

## ⌘ 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

## A World Health Report on HIV/AIDS

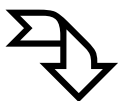
The release of the World Health Report “Changing History” on 11 May by the World Health Organization (WHO) serves as a reminder that HIV/AIDS is truly a public health issue. The pandemic has been with us for over two decades. Scientific advances have brought us not only effective treatment, but evidence that the infection can be prevented. Paradoxically and tragically, the epidemic continued, causing the lives of many across all continents. The SCMP editorial (12 May) suggested that the focus on treatment, as advocated by the WHO, should point the way for the Mainland. Rightly so, the principle of treatment should however be expanded from simply purchasing antiretroviral drugs to a systematic approach of access to care. While the WHO should be congratulated for proposing the heroic initiative of making treatment available to 3 million people by 2005 (3 by 5), the world must be cautioned that hurriedly distributing tablets without effective monitoring may cause the emergence of mutants. We can’t afford the price of yet another epidemic. What our motherland needs is, among other things, a coherent health infrastructure to deliver ‘care’.

**Back home**, we certainly cannot afford to be complacent despite the low HIV prevalence as advised by our experts. Complacency catches people off guard. The effectiveness of Hong Kong’s HIV control hinges not just on the designated AIDS programme, but rather our work on injection drug use (IDU) and sexually acquired infections (STI). It is sad to know that there are still objections to the promotion of condom use as an effective tool against STI, which includes HIV. At a time when our mainland is contemplating the introduction of needle exchange and methadone maintenance, harm reduction is still an avoided phrase in some drug rehabilitation services. The practice of HIV medicine is still limited to a tiny core of expertise, while the wider medical community remains alienated. The Hong Kong Advisory Council on AIDS, in its strategies recommended for 2002 to 2006, has proposed to develop an integrated approach to attain sustainable response. Whether we are able to maintain a low HIV rate clearly depends on the strengthening of our STI control activities, harm reduction drug programme, and development of clinical infectious disease as a medical specialty.....

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## HIV/AIDS situation in Hong Kong in first quarter of 2004

### Figures

Sixty-seven people tested positive for the HIV (Human Immunodeficiency Virus) antibody in the first quarter of 2004, bringing the cumulative total of reported HIV infections to 2,311.

Seven new AIDS (Acquired Immune-Deficiency Syndrome) cases were reported in the same quarter. This brings to 676 the total number of confirmed AIDS cases reported since 1985.

Of the 67 new HIV cases reported, 25 acquired the infection via heterosexual contact, 20 via homosexual or bisexual contact and four through intravenous drug use.

The routes of transmission of the remaining

18 cases were undetermined due to inadequate data.

The 67 cases comprised 55 males and 12 females.

Of the 2,311 cumulative total of HIV infections since 1984, around 79% acquired the infection through sexual contact, of them 70% resulted from heterosexual transmission. Sixty-nine infections occurred among injection drug users.

The newly diagnosed cases for this quarter were reported by four major sources: public hospitals and clinics (32), private hospitals and clinics (11), Social Hygiene Clinics (13) and the Department of Health AIDS Counseling Service (6). Cumulatively, the four sources accounted for 43.4%, 22.7%, 15.6% and 13.2% of all reported infections.

The number of reported HIV infection cases remained high in this quarter compared with the same quarter last year.

The proportion of reported HIV infection in men having sex with men (MSM) increased. The increase coincided with the increase in the number of cases of male HIV patients reported in this quarter.

The Social Hygiene Service was the main source of referral of HIV infection among MSM. The increase was partly due to a genuine increase in the number of HIV infected homosexuals. There was a parallel increase in the utilization of Social Hygiene Service by MSM for sexually transmitted infections (STIs) screening and voluntary HIV antibody testing.

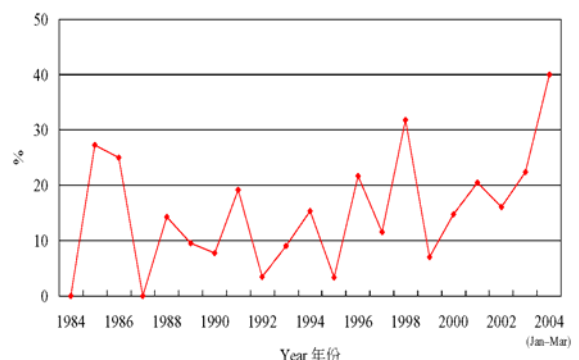


### Highlights in this quarter

Reported HIV/AIDS quarterly statistics – 1st quarter, 2004  
二零零四年第一季愛滋病病毒感染及愛滋病呈報個案統計數字  
By source of referral 轉介來源

	This Quarter 本季		Last Quarter 上季		Same Quarter Last Year 去年同期		Cumulative 累積個案	
	HIV 愛滋病 病毒感染	AIDS 愛滋 病	HIV 愛滋病 病毒感染	AIDS 愛滋 病	HIV 愛滋病 病毒感染	AIDS 愛滋 病	HIV 愛滋病 病毒感染	AIDS 愛滋 病
AIDS Unit 衛生署愛滋病服務組	6	0	6	1	7	0	305	53
Social Hygiene Clinics 社會衛生科	13	0	11	0	12	1	361	35
Private hospitals/clinics/ laboratories 私家醫院/診所/化驗所	11	1	15	1	6	1	525	117
Public hospitals/clinics/laboratories 公共醫院/診所/化驗所	32	6	33	17	27	12	1004	459
Hong Kong Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心	1	0	2	0	0	0	61	8
AIDS service organisations 愛滋病服務機構	0	0	3	0	0	0	31	3
Drug rehabilitation services 戒毒服務機構	4	0	2	0	0	0	24	1
Total 總數	67	7	72	19	52	14	2311	676

Proportion of reported HIV infected MSM  
referred from Social Hygiene Clinics  
感染愛滋病病毒之男性接觸中由社會衛生科呈報所佔比例



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

截至二零零四年三月三十一日  
updated 31 March 2004

		本季 This Quarter		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
性別 Sex	男 Male	55	7	1867	583
	女 Female	12	0	444	93
種族 Ethnicity	華裔 Chinese	51	6	1608	529
	非華裔 Non-Chinese	16	1	703	147
傳染途徑 Route of Transmission	性行爲 Sexual Contacts	45	6	1836	600
	異性性接觸 Heterosexual	25	5	1289	457
	同性性接觸 Homosexual	18	1	446	113
	雙性性接觸 Bisexual	2	0	101	30
	注射毒品人士 Injecting drug use	4	1	69	11
	輸入血液/血製品 Blood/blood products recipients	0	0	68	20
	母嬰傳播 Perinatal	0	0	15	6
不詳 Undetermined	18	0	323	39	
<b>總數 Total</b>		<b>67</b>	<b>7</b>	<b>2311</b>	<b>676</b>

### First Quarter-2004



➤ ➤ **Continued from Page 21 (A World Health Report.... )**

**Finally**, I have been asked many times our role in the development of HIV programmes in Mainland China. Through continuous improvement in services and strategies, we are providing examples on what works, and what doesn't. Many mainland professionals are impressed by what we can achieve through methadone maintenance, free STI treatment, community participation and a systematic approach to HIV care. If we do our work well, we are continuously contributing to the strategy in Mainland, as well as other countries around the world.

**Dr Homer Tso, JP,**

*(This was the speech delivered by Dr Homer Tso, JP, the Chairman of the Hong Kong Advisory Council on AIDS, at the Anti-drugs Forum held by the Lions Clubs International District 303 Hong Kong and Macau on 22 May 2004)*

# Tong Xing

**"Tong Xing with Love" Carnival  
cum Red Ribbon Centre 7th Anniversary  
on 15 May 2004**



The Chairman and the Vice-chairman of the Hong Kong Advisory on AIDS (ACA) together with the Red Ribbon Centre Management Advisory Committee officiating at the ceremony

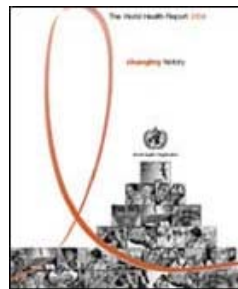


Rev. CHU Yiu-ming, the Chairman of the Red Ribbon Centre Management Advisory Committee explaining the meaning of "Tong Xing" at the ceremony. Rev Chu is also a member of the ACA.

# The World Health Report 2004 - Changing History

**The World Health Organization** has recently published the captioned report, which calls for a comprehensive HIV/AIDS strategy that links prevention, treatment, care and long-term support.

*In its* concluding chapter, it says, " the most important message of this report is that, today, the international community has the chance to change the history of health for generations to come and to open the door to better health for all."



**The report** "has chronicled the global spread of HIV/AIDS over the last quarter of a century. It has also traced the efforts of advocacy groups, civil society organizations, community health care workers, researchers and many others control it and to combat its many side-effects, including stigma and discrimination."

**"Effectively tackling** HIV/AIDS is the world's most urgent public health challenge. In advocating a comprehensive strategy which links prevention, treatment, care and support, this report makes a special case for treatment, which has been the most neglected element in most developing countries."

**"Treatment is the key to change...."**

To know more, go to  
<http://www.who.int/whr/en/> for a detailed account.