

## .Calendar.

### **XLIII Meeting of the Advisory Council on AIDS (ACA)**

2:30pm 11 July 2003

### **XXVIII Meeting of the Scientific Committee on AIDS (SCA)**

2:30pm 24 June 2003

### **XII Meeting of the AIDS Prevention and Care Committee (APCC)**

6pm 13 June 2003

### **X Meeting of Committee on Promoting Acceptance of People living with HIV/AIDS (CPA)**

2:30pm 28 May 2003

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## SARS

THE Severe Acute Respiratory Syndrome (*SARS*, or *Atypical Pneumonia*, or *SARS-CoV infection*) is hitting Hong Kong hard. Many of us, especially those in the health field, are directly or indirectly involved in this difficult battle. Unlike AIDS, SARS is acute and very contagious. The new syndrome calls upon all sectors of the community to introduce measures to prevent the infection, control its spread and offer care to those who have fallen sick. The need for speedy response, sensitivity to human sufferings, alertness to related issues, anticipatory approaches, and reference to science are all too familiar to us working on AIDS. The only differences are the scale and the nature of the pathogen.

While we are still unable to see the end of the new threat, it's important to remember that life has to go on. In lending our support to the new clause, we shall at the same time continue to work on HIV prevention and care. Adjustments of programmes seem inevitable. Our common strategies enshrined in the **Recommended HIV/AIDS Strategies for Hong Kong 2002-2006** should be our common reference point.

-the editor

## Meeting skipped

THE 43rd meeting of the Advisory Council on AIDS originally scheduled for 4 April has been cancelled. The April meeting would not be rescheduled, knowing that many Council members are busy dealing with the SARS epidemic. Issues for deliberation are being dealt with outside meetings, and would also be re-examined when the Council convene in July.

The Secretariat is supporting the Council in following up the following issues: (a) appointment of special advisers to committees, (b) working out a system to develop indicators in response to the UNGASS recommendations, (c) revising the final report on the Universal Antenatal HIV Testing Programme.

The subject of HIV infected health care workers, in view of its complexity, would however be discussed at the meeting in July. ⌘

## Regional forums cancelled

THE **Methadone Training Workshop** scheduled for 2 to 4 April has been postponed indefinitely. A meeting of the **regional task force** that hosts the Workshop was planned for late April, but had also to be cancelled because of travel restrictions.

The UN Economic and Social Commission of Asia and Pacific (**ESCAP**) 59th Regional Meeting planned for late April has been split into two components - the ministerial segment that addresses HIV/AIDS has been postponed. ⌘



## ePROCEEDINGS

MEMBERS would remember the *Third Workshop on HIV Surveillance and Epidemiology of the Pearl River Delta Region* held in November last year, which was attended by public health professionals from cities in the region, including Hong Kong,

Shenzhen, Guangzhou and Macau.

The Proceedings of the Workshop can now be viewed on the internet at [www.aids.gov.hk](http://www.aids.gov.hk). Files of abstracts and presentations by speakers can be downloaded from the site under **Surveillance and Epidemiology**. The files are in Chinese only. ⌘

## Epidemiology

### Surveillance report

THE new HIV surveillance report is now published on a yearly basis by the Special Preventive Programme of the Department of Health. A hard copy of the 2001 report has already been sent to each member. The same document can also be downloaded from the Virtual AIDS Office ([www.aids.gov.hk](http://www.aids.gov.hk)) under the heading **Surveillance and Epidemiology**.

Quarterly tables on HIV/AIDS reports would continue to be available in electronic version in the same website. Hard copies of the quarterly bulletin have ceased to be published. ⌘

### HIV associated lymphoma

LYMPHOMA is an uncommon complication of HIV infection. A report describing the clinical profile of HIV associated lymphoma in Hong Kong was published in the recent issue of Hong Kong Medical Journal. Ten

cases were identified over an eight-year period. The report can be viewed on internet [www.hkmj.org.hk/hkmj/abstracts/v9n2/91.htm](http://www.hkmj.org.hk/hkmj/abstracts/v9n2/91.htm)

Other scientific papers on the HIV situation in Hong Kong can also be downloaded from the Hong Kong Medical Journal website free. ⌘



### Reported HIV/AIDS Statistics (updated 31 December 2002)

		HIV		AIDS	
		total / Q4 2002		total / Q4 2002	
<b>Gender</b>	male	1637	55	532	5
	female	378	19	81	5
<b>Ethnicity</b>	Chinese	1399	48	478	4
	non-Chinese	616	26	135	6
<b>Transmission</b>	heterosexual	1149	39	406	6
	homosexual	382	12	105	2
	bisexual	94	3	30	1
	injecting drug use	54	2	10	1
	blood/bl products	68	0	19	0
	perinatal	15	0	6	0
	undetermined	253	18	37	0
<b>TOTAL</b>		<b>2015</b>	<b>74</b>	<b>613</b>	<b>10</b>

**NOTE:**

The "total" refers to the cumulative total number reported since 1984, under the voluntary HIV/AIDS Reporting System. Q4 refers to the period October to December 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

in & around  
Hong Kong

## HIV MANAGEMENT DIPLOMA COURSE

THE SPACE (School of Professional and Continuing Education) of the University of Hong Kong has announced its introduction of a structured training programme in HIV management. The objective is to develop expertise in clinical and public health management of HIV infection.

Targeting health professionals currently involved in (or being assigned to) clinical and/or public health HIV management; the 12-week full-time course would be conducted in English, and is organised in the five modules:

**Module I** Clinical HIV Medicine / Care programme

**Module II** Infection Control and HIV in Health Care Setting

**Module III** Public Health HIV Management

**Module IV** HIV Information Management

**Module V** Social Context of HIV Management

The Course will be composed of a series of didactic teaching, interactive workshops, attachments to relevant agencies and assignments. Strong emphasis is placed on the translation of knowledge into skills for systematizing an effective and locally relevant management programme on HIV/AIDS.

## SECOND NATIONAL AIDS CONFERENCE

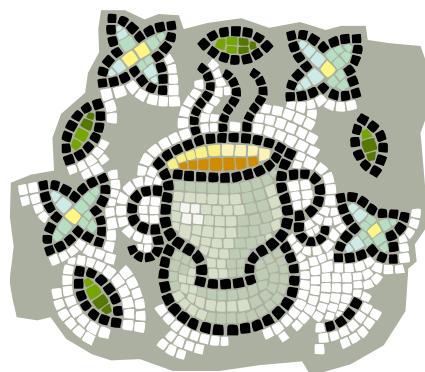
THE *Second National AIDS/STD Conference* would be held in Nanjing between 27 and 30 October (not 9 and 12 November as reported in the last issue of the ACA Newsfile) 2003. The CALL FOR ABSTRACT announcement was posted on the web on 10 April [www.chinaids.org.cn](http://www.chinaids.org.cn)

The Conference welcomes submission of abstracts in any of the following areas:

- # STD/HIV surveillance,
- # diagnosis, treatment, counselling and care
- # health education and intervention
- # laboratory tests and basic science research
- # policy, legislation and socio-psychology research
- # STD service provision and regulation

Abstracts should be prepared in Chinese, following the format with objectives, methodology, results and conclusion. The deadline for submission of abstract is 31 August 2003.

The first national conference was held two years ago between 13 and 16 November 2001 in Beijing. (please refer to *ACA Newsfile* issue 96, December 2001) ⌘



Wherever appropriate, the models in Hong Kong will be used for illustration.

Satisfactory completion of the course is awarded by a diploma/certificate issued by HKU SPACE. The minimum requirements are: (a) not less than 80% attendance, (b) completion of all assignments and (c) a pass in the final examination.

The Course is jointly organised by School of Professional and Continuing Education, The University of Hong Kong (HKU SPACE) and Red Ribbon Centre

(UNAIDS Collaborating Centre for Technical Support). The faculty would compose of clinical and public health professionals involved in HIV management; invited speakers on related topics.

The course brochure and application forms can be downloaded from the Virtual AIDS Office [www.info.gov.hk/aids/english/news.htm](http://www.info.gov.hk/aids/english/news.htm) and HKU SPACE [www.hku.hk/space](http://www.hku.hk/space) ⌘

## GFATM 3rd Round

**THE Global Fund to Fight AIDS, Tuberculosis and Malaria** has called for a third round of proposals to be made. The Global Fund's mandate is to support programmes that address HIV/AIDS, tuberculosis and malaria in ways that will contribute to strengthening health systems, and that will stimulate and are integral to country partnerships involving government and civil society.

The deadline for this round's application is 31 May 2003 ⌘



The University of Hong Kong

## New Strategies for a Changing Epidemic

### FOCUS

CDC, in partnership with other U.S. Department of Health and Human Services agencies, other government agencies and nongovernment agencies is launching a new initiative in 2003, *Advancing HIV Prevention: New Strategies for a Changing Epidemic*.

The announcement was made at a Telebriefing on 17 April, a forum that covered two subjects in the same setting - SARS and AIDS, reflecting the importance that the CDC was attaching to the two 'emerging' health issues. The new strategy on AIDS may have special bearing for Hong Kong for two reasons: firstly, we have been taking reference from some of the innovative means that CDC has been developing in the past, for example, the Community Planning Process; and secondly, the relatively "low" HIV prevalence in the States may mean a useful example for Hong Kong than some other United Nations strategies which are designed for high prevalence settings in the developing world.

The initiative consists of four key strategies: (a) Make HIV testing a routine part of medical care; (b) Implement new models for diagnosing HIV infections outside medical settings; (c) Prevent new infections by working with persons diagnosed with HIV and their partners; and (d) Further decrease perinatal HIV transmission.

During the Telebriefing, Dr Julie Gerberding of the CDC expressed that one of the barriers that they were removing was the

requirement of extensive prevention counselling as a prerequisite to getting the HIV test as stipulated in the previous guidelines. Each year the U.S. continued to see about 40,000 new HIV infections domestically. Of the over 800,000 people living with HIV in the country, an estimated 200,000 do not know they are infected and, tragically, are not getting appropriate treatment for their HIV infection. Dr Gerberding described this as "an intolerable situation in the minds of public health officials" and "clinicians".

It was announced that the FDA had licensed a rapid test for HIV that can easily be done in non-medical settings. Individuals could know their HIV status in the same setting as the test, which would potentially speed up access to the test and access to the information. She warned however, that, the rapid test could only be useful if the infected people are referred or linked to appropriate medical treatment and prevention services, and those services need to be available also for the people who are not HIV infected but who are at risk of exposure.

The third strategy relates to the emphasis on HIV prevention in those already infected. In the MMWR published on 18 April, it was stated that "CDC would work with professional associations to disseminate new guidelines to primary care providers and infectious disease specialists and to assess their integration into medical practice". Demonstration projects are being planned to provide

prevention case management for persons living with HIV to reduce HIV transmission. In this connection, CDC will "increase emphasis on partner notification and also will support new models of partner notification".

The final strategy of preventing mother-to-child HIV transmission is not new. It's noted that CDC "would develop guidance for using rapid tests during labour and delivery, or post partum if the mother was not screened prenatally, and provide training for health departments and providers in conducting prenatal testing". In 2003, CDC would expand its activities to monitor the integration of routine prenatal testing into medical practice.

It is clear that some of the new strategies are equally relevant in the setting of Hong Kong, and are in fact similar to the strategies recommended by the Council for 2002 to 2006. Members would be interested in reading the 17 April issue of the MMWR and the transcript of the Telebriefing available from the website of CDC at [www.cdc.gov](http://www.cdc.gov). ♂

