

# Hong Kong STD/AIDS Update

## - a quarterly surveillance report

Department of Health

Vol.4 No.2 April 1998

### Editorial

In the first quarter of 1998, 48 HIV and 13 AIDS cases were reported, bringing the cumulative HIV and AIDS figures to 1005 and 322 respectively. The number of total HIV infections has nearly doubled in three years' time, since the first issue of this STD/AIDS surveillance report was published. For AIDS cases, it has increased by 2.3 folds in this time period.

About 80% of the newly reported HIV occurred in Chinese. All cases with determined risk factor were sexually acquired, with heterosexual to homosexual contact at the ratio of 5:1. Against the fact of steady rise in the number of newly found infections, perhaps the gratifying news is the decline in the number of AIDS mortality in Hong Kong. The number of deaths of AIDS patients were 30, 23, and 21 in 1995, 1996 and 1997 respectively despite that more new AIDS diagnoses were made in 1996 (70) and 1997 (64) compared with 1995 (45).

A fall in AIDS mortality and incidences were reported in several western countries in recent two years and with growing evidences. These were related to the improvement in HIV treatment, notably combination antiretroviral therapy. Locally, a time lag in this phenomenon is expected, as the new therapy is first available overseas, in particular for the trial patients. Though AIDS still claim lives at the prime ages of the infected individuals, we hope that the scene can be further improved in the future. The apparent smaller number of new AIDS cases in this quarter might be an early sign of a decrease in AIDS incidence too locally.

The feature article of this issue highlights the findings of a STD/HIV survey conducted for all doctors in Hong Kong in 1997. Given the intimate relationship between HIV and other sexually transmitted diseases (STD), the messages are clear: (a) prompt and quality treatment of STD, and (b) preventive education for people practicing risk sexual behaviours.

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## Reported HIV/AIDS Quarterly Statistics

1st Quarter (January - March) 1998

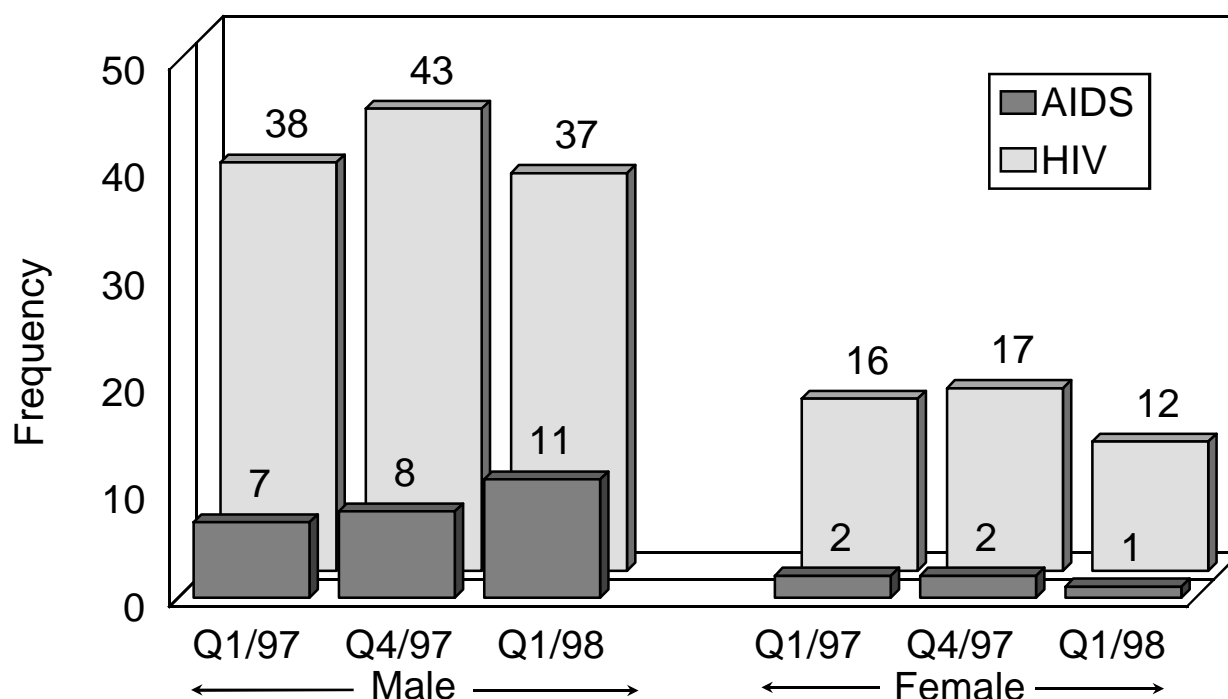
	<b>This Quarter</b>		<b>Cumulative</b>	
	<u>HIV</u>	<u>AIDS</u>	<u>HIV</u>	<u>AIDS</u>
<b>Sex</b>				
Male	37	12	866	290
Female	11	1	139	32
<b>Ethnicity/race</b>				
Chinese	37	9	693	239
Non-Chinese	11	4	312	83
<i>Asian</i>	5	1	109	34
<i>White</i>	6	3	154	47
<i>Black</i>	0	0	11	2
<i>Others</i>	0	0	38	0
<b>Age at diagnosis</b>				
Adult	48	13	980	316
Child (age 13 or less)	0	0	25	6
<b>Exposure category</b>				
Heterosexual	30	9	536	180
Homosexual	6	2	234	79
Bisexual	2	1	58	24
Injecting drug user	0	0	16	5
Blood/blood product infusion	0	0	67	15
Perinatal	0	0	4	2
Undetermined	10	1	90	17
<b>Total</b>	<b>48</b>	<b>13</b>	<b>1005</b>	<b>322</b>

**Sexually Transmitted Diseases Reporting at  
Government Social Hygiene Service  
1st Quarter (January - March) 1998**

	<u><b>This Quarter</b></u>	<u><b>Same Quarter Last Year</b></u>
<b>Syphilis</b>		
<i>Primary</i>	75	41
<i>Secondary</i>	10	11
<i>Early latent</i>	69	42
<i>Late latent</i>	49	51
<i>Late (cardiovascular/neuro)</i>	2	4
<i>Congenital (early)</i>	0	0
<i>Congenital (late)</i>	0	1
<b>Total</b>	<b>205</b>	<b>150</b>
 <b>Gonorrhoea</b>	 636	 573
<b>Non-gonococcal urethritis</b>	1562	1469
<b>Chancroid/Lymphogranuloma venereum</b>	8	0
<b>Genital wart</b>	746	684
<b>Herpes genitalis</b>	317	204
<b>Pediculosis pubis/Scabies</b>	198	177
<b>Non-specific genital infection</b>	1101	664
<b>Trichomonas/Monilia vaginitis</b>	646	532
<b>Molluscum contagiosum</b>	67	34
<b>Genital ulcer</b>	190	3
<b>Others</b>	6	13
 <b>Total</b>	 <b>5682</b>	 <b>4503</b>

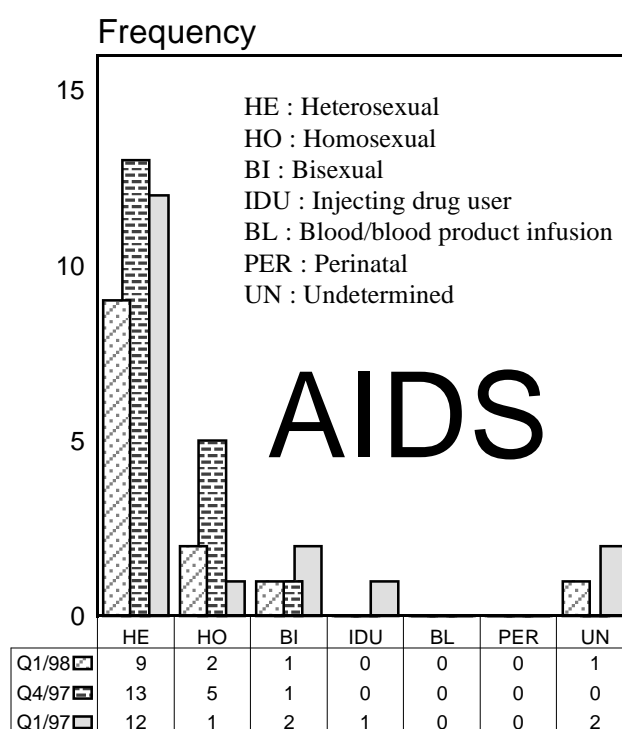
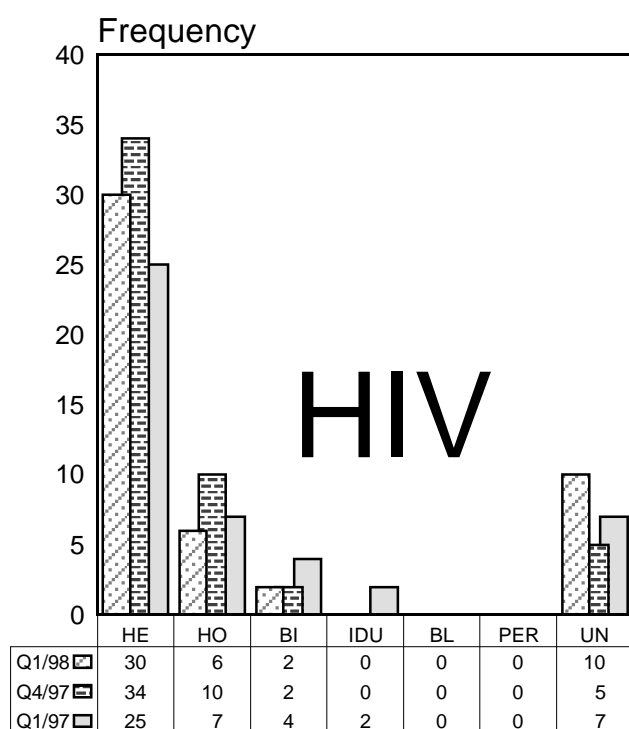
# Hong Kong HIV/AIDS Voluntary Reporting

By Sex (1st Quarter, 1998)



# Hong Kong HIV/AIDS Voluntary Reporting

By Exposure Category (1st Quarter, 1998)



# Sexually Transmitted Diseases Reporting at GSHS\*

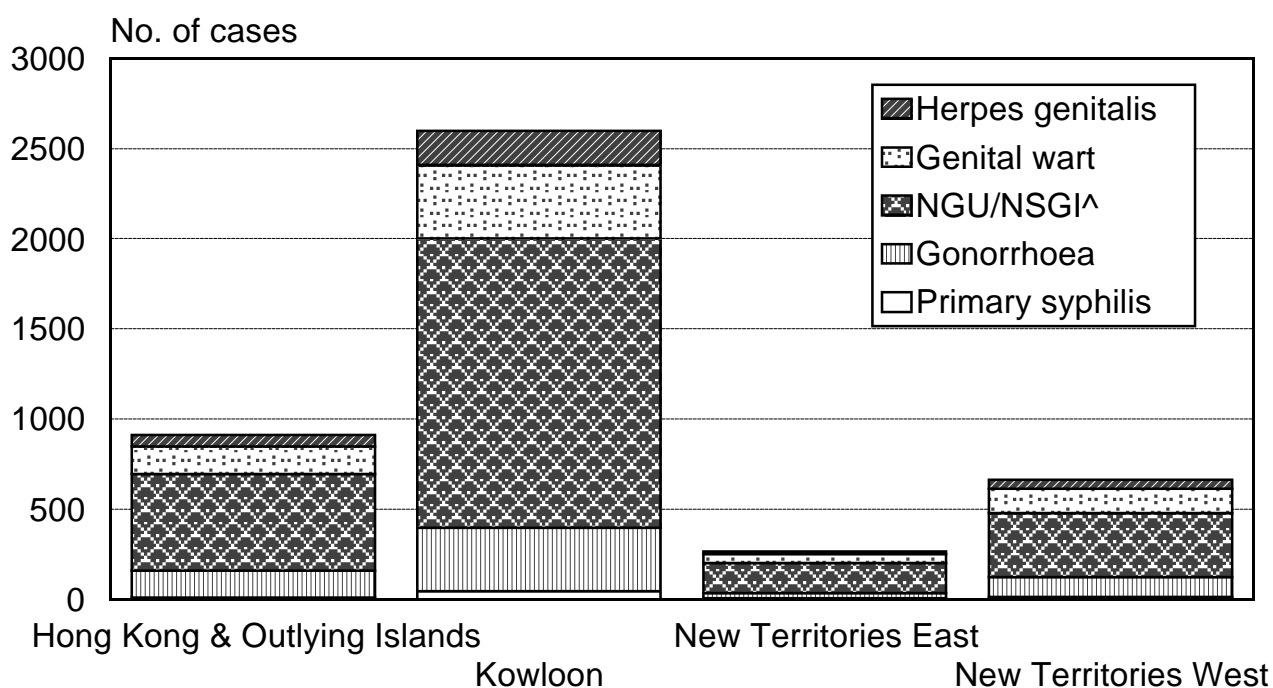
By sex (1st Quarter, 1998) Hong Kong



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

# Sexually Transmitted Diseases Reporting at GSHS\*

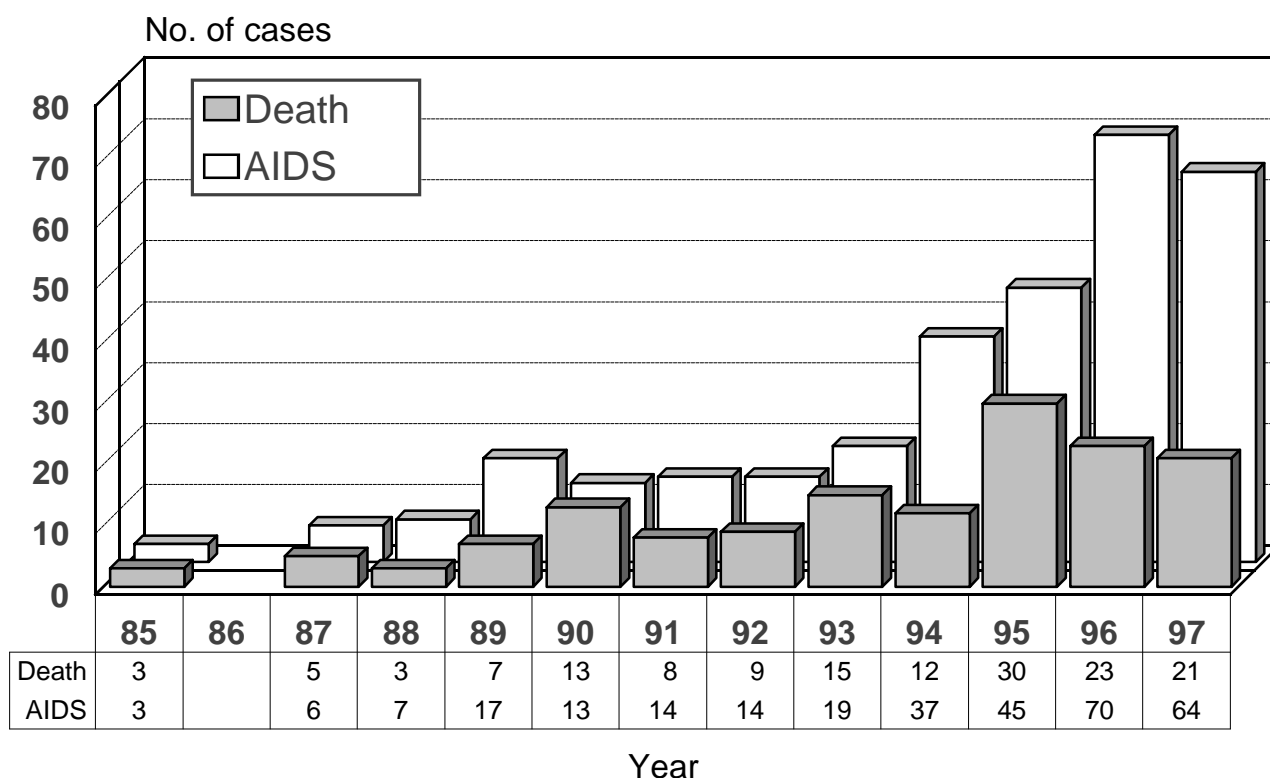
By Region (1st Quarter, 1998) Hong Kong



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

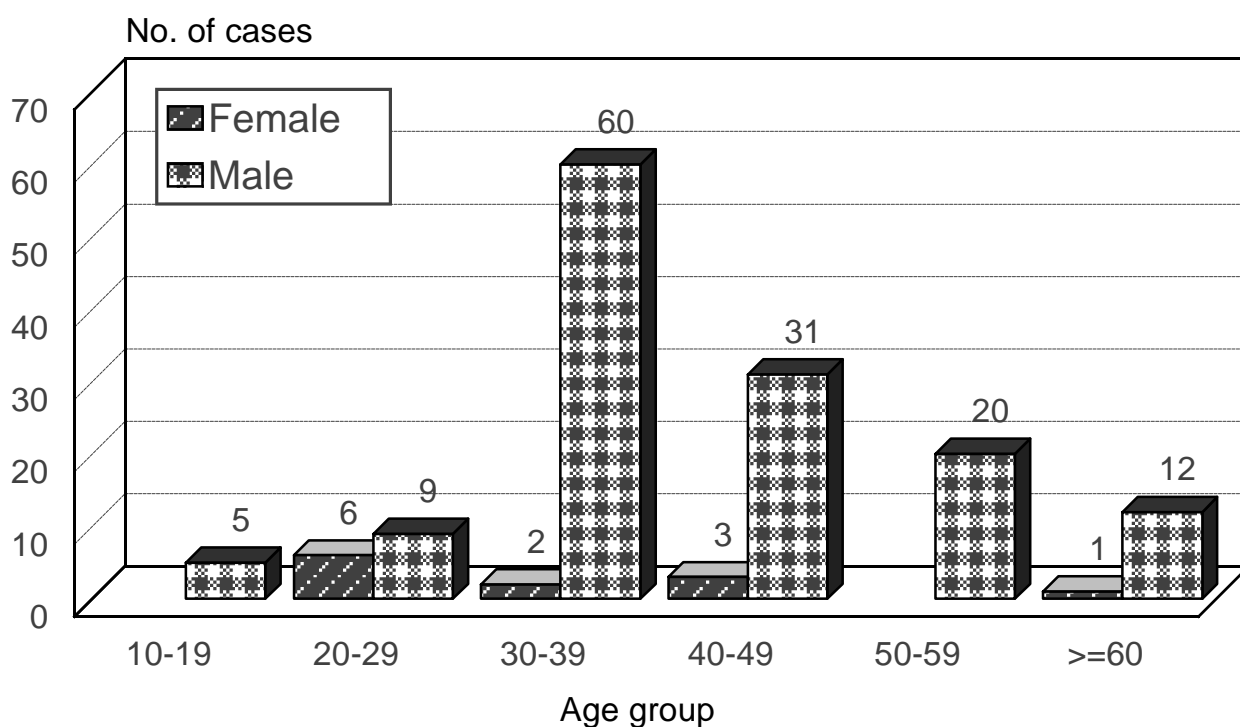
# Annual AIDS Mortality

1985 - Dec 1997, Hong Kong (N=149/309)



## Annual AIDS Mortality - By Sex & Age Group

1985 - Dec 1997, Hong Kong (N=149)

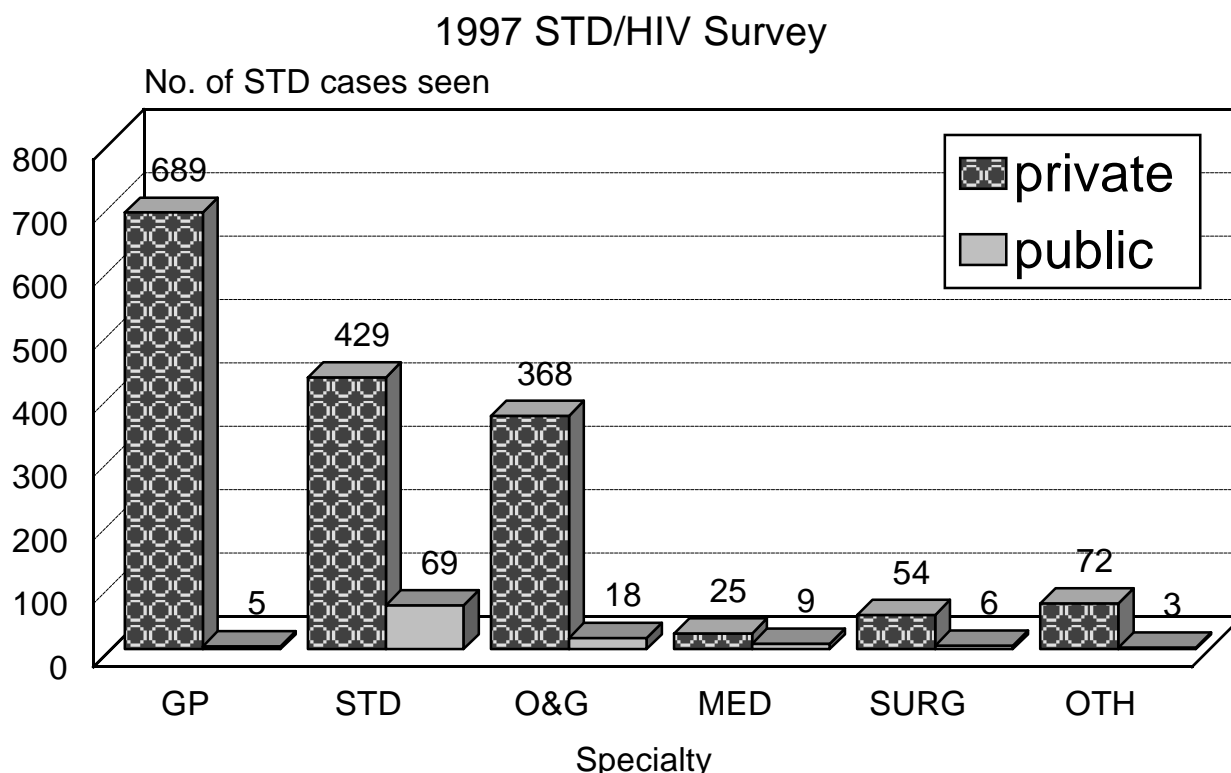


## Number of cases in each categories of STD in the past 7 working days (by practice) - 1997 STD/HIV Survey

		Total doctors (n=1623)		Sub-total	Total
		Private (n=879)	Public (n=722)		
<b><u>Genital Ulcers:</u></b>					
	Chancere	13	5	18	240
	Chancroid	7	-	7	
	Herpes genitalis	175	15	190	
	Others	24	1	25	
<b><u>Urethral/Vaginal Discharge:</u></b>					
	Gonorrhoea	249	20	269	1280
	NGU/Non Specific Genital Infection	255	86.5	341.5	
	Candidosis	481	74.5	555.5	
	Trichomoniasis	52	27.5	79.5	
	Others	28	6.5	34.5	
<b><u>Genital Growths:</u></b>					
	Genital W arts	248	196	444	463
	Mol. Contagiosum	9	6	15	
	Others	4	-	4	
<b><u>Arthropod Infestation</u></b>					
	Scabies	67	6	73	105
	Pediculosis	28	4	32	
	Others	-	-	-	
<b><u>Others</u></b>					
	VDRL/FTA+	9	16	25	47
	HIV Ab+	2	4	6	
	Miscellaneous	5	11	16	
	<b>Total</b>	1656	479		<b>2135</b>

(Please refer to Feature Article on P.8)

## STD cases seen by private (n=879) and public (n=722) doctors of different specialties in their past 7 working days



(Please refer to Feature Article on P.8)

### **Survey on Epidemiology of STD/HIV in Hong Kong 1997 - Lessons to Learn**

Both STDs and HIV are not notifiable diseases by law in Hong Kong. To better discern the local scenario, a questionnaire survey on the epidemiology of STD/HIV was conducted in early 1997. A standard questionnaire was sent to all medical practitioners registered with the Medical Council. The overall response rate was nearly 21% (1623 out of 7824), with similar rates from both the private and public sectors.

The HIV positivity rate was found to be less than 1%, from the tests performed by the respondents in the past one year. This was compatible with the HIV prevalence basing on data collected from other sources. Unfortunately, less than half of the respondents from both sectors admitted giving HIV education/counselling to their STD patients.

Twenty percent of the respondents had encountered patients with STD in the past 7 working days. Roughly 80% and 20% of these cases were seen in the private and public sector respectively (See Table and Chart on P.7 : Number of STD cases in the past 7 working days, by practice). Doctors working in the general practice/family medicine, dermatology/venereology, and obstetrics/gynaecology took care of 90% of the cases. Urethral/vaginal discharge was the commonest presenting symptom (60%), followed by genital growth (22%), and genital ulcers (11%). These results were consistent with the disease pattern observed by the government Social Hygiene Service.

There were only 5.6% STD cases confirmed by pathological or microbiological proof. Due to the accessibility of relevant investigations, cost and other factors, it was plausible that a majority of the STDs were managed solely on clinical assessment. Syndromic approach, as advocated by the World Health Organisation, is a valuable means of managing STD for all doctors. However, proper application of syndromic management must be ensured for achieving its clinical and public health impacts on STDs and their related diseases.

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

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

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