ACA NEWSFILE

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

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ACA Secretariat

Vol 7, no. 11 -- November 2000 **(issue no. 83)**

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XXXVth Meeting of the *Advisory Council on AIDS* (ACA)
2:30pm 19 January 2001

Vth Meeting of the *AIDS Prevention and Care Committee* (APCC)
6:00pm 13 December 2000

XXIst Meeting of the *Scientific Committee on AIDS* (SCA)
to be announced

IVth Meeting of the *Committee on Promoting Acceptance of People Living with HIV/AIDS* (CPA)
2:30pm 4 January 2001

In this issue, we

Rounding Up the 34th Meeting

THE Advisory Council met on 13 October. This was the fifth meeting of the current term of office (1999-2002). As almost precisely one year has lapsed, the meeting has become a natural forum for reviewing progress and for making plan for the remainder of the term.

The Council unanimously endorsed the strategy of preventing mother-to-child HIV transmission through recommending the adoption of universal antenatal testing. The strategy is reflected in six principles established by the Scientific Committee (see page 44). On the other hand, participation in the Durban Conference has prompted the Council to refocus on prevention strategy which could be relevant in Hong Kong. HIV infection in injection drug users remains a problem demanding our attention. It was expressed that the principle of harm reduction should be incorporated as a component of Hong Kong's drug policy. The contribution of not only AIDS NGOs but also drug NGOs would be invaluable to help curb the spread of HIV.

The Council noted the progress in the organization of the *Hong Kong AIDS Conference 2001*, agreeing that it would be a unique opportunity to share experience and develop collaboration. The Hong Kong Council of Social Service, the Conference Organizer, welcomes the participation of overseas delegates.

There was indepth discussion on interfacing with community planning, which led to the conclusion that the Council should lend support by encouraging the contribution of the task forces under *AIDS Prevention and Care Committee* (APCC). Further, the Council would explore its role in promoting evaluation of the AIDS programme, and the building of capacity in the local setting.

Finally, the Council resolved to update and revise the strategy document published in 1994. In this connection, ideas of the task forces and the efforts in community planning would helpconsolidate the Council's recommended AIDS policy in Hong Kong. The plan is to have the new policy in place towards the end of the year 2001.

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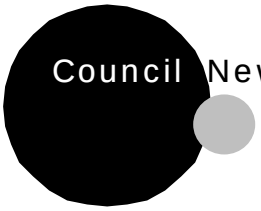

Annual Report

THE Secretariat is working on a new annual report to cover the period between August 1999 and July 2000. The first draft of the publication was tabled at the recent meeting of the *Advisory Council on AIDS*. Following proof-reading and revision, the final document would go to print in the coming month.

The annual report series can be dated back to 1993. Previous issues are available on the web

MTCT Principles

THE *Scientific Committee* of the Advisory Council on AIDS has recommended the adoption of the following principles in the prevention of mother-to-child transmission (MTCT) of HIV:

1. Universal testing of HIV antibody should be performed for antenatal women in Hong Kong.
2. The prevention of mother-to-child transmission of HIV involves the administration of antiretroviral prophylaxis.
3. Clinical management includes that for the maternal infection.
4. The mode of delivery should be considered on the grounds of the HIV status and obstetric indications.
5. Paediatric management should be offered to reduce the risk of mother-to-child transmission of HIV.
6. Coordinated efforts should be made to strengthen our knowledge base regarding mother-to-child transmission of HIV in Hong Kong.

The Committee is consulting professional bodies on a set of guidelines established on the above principles. In the meantime, service providers are advised to develop protocols to carry forward the strategy of strengthening prevention of mother-to-child HIV transmission.

Task Force on Women and AIDS

ON 19 October, the first meeting of a new task force on women was held in Red Ribbon Centre. Operative under the *AIDS Prevention and Care Committee,* the task force would aim at: (a) proposing to APCC on the formulation of HIV/AIDS prevention and care strategies for women; (b) promoting intervention activities (c) enhancing sharing; (d) strengthening connection with the Community Planning Process and (e) facilitating HIV/AIDS situation analysis for the female population.

The task force is convened by Ms Elijah Fung. A rotational mechanism is adopted in enabling members to take turns to serve as the meeting secretary.

The Working Group on Prevention of Mother-to-Child Transmission of HIV

met for the third time on 18 October. Accountable to the *Scientific Committee on AIDS*, the Group has been behind the strategy of universal antenatal HIV testing. Convened by Dr Susan Fan, the Group is working on a new guidelines for managing HIV positive neonates, advising on the mechanism of consultation, and coordinating service providers in their development of protocols for preventing perinatal HIV transmission.

Dr HOMER TSO, ACA Chairman, met Mr Wang Quanyi in the afternoon of 11 October. Mr Wang is a researcher of the Peking Union Medical College. He was in Hong Kong between 9 and 22 October as the first *Lions Red Ribbon Fellow* of the year, a project of the UNAIDS Collaborating Centre based in Red Ribbon Centre, Hong Kong.

A total of four fellows would be visiting Hong Kong in 2000/2001 under the scheme, which is sponsored by Lions Clubs International District 303 - Hong Kong and Macau.

AIDS Hotline 2780 2211 *Information, Counselling HIV Testing*

APOLOGY

IN the September issue of the *ACA Newsfile*, we asked members to fill in a questionnaire form to collect views on the interface between ACA and the community planning process. Unfortunately we have received only two replies, plus the letter from Mr Graham Smith (see October 2000 issue). The Secretariat has therefore not been able to make any meaningful analysis from the returns. Any views (in whatever format) on the subject are still welcomed. It is never too late to make a point!

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)**

Secretariat corner

THE Secretariat received a letter from Mr CK Lo, a member of the *Committee on Promoting Acceptance of People living with HIV/ AIDS*, on a proposal to be more environment-friendly in the dissemination of information to members. The access to internet is making it possible for some of the 'papers' to be transmitted electronically.

The Secretariat has started working on a new system whereby members (and others on mailing list) could opt for receiving either the electronic version and/or hard copy of periodicals published by the Council or the Government's AIDS Unit. Many of the periodicals can now be downloaded from the "Virtual AIDS Office" at www.info.gov.hk/aids.

Members may note that transmission of the periodicals will be in the .pdf format, which can be viewed with Acrobat Reader, a freeware available from internet.

Conference 2001

THE second Hong Kong AIDS Conference will be held at the Hong Kong Convention and Exhibition Centre from 27 to 29 August 2001, under the leadership of the Hong Kong Council of Social Service. The theme of the coming Conference is *Towards Greater Community Involvement*. Members may note that the first announcment of the Conference is now released. Further information can be available from the Conference secretariat: GPO Box 474, telephone 28642929, fax 25284230, or email at aidsconference@hkcss.org.hk.

Initiated by the Advisory Council on AIDS, the first Conference was held in 1996 with the theme: *Building New Hope Together*.

PRINICIPLES on Preventing Mother-to-child HIV Transmission

The following is taken from a press release issued by UNAIDS in Geneva on 25 October 2000:

EXPERTS have concluded the safety and effectiveness of antiretroviral (ARV) regimens which prevent HIV transmission from mother to child warrant their use beyond pilot projects and research settings.

According to a technical consultation held in Geneva from 11-13 October 2000, the prevention of mother-to-child transmission of HIV the virus that causes AIDS - should be included in the minimum standard package of care for HIV-positive women and their children. The meeting also recommended that "there is no justification to restrict use of any of these regimens to pilot project or research settings."

"We welcome these new recommendations, particularly those relating to the use of nevirapine" said Dr Awa-Marie Coll-Seck, UNAIDS Director of Policy, Strategy and Research. "It is my sincere hope that more women will now have access to mother-to-child prevention programmes in developing countries."

A number of available regimens are known to be effective and safe, said Dr Winnie Mpanju-Shumbusho, Director of the HIV/AIDS/STI Initiative of WHO. "The choice should be determined according to local circumstances on the grounds of costs and practicality, particularly as related to the availability and quality of antenatal care."

The safety of preventive treatments including zidovudine alone, zidovudine and lamivudine, and nevirapine, has been studied extensively for both breastfeeding and non-breastfeeding populations worldwide. Information currently available does not suggest any adverse effects on the health of the mother, growth and development of infants, or the health and mortality of infants infected despite prophylaxis.

The most complex regimen includes antepartum and intrapartum zidovudine for the mother and post-natal doses for the infant. The simplest regimen requires a single dose of nevirapine at the onset of labour and a single dose for the newborn. These regimens work by decreasing viral load in the mother and through prophylaxis of the infant during and after exposure to virus.

Previous recommendations from March 2000 had stated that because of possible concerns about the rapid development of nevirapine-resistant virus in women using this intervention, nevirapine should be used within the context of pilot and research projects only.

While resistant virus may develop quickly to antiretroviral drug regimens that do not fully suppress viral replication, such as those including lamivudine and nevirapine, evidence indicates that virus containing drug resistant mutations decreases once the antiretroviral drugs are discontinued. Mutant virus may remain present in an individual in very low levels, which could reduce the effectiveness of future antiretroviral treatment for the mother. However, the meeting concluded that the benefit of decreasing mother-to-child HIV transmission with these antiretroviral drug prophylaxis regimens greatly outweighs any theoretical concerns related to development of drug resistance.

The prevention of mother-to-child transmission involves more than simple provision of antiretroviral drugs. It also requires appropriate counselling and testing services, as well as support for mothers and infants, including counselling on infant feeding options.

There is continued concern that up to 20% of infants born to HIV-positive mothers may acquire HIV through breastfeeding. The meeting concluded that the guidelines issued in 1998 remain valid. An HIV-infected woman "should receive counselling, which includes information about the risks and benefits of different infant feeding options, and specific guidance in selecting the option most likely to be suitable for her situation. The final decision should be the woman's, and she should be supported in her choice. For HIV-positive women who choose to

breastfeed, exclusive breastfeeding is recommended for the first months of life, and should be discontinued when an alternative form of feeding becomes feasible.

Each year, more than six hundred thousand infants become infected by HIV/AIDS, mainly in developing countries. Since the beginning of the HIV epidemic, an estimated 5.1 million children worldwide have been infected with HIV. Mother-to-child transmission is responsible for more than 90% of these infections. Two-thirds are believed to occur during pregnancy and delivery, and about one-third through breastfeeding. As the number of women of childbearing age infected by HIV rises, so does the number of infected children.

The WHO Technical Consultation was held on behalf of the UNAIDS/UNICEF/UNFPA/ WHO Inter Agency Task Team on the Prevention of Mother-to-Child Transmission of HIV. Participants included scientists, managers of national AIDS control programmes, HIV-positive mothers, non-governmental organizations, and United Nations agencies. Participants came from Africa, Asia, Europe, the Caribbean and the Americas.

PRINICIPLES on Preventing HIV Transmission in Drug Users

The followings are the principles taken from a position paper of the United Nations System *Preventing the Transmission of HIV among drug users* (ACC Subcommittee on Drug Control 28-29 September 2000)

1. Protection of human rights is critical for the success of prevention of HIV/AIDS.
2. HIV prevention should start as early as possible.
3. Interventions should be based on a regular assessment of the nature and magnitude of drug abuse as well as trends and patterns of HIV infection.
4. Comprehensive coverage of the entire targeted populations is essential.
5. Drug demand reduction and HIV prevention programmes should be integrated into broader social welfare and health promotion policies and preventive education programmes.
6. Drug abuse problems cannot be solved simply by criminal justice initiatives.
7. The ability to halt the epidemic requires a three part strategy: (i) preventing drug abuse; (ii) facilitating entry into drug abuse treatment; and (iii) establishing effective outreach to engage drug abusers in HIV prevention strategies that protect them and their partners and families from exposure to HIV, and encourage the uptake of substance abuse treatment and medical care.
8. Treatment services need to be readily available and flexible.
9. Developing effective responses to the problem of HIV among drug abusers is likely to be facilitated by considering the views of drug abusers and the communities they live in.
10. Drug abuse treatment programmes should provide assessment for HIV/AIDS and other infectious diseases, and counseling to help patients change behaviours that place them or others at risk of infection.
11. HIV prevention programmes should also focus on sexual risk behaviours among people who inject drugs or use other substances.
12. Outreach work and peer education outside the normal service settings, working hours and other conventional work arrangements is needed to catch those groups that are not effectively contacted by existing services or by traditional health education.
13. A comprehensive package of interventions for HIV prevention among drug abusers could include: AIDS education, life skills training, condom distribution, voluntary and confidential counselling and HIV testing, access to clean needles and syringes, bleach materials, and referral to a variety of treatment options.
14. Care and support, involving community participation, must be provided to drug abusers living with HIV/AIDS and to their families, including access to affordable clinical and home-based care, effective HIV prevention interventions, essential legal and social services, psychosocial support and counseling services.

Focus

Reporting to remain *status quo*

ON 5 October 2000, the Scientific Committee debated the subject of name-based reporting and its potential application in Hong Kong. The Committee finally decided not to propose any change to the current voluntary reporting system. Currently the HIV/AIDS Surveillance System in Hong Kong is composed of four major components: (a) voluntary HIV/AIDS reporting, (b) HIV serosurveillance, (c) behavioural surveillance and (d) STD surveillance. The voluntary HIV/AIDS reporting mechanism has been in place since 1985. Physicians are encouraged to report HIV infected and/or AIDS cases to the Department of Health's AIDS Unit. These data are matched with laboratories' reports to form the HIV/AIDS case database, the analysis of which is released on a quarterly basis. As a voluntary system, the reporting of names is not mandatory. Even if names or personal particulars are submitted, these are kept confidential, and are not used for contacting the person or his/her contacts.

In August 2000, UNAIDS and WHO recommended the appropriate use of case reporting in the document titled *Opening up the HIV/AIDS Epidemic*. The reporting of names to the health authority (name-based reporting) is considered one means of improving the accuracy of the mechanism. AIDS reporting by name has been adopted in the United States since 1983. This is the same in many European countries. As of the end of 1997, name-based reporting of HIV is a legal requirement in 31 US states. In February 1998, a meeting of European experts concluded that HIV reporting was a key element for HIV surveillance and should be developed. There is general support for coded reporting in the community while opinions on the use of names is divided.

Name-based reporting carries certain advantages. First of all, It can facilitate the monitoring of the epidemic, if the reporting is relatively complete. Timely intervention is possible through such processes as contact investigation. More importantly, it serves as a contact point to ensure the delivery of quality medical care. There are, however, pre-conditions for such a system – good access to HIV reporting, minimal under-reporting, access to treatment, and sufficient resource for other prevention activities.

It is against these backgrounds that the Scientific Committee examined the applicability of name-based reporting. Whereas the potential advantages were acknowledged, there was concern about possible breach of confidentiality and abuse. The change would send a wrong signal to the community if the voluntary system becomes replaced by a mandatory one. Members were acutely aware of the need to promote testing and counselling. The adoption of a name-based system may in fact be counter-productive. Furthermore, it was speculated that a change of the system would not improve the accuracy of the existing mechanism.

The decision to remain *status quo* should, however, not be taken to imply that the current system is perfect. Nevertheless, in the absence of a coded system (named or otherwise), case investigation is impossible and cannot be an objective. The voluntary reporting system remains one useful means of understanding the routes of transmission and demographics of HIV/AIDS patients. A thorough interpretation of the epidemiology relies on an integration of information collected from other surveillance mechanisms.

A Decade's deliberation

THE Advisory Council on AIDS and its Scientific Committee have examined the mechanism of HIV/AIDS reporting on numerous occasions in the last ten years.

In 1987, the then Expert Committee on AIDS expressed that "notification would not help in the prevention of AIDS....and it would be preferrable that notification be made on a voluntary and confidential basis". In 1990, ACA reviewed the subject and concluded that "the voluntary system had gained confidence of patients and HIV-carriers". In 1995, the Scientific Committee evaluated the mechanism again, suggesting that the reporting system had been doing well with the situation.