



## Editorial Board

Executive Editor: Miss Louisa HUNG, ACA Secretariat

**AIDS Hotline: 2780 2211**

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### ~ Calendar ~

58<sup>th</sup> CFA Meeting  
13 September 2021

## A Summary of the 115<sup>th</sup> ACA Meeting held on 9 July 2021

### **Hong Kong Viral Hepatitis Action Plan 2020-2024**

DH briefed members on the overview of the Hong Kong Viral Hepatitis Action Plan 2020-2024 and highlighted some actions with particular relevance to HIV prevention and care services. Members opined that integration and synergy between HIV and hepatitis programmes should be further enhanced.

Members discussed the bundling of testing for HIV, sexually transmitted infections, hepatitis B and C in primary care setting due to their shared modes of transmission, hence the possible co-infection in high-risk populations. Issues on serologic testing for HIV patients taking hepatitis B vaccines were also addressed. DH clarified that routine post-vaccination serologic testing was not required for the general public because 95% of whom would have adequate antibodies induced after vaccination. However, for groups with higher exposure risk, (such as babies born to mothers with hepatitis B and health care workers) and for patients with clinical indications (such as HIV patients), serologic testing one to three months after completion of vaccination would be suggested. If antibodies were found inadequate, another course of hepatitis B vaccination would be arranged.

### **Report of the Community Forum on AIDS**

Members noted the summary report and discussions of the 57th CFA Meeting held on 11 June 2021. A summary of this CFA Meeting was contained in the ACA Newsfile (Vol. 28, No. 8 – August 2021).

## Analytic gaps in the epidemiological assessment of HIV infection in Hong Kong

The Chinese University of Hong Kong presented the gaps identified when assessing the HIV/AIDS surveillance and reporting systems, including the uncertainty in determining the prevalence of men who have sex with men (MSM) and limitations of the HIV reporting system, which could affect the estimation of people living with HIV when constructing the HIV treatment cascade.

Apart from the estimation of MSM prevalence, Members opined to focus on the change of sexual risk behaviour such as chemsex and internet dating. They also suggested some ways to encourage the community to perform HIV testing such as promotion of home-based testing and provision of HIV test as routine services in healthcare setting. The importance of monitoring the trend and demographics of newly infected cases was stressed. It was considered that the role of pre-exposure prophylaxis (PrEP) and its model of delivery as HIV prevention programme would need to be reviewed and deliberated when formulating the upcoming ACA Strategies.

## A brief overview of the UNAIDS Global AIDS Strategy 2021-2026

DH presented the latest UNAIDS Global AIDS Strategy, which was issued in April 2021. The new Strategy was one of the key documents to take reference from for the next ACA Strategies. The UNAIDS Strategy set out evidence-based priority actions and bold targets to get every country/region and every community on-track to end AIDS as a public health threat by 2030.

Members opined that the UNAIDS Strategy provided an overall direction and approach to take reference from, while it might not be applicable to all country/region as individual situation varied. Previous ACA Strategies took WHO and UNAIDS Strategies as references but it would be important to formulate its own strategies based on local context.

## Welcome new ACA Members and thank outgoing ACA Members

**We warmly welcome the following newly appointed ACA Members for a term of two years, with effect from August 2021 –**

- ◆ Mr. CHAU Yui-chi, Eugene      周裔智先生
- ◆ Ms. YAN Tsz-mei, Kammy      殷子媚女士

**We sincerely thanked the following outgoing ACA Members for their valuable contributions and support to the work of ACA –**

- ◆ Mr. LEUNG Ka-ki, Nickson      梁嘉棋先生
- ◆ Mr. MUI Wai-keung, Moses      梅偉強先生

## HIV/AIDS Statistics in Hong Kong - Updated 30 June 2021

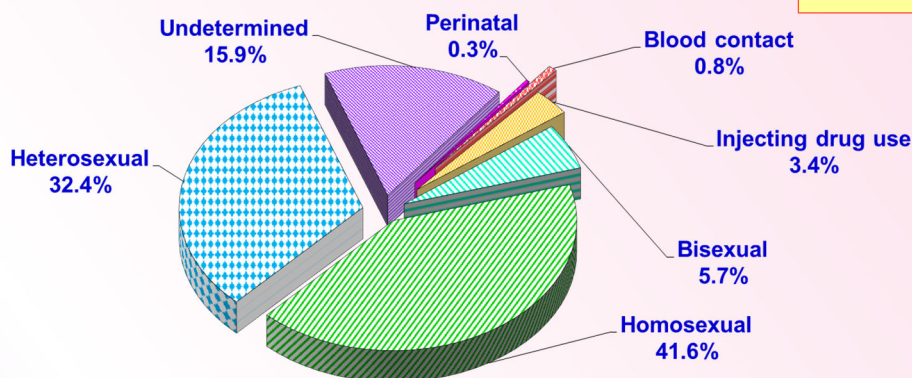
		Q2 2021		Cumulative (since 1984)	
		<u>HIV</u>	<u>AIDS</u>	<u>HIV</u>	<u>AIDS</u>
<b>Sex</b>	Male	109	21	9,029	1,890
	Female	22	5	1,988	390
<b>Ethnicity</b>	Chinese	107	21	7,695	1,763
	Non-Chinese	21	5	3,030	517
	Unknown	3	0	292	0
<b>Route of Transmission</b>	Sexual Contacts	108	25	8,770	2,024
	- <i>Heterosexual</i>	33	11	3,568	1,157
	- <i>Homosexual</i>	62	11	4,578	715
	- <i>Bisexual</i>	13	3	624	152
	Injecting drug use	2	1	372	68
	Blood/blood products recipients	0	0	85	25
	Perinatal	0	0	35	11
Undetermined	21	0	1,755	152	
<b>Total</b>		<b>131</b>	<b>26</b>	<b>11,017</b>	<b>2,280</b>

## HIV/AIDS Statistics

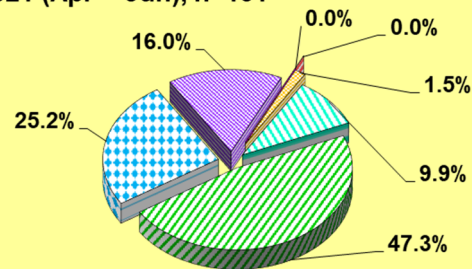
Routes of transmission of HIV infection

1984 – June 2021 (N=11017)

**Sexual contact :  
79.6%**



Year 2021 (Apr – Jun), n=131



**Sexual contact :  
82.4%**

Note : The percentage may not add up to 100% due to rounding.

## Annual HIV/AIDS Statistics

1984 – June 2021, Hong Kong (N=11017/2280)

