Factsheet

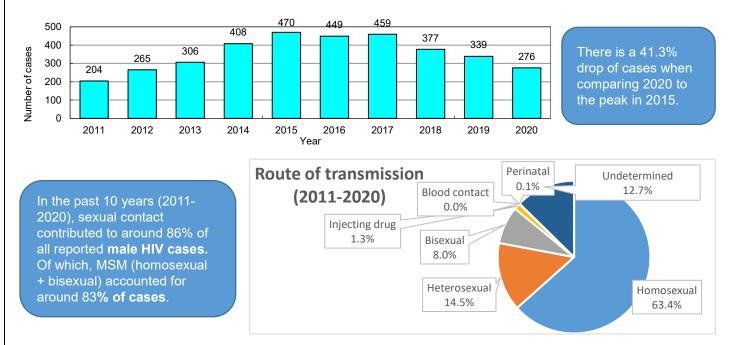
An overview of HIV/AIDS situation of Men who have sex with men (MSM) in Hong Kong for Community Stakeholders' Consultation Meeting (CCM) 2021

Background

Department of Health (DH) regularly monitors the trend of HIV infection and conducts behavioural surveys of high risk groups including the MSM. The situation of risky behaviour of MSM such as the use of substance before/during sex (chemsex) has been monitored serially through community-based survey "PRiSM"¹ and NGO-based survey "HARIS"². Ad-hoc thematic survey on mental health was conducted in 2018³. While the number of reported new HIV cases from MSM dropped for more than 40% from the peak of 2015 (470 cases), the predominance of young MSM infected with HIV/AIDS warrants continual attention. Rising prevalence of chemsex and the increasing use of pre-exposure prophylaxis (PrEP), as an additional option of HIV prevention, are closely monitored.

How many MSM are there in Hong Kong?

According to UNAIDS, the median population size estimate of MSM in male population is 1.63% in Asian and the Pacific region⁴. Another local population-based study done between 1999 and 2000 estimated that 4.1% of adult (aged 18-60) male were MSM, of which 47.1% were sexually active, i.e. 1.93%.⁵



Trend of new cases (MSM)

https://www.aids.gov.hk/english/surveillance/sur report/oth rep2021 msm e.pdf

¹ DH. Factsheet. PRiSM - HIV Prevalence and Risk behavioural Survey of Men who have sex with men in Hong Kong 2017. Available at https://www.aids.gov.hk/english/surveillance/surreport/prism2017e.pdf

² DH. Factsheet. HARiS - HIV and AIDS Response Indicator Survey 2020 for Men who have Sex with Men, 2021. Available at

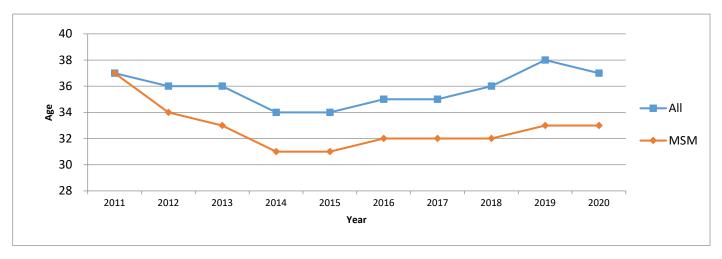
³ DH. Factsheet. Mental health, Substance use and Sexual health survey 2018 for gay, bisexual men and transgender women. Available at https://www.aids.gov.hk/english/surveillance/surreport/mss_gbmtw2018_e.pdf

⁴ UNAIDS. Factsheet - Recommended population size estimates of men who have sex with men, available at

https://www.unaids.org/sites/default/files/media_asset/2020-recommended-population-size-estimates-of-men-who-have-sex-with-men_en.pdf ⁵ Lau JT, Siah PC, Tsui HY. A study of the STD/AIDS related attitudes and behaviors of men who have sex with men in Hong Kong. *Arch Sex Behav.* 2002;31:367-73.

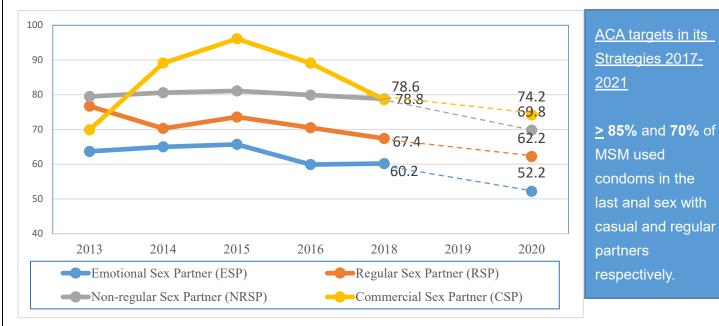
Age and ethnicity of new MSM cases

Although the newly reported MSM HIV infection cases were still "young", the median age was found to be increasing. Over 80% of new MSM cases were Chinese.



How common is HIV infection among MSM? (HIV prevalence in Asian Countries⁶)

PRiSM 2011 ⁷ (Community-based)	4.08%	Singapore	2.2%	Philippines	5.0%
HARiS 2014 ⁸ (Venue (NGO)-based)	5.85%	Korea	3.0%	China	6.3%
PRiSM 2017 (Community-based)	6.54%	Japan	4.8%	Thailand	11.9%



Condom use in last anal sex in last 6 months with different partners (Source: HARiS 2014-2020)

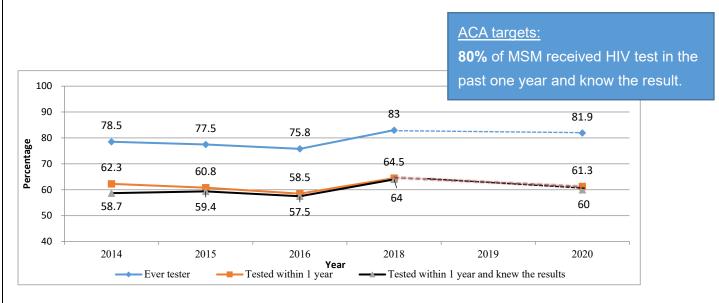
⁶ UNAIDS. Countries factsheets. Available at <u>https://www.unaids.org/en/regionscountries/countries</u>

⁷ DH. Factsheet. PRiSM - HIV Prevalence and Risk behavioural Survey of Men who have sex with men in Hong Kong 2011. Available at https://www.aids.gov.hk/english/surveillance/surreport/prism2011e.pdf

⁸ DH. Factsheet. HARiS - HIV and AIDS Response Indicator Survey 2014 for Men who have Sex with Men, 2014. Available at <u>https://www.aids.gov.hk/english/surveillance/sur_report/oth_rep2015_msm_e.pdf</u>

Drop in condom use rates during last sex across all four types of sexual partners was noted. The use of PrEP was first asked as an alternative option of HIV prevention in HARIS 2020. The rates of <u>condom use and/or PrEP use</u> before/after last anal sex were increased to 57.8% (ESP), 67.7% (RSP), 74.6% (NRSP) and 80.8% (CSP) respectively compared to using condom only. The MSM respondents might have used PrEP as an alternative/additional option to protect themselves from HIV.

To protect from other STIs and viral hepatitis, it is important to have safer sex practice with <u>consistent</u> <u>and correct use of condom</u>, irrespective of the type of sexual partner.



HIV testing behavior (Source: HARiS 2014-2020)

DH HIV self-testing study (Sept 2019 - Jul 2020)⁹

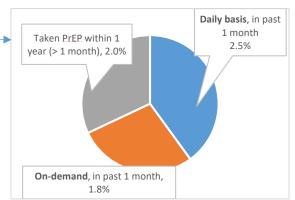
A total of 1260 subjects were recruited and 86.8% of them were self-reported MSM. Over **80%** of MSM were 20-39 years old. Among MSM participants, as high as 30.8% were "first time tester" when they joined this study. The evertesting rate (69.2%) was lower than previous community survey findings (79% in PRiSM 2017), while the age of subjects in this study was generally lower. The testing rate within past 12 months was also lower (42.1%) compared with the 52.6% in PRiSM 2017. HIV self-testing by oral fluid was well-accepted by local MSM community in the study, 86.5% of MSM participants reported that they would increase HIV testing frequency in the future.

HIVST provided an alternative testing option to conventional HIV testing services, especially during the period of COVID-19 pandemic.

⁹ Factsheet. A Feasibility Study of Using a Web-based Ordering and Result Upload of HIV Self-testing (HIVST) among Men Who Have Sex with Men (MSM) in Hong Kong. Available at <u>https://www.aids.gov.hk/pdf/HIVST_eng.pdf</u>.

Increasing awareness and use of PrEP

In HARiS 2020, **6.3%** of MSM used PrEP in the past 1 year, compared to 1.1% in the similar survey conducted 2018.



Access to post-exposure prophylaxis (PEP)

Financial Year	Occupational	Non-occupational	Non-occupational Exposure	Total
	Exposure	Exposure (Sexual)	(Exclude Sexual)	
2016-17	13	62	5	80
2017-18	6	91	7	104
2018-19	8	134	9	151
2019-20	7	123	6	136
2020-21	14	138	3	155

The need of access to PEP for non-occupational sexual exposure is increasing.

Situation of chemsex (taken any recreational drugs or substances during or before sex)

In HARiS 2020, **8.6%** of MSM reported had chemsex in the past 6 months compared to 7.3% in 2018. The commonest use of drugs (2020) were Poppers/RUSH (70.9%), Ice (48.0%), GHB (40.2%) and Viagra/Levitra/Cialis (37.0%).

	Chemsex	Chemsex	Slamming
		(excluded poppers and/or Viagra)	(among Chemsex)
PRiSM 2017	16.2%	5.7%	4.2%
HARiS 2018	7.3%	5.7%	10.0%
HARIS 2020	8.6%	4.9%	10.2%

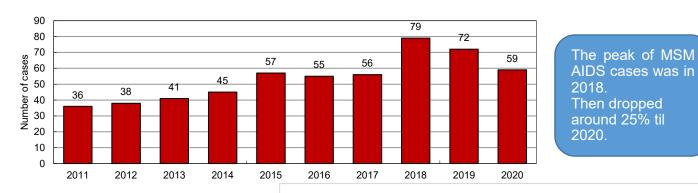
Different methodology (PRiSM vs. HARiS) of surveys yield different results, which should be interpreted cautiously.

Mental	health o	of MSM
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	LGBT individuals ¹ (N=1050)	GBT samples ² (N=504)	General population ³ (N=5719)
Depression	30.9% (moderate or above) 14% (severe or above)	29.0% (moderate or above) 13.3% (severe or above)	2.9% (depressive episode)6.9% (Mixed anxiety and depressive disorder)
Anxiety	25.9% (moderate or above) 9.4% (severe or above)	37.9% (moderate or above) 20.8% (severe or above)	 1.5% (other anxiety disorders) 4.2% (generalized anxiety disorder)
Stress		17.1% (moderate or above) 5.8% (severe or extremely severe)	uisoraer,

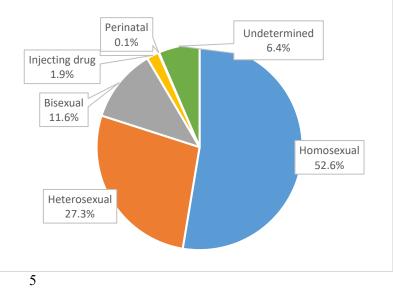
¹ A local study on LGBT mental health (2017) by CUHK (unpublished) ² Mental health, Substance use and Sexual health survey 2018, DH (2018) ³ The Hong Kong mental morbidity survey (2010-2013) by CUHK, a commissioned project supported by the Health and Health Services Research Fund

AIDS cases among MSM



In the past decade, sexual contact contributed to around 92% of all reported **male AIDS** cases. Among them, MSM accounted for around 70% of cases.

Route of transmission (2011-2020)



UNAIDS 90-90-90 indicators target to be achieved by 2020 (MSM)

Hong Kong	2016	2017	2018
90% of all people living with HIV* should know their status.	86.1%	90.2%	89.6%
90% of all those who are diagnosed HIV positive to be on		91.6%	89.6%
sustained antiretroviral treatment ART.			
90% of those on ART having an undetectable viral load.	93.5%	93.5%	96.1%

* People living with HIV (PLHIV) derived by Asia Epidemic Model.

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

Outcome indicators set in the Recommended HIV/AIDS Strategies for Hong Kong (2016-2021)

Area	Outcome Indicators	Target by end- 2020	Latest level as at end-2020
Prevention Coverage	% of MSM received free condoms in the year	past 1 <u>></u> 60%	40.6% ¹⁰ /47% ¹¹
	% of MSM have accessed at least one item combination prevention services in the year (such service may include free con HIV testing, free new syringes, HIV preve messages, or PrEP as appropriate)	last 1 doms,	86% ¹⁰ /88% ¹¹
	% of MSM received HIV test in the last year know the result	ar and <u>></u> 80%	60% ¹⁰
Protective or risk behaviours	% of MSM with last anal sex condom use (casual partners)	<u>></u> 85%	74% ¹⁰ /86% ¹¹
	last anal sex (regula partners)	r <u>≥</u> 70%	62% ¹⁰ /76% ¹¹
	consistent use in ar with both regular causal partners	—	52% ¹¹

Fundings are available for application by NGOs providing HIV prevention services, drug rehabilitation services and

¹⁰ HIV/AIDS Response Indicator Survey (HARiS) 2020

¹¹ Community-based HIV Prevalence and Risk Behavioural Survey of Men who have sex with men (PRiSM) 2017

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 condom¹². (Please refer to **Annex II** for number of condom distributed)
- Large size or small size condom were provided to NGOs/venues for specific users such as Ethnic minority men.
- Red Ribbon Centre provide free condom and lubricant to student unions of local tertiary institutions.

2. Hotline, counselling service and HIV testing services

(For hotlines, please refer to Annex II) e.g. Gay Men HIV Testing Hotline at 2117 1069

HIV testing service

- All clients attending the Maternal and Child Health Centres of the DH and the Antenatal clinics of Hospital Authority (HA) hospitals will be offered the HIV test as part of routine antenatal blood testing.
- Social Hygiene Clinics of DH provides one stop services 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 MSM or sex workers. (Annex II)
- Guidelines (July 2009) and Checklist (September 2013, revised June 2014) were drawn up for quality assurance of the VCT services by AIDS NGOs; annual internal audit has been conducted since 2013.

3. Dissemination of HIV prevention messages

- DH and AIDS NGOs heavily utilises websites and social media to promote HIV prevention.
- 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 MSM and FSW targets.
- DH and some NGOs set up thematic websites/social media platforms for HIV prevention targeting MSM (Annex II):

Man-d project (Hong Kong AIDS Foundation) Chinese only https://www.facebook.com/Man.D.Project.Man.D/

• 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.

¹² Male Latex Condom:Specification, Prequalification and Guidelines for Procurement. <u>https://www.who.int/reproductivehealth/topics/family_planning/condoms-safety/en/</u>

- (2015) Department of Health "Face it! Test it!" to promote safer sex and HIV antibody test. https://www.rrc.gov.hk/english/z45.html
- (2018 年) Hong Kong AIDS Foundation "No misconceptions. No discrimination. This is what LOVE is"https://www.youtube.com/watch?v=i4uZvhtwYqw
- (2019) Department of Health "Early Treatment for a Healthy Life" to promote effect of HIV treatment can reduce chance of disease transmission. https://www.rrc.gov.hk/english/z46.html
- DH and AIDS NGOs have been running projects through venue outreach: VCT, health education and condom distribution at public places and targeted venues (e.g. gay bars and saunas).
- DH and AIDS NGOs collaborate with local LGBT organisations to promote HIV prevention, including "Hong Kong Lesbian and Gay Film Festival", "Hong Kong Pride Parade" and "Pink Dot Hong Kong". (Annex II)
- In the <u>World AIDS Day</u> on Dec 1st every year, DH and NGOs hold different events to increase public awareness on HIV prevention and caring on PLHIV.

4. HIV prevention education and sexuality education for young people

• Please refer to the factsheet – An overview of HIV/AIDS situation of "adolescent and youth"

5. Capacity building for NGO workers and healthcare workers

- Provide training workshop to frontline NGO workers and medical professionals to update participants' knowledge on HIV-related prevention, investigation, treatment and care.
- Online conferences were conducted for primary healthcare professionals to enhance understanding and special consideration when providing care for sexuality minorities including MSM. (Annex II)

6. Medical service for HIV, Hepatitis C 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 Department of Health 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 Department of Health, 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.
- AIDS NGOs provided escort services to enhance retention in care for newly diagnosed PHLIV, with peer support for young and older aged PLHIV for their psychosocial well-being.

Hepatitis C infection among PLHIV

The Government has introduced the new initiative¹³ of micro-elimination of HCV infection in HIV-positive people by screening and treating all HIV/HCV co-infected patients, regardless of their disease severity. Surveillance data among HIV-positive patients attending ITC shows a substantially higher prevalence of anti-HCV (5.6 – 8.1%), as compared with that in the general population (0.5%). The initiative has started in the fourth quarter of 2020, and it is estimated that currently diagnosed HIV/HCV co-infected patients would all be treated within 1 to 2 years.

Other sexually transmitted infections

• The Social Hygiene Service of Department of Health is responsible for the prevention and control of sexually transmitted infections (STI). In the control of STI, the 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 to control the spread of STI.

HIV pre-exposure prophylaxis (PrEP)

- "PrEP" stands for pre-exposure prophylaxis. It generally means the use of an antiretroviral medication to prevent the acquisition of HIV infection by uninfected persons.
- The Scientific Committee on AIDS and STI (the Scientific Committee), set up under the Centre for Health Protection (CHP) of the DH issued an interim statement on HIV PrEP which states that,
 - before an effective public health approach for PrEP can be devised, the balance between cost and benefit, among others, has to be addressed. Theoretically, a favourable balance is more likely if PrEP successfully targets people at high risk and achieves high prevention effectiveness; and
 - further studies are needed to ascertain acceptability and demand of PrEP among high riskgroups, their willingness to pay and, above all, effective ways to reach the targeted population. Similarly, data from local studies and experience of implementation should be collected, especially in relation to the setting of delivery, adherence, safety, level of risk compensation and overall prevention effectiveness. As such experience accumulates, estimation of demand can be made and the appropriate model of PrEP delivery determined.

¹³ DH. Hong Kong Viral Hepatitis Action Plan (2020-2024). Available at <u>https://www.hepatitis.gov.hk/english/action_plan/content.html</u>

- Institutions have been conducting studies on PrEP. It is expected that results of the PrEP-related projects could provide more local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery.
- As at today, there is no public PrEP programme and drug indicated for PrEP use was not in the HA/DH Drug Formulary. PrEP can be obtained from private doctors or overseas clinics such as from the Thai Red Cross Society.
- In the current *Recommended HIV/AIDS Strategies of the Hong Kong Advisory Council on AIDS* (2017-2021), local researches and pilot studies targeting young and high risk MSM and sero-discordant couples are encouraged.
- The School of Public Health of the Chinese University of Hong Kong is now conducting researches on PrEP targeting MSM with the latest one exploring implementation on real-world setting. <u>http://nonewhiv.hk/</u>
- An NGO run social enterprise project to provide sexual health services on HIV/STI targeting MSM, also include a regular follow up service for PrEP users. <u>https://aidsconcern.org.hk/zh/services/myplace/</u>

7. Drug rehabilitation services supporting chemsex users

Both Hospital Authority and NGOs provide services including timely counselling, substance abuse treatment and rehabilitation. Followings are services for psychotropic substance abusers:-

- The HA Substance Abuse Clinics provide drug treatment, counselling and in some cases, psychotherapy.
- NGOs can apply funding from "Beat Drug Fund" of Narcotic Division, Security Bureau (Annex I), to implement drug prevention or rehabilitation activities to cater for the needs of persons from varying backgrounds.
 - "SACH-IV" (https://www.facebook.com/TWGHsSACHIV/)
 - "HERO+" MSM Support Service (https://www.hkcs.org/en/services/project-hero)

Prepared by Community Forum on AIDS (CFA) Secretariat for the use of preparation of Community Stakeholders' Consultation Meeting 2021 June 2021