

# *Hong Kong Advisory Council on AIDS*



*Report  
August 2004 to July 2005*

# *Preface*

I felt deeply honoured to have been appointed the Chairman of the Hong Kong Advisory Council on AIDS in the sixth term of office. As a veteran fighter against the AIDS epidemic, I pledge to make every endeavour to maintain Hong Kong a low HIV prevalence city.

The “Recommended HIV/AIDS Strategies for Hong Kong 2002 to 2006” will soon go down in history and there is a pressing need to give fresh impetus for a new strategy document to consolidate our achievements and to set out new guiding principles to keep HIV/AIDS issues in perspective for the next five years.

The number of new HIV infections soared to 268 in 2004, a record high since the inception of the voluntary HIV/AIDS reporting system in 1984. The rising trend and risk in various vulnerable communities including Men having sex with men (MSM), Injecting Drug Users (IDU), and Commercial Sex Workers and Clients is certainly a cause of concern. It takes all of us to rise and face the challenges ahead.

The availability of highly active antiretroviral therapy (HAART) in the 90s has revolutionized the clinical management of HIV/AIDS. The equivalent of HIV/AIDS to death sentence no longer holds true. HIV/AIDS patients are now managed like other patients with chronic illnesses. The element of care and rehabilitation as well as the elimination of discrimination and stigmatization must be taken into account when preparing the next HIV/AIDS strategies for Hong Kong.

Last but not least, I would like to thank the ACA Secretariat for compiling this annual report which summarizes all activities undertaken by the ACA and its committees in the past one year. This is the twelfth annual report which in itself is a part of the continuous process of strengthening communication among the ACA, government departments and NGOs in AIDS prevention, care and control in Hong Kong.

Prof CHEN Char-nie  
Chairman  
Hong Kong Advisory Council on AIDS  
April 2006



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# 1. HIV/AIDS Situation in Hong Kong

## Introduction

HIV (Human Immunodeficiency Virus) is the cause of AIDS (Acquired Immune Deficiency Syndrome). Half of the HIV-infected people will progress to AIDS in 10 years' time without treatment. There are three main routes of HIV transmission : sexual, blood-borne and from mother to child. In Hong Kong, the first HIV cases were reported in 1984. As it had happened in many other developed countries, the early part of the HIV epidemics witnessed a significant proportion of our HIV infections resulting from blood or blood products transfusion. The situation later changed to one that sexual routes, including heterosexual and homosexual contacts, predominate and become the commonest route of HIV transmission. It accounts for 80% of all reported HIV cases in Hong Kong as at 30 June 2005. Understanding the current HIV/AIDS situation is therefore crucial in monitoring and planning of our prevention and care effort for this infection.

HIV/AIDS surveillance comprises a framework of systematic and consistent monitoring of HIV/AIDS situation. It has the essential components of collection, collation and analysis of HIV/AIDS data. The last process of the surveillance includes the interpretation and dissemination of HIV/AIDS information. Timely information derived from this HIV/AIDS surveillance is of vital importance to the development of effective prevention and control programmes.

## HIV/AIDS Surveillance

The Special Preventive Programme of the Department of Health maintains the HIV/AIDS surveillance system. It regularly obtains data concerning HIV/AIDS through three mechanisms: (1) voluntary reporting, (2) unlinked anonymous screening, and (3) seroprevalence monitoring of selected groups. In addition, information collected from the Sexually Transmitted Infections surveillance, HIV risk behavioural surveillance and other research studies on HIV virology and immunology are included to complement and supplement the system.

The surveillance definition of AIDS for adults and adolescents was drawn up by the Scientific Committee on AIDS in 1995. The most common AIDS defining condition was *Pneumocystis carinii* pneumonia followed by *Mycobacterium tuberculosis* infection.

Based on the associated HIV risks, target populations for seroprevalence surveillance are grouped under 3 categories: (a) general population; (b) vulnerable communities with defined behavioural risk; and (c) setting with undefined HIV risk.

### Voluntary Reporting

The voluntary HIV/AIDS reporting system has been in place since 1984. This is a non-name based reporting programme. Laboratories and medical practitioners submit reports of newly diagnosed HIV infection and AIDS cases to the Department of Health, latter through the special form DH2293.

As at 30 June 2005, 2647 HIV infections were reported to this system. Among them, 743 had progressed to AIDS. The numbers of reported HIV infections and AIDS cases were on a steady rise from the beginning of the epidemics to 1996. The reported HIV infections

and AIDS cases had reached the top and become stable at about 200 and 60 cases per year respectively in the subsequent years. The leveling off of AIDS cases may partly be due to the introduction of Highly Antiretroviral Therapy (HAART) or commonly known as the cocktail therapy since the end of 1996.

HIV infection affects more males than females with the ratio in the region of 4.0 : 1 in June 2005. However, it is notable that the number of reported infected females is on the rise over the past decade.

The majority (69.3%) of all our reported HIV infections in Hong Kong belong to ethnic Chinese.

Although the number of HIV infections related to injection drug use remains low at 95 cases (or 3.6%) so far, 47 of them (49.5%) were reported in the past 3 years. The total number of perinatal HIV transmission cases now stands at 15 as of June 2005.

#### **Unlinked Anonymous Screening**

The Unlinked Anonymous Screening programme in Hong Kong was started in November 1990. The seroprevalence rates of patients attending tuberculosis treatment clinics and inmates newly admitted into correctional institutes were 0.86% and 0.35% respectively in 2004.

#### **Seroprevalence in selected populations**

The positive HIV antibody detection rate was 0.001% from all the blood donations in 2004 carried out by the Hong Kong Red Cross Blood Transfusion Service. The positivity rate among Social Hygiene Clinic attendees was 0.105% in 2004, a small increase from the previous year (0.077% in 2002).

The implementation of the universal HIV antibody testing programme began on 1 September 2001 in all antenatal clinics of the Hospital Authority and Maternal and Child Health Clinics of the Department of Health. In its first year running, a total of 41714 samples were tested with an average opt-out rate of 3.8% in the public service, 12 pregnant women were

found positive for HIV, indicating a prevalence of 0.03%, which was slightly smaller than that projected from the pilot study of Kwong Wah Hospital.

The numbers of tests and the results in the subsequent two years areas follows :

	No	HIV+	%	Opt-Out (%)
2002	41932	8	0.02	2.8
2003	36366	6	0.02	3.1
2004	41070	6	0.01	2.1

#### **Universal HIV Antibody (Urine) Testing Programme in Methadone Clinics**

The MUT Programme in Hong Kong was piloted in 2003 and rolled out to all clinics in 2004. Out of 8812 samples collected from the Methadone Clinics in 2004, 18 were tested HIV positive, equivalent to 0.204%

	No	HIV+	%
2003 (July – Sept)	1834	9	0.491
2004	8812	18	0.204

Figure 1: Annual Reported HIV/AIDS  
1984 - 2004, Hong Kong, (N=2512/718)

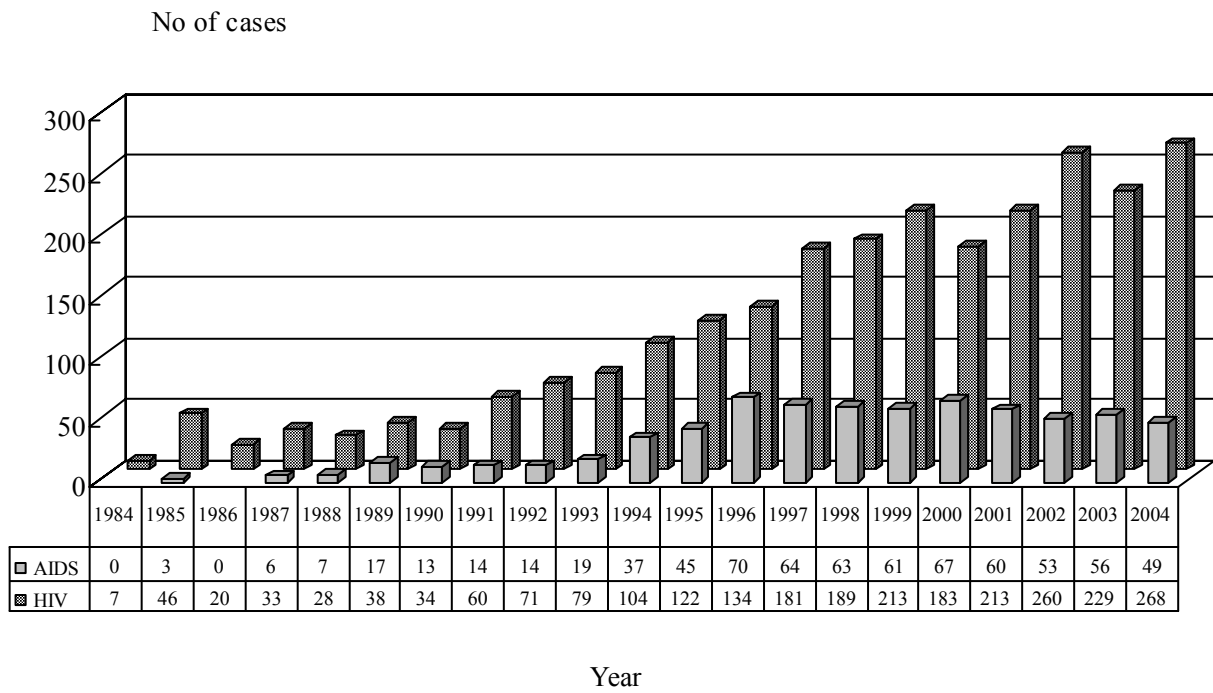


Figure 2: Ethnicity of reported HIV infection  
1984 - 2004, Hong Kong, (N=2512)

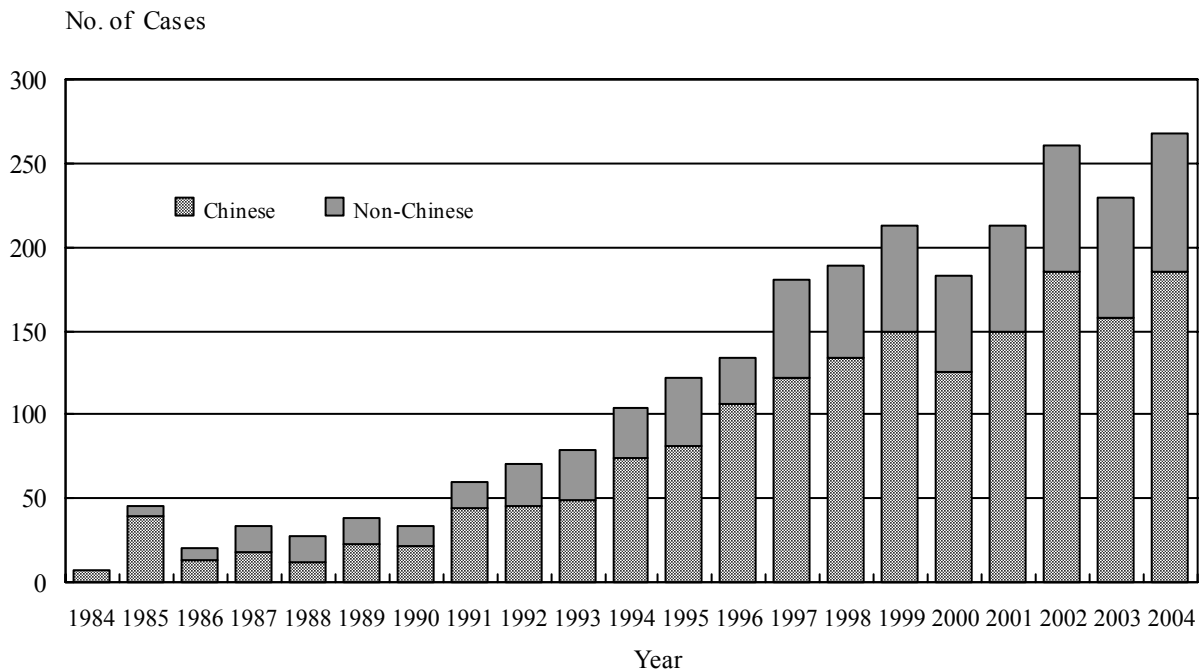




Figure 3: Routes of transmission of HIV infection  
1984 - 2004, Hong Kong, (N=2512)

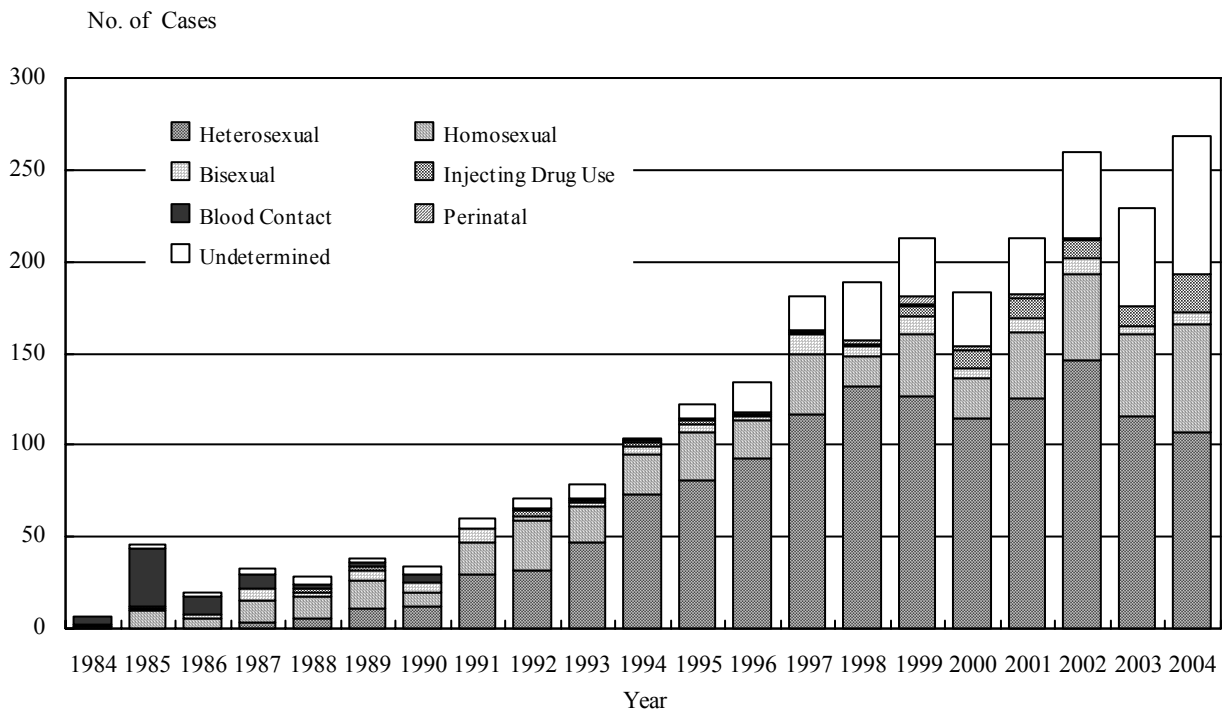


Figure 4: Sources of referral of HIV infection  
1984 - 2004, Hong Kong, (N=2512)

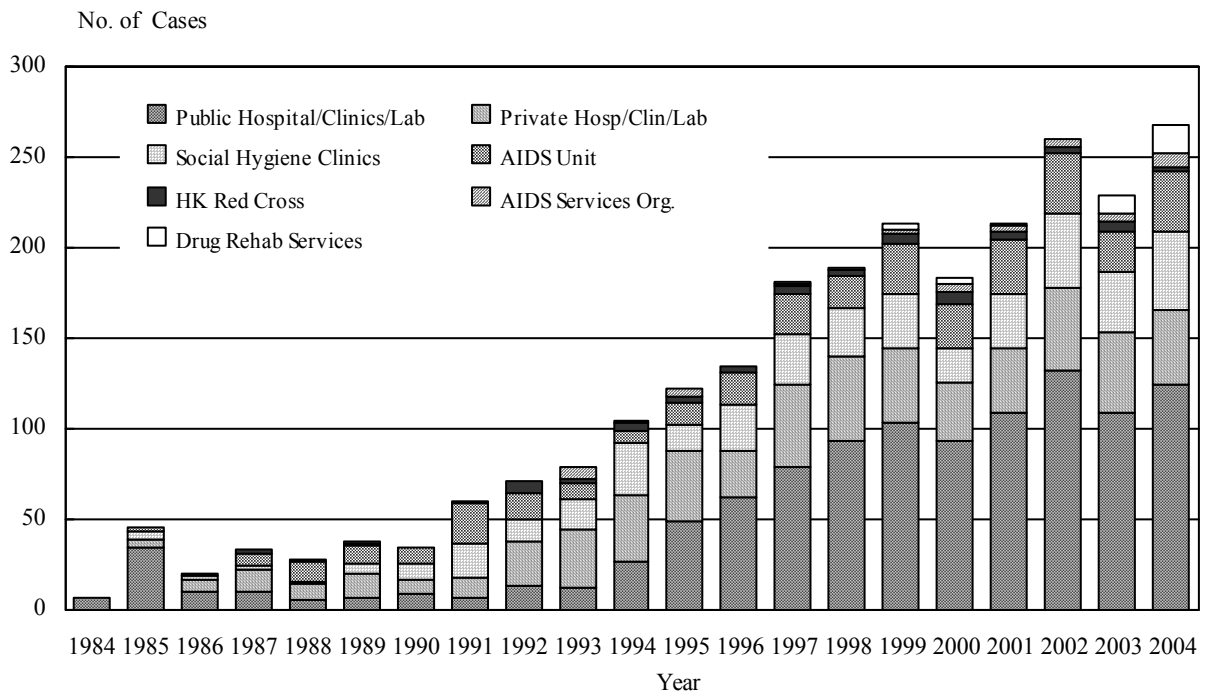


Figure 5: Primary AIDS-defining Conditions  
Hong Kong 1985 - 2004, (N=718)

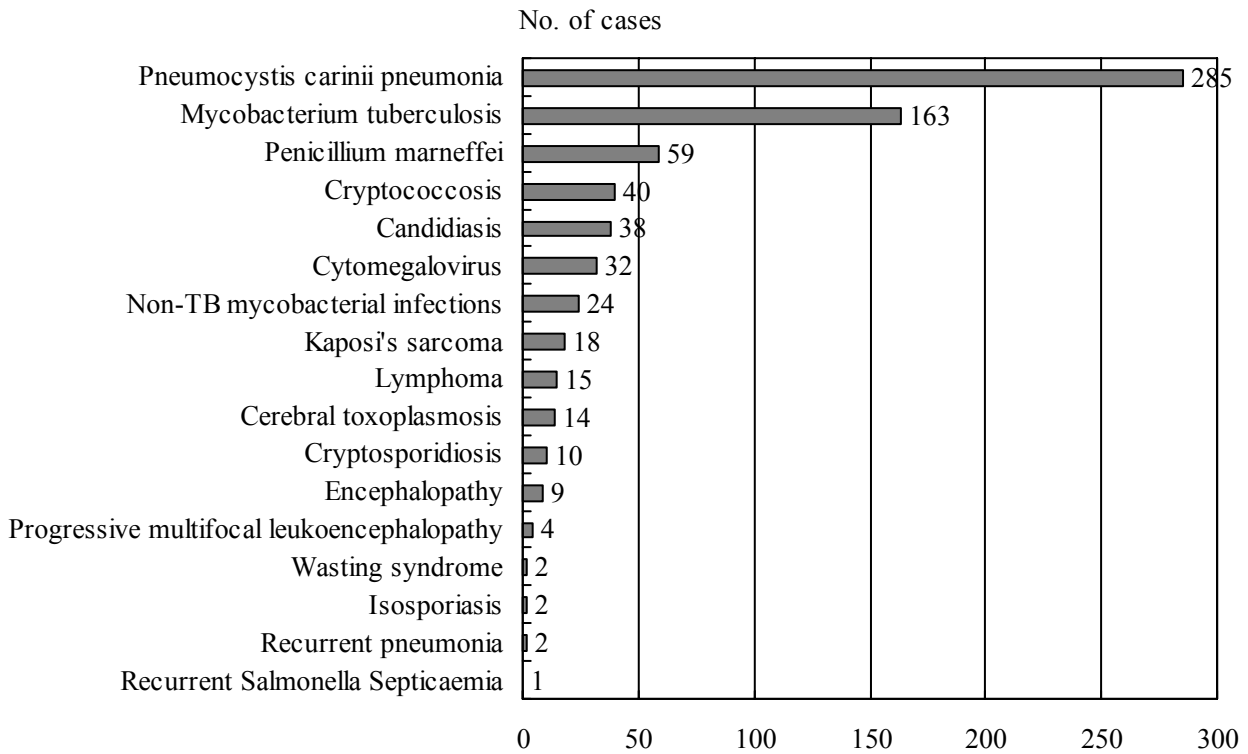
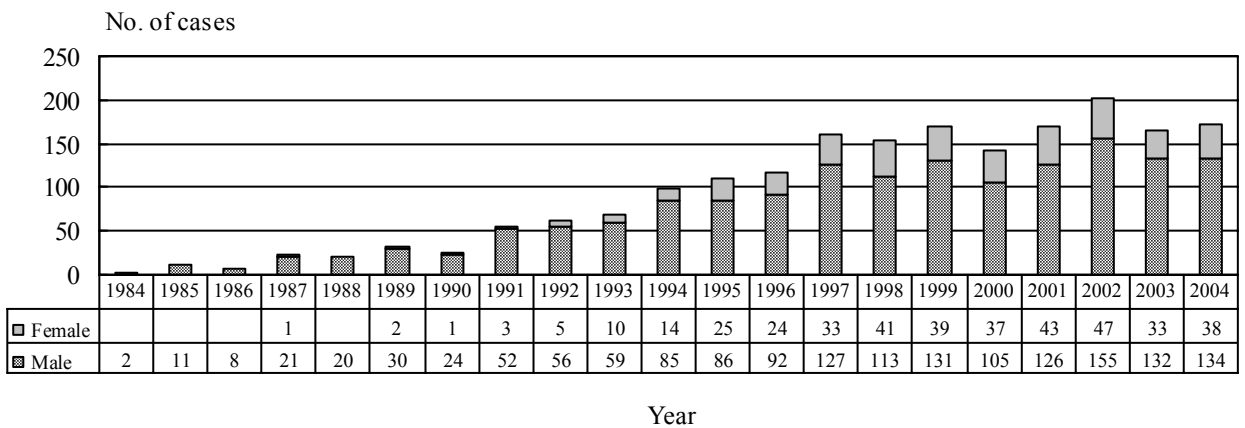
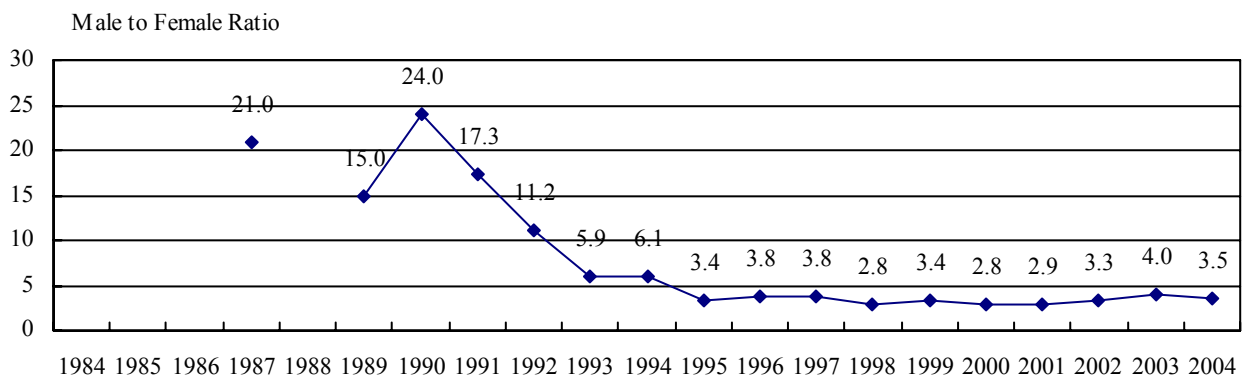


Figure 6: Reported HIV Infection through Sexual Transmission\*  
by Sex (1984 - 2004, N=1965) Hong Kong



\* Sexual transmission refers to that relating Heterosexual, Homosexual and Bisexual contacts



## 2. Historical Development of Hong Kong's AIDS Programme

The development of Hong Kong's AIDS programme can be broadly divided into the following phases :

### **The Initial Response Phase (1984-1986)**

In November 1984, an *Expert Committee on AIDS* was set up within the then Medical and Health Department to discuss and review the medical aspects of AIDS and to work out a plan necessary for monitoring and managing the disease when required. Subsequently in 1985, a *Scientific Working Group on AIDS* (SWG) was formed to initiate and implement medical, surveillance and public health activities in Hong Kong. The key output during this period included: establishing an AIDS counselling clinic and a hotline, ensuring supply of safe heat-treated blood products, safeguarding blood supply through blood-screening by the Hong Kong Red Cross Blood Transfusion Service (HKRCBTS), initiating an HIV/AIDS surveillance system, and providing the HIV antibody tests to people at risk of infection.

### **Enhanced Public Education Phase (1987-1989)**

Public education was systematically introduced in this phase, in line with the strategy of the World Health Organisation (WHO). A committee on Education & Publicity on AIDS (CEPAIDS) and a publicity working group were formed by the then Medical and Health Department to initiate, implement and co-ordinate publicity and educational programmes. These were put forth through the support of various government departments as well as community organisations. Media publicity was launched, with Announcements

in the Public Interest (APIs) on television and radio, produced by the Information Services Department to arouse public awareness.

The AIDS Counselling and Health Education Service of the then Medical & Health Department was expanded to become an operational arm of the committee to organise activities targeting various community groups.

### **Consolidation Phase (1990 -1993)**

A central advisory body, the Hong Kong Advisory Council on AIDS (ACA), was established in March 1990 with membership appointed by the governor. The ACA was charged with recommending AIDS strategy and streamlining the operations of Hong Kong's AIDS prevention, care and control programmes. Community participation was encouraged and AIDS NGOs were formed during this period. The AIDS Concern and the AIDS Foundation were formed respectively in 1990 and 1991 both to provide community education as well as counselling and support service to people living with HIV/AIDS.

In early 1993, the AIDS Trust Fund was set up by the Government to provide ex-gratia payment to HIV-infected haemophiliacs and transfusion recipients, following the public outcry in response to the rejection of an HIV-infected haemophilia boy from school. The same fund also financed education and AIDS care projects in Hong Kong.

On the other hand, the HIV/AIDS surveillance system was strengthened through the conduction of epidemiological serosurveillance, e.g. unlinked anonymous screening (UAS). The original counselling service evolved to become the AIDS Unit of the Department of Health.

## **Wider Community Participation Phase (1994-1997)**

In 1994, the ACA published its first official strategy document titled *Strategies for AIDS Prevention, Care & Control in Hong Kong*, which formed the blueprint for policy formulation in the Government as well as community organisations.

There was wider community participation within this period and various new organisations were founded, including Action for REACH OUT, Society for AIDS Care, AIDS Memorial Quilt Project, HIV Information & Drop-In Centre of the St John's Cathedral, and the Teen AIDS. AIDS NGOs had contributed significantly under funding support from the AIDS Trust Fund. At the same time, more traditional organisations also incorporated AIDS in its conventional activities through new initiatives, for example, the Community Charter on AIDS by the Lions Club International District 303 Hong Kong and Macao.

During this period, education programmes on awareness and prevention were expanded with the participation of more NGOs and the re-organised CEPAIDS.

## **Expanded Response Phase (1998-2001)**

A fundamental review, including an internal assessment and an external review, was conducted in 1998. The results and recommendations were submitted to the ACA in July 1998. Based on findings of the Review, the ACA formulated its medium term strategy through the publication of *AIDS Strategies for Hong Kong 1999-2001* in the same year. To tie in with the strategies formulated, a total of ten targets, ranging from early targets, through-period targets, and end-of-period targets were set up for implementation in the years 1999-2001. The key foci of these strategies were :

### **(a) Focus on Prevention**

Special emphasis was placed on the vulnerable groups with risk-taking behaviour.

It involved the community's participation in prevention and care activities of HIV/AIDS and the promotion of acceptance to people living with HIV/AIDS.

### **(b) Ensuring Quality Care**

Attentions were drawn to supporting quality treatment, meeting the needs of people with HIV/AIDS, and promoting HIV testing.

### **(c) Strengthening Partnership**

The strategies featured the setting of a common programme direction, expanding responses through Community Planning, conducting evaluations to check the progress, and strengthening surveillance to monitor the HIV situation.

## **Current AIDS Programme (Extracted from Chapter 5 of the Recommended HIV/AIDS Strategies for 2002-2006)**

Hong Kong has, over the years, established a network of organisations and a collection of activities devoted to HIV/AIDS prevention, care and control. The term *Programme* denotes this unique set of collaborative efforts.

Hong Kong's HIV/AIDS Programme is executed by a variety of agencies. Within the Government, the Department of Health's Special Preventive Programme is the designated unit working on AIDS. The Government-appointed Advisory Council on AIDS provides policy advice on all aspects of the infection. A number of AIDS NGOs specialise in community-based activities. The efforts of these organisations are complemented by other Government services, public bodies, mainstream NGOs and the academia. AIDS NGOs in Hong Kong include: Hong Kong AIDS Foundation, AIDS Concern, Society for AIDS Care, Teen AIDS, St John's Cathedral HIV Education Centre, Action for Reach Out, Hong Kong Council of Social Service – AIDS Project.

HIV/AIDS Surveillance is a regular programme of the Department of Health. A quarterly report (published in *Hong Kong*

*STD/AIDS Update*) has been produced since 1995. HIV/AIDS surveillance is now composed of four inter-relating systems (i) voluntary reporting, (ii) seroprevalence studies, (iii) behavioural surveillance, and (iv) STI surveillance. An annual report of the four systems has been produced since late 2000. The joint efforts of the Department of Health and the University of Hong Kong between 1994 and 1998 concluded a pilot behavioural surveillance project, which produced its final report in 2000. Another project to explore the HIV situations in the Pearl River Delta Region ended in 2001. An investigation of the HIV subtypes was initiated in 2000, with the preliminary reports presented in the First China AIDS and STI Conference in Beijing in 2001.

The Government's HIV prevention and education activities are implemented by both designated AIDS services and other departments/units. The Red Ribbon Centre is the resource centre that houses the Department of Health's HIV Prevention and Health Promotion Team. The Centre organises three major categories of activities – communication and information projects to promote awareness and acceptance, targeted prevention, and capacity building. It was designated an UNAIDS Collaborating Centre in late 1998, and has since been a focal point in rendering technical support to HIV activities in Mainland China and the region. The Department's Social Hygiene Service and Methadone Clinics are the outlets for STI treatment and harm reduction respectively. The Hong Kong Red Cross Blood Transfusion Service is on the forefront in safeguarding blood supply.

On the community level, the Coalition of AIDS Service Organisations has set up the first Community Planning Committee which led to a set of prioritised activities in 2001. AIDS NGOs have continued to consolidate their expertise in HIV prevention and care. AIDS Concern has become a pioneer in the development of HIV prevention activities in men having sex with men (MSM), travellers and commercial sex workers (CSW), the latter in conjunction with the Action for Reach Out, an NGO working with CSWs. Teen AIDS focused on HIV awareness and sex education in young people. The Society for AIDS Care started a series of training activities in support of the universal

antenatal HIV testing programme. The St. John's Cathedral HIV Education Centre has been focusing on HIV awareness and prevention in women. The AIDS Project of the Hong Kong Council of Social Service (HKCSS) provides a linkage between AIDS organisations and mainstream NGOs. The HKCSS successfully organised the Hong Kong AIDS Conference 2001 in August 2001. The Hong Kong AIDS Foundation has been focusing on collaboration with the Mainland in the past few years.(Note 1)

HIV testing, diagnosis and care constitute another broad category of programme on AIDS. The Department of Health's Virus Unit is the largest diagnostic laboratory on HIV, supporting the testing services organised by the Special Preventive Programme, Hospital Authority and the Hong Kong AIDS Foundation. The advent of highly active antiretroviral treatment (HAART) has caused significant changes to HIV treatment and care programmes around the world. It was estimated that in 2002 the active caseload of HIV/AIDS patients in the public service was 900. A majority of these patients are under the care of the Integrated Treatment Centre of the Department of Health and the Special Medical Service of the Hospital Authority's Queen Elizabeth Hospital.

The Government has been funding a majority of activities in Hong Kong's HIV/AIDS Programme. While government agencies and public bodies are funded through their regular established mechanism, the AIDS Trust Fund has continued to be a unique source of financial support for community-based HIV activities. About 20 organisations were supported each year to implement a broad range of projects. A total of over HK\$60M has been disbursed to support more than 300 projects in the eight years since the Council for The AIDS Trust Fund was established.(Note 2)

## **Relationship with the Mainland and the International Community**

The relationship of ACA with the Mainland AIDS workers has become more intimate since 1997. There are various means of

collaborating with Mainland China on the prevention and control of HIV/AIDS. These include:

- (1) participation in World Health Organisation (WHO) or other United Nation (UN) supported activities, including consultancies on the Mainland;
- (2) participation in conferences and meetings;
- (3) joint education/training activities; and
- (4) reciprocal visits of government officials and non-governmental organisations personnel.

Although direct participation of international agencies in Hong Kong's AIDS programme has yet to be seen, interaction with the international community are witnessed in the following areas :

- (1) epidemiological surveillance,
- (2) information sharing,
- (3) acquisition of technical advice, and
- (4) co-ordination with other countries.

Such networking is made through participation in meetings, visits, training, seminars and conferences.

The Red Ribbon Centre, which partners with the ACA in Hong Kong's AIDS programmes, has become a UNAIDS (Joint United Nations Programme on HIV/AIDS) Collaborating Centre for Technical Support. Since December 1998, the relationship between the ACA and the UNAIDS has thus been tied together and strengthened.

The UNAIDS Collaborating Centre has 4 roles to play : (a) clearinghouse, (b) networking (c) technical development, and (d) collaboration.

*Note 1 : The Hong Kong AIDS Foundation has been receiving funding from the AIDS Trust Fund for implementation of projects on HIV prevention and care and support in Hong Kong with youths, the general public, vulnerable groups such as MSM, cross-border travelers, drug users and sex workers and their clients and people living with HIV/AIDS as targets.*

*Note 2 : Up to July 2005, 554 projects were approved with a total fund amounting to HK\$254.821M.*

# 3. Hong Kong Advisory Council on AIDS

## Introduction

Since the formation of the Hong Kong Advisory Council on AIDS (ACA) in 1990, with a tenure of office for three years, it has just reached its final year of its fifth term (1 August 2004 to 31 July 2005). The membership of the fifth term is shown in Appendix A.

With the primary objective of promoting community participation, the ACA comprises members drawn from all sectors of the community including community leaders and professionals. The terms of reference of the ACA in the current term are :

- (a) to keep under review local and international trends and development relating to HIV infection and AIDS;
- (b) to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and
- (c) to advise on the co-ordination and monitoring of programmes on the prevention of HIV infection and the provision of services to people with HIV/AIDS in Hong Kong.

Three committees underpin the ACA. They are:

- a) *Scientific Committee on AIDS (SCA)*
- b) *AIDS Prevention and Care Committee (APCC)*
- c) *Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA)*

A total of four ACA meetings were held during the reporting period as follows :

- |                               |                |
|-------------------------------|----------------|
| 1. (48 <sup>th</sup> meeting) | 8 October 2004 |
| 2. (49 <sup>th</sup> meeting) | 7 January 2005 |
| 3. (50 <sup>th</sup> meeting) | 8 April 2005   |
| 4. (51 <sup>st</sup> meeting) | 22 July 2005   |

## AIDS Policy

The ACA has managed to progress with time. To cope with the changing circumstances and the AIDS epidemic trend in Hong Kong, the ACA is constantly reviewing and adjusting its AIDS strategies. The ACA has published three policy documents so far. In July 1994, the ACA published its first policy document with the title “*Strategies for AIDS Prevention, Care and Control in Hong Kong*”. It had since become the blueprint of Hong Kong’s AIDS strategies. In 1998, a comprehensive review on Hong Kong’s AIDS situation and programmes was conducted. On the basis of the principles of the 1994 Strategies and the recommendations made through the Internal Assessment and in the External Consultancy Report, the *AIDS Strategies for Hong Kong 1999-2001* was adopted by ACA as its official recommendations from 1999 to 2001. A new set of strategies, however, has been put in place to replace the earlier recommendations. This new strategy is known as *Recommended HIV/AIDS Strategies for Hong Kong-2002 to 2006*.

## Summary

The ACA examined and reviewed the following issues and papers in the period covered by this report :

### ***Construction of Core Indicators for Monitoring Hong Kong’s AIDS Programme (Final Report)***

Members noted the final report which set out the core indicators using the data collected mainly in the year 2003. The compiled core indicators (CIs) would provide a baseline for



monitoring the progress of our response to curb the epidemic. It was agreed that the final report, would be uploaded online for public viewing and be distributed to relevant Government departments, NGOs and international partners for reference.

### ***Planning the Future of the Advisory Council on AIDS***

As regards planning the future of the Advisory Council on AIDS, members examined two papers which proposed a schema for reviewing the fifth term of office of the ACA and a plan to enhance the roles of the Scientific Committee on AIDS (SCA) respectively. Under the schema, four tasks were proposed to meet the objectives of the review : (a) to describe the work of the ACA; (b) to examine factors affecting the operation of the ACA; (c) to conduct a questionnaire survey; and (d) to derive recommendations. Members generally felt that a review would be needed and approved of the tasks proposed. Looking at the future development of the SCA, members were aware of the co-sponsor of the SCA by both the Centre for Health Protection (CHP) and the ACA effective from 1 June 2004 and the expansion of its scope of work to cover sexually transmitted infections (STI) as well.

### ***LegCo Adjournment Debate on AIDS – Ten Years On***

Immersion in the historical review of the LegCo and AIDS in Hong Kong, members were given a detailed account of how lawmakers in Hong Kong responded to the epidemic since the groundbreaking adjournment debate on “AIDS in Hong Kong” in February 1993 until the end of 2002. Members praised the paper as comprehensive and informative. The paper began with the adjournment debate, then the development of AIDS policy in Hong Kong. It also covered the formation of the AIDS Trust Fund in relation with HIV infected haemophilia. Access to care and fighting discrimination as

well as the effectiveness of HIV preventive measures were also lucidly laid out in the paper. The paper was uploaded online for public viewing.

### ***Study on the Needs of HIV Infected Haemophiliacs in Hong Kong (Final Report) - The Forgotten Tragedy The Unforgettable Trauma***

“The Forgotten Tragedy The Unforgettable Trauma” was the title of the final report on addressing the needs of people affected by haemophilia and HIV infection in Hong Kong. The report documented the study methods, described the study process and actions arising from the study. The study results and recommended strategies were also clearly set out in the report. Members endorsed the report and agreed that the Chairman should present the final report to the Health, Welfare and Food Bureau for follow-up action.

### ***Epidemiological Review of HIV Infection in Hong Kong – HIV Surveillance Report – 2003 Update***

Members were given to know that the HIV/AIDS surveillance system comprised 4 main programmes. They were (a) voluntary HIV/AIDS reporting, (b) seroprevalent studies, (c) STD caseload statistics and (d) behavioural studies. Members also learned of the following findings in 2003 HIV Surveillance Report :

- Hong Kong remains a HIV low prevalence city with the population seroprevalence below 0.1%.
- Three quarters of HIV reports are from men, majority of them acquired the infection sexually.
- There was a decrease of reports from public sources during SARS.
- At least one third of HIV diagnoses were made at a late stage, and a quarter presented with AIDS. Two thirds of the

primary AIDS defining illnesses were PCP and tuberculosis.

- Less than 1% of drug users tested HIV positive at methadone clinics. HIV infection in drug users is a potential source for substantial HIV spread.
- HIV prevalence among women has remained low. No perinatal HIV infection has been reported since 2000.
- The commonest HIV subtypes were CRF01-AE and B. An increase in sub-types diversity was noted.

### ***The Government's Response to HIV/AIDS 1984-2004 – LegCo Paper for Health Services Panel Meeting on 8 November 2004 and Minutes of Meeting***

As regards the Legislative Council Panel on Health Services meeting held on 8 November 2004, members noted the LegCo paper titled “The Government’s responses to HIV/AIDS in Hong Kong 1984-2004” and the relevant minutes of meeting. It was reassuring that LegCo Members had shown concern about HIV infection in Hong Kong and asked the Administration a wide range of questions including condom distribution, MSM, cross border transmission of HIV and assistance to haemophiliacs with HIV infection. Members were also glad to know that the Administration was actively considering the recommendations contained in the final report titled “The forgotten tragedy and the unforgettable trauma” – a study on the needs of HIV infected haemophiliacs in Hong Kong. Assistance to haemophiliacs with HIV infection was on the way.

### ***Supply, Demand and Harm Reduction Strategies in Australian Prison – Implementation, Cost and Evaluation – A Report Prepared for the Australian National Council on Drugs, July 2004***

Members noted the executive summary of the report with the title “Supply, demand and harm reduction strategies in Australia prisons – implementation, cost and evaluation”, which was prepared for the Australian National Council on Drugs in July 2004. The executive summary set out three strategies for supply reduction, demand reduction and harm reduction in Australian prisons. It also contained general, strategy-related and other related recommendations. Having known the situation in Australia, members turned their perspective on local correctional institutes and agreed to invite representatives of the Correctional Services Department to brief them on prevention, control and care of HIV/AIDS in local prisons.

### ***A Review of the Work of the Advisory Council on AIDS 2002-2005***

Regarding the review of the work of the ACA in its fifth term of office (2002-2005), members noted the discussion paper, which described the terms of reference of the ACA, its membership, organization, the work and other activities undertaken until the end of 2004. They also noted that the performance of the ACA was to be measured by the following three indicators: (a) the number of key recommendations made; (b) the level of implementation of the Recommended HIV/AIDS Strategies for Hong Kong 2002 to 2006; and (c) the local and international network established. Apparently, the indicators were at the upper end of the scale. As a supplement to the review, members were aware that the ACA secretariat was carrying out a questionnaire survey. The secretariat would compile a report based on the results of the questionnaire survey and members’ comments on the review of the work of the ACA.

### ***HIV/AIDS Prevention, Care and Control Programmes of the Correctional Services Department***

Members learned that there were about 9300 sentenced prisoners by the end of 2004

and 26% of them were known to be drug addicts at the time of admission or with drug abuse history. Members were also made aware that the CSD's HIV/AIDS prevention, care and control programme was based on the following principles :

- No mandatory HIV tests for inmates;
- HIV status of inmates strictly confidential;
- No segregation or discrimination of HIV positive cases in institutional life;
- Emphasis of preventive education; and
- Universal precaution.

The CSD Medical Services Committee was responsible for overseeing the translation of those principles into daily routine in correctional institutions.

### ***Prevention and Control of HIV/AIDS in Prison Settings – Overseas experience***

Members noted the vulnerability of overseas prisons to rapid HIV spread chiefly through injecting drug use. They were also given to know the framework of HIV preventive and control measures in overseas prisons. The measures included :

- Education for prisoners and prison staff about HIV/AIDS and the ways to prevent HIV transmission;
- Counselling and HIV testing;
- Preventing infection from injection by provision of bleach, provision of needle and syringes and substitution treatment programmes; and
- Preventing infection from sexual activities by discreet and easy access to condoms.

### ***Introduction of a Standard Drug Formulary in Hospital Authority***

As regards the introduction of a standard drug formulary in Hospital Authority, members were presented the paper prepared by the Hospital Authority and the Health, Welfare and

Food Bureau for the discussion of the LegCo Health Services Panel in January 2005. Members noted the expressed concern by AIDS NGOs and people living with HIV/AIDS over the inclusion or exclusion of some of the commonly used HIV/AIDS drugs in the proposed standard drug formulary. After explanation and clarification by HA representative at the meeting, it was understood that HIV/AIDS drugs which had not been registered in Hong Kong or had been prescribed on named-patients basis were not listed. However, the HA representative assured that there were existing procedures for attending doctors to continue prescription of such drugs to indicated HIV/AIDS patients.

### ***An Evaluation of the Work of the Hong Kong Advisory Council on AIDS and its Three Committees for the Term 2002 to 2005***

Concerning an evaluation of the work of the Hong Kong Advisory Council on AIDS and its three Committees for the term 2002 to 2005, members were presented the findings of a questionnaire survey. The results indicated that the work of the ACA and the three committees including the secretariat was generally very effective.

### ***Moving into the Sixth Term of Office of Hong Kong Advisory Council on AIDS***

On moving into the sixth term of office of the ACA, members noted the following factors which might affect the work of the ACA in the coming years:

- (a) HIV epidemiology – the number of infection in MSM, old people and IDU was on the rise.
- (b) Incidents in Hong Kong and around the world – there was a recent upsurge of bilateral movement of residents of Hong Kong and the mainland
- (c) Policy and administrative environment, including public health infrastructure – after the formation of the CHP, there was

a need to separate the SCA from the ACA. Members were also presented the three options for the future structure of the ACA.

### ***Safer Sex Campaign***

Regarding the Safer Sex Campaign 2005, members were introduced the background and programmes of the campaign, which aimed at promoting the practice of safer sex and removing the taboo on condom in the public. The components of the campaign included :

- (a) A new TV and radio API with a theme song and a slogan;
- (b) A launching ceremony on 4 September 2005;
- (c) A sex education workshop as a closing event on 25 September 2005;
- (d) Free distribution of condom at various public venues;
- (e) Members made valuable comments on the production of the new API and the promotion of the Safer Sex Campaign.

### ***Report on 7<sup>th</sup> International Congress on AIDS in Asia and the Pacific***

Members noted the participation of ACA members in the Congress and the main features of the 7<sup>th</sup> International Congress on AIDS in Asia and the Pacific 2005.

### ***Report on Social and Support Services to People with HIV/AIDS in Hong Kong***

Concerning the report on the review on social and support services to people with HIV/AIDS in Hong Kong submitted by the CPA, members noted the inadequacy of services in five specific areas and the proposed remedial measures.

### **Building Community Relationship**

The Chairman and the members of the ACA, in addition to their regular contact with the community, initiated visits and meetings with government and non-governmental organizations, as well as people living with HIV/AIDS (PLA) to develop a closer link with the community with a view to sharing experience and exchanging views on matters of common concern and improving liaison and understanding with PLA and non-AIDS organizations.

The ACA initiated a study to assess the needs of HIV infected haemophilia patients in Hong Kong at its 44<sup>th</sup> meeting held on 17 October 2003. The final report with the title 'The Forgotten Tragedy, The Unforgettable Trauma' was endorsed at the 48<sup>th</sup> ACA meeting and was later submitted to the Secretary for Health, Welfare and Food for his consideration. After deliberation, the Health, Welfare and Food Bureau took up the recommendations made in the report with the relevant departments and agencies as well as the Council for the AIDS Trust Fund. The Bureau also submitted a written response to the ACA at its 51<sup>st</sup> meeting detailing the long term financial support scheme for patients and their families and the measures to look after their medical and other needs. With the implementation of the recommendations made in the report by relevant parties, the ACA would continue to play a role of monitoring the implementation.

### **National and International Networking**

A tripartite meeting on infectious diseases was held in Hong Kong from 5 to 6 August 2004. The implementation of the collaborative project on the Guangdong-Hong Kong-Macau AIDS Epidemiological Study was progressing steadily.

The third International Conference on HIV/AIDS and Other Viral Diseases was held from 1 to 3 December 2004 by China CIPRA and the Guangxi University in Nanning, Guangxi.

The ACA Chairman and Secretary paid a visit to Zhengzhou, Henan from 2 to 5 January 2005. Apart from meeting health care professionals from the Henan Provincial Public Health Bureau and frontline workers in villages, they also visited clinics and hospitals where HIV patients were being taken care of.

The ACA Chairman and Secretary attended a meeting in Beijing to exchange views on HIV prevention, surveillance and treatment on 15 March 2005. The National Centre for STD/AIDS Prevention and Control of China CDC was the host of the meeting.

The seventh International Conference on AIDS in Asia and the Pacific was held from 1 to 5 July 2005 at Kobe, Japan.

## ACA Newsfile and Other Periodical Publications

The ACA Newsfile is a monthly publication of the ACA. It keeps ACA members posted of the epidemiological trend of HIV/AIDS and the development of the local programmes with features of HIV/AIDS related news and activities. First published in January 1994, 139 issues were published until July 2005.

Other publications distributed together with the ACA Newsfile include : (a) **Hong Kong STD/AIDS Update** - a quarterly surveillance report published by the Surveillance Office of Special Preventive Programme (SPP) and the Social Hygiene Service of the Department of Health that covers epidemiological information on STD and HIV/AIDS in Hong Kong; (b) **Red Ribbon Bulletin** - a half-yearly publication of the Integrated Treatment Centre of SPP for people living with HIV/AIDS; (c) a four-monthly Newsletter - **AIDS Newsletter** prepared by the Red Ribbon Centre for youth, students and the community groups interested in any aspect of HIV prevention and care; (d) **The Node** - a four-monthly publication of the UNAIDS Collaborating Centre for Technical Support which covers activities of the Centre, news and

information of regional interest; (e) **Networking Voice**, a four-monthly publication targeting youth workers, students and youth; issued by the Red Ribbon Centre and (f) **Project Mini** - Mini-posters publicising AIDS information on a quarterly interval by the AIDS Unit of the Department of Health.

## ACA Website

The Virtual AIDS Office of Hong Kong is the joint Internet HomePage of the ACA and the AIDS Unit. It covers Hong Kong's AIDS programme in four dimensions - prevention, clinical service, surveillance, and policy development. It allows updating of information on ACA as well as HIV/AIDS development in a more integrated approach. The set-up of the ACA in its fifth term including composition, membership and terms of reference has been updated. In addition, all major publications under the ACA have been stored electronically under the ACA Document Cabinet for easy reference. Readers can now visit the "Virtual AIDS Office" more conveniently by clicking <http://www.aids.gov.hk>, or the ACA's own Homepage <http://www.aca-hk.com>.

## Honours in 2004

Congratulations to Dr Richard TAN, JP, a member of the Hong Kong Advisory Council on AIDS on his award of the Chief Executive's Commendation for Community Service in this year's Honours List.

Congratulations are also extended to Prof LAM Tai-hing on his appointment as Justices of the Peace with effect from 1 July 2005.

## 4. AIDS Prevention and Care Committee

### Introduction

The AIDS Prevention and Care Committee (APCC) was formed in the fourth term of the ACA in August 1999. It has replaced two previous committees namely: the Committee on Education and Publicity on AIDS (CEPAIDS), which was first established under the then Medical & Health Department in 1987 for designing and implementing AIDS prevention programmes, and the AIDS Service Development Committee, which was formed in 1994 for looking after the needs of patients in AIDS clinic and support services.

The main objective of the APCC is to enhance the quality of HIV prevention and care activities in Hong Kong.

The APCC has the following terms of reference :

- (a) to assess needs of the community for preventive and care programmes on HIV/AIDS in Hong Kong;
- (b) to identify and promote best practices in HIV prevention and care; and
- (c) to network and harness the capacity of agencies on HIV prevention and care in Hong Kong.

### Action Plan for 2002 to 2005

Bearing the current terms of reference in mind, the APCC adopted the following action plan to guide its work for the years 2002 to 2005.

- (a) To draw up a list of existing prevention and care programmes that had been organized by concerned communities and thereby identifying needs required;

- (b) To identify best practices and to promote sharing among concerned communities;
- (c) To set up a framework for monitoring/evaluation of the HIV/AIDS prevention and care programmes in HK; and
- (d) To support and facilitate the Community Planning Process if needed.

### Membership

The membership of the APCC is shown in Appendix B.

The APCC comprises members drawn from 4 different areas including agencies specializing in HIV prevention and care; individuals from vulnerable communities; selected mainstream Non-governmental Organizations and Government bureaux and departments.

The APCC met four times during the reporting period as follows :

1. (17<sup>th</sup> meeting) 10 September 2004
2. (18<sup>th</sup> meeting) 26 November 2004
3. (19<sup>th</sup> meeting) 18 March 2005
4. (20<sup>th</sup> meeting) 17 June 2005

### Summary

The APCC examined and reviewed the following issues and papers in the period covered by this report :

### *HIV Situation in Men Having Sex with Men (MSM) in Hong Kong*

Members were presented the paper on “HIV situation in MSM in Hong Kong” with the PowerPoint. It was highlighted that the cumulative number of HIV infections reported as of the end of the 2<sup>nd</sup> quarter of year 2004 was 2384. Five hundred and sixty four (564) cases (23.7%) acquired the infection through homosexual or bisexual contact. The proportion of MSM among newly reported HIV patient had remained at 20% recently. Four salient features were revealed:

1. MSM still accounted for a significant proportion in HIV cases.
2. The number of HIV cases reported in MSM was rising in recent years.
3. Chinese ethnics and age of 25-44 were the two main factors for the increase.
4. In one of the studies, young MSM and aged 15-24 engaged in risky behaviour more frequently.

### ***HIV Prevention Programme in MSM by AIDS Concern***

Mr Paul Louey shared with members the HIV preventive programme in MSM carried out by the AIDS Concern in particular the preventive activities in the gay sauna. It was reassuring that the programme was effective and would be continued.

### ***World AIDS Day 2004***

Members were also informed of the Red Ribbon Centre’s preparatory work for the “World AIDS Day (WAD) 2004”. The theme of the year’s World AIDS Campaign was “Women, Girls, HIV and AIDS”. To mark the 20<sup>th</sup> year of Hong Kong’s response to HIV/AIDS, it would publish a commemorative booklet and collaborate with Ming Pao in organizing the “0.2 – Most Inspiring Persons in Hong Kong AIDS Epidemic” Poll. In connection with the WAD 2004, the meeting also agreed that the secretariat should collect information from various organizations on all AIDS related activities in Hong Kong and put together an activities calendar.

### ***APCC Occasional Review : HIV Infection and Its Prevention in Elderly People in Hong Kong***

Members noted the occasional review which analysed HIV infection in elderly people in Hong Kong and proposed three strategies for curbing the local upsurge of HIV infection in elderly people.

### ***Seventh International Congress on AIDS in Asia and the Pacific***

Members were provided basic information above the event which would be held from 1 to 5 July 2005 in Kobe, Japan.

### ***HIV Situation in Female in Hong Kong***

The World AIDS Day 2004 was the focus of the meeting. To match the theme of the year’s World AIDS Campaign – Women, Girls, HIV and AIDS, members were presented HIV situation in female in Hong Kong. It was noted that 19% of all reported cases of HIV infection were female (464 out of 2384) as at the end of June 2004. Cumulatively, 94 female AIDS cases were reported at the same period of time. The situation of female with HIV infection was summarized as follows :

- (a) The number of HIV infected female was increasing since 1993.
- (b) Heterosexual contact was the major route of transmission in female.
- (c) The major attribute of the increase included age of 25-34. Both Chinese ethnicity and Asian, non-Chinese ethnicity were attributes for the increase.
- (d) The seroprevalence of HIV in women at reproductive age was low.
- (e) Provision of HIV programmes targeted women was limited, both in scope and coverage.

## ***Hong Kong's Response on World AIDS Day 2004***

Knowing very well the World AIDS Day fell on 1 December 2004, members were introduced the events and activities organized by AIDS NGOs to promote HIV/AIDS awareness and acceptance in Hong Kong around the World AIDS day. Members were given a flyer listing out the programme highlights.

## ***Chief Executive's Community Project List***

Members were introduced the Chief Executive's community project list, a funding scheme allowing NGOs to realize their large scale innovative projects with cost over \$10 million. Funds would be provided by the Hong Kong Jockey Club Charities Trust.

## ***APCC Occasional Review : HIV Situation in 'Men who has Sex with Men' (MSM) in Hong Kong***

Members noted the occasional review. The paper was a record on APCC's discussion on the subject and the agreed strategies for HIV prevention in MSM in Hong Kong.

## ***Knowledge and Attitude of HIV/AIDS Prevention in Ethnic Minorities in Hong Kong***

The focus of the discussion was on ethnic minorities in Hong Kong. A representative of the Home Affairs Bureau briefed members on the distinctive features of main ethnic minorities in Hong Kong. Representatives of two NGOs also presented to members the results of their recent surveys on HIV situation of ethnic minorities in Hong Kong and their awareness of HIV/AIDS.

## ***APCC Occasional Review : HIV Situation in Female in Hong Kong***

Members noted occasional review. The paper was a record on APCC's discussion on the subject and the agreed strategies for HIV prevention in female in Hong Kong.

## ***A Standard Drug Formulary in Hospital Authority***

As the HA Standard Drug Formulary was giving serious cause for concern, the meeting agreed to report members' concern to the ACA for its follow-up action.

## ***Casebook of HIV/AIDS Services and Programme Evaluation***

Members were presented the "Casebook of HIV/AIDS Services & Program Evaluation" by the principal investigator of the professional consultancy team formed with the funding support from the AIDS Trust Fund to provide training and professional support in programme evaluation to personnel involved in HIV/AIDS programmes and projects. The casebook recorded the investigation results of common practices of programme evaluation adopted by agencies involved in HIV/AIDS prevention and care activities and collected a number of existing and good practices of HIV/AIDS activities. He shared with members the evaluation methods and the use of indicators for measuring effectiveness of the projects. It was concluded that there would be a need to further encourage HIV/AIDS agencies to pay more attention to programme evaluation of their projects.

## ***Report of a Pilot Study on Using OraQuick HIV-1/2 Rapid Test in AIDS Counselling and Testing Service***

On the report of a pilot study of using OraQuick HIV – 1/2 rapid test in AIDS



Counselling and Testing Service, members were presented the results of a pilot study examining the feasibility and client satisfaction of applying OraQuick HIV 1/2 rapid test from February to May 2004. 320 subjects were recruited to participate in the study. Members were concerned about the false negative rapid test result and the counseling services for clients. They also gave their views on how to promote early testing by using rapid test.

### ***Safer Sex Campaign 2005***

Regarding “Safer Sex Campaign 2005”, members were informed that HIV transmission through sexual contact was the commonest route in Hong Kong. Safer sex would be an effective measure to prevent HIV transmission from this route. A safer sex campaign would be held from September to December 2005. The highlights of the campaign would include :

- A launching ceremony on 4 September 2005 with new TV and radio APIs;
- A sex education forum on 25 September 2005 targeting at professionals;
- A new icon to promote the use of condom;
- A free condom distribution network; and
- A range of activities organized by AIDS NGOs in the Safer Sex Month.

## **5. Committee on Promoting Acceptance of People Living with HIV/AIDS**

### **Introduction**

The Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA) was formed in 1999 in response to a proposal contained in the External Consultancy Report in 1998. It is responsible for coordinating and recommending strategies for promoting acceptance of people living with HIV/AIDS. It also works towards creating an environment of acceptance through community mobilization, conducting studies and making recommendations accordingly.

### **Terms of Reference**

The current terms of reference for the Committee are as follows :

- (a) Recommend measures conducive to promoting acceptance of people living with HIV/AIDS;
- (b) Explore legal and ethical issues of HIV/AIDS and their implications on societal acceptance;
- (c) Examine and recommend responses to incidents relating to the acceptance of people infected or affected by HIV/AIDS.

In line with the terms of reference, the CPA agreed the following three Courses of action at its first meeting in the current term :

- (a) Examination of current issues on stigma, discrimination or the promotion of acceptance of people living with HIV/AIDS in Hong Kong or other places as appropriate;
- (b) Advocacy in appealing for the acceptance of people living with HIV/AIDS, through responding to issues in (a) and/or other means to be worked out;

- (c) Identification of best practices in the promotion of acceptance of people living with HIV/AIDS.

### **Membership**

Alongside people living with HIV/AIDS, members of the CPA are drawn from a wide spectrum of professions including doctors, nurses, academia, social workers, as well as selected public bodies including the Hospital Authority, the Equal Opportunities Commission and the Consumer Council. Representatives from the Health, Welfare and Food Bureau, the Social Welfare Department and the Department of Health are also working together towards the goal of eliminating all kinds of stigma and discrimination against people living with HIV/AIDS.

A membership list of CPA is in Appendix C.

The CPA met two times during the reporting period as follows :

1. 15<sup>th</sup> meeting – 2 September 2004
2. 16<sup>th</sup> meeting – 13 July 2005

### **Summary**

The CPA examined and reviewed the following issues and paper in the period covered by this report :

***Final Version of Ethical Principles on Partner Counselling and Referral for HIV Infected Individuals in Hong Kong***

Members made tremendous contribution to the formulation of a set of recommended ethical principles. After several rounds of discussions, the Committee finally came up with the following principles :

Principle ONE : PCRS should be conducted by health professionals who are taking care of HIV infected patients. Appropriately conducted PCRS is beneficial to HIV infected individuals, their partners and the community.

Principle TWO : Approaches to provide PCRS is diversified with different pros and cons. Health professionals should work with the patient to decide on the most appropriate approach.

Principle THREE : The conduct of PCRS should always comply with the local law and professional codes.

Principle FOUR : PCRS protocol should be developed by individual health service taking care of HIV infected patients. In case of doubt when handling difficult cases, advice from relevant authority should be sought.

It was agreed to send the recommended ethical principles to relevant professional bodies for reference and to upload them online on the virtual AIDS office for public viewing.

### ***Final Report on Social and Support Services to People with HIV/AIDS in Hong Kong***

The Chairman of the AIDS Social and Support Services Working Group presented the final report to the Committee. The working group had examined the current level of provision of 8 non-clinical services and identified 5 specific areas of services needed improvement. They were

- (a) funeral services;
- (b) special concern for HIV infected haemophilia patients;
- (c) peer counselling and self help activities;
- (d) residential care services; and

- (e) employment and vocational training. After discussion, the working group would further explore the possibility of regarding HIV infected people as people with chronic illness.

### ***Preliminary Results Report on Assessment of Stresses and Coping Strategies in People Living with Haemophilia and HIV Infection in Hong Kong***

Members were presented the preliminary results of the assessment of stresses and coping strategies in people living with haemophilia and HIV infection in Hong Kong. They learnt of the condition of the 32 patients identified for the study. The patients usually encountered the following problems :

- (a) isolation from society;
- (b) mobility;
- (c) access to care; and
- (d) financial needs.

### ***Fourth Discussion on the Report on Social and Support Services to People with HIV/AIDS in Hong Kong***

Members further discussed the report on the review on social and support services to people with HIV/AIDS in Hong Kong. It was agreed to submit the report to the ACA for endorsement at its 51<sup>st</sup> meeting to be held on 22 July 2005.

### ***Registration Card for People with Disabilities of the Central Registry for Rehabilitation***

Regarding the new registration card (RC) for people with disabilities of the Central Registry for Rehabilitation, members noted the issue of new card commencing 1 July 2005. New features of the card included cardholder's photograph, deployment of security papers,

insertion of and end date. Members were of the view that the type of disabilities should not be shown on the new RC.

### ***A New API Featuring Yao Ming and Magic Johnson***

For the new API featuring Yao Ming and Magic Johnson, members were given to know the background and the production of the API. They agreed to further pursue the opportunity to work with Yao Ming to promote the acceptance of people living with HIV/AIDS.



## 6. Scientific Committee on AIDS

### Introduction

The Scientific Committee on AIDS (SCA) was renamed from the former Scientific Working Group on AIDS in December 1993. The main objective of the SCA in the current term of office is to consolidate the scientific foundation of HIV programmes in local context but with an international perspective.

### Terms of Reference

The SCA has the following terms of reference :-

- (a) to advise on the effective surveillance of HIV/AIDS, and the monitoring of the situation as it relates to Hong Kong;
- (b) to advise on the development of effective clinical and public health programmes on HIV/AIDS in Hong Kong;
- (c) to establish rationale and develop principles on the effective prevention, treatment and control of HIV infection in Hong Kong;
- (d) to promote the development of research agenda on HIV/AIDS and its related areas in Hong Kong; and
- (e) to promote regional and international collaboration of research activities in HIV/AIDS. (Note : new item proposed by SCA members)

### Membership

The SCA is composed of professional experts and academicians in HIV medicine, clinical medicine and its relevant specialties, public health, social and behavioural sciences. A list of the members is in Appendix D. It met

four times during the reporting period as follows :-

1. (33<sup>rd</sup> meeting) 21 September 2004
2. (34<sup>th</sup> meeting) 14 December 2004
3. (35<sup>th</sup> meeting) 15 March 2005
4. (36<sup>th</sup> meeting) 28 June 2005

### Summary

The SCA examined and review the following issues and papers in the period covered by this report :

#### ***Draft Recommendations on Infection Control Practice for the Prevention of HIV in Health Care Settings***

Membered reexamined the revised recommendations which were based on international and local infection control guidelines. Members agreed that the approved version should replace the previous guidelines and be uploaded on-line for public access.

#### ***Clinical Governance and Audit of HIV Medicine – Experience at the ITC***

Membered noted that the paper was a supplement to the previous discussion paper with the title “Recommended framework for the delivery of HIV clinical care in Hong Kong”. The paper followed Prof. Barlett’s suggestions and tried to provide some indicators as adopted by the Kowloon Bay Integrated Treatment Centre (ITC), it would form the Annex of the previous paper to become a complete set of recommended framework for the delivery of HIV clinical care in Hong Kong.

## ***An Agenda for Supporting HIV/AIDS Research in Hong Kong***

Members examined the paper which aimed to develop an agenda for supporting research, rather than the development of a research agenda. The approach had been changed in the light of discussions at previous SCA meetings. The paper provided OECD classification of R&D and a current profile of HIV/AIDS research in Hong Kong. Under the Areas of Concern section, the paper attempted to explain the limitations on carrying out the three types of researches. At the end, it outlined some recommendations which would become the agenda for supporting HIV/AIDS research programmes in Hong Kong.

## ***Unlinked Anonymous Screening for HIV Surveillance in Hong Kong 1997-2003***

Members noted that the unlinked anonymous screening (UAS) was first introduced in Hong Kong in November 1990 under the auspices of the then Scientific Working Group on AIDS. They discussed the findings of the UAS from 1997 to 2003. Under the UAS, the specimens were collected from the following specific groups of individuals : a) drug users attending methadone clinics, b) drug users attending inpatient drug treatment centers, c) street drug users, d) correctional institutes inmates, e) tuberculosis patients, and f) pregnant women. Members agreed to the continuation of the UAS.

## ***Draft Report on Sentinel Syndromic STI Surveillance in Hong Kong***

Members noted that a working group on STI information system was formed under the SCA in early 2003 with the objective to formulate a feasible system to better collect and collate information on STI locally. They further examined the method, results, accomplishments and constraints of the surveillance system developed by the working group. A summary on the feedback of

Sexually Transmitted Infection Workshop 2004 conducted in November was presented for the information of members. It was agreed that the Chairman should write a letter to the Secretary for Health, Welfare and Food appealing to him for waiving the charge for non-eligible persons attending Social Hygiene Clinics

## ***Recommended Framework for the Delivery of HIV Clinical Care in Hong Kong***

Members reexamined the paper which set out the recommended goal, principles and standards of a practical model for delivering HIV clinical care in the setting of Hong Kong. A checklist on the development of standards in clinical HIV care was also attached. Members endorsed the paper and agreed to its release.

## ***Report of a Pilot Study of Using OraQuick HIV-1/2 Rapid Test in AIDS Counselling and Testing Service***

Members noted the report. The AIDS Counselling and Testing Service of the Special Preventive Programme administered a pilot study to examine the feasibility and client satisfaction of applying OraQuick HIV 1/2 rapid test from February to May 2004. 320 subjects were recruited to participate in the study. Members discussed the outcomes of the study.

## ***Antiretroviral Postexposure Prophylaxis after Sexual, Injection-drug Use, or Other Nonoccupational Exposure to HIV in the United States – Recommendations from the US Department of Health and Human Services***

Members noted that the Department of Health and Human Services of the Centers for Disease Control and Prevention had issued new

recommendations on nPEP. A 28-day course of highly active antiretroviral therapy (HAART) is recommended for persons seeking care  $\leq$  72 hours after nonoccupational exposure to blood, genital secretions, or other potentially infectious body fluids of a person known to be HIV infected, when that exposure represents a substantial risk for transmission. Members were of the views that the applicability of the US recommendations might not be suitable for Hong Kong.

### ***Twenty Years of Clinical HIV/AIDS in Hong Kong***

Members noted the paper which followed the previous discussions on setting a research agenda on HIV/AIDS for Hong Kong and attempted to review the published findings pertaining to clinical HIV/AIDS in Hong Kong in the last 20 years. Members also noted the key local developments on clinical care and research since the first diagnosis of HIV/AIDS in Hong Kong in 1984.

### ***Universal Antenatal HIV Testing Programme in Hong Kong***

#### ***(a) Evaluation of the Programme – Review of the Years 2001 to 2004***

#### ***(b) Cost Effectiveness of the Programme – Analysis of Data from September 2001 to December 2004***

Members examined the general performance regarding HIV testing and the outcome of mothers and babies of the universal antenatal HIV testing programme for the prevention of mother to child transmission of HIV from September 2001 to December 2004 and further evaluated specifically on the cost-effectiveness of the programme for the same period of time. They also discussed how best to take forward the programme.

### **Methadone Clinic Universal Urine-based HIV Antibody Testing Programme in its First Year**

Members noted the first year report, the methadone clinic universal HIV antibody urine testing programme (MUT programme) was a new initiative of the Department of Health to enhance access to voluntary HIV testing for drug users attending the methadone clinics. After a pilot running with evaluation from July to September 2003, a full programme rolled out in January 2004 with the following objectives :

- (a) To promote early HIV detection in infected drug users;
- (b) To enhance surveillance;
- (c) To provide information on HIV/AIDS and drug user; and
- (d) To link HIV detection with treatment services for facilitating the provision of care and public health intervention.

Members were presented the findings and lessons learnt from the implementation of the programme in its first year in 2004.

### ***Unlinked Anonymous Screening for HIV Surveillance in Hong Kong 1997-2004***

Members noted the paper which summarized the findings of the UAS for the period up to 2004.





## 7. A Chronicle of the Third Year Events

<u>Date</u>	<u>Event</u>
5-6 August 2004	Guangdong-Hong Kong-Macau Tripartite Meeting in Hong Kong
27 August 2004	ACA Chairman attended the joint meeting of three Lion Clubs of Hong Kong at the Sheraton Hotel
2 September 2004	The 15th CPA Meeting at RRC
10 September 2004	The 17th APCC Meeting at Dominion Centre
21 September 2004	The 33rd SCA Meeting at Wu Chung House
22 September 2004	ACA Chairman attended "Our Church Has AIDS: Anglican Communion Responds Worldwide VCD Launching Ceremony cum the 9th Year Anniversary Celebration of the St. John's Cathedral HIV Education Centre" organized by St John's Cathedral HIV Education Centre
8 October 2004	The 48th ACA Meeting at Wu Chung House
19 October 2004	ACA Chairman attended the lecture on "The AIDS pandemic : what are the options for the control of transmission, morbidity and mortality in 2004" presented by Prof Roy Anderson at the University of Hong Kong
26 November 2004	The 18th APCC Meeting at Dominion Centre
28 November 2004	ACA Chairman attended "獅子會禁毒警覺遍香江"服務計劃 organized by the International Association of Lions Clubs
28 November 2004	ACA Chairman attended "親子之路-樂與怒嘉年華大匯演" organized by Teen AIDS
29 November 2004	ACA Chairman attended "HIV/AIDS - It's Your Business" organized by Standard Chartered
1 December 2004	ACA Chairman attended "Red Ribbon Concert-1 December 2004" organized by St John's Cathedral HIV Education Centre
1 December 2004	ACA Chairman attended "0.2 Twenty Years of AIDS in Hong Kong" organized by RRC
1-3 December 2004	ACA Secretary attended the Third International Conference on HIV/AIDS and Other Viral Diseases in Nanning, Guangxi
5 December 2004	ACA Chairman attended "九週年感恩暨義工頒獎禮" organized by Teen AIDS
14 December 2004	The 34 <sup>th</sup> SCA Meeting at Wu Chung House
2-5 January 2005	ACA Chairman and Secretary visited Zhengzhon, Henan to exchange information on HIV treatment
7 January 2005	The 49 <sup>th</sup> ACA Meeting at Wu Chung House
22 February 2005	ACA Chairman attended HKDA Monthly Meeting as Speaker "AIDS in HK for the Last Twenty Years-A Dental Perspective" organized by HK Dental Association (Ltd)

15 March 2005	ACA Chairman and Secretary attended a meeting in Beijing to exchange views on HIV prevention, surveillance and treatment with professional staff of National Centre for STD/AIDS Prevention and Control of China CDC
15 March 2005	The 35 <sup>th</sup> SCA Meeting at Wu Chung House
18 March 2005	The 19th APCC Meeting at Dominion Centre
19 March 2005	ACA Chairman attended "燃點安全性火大行動"organized by RRC/CHP/RTHK
8 April 2005	The 50th ACA Meeting at Wu Chung House
17 June 2005	The 20th APCC Meeting at World Trade Centre
28 June 2005	The 36th SCA Meeting at Wu Chung House
1-5 July 2005	Chairmen of ACA, CPA and SCA attended the 7 <sup>th</sup> International Congress on AIDS in Asia and the Pacific at Kobe, Japan
13 July 2005	The 16th CPA Meeting at RRC
22 July 2005	The 51st ACA Meeting at Wu Chung House

## 8. A Gallery



*ACA Meeting at Wu Chung House*



*APCC Meeting at World Trade Centre*



*CPA Meeting at RRC*



*SCA Meeting at Wu Chung House*





*0.2 –Twenty Years of AIDS in Hong Kong held on 1 December 2004*



*ACA Chairman Visited Henan, China on 2-5 January 2005*





*ACA Chairman attended the 7<sup>th</sup> ICAAP held on 1-5 July 2005, Japan*





# Appendix A: ACA Membership List

## Hong Kong Advisory Council on AIDS (ACA) (Fifth-Term: August 2002-July 2005)

### Chairman:

Dr TSO Wei-kwok, Homer, BBS, JP

### Vice-Chairman:

*Department of Health :*

Dr LAM Ping-yan, JP

### Members:

Ms CHAN Yu

Prof CHEN Char-nie, JP

Prof CHEUNG Mui-ching, Fanny

Rev CHU Yiu-ming

Dr FAN Yun-sun, Susan

Ms FANG Meng-seng, Christine, JP  
(from August 2004 to December 2004)

Prof HO Suk-ching, Sara

Prof LAM Tai-hing, JP

Prof LAU Yu-lung

Dr LI Chung-ki, Patrick, BBS

Prof MAK Ping-see, Diana

Dr TAN Richard

Mrs WONG IP Wai-ying, Diana

Prof WONG Lung-tak, Patrick, JP

*Education and Manpower  
Bureau :*

Dr CHAN Ka-ki

*Health, Welfare & Food Bureau :*

Ms Susie HO, JP

*Hospital Authority :*

Dr LAI Fook-ming, Lawrence, JP

*Social Welfare Department :*

Ms CHAN Chiu-ling, Ophelia, BBS

**Secretary:**

*Department of Health :*

Dr LEE Shui-shan, JP  
(up to March 2005)

Dr WONG Ka-hing  
(from March 2005)

**Council Secretariat:**

*Department of Health :*

Mr WONG Man-kong

Ms WONG Yim-ping

Ms TANG Yuk-lan

## **Appendix B: APCC Membership List**

**AIDS Prevention and Care Committee (APCC)**  
(Fifth-Term: August 2002-July 2005)

### **Chairperson:**

Mrs WONG IP Wai-ying, Diana

### **Members:**

Ms CHAN Lai-hing, Alice

Ms CHAN Yu

Mr CHAU Ting-leung, Marco

Ms CHING Tsui-wan, Atty

Dr FAN Yun-sun, Susan

Ms FUNG Elijah

Ms HO Pik-yuk, Shara

Mr KAM Hing-fat, William

Mr KO Chun-wa

Dr KWONG Kwok-wai, Heston

Dr LAI Fook-ming, Lawrence, JP

Prof LAM Tai-hing, JP

Mr CHEUNG Kei, Freely  
(up to October 2004)

Mr LEE Man-sing, Howard  
(from October 2004)

Ms LI Kai-kuen

Mr LOUEY Chi-ming, Paul

Prof MAK Ping-see, Diana

Ms SUN Miu, Milk

Mr TAM Wai-to

Dr TAN Richard

Mr TO Chung-chi

Ms YAU Yuk-lan, Janet

Mrs YUE LIU Mai-ye, Elaine

Ms YUEN How-sin

***Department of Health :***

**Secretaries:**

Dr WAN Wai-yee  
(up to September 2004)

Dr LEE Chi-kei, Krystal  
(from September 2004)

Mr WONG Man-kong

**Special Advisor :**

Dr Tim BROWN

## Appendix C: CPA Membership List

### Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA)

(Fifth-Term: August 2002-July 2005)

#### Chairman:

Prof CHEN Char-nie, JP

#### Members:

Ms CHAN Chiu-ling, Ophelia, BBS

Dr CHAN Kam-tim, Michael  
(up to January 2005)

Ms CHAN Sui-ching, Iris

Mr CHAN Wing-kai

Ms CHOI Siu-fong, Esther

Rev CHU Yiu-ming

Ms CHUNG Wai-yee, Rita

Prof HO Suk-ching, Sara

Mr KWOK Lap-shu

Dr KWONG Kwok-wai, Heston

Dr LEUNG Pak-yin, JP

Mr MAK Hoi-wah

Mr PANG Hung-cheong

Ms SUEN Shuk-yin, Christina

Dr TAN Richard

Mrs CHU YEUNG Pak-yu, Patricia, BBS  
(up to January 2005)

Mr TANG Yee-bong, Raymond  
(from January 2005)

Mr WON Mau-cheong

Dr WONG Tin-yau

Mr YIM Kwok-keung

#### Secretaries:

*Department of Health :*

Dr LEE Chi-kei, Krystal

Mr WONG Man-kong

## **Appendix D: SCA Membership List**

### **Scientific Committee on AIDS (SCA)**

(Fifth-Term: August 2002-July 2005)

#### **Chairman:**

Prof LAU Yu-lung

#### **Members:**

Dr CHAN Kin-keung, Eugene

Prof CHEN Char-nie, JP

Dr JONES Brian

Dr LAI Sik-to, Thomas

Prof LAM Tai-hing, JP

Prof LEE Shiu-hung, JP

Dr LI Chung-ki, Patrick, BBS

Dr LIM Wei-ling, JP

Dr LIN Che-kit

Dr LO Kuen-kong

Dr LO Wing-lok, JP

Prof NG Mun-lun

Prof SETO Wing-hong

#### **Secretaries:**

Dr CHAN Kam-tim, Michael  
(up to January 2005)

Dr WONG Ka-hing  
(from January 2005)

Mr WONG Man-kong

#### **Special Advisor:**

Ms SHEN Jie

# Appendix E: Lists of ACA Meeting Agenda

## Agenda for the 48th Meeting of the Hong Kong Advisory Council on AIDS

Date: 8 October 2004 (Friday)

Time: 2:30 pm

Venue: Conference Room, Department of Health, 21/F, Wu Chung House,  
213 Queen's Road East, Wan Chai, Hong Kong

### Agenda

1. Confirmation of minutes of the 47th meeting
2. Matters arising
3. Construction of core indicators for monitoring Hong Kong's AIDS programme (Final Report)  
(ACA Information paper I-19/02-05)
4. Planning the future of the Advisory Council on AIDS
  - (a) Proposed schema for the review of the fifth term of office of the Advisory Council on AIDS  
(ACA Discussion paper D-15/02-05)
  - (b) Planning of a new role for the Scientific Committee on AIDS  
(ACA Discussion paper D-14/02-05)
5. LegCo adjournment debate on AIDS – ten years on  
(ACA Information paper I-20/02-05)
6. Study on the needs of HIV infected Haemophiliacs in Hong Kong (Final Report)  
(ACA Information paper I-21/02-05)
7. Any other business

Proposed meeting schedules for the ACA and its Committees in 2005  
(ACA Information Paper I-22/02-05)
8. Date of next meeting



## **Agenda for the 49th Meeting of the Hong Kong Advisory Council on AIDS**

Date: 7 January 2005 (Friday)

Time: 2:30 pm

Venue: Conference Room, Department of Health, 21/F, Wu Chung House,  
213 Queen's Road East, Wan Chai, Hong Kong

### **Agenda**

1. Confirmation of minutes of the 48th meeting
  
2. Matters arising
  
3. Epidemiological review of HIV infection in Hong Kong  
- HIV Surveillance Report-2003 Update  
(ACA Information Paper I-23/02-05)
  
4. The Government's responses to HIV/AIDS 1984-2004  
- LegCo paper for Health Services Panel meeting on 8 November 2004  
And minutes of meeting  
(ACA Information Paper I-24/02-05)
  
5. Supply, demand and harm reduction strategies in Australian prisons – implementation, cost and evaluation – a report prepared for the Australian National Council on Drugs, July 2004.  
(ACA Information Paper I-25/02-05)
  
6. A review of the work of the Advisory Council on AIDS 2002-2005  
(ACA Discussion Paper D-16/02-05)
  
7. Any other business
  
8. Date of next meeting

## **Agenda for the 50th Meeting of the Hong Kong Advisory Council on AIDS**

Date: 8 April 2005 (Friday)

Time: 2:30 pm

Venue: Conference Room, Department of Health, 21/F, Wu Chung House,  
213 Queen's Road East, Wan Chai, Hong Kong

### **Agenda**

1. Confirmation of minutes of the 49th meeting
  
2. Matters arising
  
3. HIV/AIDS prevention, care and control programmes of the Correctional Services Department  
(ACA Information paper I-26/02-05)  
(The paper will be delivered later)
  
4. Prevention and control of HIV/AIDS in prison settings – overseas experience  
(ACA Information paper I-27/02-05)
  
5. Introduction of a standard drug formulary in Hospital Authority  
(ACA Discussion paper D-17/02-05)
  
6. An evaluation of the work of the Hong Kong Advisory Council on AIDS and its three Committees for the term 2002 to 2005  
(ACA Discussion paper D-18/02-05)
  
7. Any other business
  
8. Date of next meeting

## **Agenda for the 51st Meeting of the Hong Kong Advisory Council on AIDS**

Date: 22 July 2005 (Friday)

Time: 2:30 pm

Venue: Conference Room, Department of Health, 21/F, Wu Chung House,  
213 Queen's Road East, Wan Chai, Hong Kong

### **Agenda**

1. Taking of group photo
2. Confirmation of minutes of the 50th meeting
3. Matters arising
4. Moving into the 6<sup>th</sup> term of office of Hong Kong Advisory Council on AIDS  
(ACA Discussion Paper D-19/02-05)
5. Safer sex campaign 2005  
(ACA Discussion Paper D-20/02-05)
6. Report on 7<sup>th</sup> International Congress on AIDS in Asia and the Pacific  
(ACA Information Paper I-28/02-05)
7. Report on social and support services to people with HIV/AIDS in Hong Kong  
(ACA Information Paper I-29/02-05)  
(To be delivered later)
8. Any other business

### **ACA Secretariat**

Address : Department of Health  
5/F, Yaumatei Jockey Club Clinic  
145 Battery Street  
Yaumatei  
Kowloon  
Hong Kong

Tel : (852) 2304 6100  
Fax : (852) 2337 0897  
E-mail : [aca@dh.gov.hk](mailto:aca@dh.gov.hk)  
ACA Website : [www.aca-hk.com](http://www.aca-hk.com)



