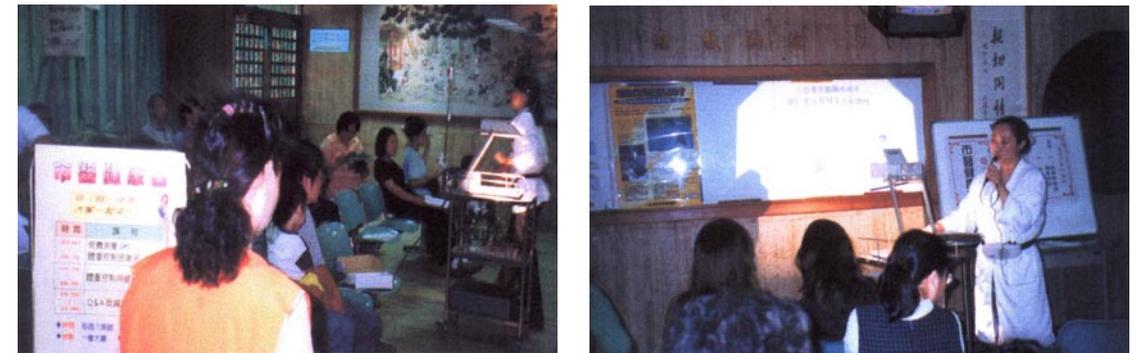
162 schools qualified for awards. 17 received the “Golden Award” and 145 received consolation awards.

10. Healthy Hospital Evaluation



53 hospitals were divided into three groups; medical centers, regional hospitals and local hospitals. 30 hospitals qualified for “Healthy Hospital” status.

11. Citizens’ Health Day



(Weight management services every Saturday morning.)

Health Lecture courses were held, including aerobics courses, nutrition courses, etc.

12. Established consulting services at 264 Community Drug Stores (Instruction and diet medicine consulting services)



Community drug stores allow for convenient sign up for weight loss classes as well as weight measuring and weight consultation. More importantly, pharmacists can advise people on how to properly use diet medicine to avoid harming health.

13. Smoke Free Restaurant License



254 restaurants received Non-Smoking licenses. 122 regular restaurants received the licenses (33 Chinese Restaurants, 27 Western Restaurants, 16 Japanese restaurants, simple food restaurants, and 132 fast food restaurants).

14. Beauty Salon Non-Smoking Permits (140 stores)

As beauty salons are establishment people often visit, they are main targets for non-smoking status. Beauty salons throughout Taipei City were encouraged to apply for a non-smoking license.

15. Beauty Salon and Swimming Pool “Self Management” License.

16. Ice Cream Chain Stores and Sashimi Restaurant “Self Management License.”



Twelve ice cream chain stores and five sashimi restaurants passed stringent inspection requirements and received an “OK” symbol for display.

17. "Self Regulation" for Chinese Medicine Establishments.



198 Chinese medicine stores, 30 Chinese medicine doctors, and 2 historical Chinese medicine stores were given "Self Regulation" Status. This allows people to know where good quality medicine can be bought at affordable prices.

18. Examination of Diet Medicines

For the first time, diet pills were tested. 28 cases were investigated and 96 examination reports were written.....Reference P-105

19. To offer greater service and convenience to people, including nurses and doctors, internet applications were made available....Reference P-115

20. Taipei City Cardiovascular Disease Prevention and treatment.



To reduce the rate of cardiovascular disease, the Department of Health established the "Taipei City Cardiovascular Disease Prevention and Treatment Network." 31 city hospitals were given access to the network.

21. Established an Interdisciplinary "Taipei City Mutual Care Network" Commission.

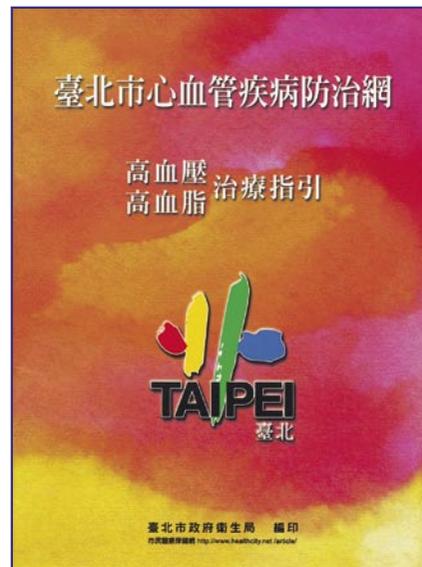
On June, 2002, psychiatrist, psychologist, various mental health groups and the Bureau of National Health Insurance established the "Taipei City Depression Mutual Care Network."

22. Established an Interdisciplinary "Taipei City Tuberculosis Prevention and Treatment Network" Commission.

Tuberculosis is a common infectious disease in Taiwan. In 1986, Tuberculosis was not among the top 10 causes of death in Taipei. However in recent years, tuberculosis has been on the rise. The rise can be attributed to an increase of travel among Taipei citizens (most notably to Mainland China) and the rise of AIDS. To combat this trend, the

Department of Health has created the “Taipei City Tuberculosis Prevention and Treatment Network.”

23. Published “Taipei City Hypertension and High Cholesterol Treatment Guide.”



24. Created “Outpatient Service Managers” to work as a bridge between medical treatment and quality management.....Reference P-99

25. Pushed forward with the “Top 8 Diseases Medical Treatment Guarantee” at municipal hospitals. The “Top 8 Diseases Medical Treatment Guide” was published.Reference P-100

26. Medical Treatment Quality was included in the assessment of municipal hospitals for the first time.....Reference P-100

27. Primary Emergency Response and First Aid

17 hospital staff members were sent abroad to learn about techniques involved in emergency response and first aid, including CPR, basic surgical techniques, etc.



2002 Significant Reviews of the Department of Health, Taipei City Government

12/31/2002

1. Center for Disease Control, Department of Health R.O.C (February 2002): Health Institution Epidemic Prevention Examination and Review: superior class.
2. Bureau of Health Promotion, Department of Health R.O.C (February 2002): 2001 Healthcare Business Examination and Review within Counties and Municipalities: superior class.
3. Bureau of Health Promotion, Department of Health R.O.C (February 2002): 2001 Health Care Review of Municipalities Under the Jurisdiction of the Central Government and County and Municipal Health Offices: ranked first place.
4. The National Bureau of Controlled Drugs, Department of Health R.O.C (2001): 2001 Execution of Drug Control and Inspection Examination and Review: ranked 3rd nation-wide.
5. The Department of Health R.O.C (2002, June): Authorized the Gallop Organization to conduct a public telephone survey regarding nation-wide government health services. 75% of the public expressed satisfaction with the performance of the Taipei City Government regarding public health, and this is the highest rate island wide
In addition, the Department of Health R.O.C also surveyed the public this year to assess performance of county and municipality heads. Taipei Mayor Ma Ying Jeou was placed first, nation-wide, with a 7:3 ratio.
6. United Daily News (2002, June): Taipei City Government Policy Survey: the public's satisfaction regarding the medical environment was 78%.
7. Executive Yuan Research and Evaluation Commission (2002, June): Taipei Municipal Renai Hospital was awarded "2001 Executive of Yuan Service Quality Award."
8. Center for Disease Control, Department of Health R.O.C (2002, July): 2001 Health Management Examination and Review: excellent
9. Department of Health Executive Yuan R.O.C (2002, Aug): 2001 Nation-wide Medication Management Control Achievements Examination and Review: ranked 1st place.
10. Department of Health Executive Yuan R.O.C (2002, Aug): 2001 Illegal Substance Monitoring and Inspection Performance; awarded one first-rate achievements medal
11. Executive Yuan (2002, Dec.): Taipei Municipal Ho-ping hospital is awarded the "Exemplary Award for Increasing Communication Among Residential and Care Nurse staff and Foreign National Nurse Staff."
12. National Organism Science and Technology Association (2002, Nov.) Municipal Chungshing Hospital and Yangming Hospital were awarded the "National Organism Science and Technology Association Quality Prize."



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