

. Calendar.

XXXIIIrd Meeting of the Advisory Council on AIDS (ACA)

2:30pm 7 July 2000

IVth Meeting of the AIDS Prevention and Care Committee (APCC)

6:00pm 14 September 2000

XXth Meeting of the Scientific Committee on AIDS (SCA)

2:30pm 21 September 2000

IIIrd Meeting of the Committee on Promoting Acceptance of People Living with HIV/AIDS

2:30pm 28 September 2000

Durban Conference

Due to the poor feedback, the Editor is unable to compile a list of Hong Kong participants for the Durban Conference. The Editor apologises for any inconvenience caused. ⚡

The Community Planning Committee was formed

AFTER a series of recruitment exercises, the Community Planning Committee (CPC) was formed in June 2000. The CPC composed of people from different categories, including injecting drug users, youth, men who have sex with men, People living with HIV/AIDS, sex workers and clients, academics, clinical resource, AIDS-specific sector, non-AIDS sector and organisational representative. There are total of 24 members in the Committee.

Additionally, some 100 people with various expertise have been mobilised by the CPP Secretariat to support the process. The core groups of community members will be to provide support, help ensure accountability, broaden basis of consultation and enhance effectiveness of the process. In particular, the academic resource pool and clinical resource pool were formed to ensure that the results were evidence-based.

An orientation meeting was organised by the CPP Secretariat on 17 June, to prepare CPC members for the work of the coming year. There were briefing on the concept of CPP, presentation of local HIV/AIDS situation, introduction of AIDS programme structure, and setting ground rules for the CPP. Mr. Graham Smith, co-chair of the CPC, presented a three-step approach for the process: assessment, planning and prioritisation. The prioritisation will be based on four key criteria: most needed, most effective, most achievable and most acceptable. With the CPC now in gear, the first meeting of the Committee will be held in early July 2000. ⚡

Hong Kong Virtual AIDS Office

<http://www.info.gov.hk/aids>



Chinese name for the World AIDS Campaign

THE Media & Publicity Sub-committee of the AIDS Prevention and Care Committee has come up with a Chinese translation for the theme of this year's World AIDS Campaign - 預防愛滋，男士做起。 Correspondingly, the UNAIDS China had the theme be translated as 預防艾滋病 - 男人責無旁貸。 The two Chinese translations are rather similar. It is most clear that men play a pivotal role in AIDS prevention - the reason why UNAIDS



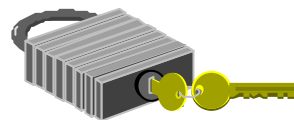
Dr Sex Hotline 2337 2121

wanted to have a focus on men by framing it as "AIDS: men make a difference". A number of media and publicity activities are under planning by the Sub-committee for the Campaign. ♂

Progress of the CPA

THE Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA) has earlier identified four major areas under its perusal to work on. Core teams on *Education, Partnership with Professionals, Legal & ethical issues and Collaboration with stakeholders* have been successfully formed, under the leadership of Mr. Tommy Chan, Dr. Chan Kin-sang, Mr. Mak Hoi-wah, and Dr. Lo Chi-kin respectively.

Progress of the core teams was presented and discussed at the last meeting of CPA. The core teams are charged with the responsibility of (a) defining the nature and extent of each target area, (b) identifying areas of intervention, and (c) prioritising order of work in that area. The teams will be dissolved upon completion of their tasks in the coming few months. ♂



Tai Po Lookout

THE Lookout operated by the Society for AIDS Care (SAC) was officially closed at the end of May 2000. The service was first operated in May 1997, to provide hospice care for AIDS patients. In the past three years, workers of SAC have been dedicated to the care of patients admitted to the Lookout.

Advances in treatment of HIV/AIDS, in particular those of antiretroviral therapy, have overturned the mode of HIV care. Not surprisingly, with the preservation and regain of health of people living with HIV/AIDS, AIDS hospices in western countries have closed one by one. The SAC was brave enough to respond aptly to the changing needs of patients and gracefully step down from its Lookout services. HIV medicine is such a rapidly evolving discipline that we must continually keep track of its international and local development. ♂

AIDS Hotline 2780 2211

*Messages, Counselling
HIV Testing*

The Drug InfoCentre

THE Action Committee Against Narcotics (ACAN) has recently established a drug information centre, the Drug InfoCentre (DIC). The objective of setting up the DIC is to provide an one-stop service, including a central pool of drug-related information and facilities, a focal point for drug education and community involvement activities, and support for parents, professionals, teachers and workers in the field.

The Centre, located at the 30th floor of Queensway Government Offices, featured a library, a multi-purpose room, and a volunteer room. A lot of resource materials on drug abuse are displayed in the DIC. In view of the close relationship between drug use and HIV infection, there is also information on HIV/AIDS being collected at the DIC. It is hoped that the new Centre can trigger more involvement of drug agencies in HIV/AIDS prevention as well as collaboration between drug workers and AIDS workers. ⚡

Epidemiology of HIV infection in China

ON 13 June, Prof. Shao Yi Ming presented a talk on HIV situation in China Mainland at the Red Ribbon Centre. Dr. Shao is the Deputy Director, National Centre for AIDS Prevention and Control, and Director of the National AIDS Reference Laboratory. With his vast experience on the scientific aspects on HIV/AIDS, Prof. Shao shared with us the molecular epidemiology of HIV infection in China and the vaccine research.

It is interesting and useful to learn the spread of different subtypes of HIV-1 in

and across different provinces in China. This helps us to better understand when the virus was introduced into the population and its pattern of spread afterwards. The B, C and E subtypes of HIV-1 are most prevalent in China. However, each pocket of HIV epidemic in different places has its own prevalent subtypes. A comprehensive account of the pattern of HIV/AIDS will provide us with evidence to plan and design intervention programmes. ⚡

Cumulative HIV/AIDS Statistics in Hong Kong updated 31 March 2000

		HIV (AIDS)	
Gender	male	1170	(407)
	female	229	(48)
Ethnicity	Chinese	974	(350)
	non-Chinese	425	(105)
Transmission	heterosexual	792	(283)
	homosexual	282	(91)
	bisexual	73	(26)
	injecting drug use	24	(7)
	blood/bl products	68	(18)
	perinatal	10	(4)
	undetermined	150	(26)
TOTAL		1399	(455)

Department of Health, Hong Kong SAR

Second Workshop on HIV Surveillance and Epidemiology in the Pearl River Delta Region



ON 9th and 10th June 2000 some 120 workers on HIV/AIDS and related fields from 12 cities (Dongguan, Foshan, Guangzhou, Hong Kong SAR, Huizhou, Jiangmen, Macao SAR, Qingyuan, Shenzhen, Zhaoqing, Zhongshan and Zhuhai) in the Pearl River Delta Region met in Hong Kong to review the local and regional HIV situations, to update on surveillance methodology and to exchange views on the public health management of HIV/AIDS. This Second Workshop on HIV Surveillance and Epidemiology in the Pearl River Delta Region also aims to network public health professionals in the region for future collaboration.

The opening ceremony was officiated by seven guests of honour, including Dr Sun Gang, National Programme Officer from the UNAIDS China Office, health officials and academics from the region. The plenary lectures were delivered by Professor James Chin, and Dr. Tim Brown who talked on "The Future of HIV/AIDS in the Pearl River Delta Region" and "Modeling of HIV

infection" respectively. The third plenary lecture was given by Dr Roger Chan of the University of Hong Kong who enlightened us on the "Economic Development in the Pearl River Delta Region". This is closely related to human mobility and thus HIV/AIDS too. Roundtable discussion was another feature of the workshop. The topics were "Evaluation of HIV situation in the Pearl River Delta Region", "HIV/AIDS Management" and "Methodologies in behavioral Surveillance". Through presentations and discussions, participants have been able to exchange views and information on these areas that stimulated lots of thoughts.

The workshop was best concluded by the challenges faced and response needed for the future. Firstly, it was noted that there are rapidly changing behavioural risks arising from extensive human mobility, disparity in wealth, and the dynamic economic development. Besides, there is a question of how to link intervention with surveillance in both serological and behavioural aspects. Thirdly, it touches on the issue of how to do public health planning in a

low prevalence population where reliable tools in modeling are non-existent. Lastly, there is the problem of designing effective strategy for public health practice and clinical care, in the face of resource constraint, lack of expertise, pre-existing sub-optimal policy environment, and evolving needs of the community.

To move forward, delegates from the 12 cities are committed to strengthening the ties to better the HIV prevention, care and control programmes in the common Region. Specifically, it was recommended to: (a) regularly update the seroprevalence data of the cities using a common framework, which addresses both risk-taking communities and those without apparent risk, (b) create a common framework for analyzing selected data collected by each city in behavioural surveillance, (c) establish protocols on HIV management embodying principles developed by consensus in the Region, (d) report the ideas generated in the Workshop through the publication of proceedings, and (e) promote professional exchanges among delegates in the 12 (or more) cities on a regular basis. ⚡