



綜合治療中心刊物

2010年5月 第34期



出版

衛生署特別預防計劃
綜合治療中心

編輯

紅絲帶刊物工作小組

聯絡人

俞肖傑姑娘・吳亞苑姑娘

聯絡及通訊處

九龍灣綜合治療中心
電話：(852) 2116 2878
傳真：(852) 2117 0809
電郵：rrbulletin@dh.gov.hk
網址：www.aids.gov.hk



關懷愛滋



愛滋・愛知部落格 (<http://hk.myblog.yahoo.com/positivelivingblog>) 已運作半年，有幾位感染者成為了網絡作家，在網絡上定期寫自己的故事和生活見聞，希望透過這些故事，讓大眾人性化地了解感染者，減少誤解，其他感染者亦能從中得到支持。每一次看到感染者和大眾的留言，開心之餘更覺自己工作的重要，這種感覺正正推動著一班感染者默默耕耘，在網絡上、在課室、在各種場合用自己的故事感染他人。

曾經在一個工作坊，有一位同學問分享的感染者：「你愛自己身上的病毒嗎？」感染者答道：「沒有人想得到這個病毒，但通過我患有抑鬱症的經歷，我可以告訴你，如果我要在抑鬱症和愛滋病中選擇，我會選擇愛滋病，因為精神上的折磨是更痛苦的。如果沒有感染，我不曾在死亡邊緣徘徊，看透一些過往執著的事情的話，我的抑鬱症不會好。現在的我和以前很不一樣，希望用生命中的時間做有意義的事。」

在許多人眼裡，愛滋病是死亡、是看醫生、是吃藥、是失去、是自我否認、是別人的拒絕、是不完整，生命就這樣被愛滋病操控。

然而，在這些感染者身上，愛滋病變得不再一般。

他/她們把局勢扭轉，愛滋病病毒感染者的身份成為他/她們人生新一頁的開始，成為改變人心、打破標籤、為感染者社群爭取公平對待的最有力的工具。

有幾位感染者和我說過，知道感染的那一天是自己的另一個生日。如果感染是一次生命的重生，你會想怎樣過自己的新生命呢？



皮膚測試？

醫生，我下次、再下次才做吧…

連慰慈醫生

結核病 (Tuberculosis, 簡稱TB) 在香港十分常見。在2009年，衛生署共接獲5400多宗結核病的呈報¹。另一方面，結核病亦是本港最常見的愛滋病界定疾病 (AIDS-defining diseases) 之一，每年大約佔所有愛滋病界定疾病3至4成之多²。

結核病是由一種名為結核桿菌 (Mycobacterium Tuberculosis) 的細菌所引起，通常影響肺部；身體其他器官，例如骨、腎、關節、淋巴結等，亦可能受到影響 (肺外結核病 Extra-pulmonary TB)。結核菌由空氣傳播，免疫力稍遜者容易受感染，而受感染後不一定會出現病徵。患者在首兩年內出現病徵的機會最大，也有可能在感染多年後才發病。在受感染後至發病期間，患者體內存有結核菌，但結核菌的活躍程度很低，並不足以令病人發病成為活躍性結核病 (Active TB)，這種情況稱之為潛伏性結核病 (Latent TB)。患有潛伏性結核病的人，每年大約有10%會發展成為結核病，而患有潛伏性結核病的愛滋病毒感染者，其發病的機會更大 (由數倍至十數倍不等)，而且發病至活躍性結核病的情況並不局限於CD4偏低的患者身上，任何CD4範圍的患者，甚至已接受愛滋病毒藥物治療的人仕，也有患上此病的風險³。

世界衛生組織 (WHO) 及美國疾控中心 (CDC) 皆建議愛滋病毒感染者，應定期接受潛伏性結核病測試，如測試呈陽性反應，則應接受治療。其中一個測試方法，就是每年一次的皮膚測試 (Tuberculin test or PPD test)：透過量度測試接受者對注射於前臂皮膚內0.2毫升的結核抗原的反應而獲得結果，如注射部位在48至72小時內，呈現5毫米或以上的硬結 (induration)，則表示測試為陽性反應。測試呈陽性反應者，要接受醫生評估，有需要時，更要接受肺部X光檢驗及留痰化驗，如評估後認為沒有活躍性結核病 (Active TB) 的情況，則有可能需要接受為期9個月的藥物治療，以減低日後患上活躍性結核病的機會。

為了保障大家的健康，
下次當醫生提出要作皮膚測試的時候，
便不要猶疑啦！

資料來源：

1. www.chp.gov.hk

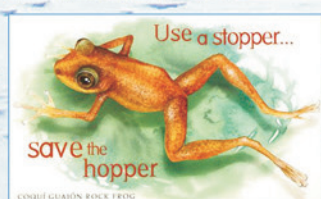
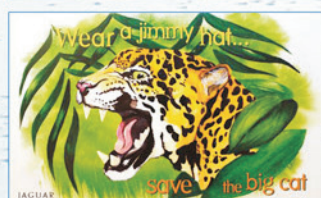
2. www.aids.gov.hk

3. Guidelines for Prevention & Treatment of Opportunistic Infections in HIV-infected Adults & Adolescents.

MMWR 2009 Vol 58 / RR-4

這不是一篇介紹使用環保物料製造避孕套的文章。
這是一篇介紹環保與避孕套的關係的文章。

今年年初，美國一個非政府組織"Center for Biological Diversity" 發起了一個安全套推廣活動"Endangered Species Condom Project"，藉此提醒我們人口過剩 (overpopulation) 的問題¹。自1800年起，世界人口由10億增長至1930年的20億數目；至目前為止，全世界的總人口已達到68億，根據生態量度的計算，增長速度之快已超出地球可容納的最高人口數目 (sustainable population size)²。由於資源的競爭，不幸地，地球上的其他生物亦以同樣的速度逐漸消失滅亡 (見圖)。預計到2020年，全球人口會高達80億² - 可以想像的是，很多的動植物將面臨絕種的危機，不知到未來還會剩下甚麼的生物呢……



為此，該組織設計了一套六款精美包裝的避孕套，圖案是六種瀕臨絕跡的動物，並附上精警的字句，目的在宣揚使用避孕套以達致家庭計劃的概念，減慢人口膨脹的速度，制止地球上動植物的消失，從而挽救生物的多樣性 (biodiversity)。

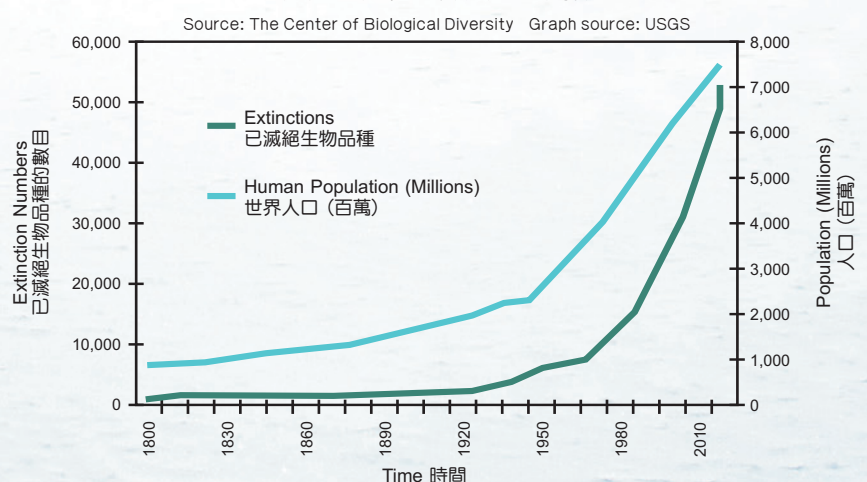
然而，這個計劃在推出後旋即引起不同的批評意見以及對其可行性的質疑。姑勿論如何，下次當大家派發安全套或推廣安全套活動的時候，除了可以歌頌它有效地預防愛滋病及其他性接觸傳染病之外，心裡也可讚嘆一聲：「啊！我正為保護地球出一分力呢！」

也許是銀髮的一群，抑或是初生之贖，甚乎營營役役的我們，對世界環境的愛護都應該是天經地義自然不過的事，就如每天刷牙洗面一樣。我們除了為自己將來的健康、事業、生活作籌劃之外，更重要的是要預備一個可以存活的地球給我們的未來。

環保，避孕套，都是現今不可或缺的東西。



Species Extinction and Human Population
物種滅絕和世界人口的關係



資料來源：

1. Endangered Species Condoms - A Project of the Center for Biological Diversity (<http://www.endangeredspeciescondoms.com>)
2. Center for Biological Diversity (<http://www.biologicaldiversity.org>)

One of the PLHIV Happily -Part II

Michael

..... While I was enjoying my overseas trips, seeing friends and having nice food, I started to develop diarrhoea, red dots on my skin and sore eyes again. This came so fast that on the second day, I had a fever up to 39.5 degree Celsius and was 'blind' in 1 eye as it was so sore I could not open it and my mouth and lips started peeling. I was rushed to a GP and asked what was going on. The answer was a referral to the emergency department of the hospital.

Since I was overseas and with no family around, I only had two of my best friends with me. By the time I was in the ER department, I was totally blind, with diarrhoea every 30 minutes, and was not able to eat due to sore in my mouth. All doctors did not know what was going on, so the 'nil by mouth' policy was applied to me. My skin started to develop blisters from the small red dots. They thought it may have been chicken pox. After 27 hours, numerous tests and a skin biopsy, it was confirmed to be a drug allergy which caused mucous and skin detachment in my eyes, mouth, lungs, genital and skin. This is a semi-fatal situation and needed careful handling. It will not kill you but the infection you get after the skin breakdown could be very fatal. I had been told that I only had a 70% chance of living.

I ended up in a semi-isolated room, with lotions all over my body, wrapped with layers of melolin (some form of non-sticking cotton pad), soaked with saline. It was not a very nice experience as I had to be confined in bed with the irrigation every few hours for a few days. Imagine, you had to stay in bed, and keep having cold water poured over your body. That was an awful experience. Every time I needed to eat, I had to put numb jelly into my mouth so I would not feel pain with my peeling mouth. I was so depressed and to the point of giving up. With the help of psychologists, dieticians, infectious disease doctors, dermatologists and ophthalmologists, I was able to slowly recover from the conditions. When I was ready to be discharged, more bad news came along. I finally had my complications with staph getting into my blood stream. This was another serious condition as it could affect my heart as well. So I needed close monitoring of my heart, ultra-sound checking and antibiotics through IV for another 2 weeks, 4 times per day (every 6 hours). Since my skin was so bad, they could not find room on my hand to put the cannula in. They had to look elsewhere, including my feet and my thigh. At this stage, I really begged God to let me go as the pain I was suffering was unbearable, round after round and it seemed non-stop.

However, I am glad and proud to share with you guys that luckily I did not give up. After 4 weeks in hospital, I was able to leave and slowly recover. This already brought me to the end of April 2008. After I returned, I immediately contacted the clinic and demanded for HAART therapy. I told the doctor that I could not handle all this sickness anymore. After numerous negotiations, I started HAART therapy in July 2009.

With luck, I had and continued to have no side effects at all and I tolerated the medications very well. So far I have never missed any dosage, although sometimes it could be a little bit late. I have changed my lifestyle as well. I have managed to put medications in my office, in my bags, at home, so I would make sure they are accessible. I even started lots of travel with all these medications in my luggage.

My body has improved a lot and I have gained a bit weight. Now I am enjoying my life, doing things that I want to do, have resumed my normal social life, plus I have met lots of new friends through the PLHIV gatherings. If I had given up before in my battle, I would never have enjoyed the days that I am enjoying now. Honestly, life will never be the same before and after infection, but I have managed to make the best out of it. Sometimes, I even totally forget I am a HIV positive person.

It is not a matter of how life treats you, it is a matter of how you act and make your life better. The battle is worth fighting and you are not alone. So many people are fighting with you together; remember all the nurses, doctors, social workers, all the NGOs, voluntary workers and all the PLHIV are with us.

So work hard and get well.



徵稿

歡迎任何人士藉不同形式投稿，
如文章、漫畫、短詩等等，
抒發感受、分享經驗、傳達關懷。

寄：紅絲帶刊物工作小組收

九龍灣啟仁街9號九龍灣健康中心8樓

電話：(852) 2116 2878

傳真：(852) 2117 0809

電郵：rrbulletin@dh.gov.hk

