ACA NEWSFILE

(Publication of the Advisory Council on AIDS, Hong Kong)

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ACA Secretariat

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XXXIVth Meeting of the *Advisory Council on AIDS* (ACA)
2:30pm 13 October 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

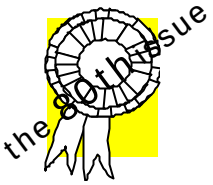
IIIrd Meeting of the *Committee on Promoting Acceptance of People Living with HIV/AIDS* (CPA)
2:30pm 28 September 2000

Out-going

Mr CK Tam, representing the Education Department at ACA, has retired from the Government service. The Council thanks him for his past contributions and wishes him the very best. t

ACA Newsfile

In this issue.....



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What have we learned

PARTICIPATING in an international AIDS Conference in Africa is a unique experience of its own. Is it just another conference Or are there specific lessons relevant to Hong Kong? Dr Homer Tso, Council Chairman, expresses that he addresses the whole issue with a sober mind... He raises three lessons, which can be perceived as questions to everyone of us. They stem from parallel observations in South Africa and internationally:

Firstly, the subject of cross-border HIV spread demands our utmost attention. HIV has moved rapidly from sub-Sahara Africa to the southern tip of the continent. Where risk factors persists, HIV follows. Have we done enough to prevent its spread in the Pearl River Delta Region, or in fact in Greater China?

The second issue is the prevention of mother-to-child infection. With advances in therapy, improving access to counselling and treatment, have we done all we can to prevent perinatal infection from occurring? Even one case is too many!

Finally, while medical treatment and vaccines are always the easy answer to any health problem, have we lost sight of effective prevention, the means of which shall be available, and the efforts sustained?

An answer to these questions is a challenge to all of us working on AIDS. There is no simple solution. What we need is action, innovation and a sense of urgency. t

Hong Kong Virtual AIDS Office **http://www.info.gov.hk/aids**

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Council News

Resignation

MR Daniel Lam has resigned as a member of the Advisory Council on AIDS. In his letter to the Secretary for Health and Welfare, dated 25 July 2000, he indicated his reluctance to leave the Council but has to do so because of other commitments. The Chairman thanked Mr Lam for his contribution and commitment, and expressed his hope that there might be other forums of collaboration in the future, on the subject of AIDS. **t**

The 33rd Meeting

THE 33rd meeting of the Advisory Council on AIDS was held on 7 July 2000, just before the International AIDS Conference. **Risk factors** for HIV spread was the focus of the meeting. Members discussed the subject of HIV infection in drug users, and the impact of Mr Narayanan's visit (see *ACA Newsfile* vol 7, issue 78). The potential danger posed by blood donors with risk behaviours was introduced by Dr CK Lee of the Hong Kong Red Cross Blood Transfusion Service.

While exploring the risk factors and means for prevention, Ms TY Ho from the secretariat of the Community Planning Committee gave a report on the progress in community planning, an approach to address priority areas for HIV prevention. **t**

Obituary

MR Nicholas Prescott, a World Bank senior economist, passed away earlier this year. Nick is no stranger to our Council and the community working on AIDS. He was one of the four consultants invited to review Hong Kong's AIDS situation and programmes in 1998. Their efforts have culminated in our development of a new set of strategies, the piloting of community planning, and our attention to the cost-effectiveness of HIV prevention. Nick has also advised on health financing strategies - the last time he was in our SAR slightly over a year ago in early 1999.

A humble person, Nick once introduced his concept of "osmosis" - a scientific phenomenon which he had metaphorically referred to the process of learning from people around him. Nick will be remembered as an expert conversant in his area of expertise, passionate with the issue of HIV/AIDS, and skilful in translating difficult principles into simple but powerful messages - a skill that public health people in Hong Kong badly need. - *the editor* **t**

ASSR Report

MEMBERS may remember that the Scientific Committee and Advisory Council on AIDS had supported the construction of HIV/AIDS scenarios and the piloting of behavioural surveillance in Hong Kong, when these ideas were presented by Professor James Chin back in 1994. (see *ACA Newsfile* October 1994) The projects (termed ASSR - AIDS Scenarios and Surveillance Research) were subsequently funded by the AIDS Trust Fund. The researchers, drawn from Department of Health and the University of Hong Kong, completed the studies between 1994 and 1998. A final report was recently submitted to the Council for the AIDS Trust Fund. **t**

[*Editor's note: Limited copies of the report "Assessing HIV risk in a population" can be available from the Red Ribbon Centre. tel: 23046268 (Miss Victoria Kwong or Mr SY Mak)*]

latest reports

ON 2 August, the Department of Health released its latest figures on the HIV/AIDS situation derived from the voluntary reporting system. The second quarter of the 2000 has recorded 47 HIV infections and 20 AIDS cases.

Two features are highlighted from the quarterly surveillance data. Firstly, late diagnosis is still common, with *Pneumocystis carinii* pneumonia continuing to be the most prevalent AIDS-defining illness. This phenomenon has persisted despite the availability of effective antiretroviral treatments.

Secondly, new cases of HIV infection in drug users are detected. In this quarter, 4 injecting drug users are diagnosed with the infection, bringing the cumulative total to 28.

The reporting system is only one of the means for evaluating the HIV/AIDS situation in Hong Kong. The other mechanisms are: serosurveillance, STD surveillance and behavioural surveillance. t

Surveillance update

Reported HIV/AIDS Statistics updated 30 June 2000

		HIV	(AIDS)
Gender	male	1204	(425)
	female	242	(50)
Ethnicity	Chinese	1004	(366)
	non-Chinese	442	(109)
Transmission	heterosexual	821	(301)
	homosexual	286	(91)
	bisexual	74	(26)
	injecting drug use	28	(8)
	blood/bl products	68	(18)
	perinatal	11	(4)
	undetermined	158	(27)
TOTAL		**1446**	**(475)**

staff movement

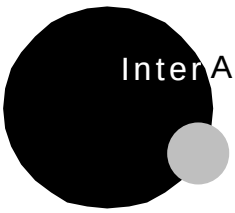
EFFECTIVE from 21 July 2000, Dr S S Lee has resumed duty as consultant of the Department of Health's Special Preventive Programme, and secretary to the Advisory Council on AIDS.

Dr KH Wong, who has been serving as the secretary in the last year, is currently on leave. Dr Kelvin Low, who has been providing technical support to task forces of the AIDS Prevention and Care Committee, began his overseas training from July 2000. t

Secretariat corner

GLOBAL PERSPECTIVES

THE UNAIDS released its global report in June which updated the situation as of the end of 1999. A total of 34.3 million of adults and children are estimated to be living with HIV. While Hong Kong may be too small to be described in any way in the Report, the publication addresses the same issues of vulnerability and societal impacts that deserve the attention of anyone in all corners of the globe. The report is downloadable from UNAIDS website at www.unaids.org t



Hot Summer

SUMMER is often the quieter season. Not quite for the Advisory Council on AIDS...

On 25 July, Dr Tso, the Council Chairman, appeared on a CETV Talk Show on AIDS with callers from the Mainland and Asia. On 2 August, he was on an RTHK programme to introduce the issue of HIV/AIDS to our senior citizens.

On 4 August, Dr Tso, chairmen of the three committees, and the Secretary met to review the work in the last year, to develop plans for the coming one year, and to consider subjects for deliberation in the coming meeting in October. t

Mainland Visitors

A Study group comprising officials of Minsitry of Health and Ministry of Railway from the Mainland visited Hong Kong lately. Dr Homer Tso, the Council Chairman, introduced the evolution of Hong Kong's AIDS programme and the role of the Council in a meeting with the delegates on 3 August.

The Group participated in activities organised by Red Ribbon Centre (UNAIDS Collaborating Centre for Technical Support), which included workshops, visits and meetings. Risk behaviours, human mobility, prevention programming, and patient management were among the focus of the visit.

In the dinner hosted by the Chairman, the delgates agreed to enhance information exchange and strengthen collaboration. t

voices & RESPONSES

LATELY the ACA had received letters from "a group of parents of secondary school students" (hereafter referred to as *Parents' Group*) and "eHealthcareasia"

The *Parents' Group* urged the Government to step up publicity and education on HIV/AIDS. It suggested, among other things:

- legalising prostitution
- enhancing education to women with STDs
- criminalising people who knowingly transmit the virus to their sex partners

The Council acknowledged the concern of the *Parents' Group* in its reply, stressing the importance of creating a supportive environment for people living with HIV/AIDS, and the collaboration of all sectors of the community in preventing the spread of the virus.

eHealthcareasia brought up two questions of a very different nature: why has the ACA not joined the Community Planning Committee, despite recommendations in the Consultancy Report? and, when would the Council open its membership to vulnerable groups and NGOs?

The Council is fully supportive of the community planning process, and would encourage the participation of members if their expertise is required, in line with the recommendations of our Review consultants. As individuals appointed to sit on the Council to advise on AIDS policy, ACA does not have the mandate to re-"appoint" them to another committee. As for the second question, members of ACA have been appointed by the SAR Government on individual capacity, rather than as "representatives" of any group, including vulnerable communities. Actually key members of NGOs have previously been appointed, only in their personal capacity. The current arrangement is different from that of the Community Planning Committee, which is represented by the various agencies. The Council Secretariat, chairman, members are in no way involved in the appointment process of the ACA. t

The Durban Declaration of HIV as the Cause of AIDS

Focus

Endorsed by a coalition of 5,000 of the world's leading scientists and doctors that includes 11 Nobel Prize laureates

SEVENTEEN years after the discovery of the human immunodeficiency virus (HIV), thousands of people from around the world are gathered in Durban, South Africa to attend the XIII International AIDS Conference. At the turn of the millennium, an estimated 34.3 million people worldwide are living with HIV or AIDS, 24.5 million of them in sub-Saharan Africa. Last year alone, 2.8 million people died of AIDS, the highest rate since the start of the epidemic. If current trends continue, Southern and Southeast Asia, South America and regions of the former Soviet Union will also bear a heavy burden in the next two decades.

AIDS spreads by infection, like many other diseases, such as tuberculosis and malaria, that cause illness and death particularly in underprivileged and impoverished communities. HIV-1, which is responsible for the AIDS pandemic, is a retrovirus closely related to a simian immunodeficiency virus (SIV) that infects chimpanzees. HIV-2, which is prevalent in West Africa and has spread to Europe and India, is almost indistinguishable from an SIV that infects sooty mangabey monkeys. Although HIV-1 and HIV-2 first arose as zoonoses -infections transmitted from animals to humans-both now spread among humans through sexual contact; from mother to infant; and via contaminated blood.

An animal source for an infection is not unique to HIV. The plague came from rodents and influenza from birds. The new Nipah virus in Southeast Asia reached humans via pigs. Variant Creutzfeldt-Jakob disease in the United Kingdom is identical to 'mad cow' disease. Once HIV became established in humans, it soon followed human habits and movements. Like many other viruses, HIV recognizes no social, political or geographic boundaries.

The evidence that AIDS is caused by HIV-1 or HIV-2 is clear-cut, exhaustive and unambiguous, meeting the highest standards of science . The data fulfil exactly the same criteria as for other viral diseases, such as polio, measles and smallpox:

Patients with acquired immune deficiency syndrome, regardless of where they live, are infected with HIV; If not treated, most people with HIV infection show signs of AIDS

[continued on page 34]

THE Durban Conference was held in the midst of debates - about whether HIV causes AIDS, why effective treatment cannot be available to the third world, the roles of new forms of treatments (structured interruption, structured intermittent treatment, immune therapy....), the ethics and applications of vaccines trials. *Of all issues in the limelight, ACA Newsfile* has chosen to reproduce the Durban Declaration for members' reference. The Declaration goes far beyond realising HIV causes AIDS! It is a summary of the history of mankind against the onslaught of a disease that has caught so many people, countries and communities by surprise.

ACA Newsfile does not propose to continue the debate on what causes AIDS. Debates are good, at times, but these should not be at the expense of action, or become an excuse for inaction. With the lessons learned (see page 29), we are hopeful that we can make impacts, before the next Conference in two years' time. - *the editor* -

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Durban Declaration

within 5-10 years. HIV infection is identified in blood by detecting antibodies, gene sequences or viral isolation. These tests are as reliable as any used for detecting other virus infections; People who receive HIV-contaminated blood or blood products develop AIDS, whereas those who receive untainted or screened blood do not; Most children who develop AIDS are born to HIV-infected mothers. The higher the viral load in the mother, the greater the risk of the child becoming infected; In the laboratory, HIV infects the exact type of white blood cell (CD4 lymphocytes) that becomes depleted in people with AIDS; Drugs that block HIV replication in the test tube also reduce viral load in people and delay progression to AIDS. Where available, treatment has reduced AIDS mortality by more than 80%; Monkeys inoculated with cloned SIV DNA become infected and develop AIDS; HIV causes AIDS; and Further compelling data are available.

It is unfortunate that a few vocal people continue to deny the evidence. This position will cost countless lives.In different regions of the world, HIV/AIDS can show altered patterns of spread and symptoms. In Africa, for example, people infected with HIV are 11 times more likely to die within 5 years, and more than 100 times more likely than uninfected people to develop Kaposi Sarcoma, a cancer linked to yet another virus.

As with any other chronic infection, various factors have a role in determining the risk of disease. People who are malnourished, who already suffer other infections or who are older, tend to be more susceptible to the rapid development of AIDS following HIV infection. However, none of these factors weakens the scientific evidence that HIV is the sole cause of the AIDS epidemic.

In this global emergency, prevention of HIV infection must be our greatest worldwide public health priority. The knowledge and tools to prevent infection are available. The sexual spread of HIV can be stopped by mutual monogamy, abstinence or by using condoms. Blood transmission can be prevented by screening blood products and by not reusing needles. Mother-to-child transmission can be reduced by half or more by short courses of antiviral drugs.

Limited resources and the crushing burden of poverty in many parts of the world constitute formidable challenges to the control of HIV infection. People already infected can be helped by treatment with life-saving drugs, but the high cost of these drugs puts these treatments out of reach for most of the world. It is crucial to develop new antiviral drugs that are easier to take, have fewer side effects and are much less expensive, so that millions more can benefit from them.

There are many ways of communicating the vital information on HIV/AIDS, and what works best in one country may not be appropriate in another. But to tackle the disease, everyone must first understand that HIV is the enemy. Research, not myths, will lead to the development of more effective and cheaper treatments, and, it is hoped, a vaccine. But for now, emphasis must be placed on preventing sexual transmission.

There is no end in sight to the AIDS pandemic. But, by working together, we have the power to reverse its tide. Science will one day triumph over AIDS, just as it did over smallpox. Curbing the spread of HIV will be the first step. Until then, reason, solidarity, political will and courage must be our partners. t