

⌘ Calendar ⌘

L Meeting of the Advisory Council on AIDS (ACA)

2:30 pm 8 April 2005

XXXV Meeting of the Scientific Committee on AIDS (SCA)

2:30 pm 15 March 2005

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

6:30 pm 18 March 2005

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

2:30 pm 2 March 2005

A touch of HIV treatment on the mainland



Dr Homer TSO, the Chairman of the Hong Kong Advisory Council on AIDS paid a visit to Zhengzhou, Henan from 2 to 5 January 2005. Henan has the most severe HIV epidemic in China resulting from selling of blood about a decade ago. Many of HIV infected patients are falling sick at present. Dr. Tso met with professionals from the Henan Provincial Public Health Bureau, frontline workers in rural village, directors of the First Teaching Hospital of Zhengzhou University China. He also visited clinics and hospitals where HIV patients were being taken care of. As the free antiretroviral drug treatment programme committed by the Central government has been put in place, access to highly active antiretroviral therapy has been gradually expanded to many parts of China, including Henan province. Dr. SS Lee, the Secretary of the Council and Dr. KH Wong of the Special Preventive Programme, Department of Health also took part in the visit. ~ ~ ~ (Please see the photo on next page)

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Web site: <http://www.aca-hk.com>

Kung Hei Fat Choy!
Wishing you peace and
prosperity in the year
of the Rooster!





Dr Homer TSO and Dr SS LEE posed for a photo with local health care workers.

Resignation



Ms FANG Meng-sang, Christine, JP, tendered her resignation as a member of the Hong Kong Advisory Council on AIDS on 23 December 2004. The Editorial Board wishes her every success in her endeavour to bring hope to the underprivileged in Hong Kong.



**香港愛滋病病毒感染及愛滋病統計數字 HIV/AIDS STATISTICS IN HONG KONG
截至二零零四年九月三十日 updated 30 September 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	52	12	1971	607
	女 Female	21	2	486	96
種族 Ethnicity	華裔 Chinese	48	13	1705	551
	非華裔 Non-Chinese	25	1	752	152
傳染途徑 Route of Transmission	性行為 Sexual Contacts	41	13	1937	625
	異性性接觸 Heterosexual	25	11	1356	476
	同性性接觸 Homosexual	15	2	478	119
	雙性性接觸 Bisexual	1	0	103	30
	注射毒品人士 Injecting drug use	6	0	81	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	26	1	356	41
	總數 Total	73	14	2457	703

⌘ 49th ACA Meeting ⌘

The ACA met at its 49th meeting on 7 January 2005. There were four main items on the agenda.

(1) For the Epidemiological review of HIV infection in Hong Kong, members were given to know that the HIV/AIDS surveillance system comprised 4 main programmes. They were (a) voluntary HIV/AIDS reporting, (b) seroprevalent studies, (c) STD caseload statistics and (d) behavioural studies. Members also learned of the following findings in 2003 HIV Surveillance Report:

- Hong Kong remains a HIV low prevalence city with the population seroprevalence below 0.1%.
- Three quarters of HIV reports are from men, majority of them acquired the infection sexually.
- There was a decrease of reports from public sources during SARS.
- At least one third of HIV diagnoses were made at a late stage, and a quarter presented with AIDS. Two thirds of the primary AIDS defining illnesses were PCP and tuberculosis.
- Less than 1% of drug users tested HIV positive at methadone clinics. HIV

infection in drug users is a potential source for substantial HIV spread.

- HIV prevalence among women has remained low. No perinatal HIV infection has been reported since 2000.
- The commonest HIV subtypes were CRF01-AE and B. An increase in sub-types diversity was noted

(2) As regards the Legislative Council Panel on Health Services meeting held on 8 November 2004, members noted the Legco paper titled “The government’s responses to HIV/AIDS in Hong Kong 1984-2004” and the relevant minutes of meeting. It was reassuring that Legco Members had shown concern about HIV infection in Hong Kong and asked the Administration a wide range of questions including condom distribution, MSM, cross border transmission of HIV and assistance to haemophiliacs with HIV infection. Members were also glad to know that the Administration was actively considering the recommendations contained in the final report titled “The forgotten tragedy and the unforgettable trauma” - a study on the needs of HIV infected haemophiliacs in

Hong Kong. Assistance to haemophiliacs with HIV infection is hopefully on the way.

(3) Members noted the executive summary of the report with the title “Supply, demand and harm reduction strategies in Australia prisons – implementation, cost and evaluation”, which was prepared for the Australian National Council on Drugs in July 2004. The executive summary set out three strategies for supply reduction, demand reduction and harm reduction in Australian prisons. It also contained general, strategy-related and other related recommendations. Having known the situation in Australia, members turned their perspective on local correctional institutes and agreed to invite representatives of the Correctional Services Department to brief them on prevention, control and care of HIV/AIDS in local prisons at the next ACA meeting.

(4) Regarding the review of the work of the ACA in its fifth term of office (2002-2005), members noted the discussion paper, which described the terms of reference of the ACA, its membership, organization, the work and other activities

undertaken until the end of 2004. They also noted that the performance of the ACA was to be measured by the following three indicators: (a) the number of key recommendations made; (b) the level of implementation of the Recommended HIV/AIDS Strategies for Hong Kong 2002 to 2006;

and (c) the local and international network established. Apparently, the indicators were at the upper end of the scale. As a supplement to the review, members were aware that the ACA secretariat was carrying out a questionnaire survey. The secretariat would compile a report based on the

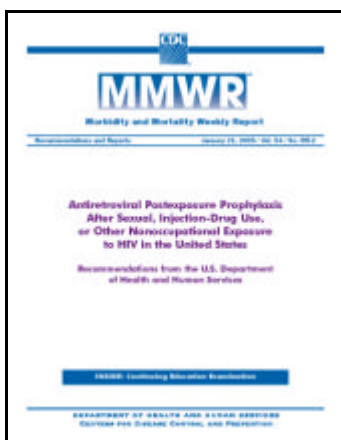
results of the questionnaire survey and members' comments on the review of the work of the ACA. The report would be presented to members for their discussion at the next ACA meeting.

The 50th ACA meeting will be held on 8 April 2005.

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### **Antiretroviral Postexposure Prophylaxis After Sexual, Injection-Drug Use, or Other Nonoccupational Exposure to HIV in the United States**

The Centers for Disease Control and Prevention (CDC), US Department of Health and Human Services, has recently released its new recommendations on Post-exposure prophylaxis (PEP) for non-occupational exposure to HIV. PEP with 28 days of highly active antiretroviral therapy (HAART) is recommended for significant sexual or injection-drug-use exposure to blood, genital secretions or other infectious fluids known HIV-infected source within 72 hours. The document is accessible at: [http://www.aidsinfo.nih.gov/guidelines/default\\_db2.asp?id=68](http://www.aidsinfo.nih.gov/guidelines/default_db2.asp?id=68)



### **Rapid HIV Antibody Testing in Local Settings**

Recently, rapid HIV antibody testing has been publicized in the media as a new diagnostic tool for HIV infection. In fact, the first rapid test kit was approved by the US Food and Drug Administration (FDA) in 2002. Until now four rapid test kits have been approved in the USA. In 2003, the Scientific Committee on AIDS of the Hong Kong Advisory Council on AIDS reviewed the subject and produced a set of 'Recommended principles on the application of HIV antibody rapid test in Hong Kong'. It summarizes the pros and cons of rapid HIV test, and sets out the prerequisites for successful application of this screening test in local settings.

Though technically easy to perform, rapid test is a screening test which requires confirmation. Counselling is an essential part for testing and should be offered to all clients while sensitivity during release of results is required. Rapid test may complement the conventional testing in settings like late presentation in pregnancy and for outreach work.

The recommended principles are available at the website [www.aca-hk.com](http://www.aca-hk.com).