

**Editorial Board**

Executive Editor: Mr WONG Man-kong ACA Secretariat

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**Schedule**

57th ACA Meeting on  
19 Jan 2007  
6th CFA Meeting on  
20 March 2007

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



## Open Forum for the Discussion of the Draft Recommended HIV/AIDS Strategies for Hong Kong 2007-2011

An open forum for the discussion of the Draft Recommended HIV/AIDS Strategies for Hong Kong 2007-2011 will be held on **16 January 2007 (Tuesday)** at 3:00 pm at the Red Ribbon Centre situated at 200 Junction Road East, Kowloon. In addition to inviting AIDS NGOs, stakeholders and members of the public to send in their written comments on the draft strategies to the ACA Secretariat, they are also invited to the public consultation in the form of an open forum.

ACA Chairman, Prof CN CHEN, CFA Convener, Dr Susan FAN and ACA Secretary Dr KH WONG will preside at the forum to collect views on HIV/AIDS strategies from the floor.

For details of the forum, please visit the website at: [www.info.gov.hk/aids](http://www.info.gov.hk/aids).

### Sharing Forum for NGOs

#### Sharing Forum for NGOs...

As related to the Special Project Fund under the auspices of the Council for the AIDS Trust Fund, the Red Ribbon Centre is hosting a sharing forum for NGOs at 2:30pm on 13 January 2007(Saturday). HKCSS representative will speak on “Funding Application and NGO Accountability Structure” and 3 NGOs will share their experience of MSM projects.

The target audiences are the workers in AIDS NGOs and the leaders in MSM community and gay groups. The aims of this sharing forum are to give them the idea of planning a programme, performing the corporate governance and how to conduct monitoring and evaluation. The information obtained at the forum is especially useful for small NGOs which have insufficient experience of organizing HIV prevention activities for MSM.

For enquires, please call 2304 6268.



## Detection of 2 Clusters of HIV Infection in MSM

In 2006, two clusters of HIV-1 Subtype B infections, namely “Cluster A” and “Cluster B” were detected in Hong Kong by the Public Health Laboratory Centre using molecular technology.

The HIV genetic materials isolated from these cases displayed two clusters with similar nucleotide sequences. From laboratory analysis, these infections were suspected to be linked epidemiologically. A table showing the characteristics of the two clusters is in the Appendix.

### Two clusters detected

As of September 2006, upon testing of newly reported and prior blood samples, 34 individuals have been identified to fall within “Cluster A”. All the HIV infections were HIV-1 Subtype B.

These cases have been reported to the Department of Health’s HIV reporting system between November 2003 and September 2006. All were men aged from 22 to 54 at reporting. The median was 34.5. Twenty-Seven (79%) of them were Chinese and 28 were known to be Hong Kong Residents. These cases were mainly reported by Social Hygiene Clinics, public hospitals and private clinics/laboratories.

For “Cluster B”, twelve HIV infections fell into this cluster. All HIV infections were HIV-1 Subtype B.

The twelve cases were reported to the HIV reporting system between May 2004 and September 2006, mainly by Social Hygiene Clinics, public hospitals and AIDS service organizations. All were Chinese male aged from 34 to 67 at reporting. The median age was 48.5. Eleven were known to be Hong Kong Residents.

**Unprotected** homosexual / bisexual contacts were the commonest risk factors for HIV infection in these two clusters. Twenty-four cases (70.6%) reported unprotected homosexual

contact as the route of HIV transmission in Cluster A. Ten cases (83.3%) in Cluster B reported unprotected homosexual or bisexual contact as the route of HIV transmission. Unprotected heterosexual contact was the risk factor reported in 20.6% and 8.3% of Clusters A and B respectively.

The CD4 level, an indicator of immunity status, was available in 31 cases in Cluster A and 11 cases in Cluster B respectively. The CD4 level in Cluster A cases ranged from 14 to 901 with a median of 315. The CD4 level in Cluster B cases ranged from 172 to 835 with a median of 260. It suggested the immunity of most cases in two clusters were not yet largely compromised. These HIV infections were likely to be more recent ones.

The number of individuals affected was increasing over the years. For Cluster A, there were only two cases in 2003. It expands to 8 and 11 cases in 2004 and 2005 respectively. In the first 9 months of 2006, there were also 13 cases involved. Similarly, the cases of Cluster B were 2 and 5 in 2004 and 2005. Cluster B had 5 cases in the first 9 months this year. The MSM cases in clusters accounted for an increasing proportion of the overall reported MSM cases from 11% in 2004 to 15% in 2006 (Jan-Sep).

### Implications

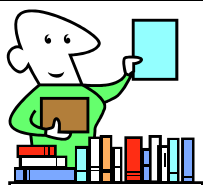
Against the background of an increase in reported HIV cases in recent years, it is anticipated that the two clusters will continue to grow in numbers as more new HIV diagnoses are being made and reported.

### Advice

Members of the public are advised to be aware of the increased risk of contracting HIV and the use of a condom for safer sex. For anonymous HIV test, please call the AIDS Hotline at 2780 2211.



## Comparing epidemiological data of two clusters



		Cluster A	Cluster B
<b>Number of cases</b>		34	12
<b>Gender</b>		all male	all male
<b>Date of HIV report</b>		Nov 03 - Sep 06	May 04 - Sep 06
<b>Chinese proportion</b>		27 (79%)	12 (100%)
<b>Age range</b>	<b>(median)</b>	22-54 (34.5)	34-67 (48.5)
<b>Source of reporting</b>			
Social Hygiene Clinics		9 (26%)	5 (42%)
Public hospitals/clinics/laboratories		8 (24%)	3 (25%)
Private hospitals/clinics/laboratories		7 (21%)	0 (0%)
AIDS Unit		5 (15%)	0 (0%)
AIDS Service Organisations		2 (6%)	3 (25%)
Hong Kong Red Cross Blood Transfusion Service		3 (9%)	1 (8%)
<b>Risk</b>	Homosexual	24 (71%)	6 (50%)
	Bisexual	0 (0%)	4 (33%)
	Heterosexual	7 (21%)	1 (8%)
	Blood contact	1 (3%)	0 (0%)
	Undetermined	2 (6%)	1 (8%)
<b>CD4 at reporting (median)</b>		14-901 (315) data available in 31 cases only	172-835 (260) data available in 11 cases only



## The Fifth CFA Meeting

The fifth CFA meeting was held on 19 December 2006. There were four items on the agenda.

### **ATF's Special Project Fund to Support HIV Prevention Projects in MSM**

A Research Officer of the Council for the AIDS Trust Fund Secretariat introduced the Special Project Fund (SPF). It was noted that ATF was committed to allocating additional prevention resources to scale up HIV prevention in MSM in Hong Kong by setting aside the SPF to support applications from community organizations to implement HIV prevention projects for MSM in prescribed area. The SPF would serve as an enhanced preventive measure in response to the impending HIV epidemic in Hong Kong. A total of HK\$ 9M from the ATF was proposed to be apportioned to the SPF for 2 financial years 2007-08 and 2008-09. The SPF had called for application since 1<sup>st</sup> December 2006 and the deadline of the first round application would be on 1<sup>st</sup> February 2007. There would be two cycles of application per financial year.

**Members** were supportive of the SPF and proposal for the collaboration between NGOs and academia as well as NGOs and gay groups to submit joint applications to the SPF were raised.

### **Discussion on the Detection of 2 Clusters of HIV Infection in MSM and Progress Report on HIV Campaign in MSM**

**Members** noted two clusters of HIV-1 Subtype B infections, namely "Cluster A" and "Cluster B" were detected in Hong Kong by the Public Health Laboratory Centre using molecular technology in 2006 and the progress

of HIV Campaign targeting MSM Readers could refer to the features and characteristics of the two clusters in pages 2 and 3.

### **Draft Recommended HIV/AIDS Strategies for Hong Kong 2007-2011**

**Members** were given a PowerPoint presentation on the framework for Recommended HIV/AIDS Strategies 2007-2011 including the guiding principles and the strategy objectives. The priority areas for action were also covered. In preparing the strategies, ACA had taken reference from previous strategy documents, an estimation and projection of HIV/AIDS situation in Hong Kong, a community assessment and evaluation exercise, previous deliberation in ACA's committees and working groups and an analysis by the Secretariat.

**Members** were aware that the first round of consultation with concerned government bureaux and departments on the draft strategy document had been completed and the public consultancy would commence in early 2007. An open forum for the discussion of the draft strategy document would be held on 16 January 2007 (Tuesday) at 3:00 pm at the Red Ribbon Centre.

### **Activities on World AIDS Day 2006**

**Members** were noted the PowerPoint presentation on the activities carried out by the Red Ribbon Centre on the World AIDS Day (WAD). **Members** also shared their experiences of organizing their WAD activities at the meeting.

**The next CFA meeting will be held on 20 March 2007 (Tuesday).**

