Factsheet

June 2021

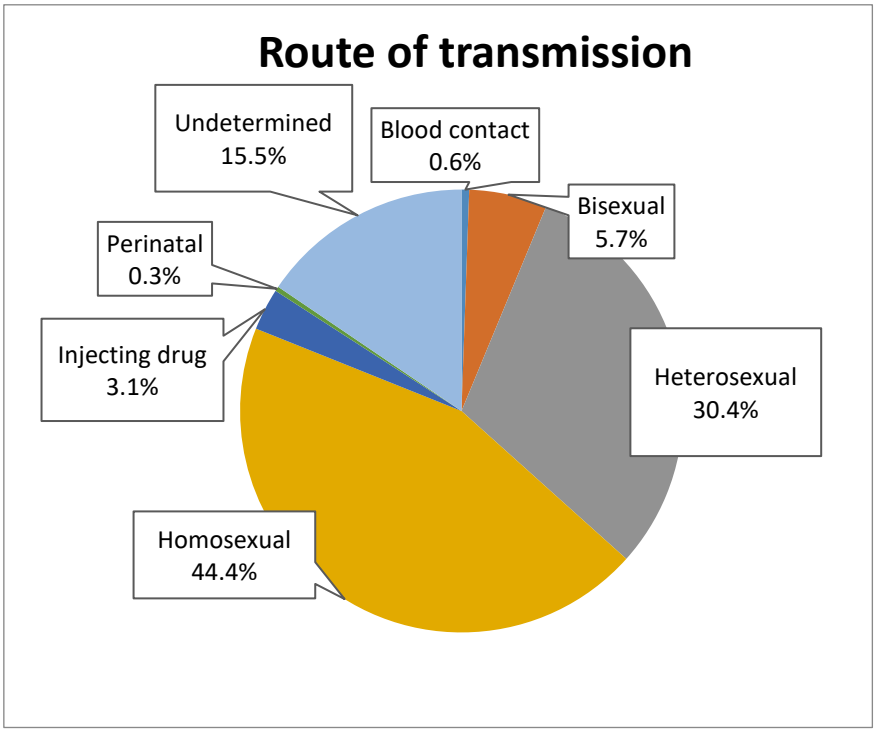
An overview of HIV/AIDS situation of People living with HIV (PLHIV) in Hong Kong
for Community Stakeholders' Consultation Meeting (CCM) 2021

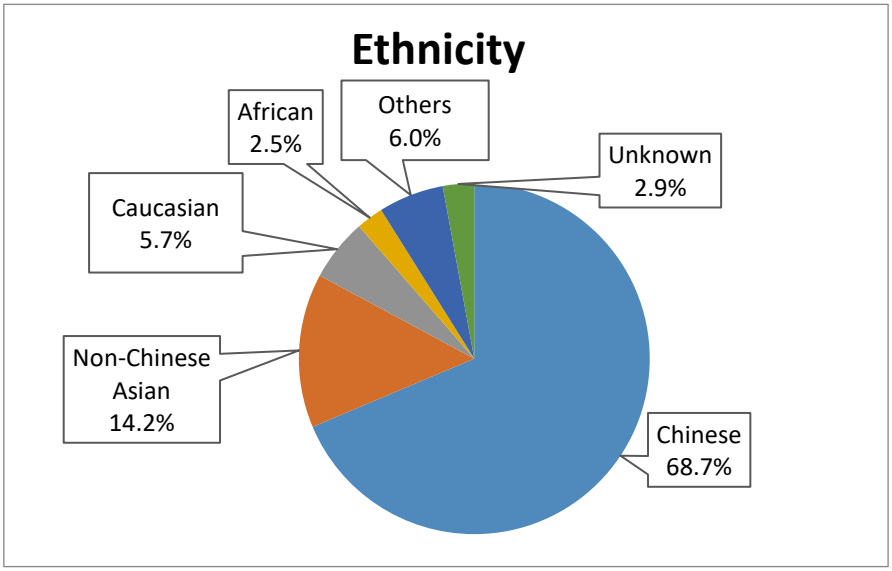
Background

Department of Health (DH) regularly collect data from the three public HIV clinics (Integrated Treatment Centre of DH, Queen Elizabeth Hospital [QEH] and Prince Margaret Hospital [PMH] of HA) via cohort surveillance system to monitor the situation of PLHIV. Different levels of figures such as number of people on anti-HIV treatment, their CD4 count and viral load level are monitored to better identify gaps in HIV treatment and care services hence to develop strategies to improve engagement in standard of care and outcomes for PLHIV.

How many people are living with HIV (PLHIV) in Hong Kong?

- Since the first case of HIV infection reported to DH in 1984, a total of 10,785 cases have been reported as of the end of 2020. After excluding the cases that were known to have left Hong Kong or have died, a total of 9,359 people with HIV remained alive in HK.
- However, the above calculation might not be accurate as the information about the case leaving Hong Kong and death was far from complete.
- Most people living with HIV are within 30-60 years old (their current age as at 2020), which accounted for around 65% out of 9,359 PLHIV. Over 80% of PLHIV are male.





- On the other hand, by applying mathematical modelling using Asian Epidemic Model (AEM), it was estimated that there were 8,523 PLHIV in Hong Kong in 2020.

How many HIV patients are receiving care in Hong Kong? (situation as at end-2019)

Proportion of ever follow up at public HIV clinics

- Data collected under the cohort surveillance of these 3 HIV clinics showed that 6,997 adult patients had ever followed up in any of the HIV clinics and were alive.

Proportion of HIV patients developed AIDS

- Among the 6,997 adult patients, 27.4% have developed AIDS.
- Among them, 75% developed AIDS within 3 months of HIV diagnosis. This suggested a considerable proportion of infected individuals were diagnosed at a late stage.

Proportion of active follow up at public HIV clinics

- 5,863 active patients (83.8%) among all cohort cases were active case follow up in the clinics, defined as retention in care in the recent 12 months or more. The remaining were regarded as "loss to follow up".

Profile of cases loss to follow up

Ethnicity (Top 3)	% of loss to follow up*	Risk (Top 3)	% of loss to follow up*
Asian	46.5% (485)#	People who inject drugs	72.7% (194)
African	46.1% (88)	Heterosexual	18.0% (440)
Caucasian	45.0% (190)	MSM	11.1% (455)
Chinese	6.6% (350)		

*Number of cases of loss to follow up is divided by the total number of patients had ever followed up of that sub-population category.

()#Actual number of cases loss to follow up

Nearly half of the Asian, African and Caucasian cases ever reported to DH were found to have "loss to follow up". The high possibility that they returned to their home countries could not be neglected. A comparatively high proportion of 70% of HIV cases from "people who inject drugs" were loss to follow up.

Proportion receiving HIV treatment

- 97.4% of the active patients were on Highly Active Antiretroviral Therapy (HAART) in the three public clinics. The high percentage of receiving treatment have been well maintained throughout the years since implementation the "treatment as prevention" strategy.

Treatment as Prevention

- Since 2015, all patients diagnosed HIV positive will receive antiretroviral treatment irrespective of the stage of disease, with the goal of a sustained undetectable viral load.
- People with HIV who achieve sustained viral suppression to undetectable level by antiretroviral drugs have no chance of passing on the virus through sex.

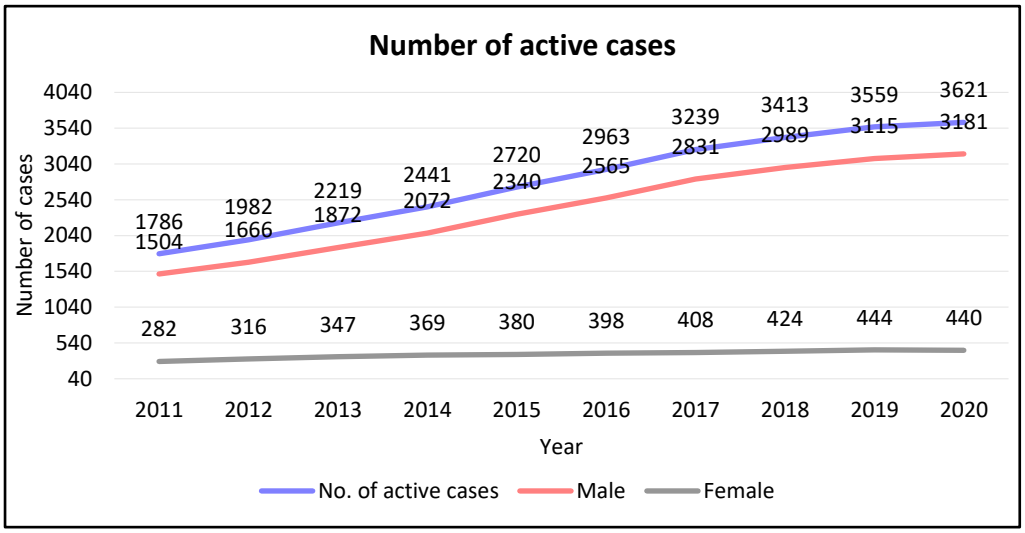
UNAIDS 90-90-90 target

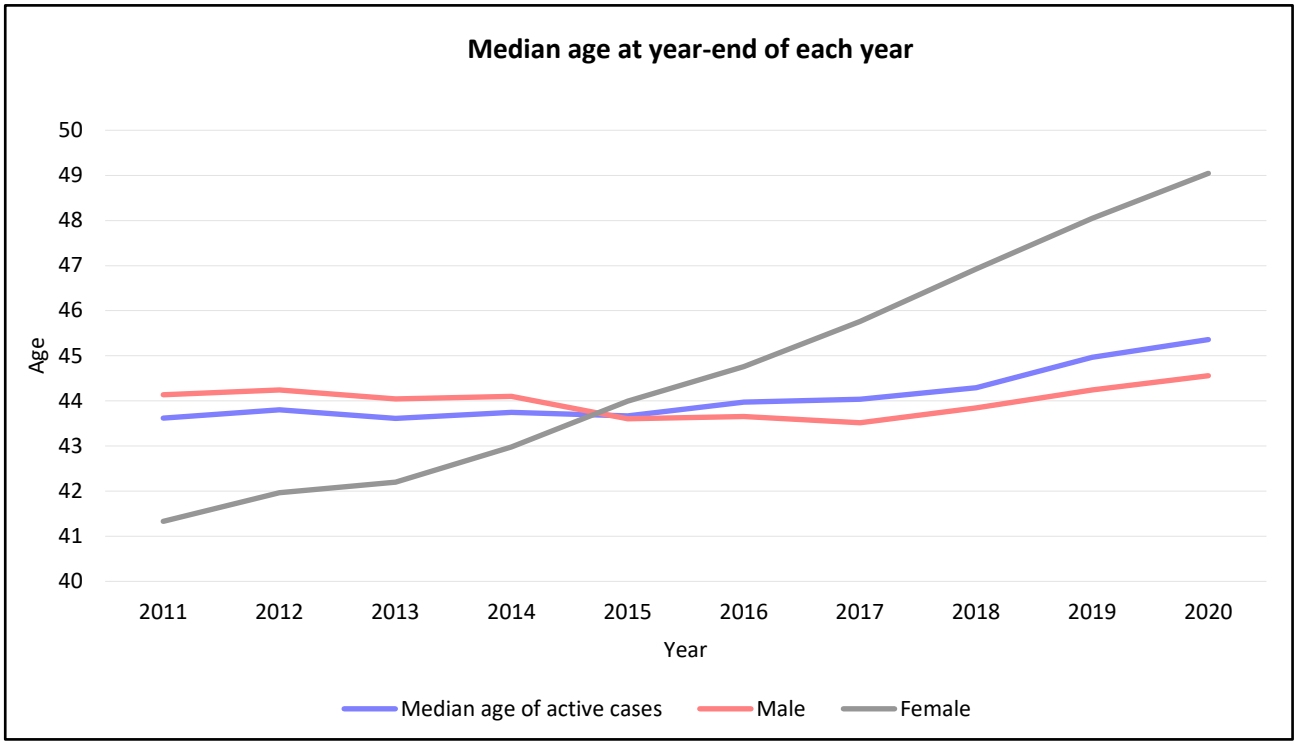
	2016	2017	2018
90% of all people living with HIV* should know their status. (first 90)	78.5%	80.9%	80.5%
90% of all those who are diagnosed HIV positive to be on sustained antiretroviral treatment ART. (second 90)	86.2%	86.7%	85.6%
90% of those on ART having an undetectable viral load. (third 90)	94.3%	94.3%	96.5%

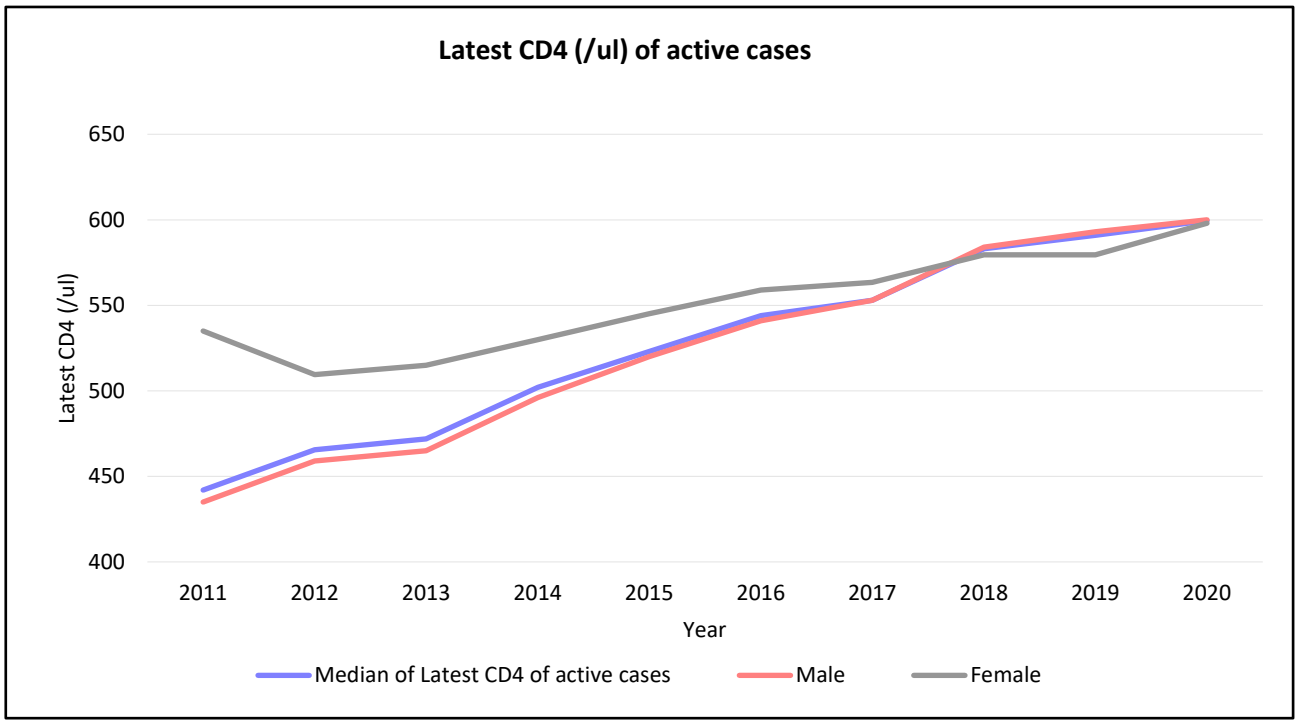
*PLHIV estimated using AEM model

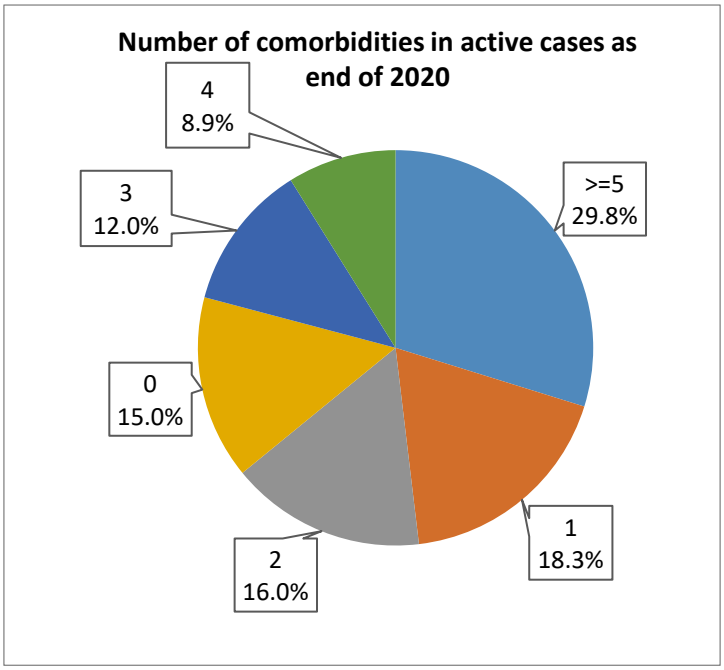
The first 90 is relatively far from target (90%) when compared to second 90 and third 90. The coverage of regular HIV testing is not satisfactory, especially for heterosexual (male and female) cases of which the first 90 is just around 60%. It is estimated that heterosexual cases include a considerable proportion of female sex workers and their male clients and ethnic minorities which are hard-to-reach in nature, and they were usually diagnosed at a late stage as they had never received HIV testing.

Figures of HIV patients receiving care in DH HIV clinic




Median age at year-end of each year
50
49
48
47
46
45
44
43
42
41
40
Age
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
Year
Median age of active cases
Male
Female


Latest CD4 (/ul) of active cases
650
600
550
500
450
400
Latest CD4 (/ul)
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
Year
Median of Latest CD4 of active cases
Male
Female



Common comorbidities in active cases	
Herpes zoster	20.3%
Fatty liver, not elsewhere classified	16.1%
Hypercholesterolaemia /hypertriglyceridaemia	14.1%
Essential hypertension	14.0%

Risk of other sexually transmitted infections (STI) of DH HIV clinic

In DH HIV clinic, STI urine screening revealed that a 9.8% of its actively follow-up cases had acquired STIs (syphilis, gonorrhoea and/or chlamydia).

With an objective of reducing onward transmission of the virus, risk reduction counselling and STI screening and treatment is a part of secondary HIV prevention strategies targeting PLHIV.

Stigmatization and psychosocial health of PLHIV

HIV has long been regarded as one of the most stigmatized medical condition. According UNAIDS information, HIV-related stigma and discrimination increase the risk of HIV acquisition and progression to AIDS, violence, and marginalization while reducing access to education, employment and justice.[1] And over 50% of people ages 15-49 years in 25 countries hold discriminatory attitudes toward PLHIV. This finding is similar to a population-based study[2] in Hong Kong in 2005.

Local studies also revealed that MSM living with HIV are even facing the "double stigma" situation, the stigma arising from their sexual orientation and HIV status. Feeling intense HIV stigma from the public and within the gay community may render MSM living with HIV more vulnerable to negative self-concept, maladaptive coping, and peer isolation, which contribute to poor mental and social health[3,4].

1 UNAIDS .HIV and stigma and discrimination, Human rights fact sheet series. Available at: https://www.unaids.org/sites/default/files/media_asset/07-hiv-human-rights-factsheet-stigma-discrmination_en.pdf
2 Lau, J. T., & Tsui, H. Y. (2005). Discriminatory attitudes towards people living with HIV/AIDS and associated factors: a population based study in the Chinese general population. Sexually transmitted infections, 81(2), 113–119. https://doi.org/10.1136/sti.2004.011767
3 Chan, R., & Mak, W. (2019). Cognitive, Regulatory, and Interpersonal Mechanisms of HIV Stigma on the Mental and Social Health of Men Who Have Sex With Men Living With HIV. *American journal of men's health*, *13*(5), 1557988319873778. https://doi.org/10.1177/1557988319873778
4 Chong ES, Mak WW, Tam TC, Zhu C, Chung RW. Impact of perceived HIV stigma within men who have sex with men community on mental health of seropositive MSM. AIDS Care. 2017 Jan;29(1):118-124. doi: 10.1080/09540121.2016.1201190. Epub 2016 Jun 27. PMID: 27350139.

Partner care and support have an important role to improve their health. Seropositive MSM who had committed relationships with emotional involvement or had disclosed their HIV-positive status to their intimate partners had better well-being than their counterparts.[5] High-quality relationships and positive love attitudes provided an alternative source for positive self-perception and well-being, thereby diminished their self-stigma and promoted their mental health.

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.

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[6]. (Please refer to **Annex II** for number of condom distributed)

2. Hotline, counselling service and HIV testing services

(For hotlines, please refer to **Annex II**)

HIV testing services

- 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 Clinics of DH provides one stop service for sexually transmitted infection (STI) testing and treatment.

[5] Xue Yang, Winnie W. S. Mak, Connie Y. Y. Ho & Andrew Chidgey (2017) Self-in-love versus self-in-stigma: implications of relationship quality and love attitudes on self-stigma and mental health among HIV-positive men having sex with men, AIDS Care, 29:1, 132-136, DOI: 10.1080/09540121.2016.1200714

[6] World Health Organization. Male Latex Condom: Specification, Prequalification and Guidelines for Procurement. Available at: https://www.who.int/reproductivehealth/topics/family_planning/condoms-safety/en/

- 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; annual internal audit has been conducted since 2013.

3. Dissemination of HIV prevention messages

- Department of Health and AIDS NGOs ultilises 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.
- 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. In 2019, DH launched a new API "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 (e.g. border) or targeted venues (e.g. gay bars, saunas, one-person brothel and motels).
- In the World AIDS Day on Dec 1st every year, DDH and 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 drug user, MSM, sex worker, and transgender persons, in order to facilitate daily services. **(Annex II)**

5. Medical service for HIV, Hepatitis C and Sexually transmitted illness treatment

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.

- Clinic based public health programmes are essential. Comprehensive services ranging from risk reduction counselling, prevention of mother-to-child transmission, screening and treatment of STIs and comorbidities like TB and chronic medical illnesses, partner counselling and testing, to a harm reduction approach to substance use will protect not only the patient but also his or her partner.

- The Expert Panel on HIV Infection of Health Care Workers (Panel) serves to assess anonymous referrals from the attending doctors of infected health care workers, and provide advice on the need of job modification and lookback investigation on a case-by-case basis. The Panel, by its nature of providing expert advice, does not have the legal or administrative authority to execute the recommendations but would monitor compliance with the recommended conditions in cases of assessed health care workers who will perform exposure prone procedures.

Hepatitis C infection among PLHIV

- The Government has introduced the initiative 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.

Treatment and control of STIs

- The Social Hygiene Service of DH is responsible for the prevention and control of STIs. 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 to control the spread of STI.

- The Scientific Committee on AIDS and STI under Centre of Health Protection has published recommendations on STI testing for HIV+ MSM in Hong Kong. (available at https://www.chp.gov.hk/files/pdf/sti_msm_rec_nov20.pdf)

Drug rehabilitation service for PLHIV

Heroin users

- HIV/AIDS prevention programmes in Methadone Clinics:

    - Posting up of posters and distribution of pamphlets on promoting "do not share needles" and "condom use".
    - Provision of free condoms.
    - Conducting HIV/AIDS and drug risk behaviours assessment in Methadone Clinics.
    - Promoting Universal HIV Antibody Urine Testing by providing food coupon.
    - Street needle pickup Programme: Ex-drug users pick up used needles and at the same time convey harm reduction messages and HIV/AIDS information to the drug users. Moreover, they also assist in carrying out surveillance surveys for street drug users so as to facilitate planning of more effective HIV prevention programmes.

Non-heroin user/ chemsex users

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

- The Substance Abuse Clinics run by HA 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. e.g. "SACH-IV" (https://www.facebook.com/TWGHsSACHIV/)

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