

# Hong Kong STD/AIDS Update

## - a quarterly surveillance report

Department of Health

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### Editorial

Thirty-six HIV and 14 AIDS cases were reported in Hong Kong from July to September 1996. These figures were within the expected frame of steady increase in number of patients. The male to female ratio of newly diagnosed HIV positive subjects continued to narrow, reaching 3.5 to 1 in this quarter; the corresponding figure in same quarter of 1995 was about 6 to 1. Again, sexual transmission accounted for all the new cases whom the risk factors are identified. Of which, heterosexual contact was responsible for 90%. Though the new infections have predominantly occurred in local Chinese, 40% of the non-Chinese cases were in Asians, and their proportion has out-numbered that for Caucasians. This trend is likely to persist into the near future.

Having highlighted the importance of tuberculosis and HIV co-infection in last issue of this surveillance report, the increasing incidence of TB among our local patients has become more evident in this quarter. Of the newly diagnosed AIDS patients in the past 3 months, half of them were charged with either extrapulmonary tuberculosis or pulmonary TB and a concomitant CD4 count of <200/ul. The absolute number of TB nearly doubled that of *Pneumocystis carinii* pneumonia (PCP), the most common primary AIDS-defining illness in early era and cumulatively. It was noted that tuberculosis actually accounted for over one-third of the overall primary AIDS diagnoses in new patients reported in the first 9 months of 1996 whereas PCP contributed to 21%. Obviously this changing pattern has a bearing on both the diagnosis and management of local HIV/AIDS patients.

The feature article in this issue touches on HIV prevention and prisoners. Many places have found a higher HIV prevalence among prison inmates which was believed to be the result of higher frequency of HIV-related risk behaviours in this population. HIV surveillance and preventive education for them is thus an indispensable component of the AIDS programme in a locality. Readers are presented with a brief overview of its current situation in Hong Kong.†

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# Reported HIV/AIDS Quarterly Statistics

3rd Quarter, 1996

	This Quarter		Cumulative	
	<u>HIV</u>	<u>AIDS</u>	<u>HIV</u>	<u>AIDS</u>
<b>1. Sex</b>				
<b>Male</b>	<b>28</b>	<b>13</b>	<b>652</b>	<b>209</b>
<b>Female</b>	<b>8</b>	<b>1</b>	<b>86</b>	<b>19</b>
<b>2. Ethnicity/race</b>				
<b>Chinese</b>	<b>26</b>	<b>13</b>	<b>504</b>	<b>166</b>
<b>Non-Chinese</b>	<b>10</b>	<b>1</b>	<b>234</b>	<b>62</b>
<i>Asian</i>	<i>4</i>	<i>1</i>	<i>66</i>	<i>22</i>
<i>White</i>	<i>3</i>	<i>0</i>	<i>128</i>	<i>38</i>
<i>Black</i>	<i>0</i>	<i>0</i>	<i>9</i>	<i>2</i>
<i>Others</i>	<i>3</i>	<i>0</i>	<i>31</i>	<i>0</i>
<b>3. Age at diagnosis</b>				
<b>Adult</b>	<b>36</b>	<b>14</b>	<b>714</b>	<b>221</b>
<b>Child (age 13 or less)</b>	<b>0</b>	<b>0</b>	<b>24</b>	<b>7</b>
<b>4. Exposure category</b>				
<b>Heterosexual</b>	<b>27</b>	<b>10</b>	<b>364</b>	<b>111</b>
<b>Homosexual</b>	<b>3</b>	<b>1</b>	<b>190</b>	<b>66</b>
<b>Bisexual</b>	<b>0</b>	<b>1</b>	<b>44</b>	<b>20</b>
<b>Injecting drug user</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>4</b>
<b>Blood/blood product infusion</b>	<b>0</b>	<b>0</b>	<b>66</b>	<b>14</b>
<b>Perinatal</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>2</b>
<b>Undetermined</b>	<b>6</b>	<b>2</b>	<b>57</b>	<b>11</b>
<b>5. Total</b>	<b>36</b>	<b>14</b>	<b>738</b>	<b>228</b>

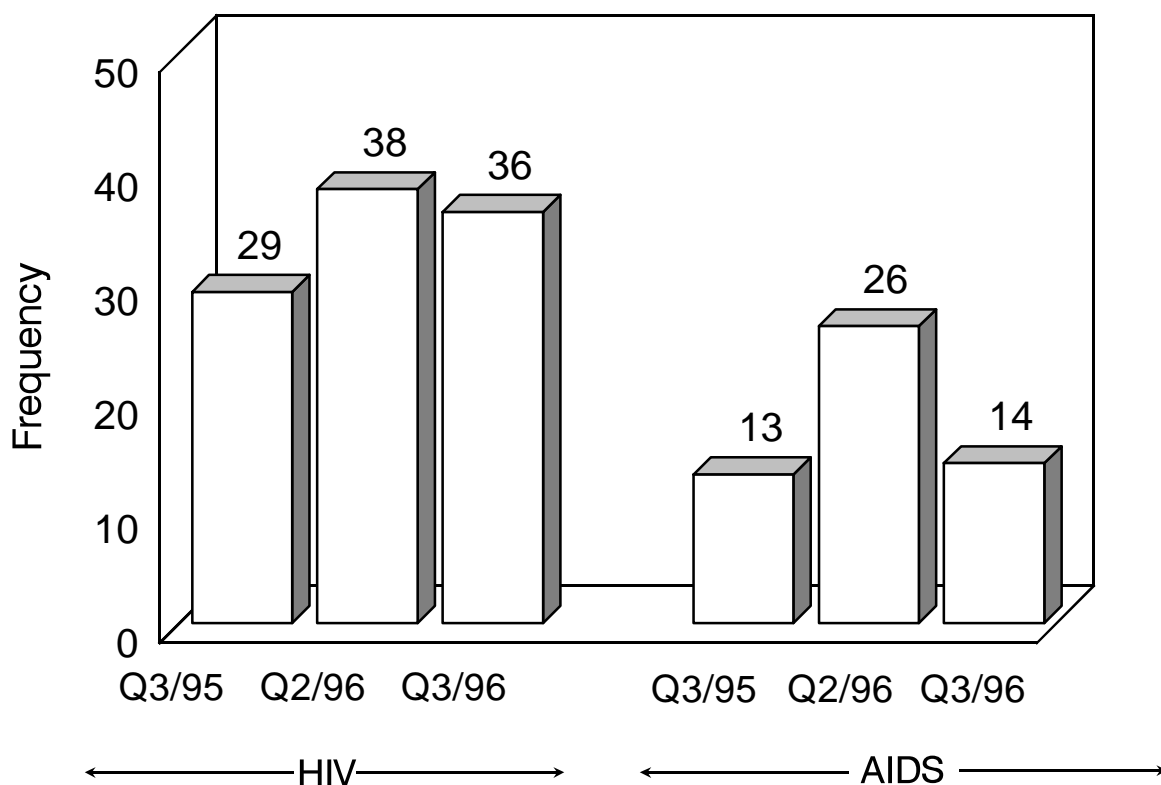
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## Quarterly Statistics of STD in Social Hygiene Service

	3rd Quarter 96	3rd Quarter 95
<b>Syphilis</b>		
<i>Primary</i>	40	15
<i>Secondary</i>	11	5
<i>Early latent</i>	31	22
<i>Late latent</i>	70	54
<i>Late (Cardiovascular/neuro)</i>	0	0
<i>Congenital (early)</i>	0	0
<i>Congenital (late)</i>	0	0
<b>Total</b>	<b>152</b>	<b>96</b>
<b>Gonorrhoea</b>	562	576
<b>Non-gonococcal urethritis</b>	1575	1311
<b>Chancroid/Lymphogranuloma venereum</b>	0	3
<b>Genital Wart</b>	821	789
<b>Herpes Genitalis</b>	249	228
<b>Pediculosis pubis/Scabies</b>	169	170
<b>Non-specific genital infection</b>	914	1027
<b>Trichomonas/Monilia vaginitis</b>	658	568
<b>Molluscum Contagiosum</b>	36	14
<b>Genital Ulcer</b>	6	13
<b>Others</b>	22	29
<b>Total</b>	<b>5164</b>	<b>4824</b>

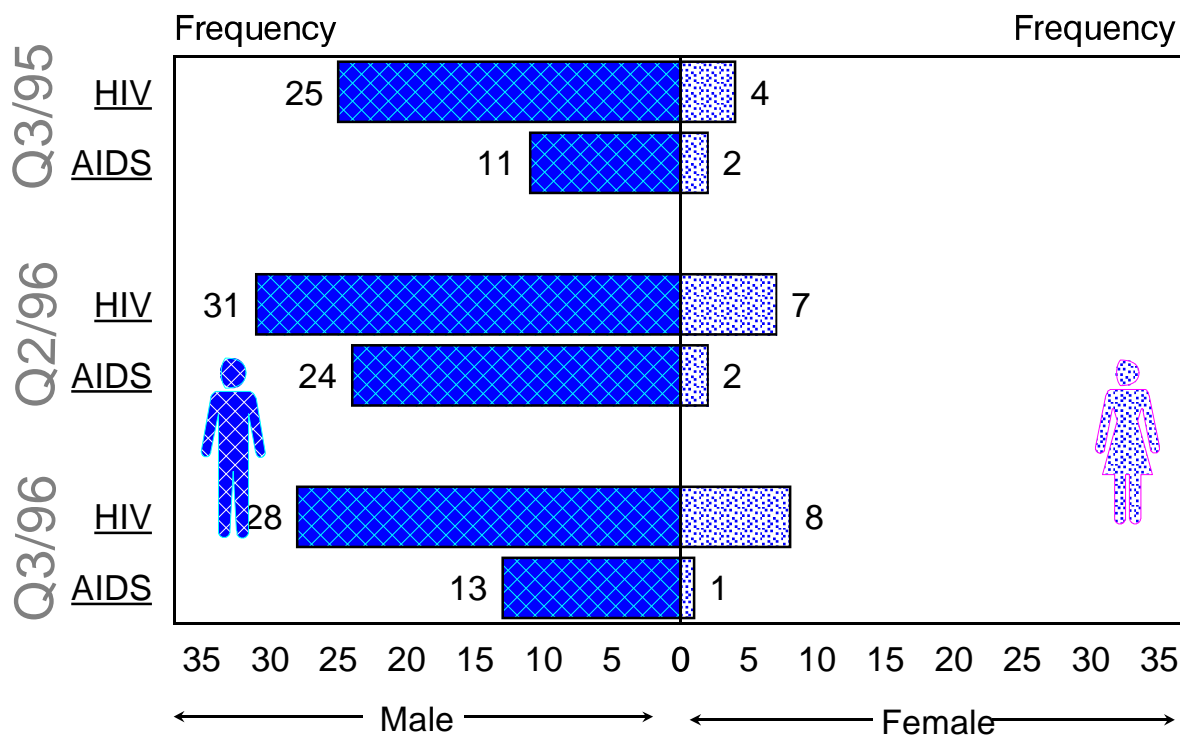
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# Quarterly Reported HIV/AIDS - 3rd Quarter, 1996



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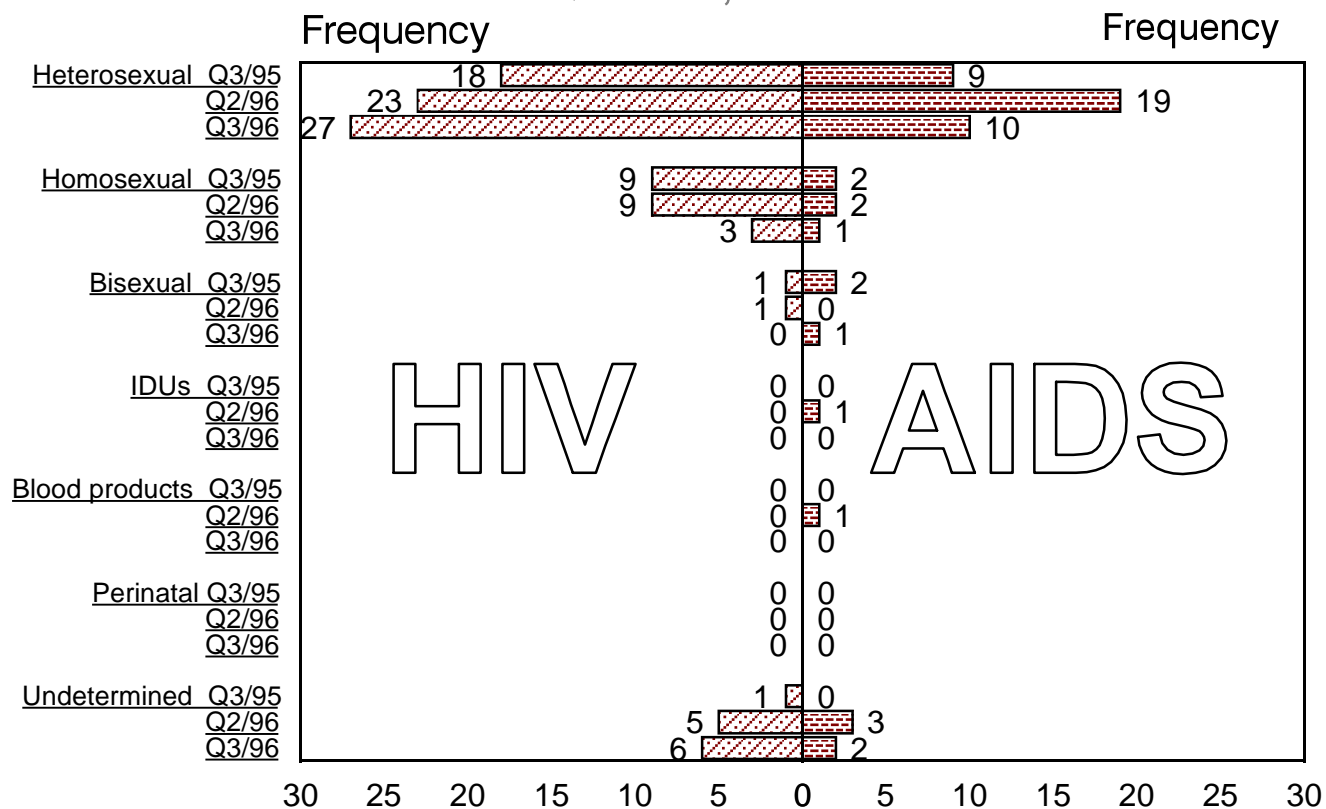
## Quarterly Reported HIV/AIDS - By Sex 3rd Quarter, 1996



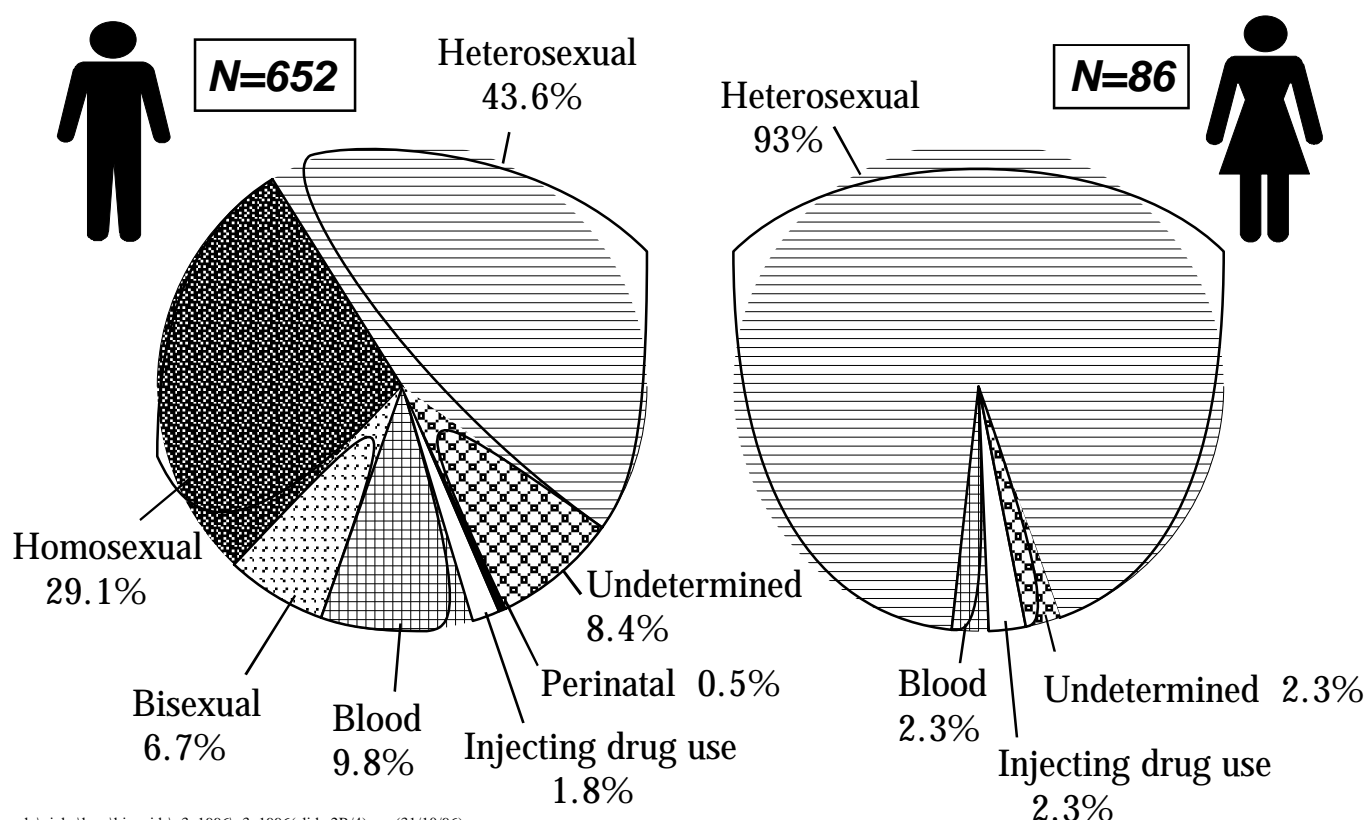
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# Quarterly Reported HIV/AIDS - By Exposure Category

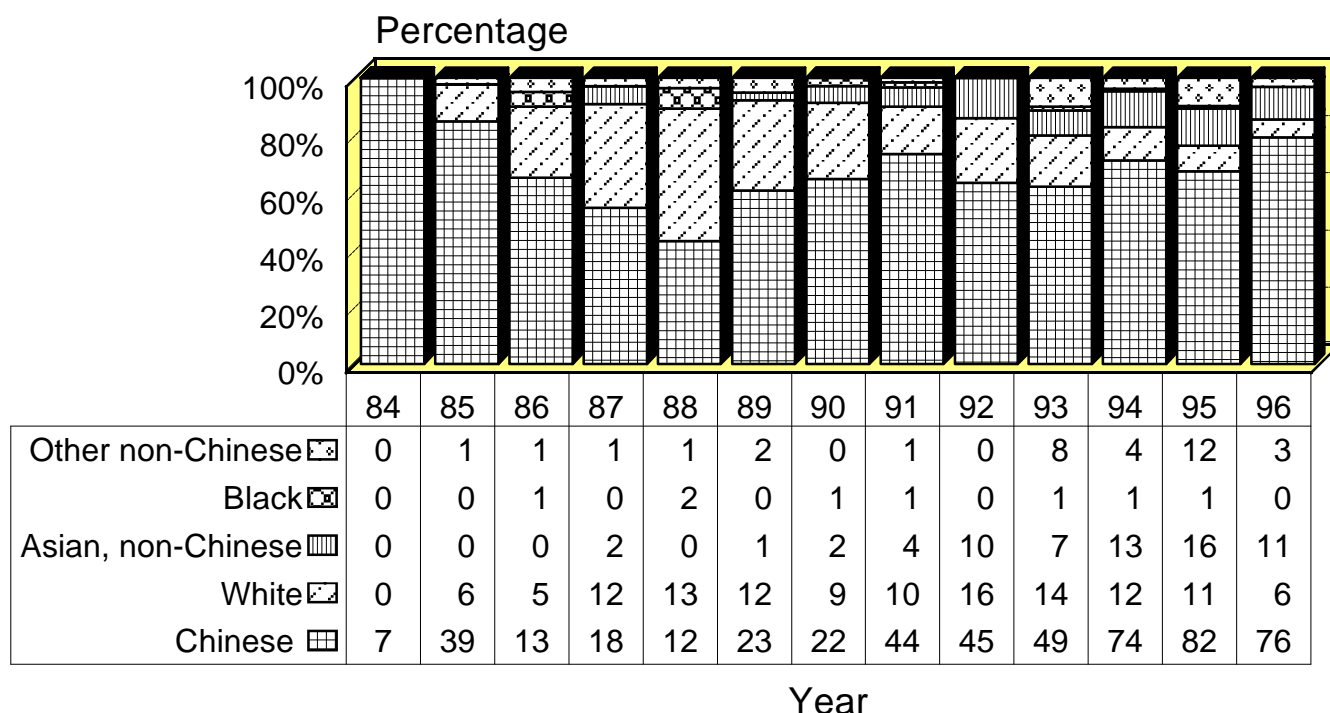
## 3rd Quarter, 1996



## Risk Factors of Reported HIV Infection, 1984 - Sep 1996

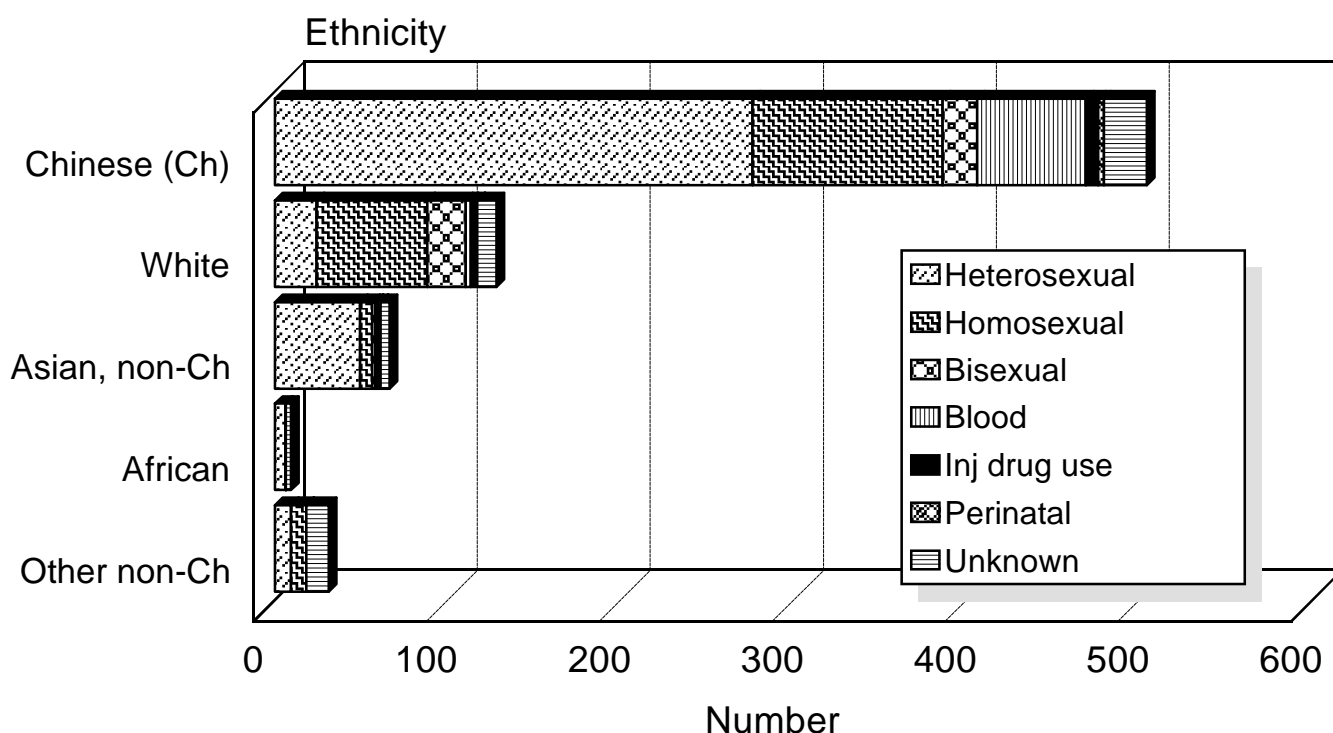


# Ethnicity of Reported HIV infection 1984 - September 1996



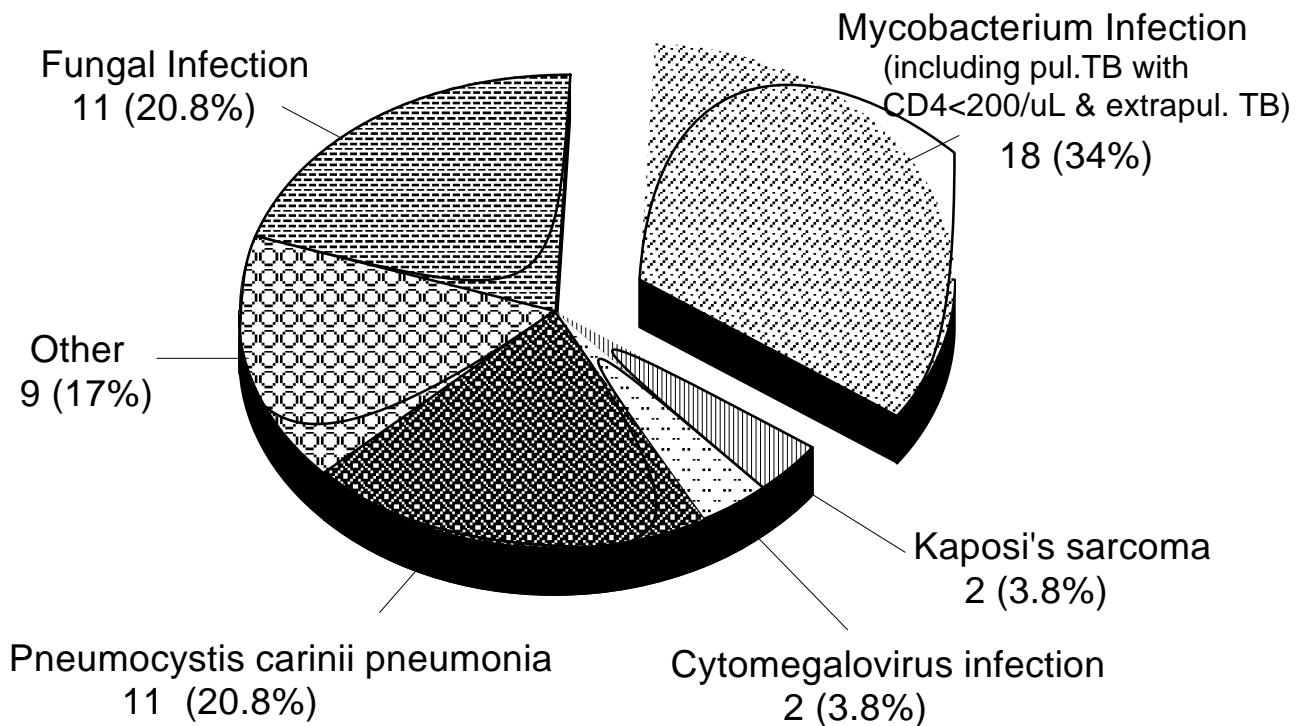
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## Risk Factors Among Different Ethnic Groups of HIV Positive Male, 1984 - September 1996



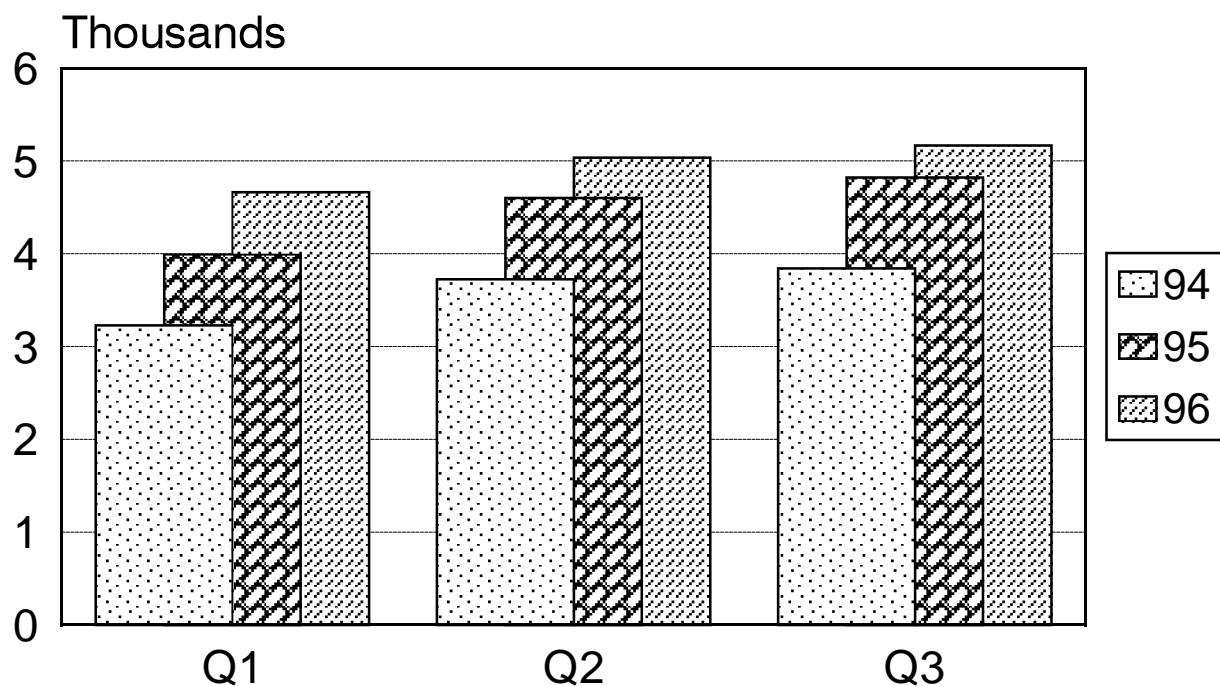
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## Distribution of AIDS Defining Illness Among Reported AIDS Cases in Jan - Sep 96 (N=53)



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## New Cases of STD in Social Hygiene Services 1st to 3rd quarter, 1994 to 1996



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### Prisoners and HIV/AIDS Prevention

In many places, prisoners have a disproportionately high HIV seroprevalence. This has arisen from their high risk behaviours either before or sometimes after incarceration. In USA, for example, some 10-25% of prison inmates had used illicit drugs prior to imprisonment. In Thailand, a significant proportion of HIV infected adults had a history of being jailed. In 1994, a survey of the current adult inmates in US prisons revealed an AIDS prevalence of 5.2 per 1000, a rate almost six times that of the general adult population. Prevalence and incidence of sexually transmitted diseases, an indicator of potential HIV infection, were also higher in the prison inmates than the general population.

How about the situation among prisoners in Hong Kong? Of the reported HIV infection, only a handful were prison inmates. Unlinked anonymous screening of blood and urine samples performed yearly since 1992 found a prevalence of 0% to 0.46%. The significance of this figure, versus that of the general population, is unclear.

Given the potential risk of HIV in the incarcerated population, targeted education is clearly a priority. As a majority of the prisoners will re-join the community, provision of AIDS education is beneficial both to the inmates and the society at large. In the confined setting of prison, AIDS education can, if conducted, be provided efficiently. In Hong Kong, targeted AIDS education for prisoners has been an on-going programme. To augment the prevention efforts, a new initiative is to distribute, to the prisoners, a pre-exit AIDS education pack which comprises materials with clear, concise and vital prevention messages.

Prison setting is but one of the strategic points for AIDS education and prevention. There should nevertheless be measures to maximise effects on high risk behaviours beyond discharge from the prison. Continued support to and rehabilitation of ex-prisoners is thus crucial. Surveillance of HIV prevalence and its risk behaviours will serve to keep the situation of HIV/AIDS among prisoners under close monitoring. †

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

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

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