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## Appendix I. Prevalence of Allergic Diseases

Figure 1. Prevalence of Allergic Diseases among Hong Kong Primary One and Two Schoolchildren between 2004 and 2022

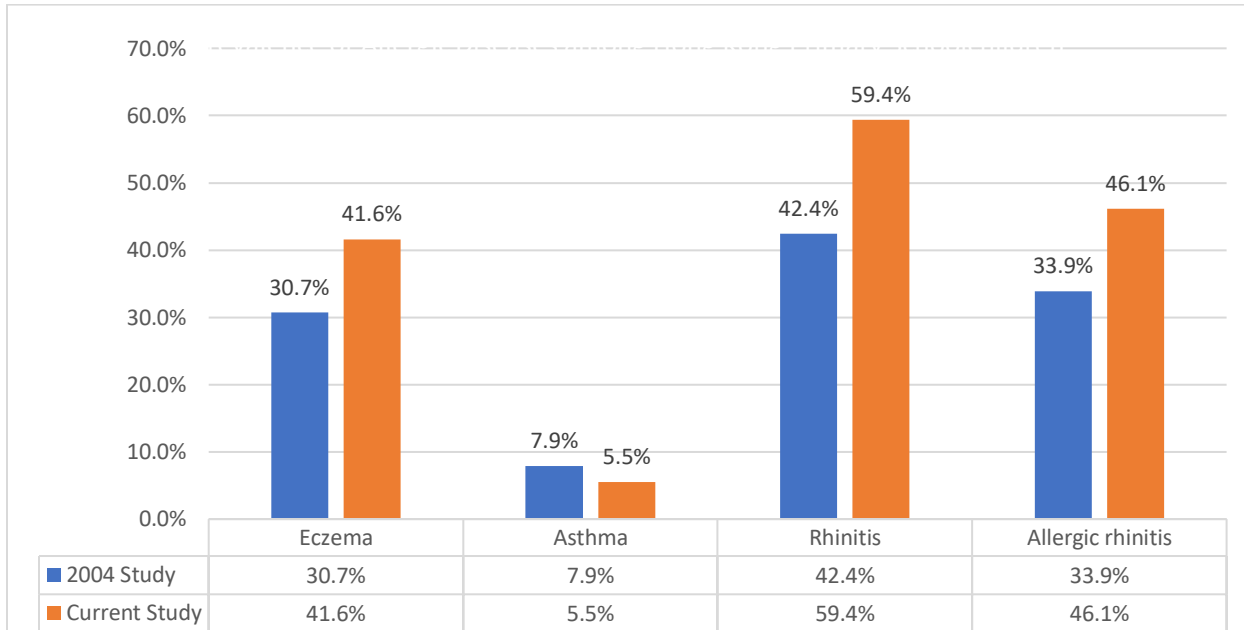
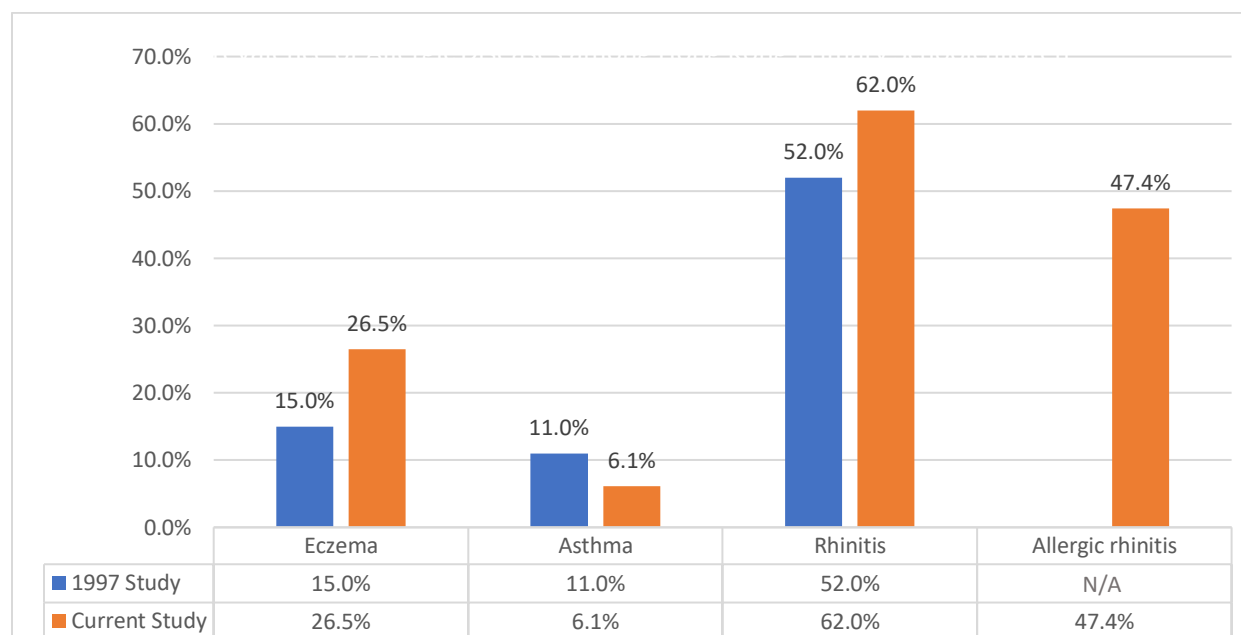


Figure 2. Prevalence of Allergic Diseases among Hong Kong Secondary Two and Three Schoolchildren between 1997 and 2022



## Appendix II. Prevalence of Allergic Diseases and its Impacts on Primary Schoolchildren and their Parents

Table 1. Gender Difference on the Prevalence of Allergic Diseases among Primary One and Two Schoolchildren<sup>A</sup>

	Boys (%)	Girls (%)	Significant difference
Chronic rash in past year	17.2	15.0	No
Eczema ever	41.9	41.1	No
Wheeze in past year	<b>8.1</b>	<b>3.0</b>	<b>Yes</b>
Asthma ever	6.3	4.1	No
Rhinitis in past year	59.1	46.7	No
Rhinitis ever	<b>64.1</b>	<b>51.7</b>	<b>Yes</b>
Allergic rhinitis ever	<b>49.1</b>	<b>41.2</b>	<b>Yes</b>

**Table 2. Correlation of the Severity of Allergic Diseases and Primary Schoolchildren’s Daily Functioning**

Severity of allergic diseases	Physical functioning <sup>E</sup>	Emotional functioning <sup>E</sup>	Social functioning <sup>E</sup>	School functioning <sup>E</sup>	Psychosocial functioning <sup>E</sup>
Eczema <sup>B</sup>	<b>-0.19*</b>	<b>-0.19*</b>	<b>-0.14*</b>	-0.06	<b>-0.17*</b>
Asthma <sup>C</sup>	0.26	0.14	0.15	0.07	0.16
Rhinitis <sup>D</sup>	<b>-0.19*</b>	<b>-0.20*</b>	<b>-0.11*</b>	<b>-0.16*</b>	<b>-0.19*</b>

**Table 3. Correlation of the Severity of Allergic Diseases in Primary Schoolchildren and Parents’ Psychological Well-being**

Severity of allergic diseases	Stress <sup>F</sup>	Anxiety <sup>G</sup>	Depression <sup>G</sup>	Satisfaction <sup>H</sup>	Efficacy <sup>H</sup>	Sense of competence <sup>H</sup>
Eczema <sup>B</sup>	-0.02	0.09	0.06	-0.06	-0.08	-0.09
Asthma <sup>C</sup>	0.03	-0.19	0.02	0.04	-0.13	-0.08
Rhinitis <sup>D</sup>	<b>0.12*</b>	<b>0.20*</b>	<b>0.14*</b>	-0.04	<b>-0.10*</b>	<b>-0.09*</b>

Note:

<sup>A</sup>ISAAC questionnaire

<sup>B</sup>Patient Oriented Eczema Measure: Higher scores indicate more severe eczema symptoms

<sup>C</sup>Children Asthma Control Test: Higher scores indicate better control of asthma

<sup>D</sup>Visual Analogue Scale on Rhinitis: Higher scores indicate more severe rhinitis symptoms

<sup>E</sup>Pediatric Quality of Life Inventory: Five domains (Physical, emotional, social, school, and psychosocial), higher scores indicate better health-related functioning

<sup>F</sup>Parental Stress Scale: Higher scores indicate higher stress

<sup>G</sup>Hospital Anxiety and Depression Scale: Higher scores indicate higher level of anxiety and depression

<sup>H</sup>Parental Sense of Competence Scale: Higher scores indicate greater parental self-efficacy

\*Indicates significant correlation

### Appendix III. Prevalence of Allergic Diseases and its Impacts on Secondary Schoolchildren and their Parents

**Table 4. Gender Difference on the Prevalence of Allergic Diseases among Secondary Schoolchildren<sup>A</sup>**

	Boys (%)	Girls (%)	Significant difference
Chronic rash in past year	9.7	10.9	No
Eczema ever	25.2	27.4	No
Wheeze in past year	5.9	4.4	No
Asthma ever	<b>8.5</b>	<b>4.4</b>	<b>Yes</b>
Rhinitis in past year	56.5	53.9	No
Rhinitis ever	63.4	60.9	No
Allergic rhinitis ever	50.6	45.1	No

**Table 5. Correlation of the Severity of Allergic Diseases and Secondary Schoolchildren’s Daily Functioning**

Severity of allergic diseases	Physical functioning <sup>E</sup>	Emotional functioning <sup>E</sup>	Social functioning <sup>E</sup>	School functioning <sup>E</sup>	Psychosocial functioning <sup>E</sup>
Eczema <sup>B</sup>	<b>-0.37*</b>	<b>-0.31*</b>	<b>-0.33*</b>	<b>-0.33*</b>	<b>-0.37*</b>
Asthma <sup>C</sup>	<b>0.66*</b>	<b>0.48*</b>	<b>0.52*</b>	<b>0.54*</b>	<b>0.57*</b>
Rhinitis <sup>D</sup>	<b>-0.34*</b>	<b>-0.35*</b>	<b>-0.26*</b>	<b>-0.31*</b>	<b>-0.37*</b>

Note:

<sup>A</sup>ISAAC questionnaire

<sup>B</sup>Patient Oriented Eczema Measure: Higher scores indicate more severe eczema symptoms

<sup>C</sup>Asthma Control Test: Higher scores indicate better control of asthma

<sup>D</sup>Visual Analogue Scale on Rhinitis: Higher scores indicate more severe rhinitis symptoms

<sup>E</sup>Pediatric Quality of Life Inventory: Five domains (Physical, emotional, social, school, and psychosocial), higher scores indicate better health-related functioning

<sup>F</sup>Parental Stress Scale: Higher scores indicate higher stress

<sup>G</sup>Hospital Anxiety and Depression Scale: Higher scores indicate higher level of anxiety and depression

<sup>H</sup>Parental Sense of Competence Scale: Higher scores indicate greater parental self-efficacy

\*Indicates significant correlation

## Appendix IV. Details of “Seeing the Invisible” – “Seeing the Invisible” – Eczema Management Parent-child Education Programme

Application period:	From now until end of January
Target participants:	Primary schoolchildren aged 6-12 who are diagnosed of eczema and one of their parents
Program format:	Both parent and children to participate in six 3-hour sessions
Venue:	Tseung Kwan O or Tsz Wan Shan District
Date:	Six weeks starting from Friday night (25/5/2022) or Saturday morning (26/2/2022)
Cost:	Free of charge
Application link:	<a href="https://forms.gle/huSEFoi6tyrPgvfp6">https://forms.gle/huSEFoi6tyrPgvfp6</a>
Program Inquiry:	Department of Social Work and Social Administration The University of Hong Kong Whatsapp : 6222-2094 Telephone : 3917-5526 Email : <a href="mailto:ibms_swsa@hku.hk">ibms_swsa@hku.hk</a>