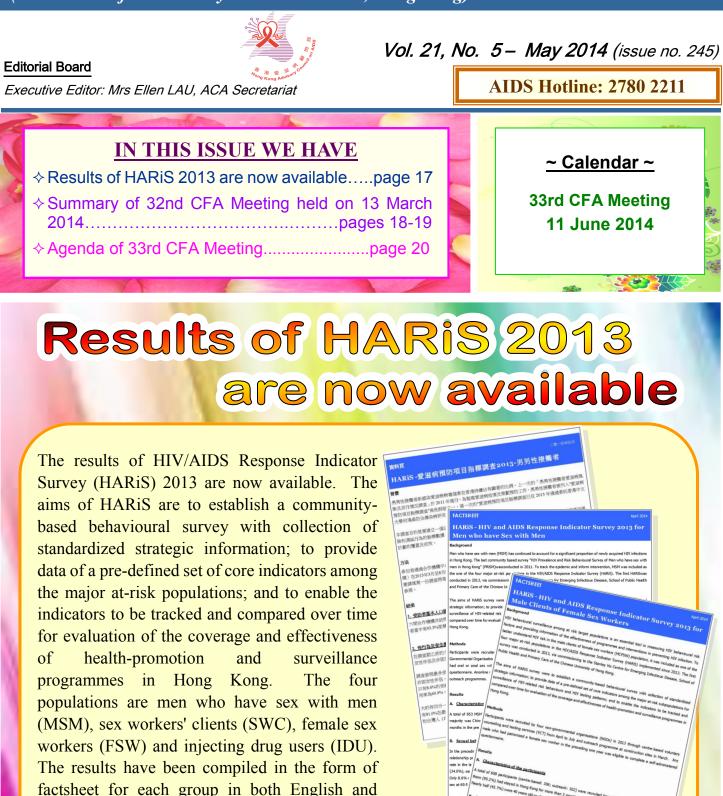
(Publication of the Advisory Council on AIDS, Hong Kong)



website

(http://

Chinese versions. They can be accessed at the Office

www.info.gov.hk/aids/english/index.htm).

Virtual

AIDS

A Summary of the 32nd CFA Meeting held on 13 March 2014

Life skills-based HIV/AIDS and Sex Education at Junior Secondary Level in Hong Kong

A multi-sectoral seminar was held by Education Bureau (EDB) at the Space Museum on 5 March 2014. Around 70 school teachers and NGO representatives attended the seminar. During the seminar, school teachers actively shared their experience in conducting life skills-based sex / HIV education and suggested that EDB and Student Health Service (SHS) should consider to provide training and services of flexible time.

Nepalese drug users survey by SARDA – 2013

SARDA gave a presentation on a HIV-related behavioural survey among Nepalese injecting drug users (IDUs) in Hong Kong. A total of 99 Nepalese IDU were recruited around Yau Ma Tei methadone clinic in November 2013. In general, the results were similar to that of HARiS 2013, with low needle-sharing rate (0%), fair condom use rate (53%) with regular partners, but good HIV testing rate (92%) in the past one year. SARDA would modify the questionnaire in the next round by making reference to HARiS. Members suggested to recruit more female interviewers while innovative ways should be explored for reaching young and hard-to-reach Nepalese IDU.

HIV/AIDS Response Indicator Survey (HARiS) 2014

HARiS 2014 would be started in early April 2014. This year, five populations would be targeted, including (1) men who have sex with men; (2) female sex workers; (3) clients of female sex workers; (4) injecting drug users; and (5) male to female transgender. At the meeting, Department of Health (DH) invited representatives from relevant NGOs to attend two upcoming briefing sessions to be held in late March.

Case series of hepatitis C infection and syphilis among HIV positive MSM

DH made a presentation on "A case series of hepatitis C infection and syphilis among HIV positive MSM" at the meeting. It covered seven HIV positive MSM who had had new HCV infection detected in Integrated Treatment Centre (ITC) from July to November 2013 which was a marked increase when compared to the baseline in the last decade. Members were urged to help spread the message of safer sex to the MSM community for HIV and HCV prevention, and an HIV/HCV awareness campaign targeting MSM would be carried out later this year.

Follow up after HIV testing - experience sharing by CHOICE

CHOICE made a presentation and shared with members the experience of following up clients after HIV testing, particularly those with substance abuse. A screening tool "Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)" and different levels of intervention for clients with substance abuse was described. It was noticed by CHOICE that nowadays young people rarely regard recreational drug as "drug" but they closely related its use with sex, and methamphetamine was commonly used. It was suggested to provide more training for front-line workers to identify drug users and refer them appropriately for early treatment.

Principles of standard precautions, equal access to treatment and safeguard confidentiality in the care of PLHIV

Since complaints from people living with HIV (PLHIV) about discrimination in medical settings were reported from time to time, DH upon the advice of CFA Convener assisted to reflect this problem to the HA representative in ACA, and enquired about HA's policy of managing PLHIV. In brief, HA replied that standard precautions should be always observed, irrespective of the infection status of the patient. Special bed and follow up arrangement, and use of disposable tableware was not necessary. Placing bedside label to indicate patient's HIV status was forbidden. Training sessions to health care workers to provide patient-centered care for PLHIV were in place. In the coming future, HA would put more emphasis on the above issues in training sessions.

Arrangement for Request of Attendance in CFA by Non-members

The following arrangement was agreed during the CFA Meeting held in March 2012 -

- a. Upon the Convener's invitation/ agreement, people who were interested to take part as observer might attend the whole or certain sessions of the meeting and speak up in the meeting at the Convener's discretion;
- b. The CFA Secretariat would announce the agenda on the ACA's website (in the ACA Newsfile) prior to each CFA Meeting. Interested parties could put up their requests to the CFA Secretariat for consideration;
- c. In case of over subscription, the CFA Secretariat would work out the list of participants by adopting a fair procedure deemed appropriate;
- d. Despite of this new administrative arrangement, the meeting would continue to be conducted in Cantonese only; and
- e. At the same time, the CFA Secretariat could invite relevant stakeholders to attend the meeting if deemed appropriate.

33rd CFA Meeting

Date : 11 June 2014 (Wednesday)

Time : 2:30 pm

Venue : Conference Room, Red Ribbon Centre 2/F, Wang Tau Hom Jockey Club Clinic 200 Junction Road East, Kowloon

Two main items on the Agenda

- ♦ Quality assurance on HIV voluntary counselling and testing services (VCT) in community settings
- ♦ Condom use and mental health of young female sex workers in Hong Kong

Invitation

Dear All,

If you are interested to take part as observer in the 33rd CFA Meeting to be held on 11 June 2014, please complete the application form (available for download from http://www.aca.gov.hk/cfa_observers_form.pdf) and send the completed form to the CFA Secretariat by **26 May 2014**. For more details of this arrangement, please refer to the summary shown on the left of this page.

CFA Secretariat

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