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Newsletter Issue 2 2025/26

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Message from the President

With the relentless adoption of artificial intelligence (AI) in nearly every sector of the economy, graduates and graduates-to-be of higher education institutes are worrying about their employment opportunities and career options. At this juncture, members of the healthcare workforce of Hong Kong may not have a strong sense of threat from AI yet. However, many healthcare professionals are experiencing significant competitive pressure from service providers in other cities of the Greater Bay Area, as commutation to these cities has become very convenient and affordable. This is particularly obvious in those services which are mainly provided by the private sector, such as dentistry. The fee schedule in most mainland cities is just a fraction of that of Hong Kong. Worse still, dentists and dental clinics in Hong Kong are strictly regulated, and they are not allowed to make public advertisement for their services. In contrast, many dental and oral health centres in the Mainland China can put up lot of advertisements in various channels in Hong Kong to attract clients, with some exaggerated contents. So, local dentists are facing competition with an unleveled playing field. As a consequence, there is a saying that the dental school will no longer be a top favourite target for high-flying students.

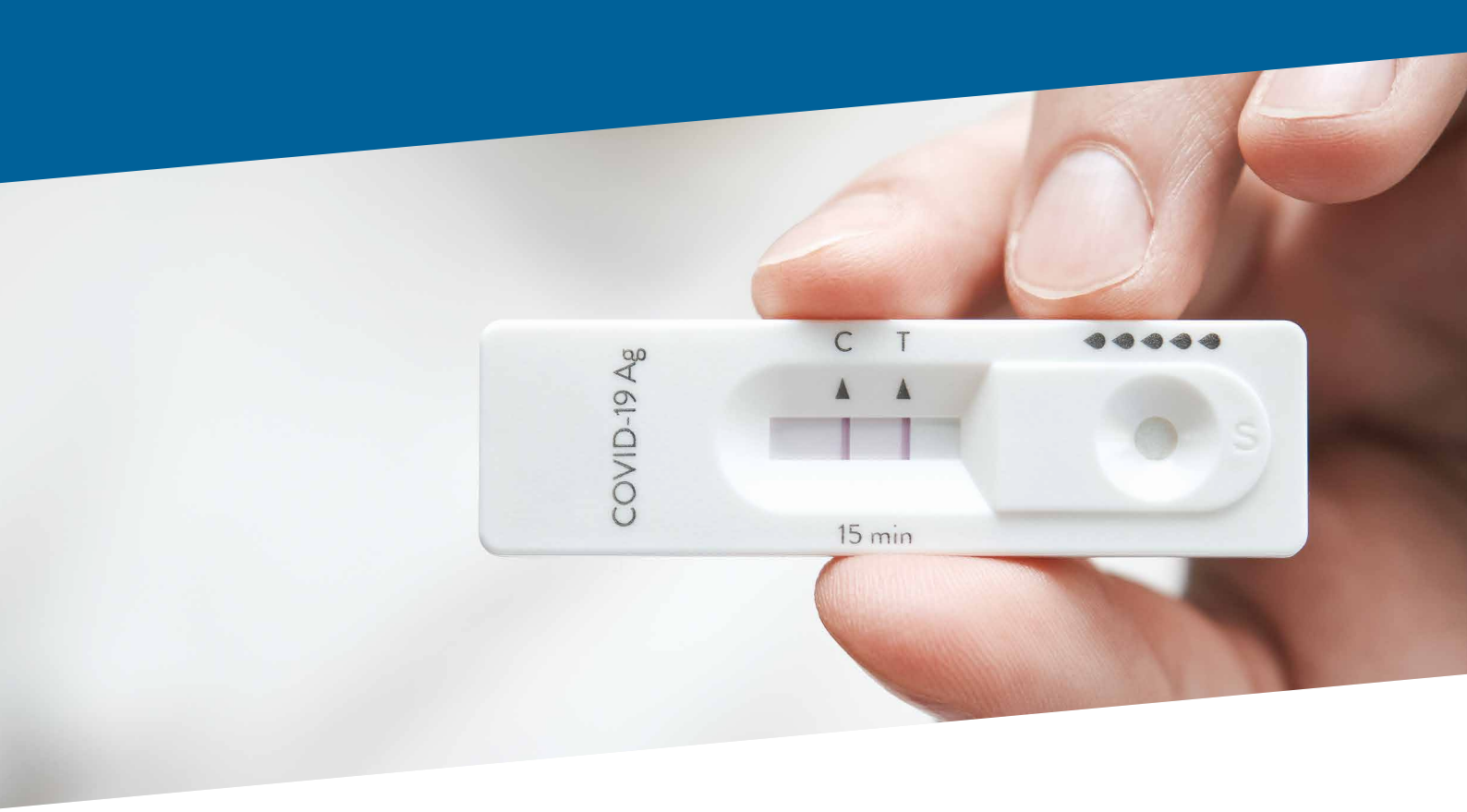
Another category of healthcare service which is mainly provided in the private sector is Traditional Chinese Medicine. The latest number of registered Chinese Medicine practitioners (CMPs) is above 8,000. There are also more than two thousand listed Chinese Medicine practitioners. Presently the competitive pressure from the mainland on these practitioners is not as heavy as that of the dentists. However, most CMPs are practicing at primary care level, and their clientele has much overlap with that of primary care physicians of the mainstream Western Medicine. This creates internal competition within Hong Kong in the private primary healthcare market. As a result, most graduates from the two Western Medicine Schools prefer to be trained as specialist to avoid competition from

the CMPs. Unfortunately, nearly all specialist training programmes are provided by the Hospital Authority (HA) in its hospitals and specialist clinics. The recent unofficial news that HA may not be able to hire all new doctors who have completed their internship raises much concern in the medical arena.

It should be noted that the dental school, the two Western Medicine schools and the three Chinese Medicine schools are all funded by the University Grants Committee using taxpayers' money. The average subsidy by the government for each student to complete his/her undergraduate training is in terms of millions of Hong Kong dollars. It is prudent that the number of graduates from these programmes should meet the healthcare need of the local population, and both over- and under-production are undesirable. It would be saddening to see graduating doctors need to spend much effort to earn a living, or forced to give up their medical career in order to find a job. Achieving an accurate prediction of the need for doctors with a planning time-lag of at least six years is a very challenging task. It is further complicated by the existence of a local dual track healthcare system with free movement of patients between the public and private sectors. Now we have one more uncertainty which can significantly affect the healthcare workforce planning exercise, that is the free choice of patients seeking more affordable and accessible care from mainland healthcare providers. Apparently, the existing number of medical graduates from all the above-mentioned schools is more than the market can comfortably absorb, taking into consideration the number of graduates from the third medical school a decade later. We may need to review the forecast for dentists, CMPs and mainstream medical doctors seven to eight years down the road if we still want our first-grade youngsters considering a medical or dental career as their first option in choosing their tertiary education pathway.

My other concern is the number of graduates from different kinds of tertiary education programmes. We have three UGC funded universities producing nursing graduates with baccalaureate degree, a few universities providing self-financed nursing bachelor degree programmes, three HA operated nursing schools producing registered nurses, and some private and HA hospital training enrolled nurses. The most daunting task for these institutes is to find hospitals as practicum venues for their students. There is feedback that the unavailability of such provision may jeopardise the quality and adequacy of training for the students. I think this is another area that may require a higher level of coordination by the government to achieve a better-defined nursing workforce planning framework that can better fit the real situation of Hong Kong, taking into consideration of all constraining factors and the rapid advancement in healthcare technology and the rapid population aging trend.

Dr. MA Hok Cheung
President



Mutated new BA.3.2 COVID-19 variant, aka "cicada"

The first BA.3.2 lineage sequence was detected in a respiratory sample collected on November 22, 2024, in South Africa. Investigators in South Africa isolated SARS-CoV-2 virus from a nasopharyngeal swab from a boy aged 5 years and designated the sequence as BA.3.2.1 under Pango nomenclature.

As of February 11, 2026, the **heavily mutated BA.3.2 ("Cicada")** variant is a key, **highly mutated Omicron sub lineage** under close monitoring, detected globally and had already been reported in 23 countries. Detections began increasing in September 2025. In the United States, BA.3.2 was detected in nasal swabs from four travelers, three airplane wastewater samples, clinical samples from five patients, and 132 wastewater samples from 25 U.S. states. In December 2025, the World Health Organization classified BA.3.2 as a "variant under monitoring."

BA.3.2 shows potential antibody evasion due to 70+ mutations, however, it does not currently appear more severe, and vaccines are still expected to retain protection against severe illness. Symptoms appear similar to other recent COVID-19 strains, including headache, sore throat, congestion, fatigue, and cough. Health officials advise that updated vaccines and antivirals remain effective against current circulating variants.

New SARS-CoV-2 variants with substantial capacity to evade immunity from previous infections or vaccines could be associated with seasonal increases in COVID-19 activity. Robust surveillance data will continue to guide relevant preparedness, ensure timely responses to emerging SARS-CoV-2 variants, and guide decision-making on COVID-19 vaccine composition updates.

In Hong Kong, CHP conducts surveillance on SARS-CoV-2 variants from sewage samples. The latest surveillance data (as of Apr 15, 2026) showed that NB.1.8.1 is still the most prevalent variant, comprising 45.8% of all characterized specimens. According to the WHO, global SARS-CoV-2 activity was still stable, vaccines are still expected to retain protection against severe illness especially those vulnerable individuals.

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3. New Covid variant BA.3.2 detected in HK, experts flag higher infection risk for children | The Standard https://www.thestandard.com.hk/news/article/329515/

Dr. POON Wai Kwong
Ex. CIC

Northern Hemisphere Seasonal Influenza Vaccination 2026/27

Each year, there are around a billion cases of seasonal influenza globally, with 3 to 5 million cases leading to severe illness and an estimated 290,000 to 650,000 deaths from respiratory complications.

While current influenza vaccines help reduce the burden of disease, their effectiveness can vary by season, product, and population group. Protection is limited to one season. Twice a year, WHO convenes experts from the Global Influenza Surveillance and Response System to issue recommendations for the influenza vaccine strain composition. While 143 countries reported to WHO that they have seasonal influenza vaccines available, upper-middle and high-income countries use the majority of influenza vaccine doses.

WHO new Full Value of Vaccine Assessment (FVIVA) framework is designed to support evidence-informed dialogue among governments, researchers, manufacturers and partners by providing a comprehensive overview of the potential value of improved vaccines and the considerations relevant to their development and use. It aligns with WHO's Global influenza strategy 2019–2030 and WHO's preferred product characteristics for next-generation influenza vaccines, reflecting evolving scientific knowledge and experience gained during the COVID-19 pandemic. These vaccines should provide broader and longer-lasting protection beyond a single flu season, offer better protection against severe disease, and be suitable for use in low- and middle-income countries. The FVIVA represented a strong collaboration between WHO and international experts working on improved, next generation, and universal influenza vaccines.

Back to present 2026, available forms of influenza vaccines registered in Hong Kong are Inactivated Influenza Vaccine (IIV), Live Attenuated Influenza Vaccine (LAIV) & Recombinant Influenza Vaccine (RIV).

What is the WHO recommended composition of influenza virus vaccines for use this year?

WHO recommended composition of influenza virus vaccines for use in the 2026-2027 northern hemisphere influenza season

Egg-based vaccines	• an A/Missouri/11/2025 (H1N1) pdm09-like virus; • an A/Darwin/1454/2025 (H3N2)-like virus; and • a B/Tokyo/EIS13-175/2025 (B/Victoria lineage)-like virus.
Cell culture-, recombinant protein- or nucleic acid-based vaccines	• an A/Missouri/11/2025 (H1N1) pdm09-like virus; • an A/Darwin/1415/2025 (H3N2)-like virus; and • a B/Pennsylvania/14/2025 (B/Victoria lineage)-like virus.

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Ex. CIC

Don't Wait ! Get your Jabs

Real-Time Noise Repeated Measurements and Associations with Circadian Rhythms and Sleep Health Among Hong Kong Nurses: A 7-Day Observational Report

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Introduction

Noise is often treated as a background condition in healthcare settings, yet for nurses it may be far more than an environmental nuisance. In a workplace defined by shift work, unpredictable demands, and long hours of vigilance, exposure to fluctuating sound levels may influence how the body prepares for sleep, organizes rest, and maintains circadian stability. A recent 7-day study among Hong Kong nurses sheds light on this issue by linking real-time noise monitoring with actigraphy-based circadian rhythm and sleep outcomes. The findings suggest that it is not only how loud the environment is that matters, but also how variable it is, especially in the hours leading up to sleep and during sleep itself.

Why this study matters

Nurses working night shifts face a well-known challenge: their internal biological clock must repeatedly adjust to work schedules that conflict with natural day-night rhythms. Over time, this can affect alertness, recovery, and long-term health. While shift work itself is a major contributor to circadian disruption, the surrounding environment may further worsen the problem. Noise, particularly in a hospital or residential setting where sleep is fragmented by alarms, traffic, roommates, or household activities, may make it harder for the body to transition into stable rest.

What makes this study particularly valuable is its use of real-time exposure data rather than relying on memory-based questionnaires. That allows a more precise picture of how noise behaves across the day and how it relates to physiological measures of rest-activity rhythm and sleep.

Study design in brief

The study included 360 nurses in Hong Kong, and a large proportion of them worked night shifts (78.06%). Over a 7-day period, participants were monitored for noise exposure and objective sleep/circadian outcomes.

The investigators looked at several aspects of noise:

- Peak noise events
- Average noise levels
- Noise variability
- Noise exposure across different time windows, including pre-sleep and sleep periods

These exposures were then examined in relation to:

- Actigraphy-based circadian rhythm indicators
- Sleep characteristics

The analysis used multivariable logistic regression and interaction testing, which means the study not only asked whether noise mattered, but also whether the effect changed depending on worker characteristics such as night-shift history.

What the study found

1. Noise declined as sleep approached

One of the clearest observations was a gradual reduction in noise levels as bedtime approached, with the lowest noise levels recorded during sleep. This pattern is intuitive but important. It shows that the environment did not remain constant: instead, it changed across time, and the transition into sleep occurred in a context of falling but still relevant noise exposure.

2. Noise during pre-sleep and sleep was associated with circadian rhythm disruption

The most important result was that noise exposure during the sleep period and the pre-sleep period was significantly associated with circadian rhythm outcomes. In other words, the sound environment closest to bedtime and during actual sleep appeared to matter most for biological rhythm stability.

This finding is meaningful because circadian rhythms are not shaped only by light and work schedules. The body's ability to settle into rest may also be influenced by environmental stability, and noise variability may act as a stressor that interrupts that process.

3. Noise variability showed the strongest effect

Among the different exposure metrics, noise variability had the greatest effect size. This is a key takeaway. It suggests that unstable, fluctuating sound environments may be more disruptive than steady background noise at a similar average level.

Why might this be the case? A variable environment is harder for the nervous system to adapt to. Sudden changes in sound can trigger micro-arousals, increased vigilance, and difficulty maintaining a stable sleep state. For nurses already managing irregular schedules, this kind of unpredictability may be particularly harmful.

4. Nurses with shorter night-shift history were more vulnerable

The study found that workers with a shorter history of night shifts were more susceptible to noise-related circadian disturbance. This implies a possible adaptation effect: nurses who have spent more years on night shifts may develop some tolerance or coping strategies, while newer night-shift workers remain more sensitive.

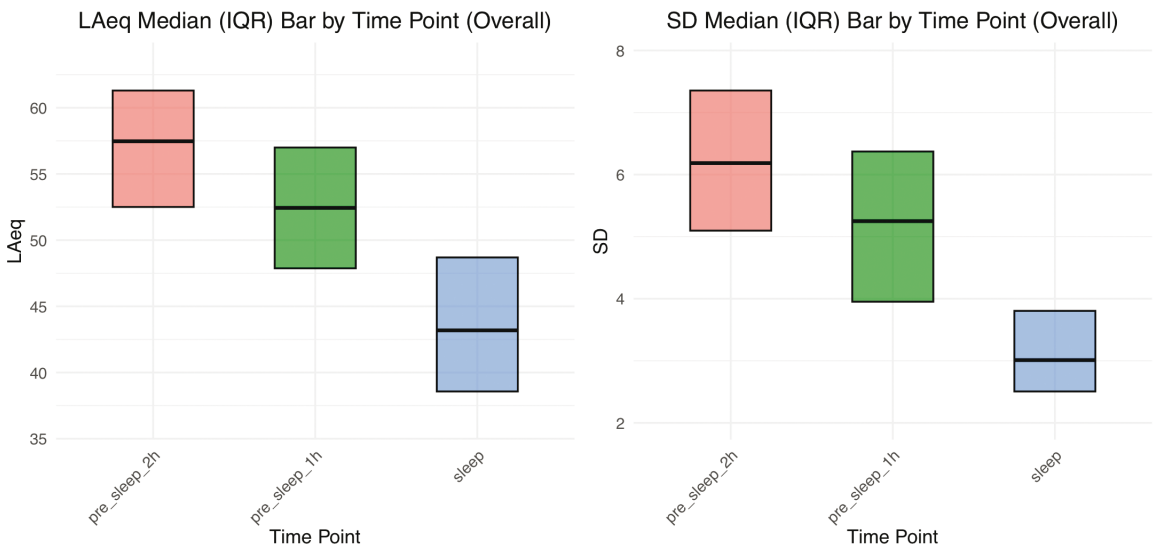
This is especially relevant for workforce management. It suggests that early career night-shift nurses may need stronger protection, better scheduling, and more support during their adaptation period.

5. Sleep characteristics were not statistically significant

Interestingly, the study did not find statistically significant associations with sleep characteristics. This does not mean noise has no effect on sleep. Rather, it may indicate that in this sample and observation window, the circadian rhythm measures were more sensitive than the sleep measures, or that sleep outcomes were influenced by multiple competing factors.

It is also possible that actigraphy captures rhythm disruption better than certain sleep summary indicators, especially over a short observation period.

Figure 1. Real-time noise pattern across the day and its relation to rest



▲ Figure 1. A simplified representation of the daily noise pattern observed in Hong Kong nurses, showing a gradual decline in exposure toward sleep, with the lowest levels during sleep. Despite this decline, the pre-sleep and sleep windows remained important for circadian rhythm disruption.

How to interpret the findings

This study adds to a growing understanding that sleep health in shift workers is shaped by more than work hours alone. For nurses, the transition from work to rest is not simply a matter of going home and lying down. It involves moving from a highly alert state into a recovery state, and that transition may be interrupted by unstable environmental noise.

The strongest signal in this study was not the average sound level but the fluctuation of sound. That finding is especially relevant in real life. A moderately quiet but inconsistent environment may be more disruptive than a slightly louder but stable one. For nurses trying to recover after a night shift, such fluctuations may prevent the body from settling into a coherent rest-activity pattern.

The finding that newer night-shift workers were more affected also suggests that circadian resilience may develop over time. However, adaptation should not be interpreted as immunity. Long-term night work still carries well-documented health risks, and noise reduction remains important for all staff.

Practical implications for healthcare settings

The findings point to several practical steps:

1. **Reduce noise variability, not just noise intensity**

   Hospitals and residential environments should pay attention to sudden changes in sound, alarms, doors, announcements, and inconsistent traffic patterns.

2. **Protect the pre-sleep window**

   Interventions may be most effective before bedtime, when the body is preparing for rest. Quiet routines, reduced household disruption, and better sleep hygiene may help.

3. **Prioritize new night-shift workers**

   Nurses early in their night-shift careers may need extra support, including scheduling adjustments, education, and access to quieter rest environments.

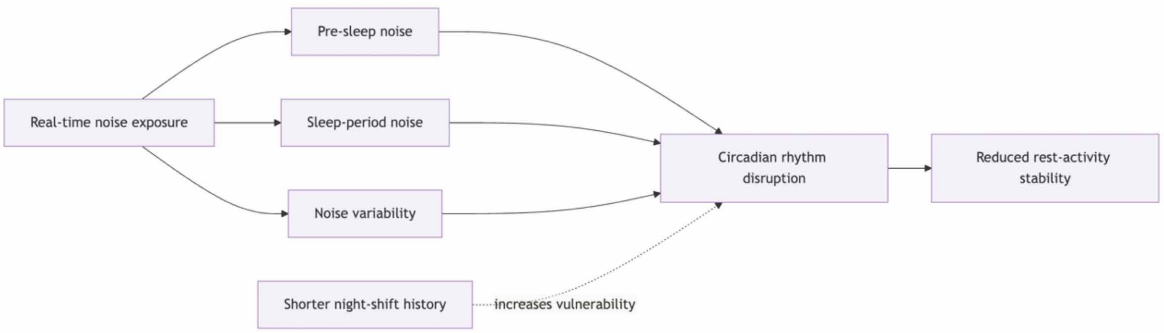
4. **Use circadian-friendly workplace policies**

   Shift rosters, rest facilities, and recovery time should be designed with biological rhythm recovery in mind, not only staffing efficiency.

5. **Consider environmental design**

   Better acoustic control in dormitories, staff quarters, and hospital-related rest spaces may improve recovery for shift workers.

Figure 2. Main analytical message from the study



▲ Figure 2. Conceptual summary of the study's main findings: circadian rhythm disruption was linked to noise exposure during pre-sleep and sleep periods, with the strongest association observed for noise variability. Nurses with shorter night-shift tenure were more vulnerable.

Conclusion

This 7-day study among Hong Kong nurses provides an important message: noise matters for circadian health, especially when it is variable and occurs near sleep. Although sleep characteristics were not statistically significant in this analysis, the circadian rhythm findings suggest that environmental sound can influence biological recovery in meaningful ways. Nurses with shorter night-shift history appear especially vulnerable, highlighting the need for targeted protection during early exposure to shift work.

For healthcare systems that rely heavily on shift-based labor, noise management should be treated as part of occupational health and sleep protection. Reducing not only the volume but also the unpredictability of noise may be a practical and underappreciated way to support nurses' circadian stability and long-term well-being.

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