ACA NEWSFILE

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Editorial Board

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~ Calendar ~

21 Jun 2011 - 22nd CFA Meeting
8 Jul 2011- 75th ACA Meeting

IN THIS ISSUE WE HAVE

Summary of the 73rd ACA Meeting held on 7 January 2011

Recommended Principles of Antiretroviral Therapy in HIV Disease, SCAS

※ The meeting noted that in 2005, the predecessor of Scientific Committee on AIDS and STI (SCAS), the Scientific Committee on AIDS published its set of recommended principles of antiretroviral therapy to provide general guidance for the use of antiretrovirals in Hong Kong. The document stated nine major principles of antiretroviral use. Since then, progress had been made in the realm of HIV management and there had also been corresponding changes in local practice. SCAS therefore undertook to re-examine the document in its meetings held on 9.3.10 and 9.11.10 with a view to updating where appropriate. As before, the effort focussed on major principles rather than details of antiretroviral use.

※ SCAS considered that the major principles continued to hold but it saw the need of updates in the following:

a. a new goal of viral suppression even in those with multi-class resistance;
b. use of highly active antiretroviral therapy (HAART) in post-exposure prophylaxis and prevention of mother-to-child transmission;
c. the CD4 threshold of treatment initiation in the asymptomatic individual; and
d. vigilance with adverse effects of HAART.

※ Members were elaborated the following recommendations in details:

a. HAART with potent and durable viral suppression to undetectable levels was the preferred therapy under most clinical circumstances.
b. The initiation of antiretroviral therapy was a decision based on a thorough medical evaluation and informed discussion with the patient.
c. The design of a regimen should take into consideration factors related to the patient as well as the virus, with long term disease control as a major goal.

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Continued …...Summary of the 73rd ACA Meeting

Recommended Principles of Antiretroviral Therapy in HIV Disease, SCAS

d. The offer of antiretroviral therapy was not dependent on predicted adherence. Anticipated difficulties in adhering to a regimen were proactively and empathically managed by appropriate selection of antiretrovirals, intensive counselling and disease monitoring, and correction of factors contributing to non-adherence.

e. HAART was but one of a whole array of medical therapies of HIV disease, the other components being effective infection prophylaxis, nutritional therapy, and immunisation.

f. Novel antiretroviral therapy should be used only in a clinical trial setting where the patient understood the rationale and design of the trial, his/her potential gains from enrolment, possible adverse effects, and his/her right to withdraw at any point of time.

g. HIV infection was not only a multi-organ disease but beset with enormous social implications. It could be successfully managed only by a multispecialty and multidisciplinary approach, with sensitivity and empathy.

h. Long term antiretroviral therapy should be prescribed only by physicians competent in the management of HIV disease, and in settings organised for optimal care.

i. While experience of antiretroviral use in overseas countries provided useful guidance, it was desirable that a local, systematized surveillance system was in place for monitoring of efficacy and unexpected adverse effects.

※ On the question of whether HIV patients would be denied of HIV drugs because of their high cost, the meeting noted that HIV patients generally had good access to HIV drug treatment in Hong Kong. In case the patient had not been psychologically prepared to accept HIV drug treatment after medical evaluation, on-going counseling and preparation would be provided to him/her.

※ Regarding the drug resistance rate as a result of on-and-off HIV drug treatment, members noted that the survey of drug resistance during the first 12 months of HIV drug treatment was about 5% in his hospital. The meeting also noted that locally the patients' adherence of HIV treatment had been very good and that the primary drug resistance was about 2% to 3%.

※ For the use of HAART in post-exposure prophylaxis, the meeting noted that SCAS had made specific recommendations on occupational setting and non-occupational setting and that HAART would be appropriate in both settings if prophylaxis was indicated.

※ A member supported the early treatment strategy, subject to availability of resources, because it could prevent HIV patients from passing their virus to their partners. He considered that the best way to control the epidemic was to control its source at a very early stage.

※ The meeting was looking forward to the publication of the updated recommended principles.

National Consultation on Scientific Strategy Response to HIV/AIDS in China 2011-2015

※ Staff of the Department of Health had been invited to attend a consultation meeting held in Beijing on the next 5 year plan on HIV/AIDS control in China. The objectives of the meeting were to discuss recent global HIV-related research, guidance and experience, and their implications for China, and to discuss strategies proposed for controlling AIDS in China in next 5 years.

Highlights were given of Chinese presentations in the meeting regarding

a. *HIV testing in China*
b. *HIV surveillance*
c. *Preventing sexual transmission*
d. *Preventing HIV among IDU*
e. *HIV treatment*

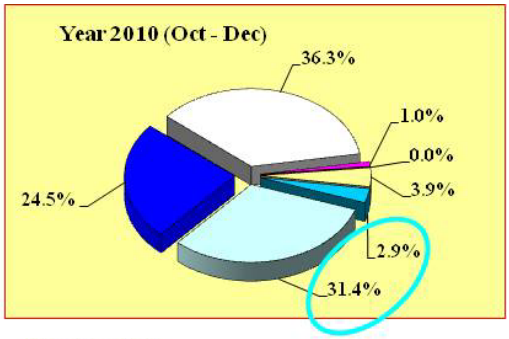
Overseas Development in HIV/AIDS Strategies

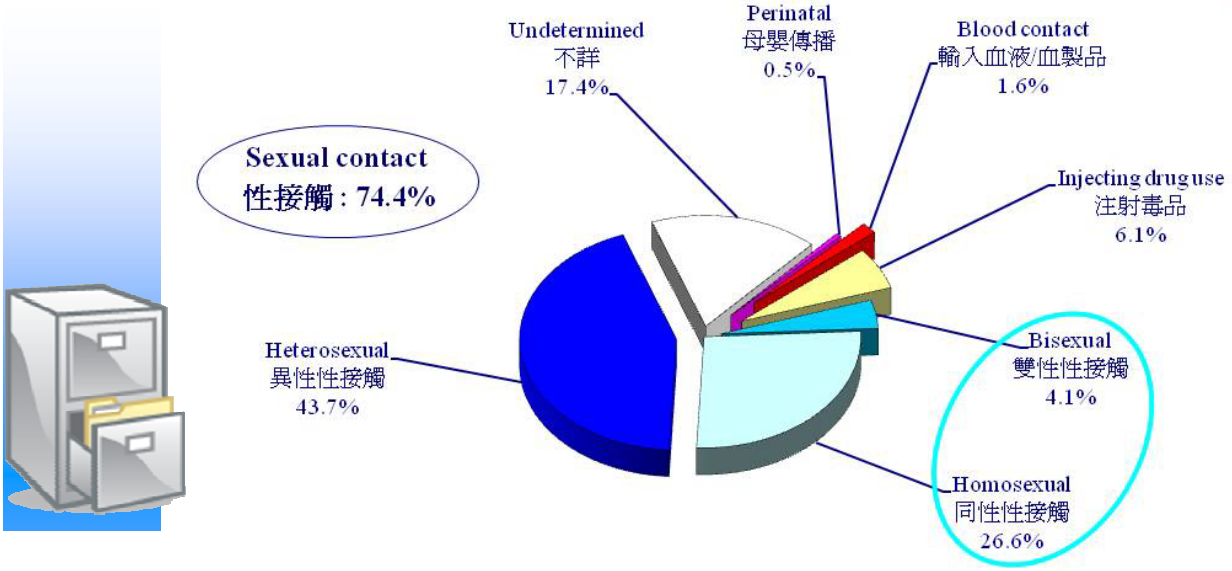
※The meeting noted that the paper aimed to come up with synthesis and reflections on the overseas development of some latest international and national HIV/AIDS strategies for local reference. According to the latest WHO progress report 2010 on scaling up HIV/AIDS interventions in the health sector and the UNAIDS report on the global AIDS epidemic 2010, efforts thus far had contributed to lowering the number of infections. However, the reports also highlighted several major challenges below:

a. In the United States, it was estimated that one US citizen get infected with HIV every nine-and-a-half minutes, representing some 56,000 infections each year.
b. Similar to Hong Kong, Australia had been maintaining the overall HIV prevalence at a low level.
c. Combination prevention with a strategic mix of structural, biomedical and behavioural interventions that were evidence-informed, human-rights based and owned by community of target populations emerges as a popular concept.
d. Based on human rights and social determinants of health, there was a general call for reduction of health inequity/disparity/vulnerability among priority groups.
e. HIV were particularly associated with certain intertwining health outcomes of which tuberculosis, viral hepatitis, maternal and child health, drug dependence and mental health, cancer prevention and treatment were most relevant to Hong Kong.
f. Effective HIV policies and programmes needed to be guided by high quality and timely intelligence. Strategic information usually referred to health information systems, surveillance, programme monitoring and evaluation, patient monitoring, HIV drug resistance and pharmacovigilance, as well as operational research.

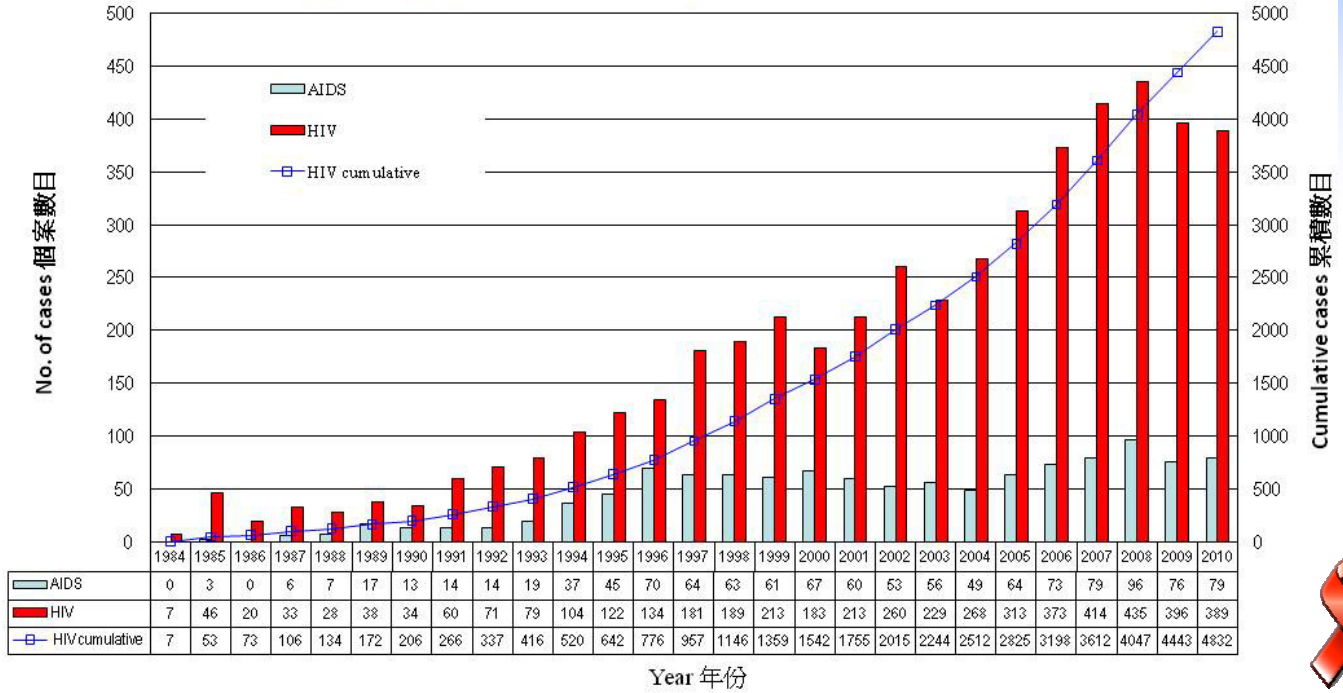
HIV/AIDS Statistics

Routes of transmission of HIV infection
感染愛滋病病毒人士之傳染途徑
1984 – 2010 (N=4832)





Annual HIV/AIDS Statistics
香港每年愛滋病病毒感染及愛滋病統計
1984 – 2010, Hong Kong (N=4832/1185)



	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
AIDS	0	3	0	6	7	17	13	14	14	19	37	45	70	64	63	61	67	60	53	56	49	64	73	79	96	76	79
HIV	7	46	20	33	28	38	34	60	71	79	104	122	134	181	189	213	183	213	260	229	268	313	373	414	435	396	389
HIV cumulative	7	53	73	106	134	172	206	266	337	416	520	642	776	957	1146	1359	1542	1755	2015	2244	2512	2825	3198	3612	4047	4443	4832