

ACA NEWSFILE

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

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ACA Secretariat

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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 15 March 2001

XXIst Meeting of the Scientific Committee on AIDS (SCA)

2:30pm 8 February 2001

IVth Meeting of the Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA)

3:00pm 4 January 2001

2001 - what's on

WHILE debating on which the millennium year should be, we have already left 2000 and silently slipped into the new year of 2001. It is time that we look at what lies in front of us in the coming year.

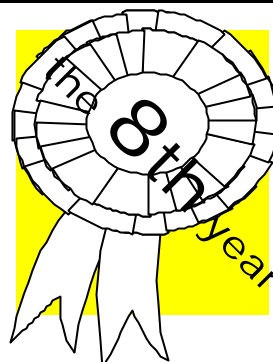
The community planning process is now in progress. The feelings of suspicion, uncertainty and unclear ownership that clouded the process in 1999 should have left us. We look forward to the last phase of this pilot project in describing the priority areas in HIV prevention in Hong Kong, as proposed by our Review Consultants in 1998. The next question is: should community planning be continued on a cyclical basis?

The discussions about universal antenatal HIV testing have been going on for years. The Council made a clear recommendation in 2000 on the way ahead. The year 2001 would, hopefully, mark the beginning of this new programme. We look forward to the efforts of the administration and our medical professions to demonstrate their commitment in realizing the goal of minimizing paediatric HIV infections in Hong Kong. Let's not forget that this is also one specific recommendation made in the 1998 Review.

In February, we shall be commemorating the tenth anniversary of the *Youth Action on AIDS* Funding Scheme. The project is now a regular feature in Hong Kong's AIDS prevention programme with a focus on young people. It would also be a right time for us to consider how to adequately address the specific needs of youth in HIV prevention and care.

In the last meeting of the Advisory Council on AIDS, members proposed to revisit the strategy principles laid down in the document published in 1994. The year 2001 would be the appropriate time for us to examine how these principles can better serve Hong Kong in the years to come.

Finally, we are coming to the end of the three-year period (1999 to 2001), the strategy of which had been carefully carved out in *AIDS Strategies for Hong Kong 1999 - 2001*. What next? *-editor-*



VAO revamped

THE Virtual AIDS Office at www.info.gov.hk/aids is going to have a brand new look in the new year. The new "Office" will present Hong Kong's AIDS programme in its four dimensions - prevention, clinical service, surveillance, and policy development. Members may be interested in the new information on HIV/AIDS policy, as reflected in the activities of the Advisory Council on AIDS. **⌘**

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

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Focus

The VIIth Western Pacific Congress of Chemotherapy and Infectious Diseases was held between 11 and 14 December in Hong Kong. HIV/AIDS was one important focus. Dr David Ho of Aaron Diamond AIDS Research Centre gave three lectures on the first day.

At a symposium entitled "HIV Infection: Treatment Advances" co-chaired by Dr Homer Tso and Dr Patrick Li, Dr David Ho described experimental treatment actively researched by the scientific community. Dr Brian Gazzard critically analyzed the current approach based on the use of HAART (highly active antiretroviral treatment). He challenged the medical community on the relevance of hitting hard and early. Dr W Carmen reviewed the experiences with therapeutic vaccines in viral infection. It is likely that the novel approach would bring new hope to patients with HIV/AIDS. Both Dr Carmen and Dr Gazzard were medical scientists who from the United Kingdom. The Symposium ended with a discussion of the

Ideas from a Regional Conference

use of HAART in Asia Pacific countries, by Dr Patrick Li. There's clearly a wide gap in term of access. HAART is prescribed in less than 1% of the patients in India, versus 90% in Taiwan.

The Conference also featured many other distinguishing presentations on the subject of AIDS. On 13 December, Professor P Thongcharoen reviewed the AIDS situations and programmes in Thailand. Despite the escalating HIV rates in the eighties and nineties, their national programme had succeeded in reducing the number of HIV cases by 30%. The key message was: It's never too late to start.

In the same session, Dr HS Chen of the Chinese Academy of Medical Sciences gave a fascinating lecture on the research of five medicinal herbs with effects on HIV or HSV (herpes simplex virus). She admitted that it would be a long way before any Chinese herbal medicine could be used in HIV treatment. Dr KK Lo discussed the challenges of STD surveillance in the new millennium. Himself an STD

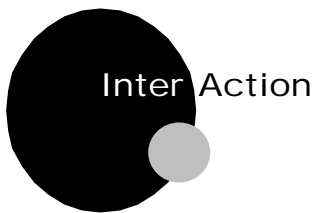
expert, Dr Lo is a member of the Council's Scientific Committee on AIDS.

On 14 December, a symposium addressed the HIV problem in the Asia Pacific region. Dr C Lee from Malaysia summarized the pattern of opportunistic infections in HIV/AIDS patients in this region. Tuberculosis and *Penicillium marneffeii* stand out as two unique complications with special local relevance. Dr YM Chao from the National Centre for AIDS Prevention and Control, Beijing, discussed the molecular approaches in tracking HIV in China.

Finally, Dr YL Lau reviewed the regional efforts in preventing mother-to-child HIV transmission. He referred to the experience in Malaysia where universal antenatal testing had minimized HIV infection in children. The HIV prevalence of antenatal mothers in Malaysia is not too different from that in Hong Kong. Dr Lau, Chairman of the Scientific Committee on AIDS, emphasised that any infection in children represented a missed opportunity in prevention.

As an collaborating agency, the Advisory Council on AIDS had set up an exhibition booth and distributed documents to interested participants at the conference. Some two thousand delegates participated in the Conference, which was organized by the Western Pacific Society of Chemotherapy. ⌘

AIDS Hotline 2780 2211 *Information, Counselling
HIV Testing*



Inter Action

BETWEEN 27 and 29 December 2000, a delegation of 18 officials from Guangzhou visited Hong Kong to draw reference from our AIDS prevention and care programmes.

In the afternoon of 27 December, the delegates met with Dr Homer Tso, Dr Richard Tan and Dr Patrick Li of the Advisory Council on AIDS. Dr Tso briefed the guests on the role of the Council and discussed with them about the challenges ahead.

The delegates visited Red Ribbon Centre, Hong Kong Red Cross Blood Transfusion Service, drug rehabilitation services (including the methadone programme), and HIV services. The delegation was composed of officials from the municipal government and its various bureaux administering health, public security, publicity, justice, finance, planning and the municipal government. The group was led by the Vice-Mayor of Guangzhou. ⌘



Reported HIV/AIDS Statistics updated 30 September 2000

		HIV	(AIDS)
Gender	male	1237	(434)
	female	254	(53)
Ethnicity	Chinese	1036	(376)
	non-Chinese	455	(111)
Transmission	heterosexual	854	(311)
	homosexual	293	(92)
	bisexual	75	(26)
	injecting drug use	28	(8)
	blood/bl products	68	(18)
	perinatal	11	(4)
	undetermined	162	(28)
TOTAL		1491	(487)

Fellowship

MISS Zhao Chengzheng, Associate Professor at the National Institute of Drug Dependence, Beijing, was in Hong Kong in the first two weeks of December. She met Dr Homer Tso, Chairman of the Advisory Council on AIDS on 4 December to exchange views on HIV prevention in drug users.

Miss Zhao visited many drug rehabilitation agencies and those working on AIDS in Hong Kong. She is a Lion-Red Ribbon Fellow of the year 2000. ⌘

Christmas Gathering

ON 22 December, Dr Homer Tso joined Secretariat staff in a relaxing Christmas Party organized for and by HIV/AIDS patients of the Kowloon Bay Integrated Treatment Centre. Some 50 to 60 persons living with HIV/AIDS were at the occasion, sharing home-made food and greetings. ⌘

Fanling Visit

ON 4 January 2001, the Committee on Promoting Acceptance of People living with HIV/AIDS (CPA) would be holding its fourth meeting. Arrangement will be made for members to visit the site of the proposed Health Centre in Fanling. This is another project of the Department of Health (DH) that incorporates STD and HIV services in the same premise for other primary care services. The CPA meeting is rescheduled for 3pm at the Conference Room of the DH Regional Headquarters in Shatin. ⌘

Attitudes towards AIDS must change in Hong Kong

YOUR (SCMP) editorial of November 29 headlined "fighting ignorance" was timely, being published on the eve of the annual World AIDS Day.

This year, I have been impressed by the remarkable media attention paid to HIV/AIDS.

Unfortunately, in Hong Kong, we are still debating the same issues of ignorance and insufficient awareness as we were 15 years ago. Though the routes of HIV transmission have remained the same, there have been considerable changes in society which are reshaping AIDS in Hong Kong. Are we responding to these changes?

When HIV first hit Hong Kong in 1984, many people imagined it would soon disappear. Activities were organised on a one-off basis, and no community organisations were interested in devoting their efforts to AIDS. Today, we understand AIDS is going to be with us for decades (at least). It is more like a chronic disease or a persistent social issue, not too different from ageing, cancer and drug abuse. There is certainly a major difference in strategy development between handling a one-off crisis and dealing with a long-term, chronic condition.

Unfortunately, attitudes treating HIV/AIDS as a crisis remain largely unchanged.

Another major change is our perceived relationship with the mainland in the context of the spread of HIV. Ten years ago, only a handful of cases had been reported over the border. Mainland officials were concerned about AIDS being brought into the country. There has been a dramatic change, as China now has a high HIV rate, much of it associated with intravenous drug use. What has to be realized is that HIV can spread from the mainland to the SAR and vice versa. Tens of thousands of people are crossing the border in the Pearl River Delta region every day. We need genuine collaboration, as well as consistency in the messages delivered to the public.

Advances in medicine have brought new hope to people living with HIV/AIDS. Unlike most other parts of Asia, where antiretroviral treatment (cocktail treatment) is generally unaffordable, the medicines are available here. We can now considerably reduce the chance of mother-to-child HIV transmission by prescribing a course of such treatment. We can also reduce the complication rates in people living with the disease. Expanding the access of pregnant women to HIV tests is a sensible strategy. All these measures mean that many more patients will be living rather than dying. Promoting acceptance to people living with HIV/AIDS is a new dimension of activities relating to AIDS.

In the Press

Rather than hospice and hospital care, we are once again reminded of the importance of affordable treatment, access to community care and acceptance by every member of the public.

Are we prepared to respond to the changes that have taken place? At present, the Department of Health AIDS Unit, an AIDS service in Queen Elizabeth Hospital and five AIDS non-governmental organisations (NGOs) all work exclusively in the fields of prevention and care of HIV/AIDS. They cannot succeed, if other sectors in the community remain uninvolved. Good HIV education relies on the collaborative efforts of other government departments, the health sector, mainstream NGOs and the academic community.

We need the effective integration of AIDS, sex and drug education. We also require the active input of service providers in providing social support to people living with HIV/AIDS. We must create effective partnerships with politicians, policymakers, service providers and NGOs.

Otherwise, the criticisms lodged against Hong Kong during this year's World AIDS Day will be repeated next year.

Dr HOMER WK TSO
Chairman
Advisory Council on AIDS

*letter to editor, SCMP
on World AIDS Day 2000*