

IN THIS ISSUE

We have

- **XVI IAC** on page 9
- **HIV/AIDS Statistics** on page 10
- **A Glimpse of HIV Situation** on page 11
- **Research Corner** on page 12



Schedule

54th ACA Meeting on
7 April 2006
2nd CFA Meeting on 28
March 2006
Website: <http://www.aca-hk.com>

XVI International AIDS Conference

Toronto Canada • 13-18 August 2006

AIDS 2006 is the conference for everyone involved in combatting the HIV/AIDS epidemic -- researchers, healthcare workers, civil society, governments, UN organisations, activists, donors, industry, the media, and people living with HIV/AIDS.

As the world's largest, most comprehensive HIV/AIDS conference, AIDS 2006 is an unparalleled opportunity to expand public awareness of HIV/AIDS, share knowledge and learn from others in the field, and chart a course for a stronger, more effective global response to the pandemic.

Conference Theme: Time to Deliver

Every person living with HIV/AIDS, every person at risk of infection, and every child orphaned by AIDS matters. Their lives -- our lives -- demand that all of us committed to scaling up HIV prevention and treatment seize the opportunity presented by AIDS 2006. Twenty-five years ago the first reports of a disturbing new illness that defied medical classification began circulating in the US. Since then we have learnt a great deal about the virus: how to treat it, and how to prevent it. Yet on the 25th anniversary of those first reports we are faced with a world ravaged by HIV/AIDS. We must recommit ourselves to the challenges before us, while demanding accountability from ourselves and our leaders.

Now is the *Time to Deliver* on the promise brought by years of research and hard work. Clearly there are many important questions yet to be answered—questions that we will seek to answer in Toronto—and we know enough now to bring effective prevention and treatment programmes to communities and nations the world over. We know that with a greater worldwide commitment, more resources, enhanced cooperation and more robust sharing of lessons learned it is feasible to ramp up the global response to the level demanded by the scope of the epidemic. The challenge before us at AIDS 2006 is to make that happen.

(The passage is an extract from the official website of AIDS 2006. For more details, please visit: <http://www.aids2006.org>)



HIV/AIDS STATISTICS IN HONG KONG updated 31 December 2005

		This Quarter		Cumulative	
		HIV	AIDS	HIV	AIDS
Sex	Male	77	17	2273	672
	Female	10	5	552	110
Ethnicity	Chinese	37	16	1932	610
	Non-Chinese	50	6	893	172
Route of Transmission	Sexual Contacts	43	18	2171	690
	Heterosexual	24	14	1481	524
	Homosexual	19	4	575	133
	Bisexual	0	0	115	33
	Injecting drug use	12	1	111	14
	Blood/blood products recipients	0	0	72	21
	Perinatal	0	0	17	6
	Undetermined	32	3	454	51
	Total	87	22	2825	782

HIV/AIDS situation in the fourth quarter of 2005

In the fourth quarter of 2005, 87 people tested positive for HIV antibody, bringing the cumulative total of reported HIV infection to 2825 since 1984. Of the 87 new HIV cases reported, 24 acquired the infection via heterosexual contact, 19 via homosexual or bisexual contact and 12 cases of injection drug use. The routes of transmission of the remaining 32 cases were undetermined due to inadequate information. The 87 cases comprised 77 males and 10 females.

Twenty-two new cases of AIDS (Acquired Immune Deficiency Syndrome) were reported in the fourth quarter of 2005, bringing to 782 the total number of confirmed AIDS cases reported

since 1985. Sixty-four per cent of the new AIDS cases were related to heterosexual contact.

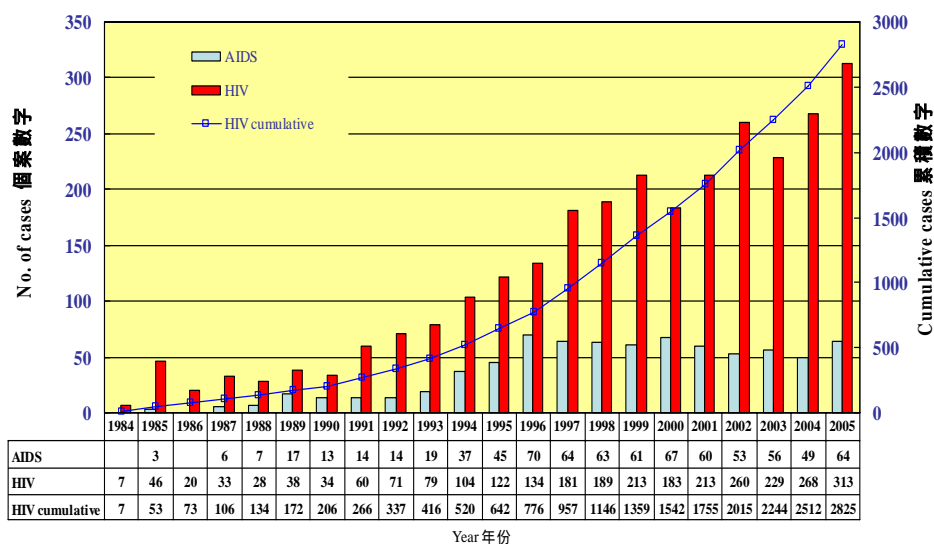
The newly diagnosed cases between October and December of 2005 were reported by four major sources: public hospitals and clinics (54), private hospitals and clinics (12), Social Hygiene Clinics (7) and the Department of Health AIDS Counselling Service (4). Cumulatively, the four sources have accounted for 44.7%, 21.6%, 14.8% and 12.9% of all reported infections respectively.

Of the newly reported cases in this quarter, 62(71.3%) have received care at the DH's HIV Specialist Services or the Hospital Authority where effective antiretroviral treatment is offered according to clinical indication.



A Glimpse of HIV Situation in Hong Kong in the Year 2005

Annual HIV/AIDS Statistics 香港每年愛滋病毒感染及愛滋病統計 1984 - 2005, Hong Kong (N=2825/782)



A total of 313 Human Immunodeficiency Virus (HIV) cases were reported to the Department of Health (DH) last year (2005), the highest annual number ever recorded. The figure showed a 17 per cent increase when comparing to 268 in the preceding year.

These cases, included 105 reports (33.5%) involving heterosexual exposure, 96 (30.7%) cases of homosexual or bisexual contact, 25 (8%) cases of injection drug use, 4 (1.3%) cases of blood/blood product infusion and 2 (0.6%) cases of perinatal infection. The routes of transmission of the remaining 81 (25.9%) cases were undetermined due to inadequate

information.

Of the 2 825 cumulative total of HIV infections since 1984, around 77% were acquired infection through sexual contact and 4% through injection drug use. Sixty-eight per cent of the sexually transmitted infections are from heterosexual transmission.

Seventy-four per cent of the reported cases in the year 2005 have attended DH's HIV Specialist Services or the Hospital Authority where effective antiretroviral treatment is offered according to clinical indication

Summarising HIV/AIDS in Hong Kong 2005

Estimated prevalence	<0.1%
Reported HIV	313 in 2005
Reported AIDS	64 in 2005
Cumulative report (HIV/AIDS)	2825/782
Main transmission route	Sexual predominantly, Minimal in IDU
Record number of infections in any given year	2005

A Cluster of HIV Infections in Hong Kong

In 2005, a **CLUSTER OF HIV-1 SUBTYPE B INFECTIONS** was detected in Hong Kong from a molecular study. As of December 2005, upon testing of newly reported and prior blood samples, twenty individuals have been identified to fall within the cluster.

The HIV genetic materials isolated from these cases displayed very similar nucleotide sequence with difference less than 2% on average. From the laboratory analysis, these infections were suspected to be linked and have occurred over a relatively short time period.

These cases have been reported to the Department of Health's HIV reporting system between fourth quarter of 2003 and fourth quarter 2005. All were men and belonged to the age range 21-60 years. Fifteen were Chinese and 5 non-Chinese. Risk factors for HIV infection were reported as homosexual/bisexual contact in 15 cases. Risk factors for some cases could not be determined according to information given by reporting doctors.

Major Public Health Impact Witnessed in the HAART Era

Dr. Kenny Chan and his colleagues at Integrated Treatment Centre, Centre for Health Protection of the Department of Health reported, in two studies, a substantial significant decrease in morbidity and mortality of HIV/AIDS patients after the availability of highly active antiretroviral therapy (HAART) in Hong Kong. A respective study of the cohort of patients seen at the government HIV clinic in the decade of 1993 to 2002 found that the crude mortality rate of advanced HIV patients (AIDS or CD4<200/ul) had decreased by about one-fourth. Upon factor analysis, use of HAART is associated with an 80-90% reduction in death or new AIDS events

Chan KCW et al. Highly active antiretroviral therapy per se decreased mortality and morbidity of advanced human immunodeficiency virus disease in Hong Kong. Chin Med J 2005;118:1338-45.

Chan KCW et al. Universal decline in mortality in patients with advanced HIV-1 disease in various demographic subpopulations after the introduction of HAART in Hong Kong, from 1993 to 2002. HIV Med. 2006;7:186-92

Research Corner

Further epidemiological investigations have been conducted for control of spread of infection beyond the cluster. As of 14 February 2006, 10 of the 20 cases have been investigated. **PRELIMINARY RESULTS** suggested that all infections have had occurred in Hong Kong. **Unprotected sex with other men** (reported in 9 of 10 cases), use of **internet as platform to know sexual partners** (7/10) and **use of soft drugs during sexual activity** (4/10) were risk factors identified. **Non-regular, non-commercial sex partners** were suspected to be the source of infection in eight cases, two of whom also suspected their regular partners could be a possible source. Unprotected oral and anal sex with other men was identified to be the risk exposures. Most cases did not recall potential partners at risk or had lost contact with them thus rendering partner counselling and testing difficult to be arranged.