Factsheet

June 2021

An overview of HIV/AIDS situation of Female Sex Worker (FSW) and Male Clients of Female Sex Worker (MCFSW) in Hong Kong for Community Stakeholders' Consultation Meeting (CCM) 2021

Background

Female sex workers (FSW) and Male clients of female sex workers (MCFSW) both are the at-risk populations of HIV infection. In order to keep track the HIV prevalence and the related risky behaviours among these population, the Department of Health (DH) regularly conducted surveys to collect data for FSW and MCFSW.

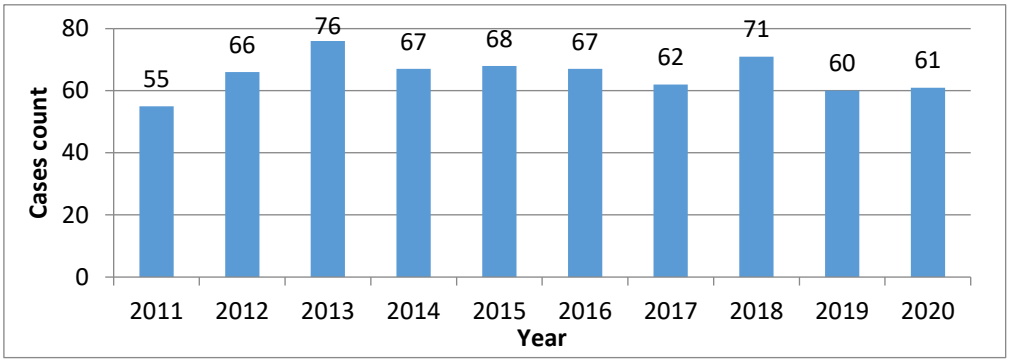
The population size of FSW and MCFSW are difficult to estimate as they often work/buy service in secrecy. A local NGO for sex workers estimated the number of sex workers was about 20,000 in 2001.[1] In addition, the population of FSW in Hong Kong is highly mobile migrant sex workers[2], which mainly come across the border from mainland-China and South East Asia countries into Hong Kong. This rapidly changing ecology of sex industry and high turnover rate of FSW made it difficult to keep track of the populations.

Mapping of female sex workers was performed in August 2006 and July 2009 during the conduction CRiSP study. It was estimated that around 10,500 and 7,100 of female sex workers were working in Hong Kong in 2006 and 2009 respectively. Because of the hidden nature of FSWs controlled by pimps and those illegal FSWs, these numbers were likely to underestimate the actual scenario.

How many female sex workers are infected with HIV?

- DH received report of HIV infection cases through voluntary HIV/AIDs Reporting System. However, the occupation of the case was not captured.
- The number of female cases reported to DH has remained at around 9-14% of all newly reported cases in recent 10 years. Excluding the cases with undetermined route of transmission, almost all of them were transmitted through heterosexual contact.

Trend of number of new cases (heterosexual female; HEF)



Number of HEF reported cases remained stable (9-14% of all reported cases) in recent 10 years.

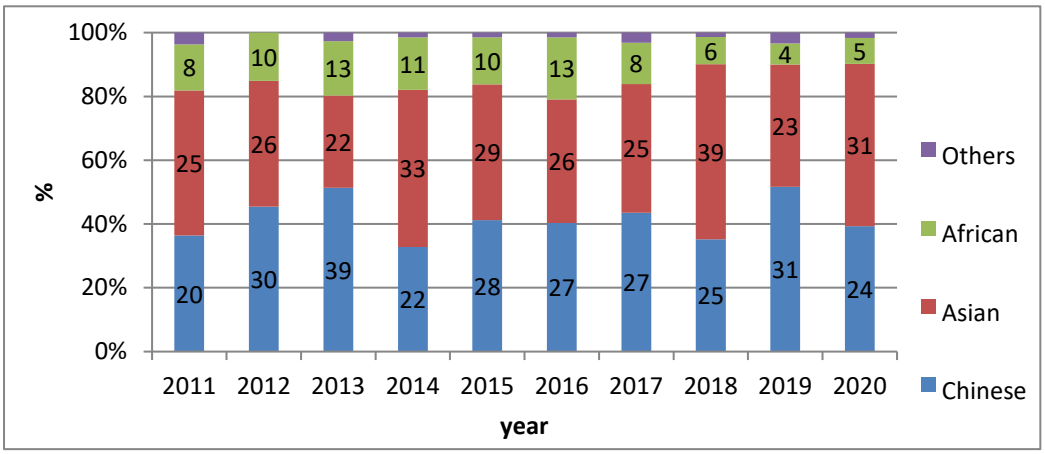
[1] Ziteng. The sex trade industry in Hong Kong: a call for activism and transformation. 2001. Available at: http://www.ziteng.org.hk/eng/the-sex-trade-industry-in-hong-kong.

[2] Cheung, N. (2012). Accounting for and managing risk in sex work: A study of female sex workers in Hong Kong. (unpublished)

Demographics of reported HEF HIV cases

In 2011-2020, there were 653 new HEF cases, of which 42.7% were non-Chinese Asians, 41.8% were Chinese and 13.5% were Africans. The proportion of non-Chinese Asian cases increased from 45.5% in 2011 to 50.8% in 2020, while the proportion of African decreasaed from 14.6% in 2011 to 8.2% in 2020. Around 65% of cases were 30-49 years old. Overall, 49.8% reported the source of infection in Hong Kong while 26.3% in other places. For non-Chinese Asians, most of them (56.3%) were infected in Hong Kong while around 31% in South East Asia (Indonesia/Philippines/Thailand). However, for African, over 80% of cases were infected in African countries (South Africa/Uganda).

Ethnicity of new cases



Percentage of non-Chinese Asian and Chinese cases were comparable in HEF.

Absolute number of cases per ethnicity were shown in the bar.

HIV prevalence among FSW

Year	Number of urine specimen collected	Number of positive tests	Adjusted Prevalence (%)
CRiSP 2006	996	5	0.19
CRiSP 2009	986	2	0.05
HARiS 2013	605	0	0.00
HARiS 2019	553	0	0.00

Source:

CRiSP - Community Based Risk Behavioural and Seroprevalence Survey for Female Sex Workers

HARiS - HIV and AIDS Response Indicator Survey for Female Sex Worker

Situation of Sex Workers in some Asian countries[3]

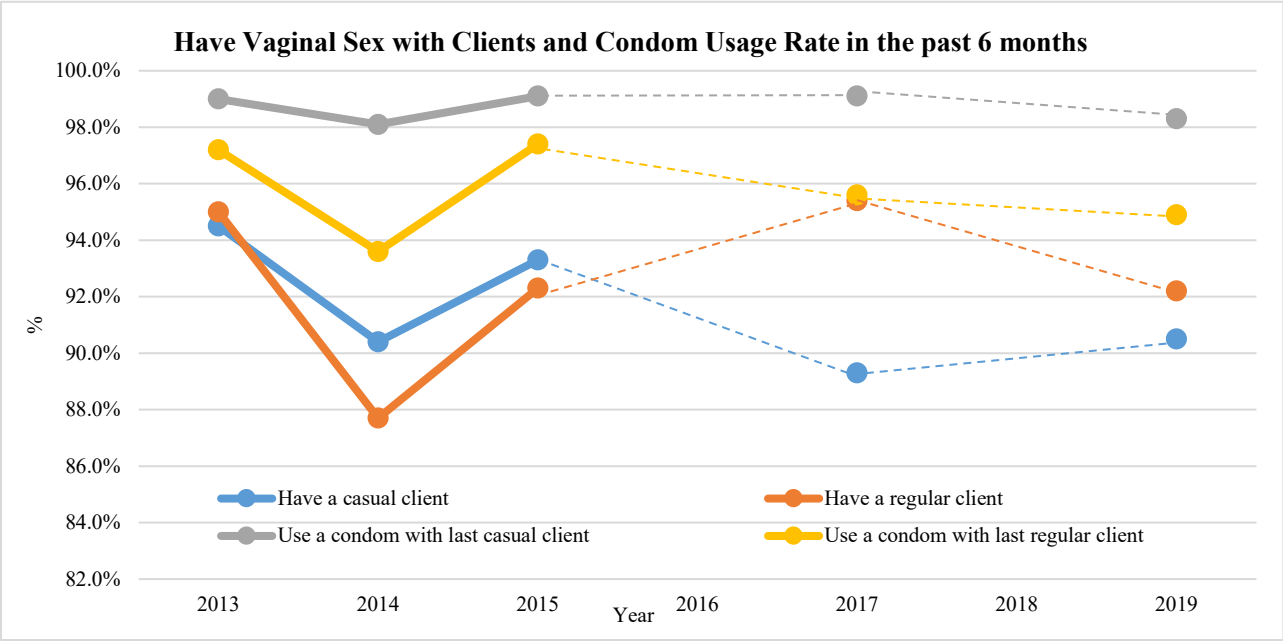
	Population size estimate	HIV prevalence
China[4]	Several millions	0.2%
Philippines	210,000	0.6%
Thailand	43,000	2.8%
Vietnam	86,000	3.6%
Indonesia	226,800	5.3%

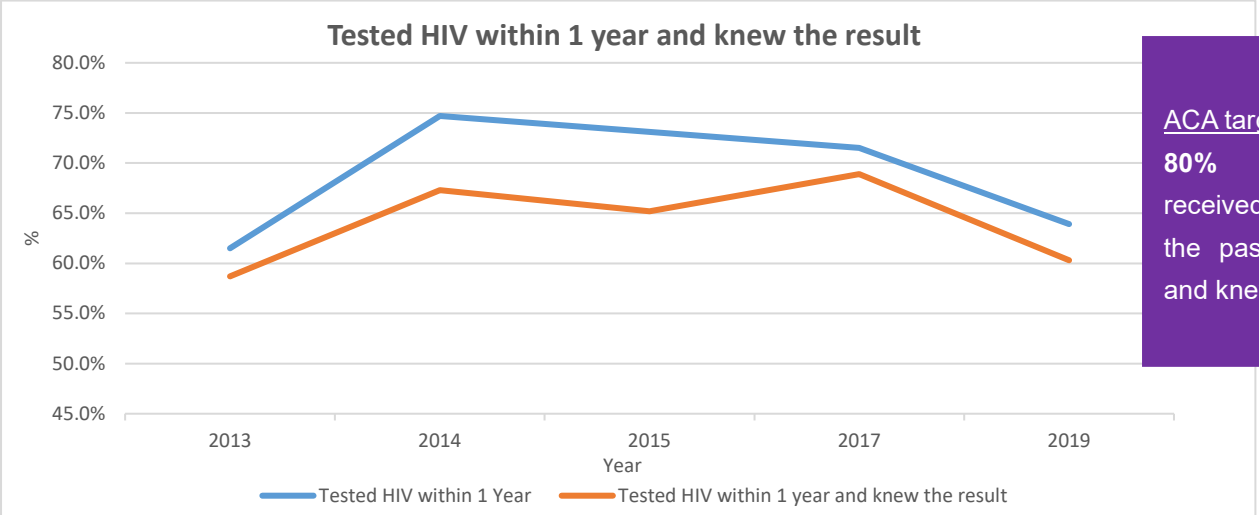
[3]UNAIDS. Countries factsheets. Available at https://www.unaids.org/en/regionscountries/countries (Accessed 30 June 2021)

[4]Avert. HIV and AIDS in China. Available at https://www.avert.org/professionals/hiv-around-world/asia-pacific/china

Sexual risk behaviour of FSW

579 FSW were recruited in HARiS 2019. Over 90% were Chinese and 45% of them were at 40-49 age group. Their work places (top 3) were one-women brothel (31.6%), street-work (25.9%) and karaoke/night clubs (19.7%).





ACA targets:
80% of FSW received HIV test in the past one year and knew the result.

STI Knowledge (FSW aged 24 or below): % of participants answered correctly (questions with <50% correct rate are sorted out)	**HARiS 2019**
HIV be transmitted by mosquito or insect bites	42.5%
If you get STIs, you will always develop symptoms like itching, ulcers or vaginal discharge	15.0%
If you get STIs, you may not be able to have children if not treated properly	45.0%
If you get STIs, you chance of getting HIV will be increased	45.0%

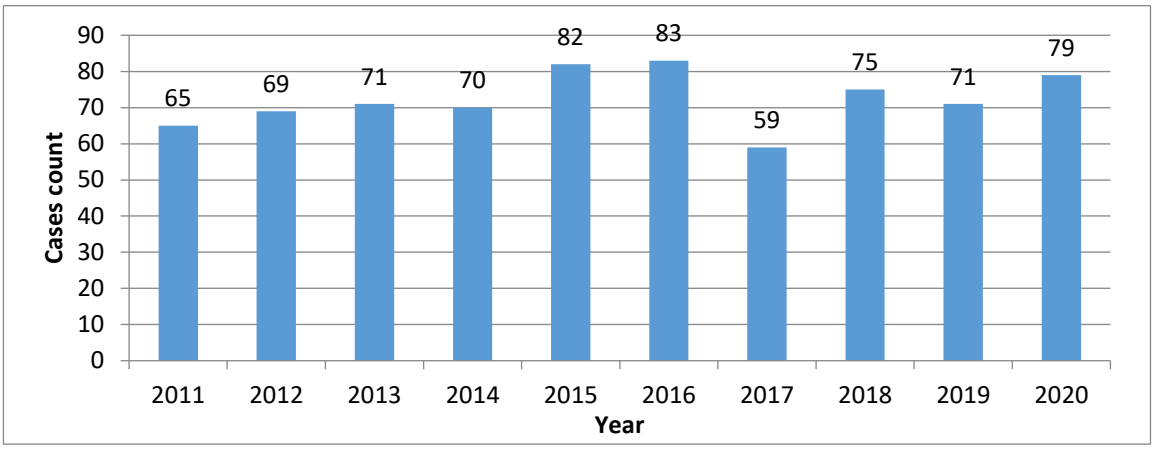
The use of condoms among FSW remained high (>90%) in recent years while the testing rate was unsatisfactory. STI knowledge of young FSW was unsatisfactory in general.

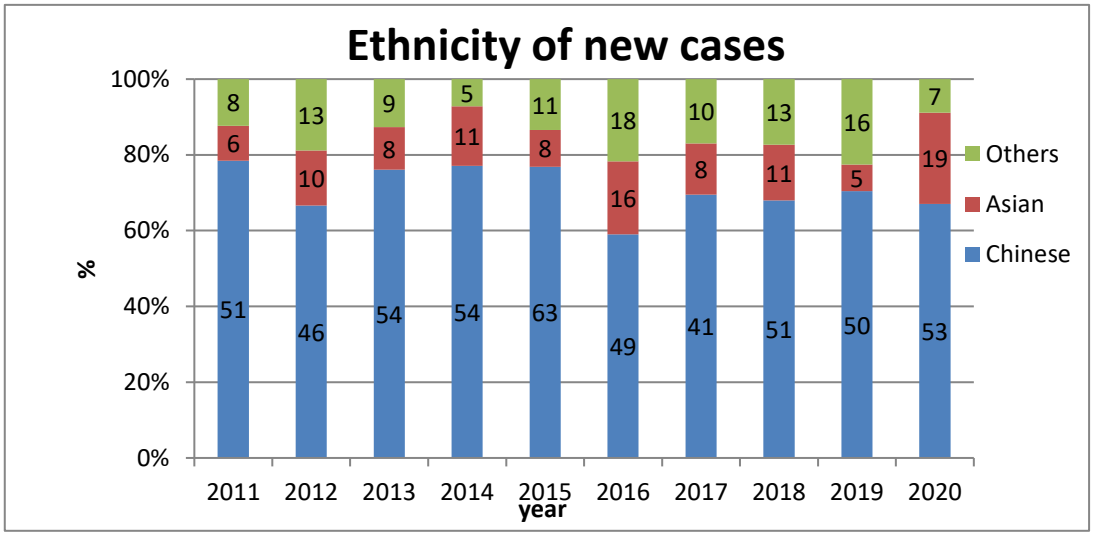
Sampling frame of the FSW in HARiS of different years varies, the results should be interpreted with caution.

Male client of female sex worker (MCFSW)

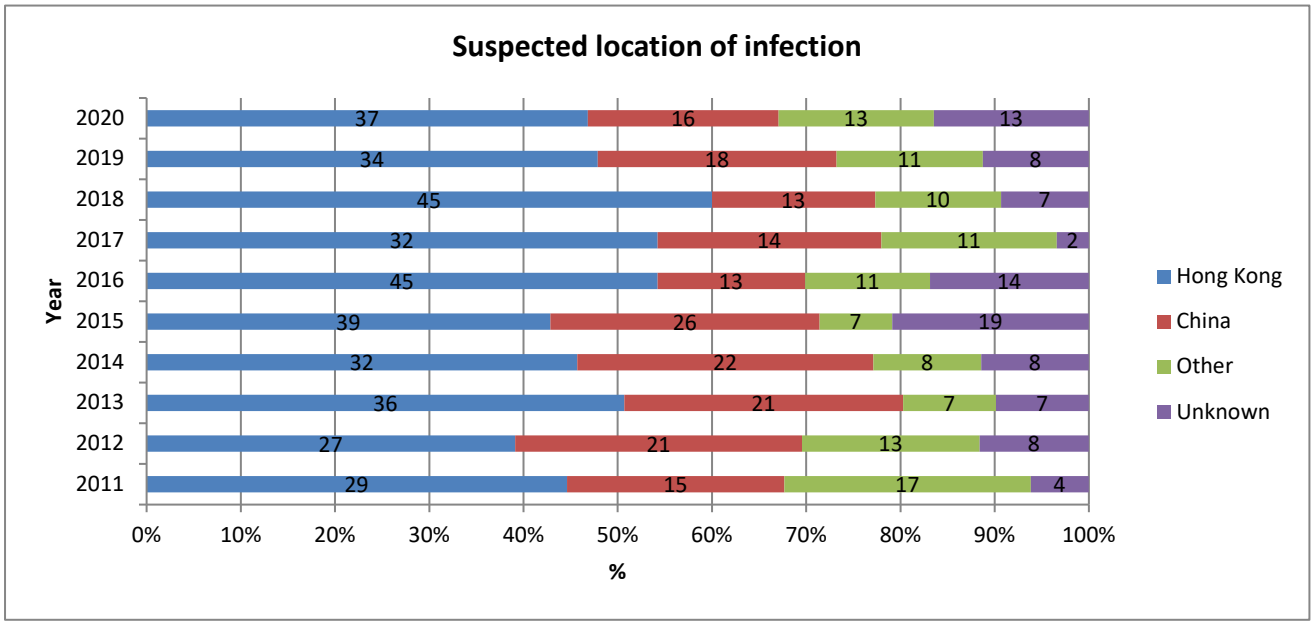
Trend of new cases (Heterosexual male, HEM)

Number of HEM reported cases remained stable in recent 10 years. It constituted a proportion of 10-15% among all reported cases.



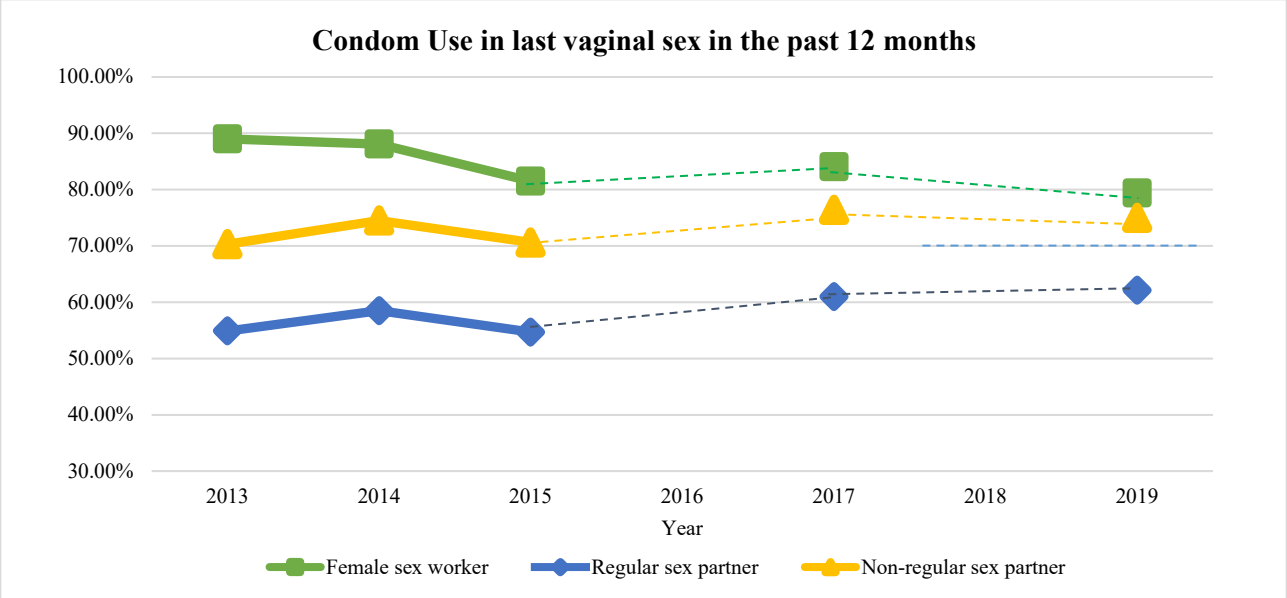


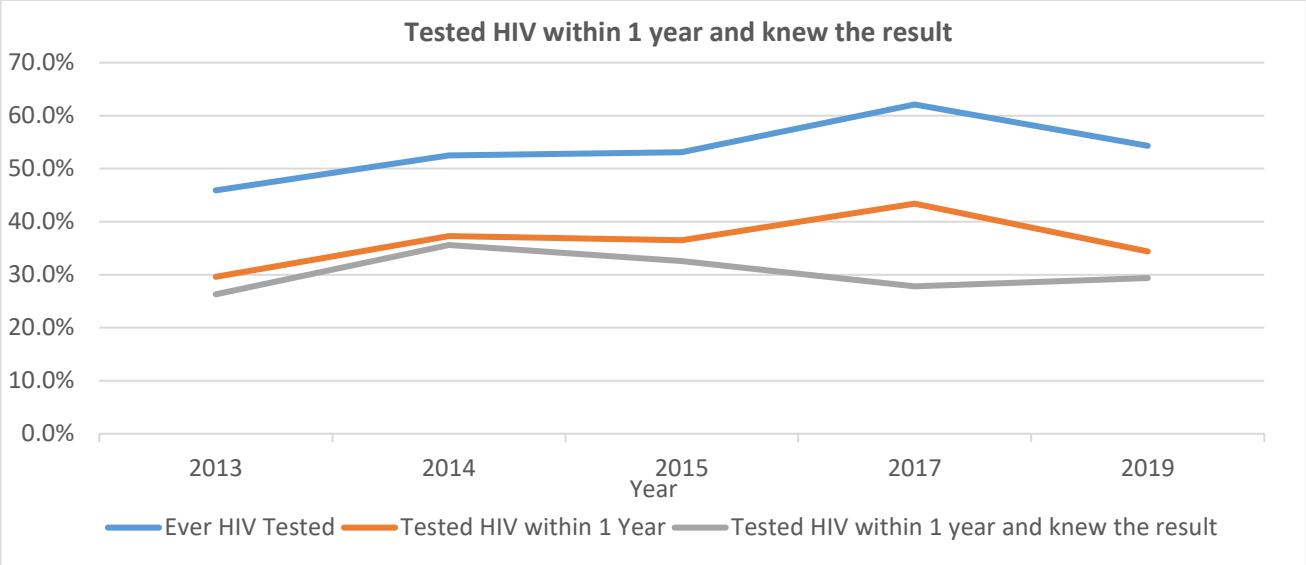
Chinese accounted for around 70% of cases, which is different to HEF.



Sexual risk behaviour of MCFSW (Source : HARiS)

398 MCFSW were recruited in HARiS 2019. Over 90% were Chinese and nearly 80% of them were at 20-39 age group. The commonest type of FSW in last patronized was one-women brothel (50.8%), followed by massage parlor (8.8%) and outcall through agency (7.8%).





MCFSW as a potential bridge for HIV transmission between FSW and the general population, the condom use rate in last vaginal sex with FSW have decreased from 84.1% in 2017 to 79.4% in 2019. Furthermore, the last condom use rate with regular and non-regular sex partners remained low (62.1% and 75.0% respectively).

The HIV testing rate in last 12 months (34.4%) had remained at a low level throughout the years, which was the lowest when compared with the corresponding figures of other key populations.

Current Response in HIV Prevention

The ultimate aims of HIV/AIDS health promotion activities are to prevent HIV transmission and minimize the negative impacts of the disease on personal and societal levels.

Objectives

- Foster supportive environment for the delivery of prevention and care services
- Provide broad based public awareness programme on HIV/AIDS for all community groups
- Mobilize and enhance the participation of the community
- Promote acceptance of people living with HIV/AIDS

Major indicators (2016-2021)

Area	Outcome Indicators	Target by end-2020	Findings at HARiS 2019
Prevention Coverage	% of Female sex workers (FSW) received free condoms in the past 1 year	≥90%	75%
	% of FSW have accessed at least one item of HIV combination prevention services in the last 1 year (such service may include free condoms, HIV testing, free new syringes, HIV prevention messages, or PrEP as appropriate)	≥90%	87%
	% of FSW received HIV test in the last year and know the result	≥80%	60%

Fundings are available for application by NGOs providing HIV prevention services, drug rehabilitation services and sexual minority services. **(Annex I)**

The following summary includes local HIV interventions in recent years including:

1. Free condom and lubricant distribution

- Free government-funded male condom and lubricant are distributed by DH and NGOs. The condom procurement by DH followed the WHO recommendation on male condom[5]. (Please refer to **Annex II** for number of condom distributed)
- Large size or small size condom were provided to sex worker NGOs/venues for specific users such as Ethnic minority men.

[5] Male Latex Condom:Specification, Prequalification and Guidelines for Procurement. https://www.who.int/reproductivehealth/topics/family_planning/condoms-safety/en/

2. Hotline, counselling service and HIV testing services

(For hotlines, please refer to **Annex II**) e.g. the DH AIDS Hotline 2780 2211 provide information on HIV/AIDS and the public could book appointment for free HIV testing services.

HIV testing service

- All clients attending the Maternal and Child Health Centres of the Department of Health (DH) and the Antenatal clinics of Hospital Authority (HA) hospitals will be offered the HIV test as part of routine antenatal blood testing.
- All clients in Methadone clinic of DH required to receive HIV antibody test (urine) once a year.
- All tuberculosis patients in Chest clinic of DH will be offered HIV test.
- Social Hygiene clinic of DH provides one stop service for Sexually transmitted illness (including HIV) testing and treatment.
- Other people can seek voluntary counselling and testing service, or HIV self test at the following DH clinics or NGO's centre. Some NGOs also provide outreach testing services for sex workers. **(Annex II)**
- Guidelines (July 2009) and Checklist (September 2013, revised June 2014) were drawn up for quality assurance of the VCT services; annual internal audit has been conducted since 2013.

3. Dissemination of HIV prevention messages

- NGOs have been running projects through internet outreach: mobile HIV testing/HIV self test and health education through chat rooms and social media to reach the more hidden population. Dating apps become more important as a channel of internet outreach service, especially for FSW and compensated dating targets.
- TV advertisement has spearheaded publicity campaign in the past. Different strategies and means have been adopted at various stages of publicity to keep AIDS on the public agenda.
- DH and NGOs have been running projects in the community: health education and condom distribution at public places (e.g. red light district) or targeted venues (e.g. border control points, saunas, one-person brothel and motels) and venue outreach by NGOs.
- In the World AIDS Day on Dec 1st every year, DH and AIDS NGOs hold different events to increase public awareness on HIV prevention and caring on PLHIV.

4. Capacity building for NGO workers and healthcare workers

- Provide training workshop to update participants' knowledge on HIV-related prevention, investigation, treatment and care. Enhance understanding and special consideration for selected populations, including sex worker, in order to facilitate daily services. **(Annex II)**

5. Medical service for HIV and Sexually transmitted illness treatment

HIV post-exposure prophylaxis

- PEP (Post-exposure prophylaxis) refers to taking anti-HIV medicine after any high-risk exposure to HIV virus in order to reduce the risk of HIV infection. PEP must be started within 72 hours after a possible exposure, the sooner the better. Generally speaking, anti-HIV medications for PEP are available at the Accident and Emergency Departments of public hospitals and at certain private clinics or hospitals.
- If PEP is started, continued follow up is important. The Therapeutic Prevention Clinic of the DH provides follow up after initiation of PEP. The Hospital Authority also follows up its health care staff exposed in the health care setting.

HIV treatment

- Currently, there are three designated HIV clinical services in the public sector: the Integrated Treatment Centre (ITC) of the DH, the AIDS Clinical Service of Queen Elizabeth Hospital (QEH) and the Infectious Disease Special Medical (IDSM) Clinic of Princess Margaret Hospital (PMH). These centres serve the vast majority of HIV infected patients engaged in care.

Other sexually transmitted illness

- The Social Hygiene Service of DH is responsible for the prevention and control of sexually transmitted infections (STI). In the control of STI, social hygiene clinics accept walk-in clients and provide medical treatment and counselling service, thus ensuring a high degree of accessibility. Staff of the Anti-Venereal Disease Office carries out contact tracing, health education and outreach activities targeting FSW to control the spread of STI.

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