

- a quarterly surveillance report

Department of Health

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Editorial

To conclude the year 1998, 189 HIV infections and 63 AIDS were reported giving the cumulative total of 1146 HIV infections and 372 AIDS since 1984. These annual figures are similar to those of 1997, in which 181 HIV infections and 64 AIDS were reported. The distribution of these reported in terms of sex, ethnicity and routes of transmission is also similar to the previous year.

In 1998, there is a further reduction in the male to female ratio for HIV to 3 to 1. And that for AIDS also decreased to 5 to 1, compared to more than 10 to 1 in 1996. Heterosexual transmission is evidently getting more important, even though we could not ascertain the degree of misclassification of homosexual males. Two vertical transmissions were reported this year giving a total of 6 known HIV infected babies. All of the six babies had their HIV diagnosis made before the age of 2 years. Three of them have progressed to AIDS. Diagnosis of vertically transmitted HIV infection in Hong Kong could be made in the first few months of life by polymerase chain reaction.

There is also a progressive increase of STD diagnosed at the government Social Hygiene Service. The total number reported increased from 20724 in 1997 to more than 26,000 in 1998. However, this includes a heterogeneous group of diseases (see p.8) Non-gonococcal urethritis/genital infection is the most commonly diagnosed entity in both sexes, followed by genital warts and gonorrhoea. While there is inconclusive evidence of people shifting from private to public sector for STD treatment, these figures are suggestive of a substantial number of high risk behaviours. In 1998, 27 HIV infections were referred from the Social Hygiene Clinics.

These observations further highlight the rising female infection and HIV infected pregnancies. Perinatal HIV infection is a potentially preventable condition. Breastfeeding has long been documented to contribute to an increased risk. Prophylaxis using AZT, initiated in the antenatal period, could reduce the transmission rates by half (MMWR 1998; 47:151-3) to two-thirds (NEJM 1994; 331:1173-80). A recent meta-analysis, released prior to its publication on NEJM, supports that elective Caesarean section further reduce the risks (<http://www.nejm.org/content/embargo/HIV.asp>). However, all these measures are only possible when the HIV status of the expectant mothers are known prior to delivery. Like all other potentially preventable neonatal conditions, expectant mothers should have access to HIV information, testing, and prophylaxis when appropriate. To protect those tested, medical records should be appropriately maintained irrespective of the decision of the mothers and test results. Finally, a joint care between the attending obstetricians and the HIV physicians should be most beneficial.

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Reported HIV/AIDS Quarterly Statistics

4th Quarter (October - December) 1998

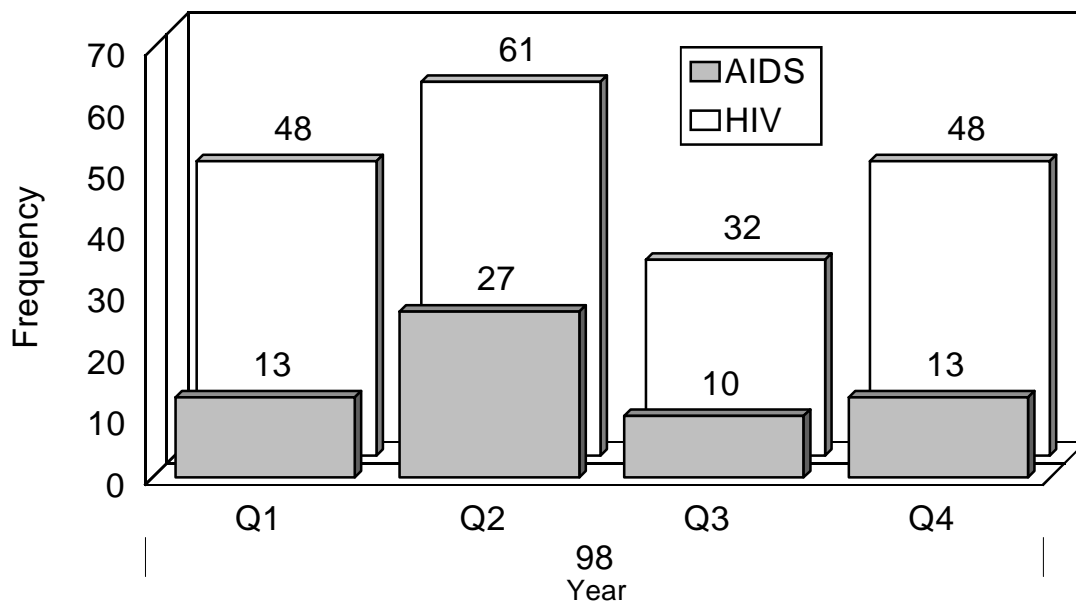
	This Quarter		Cumulative	
	<u>HIV</u>	<u>AIDS</u>	<u>HIV</u>	<u>AIDS</u>
Sex				
Male	35	9	971	331
Female	13	4	175	41
Ethnicity/race				
Chinese	35	10	790	280
Non-Chinese	13	3	356	92
<i>Asian</i>	<i>10</i>	<i>3</i>	<i>146</i>	<i>42</i>
<i>White</i>	<i>3</i>	<i>0</i>	<i>160</i>	<i>48</i>
<i>Black</i>	<i>0</i>	<i>0</i>	<i>11</i>	<i>2</i>
<i>Others</i>	<i>0</i>	<i>0</i>	<i>39</i>	<i>0</i>
Age at diagnosis				
Adult	48	13	1119	365
Child (age 13 or less)	0	0	27	7
Exposure category				
Heterosexual	34	12	635	221
Homosexual	2	1	244	83
Bisexual	3	0	62	24
Injecting drug user	0	0	17	5
Blood/blood product infusion	0	0	67	16
Perinatal	0	0	6	3
Undetermined	9	0	115	20
Total	48	13	1146	372

Sexually Transmitted Diseases Reporting at Government Social Hygiene Service 4th Quarter (October - December) 1998

	<u>This Quarter</u>	<u>Same Quarter Last Year</u>
Syphilis		
<i>Primary</i>	70	61
<i>Secondary</i>	15	23
<i>Early latent</i>	86	66
<i>Late latent</i>	144	74
<i>Late (cardiovascular/neuro)</i>	1	11
<i>Congenital (early)</i>	0	0
<i>Congenital (late)</i>	0	1
Total	316	236
Gonorrhoea	708	560
Non-gonococcal urethritis (Male)	1963	1679
Non-specific genital infection (Female)	1456	1080
Genital wart	1028	798
Herpes genitalis	395	331
Pediculosis pubis/Scabies	202	182
Trichomonas/Monilia vaginitis	892	706
Molluscum contagiosum	58	60
Genital ulcer	108	47
Chancroid/Lymphogranuloma venereu	6	2
Others	95	11
Total	7227	5692

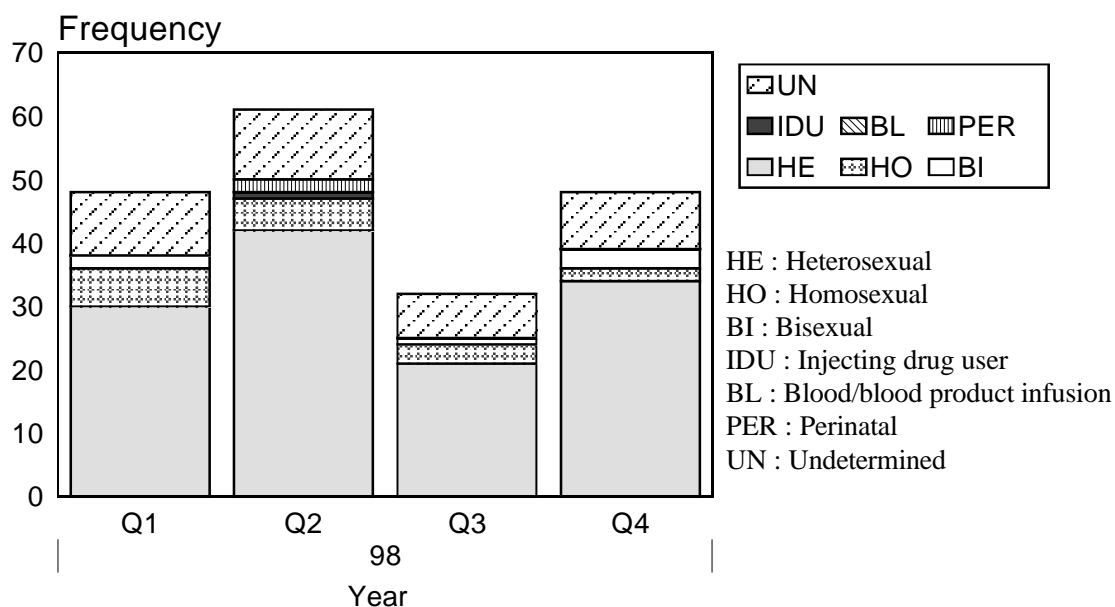
Hong Kong HIV/AIDS Voluntary Reporting

(4th Quarter, 1998) Hong Kong

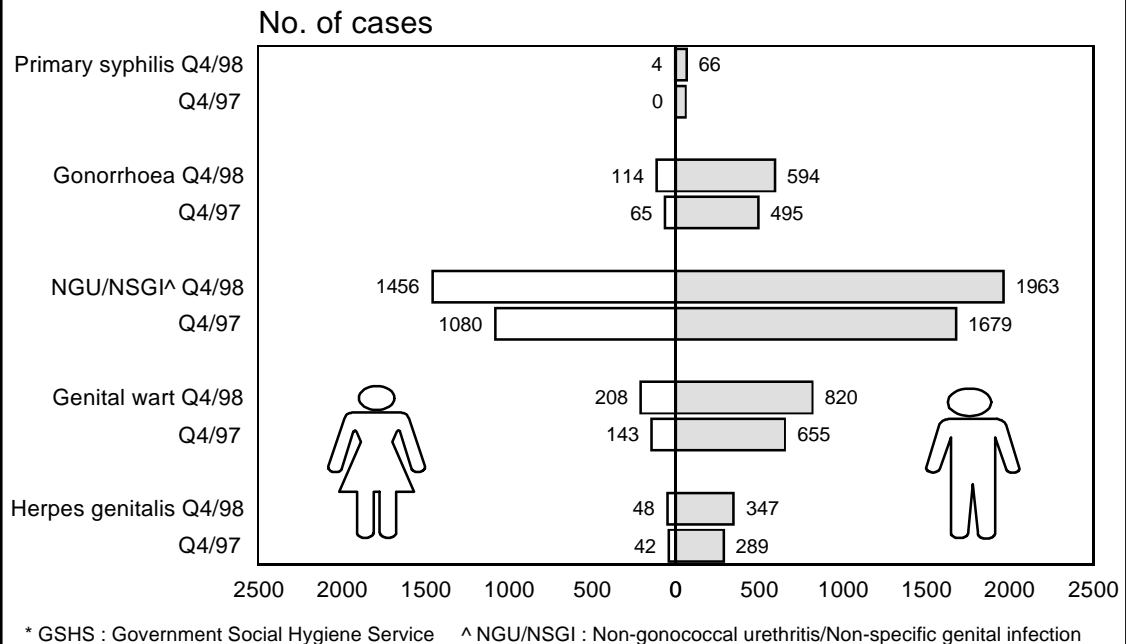


Hong Kong HIV Voluntary Reporting

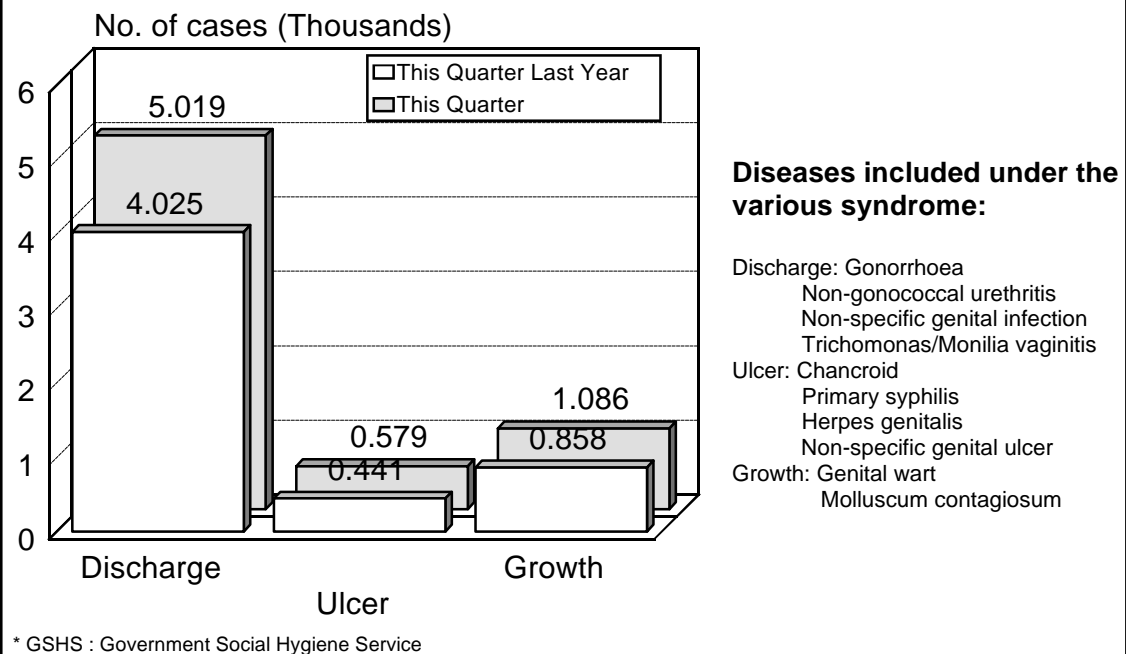
By Exposure Category (4th Quarter, 1998) Hong Kong



Sexually Transmitted Diseases Reporting at GSHS* By sex (4th Quarter, 1998) Hong Kong

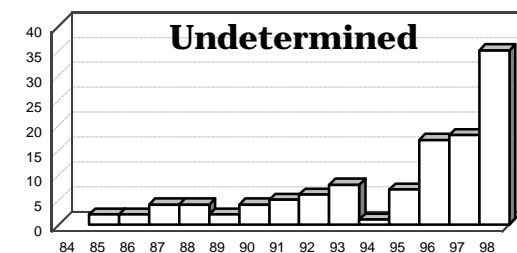
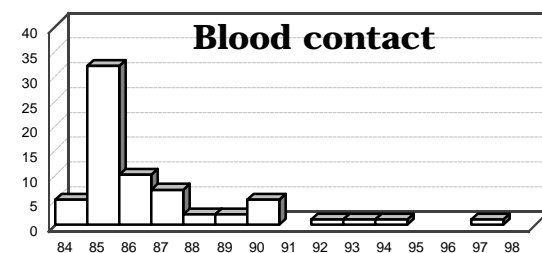
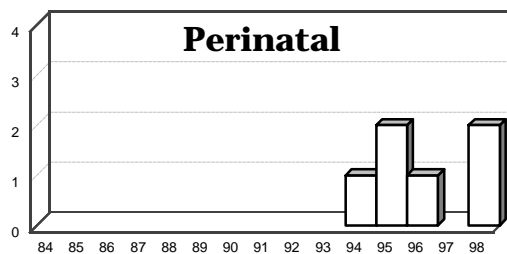
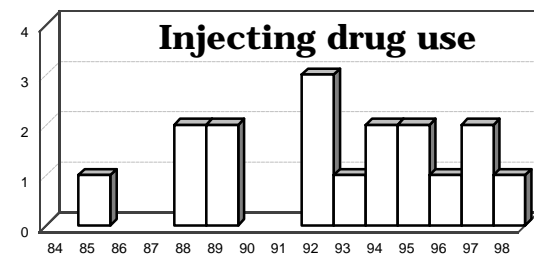
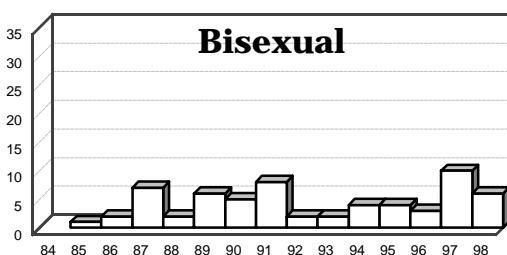
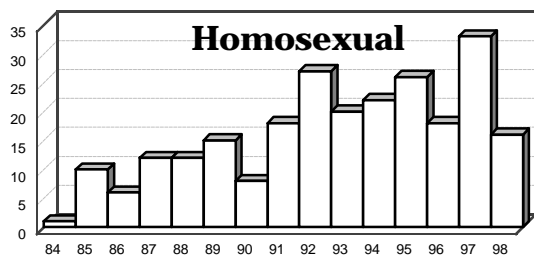
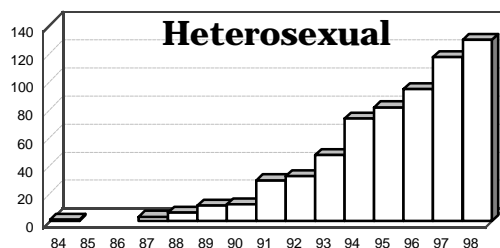
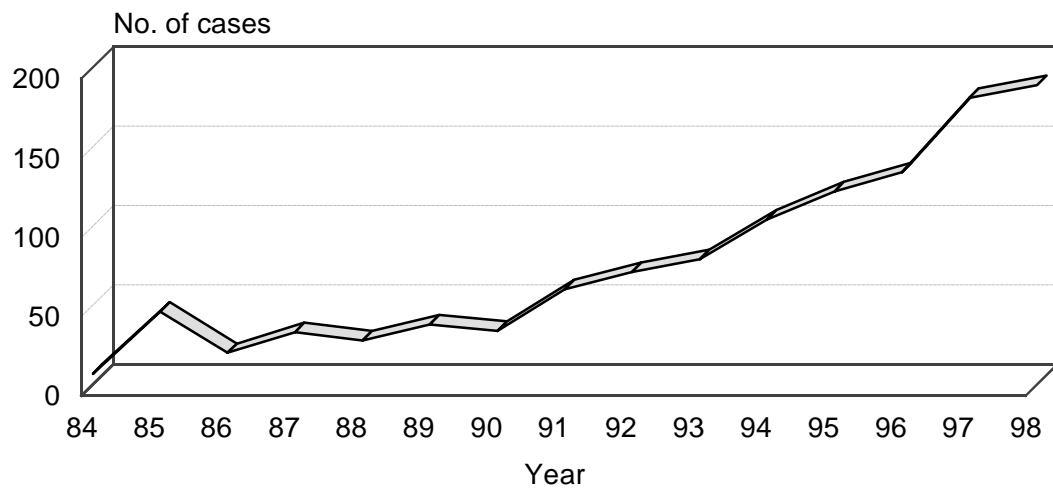


Syndromic Diagnoses of STD in GSHS* (4th Quarter, 1998) Hong Kong



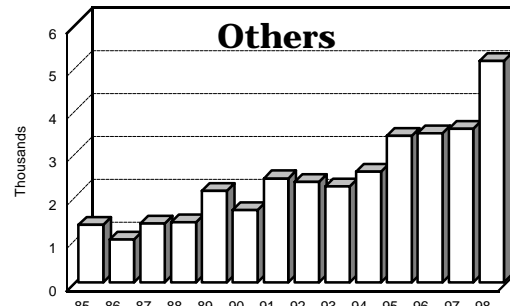
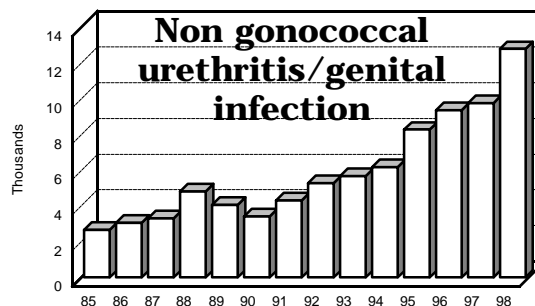
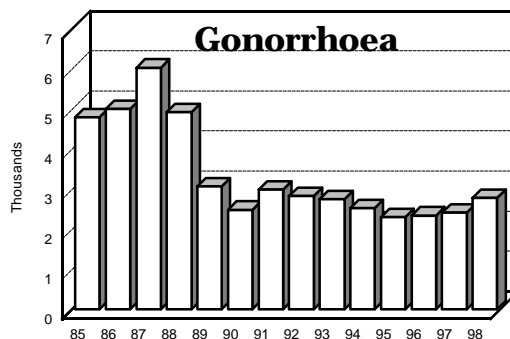
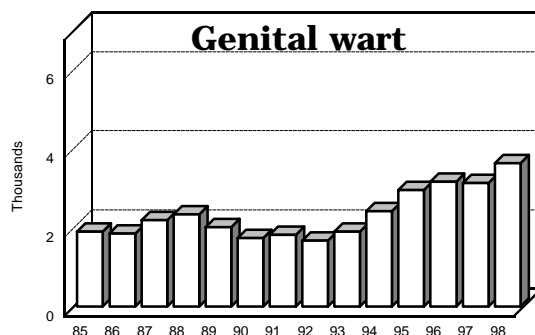
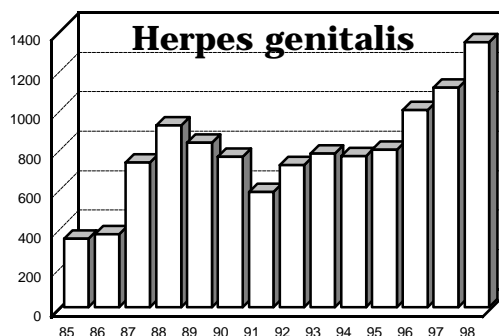
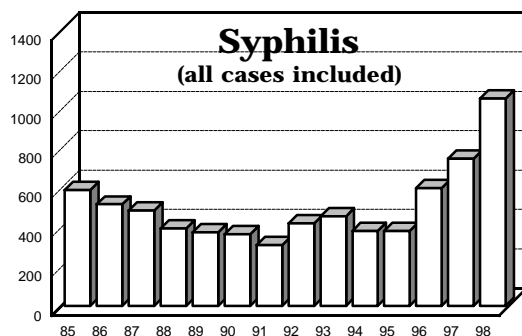
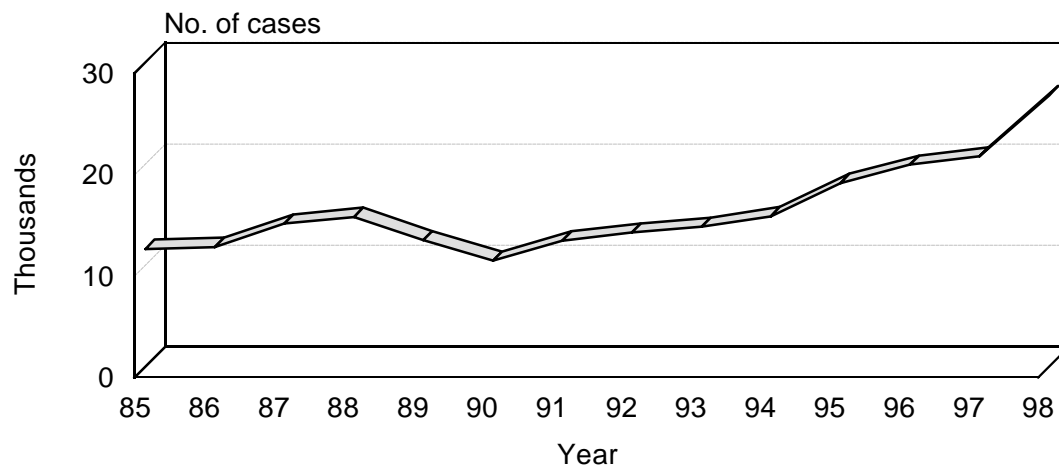
Route of Transmission of HIV Infection

1984 - 1998, Hong Kong (N=1146)



Incidence of STD at Social Hygiene Service

1985 - 1998, Hong Kong



STD Surveillance

Public health surveillance of sexually transmitted diseases to regularly collect, interpret and disseminate relevant information is critical for the planning, implementation and evaluation of control programmes. To date, HIV surveillance is conducted using three methodologies: (1) reporting systems, (2) serological studies, and (3) unlinked anonymous screening. Surveillance of the other sexually transmitted diseases is composed of a reporting system in the public Social Hygiene Service, supplemented by some ad hoc studies. The reporting in the Service is focussed primarily on aetiological diagnosis with microbiological proof. This system is therefore highly specific and allows more sophisticated studies. For instance, the surveillance of antibiotic resistance pattern of gonorrhoea has been officially included in the WHO global surveillance network for years and the results have also led to the development of STD management guidelines for local use practitioners.

There are insufficiencies in the current STD surveillance system. Since only those attending the Social Hygiene Service are covered, the disease pattern may be biased towards those who are more receptive to the Service, or those who have experienced treatment failure in the private sector. Moreover, the term STD entails a heterogeneous group of diseases with widely diverse clinical course. Only those with predominantly genital symptoms, namely ulcer, discharge, and growth, would promptly look for STD treatment. Women, who are more often asymptomatic, present themselves for treatment less readily. Neither do those with complications, such as pelvic inflammatory diseases, ectopic pregnancy, or even malignant transformation of the cervix. HIV and late stage syphilis are generally picked up in other settings.

To evaluate a surveillance system, CDC has suggested seven attributes: simplicity, flexibility, acceptability, sensitivity, positive predictive value, representativeness, and timeliness (CDC MMWR 1988; 37(S5):1-18). Above all, a consistent mechanism and clearly documented case definitions are essential. In addition, the distinction of incident and prevalent cases needs to be defined. For instance, when the syphilis epidemiology is considered, incident infection may only include primary and secondary syphilis whereas latent and tertiary syphilis considered as complications. It may also be difficult to differentiate incident cases of virus-related STDs, such as genital herpes and genital warts. A careful history is crucial. Since STD patients may be re-infected, a definition of treatment failure or relapse would be useful. Generally speaking, effective primary prevention could reduce the incident cases whereas the trend of prevalent cases indicates the effectiveness of management programmes. On a global scale, the incidence of four curable STDs have been proposed as effectiveness indicators of STD control. They are: gonococcal infection, chlamydial infection, trichomoniasis, and syphilis. Finally, a consistent and reliable STD surveillance system should contribute to an evaluation of HIV prevention activities in the targeted communities.

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

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

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*Erratum: The cases of NGU/NGUZ for female and male on Page 5 in last issue should be 1711 and 2083 respectively.