北京市 **2018** _{年度}

卫生与人群健康状况

报告

北京市人民政府

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2018 年度北京市卫生与人群健康状况报告

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一、人口基本情况 [1]

1. 常住及户籍人口 [2]

2018 年底北京市常住人口为 2 154.2 万人，比 2017 年减少 16.5 万人，下降 0.76%。

2018 年北京市户籍人口为 1 375.8 万，其中男性 684.2 万，女性 691.6 万；非农业人口 1 152.3 万，农业人口 223.5 万；总人口比 2017 年增加 16.6 万。

60 岁及以上老年人口为 352.3 万人，占户籍人口的 25.6%；65 岁及以上老年人口 236.1 万，占户籍总人口的 17.2%。

2. 出生和死亡情况

2.1 出生情况 [3]

2018 年北京市户籍人口出生数为 135 932 人，其中男婴 70 158 人，女婴 65 771 人。男女出生性别比为 107∶100。

2018 年北京市户籍人口出生率为 9.88‰，其中男性出生率为 10.25‰，女性出生率为 9.51‰。

2.2 死亡情况 [4]

2.2.1 死亡率

2018 年北京市户籍人口共死亡 96 418 人，总死亡率为 7.05‰，比 2017 年（6.84‰）上升 3.1%。其中男性死亡率 7.97‰，女性死亡率 6.14‰。2018 年北京市居民标化死亡率为 3.60‰，比 2017 年（3.54‰）上升 1.7%。其中男性标化死亡率为 4.13‰，女性标化死亡率为 3.08‰，男性标化死亡率高于女性 [5]。

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1 数据来源于北京市统计局和北京市公安局。
2 常住人口是指某地区实际居住半年以上的人口。
3 资料来源于医院产科质量年报。
4 资料来源于各级医疗卫生机构填报的居民死亡医学证明书。
5 采用第六次全国人口普查数据作标准人口进行标化。

2018 年北京市户籍人口婴儿死亡率为 2.01‰,比 2017 年(2.29‰)下降 12.2%;5 岁以下儿童死亡率为 2.69‰,比 2017 年(2.64‰)上升 1.9%。

2018 年北京市户籍孕产妇死亡率为 10.64/10 万。

在全部死亡人数中,15 岁以下儿童死亡人数占总死亡人数的 0.6%;15~64 岁组人群占 19.6%,65 岁及以上老年人群占 79.8%。

2.2.2 主要死因分析

2018 年北京市户籍居民的主要死亡原因仍为慢性非传染性疾病,前三位死因依次为心脏病、恶性肿瘤和脑血管病,共占全部死亡的 70.8%。与 2017 年相比,除泌尿生殖系统疾病、恶性肿瘤和传染病标化死亡率下降外,其他疾病标化死亡率均上升(表 1)。

表 1 2018 年北京市户籍居民主要死亡原因顺位和死亡率

顺位	死因	死亡率 (1/10 万)	标化死亡率 (1/10 万)	构成比 (%)	与 2017 年比 增幅(%)
1	心脏病	185.12	87.58	26.3	2.5
2	恶性肿瘤	183.25	102.52	26.0	−2.0
3	脑血管病	130.92	63.42	18.6	2.3
4	呼吸系统疾病	69.48	29.87	9.9	5.4
5	损伤和中毒	29.27	18.44	4.2	2.8
6	内分泌、营养和代谢疾病	22.69	11.98	3.2	1.6
7	消化系统疾病	18.16	9.44	2.6	2.1
8	神经系统疾病	9.42	5.38	1.3	5.7
9	泌尿生殖系统疾病	5.21	2.68	0.74	−5.0
10	传染病	4.24	2.70	0.60	−1.8

男性前三位死因分别为恶性肿瘤、心脏病和脑血管病;女性分别是心脏病、恶性肿瘤和脑血管病。

2018 年北京市户籍居民在医院内死亡占 55.2%,院外死亡病人占总死亡人数的 44.8%。院外死亡的主要原因为心脏病和脑血管病,分别占院外死亡总数的 34.4% 和 21.8%。

2.3 四类主要慢性非传染性疾病早死概率 [6]

2018 年北京市户籍居民 30~70 岁(不含 70 岁)主要慢性非传染性疾病早死概率为 10.7%,比 2017 年(10.8%)下降 0.93%。其中,男性和女性重大慢性病过早死亡率分别为 14.5% 和 6.8%。

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6 四类主要慢性非传染性疾病(恶性肿瘤、心血管疾病、糖尿病和慢性呼吸系统疾病)早死概率又称重大慢性病过早死亡率。死亡数据来源于北京市死因登记监测系统。

2.4   自然增长情况

2018 年北京市户籍人口自然增长率为 3.25‰，其中，男性和女性自然增长率分别为 2.72‰和 3.78‰。

2.5   期望寿命 [7]

2018 年北京市户籍居民期望寿命为 82.20 岁，比 2017 年(82.15 岁)上升 0.05 岁。其中，男性期望寿命为 79.85 岁，女性为 84.63 岁，女性期望寿命高于男性 4.78 岁。

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7   期望寿命计算采用蒋庆琅简略寿命表法。死亡数据来源于 2018 年北京市居民病伤死亡年报，人口数据来源于北京市统计局。

二、传染病发病情况

1. 总体情况

2018 年北京市共报告甲、乙、丙类传染病 25 种，报告发病 182 496 例，报告发病率为 840.72/10 万。

2. 发病顺位

报告发病数居前十位的病种依次为：流行性感冒、其他感染性腹泻病、手足口病、肺结核、痢疾、梅毒、猩红热、病毒性肝炎、流行性腮腺炎和淋病，占报告发病数的 99.2%。流行性感冒报告发病顺位由 2017 年的第二位升至 2018 年的第一位（表 2）。

表 2　2018 年与 2017 年北京市甲乙丙类传染病报告发病顺位

病种	2018 年		2017 年	
	发病率（1/10 万）	位次	发病率（1/10 万）	位次
流行性感冒	381.84	1	172.30	2
其他感染性腹泻病	167.45	2	196.14	1
手足口病	150.45	3	91.88	3
肺结核	30.43	4	32.74	5
痢疾	27.97	5	37.83	4
梅毒	25.60	6	23.90	6
猩红热	16.70	7	16.77	7
病毒性肝炎	16.43	8	15.01	8
流行性腮腺炎	9.04	9	9.78	9
淋病	7.82	10	7.85	10

3. 分类发病率

2018 年北京市甲、乙、丙类传染病年龄别报告发病率具体数据见表 3。

表 3　2018 年北京市甲、乙、丙类传染病年龄别报告发病率

年龄（岁）	甲、乙类传染病（1/10 万）	丙类传染病（1/10 万）
0~	291.01	4 846.53
1~	269.18	12 918.57
2~	96.52	5 136.67
3~	166.80	7 675.42
4~	297.33	7 304.04
5~	669.74	7 390.89
6~	964.54	5 283.14
7~	420.70	2 036.36
8~	165.81	1 229.38
9~	85.50	888.96
10~	48.22	1 017.50
15~	77.54	394.96
20~	80.46	188.57
25~	131.91	329.45
30~	146.22	437.67
35~	123.53	408.62
40~	98.28	234.94
45~	84.02	177.93
50~	118.07	248.23
55~	110.67	277.34
60~	172.50	477.12
65~	172.52	403.76
70~	129.17	246.41

续表

年龄（岁）	甲、乙类传染病（1/10 万）	丙类传染病（1/10 万）
75~	146.82	255.04
80~	229.47	470.21
≥85	406.91	778.72
合计	131.49	709.23

三、儿童青少年健康状况

1. 学龄前儿童

2018 年北京市户籍人口围产期出生缺陷发生率为 18.36‰，非京籍围产期出生缺陷发生率为 33.65‰。全市围产期严重出生缺陷发生率继续保持下降趋势。2018 年北京市共筛查新生儿 212 997 人，筛查率为 99.6%，确诊病人 221 人，其中先天性甲状腺功能低下 129 人，高促甲状腺激素（TSH）血症 53 人，苯丙酮尿症 39 人。北京市户籍人口低出生体重儿发生率为 4.8%。户籍人口新生儿母乳喂养率为 96.3%，其中纯母乳喂养率为 71.7%。6 个月内婴儿母乳喂养率为 92.1%，其中纯母乳喂养率为 72.5%。

2018 年北京市 0~6 岁户籍儿童贫血患病率为 2.6%。5 岁以下儿童低体重患病率为 0.20%，生长迟缓患病率为 0.28%，消瘦患病率为 0.30%，肥胖率为 3.2%。

2. 中小学生健康 [8]

2.1 生长发育水平

2017—2018 学年度北京市 17 岁年龄组男生平均身高为 176.2cm，女生平均身高为 163.5cm（表 4）。2017—2018 学年度北京市 6~17 岁男生和女生身高比 2016—2017 学年度平均分别增长 0.26cm 和 0.17cm，其中 12 岁男生组和 10 岁女生组增幅最大，分别增长 0.69cm 和 0.44cm。

表 4　2017—2018 学年度北京市学生年龄别平均身高

年龄（岁）	男（cm）	女（cm）
6	123.3	121.7
7	128.4	126.8
8	134.4	132.8

8　数据来源于北京市中小学生健康信息管理系统。

续表

年龄（岁）	男（cm）	女（cm）
9	140.0	139.1
10	145.8	145.9
11	151.9	152.5
12	159.6	157.8
13	166.1	160.6
14	171.4	162.2
15	174.2	163.1
16	175.6	163.3
17	176.2	163.5

2017—2018 学年度北京市 17 岁年龄组男生平均体重为 73.5kg，女生平均体重为 58.4kg（表 5）。2017—2018 学年度北京市 6~17 岁男生和女生体重比 2016—2017 学年度平均分别增长了 0.26kg 和 0.08kg，男生和女生在 12 岁增幅最大，分别为 0.86kg 和 0.51kg。

表 5　2017—2018 学年度北京市学生年龄别平均体重

年龄（岁）	男生（kg）	女生（kg）
6	25.3	23.5
7	28.2	26.0
8	32.5	29.5
9	37.0	33.8
10	42.0	38.8
11	47.3	44.3
12	54.3	49.8
13	60.1	53.4
14	65.4	56.0
15	68.6	57.2
16	71.6	57.7
17	73.5	58.4

2.2　学生常见病

2.2.1　沙眼

2017—2018 学年度北京市中小学生沙眼检出率为 0.06%，比 2016—2017 学年度（0.07%）

下降 14.3%。沙眼检出率男生为 0.06%,女生为 0.06%,男生与女生持平;城区为 0.02%,郊区为 0.12%,郊区高于城区。

2.2.2 缺铁性贫血

2017—2018 学年度北京市中小学生贫血检出率为 2.2%,比 2016—2017 学年度(2.4%)降低 8.3%。缺铁性贫血检出率男生为 1.6%,女生为 2.8%,女生高于男生;城区为 1.7%,郊区为 2.9%,郊区高于城区。

2.2.3 视力不良

2017—2018 学年度北京市中小学生视力不良检出率为 59.5%。视力不良检出率男生为 56.6%,女生为 62.7%,女生高于男生;城区为 62.2%,郊区为 55.3%,城区高于郊区。视力不良检出率小学为 48.2%,初中为 77.9%,普通高中为 88.8%,职业高中为 75.0%。

2.2.4 肥胖

2017—2018 学年度北京市中小学生肥胖检出率为 16.9%。肥胖检出率男生为 21.2%,女生为 12.2%,男生高于女生;城区学生为 15.0%,郊区学生为 19.9%,郊区高于城区。肥胖检出率小学为 17.8%,初中为 16.3%,普通高中为 13.0%,职业高中为 17.6%。

2.2.5 恒牙龋齿

2017—2018 学年度北京市中小学恒牙患龋率为 16.3%。恒牙患龋率男生为 13.2%,女生为 19.6%,女生高于男生;城区为 17.6%,郊区为 14.2%,城区高于郊区。小学生恒牙患龋率为 10.2%,初中生为 25.0%,高中生为 32.8%。

四、健康素养 [9]

1. 总体情况

2018 年北京市城乡居民健康素养水平为 32.3%，比 2015 年(28.0%)提高 15.4%。其中男性为 30.4%，女性为 34.4%，女性高于男性；城市为 33.8%，农村为 23.3%，城市高于农村。30~39 岁年龄组城乡居民健康素养水平最高，为 41.7%。

2. 三方面素养

2018 年北京市居民三方面素养水平从高到低依次是基本知识和理念素养(47.0%)、基本健康技能素养(39.5%)、健康生活方式与行为素养(31.7%)。城市居民基本知识和理念素养、基本健康技能素养、健康生活方式与行为素养水平分别为 49.4%、41.8%、32.4%，农村居民分别为 31.6%、26.9%、27.4%，城市高于农村。

3. 六类健康问题素养

2018 年北京市居民六类健康问题素养水平从高到低依次为安全与急救素养(67.7%)、科学健康观素养(62.1%)、传染病防治素养(47.7%)、慢性病防治素养(37.1%)、健康信息素养(32.8%)和基本医疗素养(25.7%)。

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9 数据来源于 2018 年北京市疾病预防控制中心开展的健康素养监测，共监测北京市 16 个区 100 个街道／乡镇 15~69 岁的城乡居民 12 876 人。

五、医疗服务

1. 经费投入 [10]

2018 年北京市公立医院财政投入为 1 757 590 万元;基层医疗卫生机构财政投入 401 672 万元;公共卫生财政投入 583 494 万元。

2. 机构及人员数量 [11]

2.1　机构数量

2018 年北京市有医疗卫生机构 11 100 家,其中医疗机构 10 958 家,疾病预防控制机构 29 家,卫生监督机构 18 家,医学科研机构 28 家,采供血机构 4 家,其他卫生机构 63 家。医疗卫生机构比 2017 年增加 114 家。

2.2　人员数量

2018 年北京市有卫生健康人员 459 765 人,其中卫生技术人员 281 686 人,比 2017 年 (276 969 人)增加 1.7%。执业(助理)医师 109 376 人,每千常住人口执业(助理)医师 5.1 人;注册护士 123 589 人,每千常住人口注册护士 5.7 人。医院人员总数为 252 414 人,其中卫生技术人员 206 209 人,占 81.7%。北京市基层医疗卫生机构人员总数为 77 164 人,其中卫生技术人员 60 655 人,占 78.6%。北京市社区卫生服务机构人员总数为 37 168 人,其中卫生技术人员 30 970 人,占 83.3%。北京市疾病预防控制机构人员总数为 3 687 人,其中卫生技术人员 3 059 人,占 83.0%。

10　数据来源于北京市财政局。
11　为 2018 年全部北京地区的资源和服务量数据,包含 12 家驻京部队医院,其中数据的对比分析为同口径比较。

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3. 诊疗服务

3.1 床位数 [12]

2018 年北京市医疗机构编制床位总数为 130 344 张,比 2017 年(127 855 张)增加 1.9%。实有床位总数为 123 508 张,比 2017 年(120 530 张)增加 2.5%。其中医院编制床位总数为 119 800 张,比 2017 年(117 867 张)增加 1 933 张;实有床位总数为 116 279 张,比 2017 年(113 576 张)增加 2 703 张。社区卫生服务中心(站)编制床位总数为 7 235 张,比 2017 年(6 538 张)增加 697 张;实有床位总数为 4 774 张,比 2017 年(4 383 张)增加 391 张。2018 年每千常住人口医疗机构编制床位 6.1 张,每千常住人口医疗机构实有床位 5.7 张。

3.2 床位使用率

2018 年北京市医疗机构 [13] 编制床位使用率为 74.2%,实有床位使用率为 81.6%。其中医院编制床位使用率为 78.0%,实有床位使用率为 83.6%;社区卫生服务中心(站)编制床位使用率为 20.6%,实有床位使用率为 34.4%。与 2017 年相比 [14],北京市地方医疗机构编制床位使用率和实有床位使用率分别上升 1.6 个百分点和 1.1 个百分点;医院编制床位使用率和实有床位使用率分别上升 1.9 个百分点和 1.1 个百分点。

3.3 诊疗人数 [15]

2018 年北京市医疗机构诊疗人次数为 24 752.5 万人次,比 2017 年(23 884.0 万人次)增加 3.6%;出院人数为 405.2 万人次,比 2017 年(383.0 万人次)增长 5.8%。

3.4 平均住院日 [16]

2018 年北京市医疗机构平均住院日为 9.3 日,比 2017 年缩短 0.2 日。

3.5 人均医疗花费

2018 年北京市医疗机构门诊及住院病人平均医药费用见表 6。2018 年北京市二级以上公立医院门诊病人次均医药费为 534.9 元,去除物价上涨因素,比 2017 年增加 2.6%;其中门诊次均药费为 256.3 元,比 2017 年下降 4.7%。2018 年北京市二级以上公立医院住院病人人均医药费用为 22 672.7 元,比 2017 年增加 1.1%;其中住院病人人均药费为 5 554.5 元,比 2017 年减少 5.5%。

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12 2018 年驻京部队医院未提供床位共享数据。
13 包括医院、妇幼保健院、社区卫生服务中心、站和专科疾病防治院,不含 12 家驻京部队医院。
14 此处同期对比未包含驻京部队医院。
15 含驻京部队医疗机构,包括诊所、医务室和村卫生室。
16 不含驻京部队医疗机构数据,精神病专科医院住院情况不纳入统计。

表 6   2018 年北京市医疗机构门诊及住院病人平均医药费用

项目	公立医院(元)		社区卫生服务中心(元)
	三级	二级	
门诊病人	582.2	364.4	320.2
住院病人	23 218.7	18 829.7	10 448.1

3.6　急救

2018 年北京市新建及调整急救站 25 个,急救站累计为 341 个,全年总出车 69.3 万次,急救呼叫满足率为 85.7%。

2018 年北京市 120 及 999 红十字会紧急救援中心急救网络共接诊约 65.5 万人次(其中普通病人 56 万人次,危重病人 9.5 万人次),与 2017 年相比,接诊减少 4.5 万人次,下降6.4%。2018 年前 5 位急救疾病依次为循环系统疾病、损伤和中毒、其他原因、呼吸系统疾病以及消化系统疾病。

六、公共卫生服务

1. 基层卫生服务

1.1 诊疗服务

2018 年北京市基层卫生服务机构诊疗服务 7 932.5 万人次,比 2017 年(7 165.1 万人次)增长 10.7%。

1.2 居民健康档案

2018 年北京市社区卫生服务机构共建立居民健康档案 1 691.8 万份,其中电子健康档案 1 674.1 万份,电子健康档案建档率 77.7%;使用过的健康档案 836.1 万份,健康档案使用率 49.4%。

1.3 家庭医生签约服务

截至 2018 年底,北京市社区卫生服务机构家庭医生签约服务累计签约 390.4 万户、729 万人,重点人群[17]签约 398.1 万人。2018 年北京市社区卫生服务机构培养家庭保健员共计 2.1 万余名。

2. 疫苗接种

2018 年北京市纳入常规免疫规划和应急接种的疫苗可预防疾病共 18 种,包括结核、乙型病毒性肝炎、甲型病毒性肝炎、脊髓灰质炎、百日咳、白喉、新生儿破伤风、麻疹、风疹、流行性腮腺炎、流行性乙型脑炎、流行性脑脊髓膜炎、水痘、流行性出血热、炭疽、钩端螺旋体、季节性流感及肺炎等疾病。2018 年北京市常规免疫共接种 5 842 114 人次;接种第二类疫苗 2 423 251 人次。

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17 重点人群是指在统计期末,年龄≥65 岁老年人、孕产妇、0~6 岁儿童、慢性病患者(高血压、糖尿病、脑卒中、冠心病)、残疾人、严重精神障碍患者、肺结核患者、低收入人群、计划生育特殊家庭人群。

3. 妇幼保健

2018 年北京市活产数为 213 819 人。2018 年北京市婚前医学检查率为 16.5%，比 2017 年（12.8%）提高 28.9%。婚前检查共筛查 42 998 人。孕产期保健共对 210 741 名产妇进行了艾滋病病毒、梅毒和乙肝检测，检测率为 99.99%。

4. 癌症筛查

2018 年北京市共为 304 928 名适龄妇女提供免费宫颈癌筛查。检出宫颈癌前病变 860 人，癌前病变检出率 282.03/10 万；宫颈微小浸润癌 2 例，宫颈浸润癌 15 例，宫颈癌检出率 5.58/10 万。

2018 年北京市共为 324 012 名适龄妇女提供免费乳腺癌筛查。检出乳腺癌前病变 21 人，癌前病变检出率 6.48/10 万；乳腺微小浸润癌 13 例，乳腺浸润癌 185 例，乳腺癌检出率 61.11/10 万。

5. 口腔卫生服务

2018 年北京市 145 家指定医疗机构共为 1 836 所幼儿园的 386 598 名学龄前儿童进行了口腔检查，提供免费氟化泡沫预防龋齿服务 551 782 人次。北京市 187 家指定医疗机构共为 242 221 名儿童提供免费口腔检查服务，共封闭恒磨牙 263 337 颗。

6. 健康传播活动

2018 年北京广播电台新推出《看病的智慧》《1025 动生活》《营养最时尚》《饭点儿说吃》《今夜私语时》和《老年之友》等健康节目。北京卫视《养生堂》《我是大医生》《生命缘·生命的礼物》和《小区运动会》等栏目创新升级。

2018 年北京市卫生健康委员会指导的大型医学人文纪录片《医者》，讲好医者故事，促进医患沟通，引发人民网、新华网、参考消息、北京时间、搜狐、腾讯等主流新媒体相关报道，微博端收获 1.4 亿关注度，30 万讨论量。

2018 年北京市各级各类医疗卫生机构共举办公众健康咨询活动 7 416 次，直接受众近 100 万人次；举办各级各类健康大课堂 25 797 场，直接受众近 138 万人次；制作并播放电视节目 862 期、广播节目 373 期，在报刊发表科普文章 427 期；开发制作各类宣传品 18 156 种，印制 750 万份。

7. 社会卫生保障

7.1　基本医疗保险 [18]

2018 年北京市参加城镇职工基本医疗保险人数 1 628.88 万人，比 2017 年增加 3.8%，其中在职职工 1 332 万人，退休人员 296.88 万人，退休人员人数占参保总人数 18.2%。参加城乡居民医疗保险人数 390.76 万人，其中城乡老年人 110.47 万人，学生儿童 221.84 万人，劳动年龄内居民 58.45 万人。

7.2　养老服务 [19]

2018 年北京市共有养老机构单位 609 家，养老床位 12.2 万张（其中运营床位 10.8 万张），年末在院老人收养人数为 4.9 万人。

目前北京市出台社会办养老服务机构扶持政策，建设阶段给予每张床位 40 000 元 ~ 50 000 元资金支持，运营阶段每收住 1 名老人给予每月 300~500 元补贴，每收住 1 名低保低收入、计划生育困境家庭、失能老人、高龄老人及残疾人，市级财政给予每月 400~1 200 元补贴 [20]。

8. 饮用水

2018 年北京市主要集中式地表水饮用水水源地密云水库和怀柔水库水质符合地表水饮用水源水质标准要求。全年城市末梢水合格率为 100%，较 2017 年（99.9%）略有上升。

9. 食品与药品

2018 年度共监测食品类样本 16.43 万件，列入国民经济和社会发展指标的全市重点食品安全监测抽检合格率为 98.7%。完成药品（含医疗器械、化妆品）抽检 1.49 万件，合格率为 99.8%；基本药物和社区零差率药品抽检合格率连续 9 年为 100%。全市共完成各级保健食品抽检和监测任务 2 896 件，合格率为 99.8%。

18　资料来源于北京市医疗保障局。
19　养老机构包含城市养老机构、农村养老机构、福利院、光荣院、康复医院。
20　补贴标准为 2017 年政策。

七、烟草控制 [21]

1. 监督执法 [22]

2018 年北京市卫生监督执法人员共监督检查各类控烟场所 11.72 万户次,合格率为 95.3%;责令整改不合格单位 4 599 户次,共处罚违法单位 750 家,单位罚款 228.9 万元,处罚个人 3 574 人,处罚金额为 19.4 万元。市市场监督管理局针对各类烟草违法行为,罚没款 95.74 万元,其中烟草广告类案件 1 件,罚没款 20 万元;市交通执法总队共查处出租汽车驾驶员吸烟违法行为 1 023 起;自《北京市控制吸烟条例》实施以来,各级烟草专卖管理部门共对校园周边 100m 内的 57 项新办申请作出不予许可决定,校园周边 100m 内共计 1 751 户零售户退出卷烟经营。

2. 控烟宣传

2018 年印发控烟海报、宣传册、禁烟标识和控烟条例等 38.4 万张(份),在 450 余处公交车身、候车亭、地铁站台灯箱以及 1 000 余块楼宇电视发布控烟公益宣传广告,针对"十一"黄金周特点,连续 7 天在首都机场航站楼播放控烟公益广告 50 万次,向 88 万来京人员精准推送 12306 控烟彩信,结合冬季控烟工作,在户外大屏、政务、社区楼宇电视定期播放控烟视频公益广告 1 890 万次。

3. 戒烟干预

2018 年,北京市医疗卫生机构共提供简短戒烟干预服务近 836 万人次,10 家规范化戒烟门诊提供首诊服务 2 087 人,药物干预 2 483 人次。北京市 12320 戒烟热线提供服务 25 428 人次。

21　资料来源于北京市爱卫会。
22　数据来源于北京市卫生和计划生育监督所。

4. 志愿者活动

2017 年北京市有控烟志愿者 13 718 人,全年共协助处理投诉案例 8 187 件,巡查 4 238 户,发放各类宣传品 22 万余件,总服务工时 19 万余小时。

5. 控烟效果

2018 年北京市公共场所违法吸烟现象发生率为 4.9%;发现有烟蒂的占 4.8%、有烟灰缸的占 1.2%、有人员吸烟的占 0.4%;公共场所未发现烟草广告和促销信息。4.5% 的出租车司机允许乘客在车内吸烟,2.7% 的车内有烟味,0.5% 的出租车司机在车内吸烟。

2018 年北京市限额以上批发和零售企业卷烟商品销售量 9 311 201 万支,比 2014 年减少 1 048 269 万支,下降 10.1%[23]。

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23 资料来源于北京市统计局。

八、体育与健身 [24]

1. 全民健身设施

2018 年新建 773 片专项活动场地,其中篮球场 205 片、笼式足球场 96 片、网球场 64 片、乒乓球长廊 65 片、门球场 30 片、棋苑 313 片,形成了"15 分钟健身圈"。截至 2018 年底,本市人均体育场地面积保持在 2.25m²,100% 的街道(乡镇)、行政村和有条件的社区均建有体育设施。利用公园、广场、社区、学校及疏解腾退用地,全市建设冰雪场地设施,其中室内冰场 37 座(冰面 49 片)、室外冰场 53 片。2017—2018 年雪季全市有 20 家滑雪场开放运营,有雪道 115 条,接待 171.4 万人次,总营业收入约 2.23 亿元。在充分利用好原有体育场馆的基础上,兴建了总面积 2 100m² 的篮球公园,在工人体育场内增加 10 张乒乓球台。

2018 年北京市 16 个区均建有体育总会,有市级体育社团 95 个,区级体育社团 531 个,备案健身团队 7 893 个。全市公益社会体育指导员达 5.4 万人。

2. 全民健身活动

2018 年北京市共开展各类全民健身活动 2.5 万余项次,参与活动人数 1 139 万人次,全年举办市足协杯、首都职工足球联赛等社会足球赛事 39 项 5 933 场次,近 3.6 万人次直接参与。第四届冰雪季举办 336 项市、区级活动,3 753 场"一区一品"冰雪活动,参与群众 502 万人次。组织 10 余万"零基础"市民参与冰雪运动,免费发放 3.4 万张电子体验券,开展线上冰雪季,话题阅读量 5.4 亿。

2018 年北京市总工会共组织市级职工体育赛事活动 33 个、基层工会活动 23 项、覆盖全市职工的普惠体育活动 10 项,直接服务职工 55.3 万余人次。组织全市各区工会 50 批次、约 3 000 名干部职工参加了冰上、雪上公益体验课的体验活动。

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24 资料来源于北京市体育局。

3. 科学健身指导

市体育局与市卫生健康委签订《体医融合战略合作框架协议》,在全市医疗系统培训200余名运动处方师。北京市全民健身科学指导大讲堂采取线下面授、线上直播形式,惠及43.7万群众。北京市20个系统工会200余家单位10 364人参加体质测试,完成34个基层职工体质测试站的建设。

附件 《2018 年度北京市卫生与人群健康状况报告》英文

2018

Beijing Annual Population Health Report

The People's Government of Beijing Municipality

Contents

IV. Health literacy

V. Medical service

VI. Public health services

VII. Tobacco control

VIII. Sports and fitness

I. Basic demographic information[1]

1. Permanent residence and registered population[2]

At the end of 2018, the permanent population of Beijing was 21.542 million, 165,000 fewer than that in 2017, with a decrease of 0.76%.

In 2018, the registered population of Beijing was 13.758 million, including 6.842 million males and 6.916 million females. The non-agricultural population was 11.523 million, and the agricultural population was 2.235 million. The total population increased by 166,000 compared with that in 2017.

The number of elderly people aged 60 and over is 3.523 million, accounting for 25.6% of the registered population, and the number of elderly people aged 65 and over is 2.361 million, accounting for 17.2% of the registered population.

2. Births and deaths

2.1   Information on births[3]

In 2018, the number of registered births in Beijing was 135,932, including 70,158 boys and 65,771 girls. The sex ratio (male to female) at birth was 107∶100.

In 2018, the birth rate of Beijing's registered population was 9.88‰, among which the male birth rate was 10.25‰ and the female birth rate was 9.51‰.

2.2   Information on deaths[4]

2.2.1 Mortality

A total of 96,418 registered residents died in Beijing in 2018, with a total mortality of

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1　The data comes from Beijing Municipal Bureau of Statistics and Beijing Municipal Public Security Bureau.
2　The permanent population refers to the population actually living in a certain area for more than half a year.
3　The data comes from the annual report on obstetric quality of hospitals.
4　The information comes from the medical certificate of death of residents reported by medical and health institutions at all levels.

7.05‰, rising by 3.1% from 2017 (6.84‰). The male mortality was 7.97‰ and the female mortality was 6.14‰. The standardized mortality of Beijing residents in 2018 was 3.60‰, rising by 1.7% from 2017 (3.54‰). The standardized mortality for male is 4.13‰ and that for female is 3.08‰. The standardized mortality for men is higher than that for women[5]。

In 2018, the infant mortality of registered population in Beijing was 2.01‰, falling by 12.2% from 2017 (2.29‰). The mortality of children under five years old was 2.69‰, rising by 1.9% from 2017 (2.64‰).

In 2018, the maternal mortality of registered population in Beijing was 10.64/100,000.

Children under 15 years old accounted for 0.6% of all deaths. People aged from 15 to 64 accounted for 19.6% and people aged 65 and over accounted for 79.8%.

2.2.2　Analysis of major causes of death

In 2018, noninfectious chronic diseases were still the main causes of death for Beijing's registered residents. The top three causes of death were heart disease, malignancies and cerebrovascular diseases, accounting for 70.8% of all deaths. Compared with 2017, the standardized mortality of urogenital diseases, malignancies and infectious diseases decreased, while that of other diseases increased (Table 1).

Table 1　Main causes of death and mortality of registered residents in Beijing in 2018

Rank	Causes of death	Mortality (1/100,000)	Standardized mortality (1/100,000)	constituent ratio (%)	Increment compared to 2017 (%)
1	Heart disease	185.12	87.58	26.3	2.5
2	Malignancies	183.25	102.52	26.0	−2.0
3	Cerebrovascular disease	130.92	63.42	18.6	2.3
4	Respiratory diseases	69.48	29.87	9.9	5.4
5	Injuries and poisoning	29.27	18.44	4.2	2.8
6	Endocrine, nutritional and metabolic diseases	22.69	11.98	3.2	1.6
7	Digestive diseases	18.16	9.44	2.6	2.1
8	Neurological diseases	9.42	5.38	1.3	5.7
9	Urogenital diseases	5.21	2.68	0.74	−5.0
10	Infectious diseases	4.24	2.70	0.60	−1.8

5　The data from the sixth national census were used as the standard population for standardization.

The top three causes of death of men were malignancies, heart diseases and cerebrovascular diseases. For women, they were heart diseases, malignancies and cerebrovascular diseases.

In 2018, 55.2% of Beijing's registered residents died in hospitals and 44.8% died outside hospitals. The main causes of out-of-hospital deaths were heart diseases and cerebrovascular diseases, which accounted for 34.4% and 21.8% of the out-of-hospital deaths, respectively.

2.3   Probability of premature death of four major noninfectious chronic diseases[6]

In 2018, the probability of premature death of major noninfectious chronic diseases among Beijing's registered residents aged 30-70 (excluding 70) was 10.7%, falling by 0.93% from 2017 (10.8%). The premature mortality of major chronic diseases was 14.5% for men and 6.8% for women.

2.4   Natural growth

In 2018, the natural growth rate of registered population in Beijing was 3.25‰, among which the natural growth rate of males and females was 2.72‰ and 3.78‰, respectively.

2.5   Life expectancy[7]

The life expectancy of Beijing's registered residents was 82.20 years in 2018, rising by 0.05 years from 2017 (82.15 years). Men's life expectancy were 79.85 years old, while women's were 84.63 years old. Women's life expectancy were 4.78 years longer than men.

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6   The premature death rate of the four major noninfectious chronic diseases (malignancies, cardiovascular diseases, diabetes, and chronic respiratory diseases) is also known as premature mortality of major chronic diseases. The data of death was derived from the Beijing Death Cause Registration and Monitoring System.

7   Life expectancy was calculated by Chin Long Chiang's abbreviated life table method. The data of death was derived from the annual report on the death of Beijing residents due to illness and injury in 2018, and the data of population were obtained from the Beijing Municipal Bureau of Statistics.

II. Incidence of infectious diseases

1. General information

25 types of category A, B and C infectious diseases were reported in Beijing in 2018, with 182,496 reported cases and a reported incidence of 840.72/100,000.

2. Rank of incidence

The top ten reported cases were influenza, other infectious diarrhea, hand-foot-and-mouth disease, pulmonary tuberculosis, dysentery, syphilis, scarlet fever, viral hepatitis, epidemic parotitis and gonorrhea, accounting for 99.2% of reported cases. Rank of influenza incidence rose from the second place in 2017 to the first in 2018 (Table 2).

Table 2   Rank of incidence of category A, B and C infectious diseases
reported in Beijing in 2018 and 2017

Diseases	2018		2017	
	Incident rate (1/100,000)	Rank	Incidence rate (1/100,000)	Rank
Influenza	381.84	1	172.30	2
Other infectious diarrhea	167.45	2	196.14	1
Hand-foot-and-mouth disease	150.45	3	91.88	3
Pulmonary tuberculosis	30.43	4	32.74	5
Dysentery	27.97	5	37.83	4
Syphilis	25.60	6	23.90	6
Scarlet fever	16.70	7	16.77	7
Viral hepatitis	16.43	8	15.01	8
Epidemic parotitis	9.04	9	9.78	9
Gonorrhea	7.82	10	7.85	10

3. Classification of incident rate

Age-specific incidence of category A, B and C infectious diseases reported in Beijing in 2018 are shown in Table 3.

Table 3   Age-specific incidence of category A, B and C infectious diseases
reported in Beijing in 2018

Age (years-old)	Category A and B infectious diseases (1/100,000)	Category C infectious disease (1/100,000)
0~	291.01	4 846.53
1~	269.18	12 918.57
2~	96.52	5 136.67
3~	166.80	7 675.42
4~	297.33	7 304.04
5~	669.74	7 390.89
6~	964.54	5 283.14
7~	420.70	2 036.36
8~	165.81	1 229.38
9~	85.50	888.96
10~	48.22	1 017.50
15~	77.54	394.96
20~	80.46	188.57
25~	131.91	329.45
30~	146.22	437.67
35~	123.53	408.62
40~	98.28	234.94
45~	84.02	177.93
50~	118.07	248.23
55~	110.67	277.34
60~	172.50	477.12
65~	172.52	403.76

Continued

Age (years-old)	Category A and B infectious diseases (1/100,000)	Category C infectious disease (1/100,000)
70~	129.17	246.41
75~	146.82	255.04
80~	229.47	470.21
≥85	406.91	778.72
Total	131.49	709.23

III. Health status of children and adolescents

1. Preschool children

In 2018, the incidence of perinatal birth defects in Beijing's registered population was 18.36‰ and that of non-Beijing residents was 33.65‰. The incidence of severe perinatal birth defects in Beijing continued to decline. A total of 212,997 newborns were screened in Beijing in 2018, with a screening rate of 99.6%. 221 patients were diagnosed, including 129 with congenital hypothyroidism, 53 with high thyroid stimulating hormone (TSH) and 39 with phenylketonuria. The incidence of underweight in children in Beijing's registered population was 4.8%. The breastfeeding rate of newborns among the registered population was 96.3%, of which the rate of exclusive breastfeeding was 71.7%. The breastfeeding rate of infants within 6 months was 92.1%, of which the exclusive breast-feeding rate was 72.5%.

In 2018, the incidence rate of anemia among children aged 0-6 registered in Beijing was 2.6%. The incidence rate of underweight in children under 5 years old was 0.20%. The incidence rate of failure to thrive was 0.28%. The incidence rate of emaciation was 0.30%, and the obesity rate was 3.2%.

2. Health of primary and secondary school students[8]

2.1 Growth and development

In the 2017-2018 academic year, the average height of boys in the 17-years-old age group in Beijing was 176.2cm, while that of girls was 163.5cm (Table 4). The height of boys and girls aged 6-17 in Beijing increased by 0.26cm and 0.17cm average, respectively, compared with that in the 2016-2017 academic year. The heights of 12-years-old boys and 10-years-old girls increased the most, with the boys and girls increasing by 0.69cm and 0.44cm, respectively.

8　The data comes from the Health Information Management System for Primary and Secondary School Students in Beijing.

Table 4　Age-specific average height of Beijing students in 2017-2018

Age（years-old）	Male（cm）	Female（cm）
6	123.3	121.7
7	128.4	126.8
8	134.4	132.8
9	140.0	139.1
10	145.8	145.9
11	151.9	152.5
12	159.6	157.8
13	166.1	160.6
14	171.4	162.2
15	174.2	163.1
16	175.6	163.3
17	176.2	163.5

In the 2017-2018 academic year，the average weight of boys and girls in the 17-years-old age group in Beijing was 73.5kg and 58.4kg，respectively（Table 5）. The average weight of boys and girls aged 6-17 in Beijing increased by 0.26kg and 0.08kg，respectively，compared with that in the 2016-2017 academic year，and the weight of boys and girls aged 12 increased the most，with an increase of 0.86kg and 0.51kg，respectively.

Table 5　Age-specific average weight of Beijing students in 2017-2018

Age（years-old）	Male（kg）	Female（kg）
6	25.3	23.5
7	28.2	26.0
8	32.5	29.5
9	37.0	33.8
10	42.0	38.8
11	47.3	44.3
12	54.3	49.8
13	60.1	53.4

Continued

Age(years-old)	Male(kg)	Female(kg)
14	65.4	56.0
15	68.6	57.2
16	71.6	57.7
17	73.5	58.4

2.2   Common diseases of students

2.2.1   Trachoma

In the 2017-2018 academic year, the detection rate of trachoma among primary and secondary school students in Beijing was 0.06%, falling by 14.3% from 2016-2017 academic year (0.07%). Trachoma detection rate was 0.06% for boys and 0.06% for girls. The detection rate in the urban area was 0.02%, while the detection rate in suburban area was 0.12%, higher than that in the urban area.

2.2.2   Iron deficiency anemia

In the 2017-2018 academic year, the detection rate of anemia among primary and secondary school students in Beijing was 2.2%, which was 8.3% lower than that in the 2016-2017 academic year (2.4%). The detection rate of iron deficiency anemia was 1.6% for boys and 2.8% for girls, which were higher for girls than for boys. The detection rate in the urban area was 1.7%, and that in the suburban area was 2.9%, which was higher than that in the urban area.

2.2.3   Poor vision

In the 2017-2018 academic year, the detection rate of poor vision among primary and secondary school students in Beijing was 59.5%. The detection rate of poor vision was 56.6% for boys and 62.7% for girls. Poor vision detection rate of girls was higher than that of boys. The detection rate in the urban area was 62.2%, and the detection rate in the suburban area was 55.3%, higher than that in the suburban area. The detection rate of poor vision was 48.2% in primary schools, 77.9% in middle schools, 88.8% in ordinary high schools and 75.0% in vocational high schools.

2.2.4   Obesity

In the 2017-2018 academic year, the detection rate of obesity among primary and secondary school students in Beijing was 16.9%. The detection rate of obesity was 21.2% for boys and 12.2% for girls, which were higher for boys than for girls. The detection rate of urban students was 15.0% and that of suburban students was 19.9%, higher than that of the urban students. The detection rate of obesity was 17.8% in primary schools, 16.3% in middle schools, 13.0% in ordinary high schools and 17.6% in vocational high schools.

2.2.5　Dental caries in permanent teeth

In the 2017-2018 academic year，the incidence rate of dental caries in permanent teeth in primary and secondary schools in Beijing was 16.3%. The incidence rate of dental caries in permanent teeth was 13.2% for boys and 19.6% for girls，with higher rate of girls than that of boys. The incidence rate of dental caries in permanent teeth was 17.6% in urban areas and 14.2% in suburbs，and the incidence in urban areas was higher than that in suburbs. The incidence rate of dental caries in permanent teeth was 10.2% in primary school，25.0% in middle school，and 32.8% in high school.

IV. Health literacy[9]

1. General information

In 2018, the health literacy level of urban and rural residents in Beijing was 32.3%, increasing by 15.4% from 2015 (28.0%). The health literacy level of males was 30.4% and that of females was 34.4%, with higher rate of females than that of males. The health literacy level was 33.8% in urban areas and 23.3% in rural areas. The level in the urban areas was higher than that in rural areas. The health literacy level of urban and rural residents in the 30-39 age group was the highest, 41.7%.

2. Three aspects of literacy

In 2018, the levels of three aspects of literacy of Beijing residents from high to low were basic knowledge and conceptual literacy (47.0%), basic health skills literacy (39.5%), healthy lifestyle and behavioral literacy (31.7%). For urban residents, the levels of the basic knowledge and conceptual literacy, basic health skills literacy, healthy lifestyle and behavioral literacy levels were 49.4%, 41.8% and 32.4% respectively; For rural residents, they were 31.6%, 26.9% and 27.4% respectively. The level of these three aspects of literacy in the urban area was higher than that in the rural area.

3. The health literacy level of six kinds of health problems

In 2018, the health literacy level of six kinds of health problems of Beijing residents from high to low were safety and emergency literacy (67.7%), scientific development concept literacy (62.1%), infectious disease control literacy (47.7%), chronic disease prevention and control literacy (37.1%), health information literacy (32.8%) and basic medical literacy (25.7%).

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9   The data comes from Health Literacy Monitoring in 2018 by Beijing Center for Disease Prevention and Control, which covered 12,876 urban and rural residents aged 15 to 69 in 100 streets/towns in 16 districts of Beijing.

V. Medical service

1. Financial input[10]

In 2018, the financial input of public hospitals in Beijing was 17.575 9 billion yuan. Financial input of primary medical and health institutions was 4.016 72 billion yuan. Public health finance invested 5.834 94 billion yuan.

2. Number of institutions and personnel[11]

2.1 Number of institutions

In 2018, there were 11,100 health care facilities in Beijing, including 10,958 health care facilities, 29 disease prevention and control institutions, 18 health supervision institutions, 28 medical research institutions, 4 blood collection and supply institutions and 63 other health care facilities. The number of health care facilities increased by 114 from 2017.

2.2 Number of personnel

The total number of health care professionals in Beijing in 2018 was 459,765. Among them, 281,686 were medical staffs, with an increase of 1.7% over 2017 (276,969). There were 109,376 (assistant) practitioners, 5.1 (assistant) practitioners per 1,000 permanent residents; 123,589 registered nurses, 5.7 registered nurses per 1,000 permanent residents. The total number of hospital employees was 252,414, of which 206,209 were health care professionals, accounting for 81.7%. The total number of employees in primary health care facilities in Beijing is 77,164, of which 60,655 were medical professionals, accounting for 78.6%. The total number of community health service employees in Beijing was 37,168, including 30,970 health care professionals, accounting for 83.3%. The total number of employees in the centers for disease

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10 The data comes from Beijing Municipal Bureau of Finance.

11 The number of health care facilities and personnel in 2018 is based on the data of resources and services in all Beijing regions, including 12 military hospitals in Beijing. The comparative analysis of the data is the same caliber comparison.

control and prevention in Beijing was 3,687, including 3,059 health care professionals, accounting for 83.0%.

3. Medical services

3.1   The number of hospital beds[12]

In 2018, the total number of authorized beds in the health care facilities were 130,344, an increase of 1.9% compared with 127,855 in 2017. The total number of available beds was 123,508, rising by 2.5% from 120,530 in 2017. The total number of hospital beds was 119,800, which was 1,933 more than that in 2017 (117,867). The total number of available beds reached 116,279, which was 2,703 more than that in 2017 (113,576). The total number of beds in community health service centers (stations) was 7,235, which was 697 more than that in 2017 (6,538). The total number of available beds was 4,774, an increase of 391 compared with 4,383 in 2017. In 2018, there were 6.1 authorized beds per 1,000 permanent residents in health care facilities, and 5.7 available beds per 1,000 permanent residents in health care facilities.

3.2   Bed utilization rates

In 2018, the utilization rate of authorized beds in Beijing health care facilities[13] was 74.2%, and the utilization rate of available beds was 81.6%. The utilization rate of authorized and available beds in the hospital was 78.0% and 83.6%, respectively. The utilization rate of authorized and available beds in community health service centers (stations) was 20.6% and 34.4%, respectively. Compared with 2017[14], the utilization rate of authorized and available beds in local health care facilities in Beijing increased by 1.6% and 1.1%, respectively. The utilization rates of authorized and available beds increased by 1.9% and 1.1%, respectively.

3.3   Number of patients treated[15]

In 2018, the number of patients treated in health care facilities in Beijing was 247.525 million, an increase of 3.6% over 2017 (238.84 million). The number of discharged patients was 4.052 million, an increase of 5.8% over 2017 (3.83 million).

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12   Military hospitals in Beijing did not provide the shared data in 2018.
13   Medical institutions includes hospitals, maternal and child health centers, community health service centers, stations and specialized disease prevention and treatment centers, excluding 12 military hospitals stationed in Beijing.
14   Military hospitals in Beijing were not involved in the comparison.
15   Military hospitals in Beijing were involved, including clinics, infirmaries and village clinics.

3.4 Average length of stay[16]

In 2018, the average hospital stay in Beijing's health care facilities was 9.3 days, 0.2 days shorter than that in 2017.

3.5 Per capita medical expenses

Average medical expenses of outpatients and inpatients in hospitals of Beijing in 2018 are shown in Table 6. In 2018, the average medical expense per outpatient in Beijing public hospitals above the second grade was 534.9 yuan, 2.6% higher than that in 2017, excluding the influence of price increases. The average drug cost per outpatient visit was 256.3 yuan, 4.7% lower than that in 2017. In 2018, the average medical expense per inpatient in public hospitals above the second grade in Beijing was 22,672.7 yuan, with an increase of 1.1% over 2017. Among them, the average cost of drugs for inpatients was 5,554.5 yuan, 5.5 % less than that in 2017.

Table 6　Average medical expenses of outpatients and inpatients in hospitals of Beijing in 2018

Items	Public hospitals (yuan)		Community health service centers (yuan)
	Third-grade	Second-grade	
Outpatients	582.2	364.4	320.2
Inpatients	23,218.7	18,829.7	10,448.1

3.6 First-aid

In 2018, there were 25 newly-established and adjusted first-aid stations in Beijing, accumulating to 341 first-aid stations with a total of 693,000 trips throughout the year. The satisfaction rate of emergency call reached 85.7%.

In 2018, the emergency network of the 120 and 999 Red Cross Emergency Rescue Centers in Beijing received 655,000 visits (including 560,000 mild and 95,000 severe patients), a decrease of 45,000 visits and 6.4% compared with 2017. The top five first-aid diseases in 2018 are circulatory diseases, injuries and poisoning, other causes, respiratory diseases and digestive diseases.

16　The data of military hospitals was not involved. The data of hospitalization in psychiatric hospitals was not included in the statistics.

VI. Public health services

1. Primary health care

1.1 Medical services

In 2018, primary health care facilities in Beijing provided medical service for 79.325 million visits, an increase of 10.7% over 2017 (71.651 million).

1.2 Residents' health records

In 2018, Beijing Community Health Service established a total of 16.918 million health records for the residents, including 16.741 million electronic health records, the filing rare of which reached 77.7%; 8.361 million health copies of file were utilized, with a utilization rate of 49.4%.

1.3 General practitioners in contract service

By the end of 2018, 3.904 million households and 7.29 million people, had signed up general practitioners with community health service in Beijing, among which 3.981 million were key groups[17]. In 2018, community health service in Beijing trained more than 21,000 family health workers.

2. Vaccination

In 2018, there were 18 kinds of vaccine preventable diseases included in routine immunization program and emergency vaccination in Beijing, including tuberculosis, viral hepatitis B, viral hepatitis A, poliomyelitis, whooping cough, diphtheria, neonatal tetanus, measles, rubella, epidemic parotitis, epidemic encephalitis B, epidemic cerebrospinal meningitis and varicella,

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17 The key groups refer to the elderly at or above the age of 65, pregnant women, children aged 0-6, patients with chronic diseases (hypertension, diabetes, cerebral stroke, and coronary atherosclerotic heart disease), disabled people, patients with severe mental disorders, tuberculosis patients, low-income people, family planning and special family.

epidemic hemorrhagic fever, anthrax, leptospira, seasonal influenza, pneumonia, etc. In 2018, 5,842,114 persons received vaccination of routine immunization vaccines. Vaccination of the second-type vaccine was carried out 2,423,251 times.

3. Maternal and child health care

In 2018, the number of live births in Beijing was 213,819. The rate of premarital medical examination in Beijing was 16.5%, rising by 28.9% from 2017 (12.8%). 42,998 people were screened for premarital examination. 210,741 pregnant women were tested for HIV, syphilis and Hepatitis B virus in maternal health care, with a detection rate of 99.99%.

4. Cancer screening

In 2018, 304,928 women of the childbearing age received cervical cancer screening for free in Beijing. 860 cases of cervical precancerous lesions were detected and the detection rate was 282.03/100,000. 2 cases of micro-invasive carcinoma of cervix and 15 cases of invasive carcinoma of cervix were detected. The detection rate of cervical cancer was 5.58/100,000.

In 2018, 324,012 women of the childbearing age received breast cancer screening for free in Beijing. 21 cases of breast precancerous lesions were detected and the detection rate was 6.48/100,000. 13 cases of micro-invasive breast cancer and 185 cases of invasive breast cancer were detected. The detection rate of breast cancer was 61.11/100,000.

5. Oral health services

In 2018, 145 designated health care facilities in Beijing conducted oral examinations for 386,598 preschool children in 1,836 kindergartens, providing free dental caries prevention service with fluoride foam for 551,782 children. 187 designated health care facilities provide free oral examination to 242,221 children, sealing 263,337 permanent molars.

6. Health publicity

Beijing People's Broadcasting Station launched health programs such as *The Wisdom of Seeing a Doctor*, *1025 Active Life*, *The Most Fashionable Nutrition*, *Talking about Eating at Meals*, *Whispering Tonight* and *Friends of the Elderly*. Programs on BTV such as *Yang Sheng Tang*, *I Am A Big Doctor*, *Life Origin：Gift of Life* and *Community Sports Meeting* have been innovated and upgraded.

In 2018, the large-scale medical humanistic documentary *Doctors* directed by Beijing

Municipal Health Commission, tells stories of good doctors and promotes doctor-patient communication, which has triggered relevant reports from mainstream new media such as *People's Daily Online*, *Xinhua Net*, *Reference News*, *Beijing Time*, SOHU and Tencent, and received 140 million hits and 300,000 posts on Weibo.

In 2018, 7,416 public health consultation activities were held by health care facilities at all levels in Beijing, with nearly 1 million direct audiences. 25,797 health lectures at all levels were held, with nearly 1.38 million direct audiences. 862 TV programs and 373 radio programs were made and broadcasted. 427 popular scientific articles were published on newspapers and magazines. 18,156 kinds of publicity products were made and 7.5 million copies were printed.

7. Social health security

7.1 Basic medical insurance[18]

In 2018, 16.288 8 million people participated in the basic medical insurance for urban workers in Beijing, an increase of 3.8% over 2017, including 13.32 million employees and 2.968 8 million retirees, with retirees accounting for 18.2% of the total insured. 3.907 6 million people participated in medical insurance for urban and rural residents, including 1.104 7 million elderly people in urban and rural areas, 2.218 4 million students and children, and 584,500 residents of working age.

7.2 Elderly care services[19]

In 2018, there were 609 elderly care facilities in Beijing with 122,000 beds (including 108,000 beds in operation rooms). At the end of the year, 49,000 elderly people were adopted.

At present, Beijing has issued a support policy for social elderly care facilities. During the construction phase, the government provides 40,000 to 50,000 yuan per bed. During the operation phase, the government provides a monthly subsidy of 300 to 500 yuan for every adopted elderly person, and 400 to 1,200 yuan[20] per month for every elder with low income, people with family planning predicament, disabled elderly people, senior citizen and the disabled.

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18   The data comes from Beijing Municipal Medical Insurance Bureau.
19   Old-age care institutions include elderly care facilities in cities and villages, welfare institutions, nursing homes for elderly revolutionaries and relatives and rehabilitation hospitals.
20   The subsidy standard is based on the policy in 2017.

8. Drinking water

In 2018, the water quality of Miyun Reservoir and Huairou Reservoir, the main centralized surface water drinking water sources in Beijing, met the requirements for water quality standards for surface water drinking water sources. In the whole year, the qualification rate of urban tap water was 100%, rising slightly from 2017 (99.9%).

9. Food and medicine

In 2018, 164,300 food samples were monitored, and the qualification rate of key food listed in the national economic and social development indicators was 98.7% in the sampling inspection on food safety. 14,900 drugs (including medical devices and cosmetics) were inspected, with a qualification rate of 99.8%. The qualification rate of basic drugs and community zero-margin drugs has been 100% for nine consecutive years. The sampling inspection and monitoring of 2,896 functional food at all levels was conducted, with a qualification rate of 99.8%.

VII. Tobacco control[21]

1. Supervision and law enforcement[22]

In 2018, health supervision and law enforcement personnel in Beijing supervised and inspected 117,200 tobacco control sites, with a qualification rate of 95.3%. 4,599 unqualified units were ordered to rectify themselves and 750 illegal units were fined 2,289,000 yuan. 3,574 individuals were fined 194,000 yuan. Beijing Municipal Market Supervision Administration fined 957,400 yuan for all kinds of tobacco violations, including one tobacco advertising case that fined 200,000 yuan. Beijing Municipal Traffic Law Enforcement Corps investigated and dealt with 1,023 illegal smoking behaviors of taxi drivers. Since the implementation of *Regulations on Smoking Control in Beijing*, the tobacco monopoly administrations at all levels have decided not to grant permission to 57 new applications within 100 meters from the campus. 1,751 retailers within 100 meters from the campus have withdrawn from cigarette business.

2. Tobacco control publicity

In 2018, 384,000 copies of tobacco control posters, brochures, anti-smoking signs and tobacco control regulations were issued. Public service advertisements for tobacco control were put up on more than 450 buses, bus stations, light boxes on the subway platforms and more than 1,000 outdoor televisions on buildings. According to the characteristics of the "Golden Vacation Week" of the National Day, public service advertisements for tobacco control were broadcasted for more than 500,000 times in the Capital Airport Terminals for seven consecutive days, and 12306 tobacco control multimedia messages were accurately delivered to 880,000 people coming to Beijing. In combination with winter tobacco control, public service advertisements for tobacco control were regularly broadcasted on outdoor large screens, government and community building televisions for 18.9 million times.

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21   The data comes from Beijing Municipal Committee for Patriotic Sanitation Campaign.
22   The data comes from Beijing Municipal Health and Family Planning Supervision Office.

3. Smoking cessation intervention

In 2018, Beijing health care facilities provided brief smoking cessation intervention services for nearly 8.36 million people. 10 standard smoking cessation clinics provided the first consultation services for 2,087 people, and drug intervention services for 2,483 people. The Beijing smoking cessation hotline 12320 has served 25,428 people.

4. Volunteer activities

In 2017, there were 13,718 tobacco control volunteers in Beijing, assisting in handling 8,187 complaint cases, inspecting 4,238 households, distributing more than 220,000 publicity materials, and working for over 190,000 hours in total.

5. The effect of smoke control

In 2018, the incidence of illegal smoking in public places in Beijing was 4.9%. Among the illegal cases, 4.8% cigarette butts were found, 1.2% ashtrays were found and 0.4% smokers were found. No tobacco advertisement or promotion information was found in public places. 4.5% of taxi drivers allow passengers to smoke in their cars. 2.7% of cars have cigarette odor and 0.5% of taxi drivers smoke in their cars.

In 2018, the sales volume of cigarette products in wholesale and retail enterprises above the quota in Beijing reached 93.112 01 billion, 10.482 69 billion less than that in 2014, with a decrease of 10.1%[23].

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23 The data comes from Beijing Municipal Bureau of Statistics.

VIII. Sports and fitness[24]

1. National fitness facilities

In 2018, 773 new special activity venues were built, including 205 basketball courts, 96 football fields, 64 tennis courts, 65 table tennis corridors, 30 gate ball courts and 313 chess courts, forming a "15-minute fitness circle". By the end of 2018, the per capita area of sports venues in the city has been maintained at 2.25 square meters, and 100% of the streets (villages and towns), administrative villages and qualified communities have sports facilities. Parks, squares, communities, schools and retreating evacuation land were used to build snow and ice facilities, including 37 indoor ice rinks (49 pieces of ice) and 53 outdoor ice rinks. During the 2017-2018 snow season, 20 ski resorts opened, with 115 ski trails, and receiving 1.714 million visitors, and the total revenue is about 223 million yuan. On the basis of making full use of the original stadiums, a basketball park with a total area of 2,100 square meters was built, and 10 table tennis tables were added to the workers' stadium.

In 2018, there were sports associations in 16 districts of Beijing, 95 municipal sports associations, 531 district-level sports associations, and 7,893 physical fitness teams. The number of public welfare social sports instructors reached 54,000.

2. National fitness activities

In 2018, more than 25,000 national fitness activities were carried out in Beijing, with 11.39 million participants. 39 social football events, including 5,933 matches, such as the Municipal Football Association Cup and Football League of Capital Staff, with nearly 36,000 people directly participating. In the fourth ice and snow season, 336 city-level and district-level activities and 3,753 "One district, One theme" ice and snow activities were held, involving 5.02 million people. More than 100,000 citizens without any prior ski experience were organized to participate in ice and snow sports, and 34,000 free electronic experience coupons were

24   The data comes from Beijing Municipal Bureau of Sports.

distributed. The online ice and snow season was launched, with 540 million readers.

In 2018, Beijing Federation of Trade Unions organized 33 municipal sports events for employees, 23 primary trade union activities and 10 inclusive sports activities benefiting all employees in Beijing and directly serving more than 553,000 employees. 50 batches of trade unions from all districts of Beijing with 3,000 people were organized to experience the public welfare lessons on ice and snow.

3. Scientific fitness guidance

Beijing Municipal Bureau of Sports and Beijing Municipal Health Commission signed the *Strategic Cooperation Framework Agreement on Integration of Sports Medicine* to train more than 200 sports formulators in the municipal medical system. National Fitness Scientific Guidance Lecture Hall in Beijing has benefited 437,000 people through face-to-face offline lectures and live online broadcasts. More than 10,364 people from more than 200 units in 20 trade unions in Beijing participated in the physical fitness test, and 34 physical fitness test stations for primary workers were constructed.