

ACA NEWSFILE

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

Editors: Dr KH Wong
ACA Secretariat

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. Calendar .

**XXXIst Meeting of the
Advisory Council on
AIDS (ACA)**
2:30pm 14 Jan 2000

**1st Meeting of the
AIDS Prevention and
Care Committee
(APCC)**
6:00pm 14 October 1999

**XVIIth Scientific
Committee on AIDS
(SCA)**
to be determined

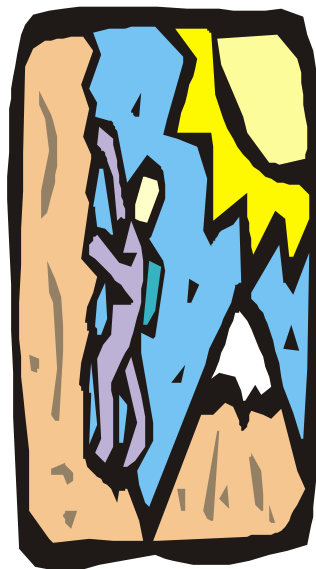
New Council Meets

THE Council held its first meeting of the fourth term on 24 September 1999. Three agenda papers were discussed, which covered the global and local HIV situation, proposed organisation and operation of ACA and its workplan for the coming two years.

Prof. Chin's comprehensive account of the HIV epidemic at the seminar before the meeting made the digestion of the situation paper much easier. Highlights on the features of the local scenario, as well as impact of advanced treatment to the epidemic, were shared.

The meeting resolved that the new Council is to be underpinned by two Committees at this stage: AIDS Prevention and Care Committee (APCC) and the Scientific Committee on AIDS (SCA). Mrs. Diana Wong and Prof. Lau Yu-lung were appointed the Chairman of APCC and the Chairman of SCA respectively. There were some discussions on the formation of Task Forces under the APCC. It was agreed that the Task Forces will have executive functions. The fine details of the formation of the Committee will be sorted out by its Chairman in due course.

On the important subject of promoting acceptance of people living with HIV/AIDS, a brain-storming group will be formed under the Council to explore an optimum way to carry it forward. It is anticipated that joint efforts with other parties, such as Equal Opportunities Commission, will be pursued. Based on the "AIDS Strategies 1999-2001" as a blueprint, workplan of the Council is crafted. This would be delivered in the coming two years or so.



AIDS Hotline **2780 2211** *Messages, Counselling*
HIV Testing

Advisory Council on AIDS Secretariat

5/F, Yaumatei Jockey Club Clinic, 145 battery Street, Kowloon, Hong Kong.

Tel: (852) 2304 6100; Fax: (852) 2337 0897

We have moved !

STARTING from 29 September 1999, the ACA Secretariat has relocated its office from the 1/F of Wang Tau Hom Jockey Clinic to the 5/F of Yaumatei Jockey Club Clinic at 145 Battery Street, Kowloon. The telephone number and facsimile number remain unchanged at 2304 6100 and 2337 0897 respectively. The E-mail address is

aids@ health.gcn.gov.hk. ■



Welcome to join

ACA members are invited to join any of the following group and committees: AIDS Prevention and Care Committee, Scientific Committee on AIDS and the Brain-storming group on Promoting Acceptance of the Council. Participation of members will not only serve as a bridge between the Council and its committees but also directly contribute towards the realisation of objectives of AIDS programme. ■

Are you going ?

THE Vth International Congress on AIDS in Asia and the Pacific will be held from 23 to 27 October 1999 in Kuala Lumpur, Malaysia. Please let us know if you or your colleagues will be participating in the conference. Based on your feedbacks (via fax to the ACA Secretariat at 2337 0897 please), an information list will be compiled and distributed for easy reference of Hong Kong delegates.

Name _____ Organisation/affiliation _____

Date of arrival _____ Hotel _____

Presentation (title & abstract no.)

Details of exhibition booth/seminar/workshop

Remarks

Visits by Mainland Health Officials

IN August and September the Red Ribbon Centre was visited by Dr. Yin Dakui, Vice Minister of Health and Dr. Zhang Wenkang, Minister of Health of the Mainland. They were interested to note the variety of health

promotion and public health activities of the Centre, and also its role as an UNAIDS Collaborating Centre for Technical Support. They encouraged local AIDS workers to keep up with their hard but meaningful work for the AIDS prevention and care programme. ■

To cut numbers of babies born with HIV

THE Department of Health of the United Kingdom announced that it is asking all health authorities to take actions on reducing the number of perinatal HIV infections. All antenatal women will be offered voluntary HIV antibody screening across the country, in an effort to improve the uptake of the test among pregnant ladies. The woman has to opt out if she decided not to have the test.

This move is in-line with the trend of promoting antenatal

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



HIV screening internationally, in response to the advances in prevention of mother-to-child transmission. The UK compared unfavourably with other European countries for perinatal infection. Each year 70% of the infections remained undiagnosed and thus mothers were not offered measures to cut the risk of transmission to her baby. Early diagnosis of the infection for the mother will also be beneficial in terms of seeking treatment and psychosocial support.

An expert group looked into the matter earlier on and it recommended that a national objective of reducing perinatal infections by 80% shall be reached in UK by the year 2002. Locally, 3 perinatal infections were reported in the first half of 1999, bringing the cumulative total to 9. ■

**Update on HIV/AIDS Epidemic -
what does it mean to us ?**



GLOBALLY , countries in the sub-Saharan Africa remain the nations most heavily hit by the epidemic. Alarmingly, some 20% or more of the general adult heterosexual population are infected with HIV. With the progression of the disease and virtually no treatment for it, many infected there have died of AIDS. The disastrous impact to life, development and economy is expected to continue, as there is no sign that the epidemic has slowed. Even worse, a big rise in HIV prevalence among antenatal teenagers were found, implying that new infections are occurring among these young people.

In Asia, disease burden is the greatest with India, Cambodia and Thailand. However, the overall scene is heterogeneous as it is constituted by a mixture of separate epidemics. In contrast to Africa, the commitment and efforts demonstrated by the Thai government has brought the epidemic under control. A high political support is

seen for Thailand, with participation of the National AIDS Program by multi-sectors of the government. Nepal, however, witnessed an explosion of epidemic in their drug users. HIV prevalence in

ON 24 September 1999, Prof. James Chin of the School of Public Health of University of California, Berkeley, briefed ACA members of the current situation of HIV/AIDS at a seminar. Presented is a summary of the highlights covered by Prof. Chin and the discussion that followed.

injecting drug users rose from close to zero to about 50% in two years' time.

The Mainland China epidemic is characterised by a high preponderance in drug users. It is estimated that there are several hundred HIV infections in China. While the epidemic is still concentrated in several provinces, more new infections are seen in others.

Hong Kong has been fortunate in having a relatively

low HIV prevalence over the years. The cumulative total is estimated to be a few thousands. Nevertheless, there is real worry about explosive increase in the drug-using population.

From the persistent rise in HIV positivity detected from unlinked anonymous screening and also reported HIV cases among drug users, potential for major spread in hot pockets is there. Hong Kong cannot afford to repeat the recent lesson of Nepal. The intense interflow of people across the border adds to the fuel for sexual transmission and also drug-related infection. Targeted intervention for people with

risk behaviours shall be given a high priority. Behavioural assessment and monitoring can shed light on the situation.

The as yet small absolute number of infections gives us window for intervention. The genuine rise in prevalence speaks for itself the ground for augmented efforts. Prevention is better than cure; this applies for HIV. Treasuring the relatively small size of the epidemic, commitment to keep it under control will certainly pay off for else the future impacts to Hong Kong. ■

Dr Sex Hotline
2337 2121