

ACA NEWSFILE

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Editorial Board

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~ Calendar ~

42nd CFA Meeting
6 December 2016

97th ACA Meeting
13 January 2017

HIV/AIDS Statistics in Hong Kong - Updated 30 September 2016

		Q3 2016		Cumulative	
		<u>HIV</u>	<u>AIDS</u>	<u>HIV</u>	<u>AIDS</u>
Sex	Male	166	33	6,668	1,454
	Female	24	8	1,575	287
Ethnicity	Chinese	148	33	5,636	1,335
	Non-Chinese	32	8	2,450	406
	Unknown	10	0	157	0
Route of Transmission	Sexual Contacts	136	36	6,377	1,517
	- <i>Heterosexual</i>	38	20	2,920	957
	- <i>Homosexual</i>	85	12	3,078	474
	- <i>Bisexual</i>	13	4	379	86
	Injecting drug use	1	1	350	64
	Blood/blood products recipients	0	0	84	24
	Perinatal	0	0	29	9
	Undetermined	53	4	1,403	127
Total		190	41	8,243	1,741





A Summary of the 96th ACA Meeting held on 14 October 2016



Highlights of the 21st International AIDS Conference (AIDS 2016), Durban, South Africa

DH introduced AIDS 2016 with the five highlights: (1) Pre-exposure prophylaxis (PrEP); (2) HIV self-testing; (3) Prevention cascade; (4) HIV in transgender population; and (5) Safe conception.

Pre-exposure prophylaxis: Truvada was very effective in preventing HIV no matter it is taken daily or on-demand. Its effectiveness ranged from 63% to 95%, but risk compensation and sexually transmitted infections increased. Drug adherence was the worst among young MSM. US found that PrEP programme was only cost effective if it was delivered to the top 20% of high risk MSM, yet reaching this high risk group is very difficult. France estimated that PrEP programme is not cost-effective at the present drug prices.

HIV self-testing: Studies showed that HIV self-testing could complement the conventional and rapid test services for increasing the overall testing rate in a community. A real time on-line supervised HIV self-testing service is now available in Thailand. Vietnam used face-to-face tutorial and pictorial instructions. Both studies showed that self-testing was effective in reaching the never-testers.

Prevention cascade: It is a continuum showing different stages of prevention intervention, from risk awareness, coverage of intervention, uptake, adherence, to the final measure of effectiveness of HIV prevention. It helped policy makers identify the bottlenecks for promotion of a specific preventive intervention. However, there are difficulties in collecting data related to size of the susceptible population and coverage of promotional activities (publicity).

HIV in transgender populations: A study in Canada found that the HIV testing rates among transgender women was not associated with risky sex behaviours, but more likely to be related to self-risk perception. Therefore, future promotion of testing should focus on raising their awareness of HIV infection.

Safe Conception: The Partners Demonstration Project found that prescribing ART to the infected partners and 6 months of PrEP to the uninfected partners of couple could help reduce HIV infection of the non-infected partners substantially during peri-conception period.

All in all, the sharing of evidence in the conference had provided a comprehensive and updated views on HIV prevention and control worldwide. The study results of the above topics are very useful, and have shed lights on the possible ways of HIV prevention in the future.





A randomised controlled trial evaluating efficacy of promoting home-based HIV self-testing with online counselling in increasing HIV testing among MSM

Prof Johnson WANG of The Chinese University of Hong Kong presented the findings of a study on home-based HIV self-testing for MSM in Hong Kong, which was jointly conducted with CHOICE in 2014-2016. During the meeting, technical and logistic issues, such as sample collection and result interpretation, its effectiveness in recruiting those who had never received HIV testing, prices, regulation of self-test kits and way forward were discussed. Members concluded that future studies could focus on recruitment of high risk MSM by using different channels, other new methods or ways of testing, and extension of such service to other young people such as university students.



Second Draft of the Recommended HIV/AIDS Strategies for Hong Kong (2017-2021) – Revised after stakeholders' consultation

DH presented the revised version of the draft Strategies which incorporated the comments received during the stakeholders' consultation from 26 August to 15 September 2016.

After deliberation, members agreed to categorize the at-risk populations into (1) primary target populations; and (2) other key populations. The part regarding Priority areas for Actions was discussed in detail.

Public consultation would be launched in early November 2016 till end of December 2016. After that, the Strategies would be further deliberated in next ACA meeting in January 2017. It was expected that the finalized Strategies and the Final Report of the Community Stakeholders' Consultation Meeting would be issued in first half of 2017.



Report of the Community Forum on AIDS

Members noted the summary report and discussions of the 41st CFA Meeting held on 12 September 2016 (a summary of this CFA Meeting was contained in the ACA Newsfile issued in November 2016).



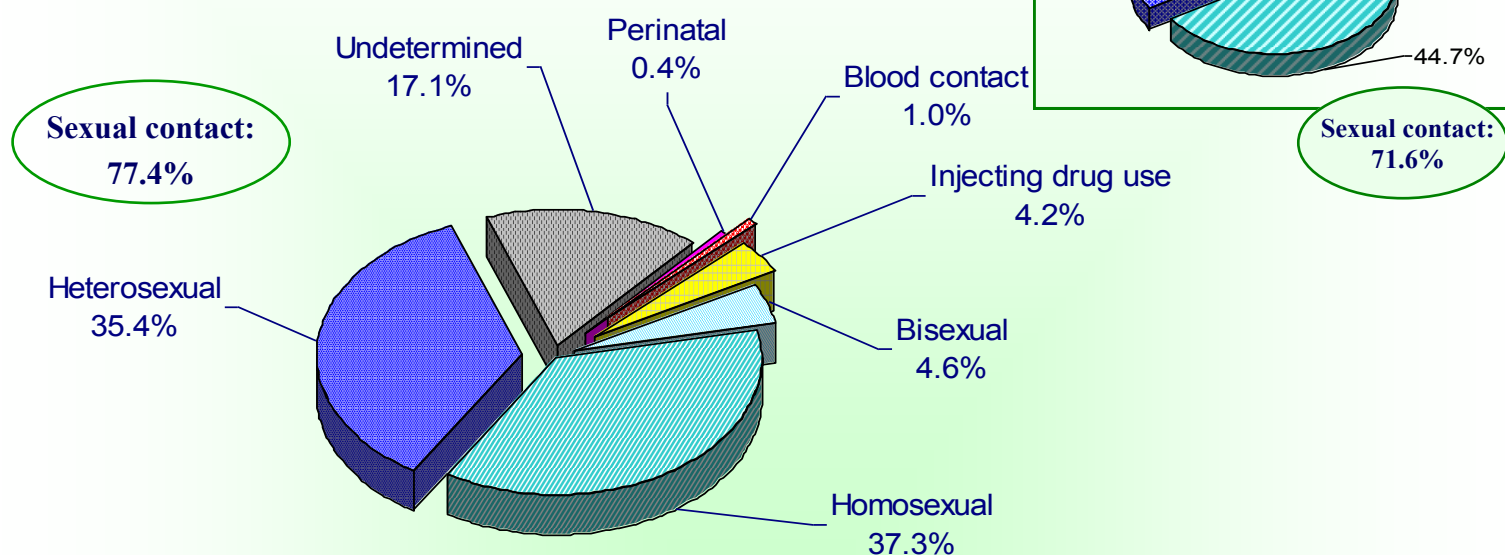
A Summary of the 36th SCAS Meeting

The Chairperson referred members to the summary of the 36th Meeting of SCAS held on 10 August 2016 and DH briefed members on the major discussions.



HIV/AIDS Statistics

Routes of transmission of HIV infection
1984 – September 2016 (N=8243)



Annual HIV/AIDS Statistics

1984 – September 2016, Hong Kong (N=8243/1741)

