

Hong Kong STD/AIDS Update

- a quarterly surveillance report

Department of Health

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Editorial

A total of 134 HIV infections and 70 AIDS cases were reported in 1996, bringing the cumulative number to 776 and 245 respectively since the beginning of the voluntary reporting system in 1984 in Hong Kong. Compared with those in 1995, the new reports in 1996 represented a 10% increase in HIV positive cases and 56% rise for AIDS. The observed rate of surge in HIV/AIDS is still in track of expectation; the marked rise in AIDS patients has most likely resulted from a maturing local HIV epidemic.

The male to female ratio for cumulative HIV infections is 7.3 to 1. The ratio for new cases has narrowed from 19:1 five years ago to 4.2:1 in 1996. This is not surprising in view of the increasing importance of heterosexual transmission of HIV in Hong Kong. Cumulatively sexual transmission has accounted for over 80% of the HIV infections of which heterosexual contact was the risk factor in half. Heterosexual contact alone caused 70% of the new infections in 1996, compared with 66% in 1995. On the other hand, the contribution by homo- or bisexual contacts dropped from 25% in 1995 to 16% in 1996.

One new perinatal infection was documented in 1996, bringing that total to 4. New infection via transfusion of blood or blood products had not reportedly occurred in 1996 while injecting drug users still contributed to less than 2% of all reported cases.

Sixty-two (87%) of the reported AIDS patients in 1996 were Chinese. This was a two-fold increase from 1995. It is fair for us to infer that HIV has unquestionably been affecting the local Chinese community and is no longer a foreigners' disease. The observed 29% increase among ethnic Chinese for new HIV infections in 1996 indicates that the epidemic is spreading in the local population.

From the cumulative reported HIV/AIDS statistics, we are glad to see that its spread is still limited in Hong Kong. This, however, calls for sustained efforts, and not complacency, in order to maintain the low prevalence. 

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Reported HIV/AIDS Quarterly Statistics

4th Quarter, 1996

	This Quarter		Cumulative	
	<u>HIV</u>	<u>AIDS</u>	<u>HIV</u>	<u>AIDS</u>
1. Sex				
Male	31	16	683	225
Female	7	1	93	20
2. Ethnicity/race				
Chinese	30	17	534	183
Non-Chinese	8	0	242	62
<i>Asian</i>	<i>3</i>	<i>0</i>	<i>69</i>	<i>22</i>
<i>White</i>	<i>3</i>	<i>0</i>	<i>131</i>	<i>38</i>
<i>Black</i>	<i>0</i>	<i>0</i>	<i>9</i>	<i>2</i>
<i>Others</i>	<i>2</i>	<i>0</i>	<i>33</i>	<i>0</i>
3. Age at diagnosis				
Adult	37	17	751	238
Child (age 13 or less)	1	0	25	7
4. Exposure category				
Heterosexual	25	16	389	127
Homosexual	5	1	195	67
Bisexual	2	0	46	20
Injecting drug user	0	0	14	4
Blood/blood product infusion	0	0	66	14
Perinatal	1	0	4	2
Undetermined	5	0	62	11
5. Total	38	17	776	245

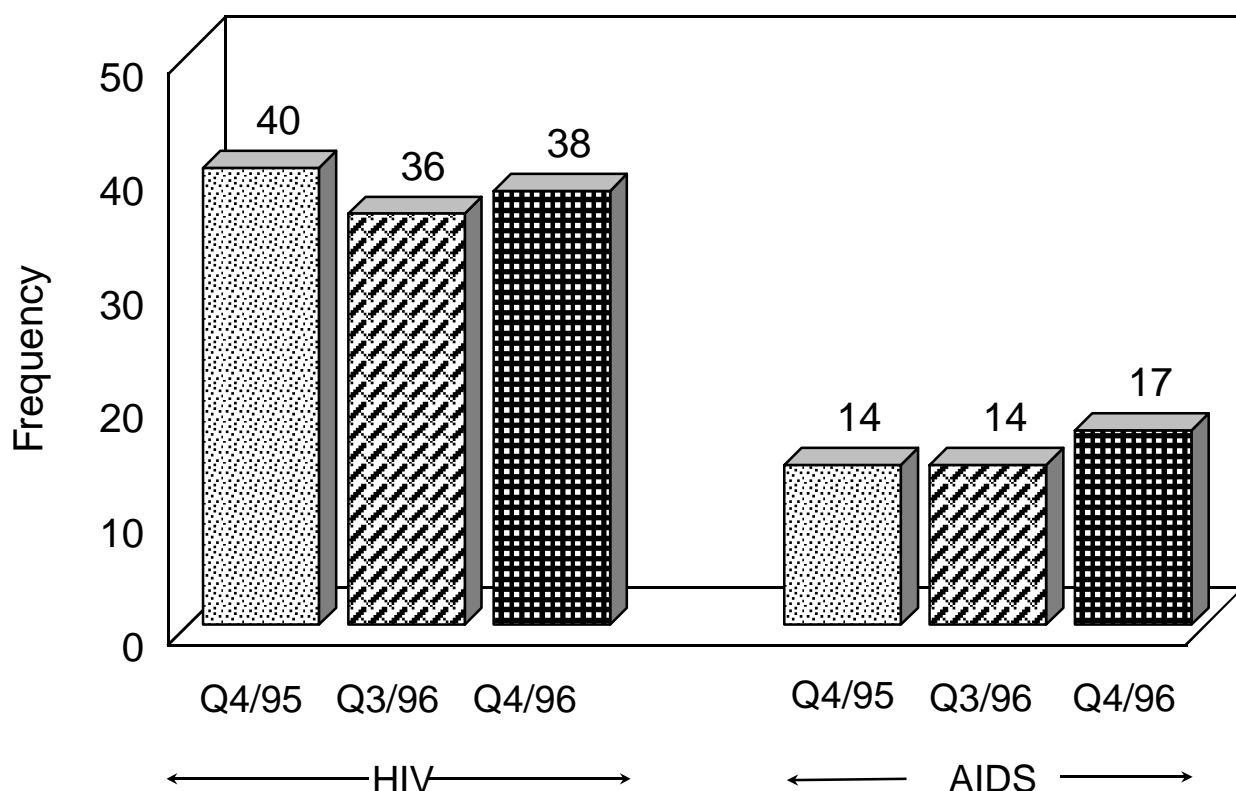
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Quarterly Statistics of New STD Incidence in Social Hygiene Service

	4th Quarter 96	4th Quarter 95
Syphilis		
<i>Primary</i>	58	7
<i>Secondary</i>	17	18
<i>Early latent</i>	32	14
<i>Late latent</i>	95	67
<i>Late (Cardiovascular/neuro)</i>	0	4
<i>Congenital (early)</i>	0	0
<i>Congenital (late)</i>	1	0
Total	203	110
Gonorrhoea	597	563
Non-gonococcal urethritis	1590	1259
Chancroid/Lymphogranuloma venereum	2	2
Genital Wart	685	799
Herpes Genitalis	223	262
Pediculosis pubis/Scabies	173	200
Non-specific genital infection	888	755
Trichomonas/Monilia vaginitis	664	641
Molluscum Contagiosum	40	58
Genital Ulcer	10	23
Others	7	31
Total	5082	4703

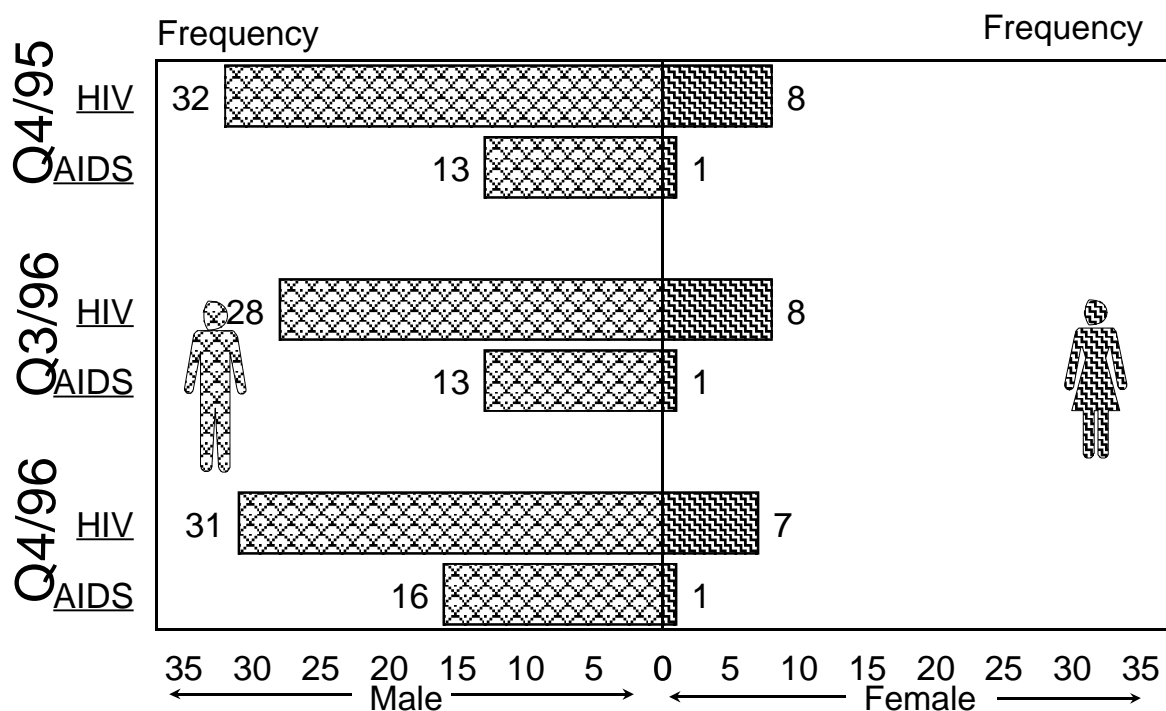
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Quarterly Reported HIV/AIDS - 4th Quarter, 1996

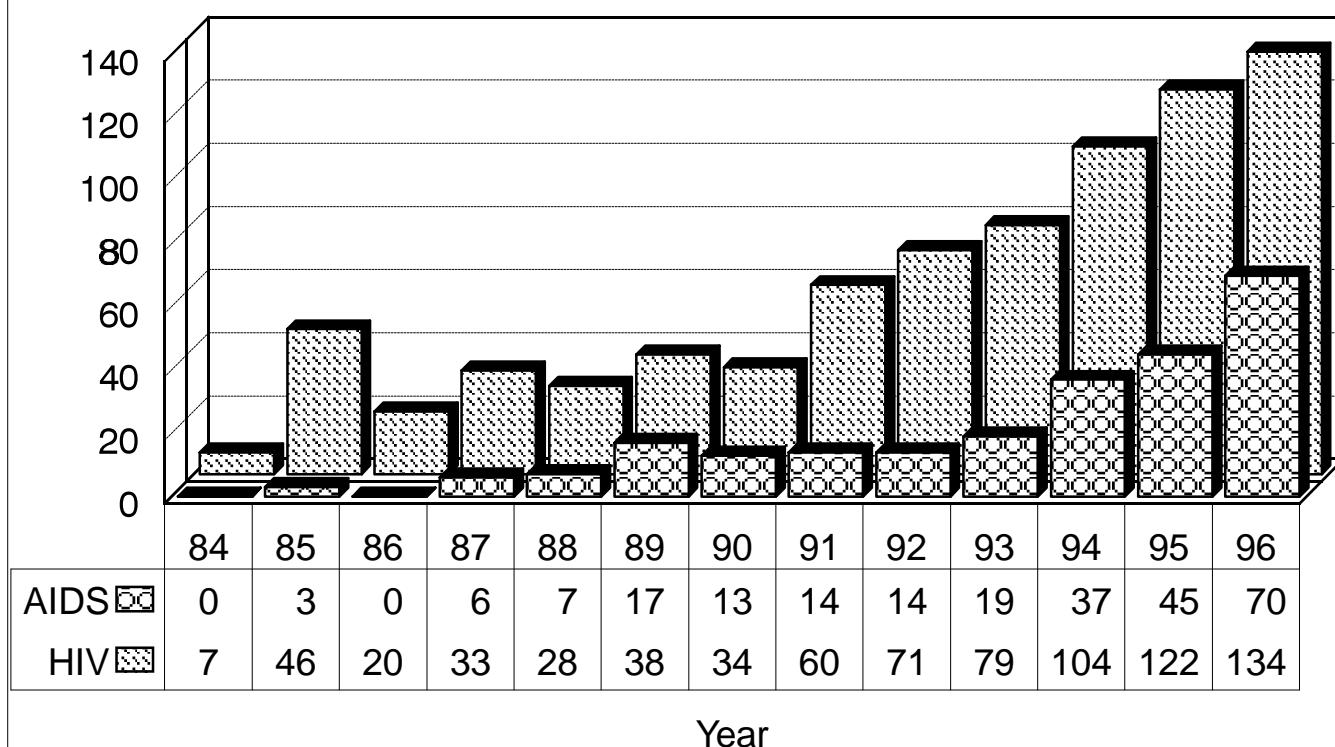


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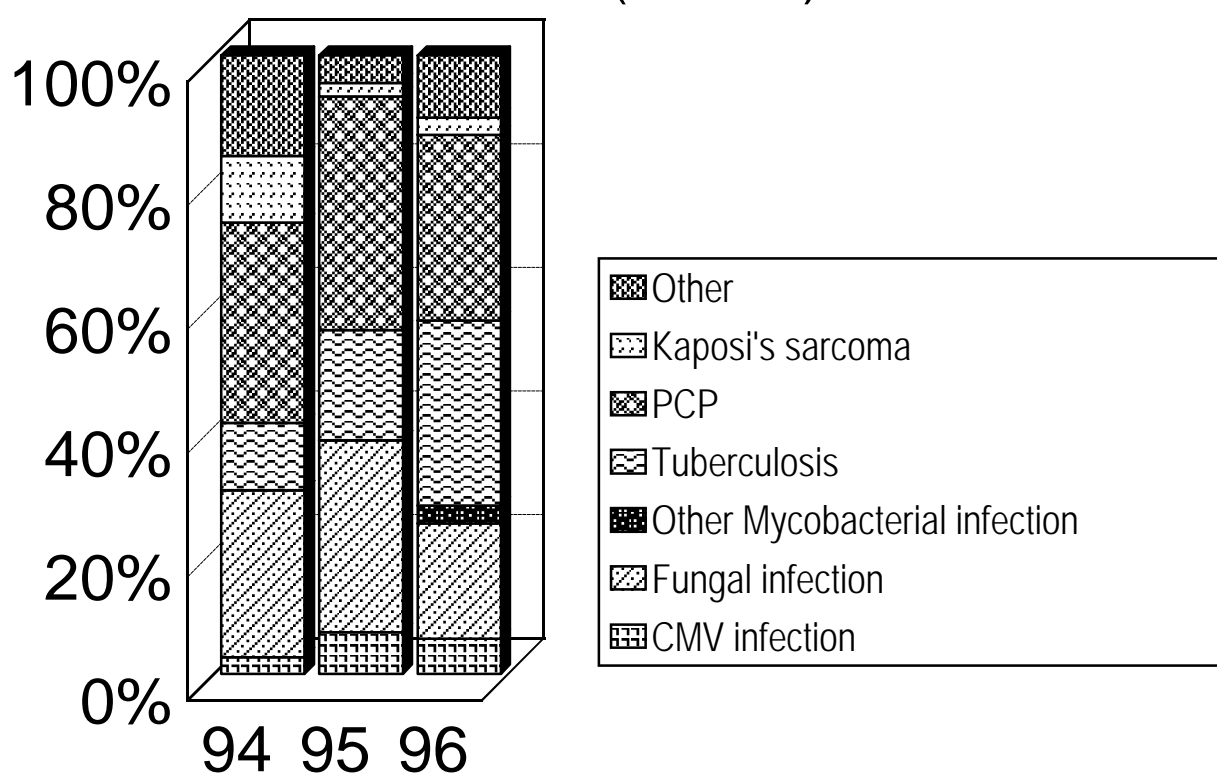
Quarterly Reported HIV/AIDS - By Sex 4th Quarter, 1996



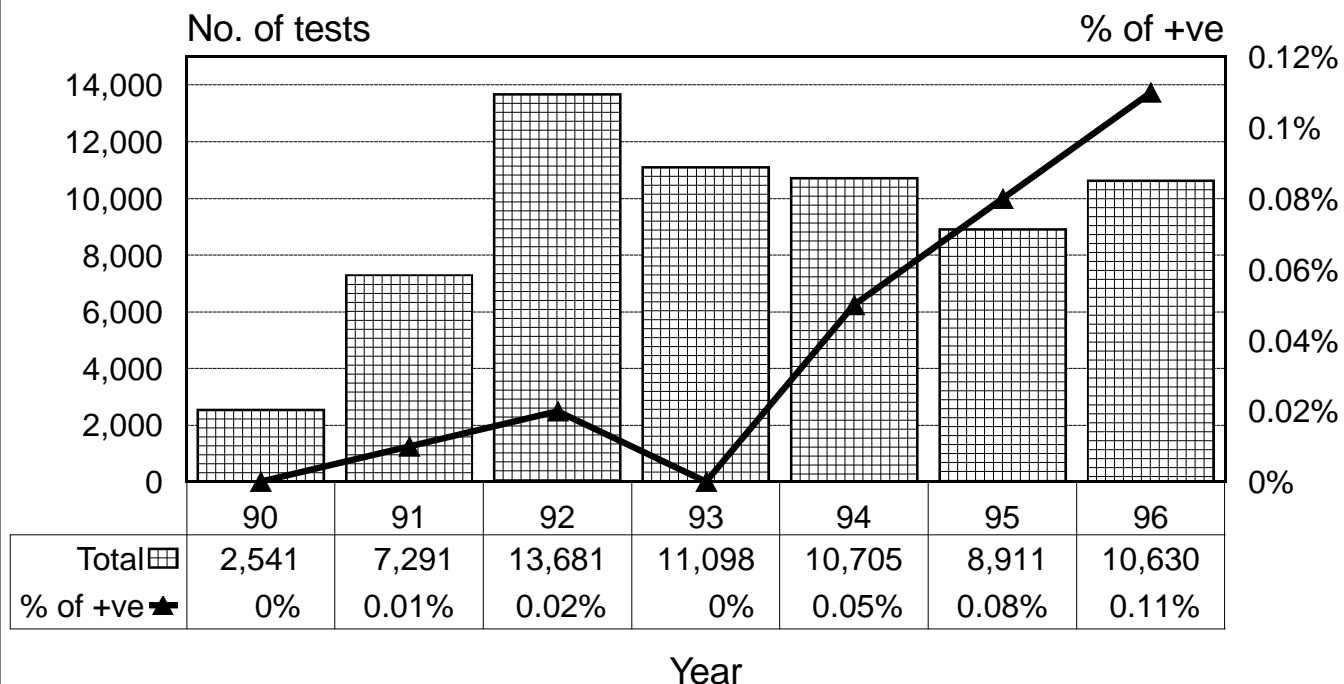
Yearly Incidence of Reported HIV/AIDS 1984 - 1996



Primary AIDS Defining Illnesses for Reported AIDS Cases (94 - 96)

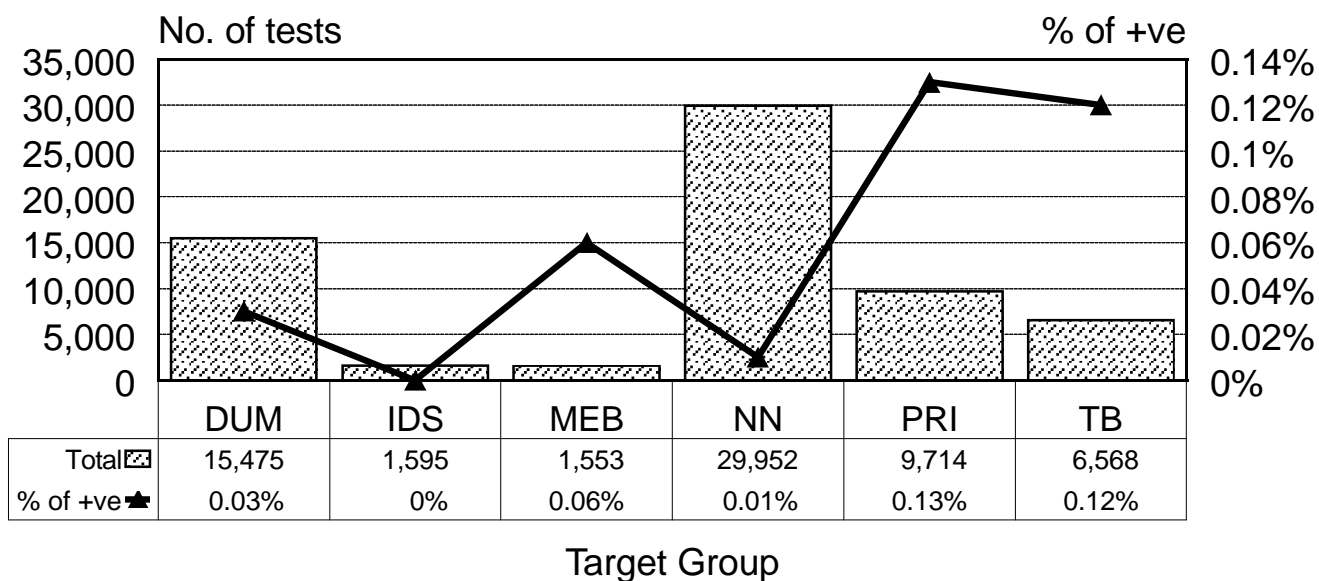


Unlinked Anonymous Screening - By Year 1990 - 1996



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Unlinked Anonymous Screening - By Target Group 1990 - 1996

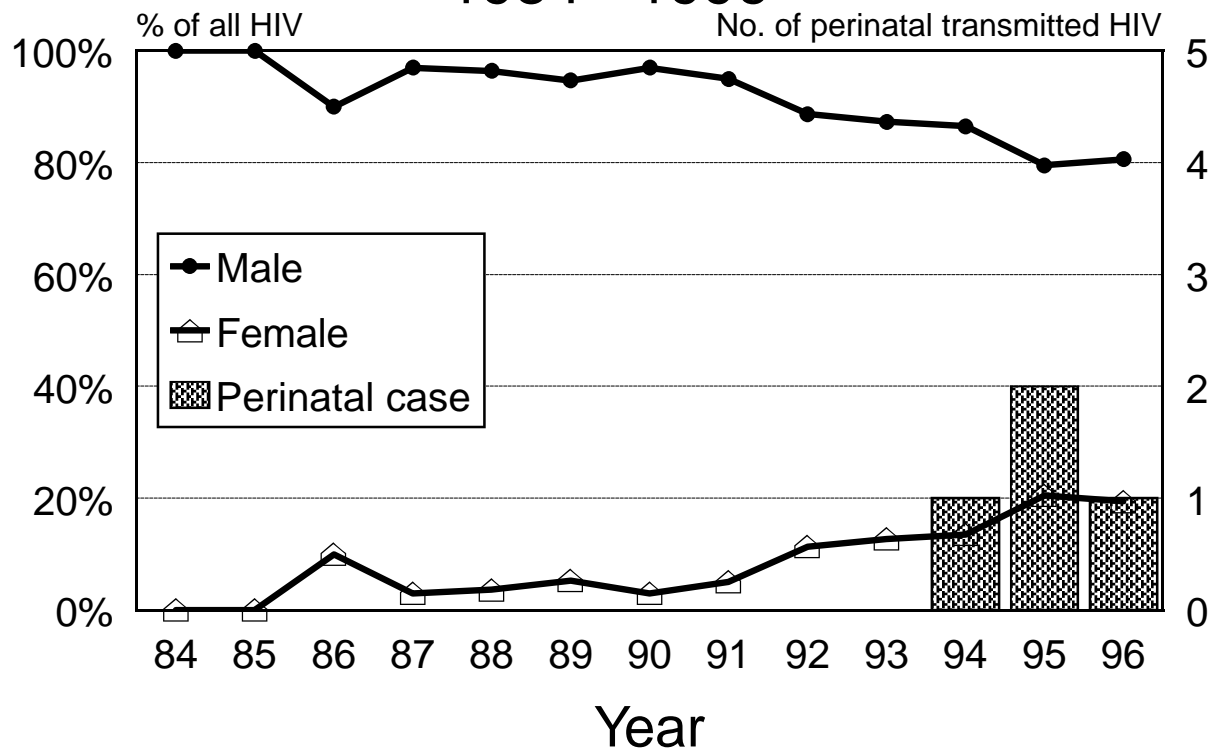


DUM : Drug user attending methadone clinic
IDS : Drug addicts in street
MEB : Medical Exam Board clients

NN : Neonate
PRI : Prisoner
TB : TB patient

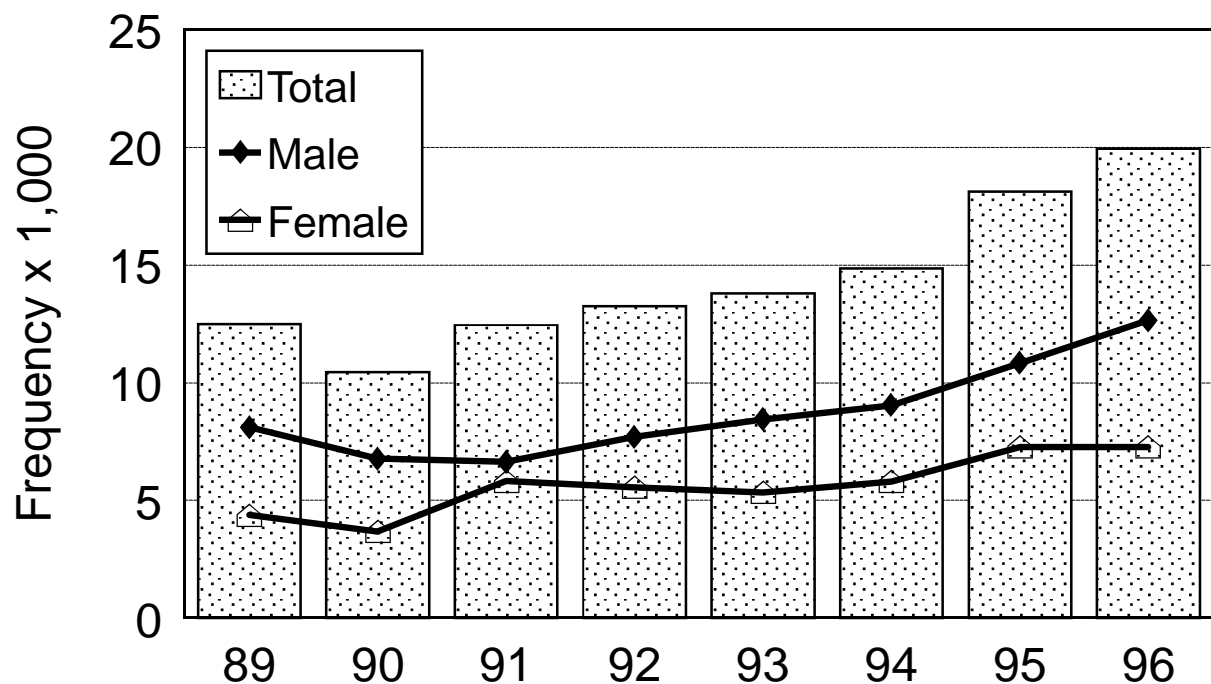
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Yearly Reported HIV - By Sex 1984 - 1996



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Incidence of STD in Social Hygiene Services 1989 - 1996



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Unlinked anonymous screening for HIV surveillance in Hong Kong

Documentation of the seroprevalence of HIV infection in a place is important for gauging the extent of the epidemic, monitoring its trend, and in turn helping in refining the AIDS programme. Apart from the collection of reported data on patients with HIV/AIDS, the Department of Health, under the auspices of the Scientific Committee of the Advisory Council on AIDS, has been conducting unlinked anonymous screening (UAS) for HIV infection since 1990 to complement and supplement information on the situation in Hong Kong.

UAS is a useful public health tool. Its characteristics, in essence, are: (a) specimens for UAS are taken from those for other purposes for which consent have been obtained, (b) all personal identifying particulars are removed prior to testing, and (c) there is no possible way of tracing back the results to individual person. Although not specifically designed for HIV surveillance, UAS has proved useful in this regard. For example, also started in 1990, the UAS programme of England and Wales has effectively monitored the epidemic, improved accuracy of future projections, and identified targets for health promotion and resource allocation.

Hong Kong has followed the principles of the guidelines for UAS of HIV established in 1989 by the World Health Organisation (WHO) and a local set of guidelines was formulated in 1993. Over the past 6 years, the UAS has provided accurate estimate of the HIV prevalence in selected groups, which in turn contributed to the portrayal of the overall scenario in Hong Kong. Continued serial monitoring by UAS further informed us of the changing need of the local community in the prevention of HIV spread.

Two categories of populations have been targeted for UAS in Hong Kong. They are (i) people vulnerable to HIV due to their behaviours, and (ii) those who are at lower or general risk. The former includes drug users attending the methadone clinics, street drug users, and prisoners while the latter group comprises, for example, neonates/pregnant women and tuberculosis out-patients. Specimens are tested for HIV antibody at the Department of Health's Virus Laboratory, by ELISA followed by Western Blot for confirmation. Apart from blood, urine and saliva specimens have been employed for this purpose. The sensitivity and specificity of testing these specimens have been well documented.

As of the end of October 1996, a total of 60,074 HIV tests have been performed under the UAS system. Only 23 specimens were positive, giving an overall prevalence rate of 0.04%. For individual communities, the detection rate ranged from 0% in street drug users to the highest of 0.13% in prisoners. Up till now, these data echoed the finding, from other sources, of low HIV seroprevalence in Hong Kong. The UAS programme is kept under periodic review and would be refined as necessary to maximise its role in the future.

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

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

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