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**Schedule**

- 60th ACA Meeting on 5 October 2007
- 8th CFA Meeting on 11 September 2007

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

# 2007 Chinese Community Health Forum

The 2-day 2007 Chinese Community Health Forum (華人健康平臺) will be held in Hong Kong from 6 to 7 September 2007 at the Kowloon Regal Hotel at Tsim Sha Tsui East. Health professionals from the Mainland, Taiwan, Macau and Hong Kong will exchange their views and comments on important health issues

of common interest at this platform. HIV/AIDS is one of these.

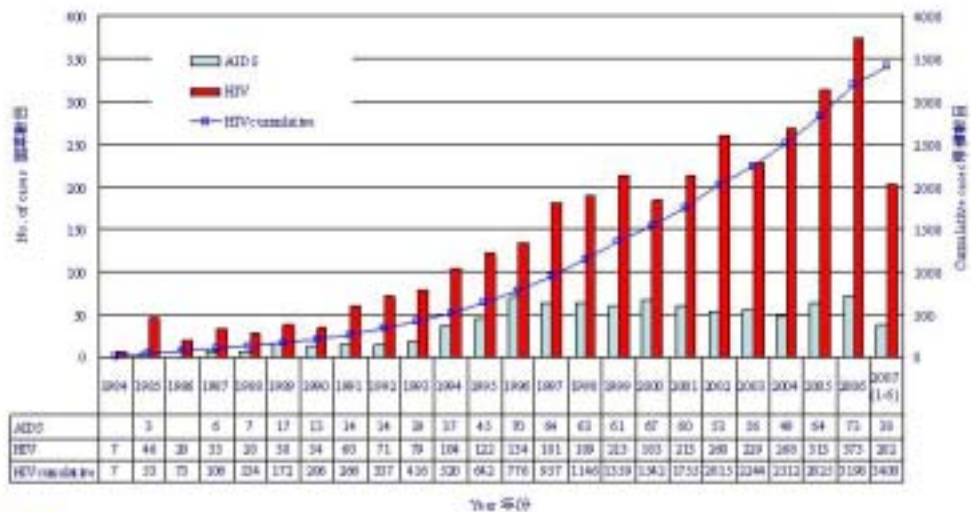
**Prof CHEN** Char-nie, ACA Chairman will act as the moderator for the first afternoon session on HIV/AIDS.



## Annual HIV/AIDS Statistics



**Annual HIV/AIDS Statistics**  
 香港每年愛滋病病毒感染及愛滋病統計  
 1984 – June 2007, Hong Kong (N=3400/893)



Partnering on Health 健康齊關顧



# HIV/AIDS situation in second quarter of 2007



**The** Centre for Health Protection (CHP) of the Department of Health revealed that 111 people tested positive for HIV (Human Immunodeficiency Virus - the cause of AIDS) antibody - in the second quarter of 2007, bringing the cumulative total of reported HIV infections to 3,400.

**There** were 18 new cases of AIDS (Acquired Immune Deficiency Syndrome) reported in the second quarter, bringing the total number of confirmed AIDS cases reported since 1985 to 893.

**CHP** reported that one more cluster of eight reported cases of HIV-1 Subtype B, a type of HIV infection with similar gene sequencing, was detected in this quarter. They were all Chinese men aged between 22 and 42. These cases were reported between July, 2006, and May, 2007. All contracted the virus through homosexual and bisexual contacts. The detection of this new cluster echoed the rising number of reported HIV infections in men who have sex with men. It suggested the presence of a local HIV transmission in Hong Kong.

**As** for the existing two clusters, one has expanded from 53 to 66 HIV infections and the other remained at 13 cases as of June this year.

**Reviewing** the HIV/AIDS situation in Hong Kong, the predominant route of HIV transmission in this quarter remained to be sexual contact.

**Of** the 111 new HIV cases reported, 36 acquired the infection via heterosexual contact, 38 via homosexual or bisexual contact and 10 via injection of drug. The routes of transmission of the remaining 27 cases were undetermined due to insufficient data. The 111 cases comprised 96 males and 15 females.

**The** newly diagnosed cases of this quarter were reported by four major sources: public hospitals and clinics (50), private hospitals and clinics (23), Social Hygiene Clinics (14) and the department's AIDS Counselling and Testing Service (17).

**Of** the newly reported cases in this quarter, 80 (72.1%) have received care at the HIV specialist services of the Department of Health or the Hospital Authority.

**People** with a history of unprotected sex are called on to go for an HIV test. People are also reminded to use condoms for safer sex and reducing the risk of HIV infection.





### Reported HIV/AIDS Quarterly Statistics - 2nd Quarter, 2007

	This Quarter		Last Quarter		Same Quarter Last Year		Cumulative	
	<u>HIV</u>	<u>AIDS</u>	<u>HIV</u>	<u>AIDS</u>	<u>HIV</u>	<u>AIDS</u>	<u>HIV</u>	<u>AIDS</u>
<b>Sex</b>								
Male	96	15	72	17	71	21	2745	764
Female	15	3	19	3	19	4	655	129
<b>Ethnicity/race</b>								
Chinese	67	14	57	15	51	15	2301	694
Non Chinese	44	4	34	5	39	10	1099	199
<i>Asian</i>	20	1	17	4	25	8	581	125
<i>White</i>	9	3	5	1	2	1	256	65
<i>Black</i>	3	0	0	0	3	1	47	7
<i>Others</i>	12	0	12	0	9	0	215	2
<b>Age at diagnosis</b>								
Adult	111	18	91	20	90	25	3360	883
Child (age 13 or less)	0	0	0	0	0	0	40	10
<b>Exposure category</b>								
Heterosexual	36	9	23	10	35	11	1669	573
Homosexual	35	6	33	4	22	5	746	163
Bisexual	3	0	5	0	2	1	139	36
Injecting drug use	10	1	8	3	15	3	192	29
Blood/blood product infusion	0	1	1	0	0	0	73	22
Perinatal	0	0	0	0	0	0	19	6
Undetermined	27	1	21	3	16	5	562	64
<b>Source of referral</b>								
AIDS Unit	17	1	13	1	9	0	430	64
Social Hygiene Clinics	14	0	11	0	14	1	488	39
Private hospitals/clinics/laboratories	23	3	25	0	17	4	735	139
Public hospitals/clinics/laboratories	50	14	37	19	45	19	1537	637
Hong Kong Red Cross Blood Transfusion Service	1	0	1	0	3	0	73	8
AIDS service organisations	4	0	2	0	1	1	81	5
Drug rehabilitation services	2	0	2	0	1	0	56	1
<b>Total</b>	<b>111</b>	<b>18</b>	<b>91</b>	<b>20</b>	<b>90</b>	<b>25</b>	<b>3400</b>	<b>893</b>

## **HIV Prevalence and Risk Behavioural Survey of MSM in Hong Kong – PRISM 2006**

### ***Background***

The number of HIV reports in MSM was increasing in recent years but the infection rate in MSM community was not available. To understand the reason of increasing HIV infections, Department of Health, AIDS Concern and the Chinese University of Hong Kong planned the first HIV prevalence survey in MSM in Hong Kong in 2006.

### ***Method***

The survey was conducted in two phases. The first phase included a mapping of gay venues and a response testing. The second phase was the data collection. The second phase was conducted from mid December 2006 to Jan 2007, total 6 weeks, in 3 settings: bar/club, sauna, internet. Twelve peer interviewers were involved to recruit participants. Only men who had oral or anal sex with another man in the previous 6 months and have also stayed in Hong Kong over half of his time during the period were recruited. Those who had participated in the survey were excluded to avoid duplicated samples. The survey comprised collecting a urine sample for HIV antibody test and doing a self-administered standardised questionnaire on sexual behaviour and basic demographics. The urine samples were treated in an unlinked and anonymous way so that the testing result cannot be traced back to the individual.

### ***Results***

21 venues/settings were reached and valid samples were collected from 859 subjects - 400 from bars/clubs, 459 from saunas (only 4 samples collected from internet, thus excluded). The response rate in venue setting is 45%. The age range was from 15-73 with median age of 31. 89% were Chinese and 92% spoke Cantonese. 37 samples were tested HIV positive. After adjusted for the sampling proportion, the HIV prevalence of the MSM in Hong Kong was

found to be 4.05% (95% CI: 4.028% - 4.080%).

### ***Strengths and Limitations***

1. **This** is the first community-based seroprevalence survey in MSM in Hong Kong. With a fair sample size and coverage over most major gay venues, it greatly improved the understanding of HIV situation in MSM community.
2. **The** response rate of this survey was not high but reasonable as compared to similar studies.
3. **The** samples were recruited from bars/clubs and saunas only. It may limit the generalisability of findings to the entire MSM community, e.g. internet users, is unclear because of unknown catchment proportion.

### ***Implications***

1. **The** HIV prevalence is many folds higher than that of other at-risk population in Hong Kong, e.g. STD clinics attendees (0.13% in 2006), methadone clinic attendees (0.36% in 2006). It is also higher than the positivity of AIDS Concern outreach and other clinic setting HIV voluntary testing programme. The data suggested that the situation may be more serious than we expected.
2. **The** HIV prevalence from this survey was close to the results of similar surveys conducted in the neighbouring cities or countries. This suggested the MSM epidemic in Hong Kong was a part of the regional problem.
3. **By** comparing the estimated infected population and no. of HIV reports, the result indicates many HIV-infected persons do not know their status yet. HIV testing in the gay community should be heavily promoted.
4. **This** exercise should be conducted regularly, say yearly in the near future, to monitor the situation.