

Hong Kong STD/AIDS Update

- a quarterly surveillance report

Department of Health

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Editorial

Forty seven HIV infections and 20 AIDS cases were reported in Hong Kong from April to June 2000. Over the years, there was a steady increase of newly reported female infection which was reflected by the narrowing of the male to female ratio, reaching 2.6 to 1 in this quarter. Among the 13 female HIV cases reported in this quarter, their mean age was 35. Majority of them were Asian non-Chinese which constituted 46.2% followed by ethnic Chinese (38.5%). The proportion of Asian non-Chinese female infection reported in this quarter was very similar to the cumulative figure. It was in contrast to male patients who were mainly ethnic Chinese (75.1%) while Asian non-Chinese accounted for only 7.2%.

Cumulatively, the total number of reported HIV infections reached 1446 and 475 had progressed into AIDS. Eighty-four percent were males and 69.4% were ethnic Chinese. Majority of them (81.7%) acquired the infection through sexual contact.

In this quarter, four injecting drug users were diagnosed to have HIV infection. Altogether, there were 28 cases, corresponding to about 1.9% of the total cumulative HIV infections. The figure was the highest recorded in a single quarter since the establishment of the surveillance system.

Late presentation of patients with HIV infection was evident from this quarter's statistics. Of the new AIDS cases, 18 (90%) had their HIV infection diagnosed within the last 3 months. Sixteen of the 47 new HIV cases had AIDS diagnosed simultaneously. This phenomenon of late presentation had not changed significantly over the past fifteen years. Over the last three years, the proportion of simultaneous reporting of AIDS and HIV ranged between 79% to 90%. Though using Highly Active Antiretroviral Therapy (HAART) could potentially reduce AIDS morbidity and mortality, its benefits could not be maximized if patients present late for treatment.

In this quarter, one mother-to-child infection was diagnosed. It echoed the phenomenon of late presentation and diagnosis of HIV infected pregnant women. Promotion of HIV testing seems a logical step in the development of HIV strategies in Hong Kong.

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Editorial Board: Dr. CN Chan, Dr. KM Ho, Ms. EYY Lai, Dr. KH Wong

Reported HIV/AIDS Quarterly Statistics

2nd Quarter (April - June) 2000

	This Quarter		Cumulative	
	<u>HIV</u>	<u>AIDS</u>	<u>HIV</u>	<u>AIDS</u>
Sex				
Male	34	18	1204	425
Female	13	2	242	50
Ethnicity/race				
Chinese	30	16	1004	366
Non-Chinese	17	4	442	19
<i>Asian</i>	10	3	203	54
<i>White</i>	3	1	174	52
<i>Black</i>	0	0	13	2
<i>Others</i>	4	0	52	1
Age at diagnosis				
Adult	46	20	1414	467
Child (age 13 or less)	1	0	32	8
Exposure category				
Heterosexual	29	18	821	301
Homosexual	4	0	286	91
Bisexual	1	0	74	26
Injecting drug user	4	1	28	8
Blood/blood product infusion	0	0	68	18
Perinatal	1	0	11	4
Undetermined	8	1	158	27
Total	47	20	1446	475

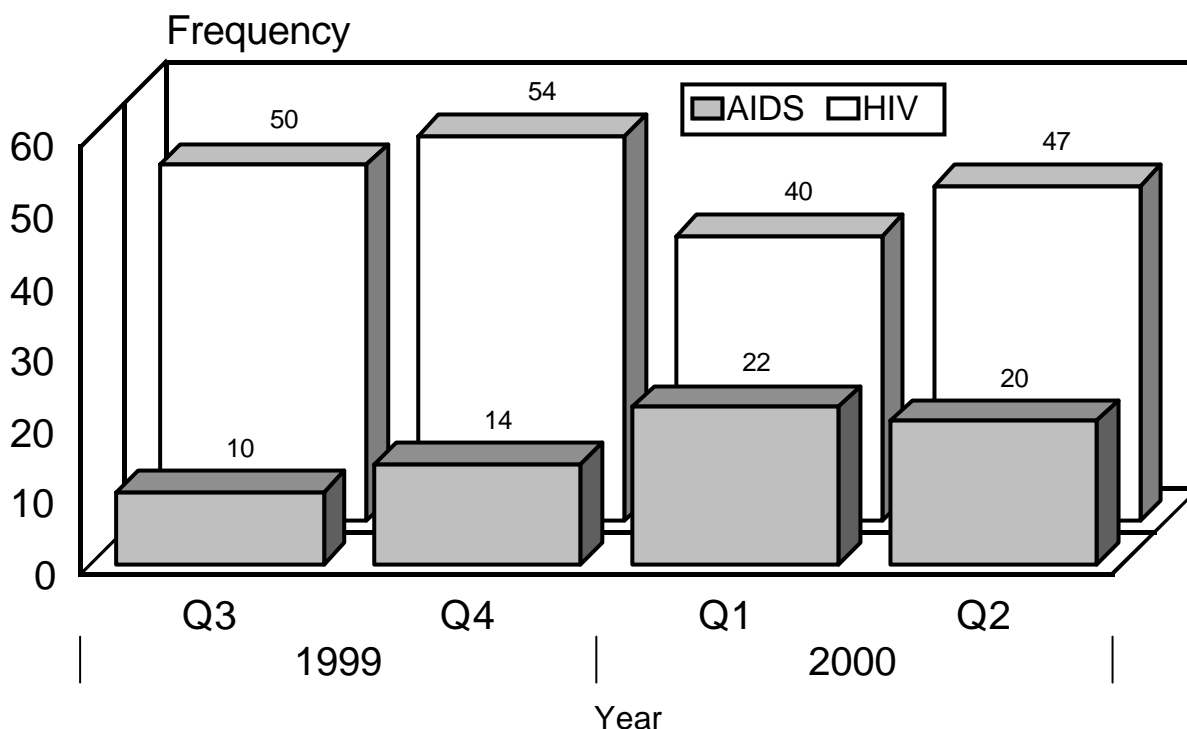
Sexually Transmitted Diseases Reporting at Government Social Hygiene Service

2nd Quarter (April - June) 2000

	<u>This Quarter</u>	<u>Same Quarter Last Year</u>
Syphilis		
<i>Primary</i>	59	84
<i>Secondary</i>	21	20
<i>Early latent</i>	64	91
<i>Late latent</i>	89	128
<i>Late (cardiovascular/neuro)</i>	0	1
<i>Congenital (early)</i>	0	0
<i>Congenital (late)</i>	1	1
Total	234	325
 Gonorrhoea	 879	 778
Non-gonococcal urethritis (Male)	1991	2001
Non-specific genital infection (Female)	1676	1733
Genital wart	832	1117
Herpes genitalis	312	295
Pediculosis pubis	108	128
Trichomonas	228	222
Genital ulcer	207	128
Chancroid/Lymphogranuloma venereum	0	0
Others	567	849
 Total	 7034	 7576

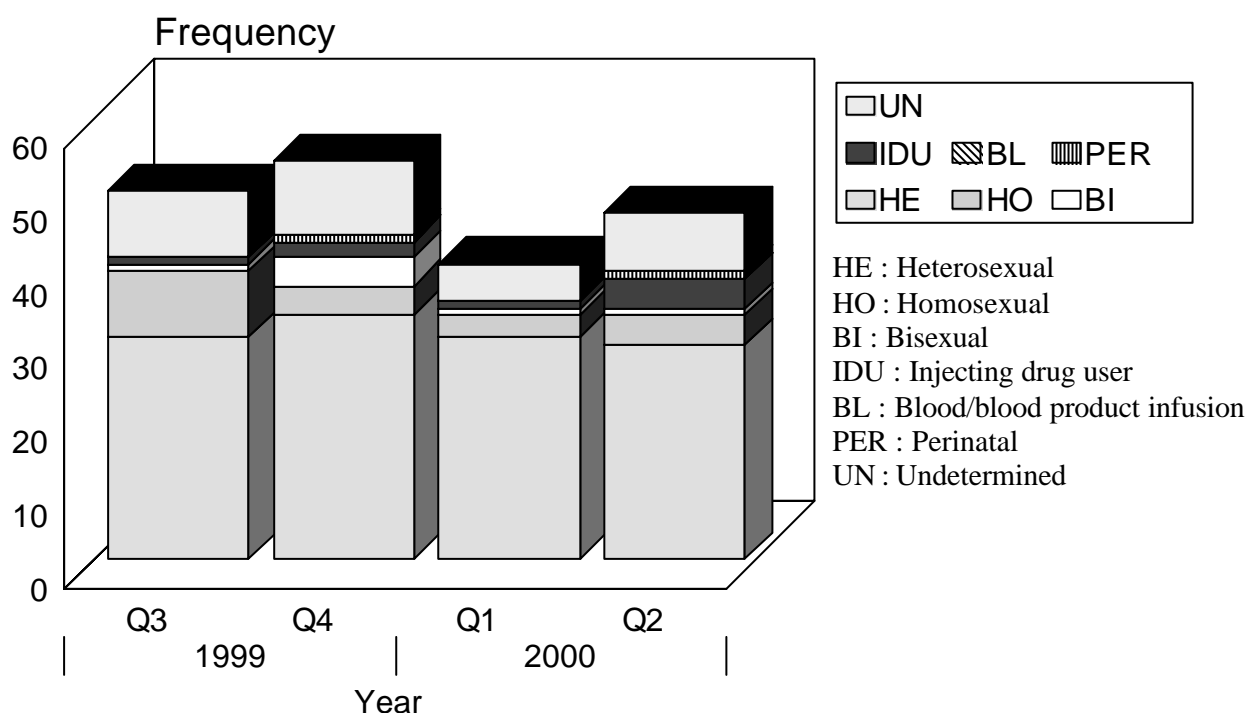
Hong Kong HIV/AIDS Voluntary Reporting

(2nd Quarter, 2000) Hong Kong



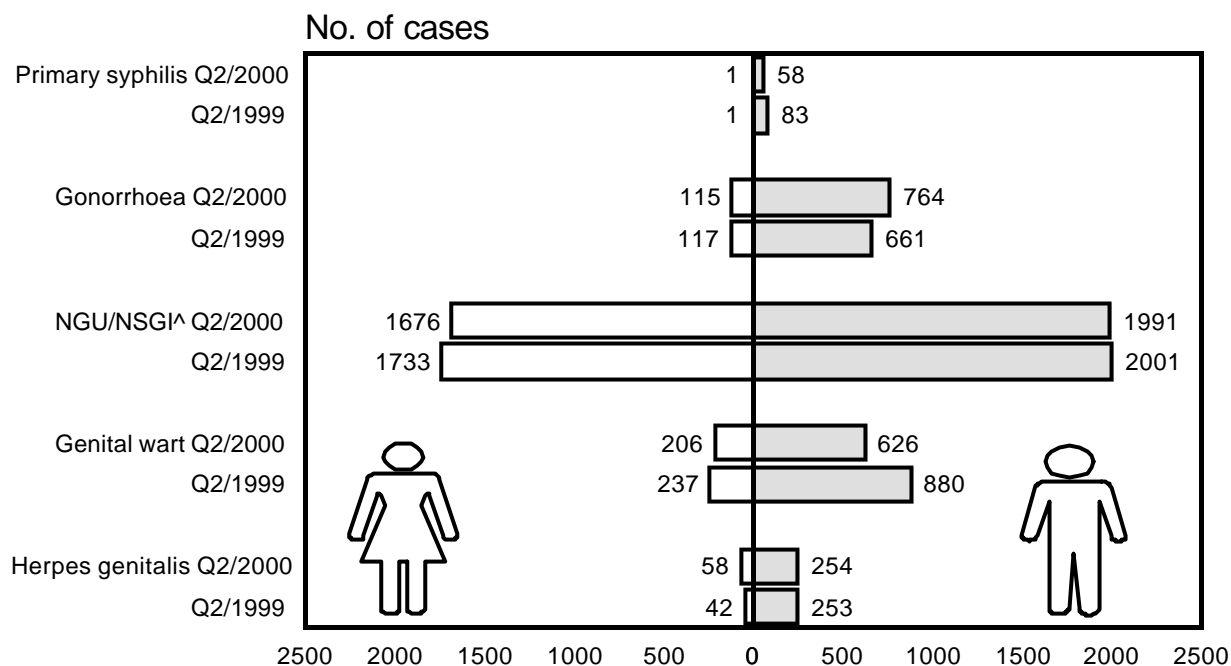
Hong Kong HIV Voluntary Reporting

By Exposure Category (2nd Quarter, 2000) Hong Kong



Sexually Transmitted Diseases Reporting at GSHS*

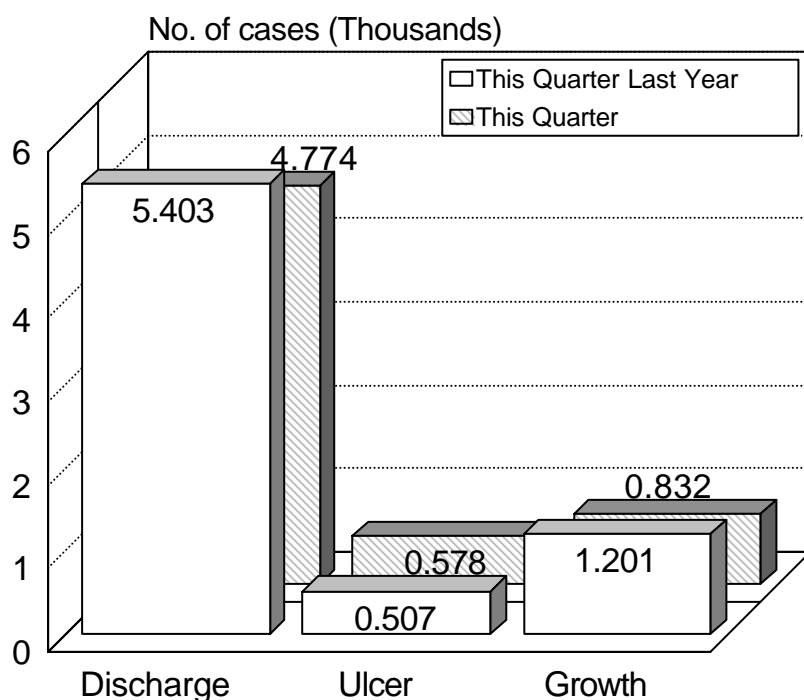
By sex (2nd Quarter, 2000) Hong Kong



* GSHS : Government Social Hygiene Service ^ NGU/NSGI : Non-gonococcal urethritis/Non-specific genital infection

Syndrome Presentations of STD in GSHS*

(2nd Quarter, 2000) Hong Kong



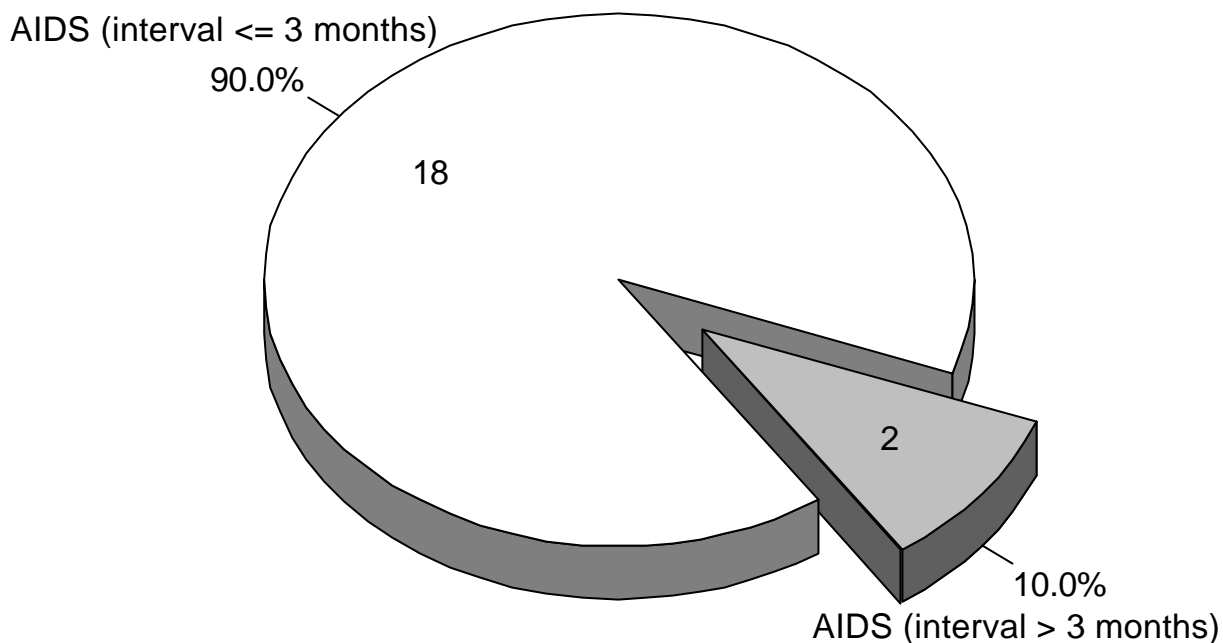
Diseases included under the various syndrome:

Discharge: Gonorrhoea
Non-gonococcal urethritis
Non-specific genital infection
Trichomonas
Ulcer: Chancroid
Primary syphilis
Herpes genitalis
Non-specific genital ulcer
Growth: Genital wart

* GSHS : Government Social Hygiene Service

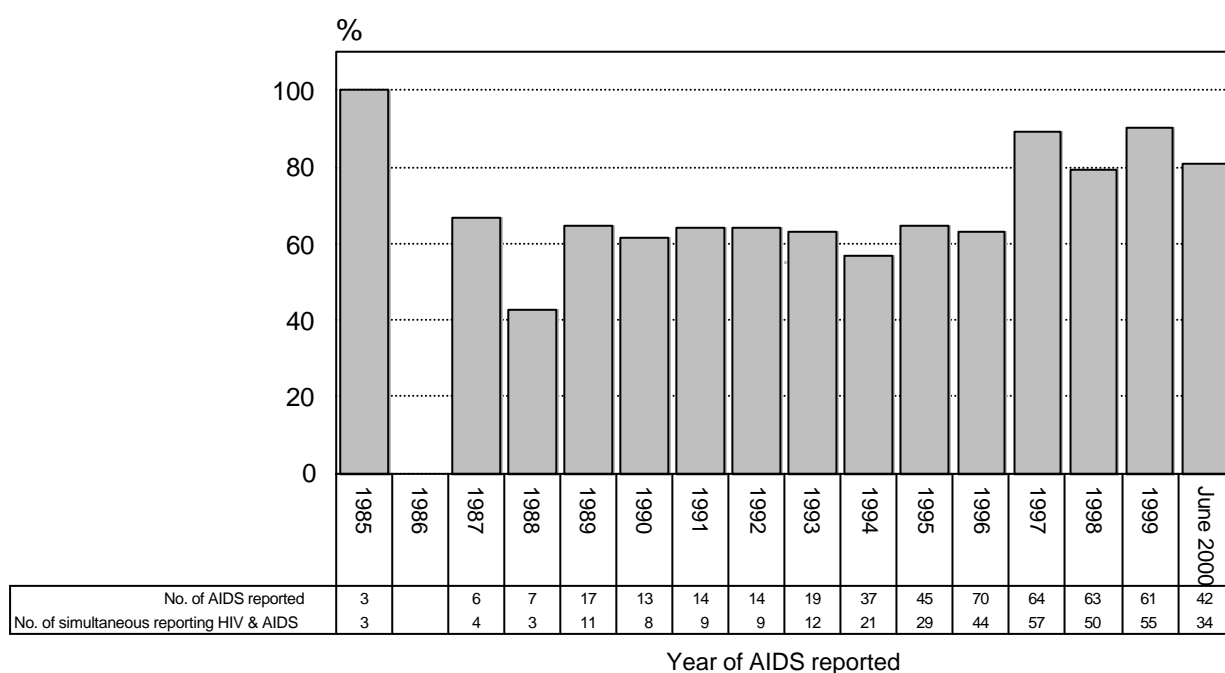
Reported Time Interval of HIV to AIDS

This quarter (April - June) 2000, Hong Kong (N=20)



Simultaneous reporting of HIV and AIDS

1985 - June 2000, Hong Kong (N=475)



Remark : Simultaneous reporting refers to the reporting of AIDS & HIV within an interval of less than 3 months

Sexually Transmitted Infections 2000

Introducing the Programme

Hong Kong SAR, with a population of 6.84 million (1999) residing mainly in the urban area, serves as a gateway to China that has adopted an open policy in trade and business. The territory has been visited by an ever increasing number of passengers from all over the world. The booming tourist industry and the recent economic turmoil in the region has fuelled the oldest problem - sexually transmitted infections (STIs). This is aggravated by the intensive interaction between people of Hong Kong and those of the neighboring Southern China (Figure I). As a place where the traditional culture of the east meets that of the west, the attitude towards sex in Hong Kong is a matter of complexity. Such attitude affects health-seeking behaviours, with STI patients consulting western doctors, Traditional Chinese Medicine (TCM) practitioners or obtaining over-the-counter medicine in varying proportions.

From the public health perspective, STIs are an important disease entity. Although most of the STIs are not fatal, they may result in severe physical, psychological and social consequences. STIs frequently affect the most productive sector of the population i.e. people between the age of 20 and 40. The Department of Health of the Hong Kong SAR Government is responsible for the monitoring and control of STIs, as well as planning, and strategy development. Currently, the STI Control Programme is implemented by Social Hygiene Service of the Department of Health. Although HIV/AIDS are reported separately from STIs, the two conditions share many common features in terms of behaviour, transmission and control measures. Hence, there is a call for partial integration of the STIs and AIDS programme on an operational level.

The Social Hygiene Service attends to about one-fifth of all STDs in Hong Kong. The other four-fifths consults private practitioners, herbalists, unregistered doctors and/or may even put on self-treatment. Commercial sex workers constitute one priority group targeted by the Service. Over the years, Social Hygiene Service has adopted the following principles in its strategy: 1. voluntary treatment; 2. a free service; 3. strict confidentiality; 4.

emphasis on public health programmes including the delivery of public education, safer sex promotion, provision of counselling to patients and health visiting as tools of intervention.

The first STI clinic was established in 1928 inside a Government Civil Hospital. The STI clinics are called Social Hygiene Clinics in Hong Kong SAR. There are 8 Social Hygiene Clinic locations at the heart of city as well as in some satellite towns of the SAR (Figure II). A strong team of over 20 doctors and 100 nurses are involving in the STI control programme. Regular surveys and study are done in the Department and other NGOs to review and monitor the situation as well as updating the present treatment.

2. STI epidemiology in Hong Kong SAR

STIs are not notifiable diseases in Hong Kong. The epidemiology of STIs can however be inferred from the disease statistics compiled by the Social Hygiene Service. The pattern of STIs has changed from being tropical-based (e.g. chancroid) in the 1960s to a predominant viral aetiology (e.g. herpes genitalia) of today. Figure III shows the commonest types of STIs in the recent ten years. A majority of STI patients are young people (Figure IV). In general, syphilis is much better controlled today compared with the situations in the 1950s. However, a rising incidence of early infectious syphilis in the Southern China is paralleled by a similar trend in Hong Kong in the past 5 years. The situation with gonorrhoea is more static. It is the commonest STI in Mainland China and the third in Hong Kong. Non-gonococcal urethritis / non-specific genital tract infection (NGU/NSGI) have emerged as the commonest STI locally, a trend seen also in the western countries. The fluctuation of the figures in the last decade is multifactorial. No single social factor may account for the change.

The Social Hygiene Service contributes to the understanding of HIV epidemiology. A high proportion of HIV infections reported in Hong Kong are sexually acquired (Figure V) and many have been reported from the Social Hygiene Service.

3. Sexual and sociocultural context

Young people constitute a majority of patients infected with STI. Most of the clients of Social Hygiene Service are in the age range of 20-40. The proportion in the year 1999 was 58.38%. Attitudes and practices of young people are matters of concern. Some early teenagers may not consider multiple sex partners as harmful. The added complication of unsafe sex is unwanted pregnancy, the prevalence of which in teenagers would reflect another type of risk to the population. The access to internet is creating another environment which may be conducive to high risk sexual behaviours. The practice of substance abuse and alcohol consumption among teenagers may pose another challenge to the STI control program.

4. Conclusions

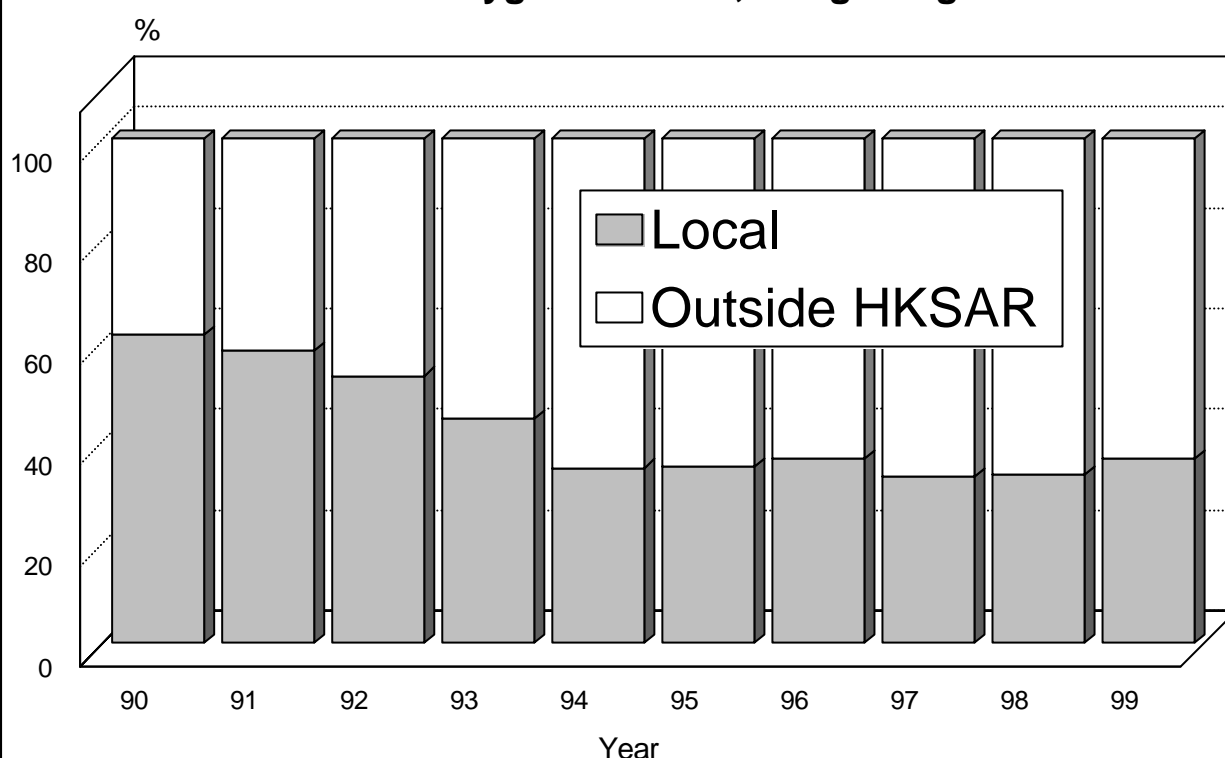
The global burden of STIs is enormous with an estimated 1 million new infections of syphilis, gonorrhoea, chlamydia and trichomoniasis occurring daily globally. WHO has been advocating improved STI treatment services and behavioural risk reduction, as essential components of national AIDS control programmes. This strategy has been proven successful in some areas and is adopted in many regions. Understandably, there are multiple social, cultural and biological factors for the spread of STI and HIV. In Hong Kong, a dynamic approach is adopted to control the STIs. The readily accessible public STI clinics in the town, the ready availability of registered doctors, free treatment and the emphasis on preventive education are the main attributes of our STI control programme, which works in partnership with the AIDS programme. In future, effort will be needed to strengthen public education, to network with neighbouring regions, and in the promotion of positive attitudes towards STI prevention, sex and HIV/AIDS, especially in vulnerable communities.

Dr. Lo Kuen Kong

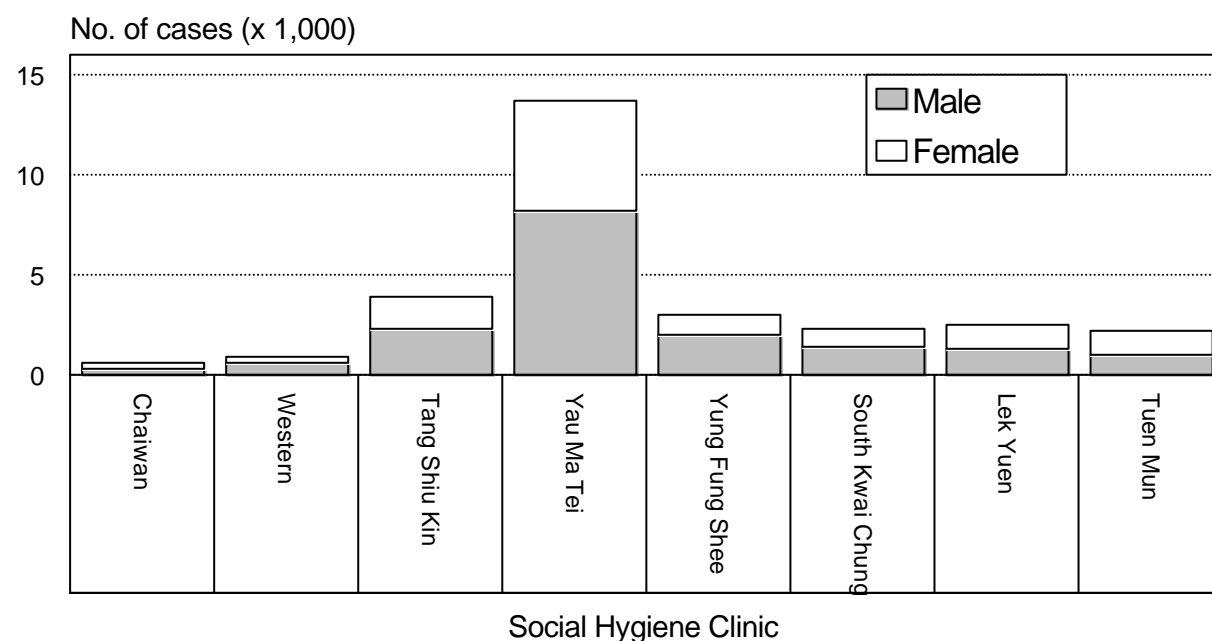
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**Figure I : Source of infections recorded from the male clients (%)
in Social Hygiene Clinics, Hong Kong**



**Figure II : Sexually Transmitted Diseases Reporting at SHS*
By Clinic (1999), Hong Kong**



* SHS : Social Hygiene Services

Remark : There were a small number of cases reported from the part-time clinics such as Cheung Chau, Tai Po and Shek Wu Hui.

Figure III : Annual Reported STIs in Social Hygiene Clinics, Hong Kong SAR

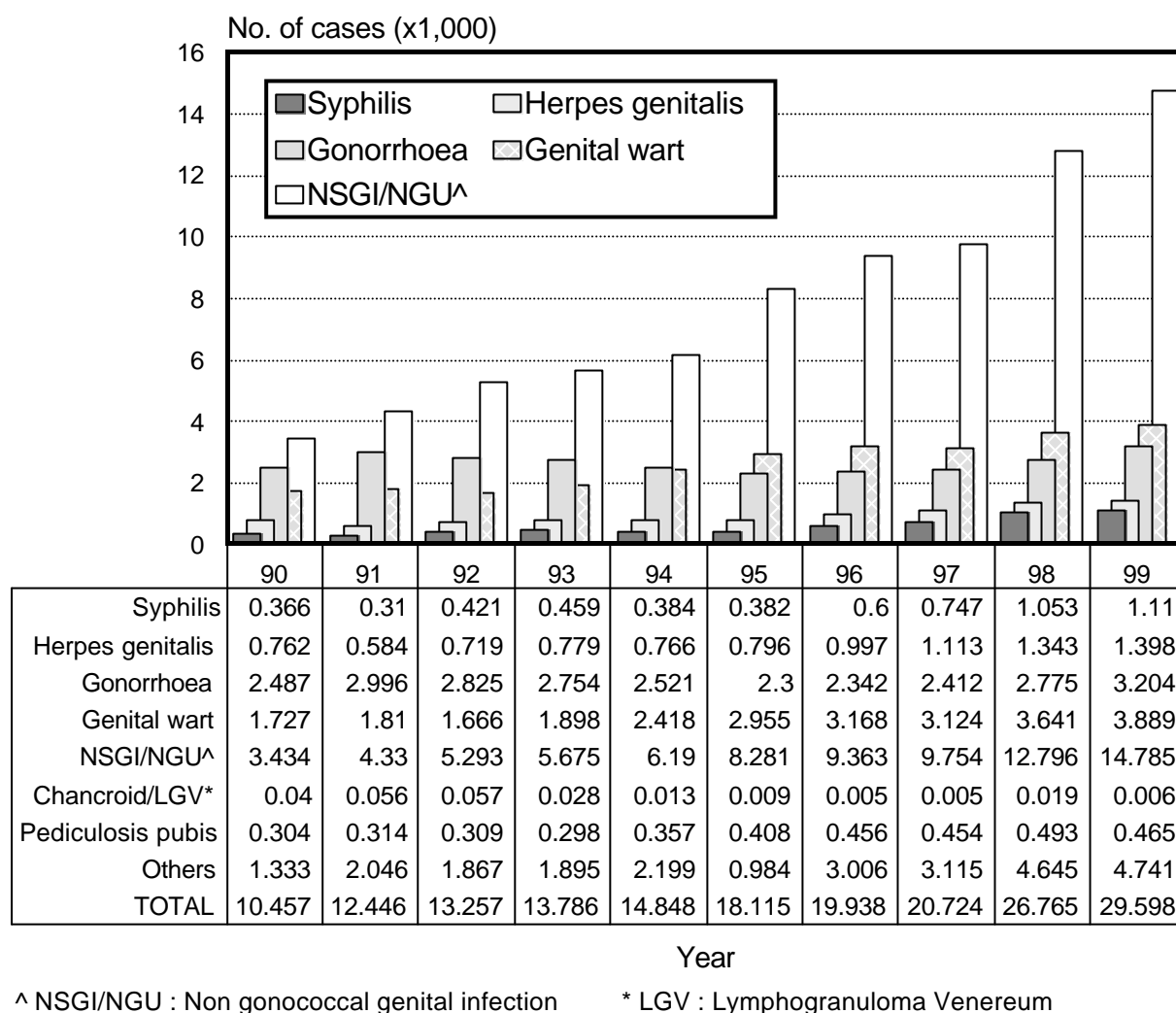
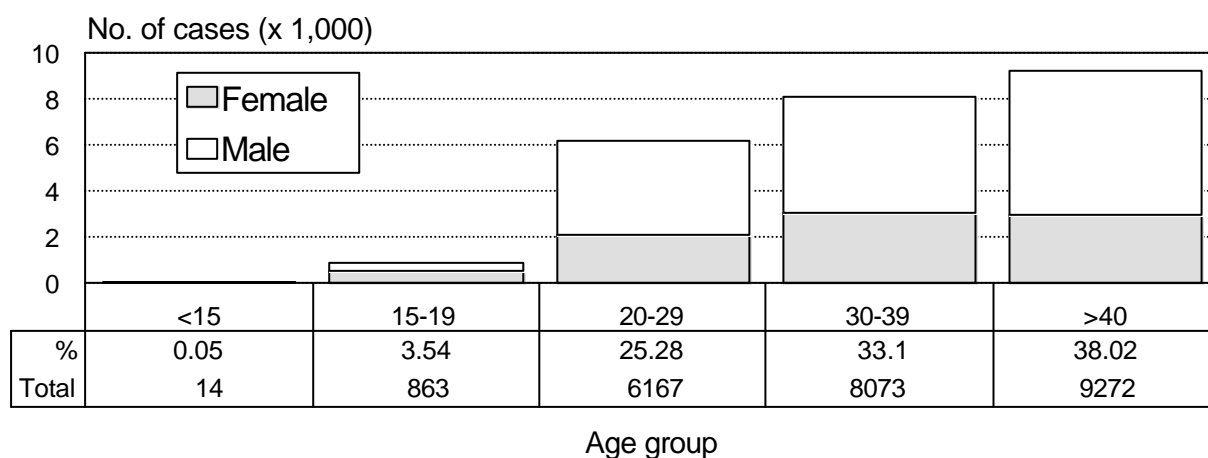
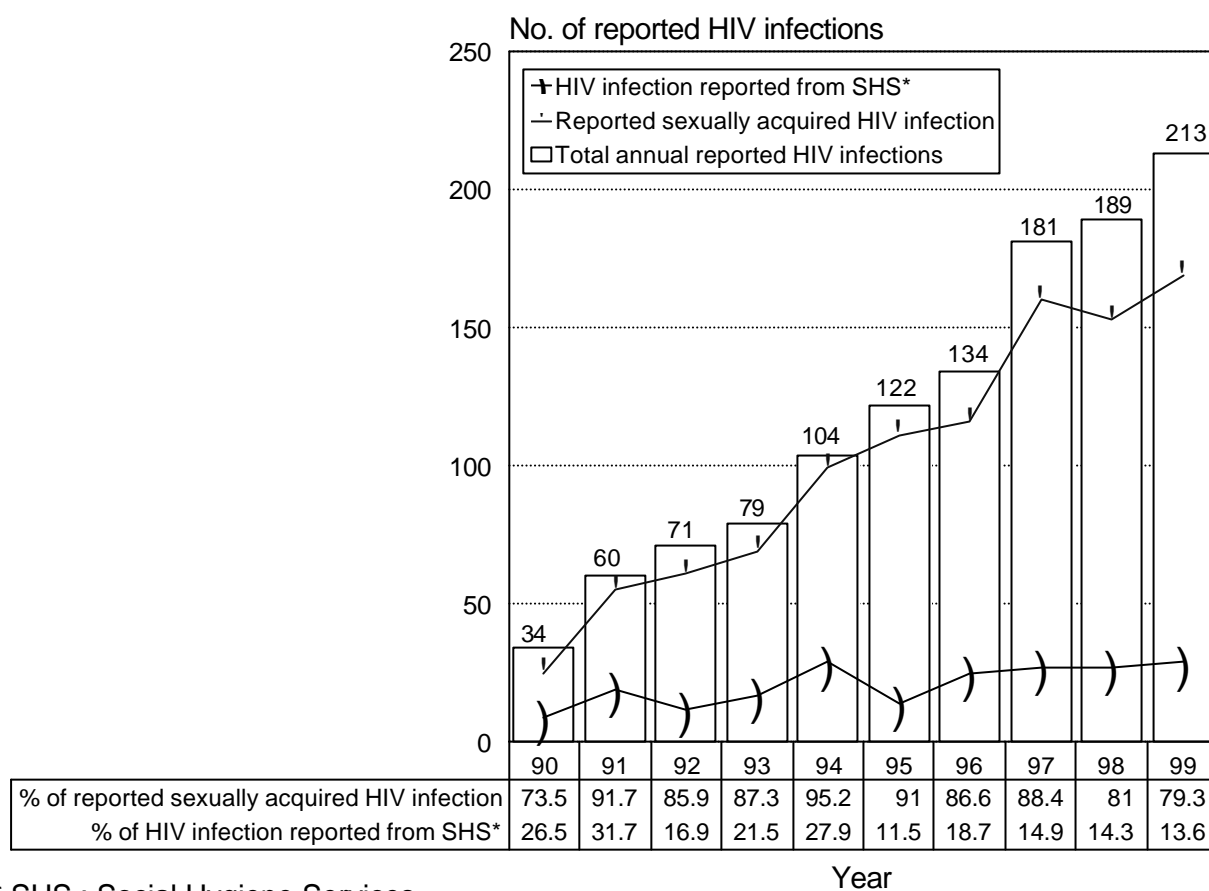


Figure IV : Age distribution for the major STIs* in 1999 in Social Hygiene Clinics, Hong Kong



* Major STIs include syphilis, gonorrhoea, non gonococcal genital infection, genital wart and herpes genitalis

Figure V : Sexually acquired HIV infection in Hong Kong



* SHS : Social Hygiene Services

Hong Kong STD/AIDS Update can be viewed via the Internet at :

<http://www.info.gov.hk/aids>.

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