

ACA NEWSFILE

(Publication of the Advisory Council on AIDS, Hong Kong)

Vol 16, no.6 – June 2009 (issue no.186)

Editorial Board

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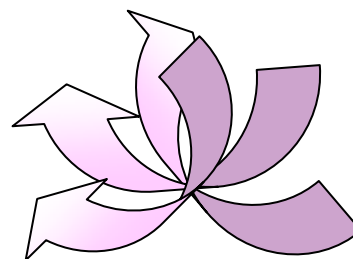
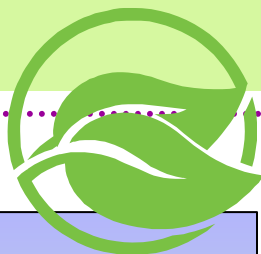
**The 14th CFA
Meeting
on 25 June
2009**

**The 67th ACA
Meeting
on 10 July
2009**

Reported HIV/AIDS Quarterly Statistics - 1st Quarter, 2009

		This Quarter		Last Quarter		Same Quarter Last Year		Cumulative	
		HIV	AIDS	HIV	AIDS	HIV	AIDS	HIV	AIDS
Sex	Male	80	14	85	27	70	14	3347	895
	Female	24	3	21	5	19	3	804	152
Ethnicity/race	Chinese	57	10	66	27	56	12	2764	813
	Non Chinese	47	7	40	5	33	5	1387	234
	Asian	17	6	16	3	21	5	716	152
	White	6	1	10	1	4	0	300	70
	Black	1	0	2	1	0	0	60	11
	Others	23	0	12	0	8	0	311	1
Age at diagnosis	Adult	102	17	106	32	89	17	4108	1037
	Child (age 13 or less)	2	0	0	0	0	0	43	10
Exposure category	Heterosexual	25	7	31	19	31	9	1900	656
	Homosexual	38	6	39	10	28	5	1015	205
	Bisexual	2	1	5	2	6	0	167	41
	Injecting drug use	2	1	7	0	9	3	261	44
	Blood/blood product infusion	0	0	0	1	0	0	78	24
	Perinatal	2	0	0	0	0	0	22	6
	Undetermined	35	2	24	0	15	0	708	71
	Source of referral	AIDS Unit	8	1	10	1	8	0	495
Social Hygiene Clinics	17	0	15	1	19	0	594	44	
Private hospitals/clinics/laboratories	20	3	23	6	18	3	917	159	
Public hospitals/clinics/laboratories	41	12	37	24	33	14	1831	761	
Hong Kong Red Cross Blood Trans- fusion Service	3	0	2	0	4	0	92	9	
AIDS service organisations	14	1	16	0	5	0	153	6	
Drug rehabilitation services	1	0	3	0	2	0	69	1	
Total		104	17	106	32	89	17	4151	1047

HIV/AIDS situation in first quarter of 2009



A total of 104 cases of Human Immunodeficiency Virus (HIV) infections were reported in the first quarter of 2009 to the Centre for Health Protection (CHP) of the Department of Health (DH), bringing the cumulative total of reported HIV infections to 4 151 since 1984. Sexual transmission continued to be the major mode of HIV spread in Hong Kong.

Of the 104 HIV cases reported in the first quarter of 2009, 25 acquired the infection via heterosexual contact, 40 via homosexual or bisexual contact, two through drug injection, and two through mother-to-child transmission. The routes of transmission of the remaining 35 cases were undetermined due to inadequate information. The 104 cases comprised 80 males and 24 females.

The newly diagnosed cases of this quarter were mainly reported by four major sources: public hospitals and clinics (41 cases), private hospitals and clinics (20 cases), the DH's Social Hygiene Clinics (17 cases), and AIDS service organisations (14 cases).

Seventeen new cases of AIDS (Acquired Immune Deficiency Syndrome) were reported in the first quarter of 2009, bringing to 1 047 the total number of confirmed AIDS cases reported since 1985. Forty-one per cent of the new AIDS cases were related to heterosexual contact. In this quarter, the most common AIDS-defining illness was *Pneumocystis Pneumonia* (PCP), a kind of chest infection.

Three important messages:

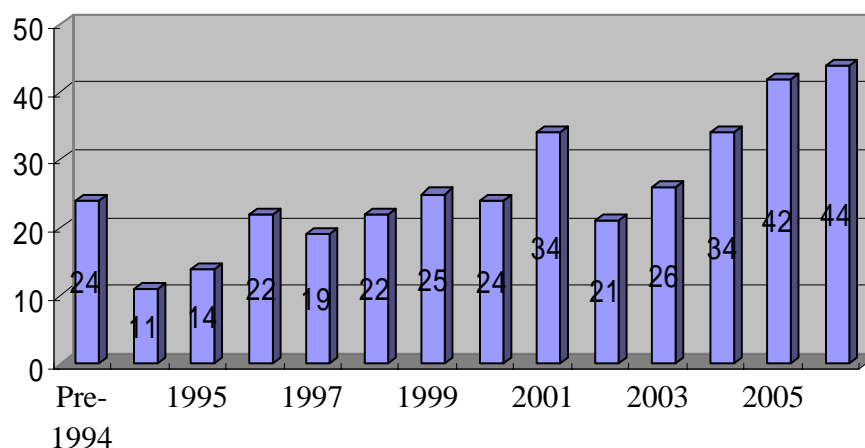
- Use condom and practise safer sex to reduce the risk of HIV infection.
- HIV is the cause of AIDS and, without treatment, half of the HIV-infected people will progress to AIDS within 10 years.
- People who have a history of unprotected sex should call the AIDS Hotline on 2780 2211 for a free, anonymous and confidential HIV test.

TB-HIV Registry

The TB-HIV Registry is a case registry jointly kept by the Tuberculosis & Chest Service and Special Preventive Programme of the Department of Health. The Registry was set up in 1996. It includes any cases of TB-HIV co-infection diagnosed in the two services, and cases referred from HA hospitals and the private sector. Data collected include demographics, presenting symptoms, TB data as collected using the standard programme record forms of the TB&CS, HIV data including diagnosis of AIDS-defining illness and laboratory test results at the time of co-infection. For patients who received care for their HIV infection at SPP, an additional standard HIV supplementary form is used to collect data to track the progress of HIV infection.

A total of 313 cases, ten of whom had a history of TB, were reported to the TB-HIV Registry from Jan 1996 to Dec 2006, against a total of 74,376 TB cases (0.42%) notified to DH within the same period. One hundred and ninety one patients (61.0%) were under the care of both TB&CS and SPP. Most of the remaining patients attended dual follow up at chest clinics and one of the HA hospitals. Figure 1 shows the number of TB-HIV co-infection cases reported to TB-HIV Registry annually from 1996 to 2006. The number of TB-HIV co-infection cases reported to DH before set up of the TB-HIV Registry in 1996 is also shown. It can be seen from Figure 1 that the number of TB-HIV co-infection cases has been rising steadily over the years. A total of 44 cases were reported to the TB-HIV Registry in 2006, compared to only 22 cases in 1996.

Figure 1. Number of TB-HIV cases reported to the TB-HIV Registry as of Dec 2006



Revisiting the issue of consent, discussion and confidentiality related to diagnostic HIV testing in Hong Kong

In 1992, the Scientific Working Group of the Advisory Council on AIDS deliberated the issue of HIV testing and consent in medical practice. The discussion provided the basis for the subsequent publication of the *Guidelines on consent for HIV testing* by the Department of Health in 1993.

The Guidelines emphasised the need of explicit informed consent and reinforced the restrictive nature of HIV testing. The approach reflected HIV/AIDS exceptionalism which was prevailing at the time and which was a result of the stigmatising and invariably fatal nature of HIV disease.

Scientific advances in the last 15 years have brought hope to HIV/AIDS patients and are also changing the way the health care professionals tackle the epidemic. On HIV testing which is the gateway to care and a multitude of prevention measures, international and national authorities have started to recommend improving access to testing via different channels, not uncommonly using a universal, opt-out approach. Relevance and applicability of these overseas recommendations to Hong Kong have been examined and put into programmes over the years. Universal HIV screening is recommended and being done for populations as antenatal women, patients with tuberculosis, sexually transmitted infections, and drug users attending methadone clinics. These programmes adopt an 'opt-out' approach for public health rationales and patient acceptance.

Given the international and local developments, the Scientific Committee on AIDS & STI (SCAS) and the Hong Kong Advisory Council on AIDS (ACA) attempted to address the subject of HIV testing and its related issues in the Hong Kong context.

Clarification of the principles in conducting an HIV test should promote its acceptance. This would have major impact on the prevention, care and control of HIV/AIDS in Hong Kong.

Before these principles are finalised, however, consultation with different stakeholders will be important. The discussion that ensues hopefully will not only achieve consensus but also shed light on other issues such as stigmatisation and HIV surveillance in Hong Kong.

If you have any views on the diagnostic HIV testing in Hong Kong, please send them to aca@dh.gov.hk