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Website: http://www. aca-hk.com

54th ACA Meeting

The 54th ACA meeting will be held on 7 April 2006 (Friday) at 2:30 pm at the DH Conference Room, 21/F Wu Chung House, Wan Chai. There are three main items on the agenda:

1. **C**ommunity Assessment and Evaluation Reports
   - **(a) Commercial sex workers and clients**
   - **(b) Injecting drug users**
   - **(c) Women and children**
   - **(d) People living with HIV/AIDS**
   - **(e) Cross-border travellers**
   - **(f) Men having sex with men**
   - **(g) Youth**
2. Estimation and Projection of HIV/AIDS in Hong Kong
3. Preliminary Findings of Questionnaire Survey on AIDS Programme and AIDS Strategies 2002-2006

Interested readers may watch for the next issue of the ACA Newsfile for more details.

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Red Ribbon Centre Management Advisory Committee (RRCMAC)

The Director of Health has given his approval for the appointment of the chairman and members of the Red Ribbon Centre Management Advisory Committee (RRCMAC). The RRCMAC will comprise the following members with tenure of three years from 1 April 2006 to 31 March 2009.

The terms of reference of the RRCMAC are to advise on HIV prevention and health promotion activities based on the need of the community.

Chairman

Dr YU Chung-toi, Samuel (俞宗岱博士)

Members

Mr CHAN Ka-wai (陳家偉先生)
Ms CHENG Ming-fung, Jacqueline (鄭銘 女士)
Mr CHU Muk-wah, Daniel (朱牧華先生)
Dr LAW Yee-shu, Louise (羅懿舒博士)
Dr. Richard TAN (陳立志醫生)

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Second Meeting of the Community Forum on AIDS (CFA)

The Second CFA meeting was held on 28 March 2006 (Tuesday) at 2:30 pm at the Board Room of the Family Planning Association of Hong Kong. There was one major item on the agenda. The meeting was devoted to the **Report of Community Assessment and Evaluation for Preparing Hong Kong AIDS Strategies 2007-2011.** The respective conveners presented the findings and recommendations of their working groups on the following at risk communities:

(a) Commercial sex workers and clients
(b) Injecting drug users
(c) Women and children
(d) People living with HIV/AIDS
(e) Men having sex with men
(f) Youth
(g) Cross-border travellers

The first four working groups presented their full reports. As the last three working groups had not concluded their findings and recommendations, they made interim reports on their progress only. CFA members made valuable comments on these reports. The revised reports would be presented to the ACA at its 54th meeting to be held on 7 April 2006.

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**

Estimation and Projection of HIV/AIDS in Hong Kong

The Special Preventive Programme, Centre for Health Protection of the Department of Health has initiated a new round of estimation and projection project to provide a framework for evaluating HIV/AIDS situation in Hong Kong. An investigating team comprising an HIV consultant doctor, a public health doctor and a research assistant has been formed to work on the project. Technical advice will be rendered by **Dr. Tim BROWN**, Senior Fellow of East West Centre, Honolulu. Dr Brown will serve as a consultant and principal investigator to the project. He participated in the external review of the Hong Kong AIDS programme in 1998 as one of the four external consultants He was the special advisor to the then AIDS Prevention and Care Committee and is currently the special advisor to the Scientific Committee on AIDS and STI, a scientific committee under the scientific advisory structure of the Centre for Health Protection.

Since 1993, Dr Brown has actively participated in the developments of various modelling tools on HIV and provided technical input in conducting collaborative epidemiological research on HIV/AIDS, especially for the Asia-Pacific region. He has also participated in various capacity building activities; a lot of these projects are under the auspices of UNAIDS and WHO.

The goal of the estimation and projection project is to generate informed recommendations for HIV prevention in Hong Kong and estimates of care needs in the near future through systematically gathering and analyzing data on HIV epidemiology and behaviour. The information will prove a useful reference of great relevance to the formulation of the next 5-year AIDS Strategy (2007 to 2011). The specific objectives are to**:**

(a) Synthesize a set of biological and behavioural information to reconstruct the current HIV situation in Hong Kong;

(b) Identify gaps in understanding or tracking of local HIV epidemiology and behaviour;

(c) Construct a model for the HIV epidemic in Hong Kong to describe the current HIV situation and project scenarios in the short term.

Dr Tim BROWN

Using antiretrovirals for post exposure prophylaxis against HIV in the non-occupational setting – Position statement of the Scientific Committee on AIDS and STI (SCAS)

The use of HIV post exposure prophylaxis (PEP) in the occupational setting has been made the standard of care in Hong Kong since 1997.The SCAS deliberated on the issue of nPEP in Nov 2005 by examining available scientific evidence, reviewing reported experience in local and overseas providers and considering its ethical implications. The SCAS reached a consensus about nPEP and made a position statement regarding nPEP at its second meeting held on 14. 2.2006. The following is an extract from the statement.

Limited scientific basis of nPEP

All in all, scientific research to date has not matured to the point of recommending nPEP as standard of care. Any use of nPEP would therefore be exceptional and should be considered only in the event of high-risk exposure to a source known to be HIV positive. If 72 hours have elapsed since exposure, nPEP should not be prescribed. Were nPEP to be given, the recipient should fully understand the toxicity and experimental nature of this intervention.

Antiretroviral regimens

The HAART is preferred were nPEP to be given. Its composition is dictated by the toxicity profile and the possibility of drug resistance. To prevent the emergence of drug resistance, nPEP should be given in settings supervised by physicians experienced in antiretroviral therapy.

Other aspects of managing non-occupational HIV exposure

nPEP is but one facet of the overall management of nonoccupational exposure to HIV. In fact, over-emphasis on nPEP by the client or the health care provider risks overlooking the importance of risk-reduction counselling on safer sex and safe injection practice. Most STIs are of higher transmissibility than HIV and should be screened for after sexual exposure. Depending on circumstances, blood-borne pathogens such as hepatitis B and C should also be managed by serology testing and immunisation where applicable. Tetanus vaccination history should also be reviewed after percutaneous exposure.

~Readers may visit CHP website:www.chp.gov.hk for the whole statement.