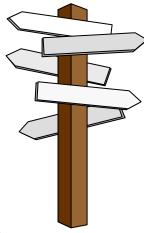
ACA NEWSFILE

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

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ACA Secretariat

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The New Term

THE Health & Welfare Bureau is appointing members for the new term of the Advisory Council on AIDS (1999-2002). Based on the deliberations on the future structure and functioning of the Council at the previous meetings of ACA, the new Council will start getting on gear and commence its work as soon as possible.

. Calendar.

THE meeting dates of the new Council and its Committees will be announced once they are fixed.

ACA 1996-1999



WITH the last meetings of the Council and its Committees, the term 1996-1999 of the Council was brought to an end. Accomplishments during the term have been summarised in an overview, which will be published together with the ACA Annual Report 1998-99. The Chairmen of the Council and Committees wish to thank members once again for their support in the last term. Our out-going Council Chairman, Dr. Conrad Lam, shared his thoughts with us in the *Focus* of this issue. We all wish him a pleasant and fruitful living in the future.

More Strategy Papers to Come

AT the 33rd meeting of the CEPAIDS, two priority groups - injecting drug users and youth - were focussed concerning the strategies for their HIV prevention. Mr. Billy Ho prepared the draft strategy paper on youth with a comprehensive account of the situation, vulnerability factors, and recommendation on the approaches for HIV prevention.

Dr. James Chien drafted the strategy paper on drug users. He concentrated on the outreach programme, which is important for reaching drug users who may not already come under conventional drug treatment and rehabilitation services.

Laying down strategies for prevention of HIV among priority groups has been an important task of CEPAIDS since 1998, through the deliberation of the subject among members and generation of papers of the Strategy series. This is expected to be continued in

the foreseeable future. 🎤

AIDS Hotline $2780\ 2211$

Messages, Counselling
HIV Testing

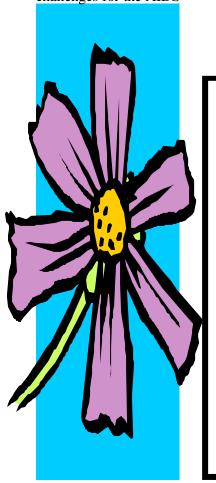
29

Advisory Council on AIDS Secretariat

Focus/Activities

(continue from page 32) result, I think that the Council has become more transparent and has more interaction with the community. As in the past, the Council will likely have some transformation in its structure for the coming term. I am pleased to see that the local AIDS programme has matured over the years.

Q: What will be the challenges for the AIDS



programme in the coming future?

A: The AIDS Strategies has clearly highlighted the things that we need to focus and work on. Personally I think that community planning will be an exciting endeavour for the programme. This is a new initiative for all of us and it demands support to carry forward. Whether all workers can work collectively towards a common programme direction and objective will be another challenge.

for the coming future? A: I treasure a lot the work and experience on AIDS in the past few years. I must thank all my colleagues for their unfailing support, commitment and contribution. Though I may not have direct participation in AIDS for the future, I am ready to help as and when necessary. Of course, I expect that I may have more personal time. I hope that the new Council will remain energetic and continue to advise the government for the good of the society.

Q: What is your self plan

Sexology Congress in Hong Kong

HONG Kong is expecting a multitude of international sexologists, sex therapists, educators and other people working in sex-related fields in the coming weeks. They will gather here to participate in the 14th World Congress of Sexology organised by the World Association for Sexology and jointly hosted by the Hong Kong Sex Education Association and Department of Psychiatry, University of Hong Kong on 23-27 August.

Entitled as "Sexuality in the New Millenium", the Congress will feature plenary sessions, workshops, lectures, roundtables, focus group meetings, exhibitions and so on. The subject of HIV/AIDS will be covered as part of the programme. Some local workers who are involved in AIDS are going to participate. The Advisory Council on AIDS has been invited to be one of the honorary adviser of the Congress. It will surely be a good chance for exchange of experience on HIV and sex issues on the occasion.

Surveillance

Reported HIV/AIDS Statistics Update

A record-high of 63 new HIV cases were reported to the Department of Health in the second quarter of 1999, bringing the cumulative total to 1255. Amidst the asexpected scene of sexual contact being the most common route of HIV transmission, several

findings demand attention.

Two cases were small children who were infected by mother-to-child transmission. Even though more perinatal infection is not a surprising phenomenon with the increasing female infections, it is always sad to have children affected by diseases.

Another worrisome sign is the report of 3 patients who were infected through injection drug use. HIV infection among drug users has previously been uncommon in the local HIV epidemic. Nevertheless, consistent data for the past year or so showed that there is a rising trend of infection in the drug-taking population. Potential for rapid spread of HIV in this community always exists

and warrants augmented efforts to this end.

In this quarter, 19 patients were newly reported to have AIDS, with a majority of them presented late in the course of their HIV disease. Nowadays, availability of effective treatment calls stronger for early diagnosis of the infection.

While Hong Kong is still having a low HIV prevalence, we must admit that the epidemic is around us and can easily get exacerbated if we are not cautious. We must continue close monitoring of the situation and be vigilant about HIV prevention, especially for the vulnerable groups.

ACA and DH AIDS Unit http://www.info.gov.hk/aids

Cumulative HIV/AIDS Statistics in Hong Kong updated 30 June 1999			
		Total	(AIDS)
Gender	male	1057	(364)
	female	198	(45)
Ethnicity	Chinese	871	(310)
	non-Chinese	384	(99)
Transmission	heterosexual	697	(246)
	homosexual	264	(89)
	bisexual	67	(24)
	injecting drug use	20	(6)
	blood/bl products	68	(18)
	perinatal	9	(4)
	undetermined	130	(22)
TOTAL		1255	(409)

Department of Health, Hong Kong

ACA NEWSFILE

Words from the Out-going Chairman

DR. Conrad Lam, JP, Chairman of the Advisory Council on AIDS (1996-1999) is among one of the longest-serving members of the Council. He was first appointed to the Council in the term 1990-1993. His involvement with the Council became deeper and deeper since then. He was the Chairman of the then newly established AIDS Services Development Committee in 1993-96, before he became the first non-government official Chairman of the ACA.

With great reluctance, Dr. Lam has decided that he will not continue with his present work of the Council for the coming future. A short interview was conducted with Dr. Lam to gather his feelings and advice.

Q: What are the most impressive matters to you

during the past term of the Council?

A: The conduction of the review in 1998 by the Council for the AIDS programme in Hong Kong impressed me a lot. A comprehensive documentation of the programme followed by recommendations by the external consultants has led to the development of the AIDS Strategies for the years 1999-2001. To me, these important documents have laid down the foundation for future direction. I am most glad that different players of the AIDS programme have committed to and supported the Review. They have demonstrated strong participation and partnership without which the Review would not be successful.

Q: Is there anything that you feel upset for the past years of work on HIV/AIDS? A: I believe that the inacceptance still faced by HIV/AIDS patients is one thing that I feel sad. For



example, the protest of the Richland Gardens residents against the Kowloon Bay Health Centre clearly demonstrated on-going discrimination by a sector of the society. As a doctor and ex-Chairman of the ASDC, I have been particularly concerned with the welfare of the patients. I believe that efforts to create a supportive environment and promoting acceptance of the society must be continued, even though changing one's attitude is more difficult than imparting knowledge. Backup with law to protect the patients would also be necessary.

Q: How do you perceive the past and future development of the Council?

A: I have to say that the Council has been changing to better adapt to and meet the needs of the society. I must thank the Government for its support to the work of the Council. Recognition and confidence in participation from the community has been clear with the Government. As a (continued on Page 30)

Dr Sex Hotline 2337 2121