

Hong Kong STD/AIDS Update

- a quarterly surveillance report

Department of Health

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Editorial

Forty-six HIV and 18 AIDS cases were reported in Hong Kong from January to March 1999. 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 continues to narrow, reaching 2.3 to 1 in this quarter. This is not surprising in view of the increasing importance of heterosexual transmission of HIV in Hong Kong. Female infections have become more important than ever. This alerts us to be prepared for more perinatal HIV infections in the coming future. In this quarter, one mother-to-child infection was diagnosed.

Cumulatively, the total number of reported HIV infections has reached 1192. Eighty-four percent are males, and 69% are ethnic Chinese. Eighty-two percent of all have acquired the infection through sexual contact, with two thirds of them through heterosexual transmission. Heterosexual transmission is evidently getting more important, even though we could not ascertain the degree of misclassification of men who have sex with men.

Late presentation of patients with advanced HIV disease is evident from this quarter's statistics. For the new AIDS cases, 16(88.9%) had their HIV infection diagnosed within the preceding 3 months. The frequency of *Pneumocystis carinii* pneumonia as the initial AIDS - defining illness was still high among all AIDS patients, i.e. 37.2%, reflecting their late diagnosis.

There is a progressive increase of STD diagnosed at the Government Social Hygiene Service. Non-gonococcal urethritis/non-specific genital infection is the most commonly diagnosed entity and there is an increase in the incidence over the past 10 years in Hong Kong. Dr Janice Lo from the Government Virus Unit has prepared an article on genital chlamydia trachomatis infection in this issue's special feature.

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Reported HIV/AIDS Quarterly Statistics

1st Quarter (January - March) 1999

	This Quarter		Cumulative	
	<u>HIV</u>	<u>AIDS</u>	<u>HIV</u>	<u>AIDS</u>
Sex				
Male	32	16	1003	347
Female	14	2	189	43
Ethnicity/race				
Chinese	32	16	822	296
Non-Chinese	14	2	370	94
<i>Asian</i>	8	2	154	44
<i>White</i>	3	0	163	48
<i>Black</i>	2	0	13	2
<i>Others</i>	1	0	40	0
Age at diagnosis				
Adult	45	17	1164	382
Child (age 13 or less)	1	1	28	8
Exposure category				
Heterosexual	28	13	664	234
Homosexual	7	3	253	86
Bisexual	2	0	64	24
Injecting drug user	0	0	17	5
Blood/blood product infusion	0	0	67	16
Perinatal	1	1	7	4
Undetermined	8	1	120	21
Total	46	18	1192	390

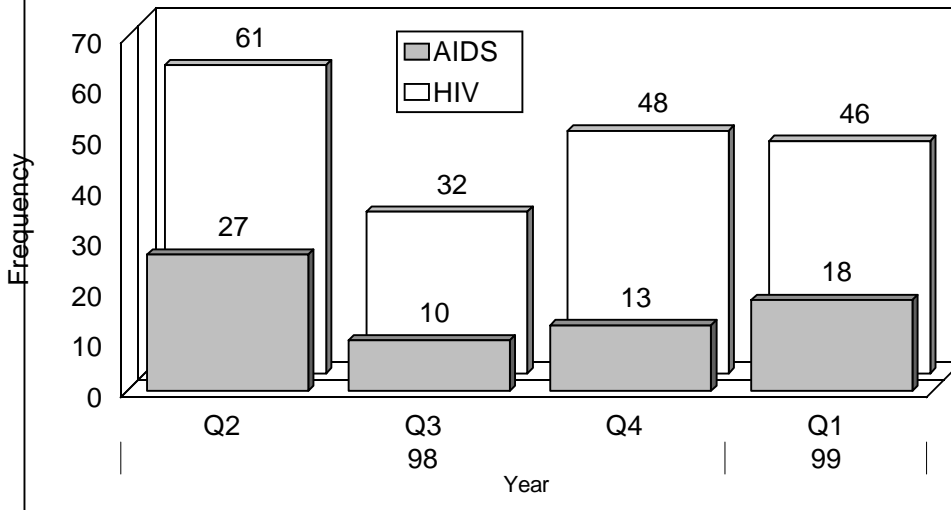
Sexually Transmitted Diseases Reporting at Government Social Hygiene Service

1st Quarter (January - March) 1999

	<u>This Quarter</u>	<u>Same Quarter Last Year</u>
Syphilis		
<i>Primary</i>	68	75
<i>Secondary</i>	14	10
<i>Early latent</i>	97	69
<i>Late latent</i>	121	49
<i>Late (cardiovascular/neuro)</i>	0	2
<i>Congenital (early)</i>	0	0
<i>Congenital (late)</i>	0	0
Total	300	205
Gonorrhoea	745	636
Non-gonococcal urethritis (Male)	1701	1562
Non-specific genital infection (Female)	1500	1101
Genital wart	900	746
Herpes genitalis	343	317
Pediculosis pubis/Scabies	159	198
Trichomonas/Monilia vaginitis	830	646
Molluscum contagiosum	70	67
Genital ulcer	124	190
Chancroid/Lymphogranuloma venereu	2	8
Others	72	6
Total	6746	5682

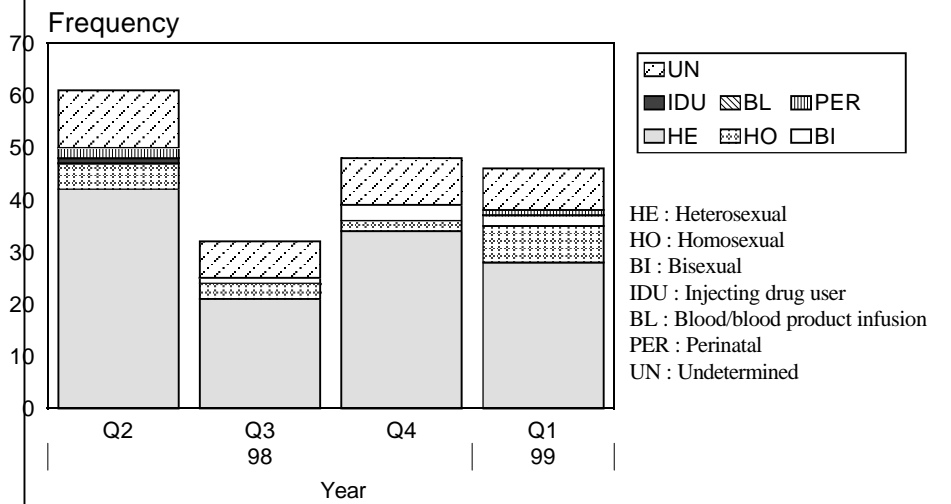
Hong Kong HIV/AIDS Voluntary Reporting

(1st Quarter, 1999) Hong Kong



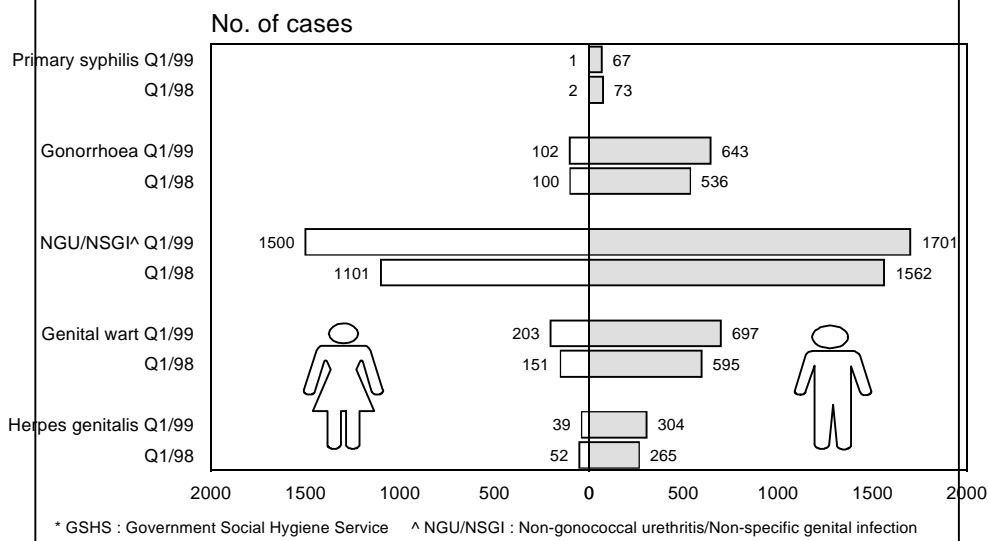
Hong Kong HIV Voluntary Reporting

By Exposure Category (1st Quarter, 1999) Hong Kong



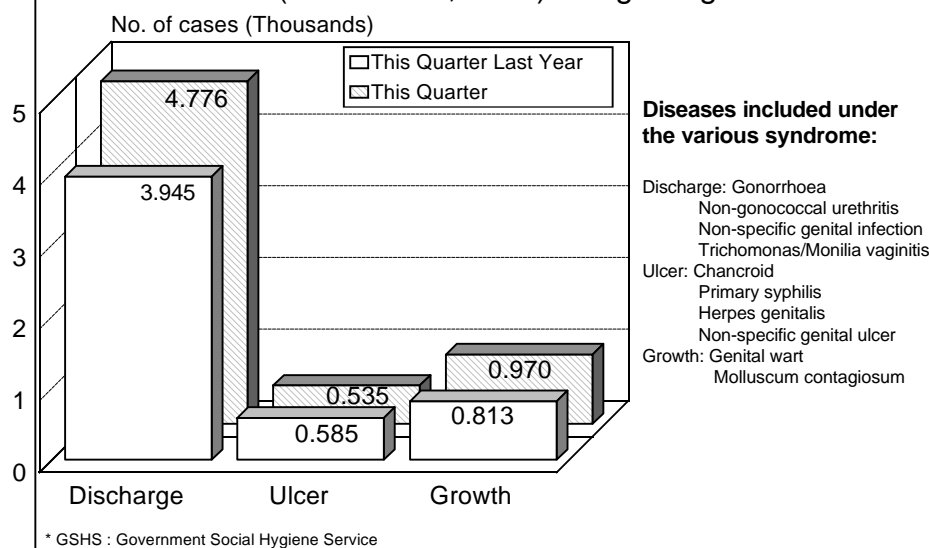
Sexually Transmitted Diseases Reporting at GSHS*

By sex (1st Quarter, 1999) Hong Kong

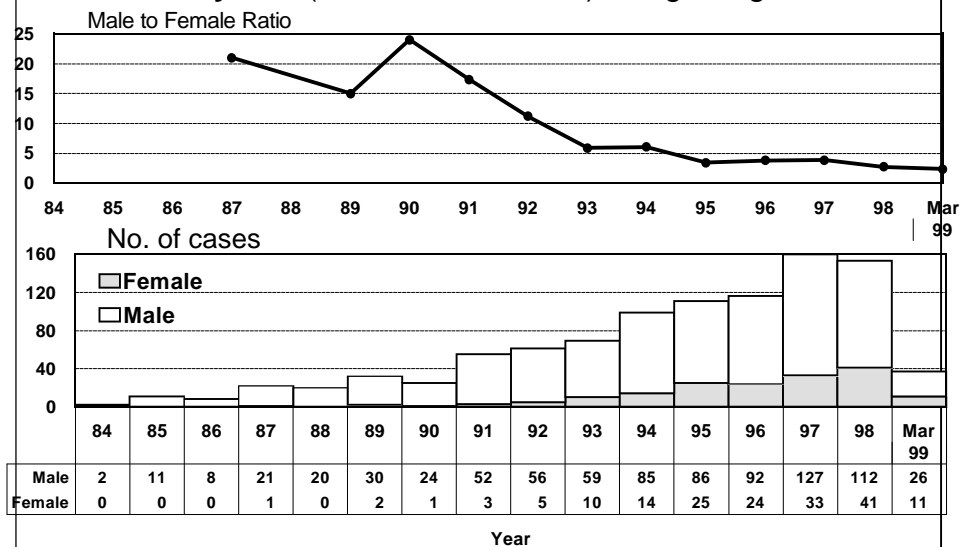


Syndrome Presentations of STD in GSHS*

(1st Quarter, 1999) Hong Kong

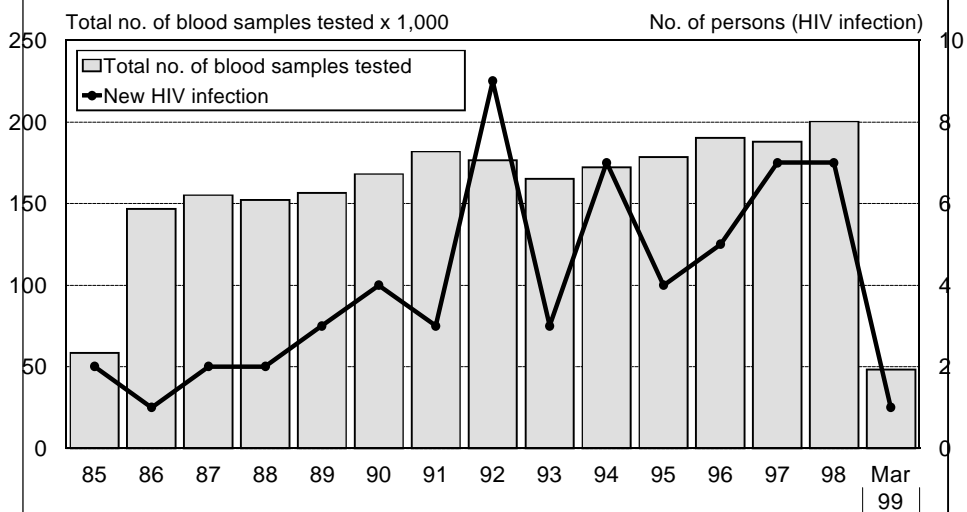


Reported HIV Infection through Sexual Transmission* by Sex (1984 - March 1999) Hong Kong



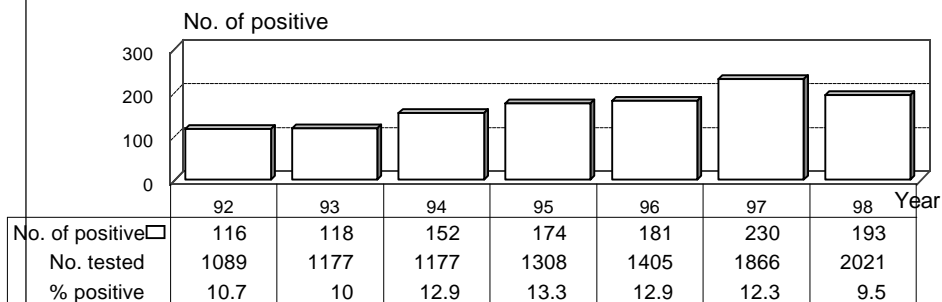
* Sexual transmission including Heterosexual, Homosexual and Bisexual

New HIV Infection Diagnosed in Blood Donors (1985 - March 1999) Hong Kong

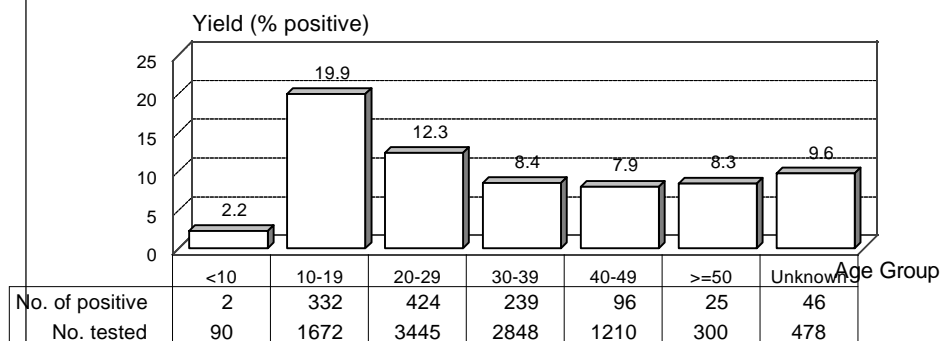


Source : Hong Kong Red Cross Blood Transfusion Service

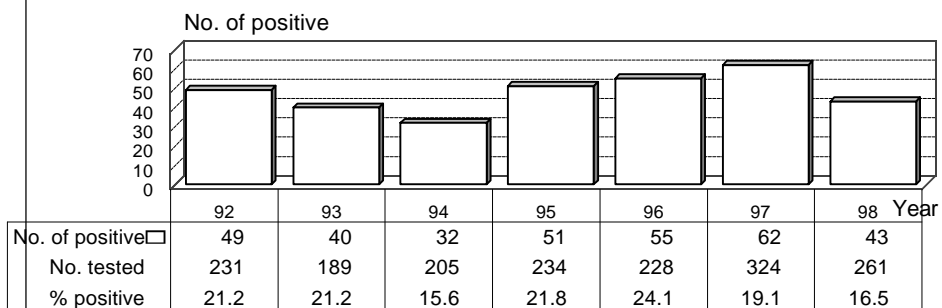
Overall specimen positive from 1992 to 1998



Specimen yield by age group (1992 to 1998)



Trend of *C. trachomatis* positive of specimen from clients aged 10-19 yrs (1992 - 1998)



** Trend of laboratory diagnosis of C. trachomatis from site (intra-abdominal, endocervical and vaginal/introital) by Pathology Institute of Department of Health from 1992 - 1998*

Genital Chlamydia Trachomatis Infections

Chlamydia trachomatis infection of the genital tract consists mainly of non-gonococcal urethritis in males and mucopurulent cervicitis in females caused by serovars D to K, and also lymphogranuloma venereum (LGV) caused by serovars L1 to L3. In Hong Kong, data from the Social Hygiene Service show a steady increase in the incidence of non-gonococcal urethritis/genital infection over the past 10 years. In addition, data from the Government Virus Unit reveal that both the number of specimens submitted for *C. trachomatis* diagnosis and the number of positive specimens have increased over the past 7 years.

Genital *C. trachomatis* infection is a significant clinical and public health problem for a number of reasons. The infection is asymptomatic in up to 70% of cases in females and 50% in males. Severe sequelae may occur especially in females, including pelvic inflammatory disease, which in turn is associated with increased incidence of ectopic pregnancy and infertility. Since sexually-transmitted diseases (STDs) are frequently acquired together, the diagnosis of *C. trachomatis* genital infection requires screening for the presence of other STDs. In addition, the sex partner of a patient with an STD must be evaluated simultaneously for proper treatment and prevention of re-infection.

Since genital *C. trachomatis* infection is often asymptomatic, a high index of clinical suspicion is required to enable timely diagnosis and proper management. Unprotected sex and multiple sex partners are risk factors for STDs, including *C. trachomatis* infection. Persons who are likely to have genital *C. trachomatis* infection based both on epidemiological and clinical grounds should be investigated further with laboratory confirmation. Locally, female teenagers are over represented for *C. trachomatis* infection. In Hong Kong, the Pathology Institute of the Department of Health provides diagnosis for *C. trachomatis* by three methods. First, enzyme immunoassay is performed on male urethral and female endocervical swab specimens collected with designated kits and sent in transport media. Second, direct immunofluorescence test is performed on methanol-fixed smears of genital specimens for the detection of the major outer membrane protein on elementary bodies of the organism. Third, genital specimens submitted in transport medium can be cultured for *C. trachomatis* using McCoy cells in shell vials followed by identification with specific fluorescent staining. The yield of diagnosis is increased by obtaining proper specimens with columnar epithelial cells from the endocervix in females and the urethra in males. Specimens for culture must be transported to the laboratory as soon as possible due to the labile nature of the organism.

Regarding management of patients, since co-infection of *C. trachomatis* with *Neisseria gonorrhoeae* is not uncommon, treatment should be targeted on both. The most commonly used regimens include a 7-day oral course of doxycycline at 100 mg twice daily or a single oral dose of 1 g of azithromycin. Single dose treatment with cefibuten 400 mg orally, or ceftriaxone 250 mg or spectinomycin 2 gm to 4 gm intramuscularly should be given at the same time if gonorrhoea is confirmed, or if clients are managed by the syndromic approach.

In order to prevent recurrence and further transmission of infection, patients should be counseled to refrain from sexual intercourse until they and their sex partners are cured, which is taken as 7 days after completion of treatment. A microbiological test of cure is not necessary. In addition, for proper control of *C. trachomatis* infections, patients should also be educated on the route of transmission of the disease, the significance of the infection with the possibility of sequelae and proper methods of prevention.

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

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

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