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

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Schedule

- 58th ACA Meeting on 13 April 2007
- 6th CFA Meeting on 20 March 2007

Summary table on the updated HIV/AIDS situation through the reporting system updated 31 December 2006

	This Quarter (Oct to Dec 2006)		Cumulative	
	HIV	AIDS	HIV	AIDS
1. Sex				
Male	83	14	2578	733
Female	15	0	620	122
2. Ethnicity				
Chinese	59	12	2173	665
Non-Chinese	39	2	1025	190
3. Route of Transmission				
Heterosexual contacts	23	4	1600	555
Homosexual contacts	27	4	673	152
Bisexual contacts	3	2	131	36
Injecting drug use	16	2	172	25
Blood / blood product recipients	0	0	72	21
Perinatal	2	0	19	6
Undetermined	27	2	531	60
4. Total	98	14	3198	855





Annual HIV number continues to rise

HIV situation in 2006 at a glance 2006年愛滋病流行情況一覽

HIV infections reported 愛滋病毒感染呈報個案	373
Male/Female 男/女	305/68
Chinese/Non-Chinese 華裔/非華裔	240/133
Route of transmission 感染途徑	
Heterosexual 異性接觸	114
Homosexual 同性接觸	97
Bisexual 雙性接觸	15
Injecting drug use 注射毒品	56
Perinatal 母嬰傳播	2
Undetermined 不詳	89
AIDS reported 愛滋病呈報個案	73



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A total of 373 new cases of Human Immunodeficiency Virus (HIV) were reported to the Department of Health last year (2006), the highest annual number recorded.

The figure showed a 19% increase when comparing to 313 cases in the preceding year. Sexual transmission had continued to be the major mode of HIV spread in Hong Kong. In the fourth quarter of 2006, 98 people were tested positive for HIV antibody, bringing the cumulative total of reported HIV infection to 3,198 since 1984.

Of the 98 new HIV cases reported, 23 acquired the infection via heterosexual contact, 30 via homosexual or bisexual contact, 16 through drug injection and two via perinatal transmission. The routes of transmission of the remaining 27 cases were undetermined due to inadequate information. The 98 cases comprised 83 males and 15 females.

Fourteen new cases of AIDS (Acquired Immune Deficiency Syndrome) were reported in the fourth quarter of 2006, bringing to 855 the total number of confirmed AIDS cases reported since 1985. Of the new AIDS cases, 29% were related to heterosexual contact.

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

Of the 3,198 cumulative total of HIV infections since 1984, around 75% acquired infection through sexual contact. Of them, 67% of the sexually transmitted infections were from heterosexual transmission and 172 infections had occurred among injection drug users.

The newly diagnosed cases between October and December, 2006, were reported by four major sources: public hospitals and clinics (48), private hospitals and clinics (20), Social Hygiene Clinics (10) and the Department of Health AIDS Counselling Service (8). Cumulatively, the four sources have accounted for 45.3%, 21.5%, 14.5% and 12.5% of all reported infections respectively. Of the newly reported cases in this quarter, 65 (66.3%) have received care at the department's HIV Specialist Services or the Hospital Authority.

Seventy-four per cent of the reported cases in 2006 had attended these services where effective antiretroviral treatment was offered according to clinical indication.

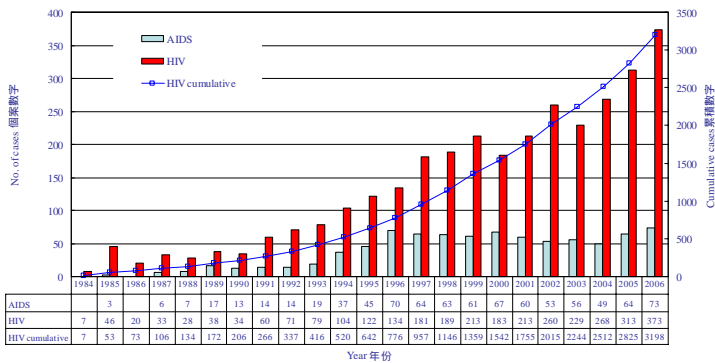
HIV is the cause of AIDS and, without treatment, half of the HIV-infected people will progress to AIDS within 10 years.

Summary

- 98 HIV infections were reported to DH in the fourth quarter of 2006. For the whole year of 2006, there were 373 HIV infections reports, which is the highest annual figure.
- 14 AIDS reports were received, a stable level in the past few years.
- Both heterosexual and MSM transmission are important modes of HIV spread in Hong Kong.



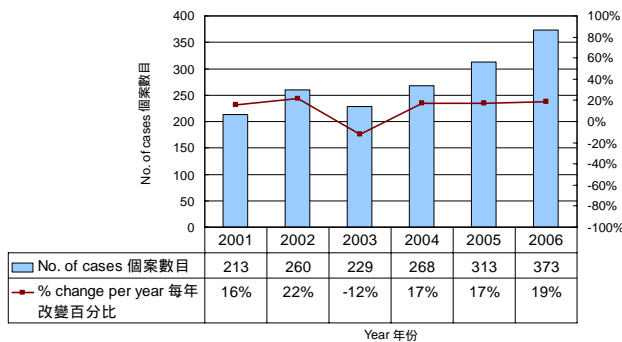
Annual HIV/AIDS Statistics
香港每年愛滋病毒感染及愛滋病統計
1984 - 2006, Hong Kong (N=3198/855)



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Persistent rising number of reported HIV infections in recent years (2001-2006)
近年愛滋病感染數字持續上升 (2001-2006)



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Forthcoming anti-HIV drugs in Hong Kong

Patients of Integrated Treatment Centre are certainly no strangers to drugs. After all, a lot of them take them on a daily basis. And every time they return to visit, both the nurses and doctors will reiterate the importance of religiously adhering to the treatment.

The benefits are obvious to many. Viral load is now undetectable and CD4 count is up.

Other drugs that used to be necessary are now discontinued. These include drugs to prevent *Pneumocystis* pneumonia or medications to suppress certain opportunistic infections such as atypical mycobacteria and toxoplasmosis. Most importantly, patients are now healthy and look forward to a much improved life expectancy as well as quality of life.

.../ to be continued on page 12

Yet, there is no ideal drug yet. If there were, there would not be the need to continually churn out new drugs. One major reason is that HIV is able to generate resistance to all existing and probably future drugs, if they are not used properly or well adhered to. Thus, second line drugs with activity to previously resistant viruses are now being developed. There are two new protease inhibitors which fit into this category.

Tipranavir (TPV) - this is a protease inhibitor currently approved for use in patients with prior resistance in both Europe and North America. In Hong Kong, it is also available. However, in order for it to be effective, it should be given with other drugs that are also active. If not, HIV will also develop resistance to it. Preliminary experience with this medication is mixed. While it certainly is helping selected patients, its tolerability is poor and has a relatively high propensity of causing liver problems. Furthermore, it has a complex interaction profile with other drugs and therefore should be used with caution.

Darunavir (DRV) - another protease inhibitor with a similar role as TPV. It should be available in Hong Kong soon. The same caution with TPV also applies to DRV, although this drug is expected to be better tolerated.

In the battle against resistant HIV, nothing is more effective than using a totally new class of drugs that has no cross resistance to existing drugs. One such drug is **Fuzeon**, also known as T20. It is an injectable drug, similar to insulin. Thus most patients will be averse to it. However, it is highly effective if given with other active drugs.

Another major problem with current drugs is pill burden. In this direction, fixed dose formulation has been a major achievement. Most patients are now taking no more than 8 pills a day, as opposed to up to 20 in the past. To carry

the theme to the extreme, a new pill called **Atripla** has been approved in the US. It is a combination of Efavirenz and Truvada which in turn is a combination pill of two drugs. Although Atripla only reduces the pill burden from two to one, it has had a tremendous psychological impact to a lot of patients. 'One pill a day' certainly reduces the image of HIV being a devastating disease.

Another drug is new in the form of formulation. **Saquinavir** is now prescribed as 1000 mg twice a day. As the current formulation is only 200 mg, it alone accounts for 10 pills a day. The new formulation is 500 mg and should make be more acceptable to patients.

How and how NOT to use this information

Up-to-date knowledge of medical information is not only a must for care providers, but highly desirable for patients. There is seldom concrete, black and white decision in medicine. HIV is no exception. The rapidly advancing nature of HIV-related research means that management decisions should be well informed.

What NOT to do, however, is to have a knee jerk response to request the newest drugs. All persons are not the same and the most appropriate regimen varies according to your medical profile, concurrent treatment and what not. The most important factor is probably past treatment history. If you have been doing well on a certain combination, the best advice is not to temper with it. However, if there are adverse effects that bother you, you should not be afraid to discuss with your doctor and nurse about possibilities of change.

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