



Editorial Board

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- 39th CFA Meeting
8 March 2016
- 94th ACA Meeting
8 April 2016

HIV/AIDS Statistics in Hong Kong - Updated 31 December 2015

		Q4 2015		Cumulative	
		HIV	AIDS	HIV	AIDS
Sex	Male	159	27	6,218	1,383
	Female	25	2	1,500	272
Ethnicity	Chinese	117	23	5,232	1,270
	Non-Chinese	40	6	2,330	385
	Unknown	27	0	156	0
Route of Transmission	Sexual Contacts	116	25	5,904	1,437
	- <i>Heterosexual</i>	20	9	2,793	920
	- <i>Homosexual</i>	85	14	2,779	444
	- <i>Bisexual</i>	11	2	332	73
	Injecting drug use	3	1	344	63
	Blood/blood products recipients	0	0	84	24
	Perinatal	1	0	29	9
Undetermined	64	3	1,357	122	
Total		184	29	7,718	1,655



A Summary of the 93rd ACA Meeting held on 8 January 2016

Update on AIDS Epidemic Model estimates for Hong Kong and implications on HIV prevention and control

Dr Tim BROWN updated ACA members on the development of the AIDS Epidemic Model for Hong Kong, which would help estimate the HIV epidemiology and impact of HIV prevention and control in the future. He also shared his view on a few other issues as follows.

The future HIV situation: HIV infection among heterosexual males and females will remain low and stable, but that of MSM will continue to rise and account for an increasing proportion of people living with HIV. The HIV response in Hong Kong should target MSM in the coming few years.

HIV testing rate among MSM : To achieve the UNAIDS' target of "90% PLHIV know their status", Dr Brown strongly advised to increase the HIV testing rate in MSM to over 80%. To promote universal testing among MSM and provide early treatment to those infected would be the best way to control the HIV epidemic in Hong Kong. This approach would most likely be more cost-effective than Pre-exposure Prophylaxis (PrEP), while also improving the quality of care for PLHIV. He considered that HIV epidemic could be slowed down substantially if 85-90% of those living with HIV got treated. The message of "**All MSM should be tested every year**" should be clearly conveyed through gay social media with a saturation campaign.

Self-testing for HIV : Self-testing worked well in USA. It may prove more cost-effective than voluntary counseling and testing services and help those who fear discrimination or stigma and are unwilling to attend conventional services to get tested. Dr Brown however reminded members to carefully look into the issues of the quality of self-test kits, the techniques of specimen collection, and the linkage to confirmatory testing, social support and medical care services before heavy promotion of self-testing. Self-testers should be clearly reminded to (a) get HIV treatment and care if they test HIV positive; and (b) keep using condoms to protect themselves if they are HIV negative.

Creating a safe environment without discrimination: This goal should be included in any HIV strategy but it could be achieved in many ways, such as providing relevant education to staff of health care settings. He had not reviewed the research literature that might show that legislation for anti-discrimination against people of different sexual orientations could help curb the HIV epidemic. He did, however, feel it should be part of the strategy to create an enabling environment, but recognized that its impact would be slow as it took time for people to change their views on sexual orientation. In contrast, promoting HIV testing for early diagnosis and early treatment would produce a more direct and faster impact on the epidemic.

Assessing HIV testing rate among MSM: a cross-sectional survey would be the best way to collect information on that but sampling remained difficult in view of the dramatic increase on use of social media apps to meet partners. He encouraged cooperation between NGOs and universities for conducting research to gather information and strengthen prevention efforts, in particular through social media.

Life skill-based HIV education programme for youth

Family Planning Association of Hong Kong (FPAHK) presented a programme of Life-skills based HIV Education conducted in 2014 to 2015. It was commissioned by the Red Ribbon Centre (RRC), in line with UNAIDS' recommendation that sex education should be provided to young people by age 15 using the life-skills based approach, covering knowledge on HIV and skills of using condoms. The programme reached 1,504 students from 11 secondary schools, of whom 94% were F.1 to F.3 students. Evaluation results showed improvement in both HIV knowledge and relevant life-skills. It was noted that sex education for senior secondary levels was already in place while further extension to tertiary levels was challenging. During the recruitment process, demonstration on condom use was the major obstacle for some schools to participate in the programme.

Full report of the programme is now available on DH website - http://www.rrc.gov.hk/res/practice/15_3eng.pdf



Training Workshop on HIV/AIDS and STIs for NGO Staff

The training workshop consists of two sessions and will be held on **1 March 2016 (Tuesday) and 15 March 2016 (Tuesday)**. The first session covers topics on basic knowledge and clinical services under DH, while the second contains sharing sessions focused on selected populations. New staff members working in AIDS NGOs are most welcome.

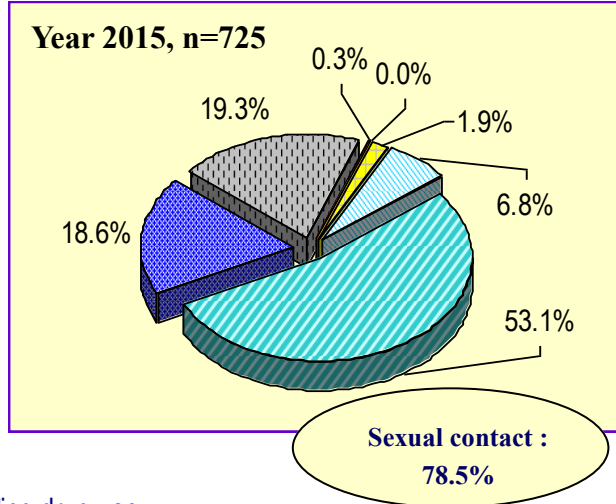
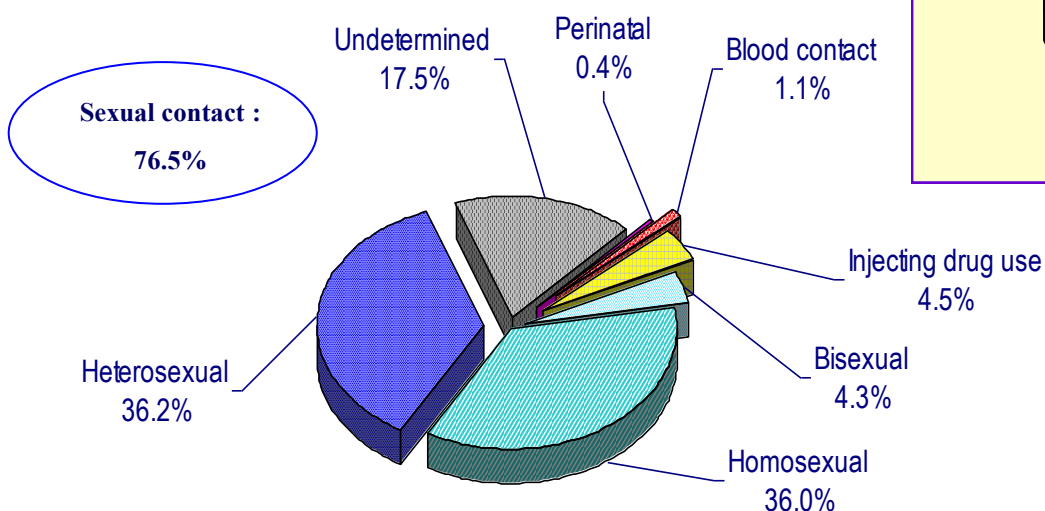
Date :	1 March 2016 (Tuesday) and 15 March 2016 (Tuesday)
Time :	2:00 p.m. to 6:00 p.m.
Venue:	Red Ribbon Centre, 2/F, Wang Tau Hom Jockey Club Clinic, 200 Junction Road East, Kowloon, Hong Kong

Programme rundown is now available at www.aids.gov.hk.

There are still limited vacancies for the session of 15 March 2016. Please contact Ms Rebecca HUNG at 3143 7200 or e-mail to rrc@dh.gov.hk for enquiries and registration (on a first-come-first-served basis and subject to availability).

HIV/AIDS Statistics

Routes of transmission of HIV infection 1984 – 2015 (N=7718)



Annual HIV/AIDS Statistics

1984 – 2015, Hong Kong (N=7718/1655)

