

## Editorial Board

Executive Editor: Kenneth NG ACA Secretariat



Vol 18, no.7 – July 2011 (issue no. 211)

**AIDS Hotline: 2780 2211**

**IN THIS ISSUE  
WE HAVE**

Summary of the 21st CFA Meeting held on 15  
March 2011 .....pages 25-28  
ACA Agenda.....page 28

**Calendar**

8 July 2011  
75th ACA Meeting

## Summary of the 21st CFA Meeting held on 15 March 2011

### Post Exposure Prophylaxis against HIV in the Non-occupational Setting

Members were informed that the position statement of the Scientific Committee on AIDS and STI “*Using Antiretrovirals for Post Exposure Prophylaxis against HIV in the Non-occupational Setting, March 2006*” was still in force with no immediate plan for update. It advised that:

Use of Post Exposure Prophylaxis with Antiretrovirals in the Non-occupational Setting (nPEP) should only be considered in the event of high-risk exposure to a source known to be HIV positive. If 72 hours have elapsed since exposure, nPEP should not be prescribed.

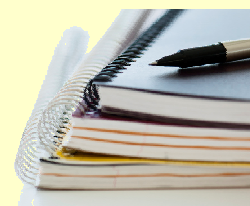
HAART is preferred were

nPEP to be given.

Its composition is dictated by the toxicity profile and the possibility of drug resistance, and its administration should be supervised by physicians experienced in antiretroviral therapy.

nPEP is but one facet of the overall management of non-occupational exposure to HIV. In fact, over-emphasis on nPEP by the client or the health care provider risked overlooking the importance of risk-reduction counselling on safer sex and safe injection practice.

*To be continued.....*



## Continued .....Summary of the 21st CFA Meeting

Continued .....



### Post Exposure Prophylaxis against HIV in the Non-occupational Setting

It was supplemented that the Hospital Authority's guidelines on PEP against HIV after non-occupational exposure: "Accident & Emergency Clinical Guideline No. 6 (Management of Needlestick Injury or Mucosal Contact with Blood or Body Fluid)" stated that:

Overseas guidelines, including US, UK and European, recommend prompt initiation of nPEP with HAART when persons seek care within 72 hours after exposure, the source is known to be HIV infected, and the exposure event presents a substantial risk for transmission.

If the HIV status of the source is not known, US CDC does not recommend for or against nPEP. It should be decided on a case-by-case basis. On the other

hand, UK and European guidelines provide more specific instructions in prescribing nPEP in this scenario by assessing both the risk of transmission according to coital act and the risk of the source being HIV.

For post-exposure prophylaxis following sexual exposure, A/E health workers are advised to refer to the "UK Guideline for the use of post-exposure prophylaxis for HIV following sexual exposure".

In response to the enquiry on whether the doctors would explain to the patients of the side effect of nPEP, It was noted that since the initiation of antiretroviral therapy was a decision based on a thorough medical evaluation and informed discussion with the patient, the physician would explain to the patient the advantage of treatment and its side effects.



## Asia Internet MSM Sex Survey (AIMSS) 2010 - Hong Kong Analysis

The Forum was briefed on the background and objectives of the AIMSS conducted in January & February 2010 by the Department of Health in collaboration with Fridae Hong Kong Limited, which runs the most popular wide coverage gay website in Asia.

It was concluded that in view of the comparatively higher level of risk behaviours but lower level of prevention received by the internet-based MSM, more effort was needed to design and improve preventive interventions which could better penetrate the internet-based MSM segment, taking

reference from various predictors associated with certain important risk behaviors (like consistent condom use, drug abuse, HIV testing behavior). Surveillance covering more high risk MSM segments was needed to gauge the reach of such preventive actions and their effectiveness. These findings may be useful if organizations wished to apply for funding from the Beat Drugs Fund. However it was also cautioned that the main objective of the AIMSS was not to assess the drug abuse rate of MSM, and therefore the data should be interpreted with care to avoid stigmatizing MSM as drug abusers.

## Report back of the Community Stakeholders' Consultation Meeting for the Development of Recommended HIV/AIDS Strategies for Hong Kong 2012 - 2016

Members were introduced the Working Group for the Community Stakeholders' Consultation Meeting (CSCM) which had been formed jointly by CFA and HKCASO, comprising Dr Billy Ho, Miss Nora Yau, Miss Loretta Wong, Ms Yuen How-sin, Ms Shara Ho, Mr Chau Chun-yam and Mr Marco Chau, to advise on the planning and organizing the CSCM. The CFA Secretariat was responsible for the overall coordination, planning and logistic support and members or representatives of HKCASO provided technical support and community liaison. The Forum noted that:

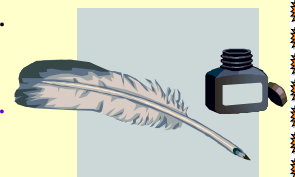
i. the CSCM had been held from 26 January to 1 February 2011 with 248 participants

comprising 121 individuals and 127 NGO members attending the 9 sessions;

ii. specific objectives of the CSCM included:

- envisioning the HIV situation in Hong Kong after 5 years;
- articulating the gaps of current response among the key populations;
- Identifying multi-sectoral collaborations, human capacity and other resources which need to be sustained, strengthened or mobilized; and
- devising strategies which need to be continued and added.

*To be continued.....*





## Continued .....Summary of the 21st CFA Meeting

### Continued.....Report back of the Community Stakeholders' Consultation Meeting for the Development of Recommended HIV/AIDS Strategies for Hong Kong 2012 - 2016

iii. a total of 114 recommendations which could be categorized into the following seven areas had been made:

- scaling up HIV prevention;
- providing comprehensive and integrated treatment, care and support;
- fostering an enabling environment;
- strengthening leadership by government and other stakeholders;
- promoting supportive legal framework and public policy;
- enhancing strategic information;
- and
- mobilizing resources

iv. feedback from participants through the evaluation forms generally indicated that the participants were satisfied with the process of registration, information provided for discussion, performance of the facilitator, the significance of their involvement and strategic recommendations generated from each session.

v. a bilingual meeting report which summarized the preparatory process and

synthesis of discussion in the consultation meeting had been uploaded onto the website for community members' comments.

Forum members also commented that:

- i. CSCM was a breakthrough in terms of the format and scale of community participation;
- ii. not all views/recommendations could be captured due to the application of voting for prioritization. As such, minority views might have been overlooked;
- iii. the lead time for notice of the CSCM and the discussion time might not have been sufficient;
- iv. the use of epidemiological data as the basis to decide the target population for meeting sessions should be reviewed;
- v. apart from the output of the meeting, lessons had also been learnt during the process on how to listen and voice out opinions; and
- vi. the MSM community would organize another public forum to solicit views on AIDS/HIV issues.



## 75th ACA Meeting

Date : 8 July 2011 (Friday)

Time : 2:00pm

Venue : DH Conference Room,  
21/F Wu Chung House,  
Wan Chai

Three main items on the Agenda:

- An update on the epidemiology, estimation and projection of HIV/AIDS in Hong Kong
- Draft Recommended HIV/AIDS Strategies for Hong Kong 2012 to 2016
- Developing an indicator set for monitoring and evaluation of local AIDS programme