

⌘ Calendar ⌘

**XLV Meeting of the
Advisory Council on AIDS
(ACA)**

2:30 pm 9 January 2004

**XXXI Meeting of the
Scientific Committee on
AIDS (SCA)**

2:30 pm 30 March 2004

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

5:30 pm 19 March 2004

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

2:30 pm 4 March 2004

IN THIS ISSUE:

We have

Anniversary Message
on page 1

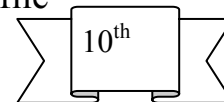
In and Around Hong Kong
on page 2

**Council and Committees
Meetings**
on page 3

HIV Rapid Test
on page 4

10th Anniversary of the ACA Newsfile

Message from the Chief Editor



In January 1994, the first issue of ACA Newsfile was released. In the first editorial, I mentioned that the newsletter shall “appear monthly or bimonthly” for the purpose of “coordinating all personnel and participating parties so as to achieve the best effectiveness in the implementation of the activities”. Ten years on, 120 issues of the ACA Newsfile have been published.

Flipping through the 120 copies of ACA Newsfile, I am reminded of the many events that happened expectedly, and other that have taken us by surprise. The ACA Newsfile has indeed become our little history book, if you care to collect each and every issue. From this “book”, we remembered that Michael Merson was in Hong Kong in April 1994; Mrs Elizabeth Wong delivered an address at an AIDS Conference in Yokohama in the same year.... A new AIDS Campaign logo was introduced in 1995...JJ appeared in a TV API in 1995...the AIDS website was launched in 1997...the first AIDS conference was held in 1996, then the second in 2001...Peter Piot was in Hong Kong in 1998; Jonathan Mann passed away in the same year (he was in Hong Kong before the first issue of ACA Newsfile, back in November 1993)....ACA was reappointed in 1996, 1999 and 2002.... An AIDS programme and situation review was conducted in 1998; community planning committee was formed in 2000...the first China AIDS Conference was held in 2001....and many international AIDS conferences had been held in the last ten years.

Over the last decade, ACA Newsfile has remained largely unchanged in its format as a four-page A4 size in-house publication. It has continued to be an amateur publication, as described in its first issue. The editorship was changed in 1999/00 and since October last year, but our objective of bringing the Council committee members closer to each other has remained unchanged. There have been suggestions to turn the ACA Newsfile into a bilingual publication, which we humbly reject. I suppose we cannot afford the trade-offs – less frequent publication and the administrative support required for a ‘formal’ publication.

This is the first issue of the second decade. I wish you all another meaningful and fulfilling year. With the closer collaboration between Hong Kong and the Mainland, the ACA Newsfile would certainly cover reports with the new perspective. ⌘ ⌘ ⌘

Dr SS LEE, Chief Editor
ACA Newsfile Editorial Board

恭賀新禧 Wish you a Properous Year of the Monkey

In and Around Hong Kong ©

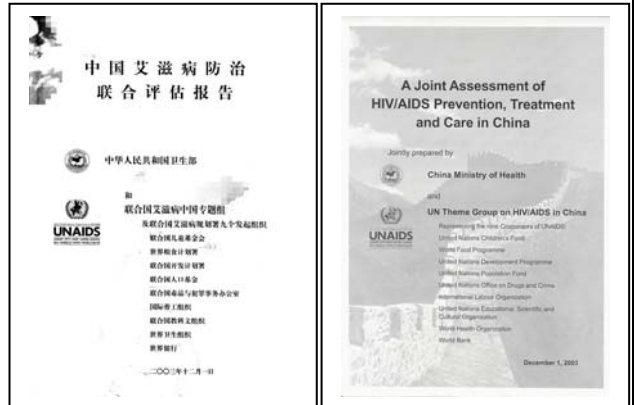
Scientific Meeting of Universal Antenatal HIV Testing Programme in Hong Kong

Since the implementation of the universal HIV testing programme in the public service in September 2001, 41,714 HIV antibody tests were performed for the ensuing 12 months. A total of 12 HIV infected women were detected through the new programme. The Scientific Committee on AIDS has prepared a report based on the first year implementation of the programme. As a follow-up to the programme, a Scientific Meeting is to held on **4 January 2004 from 2:00pm to 5:15pm** at the hall of the **Princess Margaret Hospital**. The rundown on the Scientific Meeting is as follow:

Time	Topic	Speaker	Chairperson
1:45-2:00 pm	Registration		
2:00-2:05 pm	Opening remark	Hon Dr Lo Wing Lok, President of the HKMA	
2:05-2:15 pm	Global HIV Epidemic – Defining the Problem and Scaling up the Response	Dr SS Lee, DH	Hon Dr WL Lo
2:15-2:45 pm	The Current Situation of HIV Infection in China	Dr Shen Jie, CDC China	Hon Dr WL Lo
2:45-2:55 pm	Universal Antenatal HIV Testing Programme –an Initiative of Preventing MTCT of HIV in Hong Kong	Dr Ho King Man, DH	Dr Law Chi Lim, OGSHK
2:55-3:15 pm	Universal Antenatal HIV Testing Programme in Hong Kong : Outcomes and Outputs in the 1 st year	Dr Chan Kam Tim, DH	Dr Law Chi Lim, OGSHK
3:15-3:30 pm	Break		
3:30-3:50 pm	Constraints and Accomplishments: Lessons Learned from the Perspective of an Obstetrician	Dr Tse Hei-ye, Dept of O&G KWH	Dr Tang Chang Hung, HKCOG
3:50-4:00 pm	Constraints and Accomplishments: Lessons Learned from the Perspective of a Paediatrician	Prof YL Lau, Dept of Paediatrics HKU	Dr Tang Chang Hung, HKCOG
4:00-4:10 pm	Looking ahead: What Can Further be Achieved	Dr Homer Tso, HK ACA	Prof Lau Yu Lung
4:10-4:55 pm	Round table Discussion	All speakers	Dr Tang Chang Hung, HKCOG
4:55-5:05 pm	Summary of Discussion	Prof Lau Yu Lung	
5:05-5:15 pm	Closing Remark and Presentation of Souvenirs	Hon Dr Lo Wing Lok	

Co-Organizers:

The HK Medical Association
 Hong Kong Advisory Council on AIDS
 Hong Kong College of Obstetricians and Gynaecologists
 The Obstetrical and Gynaecological Society of Hong Kong
 Department of Paediatrics and Adolescent Medicine (The University of Hong Kong)



AIDS in China

The China Ministry of Health and the UN Theme Group on HIV/AIDS in China published a Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China on 1 December 2003 to commemorate the World AIDS Day. Interested readers may visit the website: www.chinaids.org.cn to access the report.

SEX Education Online



The Council Chairman, Dr Homer Tso, was officiating at the sex education website launching ceremony on 1 December 2003 at the New Town Plaza in Shatin. The new sex education website: www.SexEdonline.tv, which has been transformed from the "Dr Sex Hotline", is an interactive internet-based public education activity run by RTHK. Prof. NG Mun-lun, a member of the Scientific Committee on AIDS, is also the resource person of this sex education website.



**Council and
Committees Meetings**



The Council has scheduled its 45th meeting for 9 January 2004. There are four main items on the agenda. They are (i) An update on the HIV situation in Hong Kong with focus on areas of concern; (ii) A review of progress of targets established in the Recommended HIV/AIDS Strategies for Hong Kong 2002 to 2006; (iii) Introduction of the methadone clinic universal urine testing for HIV antibody programme; and (iv) World AIDS Day 2003. If you are curious to find out where exactly are the "areas of concerns" or whether the targets established have been met, keep an eye on the next issue of the ACA Newsfile.

Here are the summaries of the recent meetings of the three committees.

The Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA) met on 27

November 2003. Members were probing into the ethical principles on partner counselling and referral services (PCRS) of HIV infection in Hong Kong. The objectives of PCRS are (a) to inform partners who have had significant HIV exposure; (b) to provide appropriate information to partners that will assist them to evaluate their risk and to decide whether to go for an HIV test or not; (c) to provide access to HIV counselling and testing services and other supporting services when necessary; and (d) to alert partners any possible secondary transmission to their children and other partners. The meeting reached a consensus about formulating a local PCRS protocol and putting it up for public consultation. On the next item of the agenda, the Convener of the AIDS Support and Services Working Group briefed members on the progress and the work plan of the working group. It is expected that a final report of the working group together with the recommendations will be made ready in mid 2004.

The AIDS Prevention and Care Committee (APCC) dedicated its meeting on 3 December 2003 to the

appreciation of projects and activities organized by AIDS NGOs in support of the World AIDS Campaign 2003 in Hong Kong. The last year's campaign continued to focus on stigma and discrimination under the slogan "Live and let live". Members also had the opportunity to preview the educational film - "Love under the Sun", a musical drama played by famous local artists was a collaboration among the Ministry of Health, Department of Health and Radio Television Hong Kong.

The Scientific Committee on AIDS (SCA) also met on 16 December 2003. Members discussed the revised guidelines on the prevention of transmission of HIV in health care setting and were presented the evaluation results of the pilot programme on universal HIV antibody urine testing in methadone clinics. Members also endorsed a set of recommended principles on the application of the HIV antibody rapid test in Hong Kong. A copy of the recommended principles is reproduced on page 4.



***Proposed Meeting Schedules for the
ACA and its Committees in 2004***

ACA	9 Jan 2004 (Friday)	2 April 2004 (Friday)	9 July 2004 (Friday)	8 Oct 2004 (Friday)
APCC	19 Mar 2004 (Friday)	18 June 2004 (Friday)	10 Sept 2004 (Friday)	3 Dec 2004 (Friday)
CPA	4 Mar 2004 (Thursday)	3 June 2004 (Thursday)	2 Sept 2004 (Thursday)	25 Nov 2004 (Thursday)
SCA	30 Mar 2004 (Tuesday)	29 June 2004 (Tuesday)	21 Sept 2004 (Tuesday)	14 Dec 2004 (Tuesday)

**Reported HIV/AIDS Statistics
(updated 30 September 2003)**

		HIV		AIDS	
		total / Q3 2003		total / Q3 2003	
Gender	male	1760	45	561	7
	female	412	11	89	2
Ethnicity	Chinese	1511	42	508	7
	non-Chinese	661	14	142	2
Transmission	heterosexual	1226	24	434	8
	homosexual	414	8	112	1
	bisexual	97	0	30	0
	injecting drug use	62	6	10	0
	blood/bl products	68	0	20	0
	perinatal	15	0	6	0
	undertermined	290	18	38	0
TOTAL		2172	56	650	9

NOTE: The "total" refers to the cumulative total number reported since 1984, under the voluntary HIV/AIDS Reporting System. Q3 refers to the period from July to September 2003. The "AIDS" number is a subset of the "HIV numbers" and the two should not be added.

SOURCE : Special Preventive Programme, Department of Health, Hong Kong SAR Government

Recommended principles on the application of the HIV antibody rapid test in Hong Kong 🕒 🕒 🕒 🕒 🕒 🕒 🕒 🕒 🕒 🕒 🕒 🕒

Background

1. HIV antibody testing is an important part of the clinical and public health management of HIV infection. It forms a crucial step prior to the initiation of HIV counselling, medical care, disease surveillance and prevention. The Conventional HIV antibody testing is a two step procedure. Normally, the first step is a screening ELISA assay followed by a confirmatory test with Western Blot. At least 95% of patients become serologically HIV antibody positive within 3 months after infected by the virus.

2. In November 2002, Oraquick Rapid HIV-1 Antibody Test for the diagnosis of HIV infection was approved by the US Food and Drug Administration (FDA). The availability of this rapid test may signify a revolution of our current system of HIV counselling and testing provision and subsequent referral and care.

Purpose

3. This paper summarizes the essential background, pros and cons of the rapid test and its applicability at different settings and serves as a reference for health care workers and community workers in the prevention and care of HIV/AIDS.

Definition & Performances

4. Definition: A rapid test is a easy-to perform, point-of-care investigation for detecting antibody to HIV the result of which is provided at the same setting of the consultation. The test result is normally available within 30 minutes. Oraquick test is the first FDA approved rapid test falling into this category.

5. Performances: The sensitivity of Oraquick is 99.6% and the specificity is 100%. The performances of the test are reproducible in tested specimens from other geographic areas in the world. Compared with other licensed EIA tests, Oraquick has the same capabilities of detecting seroconversion changes.

Advantages of the Rapid Test

6. The advantages of the rapid test are multiple:-

- (a) The test is a single step procedure.
- (b) The test can be offered at the point-of-care setting. This significantly reduces the turnaround time to only 45 minutes.
- (c) The test offers the opportunity to perform more testing, especially in underserved populations like urgent care settings, emergency rooms, and new venues outside of healthcare setting.
- (d) The test provides rapid answers on the clients' HIV status before initiating HAART in case of post exposure prophylaxis and HIV pregnant mother who presents late during delivery.
- (e) The new test ensures that results are promptly obtained by the clients. In US, about 30% of HIV infected people tested by the conventional HIV test did not return for their results. These people did not receive proper care and counselling.
- (f) The test is technically simple to perform. Oraquick is one of the Clinical Laboratory Improvement Amendments (CLIA) waived tests. In the US, CLIA-waived tests can be performed and interpreted in a physician office or other settings without going through certified laboratory

Limitations of the Rapid Test

7. The rapid test has the following limitations:-

- (a) The accuracy of the test in terms of specificity, sensitivity and predictive values in individual local setting has not been determined. It is extremely important for studies on the feasibility and acceptability of the test to be conducted in local setting.
- (b) The rapid test is still a screening test that requires confirmation.
- (c) Different form of counselling and support services are required as clients may not be prepared for the rapid results, especially in settings like bars and other venues where there is a great influence of drugs and alcohol.
- (d) The advantage of replacing conventional test with rapid test in HIV testing services is not known such as in settings where a low defaulter rate is achieved with conventional HIV test.¹
- (e) The low prevalence of HIV infection at our locality may increase the chance of false positivity of the test.
- (f) The cost of implementing the HIV rapid test into the health care programme may be considerable.

Applications in Hong Kong

8. Rapid test may complement the conventional HIV testing in the following areas.

- (a) Antenatal clinics when HIV infected mother presents late and therefore antenatal care and screening is impossible, e.g. in labour ward. Rapid test HIV antibody can support decision to start antiretroviral therapy in order to prevent mother to child transmission.
- (b) Hospitals or clinics settings where a high risk of acute needle-stick injury is anticipated. Rapid test can be offered both to the source and victim so as to clarify the need for post exposure prophylaxis with antiretroviral therapy at the point-of-care
- (c) Out-reach setting where conventional HIV testing may not reach certain high risk practising peers like the drug addicts, sex workers and homosexuals.
- (d) Conventional HIV care setting where there is a high defaulter rate. The availability of the rapid testing at the point-of-care will reduce the defaulter rate and prevent further spread of the disease.

Requisites for performing the Oraquick Rapid test

9. The following requisites are suggested before performing the rapid test

- (a) All operators must be familiar with standard infection control practice in health care setting.²Universal Precautions for Prevention of Blood-borne pathogens in health-care setting
- (b) For the best performance of the test, a standardized protocol should be developed and followed in each service. Operators should be clearly informed and instructed.
- (c) The test should be performed in the normal office lighting, and allow adequate time for the test process and interpretation.
- (d) Clients enrolled for the test should understand the implications of the test results.
- (e) Pretest counselling is an essential component of the rapid test and must be offered to all clients receiving the test
- (f) After a rapid test positive result has been validated by confirmatory testing, an effective treatment, clinical care and referral should be provided to the client.

¹ Special Preventive Programme and Social Hygiene Service are settings where there is a low defaulter rate

² Guideline of Universal Precautions for Prevention of Blood-borne pathogens in health-care setting
