

Hong Kong STD/AIDS Update

- a quarterly surveillance report

Department of Health

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Editorial

Compared with the cases reported in the last quarter, newly reported HIV and AIDS patients have considerably shot up to 61 and 27 respectively during the second quarter. Both figures are the highest recorded since the surveillance system was established in 1984. The cumulative total number of HIV cases now stand at 1066 while 349 of them were known to have progressed to AIDS.

The proportion of source of diagnosis of the new HIV cases is approximately 5:2 for the public:private hospitals/clinics. Of note is the continued narrowing of male-to-female ratio of the newly HIV infections - 3:1 for this quarter. More than one-third of them were non-Chinese, and amongst whom, greater than 90% were of other Asian ethnicity. Two new perinatal infections were reported this time. Both mothers' HIV infection was not diagnosed before delivery, and thus no interventions to reduce the risk of vertical transmission were possible.

Late presentation of patients with advanced HIV disease is evident from this quarter's statistics. For the new AIDS cases, 25 (93%) had their HIV infection diagnosed within the last 3 months. Twenty-two of the 61 new HIV cases had AIDS diagnosed simultaneously. Seventeen of them were Chinese, echoing the growth of the local HIV/AIDS epidemic. The improved drug treatment calls for earlier diagnosis of HIV infection.

The feature article of this issue focuses on men who have sex with men. The article tries to tease out the specificity and relevance of this community group regarding STD/HIV. Let's work together for better care and prevention in Hong Kong.

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Reported HIV/AIDS Quarterly Statistics

2nd Quarter (April - June) 1998

| | This Quarter | | Cumulative | |
|------------------------------|---------------------|-------------|-------------------|-------------|
| | <u>HIV</u> | <u>AIDS</u> | <u>HIV</u> | <u>AIDS</u> |
| Sex | | | | |
| Male | 46 | 24 | 912 | 314 |
| Female | 15 | 3 | 154 | 35 |
| Ethnicity/race | | | | |
| Chinese | 39 | 22 | 732 | 261 |
| Non-Chinese | 22 | 5 | 334 | 88 |
| <i>Asian</i> | 19 | 4 | 128 | 38 |
| <i>White</i> | 3 | 1 | 157 | 48 |
| <i>Black</i> | 0 | 0 | 11 | 2 |
| <i>Others</i> | 0 | 0 | 38 | 0 |
| Age at diagnosis | | | | |
| Adult | 59 | 27 | 1039 | 343 |
| Child (age 13 or less) | 2 | 0 | 27 | 6 |
| Exposure category | | | | |
| Heterosexual | 42 | 20 | 579 | 200 |
| Homosexual | 5 | 3 | 239 | 82 |
| Bisexual | 0 | 0 | 58 | 24 |
| Injecting drug user | 1 | 0 | 17 | 5 |
| Blood/blood product infusion | 0 | 1 | 67 | 16 |
| Perinatal | 2 | 0 | 6 | 2 |
| Undetermined | 11 | 3 | 100 | 20 |
| Total | 61 | 27 | 1066 | 349 |

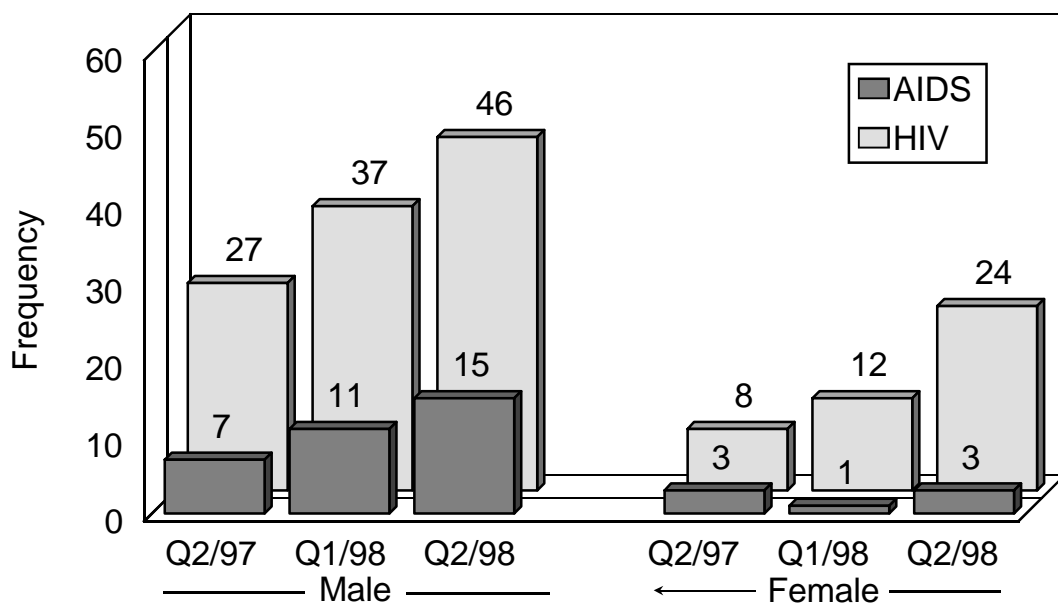
Sexually Transmitted Diseases Reporting at Government Social Hygiene Service

2nd Quarter (April - June) 1998

| | <u>This Quarter</u> | <u>Same Quarter Last Year</u> |
|---|---------------------|-----------------------------------|
| Syphilis | | |
| <i>Primary</i> | 58 | 56 |
| <i>Secondary</i> | 18 | 13 |
| <i>Early latent</i> | 86 | 29 |
| <i>Late latent</i> | 88 | 55 |
| <i>Late (cardiovascular/neuro)</i> | 0 | 0 |
| <i>Congenital (early)</i> | 0 | 0 |
| <i>Congenital (late)</i> | 0 | 0 |
| Total | 250 | 153 |
| Gonorrhoea | 708 | 661 |
| Non-gonococcal urethritis | 1639 | 1555 |
| Chancroid/Lymphogranuloma venereum | 3 | 2 |
| Genital wart | 840 | 843 |
| Herpes genitalis | 292 | 232 |
| Pediculosis pubis/Scabies | 221 | 204 |
| Non-specific genital infection | 1281 | 829 |
| Trichomonas/Monilia vaginitis | 805 | 638 |
| Molluscum contagiosum | 62 | 46 |
| Genital ulcer | 157 | 3 |
| Others | 11 | 15 |
| Total | 6269 | 5181 |

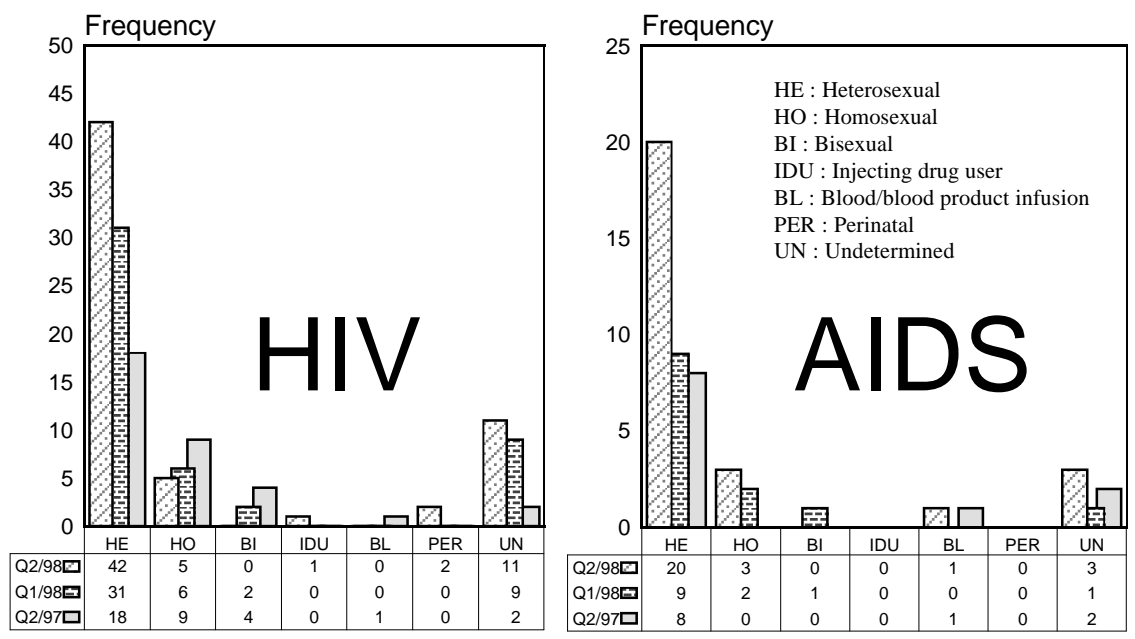
Hong Kong HIV/AIDS Voluntary Reporting

By Sex (2nd Quarter, 1998) Hong Kong



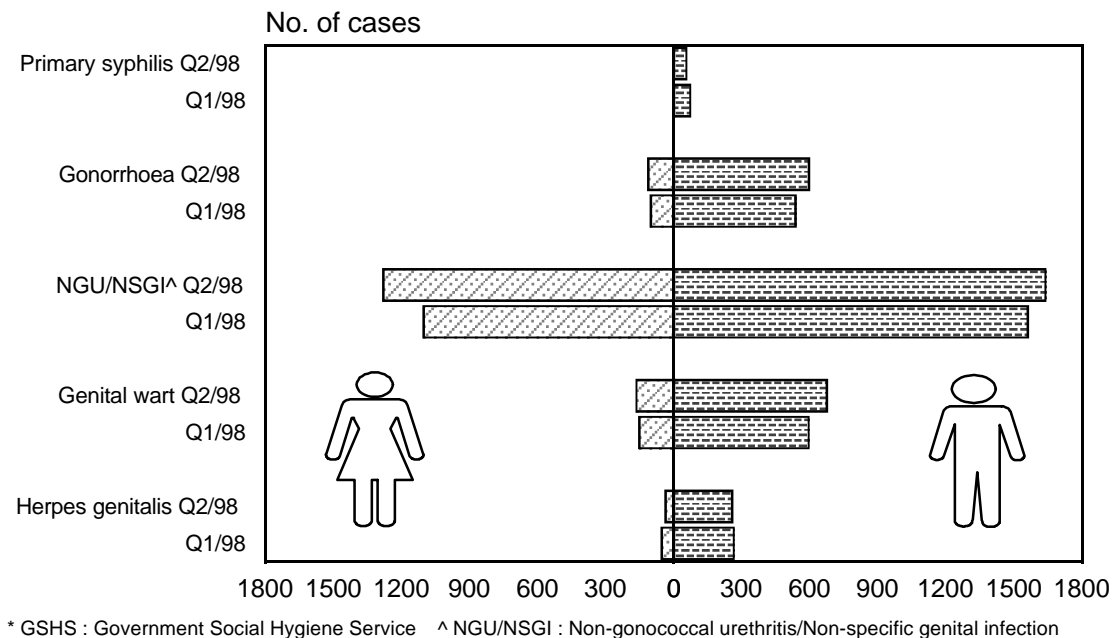
Hong Kong HIV/AIDS Voluntary Reporting

By Exposure Category (2nd Quarter, 1998) Hong Kong



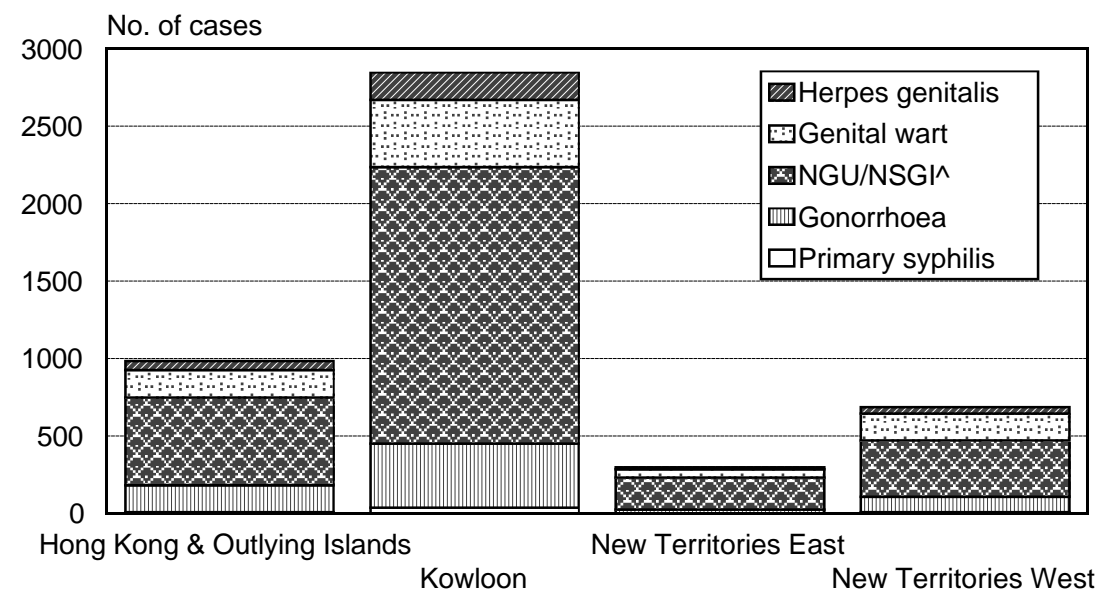
Sexually Transmitted Diseases Reporting at GSHS*

By sex (2nd Quarter, 1998) Hong Kong



Sexually Transmitted Diseases Reporting at GSHS*

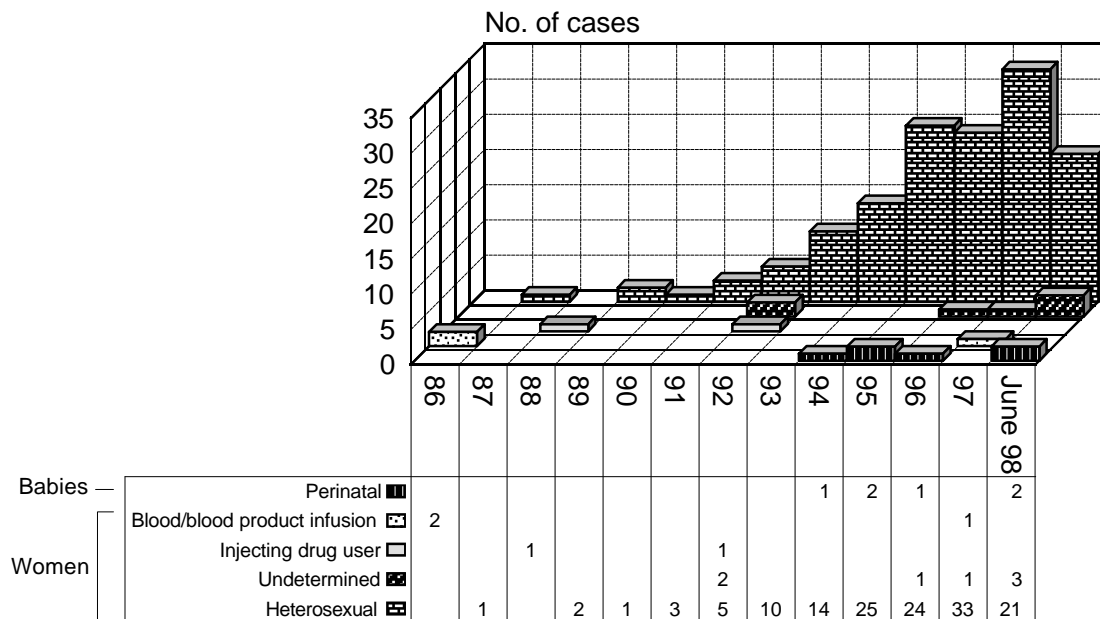
By Region (2nd Quarter, 1998) Hong Kong



Annual HIV Infections in Women and Babies

Routes of Transmission

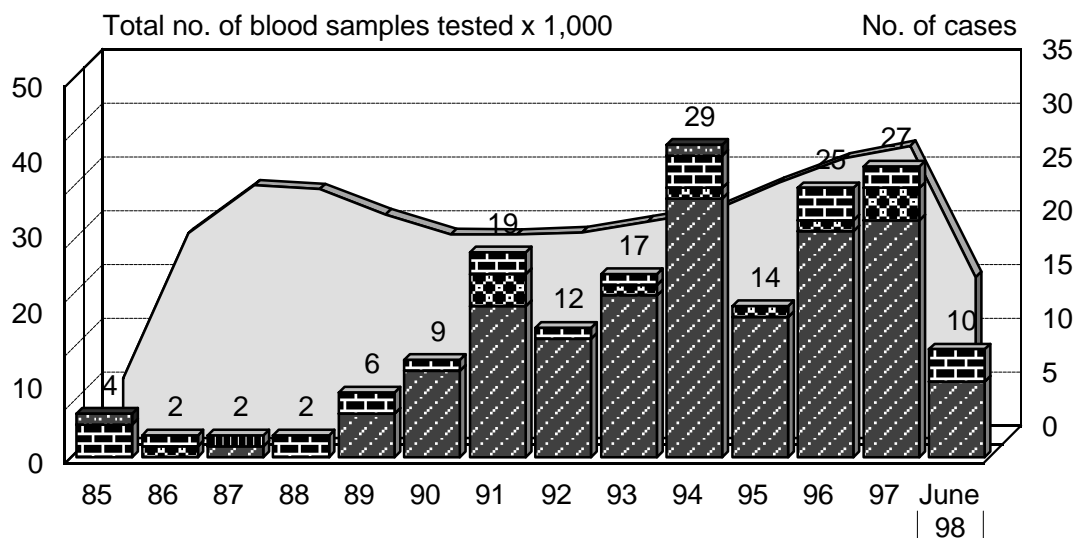
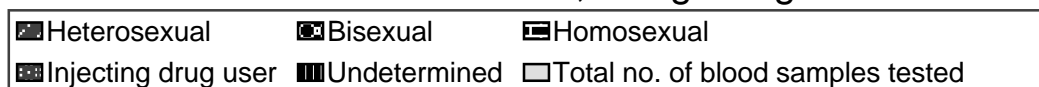
1985 - June 1998, Hong Kong



Route of transmission of New HIV Infections

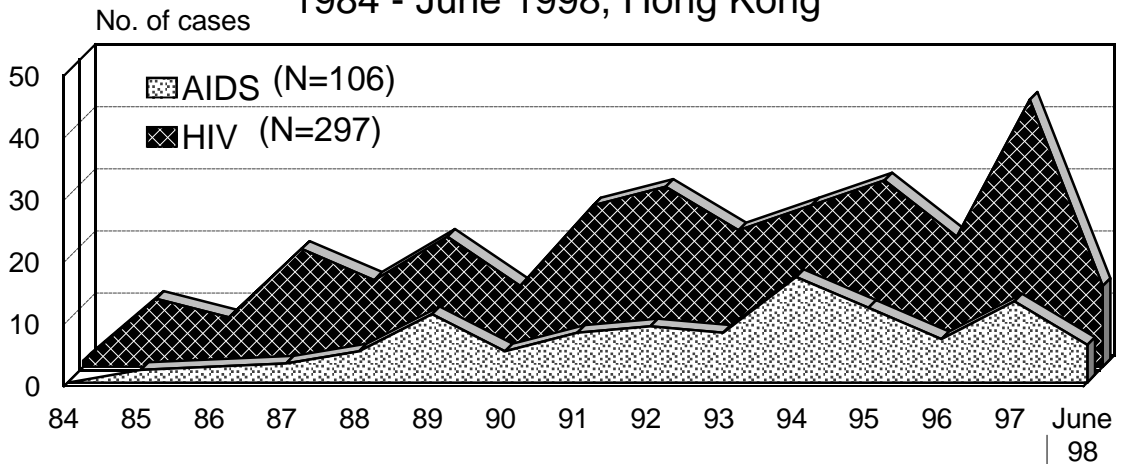
First Tested at SHC (N=178)

1985 - June 1998, Hong Kong



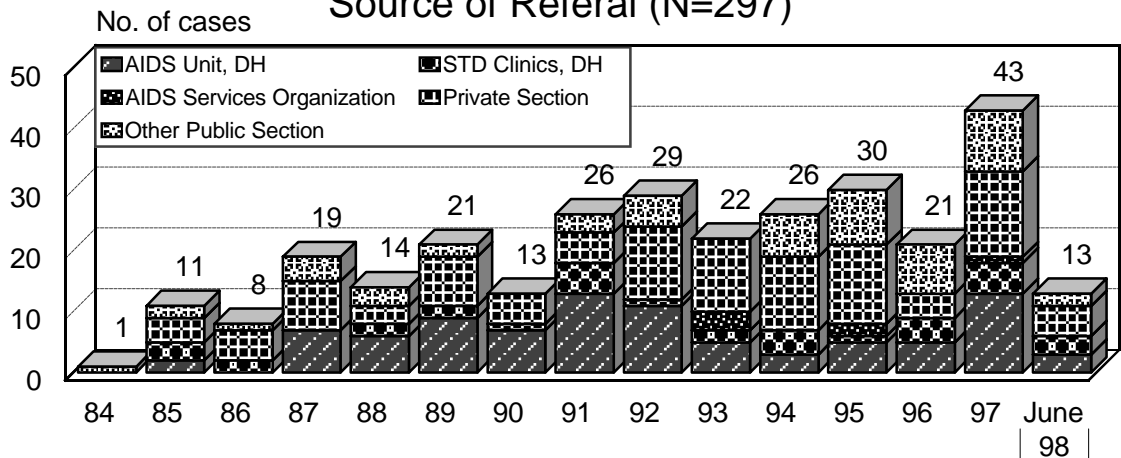
HIV/AIDS in MSM*

1984 - June 1998, Hong Kong



HIV Infections in MSM*

Source of Referral (N=297)



Primary AIDS Defining Diseases of Reported AIDS in MSM*

| PRIMARY AIDS DEFINING DISEASES | Frequency | Percent |
|---|-----------|---------|
| <i>Pneumocystis carinii</i> pneumonia | 46 | 43.4 |
| <i>Kaposi's sarcoma</i> | 15 | 14.2 |
| <i>Candidiasis, esophageal</i> | 11 | 10.4 |
| <i>Mycobacterium tuberculosis</i> , extrapulmonary | 7 | 6.6 |
| <i>Cryptococcosis</i> , extrapulmonary | 5 | 4.7 |
| <i>Cryptosporidiosis</i> , chronic intestinal (>1 month's duration) | 4 | 3.8 |
| <i>Penicillium marneffei</i> | 4 | 3.8 |
| <i>Cytomegalovirus</i> retinitis (with loss of vision) | 2 | 1.9 |
| <i>Cytomegalovirus</i> disease (other than liver, spleen, or nodes) | 2 | 1.9 |
| <i>Mycobacterium avium</i> complex or <i>M. kansasii</i> , disseminated | 2 | 1.9 |
| <i>Toxoplasmosis</i> of brain | 2 | 1.9 |
| Wasting syndrome due to HIV | 1 | 0.9 |
| Encephalopathy, HIV-related | 1 | 0.9 |
| <i>Isosporiasis</i> , chronic intestinal (>1 month's duration) | 1 | 0.9 |
| <i>Lymphoma</i> , primary, of brain | 1 | 0.9 |
| <i>Lymphoma</i> , immunoblastic (or equivalent term) | 1 | 0.9 |
| <i>Mycobacterium tuberculosis</i> , pulmonary or cervical lymphadenopathy and CD4 <200/ μ L | 1 | 0.9 |
| Total | 106 | 100 |

*MSM : Homosexual + Bisexual

Men who have sex with men

"Men who have sex with men", abbreviated as MSM, is a term gaining popularity in public health usage lately. This brings the focus of HIV prevention back to the biological risk brought by sex behaviours, instead of the sexual inclination or orientation of individuals. In fact, it has been recognized that not all MSM may self-identify as gays. Neither are the bisexuals. By distancing from the threat of HIV infection, MSM may lose the opportunity of access to effective intervention measures.

As from the perspective of health care provision, it is intriguing that MSM have seldom been linked to STD control but that of AIDS. There are several possible reasons. First, MSM with STDs may have a different clinical presentation, as compared to the heterosexuals. For instance, STD in MSM may present as proctitis or colitis. Second, in the local reporting system, only the public STD service regularly collects STD incidence data. Yet the MSM may not prefer to be seen at these public clinics for various possible reasons. Third, the association between sexual orientation and AIDS has been made incidentally because of (1) the initial clustering of reported AIDS among homosexuals; (2) the incurable nature of AIDS; and (3) the courage and vision of some gay communities in the developed countries in taking up both the advocacy and preventive roles promptly.

In Hong Kong, among the 1066 reported HIV infections, 27.9% had admitted themselves to be homosexuals or bisexuals, and 15.7% and 23.8% in the 1996 and 1997 annual statistics. Cumulatively, 37% was first tested in private sector, 30% at the Department of Health AIDS clinic, 12% government Social Hygiene Services. Thirty-six percent of all had progressed to AIDS as of the end of June 1998 and the most common primary AIDS defining illness is PCP, followed by Kaposi's Sarcoma. (Refer to charts on pages 6-7 of the *Update*) The proportion of MSM may have been underestimated because of the nature of the self-reported data. From the public health perspective, aggressive treatment of STD, timely diagnosis of HIV infection, and effective counseling for safer sex measures could contribute to reducing HIV spread in MSM. The success of such approach would, nevertheless, rely on the sensitivity and tactfulness of the attending physicians.

Situations and strategies on HIV prevention in MSM recommended by CEPAIDS (Committee on Education and Publicity on AIDS) is available upon request (request made to the AIDS Unit). Any views and comments are welcome.

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

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

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