香港愛滋病顧問局通訊

Publication of the Hong Kong Advisory Council on AIDS

Editor: Dr S S Lee *ACA Secretariat*

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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

XI Meeting of Committee on Promoting Acceptance of People living with HIV/AIDS *(CPA)*
2:30pm 4 September 2003

IN THIS ISSUE:

we have.....

Special Advisers appointed

TWO international experts had accepted the invitation of the Advisory Council on AIDS to be appointed as **special advisers** to its committees.

Dr Shen Jie, Director of the National Center for AIDS/STD Prevention and Control and a deputy director of the Chinese CDC, has been appointed a special adviser of the Scientific Committee on AIDS. Dr Shen has extensive experience in HIV prevention and control in Mainland China, and has been working closely with some of our local colleagues in the past years.

Dr Tim Brown has been appointed a special adviser to the AIDS Prevention and Care Committee. Dr Brown is currently a Senior Fellow on Population & Health Studies of the East-West Center/Thai Red Cross Society Collaboration on HIV Modeling, Analysis and Policy. He was one of the four international consultants that reviewed Hong Kong's AIDS situation and programmes in 1998, and has been informally advising on the development of our community planning process in Hong Kong.

The appointment would last till the end of the current term of office of the Advisory Council on AIDS in 2005. As discussed at the 42nd meeting of the Council, a special adviser is "a technical expert in one of the three areas of HIV sciences, HIV prevention and care programme development and promoting acceptance of people living with HIV/AIDS". He/she is a resource person who provides input in one or more of the areas of interest of a committee so as to enhance the effectiveness of the Committee. The input (which could be verbal or written) is normally in the form of specific advice, or assessment. Alternatively the special advisor may direct the Committee to other sources of advice. Unlike committee members, a special adviser is not required to be present at all meetings. He/she would receive all papers generated by the affiliated committee. He/she does not have voting right in the event that voting is needed in determining the consensus of the Committee.

The appointment of special advisers is in line with the strategy developed by the Council last year in better interfacing mainland China and in focusing on programme effectiveness in a low-prevalence community. The Council looks forward to a new phase in the development of Hong Kong HIV/AIDS strategy and programmes.

Council News

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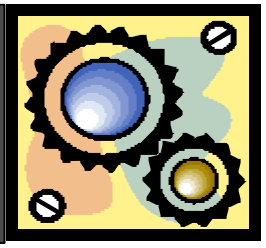

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Quarterly Update on HIV/ AIDS Reports

Epidemiology

THE Department of Health announced the latest HIV situation on 19 May 2003. In the first quarter of 2003, 52 HIV infections were reported, of which 38 were male and 14 female. Sexual contact has remained the predominant route of HIV transmission in this quarter, accounting for all cases with complete history for classification. There were 29 cases of heterosexual exposure, 11 cases of homosexual or bisexual contact.

As of the end of March 2003, the cumulative total of 2067 HIV cases have been reported. Of these, 87% were male, and seven out of ten were ethnic Chinese. Around 81% of all have acquired the infection through sexual contact, 71% of which from heterosexual contact. Fifty-four infections have occurred among injection drug users.

The newly diagnosed cases of the first quarter of 2003 were reported by four major sources: public hospitals and clinics (27), private hospitals and clinics (6), Social Hygiene Clinics (12) and the Department of Health AIDS Counselling Service (7). Cumulatively, the four sources have accounted for 43.2%, 23%, 15.8%, and 13.7% of all reported infections.

In the first quarter of 2003, 14 new AIDS cases were reported, leading to a cumulative total of 627 AIDS cases. The most commonly presenting AIDS defining illness was *Pneumocystis carinii* pneumonia, closely followed by *Mycobacterium tuberculosis* infection.

Of the newly reported HIV cases in the first quarter of 2003, 38 (73.1%) have received care at the HIV specialist services of the Department of Health or the Hospital Authority. 80% of the reported cases in 2002 have attended these services where effective antiretroviral treatment is offered according to clinical indication.

Voluntary HIV/AIDS reporting is a part of the HIV surveillance programme operated by the Department of Health. The quarterly statistic can also be viewed on the Virtual AIDS Office at www.aids.gov.hk

Reported HIV/AIDS Statistics *(updated 31 March 2003)*

		HIV		AIDS	
		total	**/ Q1 2003**	**total**	**/ Q1 2003**
Gender	male	1675	38	*544*	*12*
	female	392	14	*83*	*2*
Ethnicity	Chinese	1433	34	*490*	*12*
	non-Chinese	634	18	*137*	*2*
Transmission	heterosexual	1178	29	*415*	*9*
	homosexual	395	11	*109*	*4*
	bisexual	94	0	*30*	*0*
	injecting drug use	54	0	*10*	*0*
	blood/bl products	68	0	*20*	*1*
	perinatal	15	0	*6*	*0*
	undetermined	263	12	*37*	*0*
TOTAL		**2067**	**52**	***627***	***14***

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 2003. 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

Haemophilia and HIV - *new* debates ?

In the News

ON 22 May 2003, the *New York Times* published a story based on an investigation into the practice of *Cutter Biological*, a division of Bayer, in 1984/85 with regards to the delivery of unsafe non heat-treated Factor VIII concentrates despite the availability of safer alternatives licensed in early 1984. The story was covered in details in the local newspaper *South China Morning Post* (SCMP), and widely referred in other media.

The *New York Times* had collected evidence in the forms of internal memorandum, minutes of company meetings and telefaxes to foreign distributors in substantiating its allegation.

In assessing the allegation, it's important that any evaluation should be based on the best scientific evidence of the time of the incidents. Dr CS Feng, in a special article dated 28 May in the SCMP, urged that "we must not judge their past practices by what we know today. We should only be interested to find out if they dumped the old products by deliberately denying us a viable alternative". On the following page, the key milestones between early eighties and early nineties are listed for the easy reference of Members.

In the article, *Cutter* had cited the following evidences:

(a) The export of over 5 million units of the unsafe products in the first three months of 1985, and amounting to over 100,000 vials (one vial was about 250 units) after the safer alternative became available;

(b) Request to distributors to "use up stock" (late 1984);

(c) The failure to warn doctors about the HIV risk;

(d) Suggestion to the distributor in Hong Kong that the old products "posed no severe hazards' (May 1985).

Whether *Cutter* had behaved unethically between late 1984 and mid 1985 is a subject for debate. *Cutter* explained that, earlier on, some customers had "doubted the new preparation's effectiveness". The high demand from the domestic market was another reason that Cutter cited for failing to provide safer products to the Hong Kong earlier than July 1985.

In Hong Kong, all known cases of HIV (64) infected haemophiliacs could be traced back to the use of unsafe non heat-treated clotting factor concentrates prior to July 1985 when safer alternatives were not available. The investigation of the Study Group of 1993 concluded that

…..for all practical purposes, the infection could not have been avoided because the test for HIV was not available at the time, and that it was the general consensus of medical experts that the medical benefits of treating severe bleeding disorders as of haemophiliacs with Factor VIII would outweigh the risk of infection associating with it. (para 2 – summary of principal findings and recommendations)

CPA meeting

THE Committee on Promoting Acceptance of People living with HIV/AIDS (CPA) held its 10th meeting on 29 May 2003 at the Red Ribbon Centre.

The meeting examined the ethical issues relating to the application of assisted reproduction technology in people living with HIV/AIDS. (see FOCUS on last page). It's expected to become another debatable issue in the years to come. Mr MAK Hoi-wah then reviewed the discriminatory practices in Hong Kong in a study that he had been working on. The Equal Opportunities Commission, on the other hand, reported on the process and results of the recent consultation as regards insurance policies in Hong Kong.

Members discussed about the current understanding of HIV/AIDS. It was suggested that it should fall under "rehabilitation" in view of the chronicity of the disease, bringing it closer to chronic conditions of modern time than an acute infection as perceived in the past.

Council News

"Working with UNAIDS, the Global Fund, Member States, civil society, and other stakeholders, I will ensure that WHO provides leadership toward the bold **three-by-five** target: ***three million people in developing countries on antiretroviral treatment by 2005***," said the newly elected Director-General of the World Health Organization, Dr Jong-Wook Lee, speaking at the World Health Assembly.

Chronology - what happened in those years

The following table presents the major milestones relating to haemophilia and HIV infection (formerly known as HTLV-III or LAV infection) between the discovery of AIDS in USA and the setting-up of the AIDS Trust Fund in Hong Kong in 1993.

Year	Overseas	Hong Kong
1981	The first cases of AIDS in USA were reported	
1982	CDC reported AIDS among haemophiliacs	
1983	The causative virus was isolated in France, and subsequently in USA	
1984	February: Heat treated Factor VIII was licensed in the USA	
	October: National Hemophilia Foundation (USA) recommended heat treatment for Factor VIII concentrates	November: A special Advisory Committee on AIDS (later named Expert Committee on AIDS) was formed; the haemophilia issue was discussed at the first meeting of the Committee.
1985	January: CDC recommended the HTLV-III antibody screening of blood for transfusion and manufacture of blood products	February: first case of AIDS was reported
	March: FDA approved the use of the HTLV-III (HIV) antibody test kit	
	April: WHO recommended heat or other proven methods of inactivation	
		July: Heat-treated concentrates became available in Hong Kong
		August: anti-HTLV-III antibody test was introduced at the Hong Kong Red Cross Blood Transfusion Service
		September: A Special Medical Consultation Clinic was set up to care for people living with HIV
1987		Zidovudine (AZT) was first used for treating patients with HIV/AIDS
1990		Formation of the Government-appointed Advisory Council on AIDS
1993		February: Legislative Council Adjournment debate on AIDS
		March: Financial Secretary announced in his budget speech the setting up of the AIDS Trust Fund
		May: final report of the adhoc study group on HIV infection in haemophiliacs was submitted

in & around Hong Kong

Deadline for abstract submission to the XV International AIDS Conference:
2 February 2004

A new class of antivirals

ON 13 March, FDA announced the accelerated approval of Fuzeon (enfuvirtide) for "use in combination with other anti-HIV medications to treat advanced HIV-1 infection in adults and children ages 6 years and older". The move signified a new milestone in HIV treatment. On top of reverse transcriptase inhibitors and protease inhibitors, there is now another family of drugs that work through an entirely different pathways. Fuzeon is a fusion inhibitor which interferes with the entry of HIV-1 into cells by inhibiting the fusion of viral and cellular membranes. This inhibition blocks the ability of the virus to infect immune response cells.

Members may wish to note that the new drug is still not widely available. Currently its registration in the USA bears a symbolic meaning in HIV treatment, rather than reflects an immediate improvement of prognosis. FDA had based its accelerated approval on an analysis of the early beneficial effects from clinical trials. The long-term effects of Fuzeon are not known.

Fuzeon is not free from side effects. It is administered by injection, and can cause both serious allergic reactions and local skin reactions. More patients treated with Fuzeon developed bacterial pneumonia.

The mechanism class of medicine provided insights into means of controlling viral infection. On 11 May, Dr David Ho explained that a drug based on the same mechanism of action may be useful in the treatment of coronavirus infection, the virus causing SARS.

NASTAD *Bulletin*

THE HIV Prevention Bulletin published by NASTAD (National Alliance of State and Territorial AIDS Directors) is one useful reference to help understand HIV prevention activities developed in the United States. The Bulletin is now distributed in electronic format exclusively. The publication can be downloaded from the NASTAD website at www.nastad.org.

You may also wish to subscribe to the publication by emailing your name, position, agency, address, email and phone number to bulletin@nastad.org

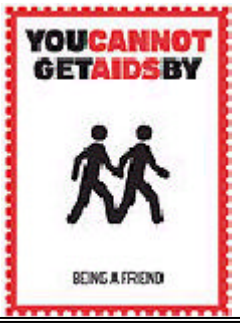
Treatment in Resource-poor Settings

A meeting on scaling up HIV care was held in Thailand between 12 and 15 May, hosted by the World Health Organisation.The meeting covered the important subject of providing antiretroviral therapy to resource-poor countries in two WHO regions - South East Asia and Western Pacific.

The meeting was attended by 70 participants including country representatives from Bangladesh, Cambodia, China, Indonesia, India, Myanmar, Papua New Guinea, Philippines, Thailand and Vietnam. The main objectives were to review the needs in HIV treatment and care, identify strategies and indicators for monitoring progress towards achievements of the UNGASS targets.

Member states would set national targets for the number of people living with HIV/AIDS to be receiving antiretroviral therapy by 2005, in proportion to the agreed global goal of 3 million.

Red Cross and Red Crescent Societies around the world observed World Red Cross Red Crescent Day on 8 May 2003 with events promoting HIV-related anti-stigma and discrimination messages.

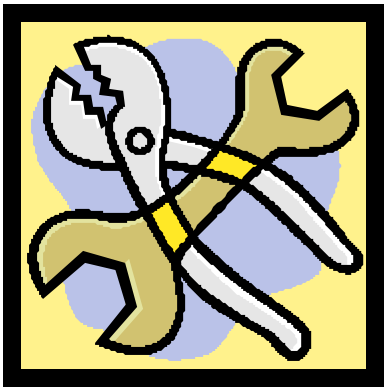


Assisted Reproduction in HIV Infected Individuals

FOCUS

WHEN HIV infection implied a lethal disease and children of HIV infected parents were often orphaned in the past, the desire to procreate was often neglected or even deterred. This outlook has been changing in the era of HAART (highly active antiretroviral therapy). HIV infection is now a chronic disease and perinatal infection is normally preventable. Assisted reproduction (defined as all treatments or procedures that include the *in vitro* handling of human oocytes and sperm or embryos for the purpose of establishing a pregnancy) is now applied in some countries to prevent HIV transmission between HIV discordant couples and to their children.

Apart from unprotected intercourse, which runs the risk of sexual transmission, there are the options of adoption, insemination using donors' sperms, insemination of partners' sperms after procedures to clear of HIV, if ***the man is infected***. As for the latter alternative, experts would first select the sperms from semen, test them for the presence of HIV and then use the HIV negative sperms for insemination. To date, more than 3500 inseminations on about 1200 HIV negative women have been performed in countries like Italy and Spain and have resulted in more than 400 children being born. None of these women or children has been tested HIV positive.



Likewise, assisted reproduction can be applied to lower the chance of HIV transmission to partner in the case of ***HIV positive women*** or when ***both partners are infected***. HIV superinfection can also be avoided in such circumstance.

The preliminary outcome of this novel idea seems promising, but some ethical controversies remain unsettled. The 3 major principles in medical ethics - ***autonomy, beneficence/ nonmalefeasance*** and ***justice***, usually form the framework for discussion. These were discussed at the meeting of the Committee on Promoting Acceptance of people living with HIV/AIDS (CPA) on 29 May.

Autonomy refers to the respect for persons, their values, preferences and decisions. To be able to procreate is one most basic right of human. But exercise of autonomy is often not absolute if serious harm is caused. Some also argue that the respect for others' procreative choices does not necessarily translate into the obligation to provide necessary reproductive services.

Beneficence refers to the obligation to promote the well-being of others; its negative form, ***nonmalefeasance*** refers to obligation to do no harm to others. Some possible 'harm' here includes HIV infection and early orphanage of the children, and HIV infection of the uninfected partners. Possible benefits include an apparently lower chance of HIV transmission to the uninfected partner, promotion of protected sex, and psychological benefit of the couples. With the current medical advances, it is likely that the level of 'harm' mentioned is decreased, but zero risk cannot be guaranteed. How can we balance the 'harm' and benefits?

Justice refers to treating individual fairly. If a 39-year old healthy woman (whose chance of having a child with Down's syndrome is 1%) or a woman with controlled diabetes can be considered for assisted reproduction, why shouldn't be a person with HIV infection?

In Hong Kong, experience in the use of HAART and the prevention of perinatal HIV infection is accumulating, with standard comparable to other developed countries. However, there has been no documented use of assisted reproduction in HIV infected individuals, though the techniques suggested for use are apparently available. What should be the advice to HIV patients about their reproductive options? What should be the line to take? If HIV infection *per se* is not an absolute exclusion criterion for access to assisted reproduction, what is the criteria and threshold, if any, that would preclude such interventions? How should be HIV infected individuals counselled when they express the wish to have a child?

This article has been contributed by Dr Krystal Lee. A full version was presented at the 10th CPA meeting (page 23)