

Calendar

L Meeting of the Advisory Council on AIDS (ACA)

2:30 pm 8 April 2005

XXXVI Meeting of the Scientific Committee on AIDS (SCA)

2:30 pm 28 June 2005

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

6:30 pm 17 June 2005

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

2:30 pm 8 June 2005

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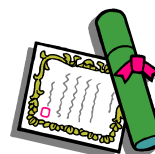


Web site: <http://www.aca-hk.com>

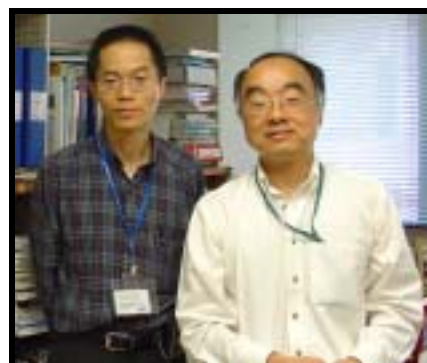
Closer Tie with National Programme

Dr Homer Tso, accompanied by Dr SS Lee, attended a meeting in Beijing to exchange views on HIV prevention, surveillance and treatment on 15 March 2005. The meeting was hosted by professional staff of National Centre for STD/AIDS Prevention and Control of China CDC. He was presented with a Certificate of Appointment as Honorary Professor of the Centre by its Director, Dr Shen Jie. Dr Shen jie is an honorary adviser to the Scientific Committee of the Hong Kong Advisory Council on AIDS.

The same honour goes to Dr S S Lee, Secretary of the Council.



Succession of the ACA Secretary



Dr WONG Ka-hing will succeed Dr LEE Shui-shan after the latter has left the civil service.

Chairman returned home and told his story about AIDS



Dr. Homer TSO, the Chairman of the Hong Kong Advisory Council on AIDS, delivered a lecture on “AIDS in Hong Kong for 20 years – a dental perspective” at the Hong Kong Dental Association (HKDA) on 22 February 2005. Dr. Tso said that this was the time to go back home – HKDA. He was the chairman of HKDA in 1992.

In the 2-hour lecture, Dr. Tso told the story of Dr. Mike Sinclair and the response of HKDA at that time to illustrate the link between dental professional and HIV. This story also revealed the importance of infection control in clinical settings. He re-introduced “HIV Infection and the Health Care Worker - Recommended

Guidelines”, which was first published in 1994 by the ACA. He stressed that all principles were still valid at the present time.

Dr. Tso also introduced the advance in HIV management. He explained the impact of highly active anti-retroviral therapy on the disease progression and the prognosis. The latest situation of HIV epidemiology in Hong Kong was mentioned. Dr. Tso pointed out that sexual contact was the commonest route of transmission in Hong Kong. He also introduced the work of the ACA and quoted universal antenatal HIV screening programme as an accomplishment.

Finally, Dr. Tso briefly talked about the HIV epidemic in mainland China and his visit to Henan in January 2005. The participants spent an evening in return for an informative and entertaining lecture.



HIV/AIDS STATISTICS IN HONG KONG updated 31 December 2004

		This Quarter		2004		Cumulative	
		<u>HIV</u>	<u>AIDS</u>	<u>HIV</u>	<u>AIDS</u>	<u>HIV</u>	<u>AIDS</u>
Sex	Male	46	13	205	44	2017	620
	Female	9	2	63	5	495	98
Ethnicity	Chinese	37	9	185	37	1742	560
	Non-Chinese	18	6	83	12	770	158
Route of Transmission	Sexual Contacts	27	12	172	43	1965	637
	Heterosexual	16	11	107	35	1373	487
	Homosexual	9	1	59	8	487	120
	Bisexual	2	0	6	0	105	30
	Injecting drug use	5	2	21	3	86	13
	Blood/blood products recipients	0	0	0	0	68	20
	Perinatal	0	0	0	0	15	6
	Undetermined	23	1	75	3	378	42
Total	55	15	268	49	2512	718	

Committees Meetings

The Scientific Committee on AIDS (SCA) held its 35th meeting on 15 March 2005. There were three main items on the agenda.

(A) On the report of a pilot study of using OraQuick HIV – 1/2 rapid test in AIDS Counselling and Testing Service, members were given to know the results of a pilot study examining the feasibility and client satisfaction of applying OraQuick HIV 1/2 rapid test from February to May 2004. 320 subjects were recruited to participate in the study. It was noted that there was full concordance between results of rapid tests and corresponding conventional tests.

(B) Regarding the recommendations from the US Department of Health and Human Services for antiretroviral postexposure prophylaxis after sexual, injection-drug use, or other nonoccupational exposure to HIV in the United States, members generally agreed that a 28-day course of highly active antiretroviral therapy (HAART) to be recommended for persons seeking care \leq 72 hours after nonoccupational exposure to blood, genital secretions, or other potentially infectious body fluids of a person known to be HIV infected, when that exposure represented a substantial risk for transmission. It

was agreed that more information would be required before making a recommendation for Hong Kong with a low HIV seroprevalence.

(C) As regards the paper entitled “Twenty years of clinical HIV/AIDS in Hong Kong”, members noted the paper which followed the previous discussions on setting a research agenda on HIV/AIDS for Hong Kong and attempted to review the published findings pertaining to clinical HIV/AIDS in Hong Kong in the last 20 years. They also looked at the key local developments on clinical care and research since the first diagnosis of HIV/AIDS in Hong Kong in 1984.

✂ ✂ ✂ **The AIDS Prevention and Care Committee (APCC)** met on 18 March 2005 at its 19th meeting. The focus of the meeting was on ethnic minorities in Hong Kong. A representative of the Home Affairs Bureau briefed members on the distinctive features of main ethnic minorities in Hong Kong. Representatives of two NGOs also presented to members the results of their recent surveys on HIV situation of ethnic minorities in Hong Kong and their awareness of HIV/AIDS. As the HA Standard Drug Formulary was giving serious cause for concern, the meeting agreed to report members’ concern to the ACA for its follow-up action. ✂

50th ACA Meeting

The Hong Kong Advisory Council on AIDS (ACA) will meet on 8 April 2005 (Friday) at its 50th meeting. There are four major items on the agenda:

1. HIV/AIDS prevention, care and control programmes of the Correctional Services Department
2. Prevention and control of HIV/AIDS in prison settings – overseas experience
3. Introduction of a standard drug formulary in Hospital Authority
4. An evaluation of the work of the Hong Kong Advisory Council on AIDS and its three Committees for the term 2002 to 2005



Goodbye

By the time you read this issue of the ACA Newsfile, I shall have left the Department of Health (and with it, my capacity as Secretary to the Advisory Council on AIDS) officially. The beginning of the Easter Holidays also marks the end of my thirteen plus years' career with the Department. While the output of the Secretariat may still not live up to expectations of many, it's grateful to witness the Council evolve over the years. The three strategy documents and loads of guidelines, statements, and recommendations reflect the tremendous efforts of the Council, while I am proud of being able to serve as its secretary.

What're the most memorable events between the last fourteen winters (and summers of course)? Everytime I tried to revisit the many incidents, my mental picture is that of a mosaic with faces of wonderful people whom I have the privilege of having worked with. So there's no single incident that deserves more attention than the others. But there are many people I wish to thank. They have made my life as a secretary not only easier, but more interesting. I thank chairmen Dr Conrad Lam and Dr Homer Tso for their leadership, and their vision of what an AIDS program should be. Dr Paul Saw, former Deputy Director of Health has introduced me to public health. I thank Dr P Y Lam for his unfailing support on the past 10 years, from physically setting up our exhibition booth in Yokohama to his

guidance as Director of Health in ensuring that things do happen if we try hard enough. I also thank Rev Chu Yiu Ming for the many ideas that he'd shared with the Council and in bridging the Government and I am reminded of some charismatic people from aboard who inspired our work with the Council. Professor James Chin helped us with assessing Hong Kong's HIV situation between 1994 and 2000. His no-nonsense approach and critical attitude were truly phenomenal. I understand that not everyone agrees with his conclusion, but we're all impressed by his perseverance and humour. His ex-colleague Jonathan Mann came to our assistance in 1993 to talk with politician and the community, at a time when we're fighting a lonely battle of misconception about HIV/AIDS. Tragically, he died in an air crash in 1998. Nick Prescott, Tim Brown, Clement Chan Kam and John Bartlett laid the foundation of the Council's new strategies by reviewing our work and making recommendations on the way ahead, back in 1998. Sadly, Nick Prescott passed away couple of years later from a major illness.

A secretary is non-function if he is not part

of the Secretariat. People who'd visited us were amazed that our Secretariat was in fact virtual, meaning that there are no staff officially assigned to the service! We learn to wear different hats at different times, and the staff team of today's SPP plays: host to the Secretariat, the Clinical Service, VCT Clinics, Red Ribbon Centre and the Surveillance office. I am indebted to my medical, nursing, administrative & clerical colleagues, and staff responsible for making coffees and keeping our three premises clean and tidy. I feel proud of being associated with this small but highly productive team.

Finally, I wish the Council and every reader of ACA Newsfile well. Nick Prescott once told me that he learned by osmosis, the process of imbibing ideas naturally from people around. Osmosis will help the Council develop the best strategies appropriate to the Hong Kong setting.

Goodbye



SS Lee
Secretary
Advisory Council on AIDS