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Editor: I

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Last Meetings of the Term 1999-2002

XXXth Meeting of the Advisory Council on AIDS (ACA) 2:30pm 20 June 2002

IXth Meeting of the AIDS Prevention and Care Committee (APCC) 6pm 6 June 2002

40th Council Meeting

THE 40th Meeting of the Advisory Council on AIDS has been rescheduled to **20 June 2002** (instead of 21 June). This would also be the last meeting of the Council's fourth term of office (1999 to 2002). The Secretariat apologises for the change of meeting date due to unforeseen circumstances.

Last meeting of the Scientific Committee on AIDS (SCA) and Committee on Promoting Acceptance of People living with HIV/AIDS (CPA) had been held in May 2002. The last meeting of the APCC would be held on 6 June. **\$** Highlights of this issue:

- Council News on page 25 and 27
- * Situation update on page 26
- Harm reduction.....anything new? Onpage 28



Dr Homer Tso, ACA chairman, in the centre of the crowds at the launching of the Harm Reduction Media Campaign at Shatin New Town Plaza on 20 May 2002. (See FOCUS on the last page)



Second Mission from Jiangxi

THE second delegation from the Jiangxi provincial government was in Hong Kong between 14 and 16 May 2002. (Refer to ACA Newsfile May 2002 for the first delegation). The group met with Rev Chu Yiu Ming, member of the Council and also chairman of the Red Ribbon Centre Management Advisory Committee on 14 May, and with Dr Homer Tso, the ACA chairman on 15 May. They also visited the Integrated TreatmentCentre, Yaumatei Counselling Clinic, Red Ribbon Centre, SocialHygiene Clinic, Methadone Clinic, Education Department and Family Planning Association. **X**



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ACA Newsfile Vol 9 Page 25

Situation Update



A quarterly press meeting was hosted by the Department of Health on 16

May 2002 to report the latest HIV/ AIDS figures collected through the reporting system maintained by the Department's Special Preventive Programme.

Forty-three persons were reported with positive (Human Immunodeficiency Virus) antibody tests in the first quarter of 2002, bringing the cumulative total number to 1 798. Ten new AIDS (Acquired Immune Deficiency Syndrome) cases were reported in the same quarter. This brings to a total of 570 confirmed AIDS cases reported since 1985.

Of the 43 new HIV cases reported, 23 acquired the infection via heterosexual contacts and seven via homosexual or bisexual contacts. Two cases involved injection drug users. The 43 cases comprised 34 males and nine females, representing a ratio of 3.8 to 1. On the other hand, the ten new AIDS cases involved eight males and two females. Nine of them got the infection through sexual contacts. A breakdown of these figures in the last guarter and cumulatively to the end of March 2002 is illustrated in the following table.

In this quarter, the most common presenting AIDS defining illness was *Pneumocystis carinii* pneumonia, closely followed by *Mycobacterium tuberculosis* infection.

At the press meeting, Dr Kelvin Low of the Department of Health expressed concern about the rising trend of HIV infections reported in drug users. A total of 46 (43 of them male) cases had so far been reported over the years, accounting for some 2.5% of the total. Despite the low percentage, more than half of these were reported in the last three years. The high HIV rate in our neighbouring countries and the intensity of crossborder traffic would easily fuel the epidemic if effective intervention is not introduced in time.

Data on HIV/AIDS reports are released on a guarterly basis and can be viewed on DH's Hompage on AIDS www.aids.gov.hk. More detailed analysis is published in the Hong Kong STD/AIDS Update, a guarterly bulletin of the Special Preventive Programme and Social Hygiene Service. Other components of the surveillance system on HIV/AIDS are: seroprevalence studies, sexually transmitted infection surveillance, and behavioural surveillance. These programmes are maintained by the Special Preventive Programme of the Department of Health. **X**

Reported HIV/AIDS Statistics (updated 31 March 2002)

Gender	male female	HIV total / Q1 2002		AIDS total / Q1 2002	
		1469	34	499	2002 1 <u>3</u> 8
		329	9	71	2
Ethnicity	Chinese	1248	34	446	10
	non-Chinese	550	9	124	0
Transmission	heterosexual	1026	23	376	7
	homosexual	340	5	98	1
	bisexual	87	2	29	1
	injectingdrug use	46	2	9	0
	blood/blproducts	68	0	19	0
	perinatal	14	0	6	0
	undetermined	217	11	33	1
TOTAL		1798	43	570	10

NOTE:

The "total" refers to the cumulative total number reported since 1984, under the voluntary HIV/AIDS Reporting System. "Q1" refers to the period January to March 2002. The "AIDS" number is a subset of the "HIV numbers" and the two should not be added.

SOURCE:

Special Preventive Programmes, Department of Health, Hong Kong SAR Government

Council News

International Conference

DR HomerTso, the Council Chairman, and Professor CN Chen, Chairman of the Committee on Promoting Acceptance of People living with HIV/AIDS, would be participating on the behalf of ACA, in the upcoming XIV International AIDS Conference in Barcelona, Spain.

The Biennial Conference would be held from 7 to 12 July 2002. As reported in the *Conference Newsletter*, 366 abstracts have been selected for oral sessions and 4000 for posters, out of a total of 10411 received. On the other hand 9000 scholarship applications have been received and are being processed. **X**

CPA meeting

THE eighth meeting of the *Committee on Promoting Acceptance of People living with HIV/AIDS* (CPA) was held in the afternoon of 22 May. This was the last meeting of the term 1999-2002.

Members took the opportunity to review the work of the Committee in the last three years. It was proposed that there needed to be, if possible, more involvement of people living with HIV/AIDS in the deliberation of issues by the Committee. There should preferably be more speedy responses in the study of cases relating to discrimination or nonacceptance of people living with HIV/AIDS. The Committee expressed concern that stigma and discrimination were still common phenomenain our society. It was therefore felt timely that the UNAIDS had proposed "Stigma and Discrimination:" as the theme of the upcoming World AIDS Campaign2002.

At the meeting, Mr Ferrick Chu of the Equal Opportunities Commission reported on a regional workshop "*HIV/AIDS and human right: the role of national human rights institutions in the Asia Pacific*" held in conjunction with the Sixth International Congress on AIDS in the Asia Pacific (ICAAP) in October 2001. The Workshop concluded to focus on the strengthening of mechanisms to address HIV related humanrights violation, building of capacity, advocacy, education, cooperation and collaboration on subjects of common concern.

In closing, it's proposed that members of the Committee should meet again after the International AIDS Conference to share information and ideas on the promotion of acceptance of people living with HIV/AIDS, with a local perspective. \mathbf{x}



Surveillance & hard-to-reach populations

AT the 25th meeting of the Scientific Committee on AIDS on 28 May 2002, HIV surveillance mechanisms in Hong Kong were reviewed. Members noted the two major categories of HIV surveillance activities, namely, reporting and sero-prevalence studies, that have been in place in Hong Kong for over a decade. Behavioural surveillance, STI (sexually transmitted infections) surveillance and molecularepidemiology were new additions in the recent years. The Meeting evaluated the existing surveillance framework in terms of the completeness, accuracy, representativeness and timeliness of each component.

Access to hard-to-reach populations was one of the challenges of a modern-day HIV surveillance programme. The Committee supported in principle the use of HIV testing data from an MSM outreach project (coordinated by *AIDS Concern*) to enrich the current surveillance database, and the possible conversion of the unlinked anonymous screening of methadone users to a universal voluntary testing programme. Future efforts in collaborating with community organisations would be valuable in improving access to hard-to-reach populations. **X**

Kowloon Bay Report

THE report *Resistance of the Neighbourhood Community to the AIDS Treatment Facilities - case study of Kowloon Bay Health Centre* was distributed to members of the Committee on Promoting Acceptance of People living with HIV/AIDS at the meeting on 23 May 2002.

Published in April 2002, the Report was written by Dr Chan Kin Man of the Department of Sociology of the Chinese University of Hong Kong, commissioned by the Community Liaison Group of the Kowloon Bay Health Centre and the Nursing Home.

In the *Epilogue*, Rev Chu Yiu-ming, ACA member and Chairman of the Community Liaison Group, praised the courageous acts of the complainants and defendants in ending the years-long incident, and in restoring harmonious community relations. **X**

Harm reduction - anything new?

SOME members may question why harm reduction has all of a sudden appeared on the public agenda. The subject had been discussed and debated many times at different occasion. As described by one reporter, it's like old wine in new bottle? Or is it so?

On 20 May the Department of Health and the Narcotics Division of the Security Bureau launched the Harm Reduction MediaCampaign. The main campaign theme is *Break the* needle habit - methadone does it 要美沙酮,不要針筒,The Campaign featured radio publicity, television API (announcements of public interest), publicity on buses and trams, banners, and a launching event with the participation of celebrities. This high profile campaign also proposed an official Chinese name for harm reduction 緩害. While some may argue about the grammatical correctness of the new term, the gesture was important in agreeing on a common terminology inpublic health promotion.

What are some of the important features about this Campaign. <u>First of all</u>, this is *not* a harm reduction project, but rather an appeal for acceptance of the harm reduction concept. At the launching ceremony, Dr PY Lam the Deputy Director of Health, explained that harm reduction was an applied strategy. It's important that the public understands that there is a role for methadone maintenance, and that given an environment that's supportive of harm reduction, many of the negative consequences of drug use can be minimised even drug control programmes cannot achieve a 100% success rate. Of course harm reduction requires the organisation of activities targeting the drug users community, people working on drug rehabilitation, and others focusing



on HIV prevention. The media campaign can, at best, set theagenda forthese activities. Secondly, the campaign hasbeen launched as a joint project,

involving the collaboration of drug control programmes and public health programmes. It's therefore a landmark event, acknowledging the public health role in drug control, and a drug rehabilitation role in public health programmes There is perhaps no single "most effective" way of curbing the drug problem. It does not make sense if one agency suggests that its strategy is the best.

Focus

The most effective strategy must be acombination of all possible means, and an acknowledgementthat other people's methods can complement one's own.

Finally, methadone is only one of the many ingredients of effective harm reduction. Harm reduction provides the framework to consolidate the role of methadone maintenance, to advise against injection, to advocate reaching out to the drug taking community, and to remind us that a clean needle saves lives. The agenda-setting phase should, in the long run, be supported by other efforts of drug rehabilitation agencies and AIDS service organisations to roll out these other complementary programmes of effective harm reduction. **8**

This article was written by the editor to report on the launching of the new media campaign on harm reduction. The content does not reflect the views of the Advisory Council on AIDS or its committees



www.harmreduction-hk.com

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