Editorial Board
Executive Editor : Mr WONG Man-kong ACA Secretariat
Vol 11, no.5 – May 2004 (issue no.125)

Calendar

XLVII Meeting of the Advisory Council on AIDS (ACA)
2:30 pm 9 July 2004

XXXII Meeting of the Scientific Committee on AIDS (SCA)
2:30 pm 29 June 2004

XVI Meeting of the AIDS Prevention and Care Committee (APCC)
6:30 pm 18 June 2004

XIV Meeting of the Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA)
2:30 pm 19 July 2004

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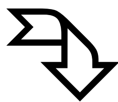
We have



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46th ACA Meeting

Members of the ACA met on 2 April 2004 at its 46th meeting. There were three major items on the agenda: (a) Establishment of the Centre for Health Protection by the Department of Health; (b) Revisiting the Community Planning Process; and (c) Annual Report of the Hong Kong Advisory Council on AIDS.

For (a), Dr LEUNG Pak-yin, the newly appointed Controller of the Centre for Health Protection (CHP) briefed members on the organizational structure and implementation milestones of the CHP. He highlighted that CHP's activities would be organized into six functional branches. An integrated approach to controlling health hazards would be the cornerstone of health protection. Apart from the vertical organization, a programme-based approach would be necessary for a comprehensive health protection system. Members were given to know that 5 scientific committees would underpin the CHP responsible for giving scientific based advice to the CHP to develop strategies for the effective control of communicable diseases. Members also gave their views on future relationship between the ACA including its committees and the CHP. The CHP would be formed in June 2004 and take on only the core functions initially. A fully-fledged CHP would be seen in 2005. (A detailed description of the key responsibilities of the six functional branches is on page 19.)

As regards (b), members were introduced the background, principles and practices of community planning, a term used by the Centers for Disease Control and Prevention (CDC) to describe a systematic mechanism for prioritizing population and prevention needs through the involvement of all stakeholders. They noted that the first cycle of community planning was undertaken by the HKCASO. With the funding support from the AIDS Trust Fund, a small team of staff was set up. A Community Planning Committee was also formed to lead the process. The preparations for the Community Planning Process (CPP) took place in 1999 and the process was implemented in five different phases from April 2000 to August 2001. On account of changes in HIV epidemiology, societal forces affecting vulnerability and behavioural risk and the alteration of the community's response, it seemed that the re-prioritization was inevitable. Members generally agreed that a new round of CPP would be required to put in place effective HIV prevention and care work.

Regarding (c), the draft annual report depicting the activities of the ACA in the first year of its fifth term of office from August 2002 to July 2003 came to members' notice. They agreed that the report would be printed as a public record.

The next ACA meeting will be held on 9 July 2004.

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Guangdong to curb mother-to-child HIV transmission

All pregnant women in Shenzhen will receive free AIDS tests, as the initial move of the province's fight against the spread of the fatal disease.

Starting this year, Shenzhen has provided free HIV/AIDS tests to all pregnant women to help prevent AIDS from spreading in this southern city. No pregnancy-based HIV/AIDS cases have been reported in Shenzhen so far this year.

The measure will be extended to the whole province in the next few years.

AIDS is reportedly spreading fast in Gunagdong. Statistics show that last year, of total HIV carriers in the province, 89.2 percent were intravenous drug users, 8.5 percent were infected with the virus through sexual intercourse, 1.0 percent were transfusions with tainted blood and 1.3 percent through pregnancy. Further information is available from www.xinhuanet.com

HIV/AIDS Situation in Guangdong

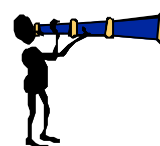
At the Guangdong AIDS Prevention and Treatment Symposium held on 20 April 2004, experts said that Guangdong Province was facing a severe HIV situation after having spotted HIV carriers in 90 percent of its counties.

Some 110 counties among the total 122 had reported HIV carriers.

About 5,051 HIV carriers and 190 AIDS patients were reported in the province in 2003 and Guangdong became the fourth Chinese region with a serious HIV situation after Yunnan Province, Xinjiang Uygur Autonomous Region and Gangxi Zhuang Autonomous Region.

Among the province's HIV carriers, 84 percent were males and 80 percent were in the age between 16 to 35.

Experts appealed for the provincial government to input more funds and step up legislation to fight AIDS. Further information is available from www.chinadaily.com.cn



香港愛滋病病毒感染及愛滋病統計數字
HIV/AIDS STATISTICS IN HONG KONG

截至二零零三年十二月三十一日
updated 31 December 2003

		2002		2003		累積個案 Cumulative	
		愛滋病病毒感染 HIV	愛滋病 AIDS	愛滋病病毒感染 HIV	愛滋病 AIDS	愛滋病病毒感染 HIV	愛滋病 AIDS
性別 Sex	男 Male	201	41	175	44	1812	576
	女 Female	59	12	54	12	432	93
種族 Ethnicity	華裔 Chinese	185	42	158	45	1557	523
	非華裔 Non-Chinese	75	11	71	11	687	146
傳染途徑 Route of Transmission	性行爲 Sexual Contacts	202	47	161	53	1789	594
	異性性接觸 Heterosexual	146	37	113	46	1263	452
	同性性接觸 Homosexual	47	8	44	7	428	112
	雙性性接觸 Bisexual	9	2	4	0	98	30
	注射毒品人士 Injecting drug use	10	1	11	0	65	10
	輸入血液/血製品 Blood/blood products recipients	0	0	0	1	68	20
	母嬰傳播 Perinatal	1	0	0	0	15	6
	不詳 Undetermined	47	5	57	2	307	39
	總數 Total	**260**	**53**	**229**	**56**	**2244**	**669**

HIV/AIDS STATISTICS

Key Responsibilities of the Six Branches under the Centre for Health Protection

(a) Surveillance and Epidemiology Branch

This provides the framework for monitoring and contributing to prevention and control of diseases of relevance to the population in Hong Kong. Under the Branch, there will be a Communicable Disease Division and a Non-Communicable Disease Division. The former will consist of an Epidemiology Section (ES) and a Communicable Disease Surveillance Section (CDSS). The ES will specialise in responding to outbreaks and disease notifications, conducting field investigations, advising on control of communicable diseases, and organising work-based training for professional staff. The CDSS will function as a central hub for all data related to communicable diseases. It will systematise regular data collection and collations from surveillance systems maintained by the Department and other relevant agencies, generate regular epidemiological reports, and develop studies on selected communicable diseases of important public health consequences to Hong Kong. It will also be responsible for epidemic intelligence, information system data management and cross-border surveillance. The Non-Communicable Disease Division will be responsible for surveillance and control of non-communicable diseases of significance to Hong Kong population and formulation of strategies in relation to cancer prevention, cardiovascular health and men' s health, etc.

(b) Programme Management and Professional Development Branch

This Branch will oversee strategic development of applied research projects in communicable disease, provide management support to organisation and deliberations among expert groups of selected health protection programmes and be responsible for training and development of professional and allied staff as well as lay personnel in health protection activities.

(c) Emergency Response and Information Branch

This Branch will coordinate emergency response and contingency planning, formulate risk communication strategies, and facilitate the development of preventive strategies and cross-sector logistic support. In times of infectious diseases outbreaks or other exigent public health circumstances, this Branch will also mobilise relevant Government departments and non-governmental agencies to join the Centre for Health Protection (CHP) and the healthcare sector in arresting the adverse situations.

(d) Public Health Services Branch

This Branch will provide specialised clinical services in respect of tuberculosis, HIV and sexually transmitted diseases and will collaborate with hospitals and other clinical services on these three areas.

(e) Public Health Laboratory Services Branch

This Branch will provide laboratory service in support of disease surveillance and control. It is also responsible for providing training of laboratory infection control professionals and developing partnership with laboratories in Hospital Authority, the Agriculture, Fisheries and Conservation Department, the Government Laboratory, local universities and overseas agencies.

(f) Infection Control Branch

This Branch will develop, promulgate and evaluate best practices in infection control at health care and non-health care settings; coordinate, facilitate and support training in infection control for all levels of health care staff and personnel in health care settings; support epidemiological investigation of infectious diseases and nosocomial infections in hospitals; conduct surveillance on infection hazards in health care and non-health care setting; develop infectious disease management protocols; and support quality management of infectious disease with a public health perspective. It will serve as a link between the CHP, the community and private sectors on infection control issues.

Latest researches on HIV/AIDS in the locality

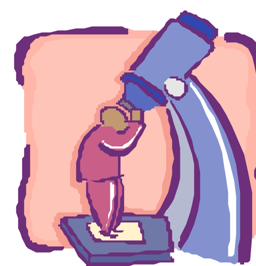
At the Eighth Annual Scientific Meeting of the Hong Kong Society for Infectious Diseases held on 6 March 2004, two abstracts on AIDS complication and HIV treatment were presented by local researchers. These contributed to two-thirds of the free paper presentation at the Meeting, and are of significance to the public health and clinical facets of Hong Kong's AIDS programme.

Presentation and outcome of Penicillium marneffei

Penicillium *marneffei* (P. *marneffei*) is a locally important HIV-related opportunistic infection, representing the third commonest primary AIDS-defining illness in Hong Kong. Dr. TC Wu of the Queen Elizabeth Hospital did a retrospective study of P. *marneffei* cases seen from January 1995 to February 2004 [1]. He identified 45 HIV-infected patients who suffered from the disease. Fever, malaise, weight loss, anaemia and enlarged lymph glands were the most common presenting features. All except one patient had a very low CD4 (less than 100 per microlitre) at diagnosis. The organism can be recovered from culture or lymph gland biopsy in a majority of the patients. Fatal infections were uncommon and most patients survived with anti-fungal therapy. After treatment with highly active antiretroviral therapy (HAART), immune function of most patients improved. With that, it was found that secondary prophylaxis of P. *marneffei* can be successfully stopped. As the pathogen is uncommon in western places, the findings are valuable to the clinical management of the infection in the locality.

Decreasing mortality of AIDS after HAART availability.

Declined HIV morbidity and mortality with the advent of highly active antiretroviral therapy (HAART) has been reported overseas. While presuming the same is true for Hong Kong since the availability of HAART in 1997, there has not been any concrete local evidence. Dr. Kenny Chan and his colleagues of Integrated Treatment Centre of the Department of Health studied mortality of advanced HIV disease patients (AIDS or nadir CD4 <100 per microlitre) in the period of 1993 to 2002 [2]. He found that the crude death in these patients fell from 20% in 1993 to 0.7% in 2002, with corresponding age-adjusted rates of 22.3% and 0.7% respectively. There was an overall decreasing trend of mortality, which persisted across all age groups. While mortality was high and fluctuating before 1997, it became low and steady after 1997. Year on year comparisons showed that the decrease before 1997 was significant but those after 1997 were not. In terms of death/1000 patient-months, the rate was 9.2 before 1997 and 2.3 afterwards – a rate ratio of 4.04 (95 % confidence interval 2.52-6.04). It is gratifying to witness the public health impacts of HAART in local HIV/AIDS patients.



References

1. Wu TC. Clinical presentations and outcomes of Penicillium *marneffei* infections in immunocompromised patients. Eighth Annual Scientific Meeting of the Hong Kong Society for Infectious Diseases. 6 March 2004.
2. Chan KCW, Chan WK, Cheng K, Wong KH. Decreasing mortality of AIDS since the availability of HAART in Hong Kong. Eighth Annual Scientific Meeting of the Hong Kong Society for Infectious Diseases. 6 March 2004.

(Both Dr. TC Wu and Dr. Kenny Chan received their training on Clinical Infectious Diseases at the University of British Columbia, Vancouver, Canada.)