Editorial Board
Executive Editor: Mr WONG Man-kong ACA Secretariat

Vol 13, no.5 –May 2006 (issue no.149)

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54th ACA meeting

The 54th ACA meeting was held on 7 April 2006. There were three major items on the agenda. Below is a summary of the discussion at the meeting.

For community assessment and evaluation reports, the following four working group full reports were presented: (a) Commercial sex workers and clients; (b) Injecting drug users; (c) Women and children; and (d) People living with HIV/AIDS. Progress reports of the following three working groups were also made: (e) Cross-border travelers; (f) Men having sex with men; and (g) Youth. Recommendations put forward by the working groups were discussed. Members' views on how to translate the recommendations into HIV/AIDS strategies for Hong Kong would be taken into account when writing the strategy document.

As regards estimation and projection of HIV/AIDS in Hong Kong, members were provided background information and a conceptual framework for estimating and projecting HIV situation in Hong Kong. They were also informed that the Special Preventive Programme, Centre for Health Protection of the Department of Health had initiated a new round of estimation and projection project to evaluate HIV/AIDS situation in Hong Kong. An investigating team had been formed to work on the project. Technical advice would be rendered by **Dr. Tim BROWN**, Senior Fellow of East West Centre, Honolulu. Dr Brown would serve as a consultant and principal investigator to the project. He would be visiting Hong Kong on a consultancy project for the period from 18 to 22 April 2006. The ACA would arrange a special meeting with him to exchange views on the issue.

The preliminary findings of questionnaire survey on AIDS Programme and AIDS Strategies 2002-2006 were presented to members.There were two distinct parts in the questionnaire survey. The **AIDS Programme** part intended to collect views on the current AIDS programme in Hong Kong. Respondents' opinions on (a) HIV prevention, (b) clinical and support services, (c) training, (d) surveillance and research and (e) funding support were sought. The **AIDS Strategy** part dealt with the level of implementation of the 11 targets set out in the 2002-06 strategies. Respondents were asked to rate the level of implementation of these targets on a 10-point scale from "target fully completed" to "no progress made" and to provide their comments on these targets. A total of 138 AIDS Programme and 83 AIDS Strategy questionnaires were sent out. The number of completed questionnaires received was 24 and 16 respectively as at 31 March 2006. The thematic summary of the questionnaire survey on the AIDS Programme and the rating of the level of implementation of the 11 targets on a 10-point scale on the AIDS Strategy were discussed by members.

Cross Strait Networking

The ACA Chairman, Prof CHEN Char-nie was invited to attend the Harm Reduction Seminar from 17 to 20 April 2006 in Taoyuan, Taiwan. The theme of the seminar was harm reduction in HIV prevention and the programme for the seminar included visits to Taoyuan County Government Health Bureau, hospitals with HIV treatment for patients and drug rehabilitation centers. Prof Chen delivered a speech on the topic of Hong Kong HIV/AIDS situation and strategies focusing on the following main features:

- Background of Hong Kong
- Hong Kong HIV/AIDS situation
- HIV/AIDS strategies for Hong Kong
- Milestones of HIV/AIDS development in Hong Kong
- AIDS NGOs in Hong Kong

Representatives of Department of Health, the Society for the Aid and Rehabilitation of Drug Abusers and the AIDS Foundation were also invited to present their talks at the seminar.

The Second CFA Meeting

The second CFA meeting was held on 28 March 2006. The meeting was focusing on the discussion of the reports submitted by the seven working groups formed for the community assessment and evaluation for preparing Hong Kong AIDS Strategies 2007-2011. The following four full reports were presented: (a) Commercial sex workers and clients; (b) Injecting drug users; (c) Women and Children; (d) People living with HIV/AIDS. Progress reports of the following three working groups were made: (a) Men having sex with men; (b) Youth; and (c) Cross-border travellers.

Members' comments would be incorporated into the revised reports which would then been submitted to the ACA for discussion at its 54th meeting to be held on 7 April 2006. It is anticipated that the full reports of the last three working groups will be submitted to the CFA for discussion at its third meeting to be held on 20 June 2006.

Dr Tim Brown at ACA & SCAS Joint Special Meeting held on 20 April 2006 at Wu Chung House

ACA and SCAS Joint Special Meeting

Dr Tim BROWN, Senior Fellow of the East West Centre has been invited by the Special Preventive Programme of the Centre for Health Protection to conduct a consultancy project to estimate and project HIV situation in Hong Kong. The objectives of his consultancy are to (a) examine and review data pertinent to the epidemiological situation in Hong Kong; (b) develop report on HIV/AIDS estimation and projection to aid strategy development; (c) conduct training for local workers; and (d) formulate recommendations for strategy and programmes in the medium term.

The ACA and SCAS held a joint special meeting with Dr Tim BROWN on 20 April 2006 at 10:00 am at the Conference Room, 21/F Wu Chung House. Dr Brown made a presentation on the estimation and projection of HIV in Hong Kong with the title "HIV in Hong Kong -Living on the edge". Here are the highlights of his talk.

For IDU, Hong Kong has had some successes because (i) good coverage through methadone clinics and active outreach; (ii) prevalence is low 0.2-0.3%; (iii) behavioral data shows low risk; and (iv) little chance of an explosive IDU epidemic. However, despite local successes, what happens in China will not stay in China. As a result, increasing travel to China by drug users must be monitored. Although more infections will occur there, they will not fuel a local epidemic if levels of risk are maintained.

For clients and sex workers, local condom use seems to be high. But the knowledge base is not strong enough They are still producing new infections. However, condom use of Hong Kong men in China is too low. Programmes must aggressively address risk in China where economic forces are compelling faster epidemiological growth. Apparently, lots of data gaps here. Some indications of very high frequency sex workers who might fuel local HIV growth. More systematic data are needed

For MSM, the epidemic is on the march. This is part of a regional trend and it is consistent with measured risk. But quickly expanded programmes can change this future. Increase in condom will be the wayout.

Hong Kong is on the edge of a rapid increase in HIV prevalence. The future depends on actions:

Programmes for MSM must be urgently and rapidly expanded. Without this, Hong Kong may see a 10-fold increase in HIV in a decade. Additional resources must be mobilized. Community must become engaged and "own" the issue. Coverage must be the target.

Programmes for sex workers and clients must be strengthened. Currently producing a steady number of new infections and this will continue. Many are from outside Hong Kong. There is a need to strengthen programmes for Chinese FSW in Hong Kong and for clients going to China and abroad. A stronger knowledge base is needed here.

Programmes for IDUs must be sustained. Keep up the good work in methadone clinics and outreach. It is necessary to monitor for any changes in risk behavior and to keep tracking prevalence through UAS.

HIV Testing– What does it mean to us?!

Diagnosis Using HIV Antibody and Non-conventional Tests

A diagnosis of HIV infection is the prerequisite for entry into appropriate health and social services. HIV antibody testing is the gold standard for the diagnosis of HIV infection. Conventionally, the 2-step test comprising a screening process and a confirmatory part is done at laboratory. Enzyme-linked immunosorbent assay (ELISA) and western blot (WB) is the most commonly used screening and confirmatory method respectively.

After contracting HIV, there is a time lag before the patient would be tested positive on antibody assays. This time period is called window period; infected person can be falsely diagnosed as uninfected. Hence, HIV antibody test has to be repeated 3 months after the suspected HIV exposure if window period cannot be excluded.

There are other testing approaches using non-conventional methods on specific occasions. Rapid HIV antibody testing has been advocated to be employed in point-of-care settings to assist immediate decision and management. One notable example of use is for informing prompt antiretroviral prophylaxis to prevent mother-to-child HIV transmission in unknown HIV status pregnant women who present late in pregnancy or even at time of labour. Nevertheless, rapid tests are screening tests only and reactive results have to be confirmed by western blot for a definitive HIV diagnosis.

HAART and Its Impacts

Diagnosis of HIV-infected people allows their referral to clinical and psychosocial services for care. The state-of-the-art treatment is highly active antiretroviral therapy (HAART), which essentially is triple therapy – commonly a nucleoside reverse transcriptase inhibitor plus a protease inhibitor or non-nucleoside analogue.

The advent of HAART leads to a complete paradigm shift for HIV/AIDS – a previous invariably fatal disease has now become a chronic manageable illness. Similar to western studies, dramatic public health impact of reduced morbidity and mortality was observed after the local availability of HAART in 1997. Good drug adherence is central to the success of HAART. Unlike overseas findings, full drug adherence was remarkably high at about 80% in HIV-infected Chinese patients in Hong Kong, Psychosocial factors rather than others such as HIV disease and treatment regimen were more crucial determinants of adherence in our patients.

Diagnosis Leading to HIV Prevention

The efficacy of HAART in controlling HIV epidemic hinges on treatment coverage, adherence level, and the prevalence and change in risk behaviours. It is considered that HAART can function as an effective HIV prevention took, even with high levels of drug resistance and risky sex. Besides the direct effect of antiretroviral therapy in reducing biologic infectivity, bringing infected individuals into treatment services enable instituting other preventive interventions, including behavioural modifications.

Evolving Testing Strategies

Recent evidence using mathematical modeling supported the cost-effectiveness of routine population-wide screening for HIV in the era of HAART. Screening not only increased life expectancy but also reduced HIV transmission. The cost-effectiveness of routine HIV screening in health care settings, even in low prevalence populations, is similar to other commonly accepted interventions.

(This extract is taken from an article in the HKMA CME Bulletin December 2005.)