

.Calendar.

XLIII Meeting of the Advisory Council on AIDS (ACA)

2:30pm 11 July 2003

XXIX Meeting of the Scientific Committee on AIDS (SCA)

2:30pm 30 September 2003

XIII Meeting of the AIDS Prevention and Care Committee (APCC)

6pm 19 September 2003

XI Meeting of Committee on Promoting Acceptance of People living with HIV/AIDS (CPA)

2:30pm 4 September 2003

Data Systems

COINCIDENTALLY, both the Scientific Committee on AIDS (SCA) and the AIDS Prevention and Care Committee (APCC) are supporting the introduction of data systems on HIV/AIDS activities in Hong Kong.

At the APCC meeting in June, members examined two draft datasheets for registering essential information on HIV prevention and care programmes, beginning with those supported by AIDS Trust Fund. In the same month, SCA discussed about the setting up of a register on HIV research activities. Apart from systematically developing an 'inventory' of HIV work, the exercises would in future enable the ACA and the committees to identify programme gaps, and to propose a research agenda on AIDS. These all fit in the framework outlined in the strategy proposed by the Council for 2002 to 2006.

Understandably, the data systems would only be useful if there is active participation of organisations involved in HIV activities in Hong Kong. The systems could not answer all questions, but should be treated as a key step in further consolidating our common "AIDS programme" in the territory. As described in the Internal Assessment Report at the 1998 review, "AIDS Programme" is the term taken to mean all operations on HIV prevention, care and control in Hong Kong, inclusive of efforts of the Government and the community.

It is hopeful that the new data systems, when established, would serve the needs of all.

- the editor

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Council News

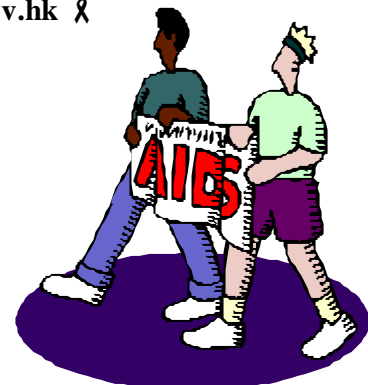
www.aca-hk.com
at your service

THE ACA website has been revamped. Members may wish to visit this designated website to keep updated on what's happening in the Council and the Committees.

In accordance with the advice of Council members, the agenda of meetings are posted. Information is more systematically organised. Linkage to the "Virtual AIDS Office", the main information base of Hong Kong's AIDS programme and situation,

has been strengthened.

The ACA website address is **www.aca-hk.com**. The site can also be reached through the "Policy Development" Programme of the Virtual AIDS Office at **www.aids.gov.hk** &



Sharing from the *Play Safe Healthy Life Project* - WY Wan

"DISCO is a highly unstable environment, with people coming and going ... yet you will be surprised how the youth are receptive to health counselling!" Remarked Mr CHAN Wai-Leung, Supervisor of Caritas Integrated Services for Young People-Stanley, when he was sharing his experience at the 12th APCC meeting.

Play Safe Healthy Life Project, launched by the Caritas Youth and Community Services since 2001, is an innovative outreach project founded on an integrative model with the provision of a mobile education centre, health check up, counselling and crisis intervention. Highly motivated social workers and part-time nurses reach out to discos and rave parties, where their target clients, young disco goers between the age of 16 to 30 are exposed to party drugs, alcohol and high risk sex behaviour. In the last six month of the pilot phase which ended at the end of 2002, the Project has delivered on-site education to 16248 youth, and conducted 1763 interviews and body check-up.

The Play Safe Healthy Life Project will be funded by the AIDS TrustFund from 2003 onward, as a comprehensive three-year programme.

As an initiative to integrate the community effort on AIDS, this is the second time that the APCC has invited a mainstream NGO to share their experience on AIDS-related work. The Hong Kong Red Cross presented the Peer Education Programme and the network in Mainland China at the 11th meeting of the APCC. ♂

Council News

ACA July Meeting

THE 43rd meeting of the Advisory Council on AIDS, originally scheduled for April, will be held on 11 July 2003.

Three main agenda items will be discussed at the meeting. These are: (1) report of the Expert Panel on HIV infection in health care workers, summarising its work in the last ten years and suggestions on the way ahead; (2) evaluation of the universal antenatal HIV testing programme after the first year's implementation; (3) the use of unsafe clotting factor concentrates before 1985. ♂

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

CLOSING THE GAP

THE Global HIV Prevention Working Group released the report, *Access to HIV Prevention: Closing the Gap*, in mid-May. It was the first-ever analysis of the gap between HIV prevention needs and current efforts, and provides recommendations on the way ahead.

The report provides an analysis on a region basis. For Asia and the Pacific, for example, the Report noted that "fewer than 1/5 of health care settings adhere to universal precaution", "3-6% of women have access to services for preventing mother-to-child transmission", "10% of IDUs have access to harm reduction programme", and "one in seven people who need STD services has access to such programme."

The Global HIV Prevention Working Group is composed of nearly 40 leaders in public health, clinical care, biomedical, behavioural, and social research, and people affected by HIV/AIDS from around the world. It was convened in 2002 by the Bill & Melinda Gates Foundation and the Henry J. Kaiser Family Foundation to inform global HIV prevention policy-making and program planning.

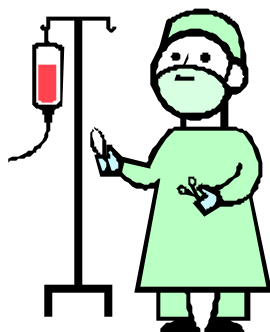
The report can be downloaded from the UNAIDS website at www.unaids.org. ⌘

Class Action Lawsuit

ON 2 June, a law firm filed a lawsuit that "seeks to represent all haemophiliacs, or their survivors and estates, living outside United States who became infected with HIV and/or HCV from contaminated blood products manufactured by American companies."

The firm has set up a designated webpage for potential clients: www.lieffcabraser.com/blood-factor.htm

On the same issue, an information paper has been prepared by the Government for members of the Legislative Council Health Services Panel for its meeting on 9 June 2003. The bilingual paper can be downloaded by from the website of LegCo www.legco.gov.hk ⌘



UNESCAP Re-scheduled

BECAUSE of the SARS outbreak, the 59th Session of the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) had been "split" into two phases. The first phase was attended by ambassadorial-level officials from thirty-three member governments in April.

The second phase, which will include the ministerial segment and the consideration of substantive matters is scheduled for 1-4 September in Bangkok. One theme issue for the meeting is "Integrating economic and social concerns, especially HIV/AIDS, in meeting the needs of the region" ⌘

HIV & MSM in China

IT was reported in the media that the HIV rate in men having sex with men (MSM) in Mainland China was a cause for concern. The report was based on a study published in the June 21 issue of *Lancet* (free access). Fifteen (3.1%) MSM were tested positive in a study on 238 persons, by a group of researchers from Beijing and the University of California. The paper can be viewed on www.thelancet.com ⌘



in & around Hong Kong

CDCs' report

THE CDC of the United States and China have published a joint report on the surveillance system in the Mainland. Titled "Joint HIV surveillance and laboratory assessment", the document reports on the strengths and weaknesses of the HIV surveillance system at central level, and has taken reference of the mechanisms in three provinces - Guangdong, Shandong and Jiangsu. It was proposed to develop "model" surveillance systems in selected provinces in due course.

The Report can be downloaded from the website of the China CDC's National Centre for AIDS/ STD Control and Prevention: www.chinaids.org.cn/index_sy_zxbd.asp?sn=1023 ⌘

* Rapid Test -
what it would mean to us

FOCUS



THE Scientific Committee on AIDS (SCA) had a lengthy discussion on Rapid Tests and its possible applications in Hong Kong at its recent meeting on 24 June.

Rapid Test is not a new invention. It has received increasing attention in the United States after the country saw the marketing of the second FDA-approved rapid test kit for HIV diagnosis. The first one (SUDS), introduced in 1995, had not been a popular one because of the need of multiple technically-demanding steps. The second one (Oraquick) was approved in late 2002. The test involves the use of whole blood, which takes about 20 minutes for completion. It is a simpler test and a "CLIA" waiver has been obtained in the United States, meaning that the test could be conducted in doctors' clinics and other settings instead of through laboratories.

The introduction of Rapid Test has the potential of improving access to HIV testing, especially in places where defaulter rate is high. A client knows of his/her result at point-of-care in the same setting. The company marketing the new test claims a sensitivity and

specificity rate of 99.6% and 100% respectively. Clients must be on the alert of false positive and false negative results.

The Committee noted that the Rapid Test is not meant to be a replacement of conventional two-step HIV test currently provided in VCT (voluntary, counselling and testing) services. It's important to know also that rapid testing is similar to a screening procedure, which needs to be confirmed by a supplemental test (e.g. Western Blot) in clinical practice. Counselling is crucial to prepare a client for the result, the meaning of which differs from that of the 2-step confirmed reading. Staff training, standardised protocols, referral mechanisms and environmental factors (for example,

lighting) shall all be taken into consideration in planning services based on rapid testing.

Rapid Test does offer advantages in selected settings. Two examples were discussed at the SCA meeting: accessing hard-to-reach risk-taking population (who would otherwise miss the opportunities for preventive intervention) on one hand, and in the event of supporting urgent intervention, as in the case of preventing mother-to-child infection and post-exposure prophylaxis after needle-stick injuries.

The Scientific Committee is working on all these considerations and would shortly be making its recommendations on the applications of rapid tests in Hong Kong. ⌘

Overseas Website with useful information on RAPID TESTS:

CDC STUDIES ON RAPID TEST

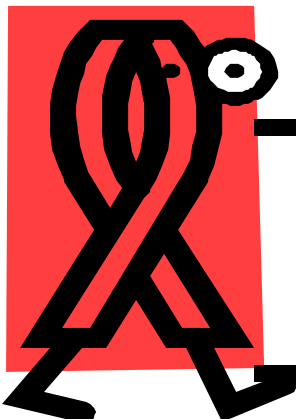
www.cdc.gov/hiv/pubs/rt-studies.htm

QUALITY ASSURANCE GUIDELINES

www.cdc.gov/hiv/rapid_testing/materials/QA_Guidelines_OraQuick.pdf

HEALTH CANADA GUIDELINES

www.hc-sc.gc.ca/pphb-dgspsp/publicat/ccdr-rmtc/00vol26/dr2607ea.html



According to UNAIDS and WHO estimates, over US\$10.5 billion a year will be needed in 2005 for a "barebones" package of prevention, treatment, care and support programmes in low- and middle-income countries