Editorial Board

Executive Editor: Mr WONG Man-kong ACA Secretariat

IN THIS ISSUE

We have

RRC 9th Anniversary on page 21
First Quarter AIDS on pages
Situation 22& 23
Research Corner on page 20



<u>Schedule</u>

55th ACA Meeting on 7 July 2006 3rd CFA Meeting on 20 June 2006

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

~ 23 June 2006 ~

RRC 9th Anniversary

The Red Ribbon Centre (RRC) – UNAIDS Collaborating Centre for Technical Support will celebrate its 9th Anniversary cum the opening ceremony of the new wing of the RRC at its Wang Tau Hom premises on 23 June 2006 (Friday) at 3:00 pm.

After the opening ceremony, one of the officiating guests, Mr Joel Rehnstrom will give a talk on "Challenges and Opportunities in the Response to AIDS in Mainland China". Mr Rehnstrom is the Country Coordinator of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in China. He holds a Doctorate in International Relations from the Fletcher School of Law and Diplomacy, Tufts University, USA; a Master of Arts in Law and diplomacy from the Fletcher School and a Master in Public Administration from the John F Kennedy School of Government, Harvard University, USA. He

has extensive experience of working with the United Nations. He joined the UNAIDS in Geneva in 1998 as Monitoring and Evaluation Adviser. In August 2000, he was appointed the Chief of Planning and Performance Monitoring. He has become the Country Coordinator of UNAIDS in China since 2003. His areas of expertise include programme planning and implementation, resource coordination and financial management, and performance monitoring and evaluation.

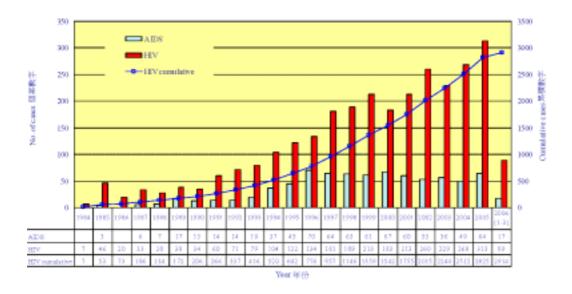
Prof LEE Shui-shan, Professor of Infection Diseases, Centre for Emerging Infectious Diseases, CUHK will be the Moderator.

The talk will be conducted in English. Individuals who are involved or interested in HIV/AIDS works in China are welcome to attend. The talk will begin at 4:00pm and last about 45 minutes. A Q and A session will follow. For more information, please contact Ms Anita CHU at 2304 6268 or email rrc@dh.gov.hk



HIV/AIDS STATISTICS IN HONG KONG updated 31 March 2006					
		This Quarter		Cumulative	
		<u>HIV</u>	<u>AIDS</u>	<u>HIV</u>	<u>AIDS</u>
Sex	Male	70	11	2343	683
	Female	19	6	571	116
Ethnicity	Chinese	57	13	1989	623
	Non-Chinese	32	4	925	176
Route of Transmission	Sexual Contacts	52	13	2229	703
	Heterosexual	26	9	1512	533
	Homosexual	21	4	596	137
	Bisexual	5	0	121	33
	Injecting drug use	8	3	124	17
	Blood/blood products recipients	0	0	72	21
	Perinatal	0	0	17	6
	Undetermined	29	1	472	52
	Total	89	17	2914	799

Annual HIV/AIDS Statistics 香港每年愛滋病病毒感染及愛滋病統計 1984 – March 2006, Hong Kong (N=2914/799)

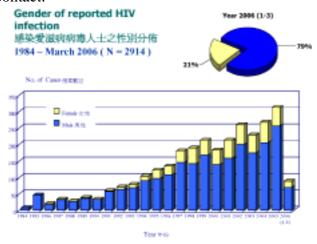




AIDS situation in the first quarter of 2006

89 people tested positive for HIV (Human Immunodeficiency Virus) antibody in the first quarter of 2006, bringing the cumulative total of reported HIV infections to 2 914. Fifty-eight per cent of the new cases were related to sexual contact.

Seventeen new cases of AIDS (Acquired Immune Deficiency Syndrome) were reported in the same quarter, bringing to 799 the total number of confirmed AIDS cases reported since 1985. Seventy-six per cent of the new cases were related to sexual contact.



Of the 89 new HIV cases reported, 26 acquired the infection via heterosexual contact, 26 via homosexual or bisexual contact and eight cases of injection drug use. The routes of transmission of the remaining 29 cases were undetermined due to inadequate data. The 89 cases comprised 70 males and 19 females.

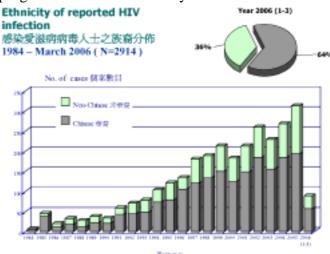
In this quarter, the commonest AIDS defining illness is Pneumocystic Pneumonia (PCP), a kind of chest infection, and is closely followed by Mycobacterium infection (TB).

Of the 2 914 cumulative total of HIV infections since 1984, 76% acquired infection through sexual contact. Of them, 68% resulted from heterosexual transmission and 124 infections have occurred among injection drug users.

The newly diagnosed cases of this quarter were reported by four major sources: public hospitals and clinics (46), private hospitals and clinics (24), Social Hygiene Clinics (7) and the DH's AIDS Counselling Service (8). Cumulatively, the four sources have accounted for 44.9%, 21.7%, 14.6% and 12.8% of all reported infections.

Of the newly reported cases in this quarter, 61(68.5%) have received care at the HIV specialist services of the DH or the Hospital Authority. Seventy-five per cent of the reported cases in the year 2005 have attended these services where effective antiretroviral treatment is offered according to clinical indication.

HIV is the cause of AIDS. Without treatment, half of the HIV-infected people will progress to AIDS within 10 years.



AGAN CLAVIA D. A



Research Corner

Twenty years of clinical HIV/AIDS in Hong Kong

The Integrated Treatment Centre, Centre for Health Protection of the Department of Health attempted to elucidate the development of HIV clinical care and research in Hong Kong, through reviewing the published findings from 1985 to 2004. Sixty papers were identified and covering examined, areas: clinical HIV disease epidemiology, course and presentation, specific complications organ-based manifestations, immunologic evaluation and other monitoring, antiretroviral therapy, HIV/AIDS mortality and HIV in specific groups. As compared with overseas, there were similarities as well as uniqueness of the past clinical development in Hong Kong. presentations Clinical and outcomes HIV/AIDS patients locally were a mixture of those of western and developing countries. The paper is freely available at the Hong Kong Medical website (http://www.hkam.org.hk/publications/hkmj/artic le pdfs/hkm0604p133.pdf).

Wong KH, et al. Twenty years of clinical human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) in Hong Kong. Hong Kong Med J 2006;12:133-40.

Applying resistance testing for HIV-infected patients in Hong Kong

The Department of Microbiology of the University of Hong Kong reported their experience in using genotypic resistance test for monitoring treatment of HIV infection. Besides the B subtype prevalent in western countries, CRF01_AE is another important genotype among patients in Hong Kong. The resistance mutation patterns and frequencies were found to be largely similar between the two HIV-1 subtypes in treated patients locally. The authors concluded a high degree of concordance of longitudinal genotyping data and treatment outcome in patients harbouring different HIV-1 subtypes. The findings shed light to the emergence of resistance mutations and its testing in CRF01 AE, which is relevant to other prevailing places in Asia.

Yam WC, et al. Clinical utility of genotyping resistance test on determining the mutation patterns in HIV-1 CRF01_AE and subtype B patients receiving antiretroviral therapy in Hong Kong. <u>J Clin Virol.</u> 2006;35:454-7.