HIV SURVEILLANCE REPORT – 2008 UPDATE

Special Preventive Programme
Centre for Health Protection
Department of Health
Hong Kong Special Administrative Region
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PREFACE

Hong Kong, located in Asia the new burning place of HIV infection, is still having a relatively low prevalence of HIV infection. While sexual transmission is the predominant route of transmission in Hong Kong, an upsurge of infection in injecting drug users is a concern from the experience in other Asian localities. Various public health measures in Hong Kong have kept the HIV prevalence of drug users at low level, as compared with neighbouring cities.

A rising trend has been detected in men who have sex with men (MSM) in Hong Kong in recent years and the increase persisted last year. The *HIV Surveillance Report* of last year analysed the attributes of the increase of HIV infections in MSM observed. The number of HIV reports in MSM community was still increasing. These signified that the risk of local transmission of HIV among MSM community still persisted.

With the expansion of community-based HIV voluntary testing service, non-governmental organisations were playing a more significant role in understanding the HIV epidemiology in hard-to-reach populations. Through their service networks, many non-governmental organisations are contributing to the conduct of seroprevalence and behavioural surveys and data collection in different targeted populations.

This *annual surveillance report on HIV/AIDS* is an initiative of Special Preventive Programme (SPP), Centre for Health Protection of the Department of Health. This report serves to provide information for strategic planning of services and intervention activities for the prevention, care and control of HIV/AIDS. Following a commentary, data collected from the four main components of our surveillance programme (the HIV/AIDS voluntary reporting system, serosurveillance studies, Social Hygiene Service caseload statistics and risk behaviour studies) are presented as tables and graphs.

Electronic copy of this report is accessible in our website www.aids.gov.hk, so are the quarterly bulletins, factsheets, and other information relating to HIV surveillance and epidemiology. Your comments and suggestions are always welcome.

Surveillance team
Special Preventive Programme
Centre for Health Protection
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The synthesis of this report is only made possible with the concerted efforts contributed by many people. First and foremost, we must thank our colleagues of the Social Hygiene Service, the Methadone Treatment Programme, TB & Chest Service, and the Government Virus Laboratory of the Department of Health who have provided the necessary information over the years. For data collected in the prison setting, we are indebted to the staff of the Correctional Services Department for their invaluable assistance in carrying out HIV risk behaviours questionnaire surveys and prevalence studies on a regular basis.

Next come the many agencies including the Hong Kong Red Cross Blood Transfusion Service, the Society for the Aid and Rehabilitation of Drug Abusers, the Narcotic Division of the Security Bureau, the Department of Microbiology of the University of Hong Kong, the Centre for Epidemiology and Biostatistics of the Chinese University of Hong Kong, many of our local AIDS non-governmental organisations and various public hospitals, in particular Queen Elizabeth Hospital, Prince of Wales Hospital and Princess Margaret Hospital, which have helped collect and update the relevant statistics referred by this report.

Finally, this update would not have been possible without the usual excellent support from the SPP staff in terms of collating and compiling the information as well as the design and production of the report.

1. SUMMARY REVIEW

Background

1. The HIV surveillance system comprises 4 main programmes to provide a detailed description of HIV/AIDS situation in Hong Kong. They are (a) voluntary HIV/AIDS case-based reporting; (b) seroprevalence studies; (c) sexually transmitted infections (STI) caseload statistics; and (d) behavioural studies. The data is collected, analyzed and disseminated regularly by staff of the Surveillance team of Special Preventive Programme (SPP), Centre for Health Protection (CHP), Department of Health (DH). At present, the latest HIV/AIDS statistics are released at quarterly intervals at press media briefings and in electronic format (www.aids.gov.hk). Data from various sources are compiled annually and released in this Report.

2. The following paragraphs highlight the main findings from HIV/AIDS surveillance activities undertaken in 2008. Please refer to the following pages for the details of the programmes. Surveillance information gathered from two large public health HIV testing programmes (namely universal urine testing programme at methadone clinics and universal antenatal testing programme) is also included in the report.

HIV Surveillance system	Page Number
(a) HIV/AIDS reporting system	Page 16 – 17
(b) Seroprevalence studies	Page 38 – 39
(c) STI caseload statistics	Page 54
(d) Behavioural studies	Page 62 – 63

HIV/AIDS reporting system

HIV Surveillance at a glance (2008)

- 435 HIV reports and 96 AIDS reports
- Gender: 80.2% male
- Ethnicity: 60.9% Chinese
- Age: Median 36
- Risks:
  - 30.1% Heterosexual contact
  - 33.3% Homo/bisexual contact
  - 9.2% Injecting drug use
  - 0.7% Blood contact
  - 26.7% undetermined
- CD4 at reporting: Median 190
- Subtypes: commonest are CRF01_AE and B
- Primary AIDS defining illness: Commonest PCP
- Seroprevalences
  - Blood donors: < 0.01%
  - Antenatal women: < 0.01%
  - STI clinic attendees: 0.23%
  - Methadone clinics attendees: 0.47%
  - Men who have sex with men: 4.31%

3. The Department of Health has implemented a voluntary anonymous HIV/AIDS reporting system since 1985. The system received reports from doctors and laboratories. Medical doctors report newly diagnosed positive cases by a standard form (DH2293). In the past, only cases with Western Blot confirmed HIV antibody positive laboratory result were counted as HIV infection for cases aged above 18 months. Since the 4th quarter of 2006, cases with a PCR positive result and clinical or laboratory indication of recent infections were also counted as HIV infection in the reporting system, in view of the increasing regular detection of such cases.

4. In 2008, the department received 435 HIV reported cases and 96 AIDS reports, which increased respectively by 5.1% in HIV cases and 21.5% in AIDS cases as compared with 2007. It made the cumulative totals reached 4047 and 1030 for HIV and AIDS reports respectively. Under the revised definition, 13 cases of PCR positive with clinical or laboratory indication of recent infections were included as HIV infection in 2008. Public hospitals/clinics/laboratories were still the commonest source of HIV reports in 2008, which accounted for 39.5% of the reports. Private hospitals/clinics/laboratories were another common source of HIV reports (23.2%). Notably, the AIDS service organisations played a more significant role in HIV reporting in 2008 (8.3%). The number of reports from other sources has remained stable. (Box 2.2)

5. Around eighty percent of reported HIV cases were male. The male-to-female ratio was 4.1:1 in 2008, slightly lower than that in 2007 of 4.8:1. About 60% of reported cases were Chinese. Asian accounted for 17.2% of reports. The median age of reported HIV cases was 36. Over 63% of reported cases were believed to acquire the virus through sexual transmission in 2008. Injecting drug use accounted for 9.2% of HIV infections in 2008. There was no report of HIV transmission through perinatal contact in 2008. The suspected routes of transmission were not reported in about a quarter of cases. This means that sexual transmission has accounted for about 87% of HIV reports with defined risks.

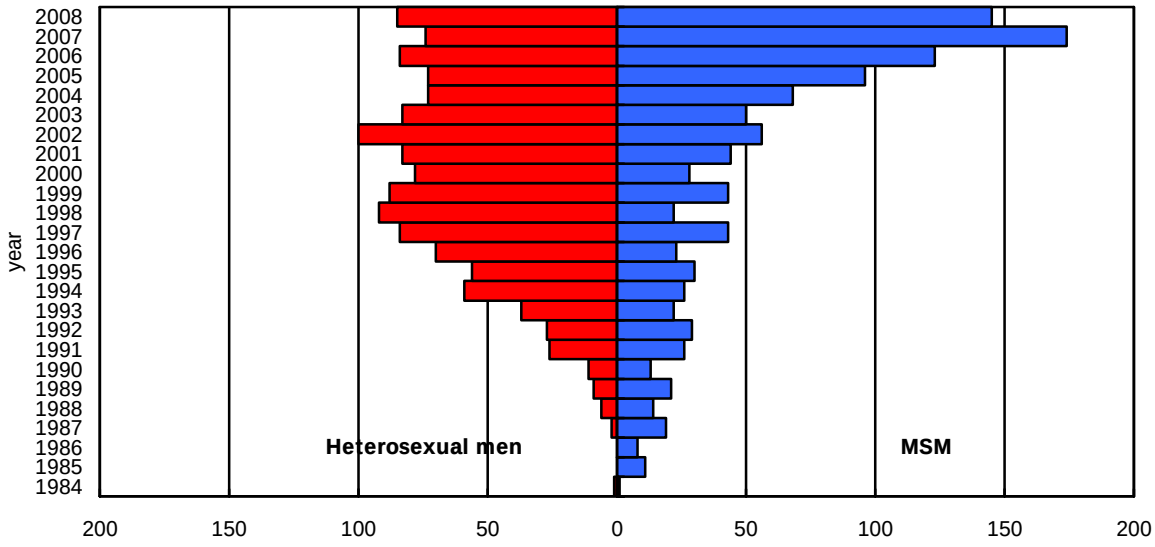
Rising trend in men who have sex with men persisted

6. Sexual contact remained the commonest route of HIV transmission in Hong Kong. Both heterosexual and homosexual/bisexual contacts were important risk factors. In 1980s and early 1990s, the early years of AIDS epidemic in Hong Kong, it used to report more cases from men who have sex with men, including both homosexual and bisexual contacts. The trend then reversed with more heterosexual transmission reported since 1993. A rising trend in

MSM has been observed since 2004 and the situation was consistent this year with 145 MSM cases identified out of 319 cases with defined risks. (Box 2.5(a)).

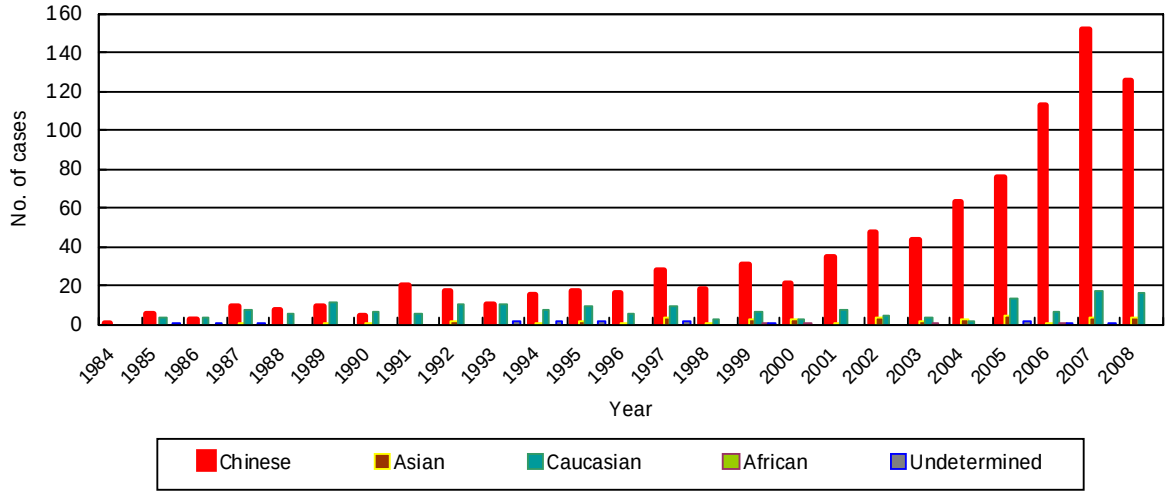
7. A high weighting of MSM in HIV reports continued in 2008 despite being a drop compared to that of 2007. Over 40% of male HIV reports in 2008 contracted the virus through homosexual or bisexual contact. Heterosexual contact in male cases accounted for about 24%, whereas the routes of transmission were not reported in the rest of the 23% male cases. The ratio of heterosexual men against MSM dropped from its peak of 4.2:1 in 1998 to 0.6:1 in 2008 with the lowest ratio recorded at 0.4:1 in 2007 during the period. (Box 1.1 and 2.7(c)) That still indicated more men continued to be infected through homosexual/bisexual contact than heterosexual contact.

Box 1.1 The number of MSM cases is taking over heterosexual men cases in the reporting system again.

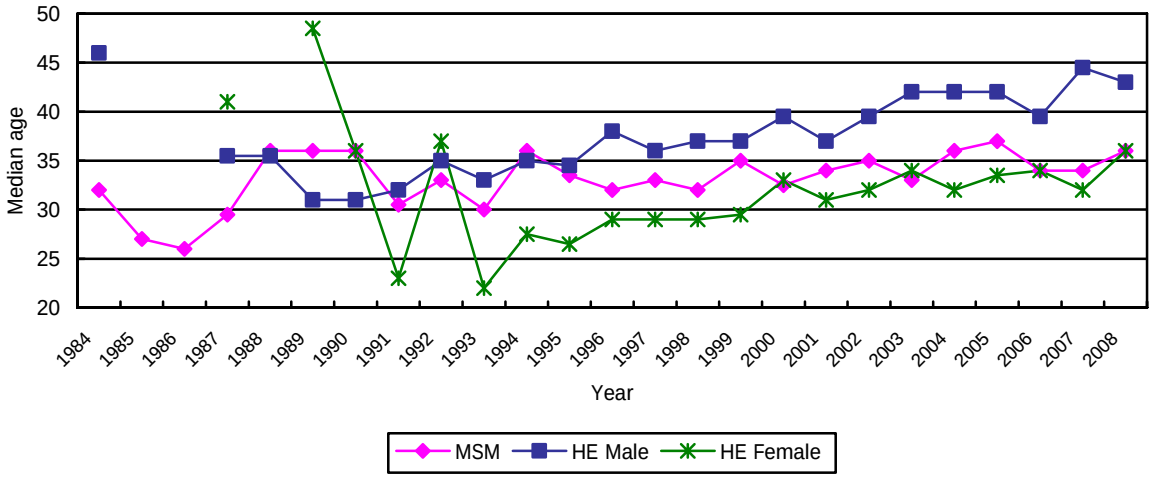


8. The major attributes of the rise in MSM were Chinese and of age group 20-39. Over 86% of MSM cases in 2008 were Chinese. Caucasians accounted for only 11%. A rising trend in the number of reported Chinese MSM cases was observed in recent years despite a modest drop this year. (Box 1.2) The median age of MSM cases at report was 36, as compared to 43 of heterosexual man cases. Moreover, the median age of HIV infected MSM population has been relatively stable in the last decade whereas that of hetersexual men was on a rising trend. (Box 1.3) Age group 30-39 remained the commonest age of reporting in MSM, which accounted for 38% in 2008, followed by 26% in the age group 20-29. (Box 1.4)

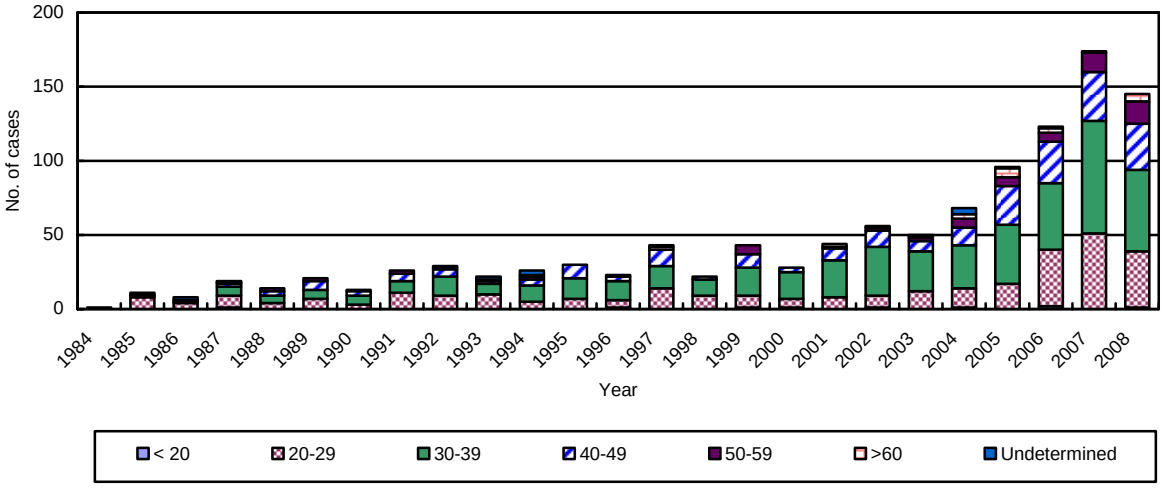
Box 1.2 Ethnicity Breakdown of HIV-infected MSM cases (1984-2008)



Box 1.3 Median age of HIV-infected MSM cases, heterosexual man and heterosexual women (1984-2008)



Box 1.4 Age breakdown of HIV-infected MSM cases (1984 - 2008)



9. Efforts have been made to estimate the HIV prevalence among MSM in Hong Kong, including the second community-based survey (PRiSM) in gay saunas, bars and clubs which was conducted in 2008 and revealed a HIV prevalence of 4.31% among MSM attending these venues. The level of consistent condom use with regular sex partners and non-regular sex partners were 45% and 75% respectively, which were very similar to those figures of 2006 survey. On the other hand, rate of HIV testing within the last one year increased from 24% in 2006 to 36% in 2008. AIDS Concern's voluntary HIV testing service targeting MSM was another source to estimate the prevalence in MSM, although the data was affected by participant bias to a larger extent. A rising trend in prevalence was observed since 2004 but it seemed to be stable in recent years. This may be affected by the expansion of AIDS Concern's service from higher-risk MSM settings to general-risk MSM populations in recent years.

Box 1.5 HIV seroprevalence in AIDS Concern's MSM voluntary HIV testing service

Year	No. of blood samples	No. of samples tested anti-HIV+	Prevalence (%)	95% C.I. for prevalence (%)
2000	38	0	0	(--- - ---)
2001	107	1	0.93	(0.024 - 5.207)
2002	130	1	0.77	(0.019 - 4.286)
2003	223	2	0.90	(0.109 - 3.240)
2004	332	6	1.81	(0.663 - 3.934)
2005	483	12	2.48	(1.284 - 4.340)
2006	610	10	1.64	(0.786 - 3.015)
2007*	723	17	2.35	(1.370 - 3.765)
2008	905	15	1.66	(0.928 - 2.734)

* figures in 2007 revised

10. The regular condom use rate of MSM attending AIDS Counselling and Testing Service was observed to be higher in recent two years for both regular partners and casual partners, although the trends observed for condom use in last anal sex among MSM were relatively less obvious. On the other hand, the trends derived from MSM attending AIDS Concern's testing service remained static for both regular condom use and condom use for last anal sex. (Box 5.5)

The number of heterosexual contact cases increased in 2008

11. The number of heterosexual cases, after an obvious drop from 130 in 2006 to 109 in 2007, appeared to rebound to the similar level in 2006, back up to 131 this year. Because of this rebound in the number of heterosexual contact, the proportion accounted by heterosexual contact jumped back from 26.3% in 2007 to 30.1% in 2008. (Box 2.5(a)) The male to female ratio for heterosexual cases was 1.8:1. The median age of heterosexual cases in 2008 was 40. Heterosexual male cases were mainly (75% in year 2008) Chinese whereas Chinese accounted for less than half (46% in year 2008) of female cases.

12. A majority of Social Hygiene Clinics attendees reported unprotected heterosexual contact. The seroprevalence of Social Hygiene Clinic attendees remained stable at below 0.3% (0.23% in 2008). On the other hand, the trend of sexually transmitted infections (STI) provides information for the understanding of risk of HIV infection in the community. Although it was estimated that Social Hygiene Clinics took care of only 20% of STI cases in the territory, it was still a very important sentinel site. It continued to record a decrease in the total number of STI cases in Social Hygiene Clinics, an aggregate of 13,867 in 2008 as compared with 14,305 cases in 2007. A 3% drop was observed in all the common STI diagnosis. The decrease of cases was more obvious in non-specific genital infection / non-gonococcal urethritis from 6,761 cases in 2007 to 6,518 cases in 2008. (Box 4.2)

13. The regular condom use rate with commercial partners remained stably high among adult heterosexual men attending Social Hygiene Clinics and AIDS Counselling and Testing Service. The level was over 80% among those attending AIDS Counselling and Testing Service and about 70% in Social Hygiene Clinic attendees. (Box 5.4)

Small but significant numbers of infection in injecting drug users reported

14. In 2008, the reporting system recorded 40 cases of HIV transmission through injecting drug use. The number was similar to that of 2007, but still remaining at a relatively higher level as compared with several years ago. Most of the cases were Asian, non-Chinese. The median age was 30. 10% of injecting drug user cases was reported from methadone clinics.

15. The Universal HIV Antibody (Urine) Testing Programme (MUT) replaced the unlinked anonymous screening (UAS) in methadone clinic as the seroprevalence study in 2004. 7723 attendees participated in the programme in 2008 with a coverage rate of 83%, a better coverage than in 2007 of 80%. The programme tested 7942 urine samples, 24 positive cases in 2008 and with the 13 previously known positive cases still attending methadone clinics, totally there were 37 HIV positive drug users attending methadone clinic this year. The seroprevalence over the year, was stable at below 1%. The seroprevalence of methadone clinic attendees in 2008 was 0.47%, which remained at a similar level as in previous years. (Box 3.3)

16. Although a significant proportion of drug users were injectors, various surveys revealed that the proportion of needle sharing was relatively low. The trend remained stable over the years, with sharing rate revealed from street survey generally higher than from treatment and rehabilitation services. (Box 5.7)

No case of perinatal transmission recorded

17. In 2008, three cases reported blood contact transmission. Actually no HIV infection from local contaminated blood or blood product was found in the recent several years. The seroprevalence of new blood donors at Hong Kong Red Cross Blood Transfusion Service was at a low level of 0.012% in 2008 (Box 3.1(b)).

18. In 2008, there was no perinatal HIV infections reported. The Universal Antenatal HIV Testing was implemented in September 2001. Over 40,000 pregnant women attending public

antenatal services were tested every year and the coverage of the programme reached 98.2% in 2008 and revealed the seroprevalence of HIV infection in pregnant women to be 0.004%, which remained at a low level as in previous years. Two pregnant women were tested positive in the programme this year. One woman terminated her pregnancy and one woman delivered her baby by Caesarean Section.

Cases with undetermined risk factor was significant

19. The information of voluntary reporting was becoming incomplete as there are an increasing proportion of cases reported without a risk factor. Slightly more than past years, around a quarter of cases reported without a suspected route of transmission. These cases were usually those without a physician's reporting. Undetermined risk is commoner in cases reported by private hospitals/clinics/laboratories. Although this was a voluntary reporting system, physicians were strongly encouraged to make the system comprehensive. The data is of paramount importance for understanding the local HIV epidemiology and its evolution.

***Pneumocystis* Pneumonia and Tuberculosis remained the commonest Primary AIDS Defining Illness**

20. The annual number of reported AIDS cases was dropping since 1997, the year of introducing highly active antiretroviral therapy (HAART) in Hong Kong but a slow increasing trend was observed since 2005. Ninety-six AIDS cases, the highest annual number, were reported in 2008 as compared with 79 cases in 2007. The increase was compatible with increase in newly reported and cumulative HIV cases. 90 cases (94%) of the AIDS reports this year has their AIDS reported within 3 months of HIV reporting.

21. The primary AIDS defining illness (ADI) pattern of the reported cases also changed slightly in recent years. *Pneumocystis jirovechi* pneumonia (previously named *Pneumocystis carinii*) was the commonest ADI in Hong Kong in 2008 which accounted for 37 cases (38.5%), an increase of over 3% in terms of the proportion of ADI as compared with 2007. This year, 32 cases (33.3%) reported *Mycobacterium tuberculosis* as the primary ADI which was following right after *Pneumocystis jirovechi* pneumonia as the second commonest ADI. They were followed by Penicilliosis (6, 6.3%), and Cytomegalovirus diseases (6, 6.3%). (Box 2.8) On the other hand, unlinked anonymous testing in tuberculosis patients demonstrated a HIV seroprevalence of 0.511% in 2008 while universal voluntary testingl showed a seroprevalence of 1.165%. HIV positivity rate in TB patients was consistently higher than many at-risk populations over the years.

22. The median CD4 of newly reported HIV cases in 2008 was 190. Reporting of CD4 level was becoming a routine practice in physician. It provided useful information on the timing of diagnosis in the course of HIV infection. 61.4% of HIV cases in 2008 reported the CD4 level at diagnosis. (Box 1.6) The median CD4 for those aged less than 55 has been stable at around 200 (158 – 278) for the past 5 years. One the other hand, there was a continued decreasing trend in median CD4 count among those who are aged 55 and above. It suggested that more patients reported at age 55 or above were diagnosed at a late disease stage. (Box 1.7)

Box 1.6 – Reported CD4 levels at HIV diagnosis

Year	No. of HIV reports	No. of CD4 reports (%)	Median CD4 (cell/ul)	CD4>=200 (cell/ul) (%)
2001	213	162 (76.1%)	233.5	85 (52.5%)
2002	260	201 (77.3%)	197	100 (49.8%)
2003	229	166 (72.5%)	205	85 (51.2%)
2004	268	179 (66.8%)	208	95 (53.1%)
2005	313	224 (71.6%)	194	110 (49.1%)
2006	373	278 (74.5%)	224	150 (54.0%)
2007	414	301 (72.7%)	241	170 (56.5%)
2008	435	267 (61.4%)	190	128 (47.9%)

Box 1.7 – CD4 Reports by age group

Age	Year	No. of HIV reports	No. of CD4 reports (%)	Median CD4 (cell/ul)	% of CD4 >= 200 (cell/ul)
<55	2001	190	146 (76.8%)	258.5	54.1%
	2002	230	183 (79.6%)	196	49.7%
	2003	190	139 (73.2%)	228	52.5%
	2004	225	158 (70.2%)	220.5	55.7%
	2005	280	201 (71.8%)	192	48.8%
	2006	341	253 (74.2%)	241	56.9%
	2007	377	278 (73.7%)	254.5	57.9%
	2008	380	228 (60.0%)	217	51.8%
>=55	2001	22	16 (72.7%)	96	37.5%
	2002	24	18 (75.0%)	212.5	50.0%
	2003	32	27 (84.4%)	108	44.4%
	2004	32	21 (65.6%)	82	33.3%
	2005	29	23 (79.3%)	223	52.2%
	2006	28	25 (89.3%)	145	24.0%
	2007	33	23 (69.7%)	104	39.1%
	2008	53	39 (73.6%)	74	25.6%

The commonest HIV subtypes were CRF01_AE and B

23. In 2008, about 85% of HIV reports had their subtypes documented, at a comparable level as in the past years. CRF01_AE and Subtype B of HIV-1 strains were the most common subtypes identified in Hong Kong. They together accounted for 73% of all HIV cases. CRF_01AE was found to be commoner in female, Asian non-Chinese, heterosexuals and IDU.

The subtype B was commoner in Caucasian, MSM and C subtypes in females, Asians and sexually transmitted cases. An increasing diversity of subtypes and its circulating recombinant forms was also noted. (Box 1.8)

Box 1.8 – HIV Subtypes in Hong Kong

	2003	2004	2005	2006	2007	2008
Annual HIV Reports	229	268	313	373	414	435
No of reports with subtypes (%)	204 (89%)	203 (76%)	258 (82%)	316 (85%)	354 (86%)	370 (85%)
Subtype (%)						
CRF01_AE	99 (43%)	96 (36%)	125 (40%)	149 (40%)	158 (38%)	169 (39%)
B	60 (26%)	71 (26%)	101 (32%)	124 (33%)	155 (37%)	150 (34%)
C	21 (9%)	3 (1%)	2 (1%)	6 (2%)	2 (0%)	14 (3%)
CRF07_BC	9 (4%)	7 (3%)	6 (2%)	14 (4%)	10 (2%)	11 (3%)
CRF08_BC	4 (2%)	10 (4%)	6 (2%)	11 (3%)	14 (3%)	2 (0%)
Others	11 (5%)	16 (6%)	18 (6%)	12 (3%)	15 (4%)	24 (6%)

Discussion

24. The number of HIV reports was persistently on a rise in 2008. The annual HIV reports used to be less than or around 300 before 2006. The total number of HIV reports in 2008 was 435, which was a 5% increase as compared to 2007. In the last few years, there was 10-20% increase in HIV reports every year except in 2003, when SARS outbreak occurred. The increasing reports from Men who have Sex with Men continued to contribute to the rise in HIV reports, although heterosexual contact appeared to be catching up in 2008. An increase in injecting drug users was observed but mainly in non-Chinese population, which suggested non-local infections.

25. The number of HIV reports among MSM continued to play a significant role and it accounted for consistently the largest proportion this year. The HIV situation in MSM was really worrisome because the increasing trend has persisted and in an escalating fashion. Data suggested that young MSM aged 20-29 was becoming more affected. The second community-based seroprevalence survey in 2008 revealed a slightly higher HIV prevalence of 4.31% when compared with the previous study in 2006. Both condom usage rates of MSM with casual and regular partners remained at a suboptimal level than that of heterosexual men visiting sex workers. Reporting data, prevalence data and behavioural data all suggested a persisting local HIV epidemic in MSM. The observation was in keeping with the regional picture of rising MSM HIV epidemic.

26. Heterosexual transmission appeared to be in a stable trend over the years although it appeared to increase in 2008. A significant proportion of non Chinese female cases might

suggest infections outside Hong Kong. For heterosexual men, only 34% of their contacts were believed to have occurred in Hong Kong. The prevalence in social hygiene clinics attendees and antenatal women were all below 1%. The condom use rates of commercial sex were high as gauged from the reports of sex workers and their clients.

27. Although the number of HIV-infected injecting drug users was persistent at a higher level than a few years back, an escalating growth of HIV infections in injecting drug users was not expected at present. Same as last year, most who reported injecting drug use were Asian non-Chinese. It was believed that those non-Chinese acquired the infection outside Hong Kong. The number of HIV infections in drug users contributed by the local infections was not largely different from previous years.

28. In conclusion, the HIV infections in Hong Kong were increasing and mainly affecting MSM populations. The situation of heterosexual population and local injecting drug user population was relatively stable thus far. The HIV epidemiology in Hong Kong was also affected by the situation of neighbouring countries. A proportion of cases were infections which acquired outside Hong Kong. The number of people living with HIV was estimated to be 3600 as of 2007. Hence, HIV prevalence remained at <0.1% among the general population in Hong Kong.

Rounding of Figures

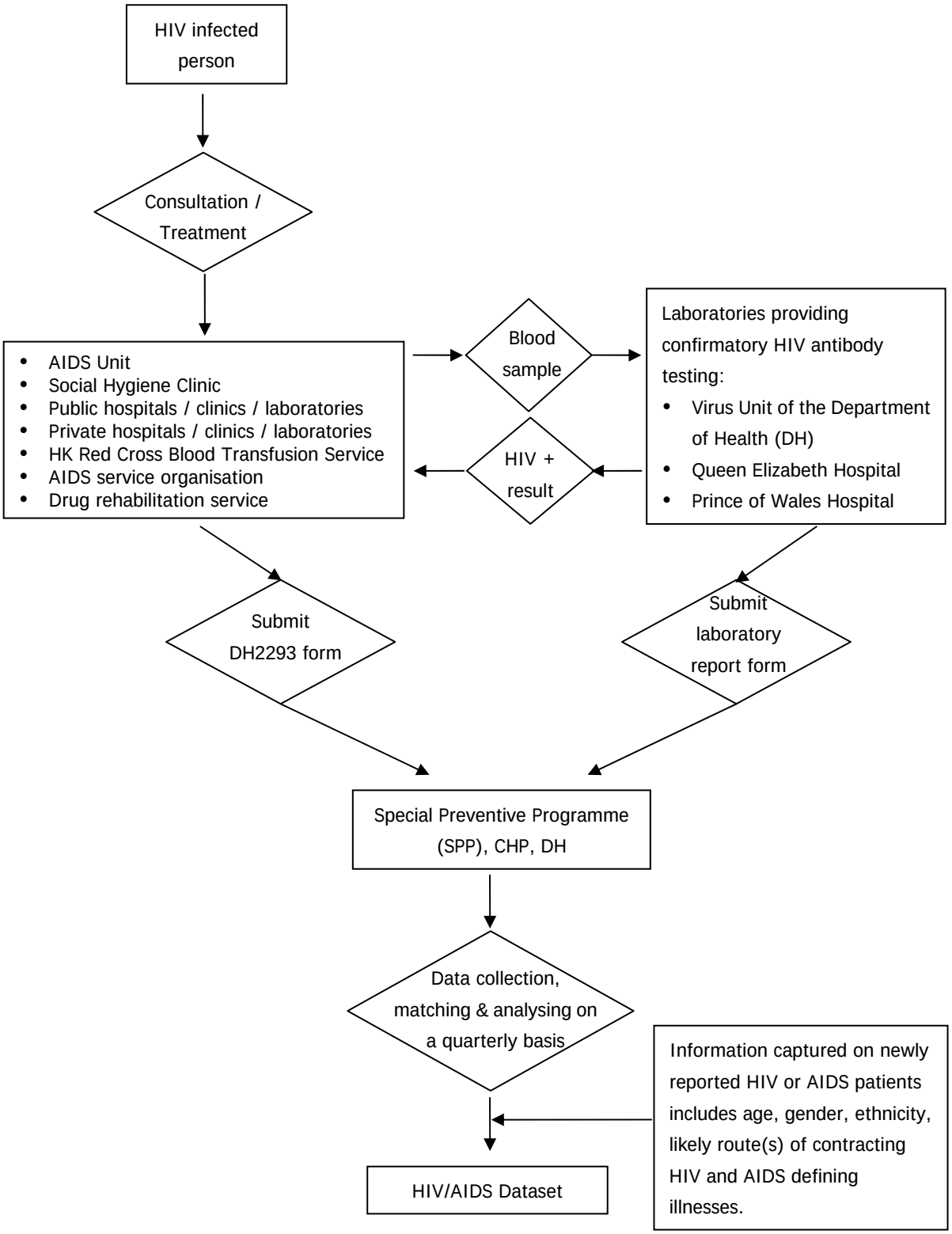
29. Owing to rounding, there may be a slight discrepancy between the sum of individual items and the total as shown in the tables.

2. TABULATED RESULTS OF HIV/AIDS REPORTING

System description

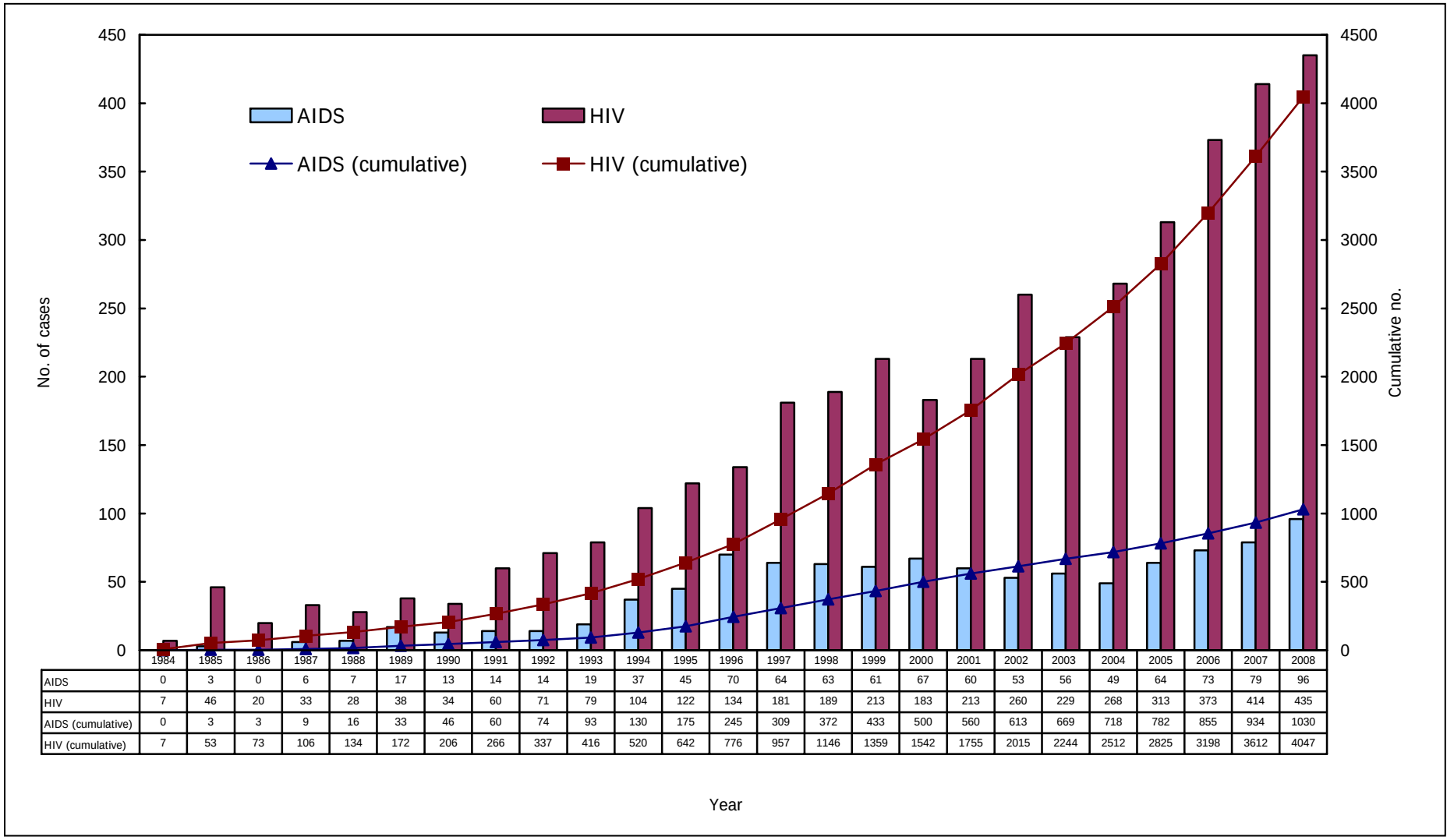
- The HIV/AIDS reporting system is a case-based notification system conducted on a voluntary basis since 1984, with input from clinicians and laboratories.

System layout



Tables & Figures

Box 2.1 Annual and cumulative reports of HIV/AIDS cases

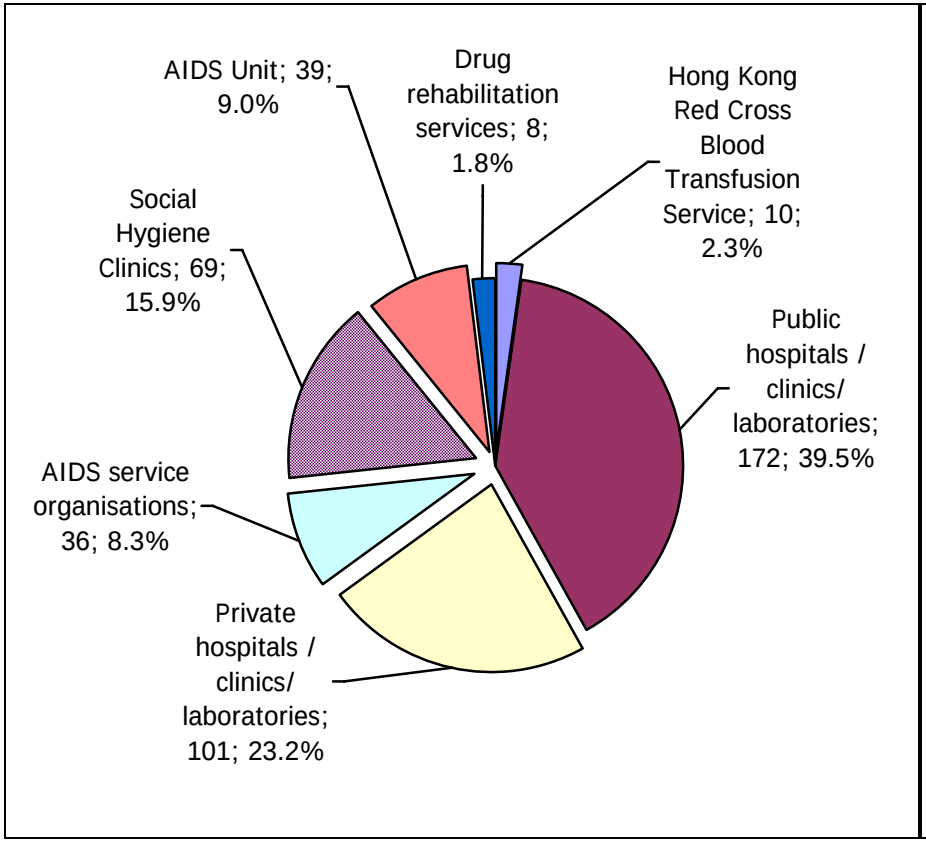


	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
AIDS	0	3	0	6	7	17	13	14	14	19	37	45	70	64	63	61	67	60	53	56	49	64	73	79	96
HIV	7	46	20	33	28	38	34	60	71	79	104	122	134	181	189	213	183	213	260	229	268	313	373	414	435
AIDS (cumulative)	0	3	3	9	16	33	46	60	74	93	130	175	245	309	372	433	500	560	613	669	718	782	855	934	1030
HIV (cumulative)	7	53	73	106	134	172	206	266	337	416	520	642	776	957	1146	1359	1542	1755	2015	2244	2512	2825	3198	3612	4047

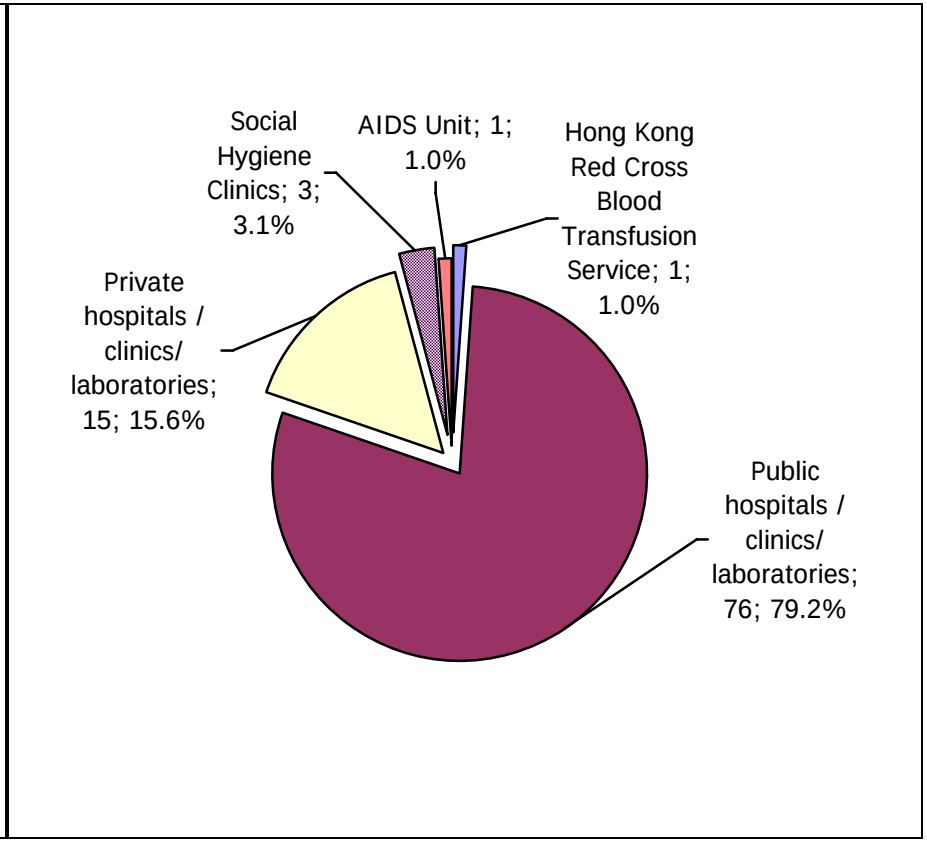
Box 2.2 Source of reporting of HIV/AIDS cases

(a) Year 2008

(i) HIV

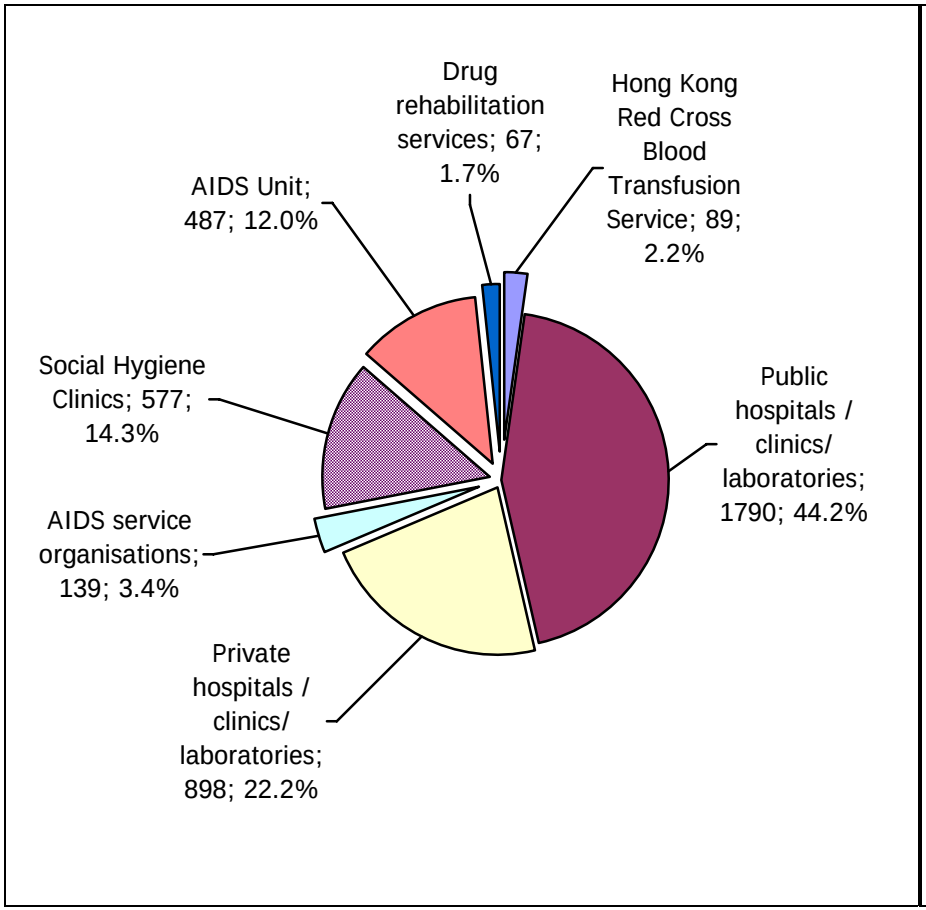


(ii) AIDS

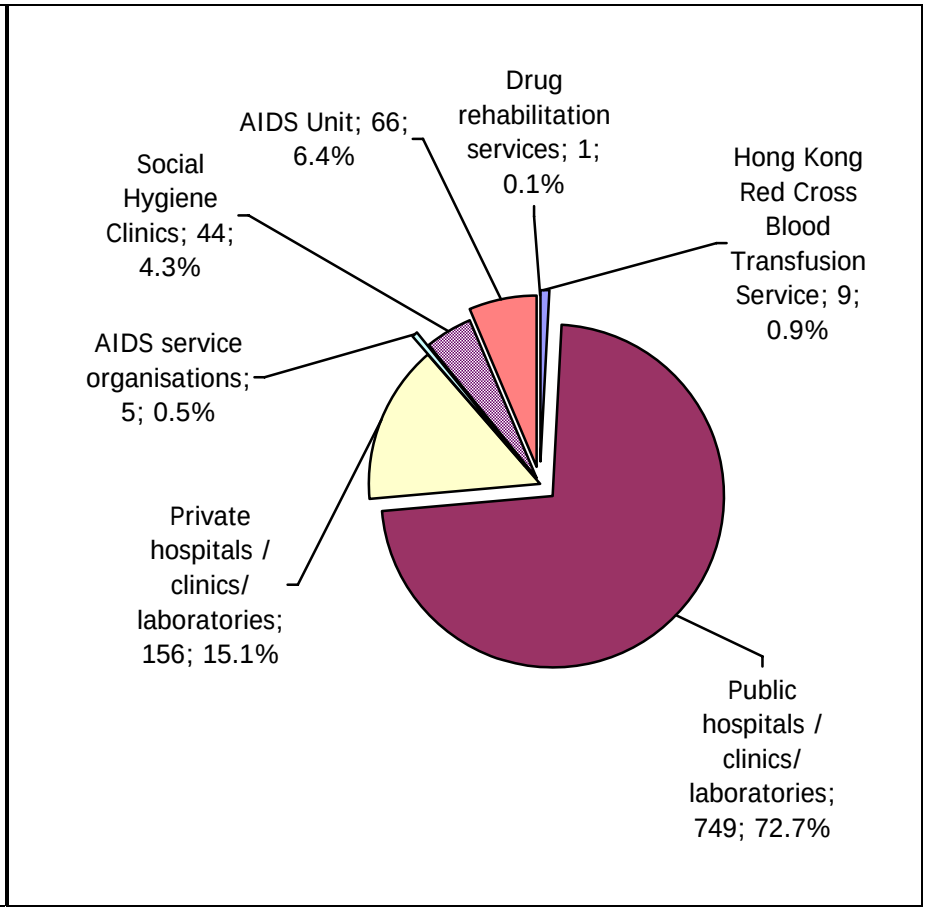


(b) Cumulative (1984 - 2008)

(i) HIV



(ii) AIDS



Box 2.3 Ethnicity & gender of reported HIV/AIDS cases

(a) Year 2008

Ethnicity	HIV						AIDS					
	Male		Female		Total		Male		Female		Total	
Chinese	235	(67.3%)	30	(34.9%)	265	(60.9%)	66	(81.5%)	10	(66.7%)	76	(79.2%)
Asian	51	(14.6%)	24	(27.9%)	75	(17.2%)	11	(13.6%)	4	(26.7%)	15	(15.6%)
White	23	(6.6%)	0	(0.0%)	23	(5.3%)	2	(2.5%)	0	(0.0%)	2	(2.1%)
Black	6	(1.7%)	3	(3.5%)	9	(2.1%)	2	(2.5%)	1	(6.7%)	3	(3.1%)
Unknown	34	(9.7%)	29	(33.7%)	63	(14.5%)	0	(0.0%)	0	(0.0%)	0	(0.0%)
Total	349	(100.0%)	86	(100.0%)	435	(100.0%)	81	(100.0%)	15	(100.0%)	96	(100.0%)

(b) Cumulative (1984 - 2008)

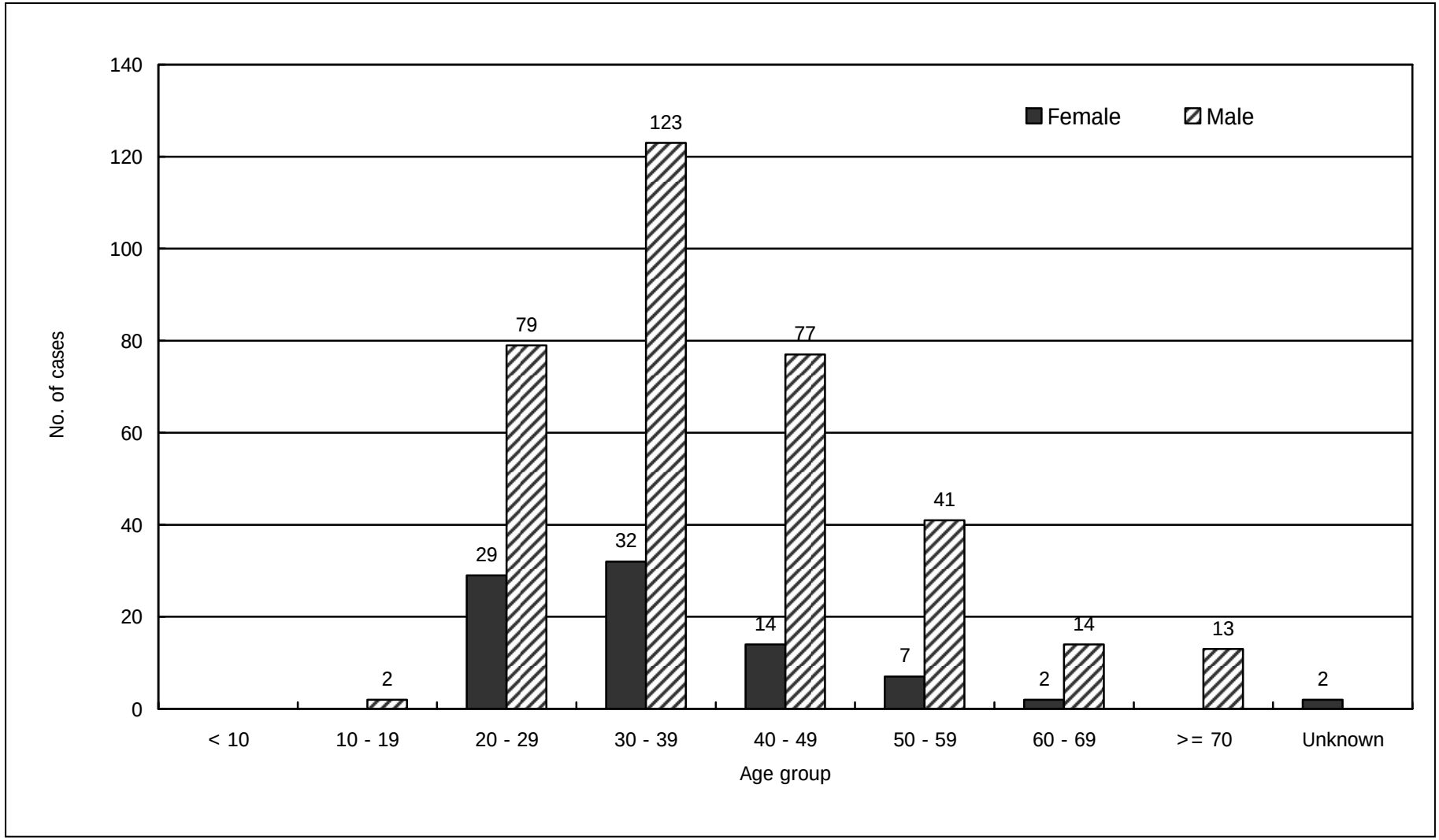
Ethnicity	HIV						AIDS					
	Male		Female		Total		Male		Female		Total	
Chinese	2373	(72.6%)	333	(42.7%)	2706	(66.9%)	733	(83.2%)	70	(47.0%)	803	(78.0%)
Asian	400	(12.2%)	292	(37.4%)	692	(17.1%)	70	(7.9%)	76	(51.0%)	146	(14.2%)
White	279	(8.5%)	15	(1.9%)	294	(7.3%)	68	(7.7%)	1	(0.7%)	69	(6.7%)
Black	45	(1.4%)	14	(1.8%)	59	(1.5%)	9	(1.0%)	2	(1.3%)	11	(1.1%)
Unknown	170	(5.2%)	126	(16.2%)	296	(7.3%)	1	(0.1%)	0	(0.0%)	1	(0.1%)
Total	3267	(100.0%)	780	(100.0%)	4047	(100.0%)	881	(100.0%)	149	(100.0%)	1030	(100.0%)

Box 2.4 Age distribution of reported HIV/AIDS cases

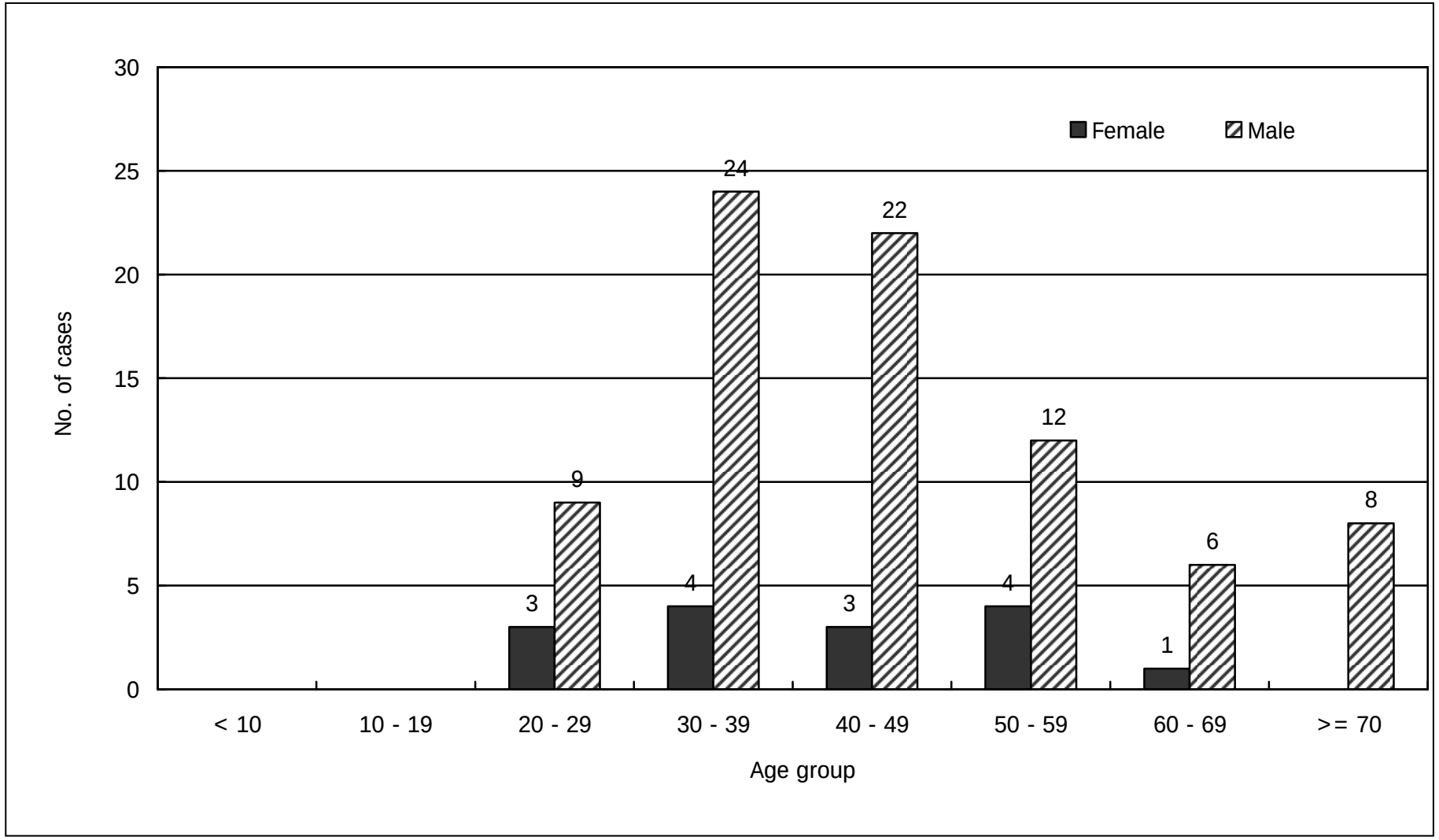
(a) Median age of reported HIV/AIDS cases

Year	HIV			AIDS		
	Median age	Inter quartile range		Median age	Inter quartile range	
		25%	75%		25%	75%
1984	11	6	32	---	---	---
1985	21	13.5	28.5	33	28	46
1986	26	15	41	---	---	---
1987	29	24	38.5	42.5	35.25	51.25
1988	35	25.75	42.25	39	24	43
1989	36	28	46	38	31.5	46.5
1990	33	28	39	35	28.5	50.5
1991	31.5	26	39.75	34	27	44
1992	34	28	40	39	34.75	45.5
1993	33	27	39	38	29	41
1994	34	28	40	36	33	40.5
1995	32	26	40	36	30	44.5
1996	34	30	41.5	38	31.75	43
1997	35	28.5	42	37	32	48
1998	34	29	40	39	32	48
1999	35	29	43	40	34	51
2000	35	29	43	40	33	50
2001	34.5	29	42	38	30.25	46.75
2002	36	30	44	41	34	48
2003	36	30	45	39	35	49.75
2004	36	30	44.5	42	35	51
2005	36	30	44	40	33.25	47.75
2006	34	28	42	38	31	47
2007	34	29	41	41	34	51
2008	36	29	45	41	34	54
Total	35	29	43	39	33	48

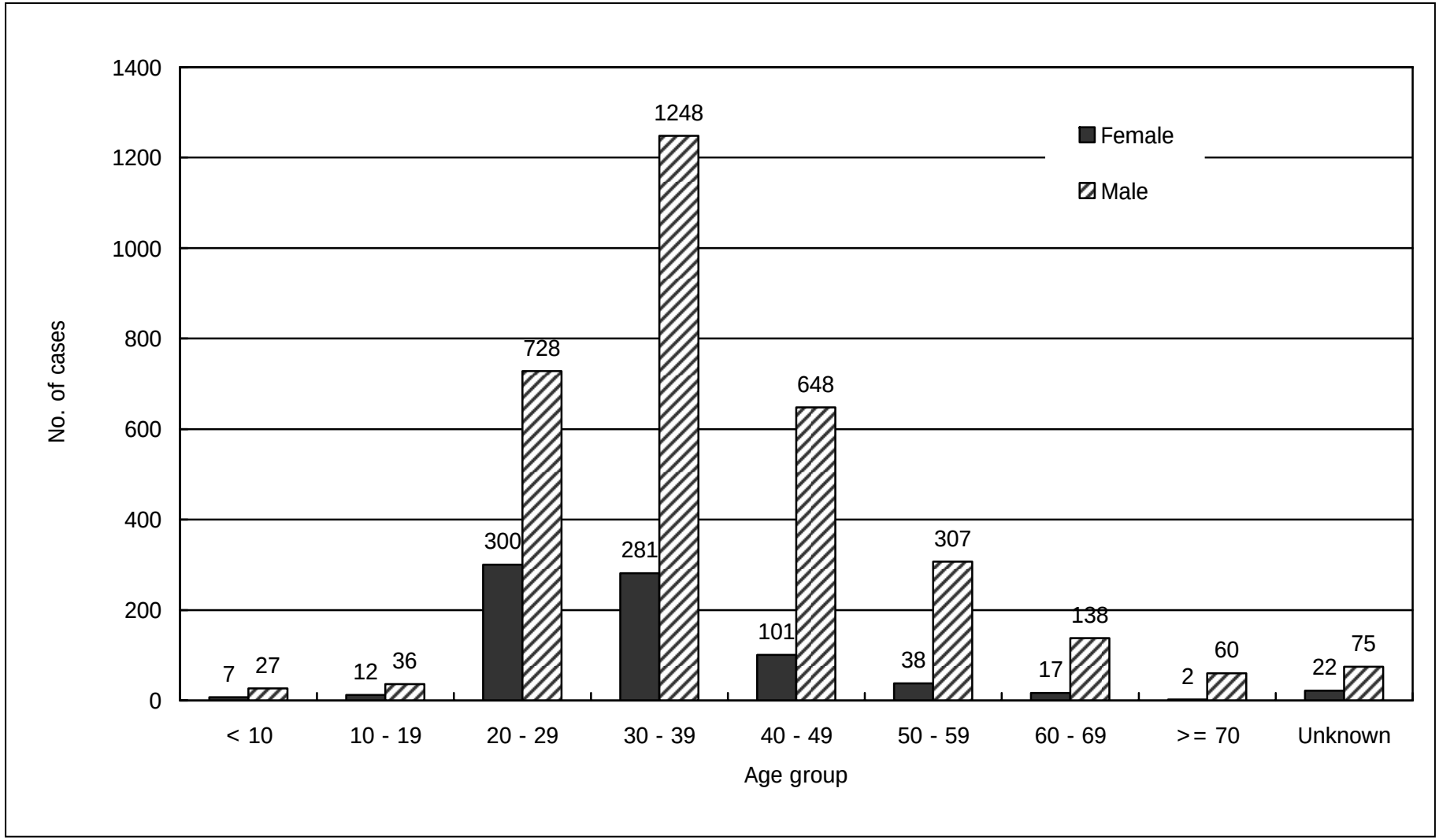
(b) Age & gender of reported HIV cases (Year 2008)



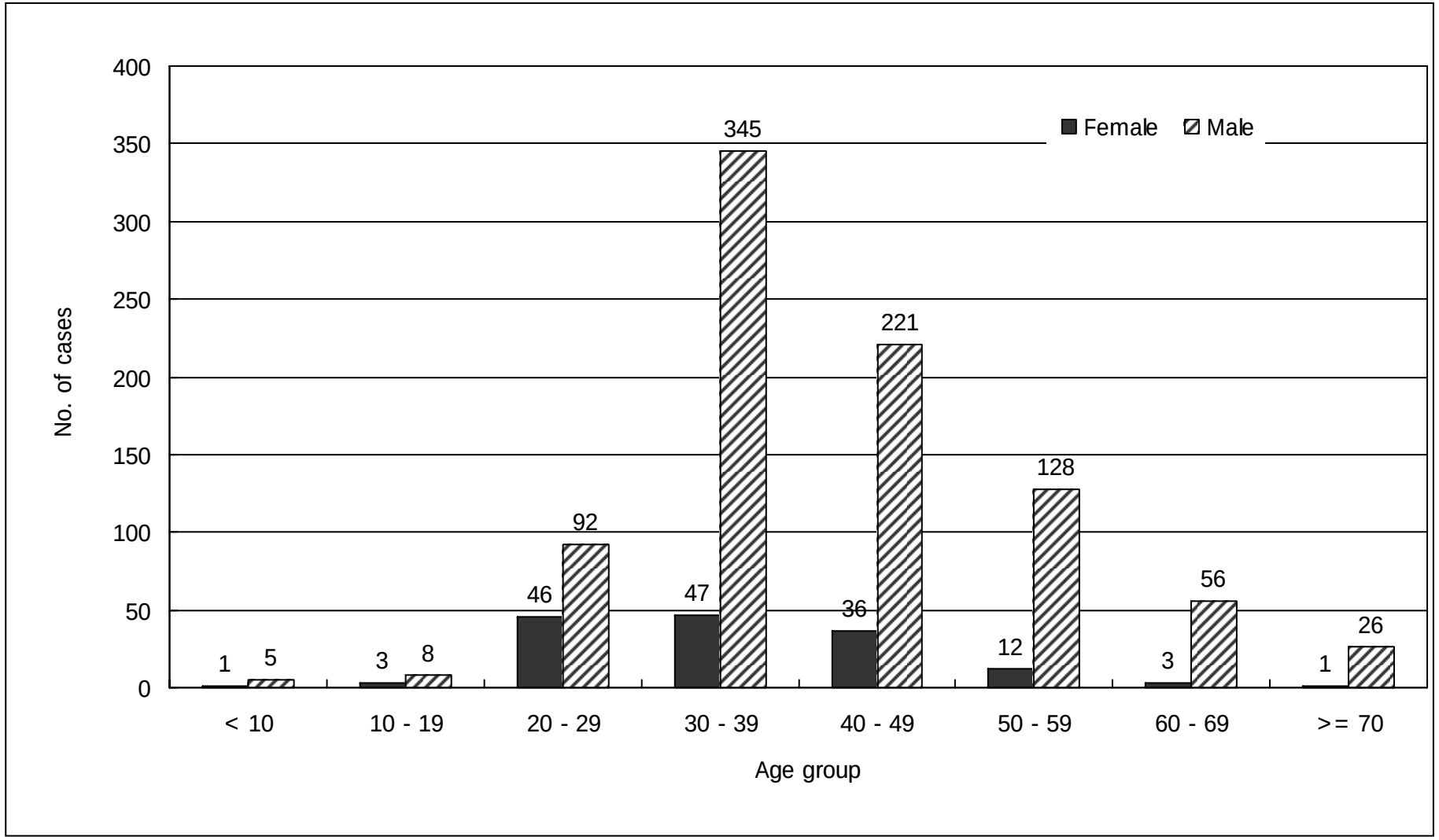
(c) Age & gender of reported AIDS cases (Year 2008)



(d) Age & gender of reported HIV cases (cumulative, 1984 - 2008)



(e) Age & gender of reported AIDS cases (cumulative, 1985 - 2008)



(f) Adults & children with reported HIV/AIDS in 2008

Age	HIV			AIDS		
	Male	Female	Total	Male	Female	Total
Adult	349	86	435	81	15	96
Children (age <=13)	0	0	0	0	0	0
Total	349	86	435	81	15	96

Box 2.5 Exposure category of reported HIV/AIDS cases

(a) Distribution of reported HIV cases by exposure category (1984 - 2008)

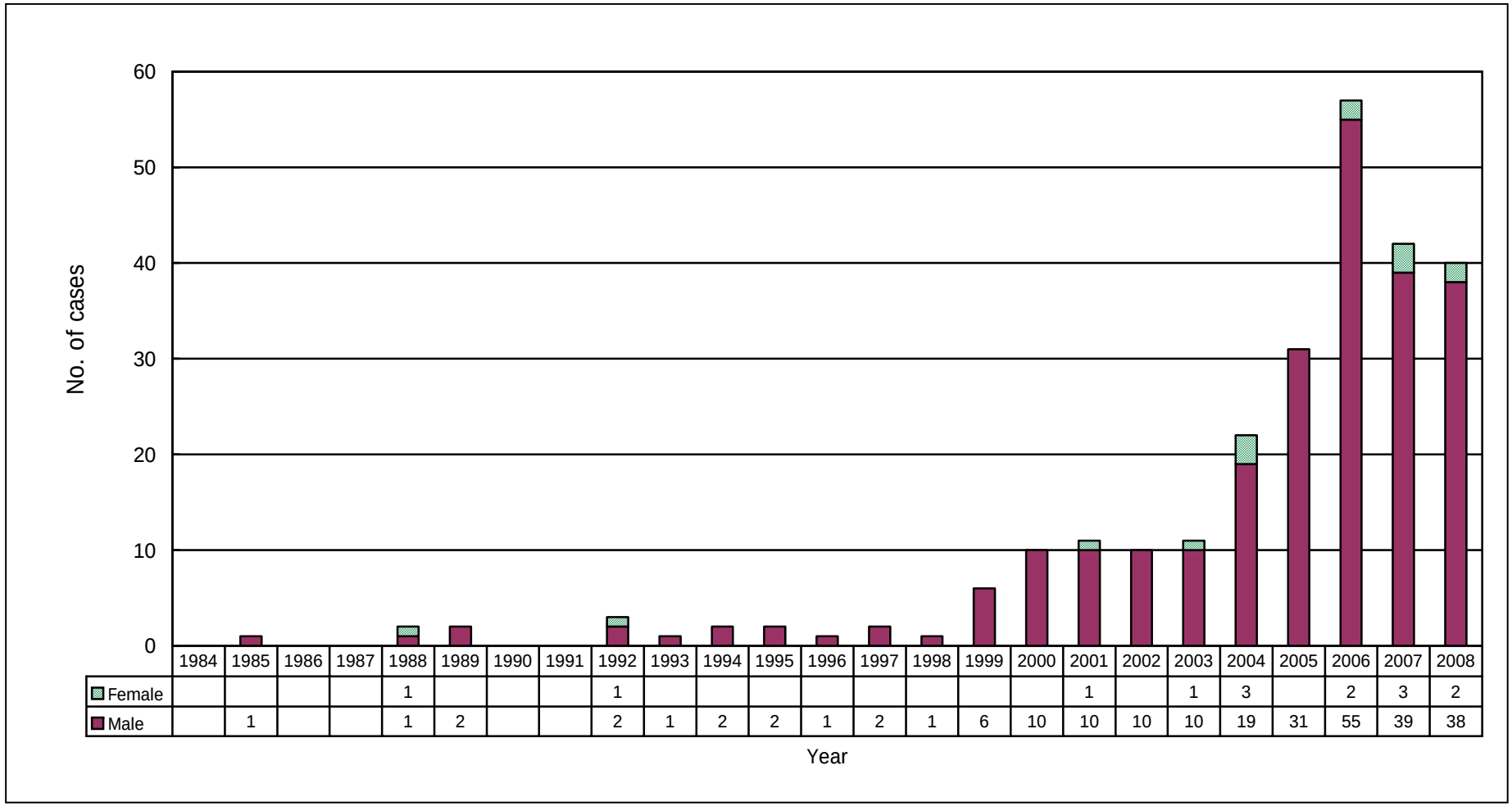
Year / Exposure Category (%)	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	Total
Heterosexual	1 (14.3)	0 (0.0)	0 (0.0)	3 (9.1)	6 (21.4)	11 (28.9)	12 (35.3)	29 (48.3)	32 (45.1)	47 (59.5)	73 (70.2)	81 (66.4)	94 (70.1)	117 (64.6)	133 (70.4)	127 (59.6)	115 (62.8)	127 (59.6)	147 (56.5)	116 (50.7)	112 (41.8)	113 (36.1)	130 (34.9)	109 (26.3)	131 (30.1)	1866 (46.1)
Homosexual	1 (14.3)	10 (21.7)	6 (30.0)	12 (36.4)	12 (42.9)	15 (39.5)	8 (23.5)	18 (30.0)	27 (38.0)	20 (25.3)	22 (21.2)	26 (21.3)	20 (14.9)	33 (18.2)	16 (8.5)	33 (15.5)	21 (11.5)	37 (17.4)	47 (18.1)	45 (19.7)	62 (23.1)	86 (27.5)	108 (29.0)	156 (37.7)	132 (30.3)	973 (24.0)
Bisexual	0 (0.0)	1 (2.2)	2 (10.0)	7 (21.2)	2 (7.1)	6 (15.8)	5 (14.7)	8 (13.3)	2 (2.8)	2 (2.5)	4 (3.8)	4 (3.3)	3 (2.2)	10 (5.5)	6 (3.2)	10 (4.7)	7 (3.8)	7 (3.3)	9 (3.5)	5 (2.2)	6 (2.2)	10 (3.2)	15 (4.0)	18 (4.3)	13 (3.0)	162 (4.0)
Injecting drug use	0 (0.0)	1 (2.2)	0 (0.0)	0 (0.0)	2 (7.1)	2 (5.3)	0 (0.0)	0 (0.0)	3 (4.2)	1 (1.3)	2 (1.9)	2 (1.6)	1 (0.7)	2 (1.1)	1 (0.5)	6 (2.8)	10 (5.5)	11 (5.2)	10 (3.8)	11 (4.8)	22 (8.2)	31 (9.9)	57 (15.3)	42 (10.1)	40 (9.2)	257 (6.4)
Blood contact	5 (71.4)	32 (69.6)	10 (50.0)	7 (21.2)	2 (7.1)	2 (5.3)	5 (14.7)	0 (0.0)	1 (1.4)	1 (1.3)	1 (1.0)	0 (0.0)	0 (0.0)	1 (0.6)	0 (0.0)	2 (0.9)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	4 (1.3)	0 (0.0)	2 (0.5)	3 (0.7)	78 (1.9)
Perinatal	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.0)	2 (1.6)	1 (0.7)	0 (0.0)	2 (1.1)	4 (1.9)	2 (1.1)	2 (0.9)	1 (0.4)	0 (0.0)	0 (0.0)	2 (0.6)	2 (0.5)	1 (0.2)	0 (0.0)	20 (0.5)
Undetermined	0 (0.0)	2 (4.3)	2 (10.0)	4 (12.1)	4 (14.3)	2 (5.3)	4 (11.8)	5 (8.3)	6 (8.5)	8 (10.1)	1 (1.0)	7 (5.7)	15 (11.2)	18 (9.9)	31 (16.4)	31 (14.6)	28 (15.3)	29 (13.6)	46 (17.7)	52 (22.7)	66 (24.6)	67 (21.4)	61 (16.4)	86 (20.8)	116 (26.7)	691 (17.1)
Total	7 (100)	46 (100)	20 (100)	33 (100)	28 (100)	38 (100)	34 (100)	60 (100)	71 (100)	79 (100)	104 (100)	122 (100)	134 (100)	181 (100)	189 (100)	213 (100)	183 (100)	213 (100)	260 (100)	229 (100)	268 (100)	313 (100)	373 (100)	414 (100)	435 (100)	4047 (100)

(b) Distribution of reported AIDS cases by exposure category (1985 - 2008)

Year / Exposure Category (%)	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	Total
Heterosexual	1 (33.3)	---	1 (16.7)	0 (0.0)	3 (17.6)	3 (23.1)	2 (14.3)	5 (35.7)	10 (52.6)	16 (43.2)	31 (68.9)	55 (78.6)	44 (68.8)	50 (79.4)	44 (72.1)	56 (83.6)	49 (81.7)	38 (71.7)	46 (82.1)	35 (71.4)	38 (59.4)	30 (41.1)	40 (50.6)	52 (54.2)	649 (63.0)
Homosexual	1 (33.3)	---	3 (50.0)	4 (57.1)	8 (47.1)	2 (15.4)	6 (42.9)	8 (57.1)	7 (36.8)	13 (35.1)	9 (20.0)	6 (8.6)	10 (15.6)	6 (9.5)	8 (13.1)	1 (1.5)	5 (8.3)	8 (15.1)	7 (12.5)	8 (16.3)	13 (20.3)	21 (28.8)	20 (25.3)	24 (25.0)	198 (19.2)
Bisexual	1 (33.3)	---	0 (0.0)	1 (14.3)	3 (17.6)	3 (23.1)	2 (14.3)	1 (7.1)	1 (5.3)	4 (10.8)	3 (6.7)	1 (1.4)	3 (4.7)	1 (1.6)	1 (1.6)	1 (1.5)	2 (3.3)	2 (3.8)	0 (0.0)	0 (0.0)	3 (4.7)	3 (4.1)	1 (1.3)	3 (3.1)	40 (3.9)
Injecting drug use	0 (0.0)	---	0 (0.0)	0 (0.0)	1 (5.9)	0 (0.0)	0 (0.0)	0 (0.0)	1 (5.3)	0 (0.0)	1 (2.2)	1 (1.4)	1 (1.6)	0 (0.0)	1 (1.6)	2 (3.0)	1 (1.7)	1 (1.9)	0 (0.0)	3 (6.1)	1 (1.6)	11 (15.1)	9 (11.4)	9 (9.4)	43 (4.2)
Blood contact	0 (0.0)	---	0 (0.0)	1 (14.3)	2 (11.8)	3 (23.1)	3 (21.4)	0 (0.0)	0 (0.0)	3 (8.1)	0 (0.0)	2 (2.9)	1 (1.6)	1 (1.6)	2 (3.3)	1 (1.5)	0 (0.0)	0 (0.0)	1 (1.8)	0 (0.0)	1 (1.6)	0 (0.0)	1 (1.3)	2 (2.1)	24 (2.3)
Perinatal	0 (0.0)	---	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (2.7)	1 (2.2)	0 (0.0)	0 (0.0)	1 (1.6)	1 (1.6)	1 (1.5)	1 (1.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	6 (0.6)
Undetermined	0 (0.0)	---	2 (33.3)	1 (14.3)	0 (0.0)	2 (15.4)	1 (7.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	5 (7.1)	5 (7.8)	4 (6.3)	4 (6.6)	5 (7.5)	2 (3.3)	4 (7.5)	2 (3.6)	3 (6.1)	8 (12.5)	8 (11.0)	8 (10.1)	6 (6.3)	70 (6.8)
Total	3 (100)	---	6 (100)	7 (100)	17 (100)	13 (100)	14 (100)	14 (100)	19 (100)	37 (100)	45 (100)	70 (100)	64 (100)	63 (100)	61 (100)	67 (100)	60 (100)	53 (100)	56 (100)	49 (100)	64 (100)	73 (100)	79 (100)	96 (100)	1030 (100)

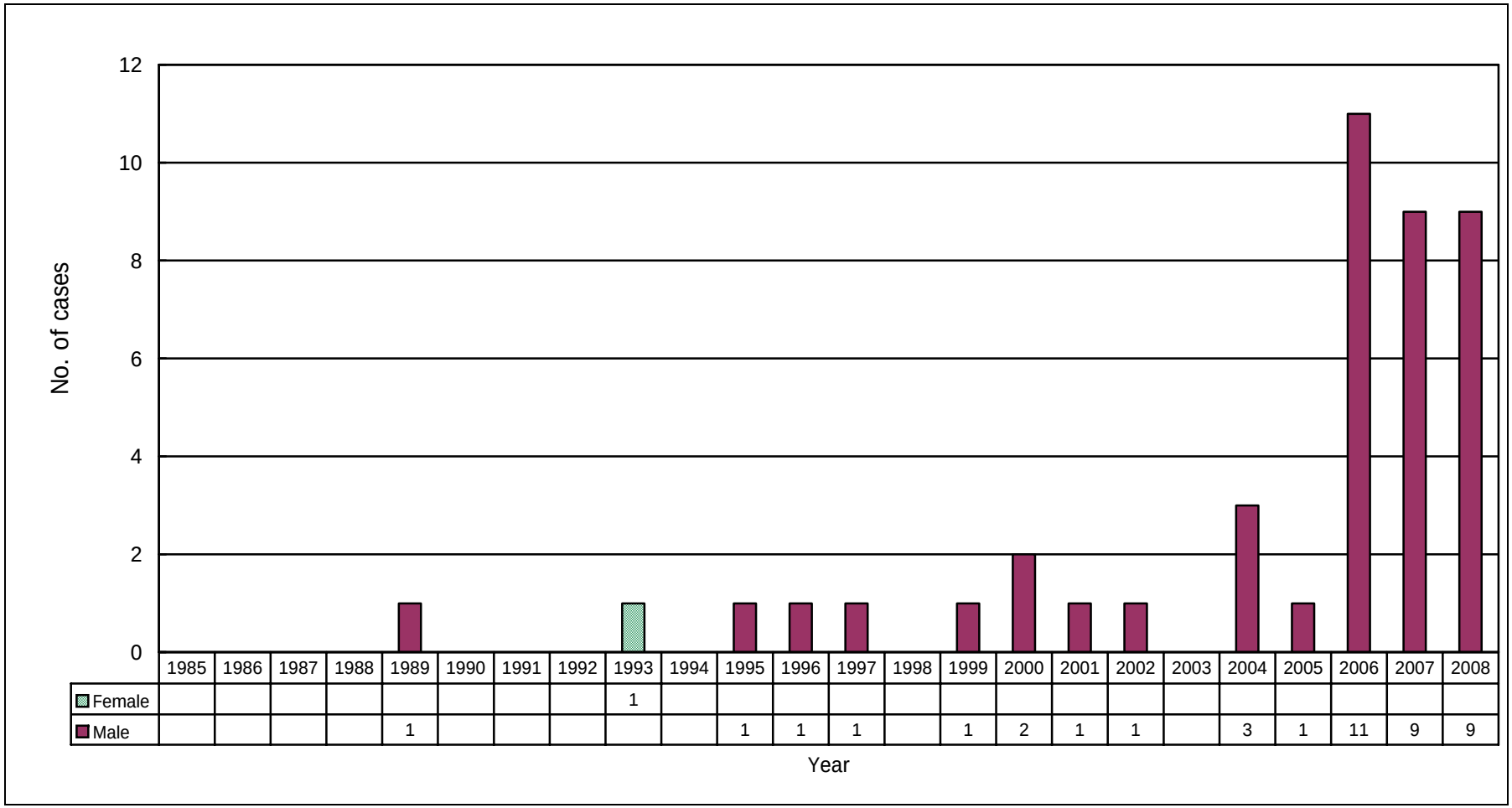
Box 2.6 Reported HIV/AIDS cases in injecting drug users

(a) Reported HIV-infected injecting drug users - by gender



	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Female					1				1									1		1	3		2	3	2
Male		1			1	2			2	1	2	2	1	2	1	6	10	10	10	10	19	31	55	39	38

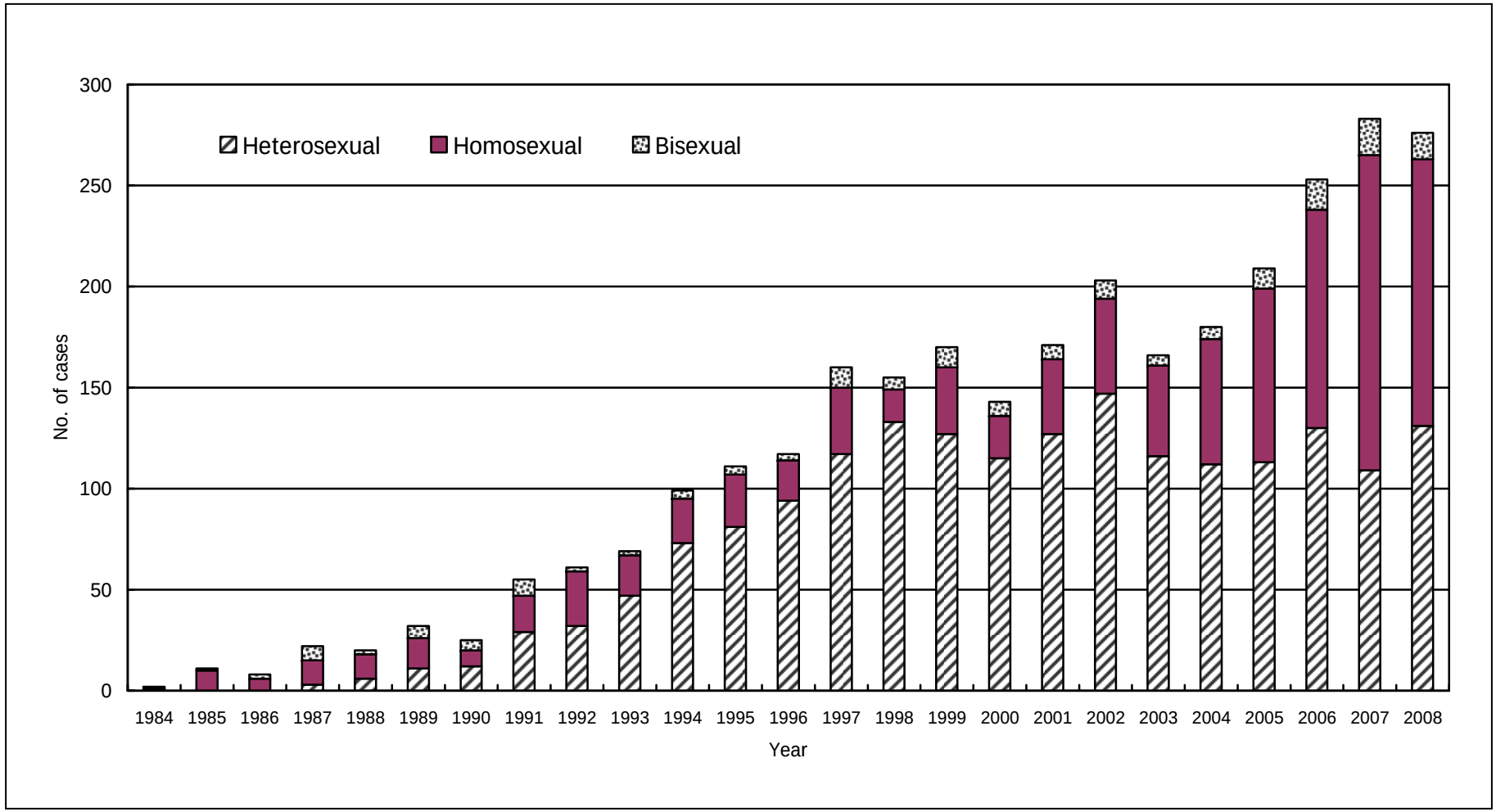
(b) Reported AIDS case in injecting drug users - by gender



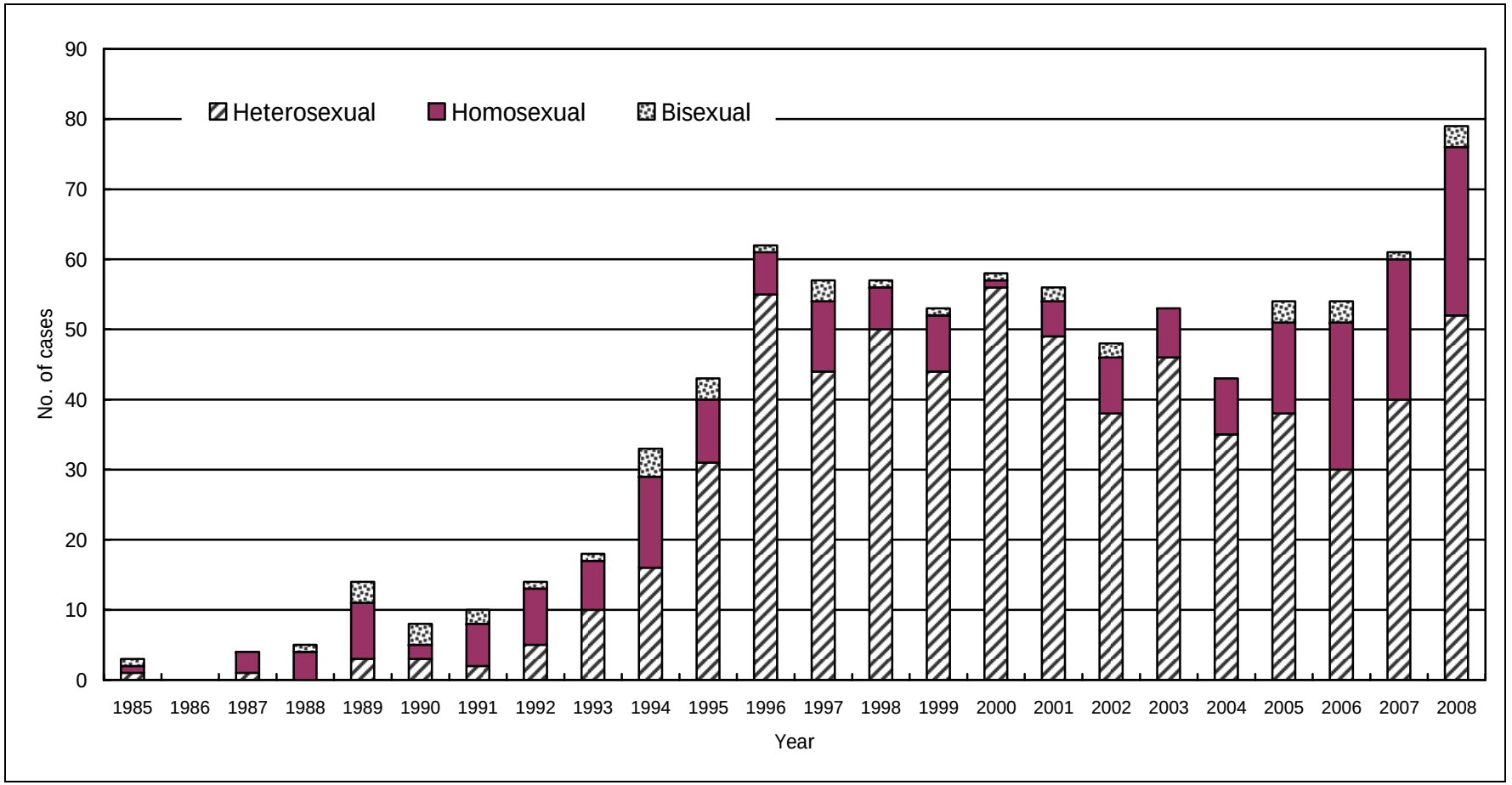
	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Female									1															
Male					1						1	1	1		1	2	1	1		3	1	11	9	9

Box 2.7 Reported sexually acquired HIV/AIDS cases

(a) Yearly reports of sexually acquired HIV cases



(b) Yearly reports of sexually acquired AIDS cases



(c) Ratio of heterosexual vs. homosexual/bisexual men reported with HIV/AIDS

Year	HIV	AIDS
1984	1.0 : 1	---
1985	0.0 : 1	0.5 : 1
1986	0.0 : 1	---
1987	0.1 : 1	0.0 : 1
1988	0.4 : 1	0.0 : 1
1989	0.4 : 1	0.3 : 1
1990	0.8 : 1	0.6 : 1
1991	1.0 : 1	0.3 : 1
1992	0.9 : 1	0.6 : 1
1993	1.7 : 1	0.9 : 1
1994	2.3 : 1	0.8 : 1
1995	1.9 : 1	2.0 : 1
1996	3.0 : 1	7.1 : 1
1997	2.0 : 1	2.5 : 1
1998	4.2 : 1	5.9 : 1
1999	2.0 : 1	4.2 : 1
2000	2.8 : 1	23.5 : 1
2001	1.9 : 1	5.3 : 1
2002	1.8 : 1	2.7 : 1
2003	1.7 : 1	4.9 : 1
2004	1.1 : 1	3.8 : 1
2005	0.8 : 1	1.8 : 1
2006	0.7 : 1	0.8 : 1
2007	0.4 : 1	1.5 : 1
2008	0.6 : 1	1.4 : 1
Total	1.1 : 1	2.0 : 1

Box 2.8 Profile of primary AIDS defining illnesses (ADI) (1985 - 2008)

Year / ADI (%)	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	Total
Pneumocystic Pneumonia (PCP)	1 (33.3)	---	2 (33.3)	4 (57.1)	8 (47.1)	5 (38.5)	4 (28.6)	7 (50.0)	10 (52.6)	12 (32.4)	17 (37.8)	21 (30.0)	20 (31.3)	26 (41.3)	23 (37.7)	30 (44.8)	26 (43.3)	25 (47.2)	22 (39.3)	22 (44.9)	20 (31.3)	27 (37.0)	28 (35.4)	37 (38.5)	397 (38.5)
Mycobacterium Tuberculosis	0 (0.0)	---	0 (0.0)	0 (0.0)	1 (5.9)	2 (15.4)	3 (21.4)	1 (7.1)	2 (10.5)	4 (10.8)	8 (17.8)	21 (30.0)	17 (26.6)	18 (28.6)	13 (21.3)	19 (28.4)	17 (28.3)	9 (17.0)	15 (26.8)	13 (26.5)	25 (39.1)	26 (35.6)	32 (40.5)	32 (33.3)	278 (27.0)
Other fungal infections	0 (0.0)	---	3 (50.0)	0 (0.0)	3 (17.6)	0 (0.0)	2 (14.3)	2 (14.3)	1 (5.3)	4 (10.8)	7 (15.6)	6 (8.6)	10 (15.6)	8 (12.7)	5 (8.2)	4 (6.0)	5 (8.3)	8 (15.1)	4 (7.1)	6 (12.2)	5 (7.8)	4 (5.5)	3 (3.8)	3 (3.1)	93 (9.0)
Penicilliosis	0 (0.0)	---	0 (0.0)	0 (0.0)	0 (0.0)	1 (7.7)	1 (7.1)	0 (0.0)	1 (5.3)	6 (16.2)	7 (15.6)	7 (10.0)	5 (7.8)	2 (3.2)	7 (11.5)	5 (7.5)	1 (1.7)	7 (13.2)	5 (8.9)	4 (8.2)	7 (10.9)	11 (15.1)	4 (5.1)	6 (6.3)	87 (8.4)
Cytomegalovirus diseases	1 (33.3)	---	0 (0.0)	0 (0.0)	0 (0.0)	1 (7.7)	1 (7.1)	1 (7.1)	2 (10.5)	1 (2.7)	3 (6.7)	4 (5.7)	4 (6.3)	3 (4.8)	2 (3.3)	3 (4.5)	2 (3.3)	0 (0.0)	3 (5.4)	1 (2.0)	2 (3.1)	3 (4.1)	4 (5.1)	6 (6.3)	47 (4.6)
Non-TB mycobacterial infections	0 (0.0)	---	0 (0.0)	0 (0.0)	1 (5.9)	0 (0.0)	3 (21.4)	0 (0.0)	1 (5.3)	0 (0.0)	0 (0.0)	2 (2.9)	1 (1.6)	0 (0.0)	5 (8.2)	1 (1.5)	5 (8.3)	2 (3.8)	1 (1.8)	2 (4.1)	0 (0.0)	1 (1.4)	0 (0.0)	1 (1.0)	26 (2.5)
Kaposi's sarcoma	1 (33.3)	---	0 (0.0)	1 (14.3)	2 (11.8)	1 (7.7)	0 (0.0)	2 (14.3)	0 (0.0)	4 (10.8)	1 (2.2)	2 (2.9)	3 (4.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.8)	0 (0.0)	1 (1.6)	0 (0.0)	1 (1.3)	4 (4.2)	24 (2.3)
Others	0 (0.0)	---	1 (16.7)	2 (28.6)	2 (11.8)	3 (23.1)	0 (0.0)	1 (7.1)	2 (10.5)	6 (16.2)	2 (4.4)	7 (10.0)	4 (6.3)	6 (9.5)	6 (9.8)	5 (7.5)	4 (6.7)	2 (3.8)	5 (8.9)	1 (2.0)	4 (6.3)	1 (1.4)	7 (8.9)	7 (7.3)	78 (7.6)
Total	3 (100)	---	6 (100)	7 (100)	17 (100)	13 (100)	14 (100)	14 (100)	19 (100)	37 (100)	45 (100)	70 (100)	64 (100)	63 (100)	61 (100)	67 (100)	60 (100)	53 (100)	56 (100)	49 (100)	64 (100)	73 (100)	79 (100)	96 (100)	1030 (100)

3. TABULATED RESULTS OF SEROSURVEILLANCE STUDIES

System description

- This is a collection of data from seroprevalence studies and public service records that contribute to the understanding of the HIV situation in selected community groups or settings.

System layout

	Setting	System	Since	Sample size	Data available in 2008
(a) Community with predisposing risk factors					
STD patients	Social Hygiene Clinics	Voluntary testing offered to clients	1985	30000 – 40000 / year	Yes
*Drug users (1)	Methadone Clinics	Unlinked anonymous screening using urine samples	1992 (to 2003)	2000 – 4000 / year	No
Drug users (2)	Different treatment and rehabilitation services	Voluntary testing	1985	300 – 1000 / year	Yes
Drug users (3)	Street addicts approached by outreach workers	Voluntary testing on unlinked saliva samples	1993 (to 1997)	200 – 500 / year	No
MSM	AIDS Concern	Voluntary testing offered to MSM	2000	200 - 700 / year	Yes
(b) Community without risk factors					
Blood donors	Hong Kong Red Cross Blood Transfusion Service	A requirement for all potential donors	1985	150000 – 200000 / year	Yes
Antenatal women	All maternal and child health centres and public hospitals	Universal voluntary testing	Sept 2001	Around 40000 / year	Yes
*Neonates	Testing of Cord blood from delivering women	Unlinked anonymous screening on blood samples	1990 (to 2000)	4000 / year	No
Civil servants	Pre-employment health check	Unlinked anonymous screening on blood samples	1991 (once)	1553	No
(c) Community with undefined risk					
TB patients (1)	TB and Chest Clinics of the Department of Health	Unlinked anonymous screening	1990	1000 / year	Yes
TB patients (2)	TB and Chest Clinics of the Department of Health	Voluntary testing	1993	2000 – 3500 / year	Yes
Prisoners	Penal institutions	Unlinked anonymous screening on blood / urine samples	1992	1000 – 2000 / year	Yes

*replaced by methadone clinics universal HIV testing programme and universal voluntary testing of antenatal women respectively

Tables & Figures

Box 3.1 HIV seroprevalence in blood donors at Hong Kong Red Cross Blood Transfusion Service

(a) HIV detection rate by number of donated blood units (1985 - 2008)

Year	Units of blood donated	No. of units anti-HIV+	Positive detection rate of donated units (%)	95% C.I. for prevalence (%)
1985	58,563	2	0.003	(0.0004 - 0.0123)
1986	146,639	1	0.001	(0.0000 - 0.0038)
1987	155,079	2	0.001	(0.0002 - 0.0047)
1988	152,319	2	0.001	(0.0002 - 0.0047)
1989	156,587	3	0.002	(0.0004 - 0.0056)
1990	168,082	4	0.002	(0.0006 - 0.0061)
1991	181,756	3	0.002	(0.0003 - 0.0048)
1992	176,492	9	0.005	(0.0023 - 0.0097)
1993	165,053	3	0.002	(0.0004 - 0.0053)
1994	172,151	7	0.004	(0.0016 - 0.0084)
1995*	133,058	4	0.002	(0.0008 - 0.0077)
1996*	140,169	5	0.003	(0.0012 - 0.0083)
1997*	122,325	7	0.004	(0.0023 - 0.0118)
1998*	136,267	7	0.003	(0.0021 - 0.0106)
1999*	117,058	7	0.004	(0.0024 - 0.0123)
2000*	189,482	9	0.005	(0.0022 - 0.0090)
2001	193,835	3	0.002	(0.0003 - 0.0045)
2002	193,702	3	0.002	(0.0003 - 0.0045)
2003*	179,962	5	0.003	(0.0009 - 0.0065)
2004	198,420	1	0.001	(0.0000 - 0.0028)
2005	197,974	3	0.002	(0.0003 - 0.0044)
2006	196,332	6	0.003	(0.0011 - 0.0067)
2007	205,645	9	0.004	(0.0020 - 0.0083)
2008	212,739	10	0.005	(0.0023 - 0.0086)

* Figures revised

(b) HIV seroprevalence in new and repeat blood donors (1991 - 2008)

Year	New donors			Repeat donors		
	No. of donors	No. of donors anti-HIV+	HIV positivity rate (%) (95% C.I. (%))	No. of donors	No. of donors anti-HIV+	HIV positivity rate (%) (95% C.I. (%))
1991	48,769	0	0 (----)	132,987	3	0.002 (0.0005 - 0.0066)
1992	43,674	1	0.002 (0.0001 - 0.0128)	132,818	8	0.006 (0.0026 - 0.0119)
1993	36,146	1	0.003 (0.0001 - 0.0154)	128,907	2	0.002 (0.0002 - 0.0056)
1994	38,077	2	0.005 (0.0006 - 0.0190)	134,074	5	0.004 (0.0012 - 0.0087)
1995	39,778	2	0.005 (0.0006 - 0.0182)	93,280	2	0.002 (0.0003 - 0.0077)
1996	40,875	1	0.002 (0.0001 - 0.0136)	99,294	4	0.004 (0.0011 - 0.0103)
1997	40,419	1	0.002 (0.0001 - 0.0138)	81,906	6	0.007 (0.0027 - 0.0159)
1998	43,756	3	0.007 (0.0014 - 0.0200)	92,511	4	0.004 (0.0012 - 0.0111)
1999	40,960	1	0.002 (0.0001 - 0.0136)	76,098	6	0.008 (0.0029 - 0.0172)
2000	41,116	5	0.012 (0.0039 - 0.0284)	148,366	4	0.003 (0.0007 - 0.0069)
2001	43,415	0	0 (---)	150,420	3	0.002 (0.0004 - 0.0058)
2002	42,292	1	0.002 (0.0001 – 0.0132)	151,410	2	0.001 (0.0002 – 0.0048)
2003	36,732	3	0.008 (0.0017 – 0.0239)	143,230	2	0.001 (0.0002 – 0.0050)
2004	41,679	0	0 (---)	156,741	1	0.001 (0.0000 – 0.0036)
2005	42,643	1	0.002 (0.0001 – 0.0131)	155,331	2	0.001 (0.0002 – 0.0047)
2006	40,029	2	0.005 (0.0006 – 0.0180)	156,303	4	0.003 (0.0007 – 0.0066)
2007	40,287	3	0.007 (0.0015 – 0.0218)	165,358	6	0.004 (0.0013 – 0.0079)
2008	40,909	5	0.012 (0.0040 – 0.0285)	171,830	5	0.003 (0.0009 – 0.0068)

Box 3.2 HIV seroprevalence in clients attending Social Hygiene Services, from voluntary blood testing (1985 - 2008)

Year	No. of blood samples	No. of samples tested anti-HIV+	Prevalence (%)	95% C.I. for prevalence (%)
1985	7,911	5	0.063	(0.021 - 0.147)
1986	27,179	2	0.007	(0.001 - 0.027)
1987	33,553	2	0.006	(0.001 - 0.022)
1988	33,039	3	0.009	(0.002 - 0.027)
1989	29,663	6	0.020	(0.007 - 0.044)
1990	27,045	9	0.033	(0.015 - 0.063)
1991	27,013	19	0.070	(0.042 - 0.110)
1992	27,334	12	0.044	(0.023 - 0.077)
1993	28,736	16	0.056	(0.032 - 0.090)
1994	30,162	29	0.096	(0.064 - 0.138)
1995	33,896	14	0.041	(0.023 - 0.069)
1996	37,126	25	0.067	(0.044 - 0.099)
1997	38,779	27	0.070	(0.046 - 0.101)
1998	46,127	27	0.059	(0.039 - 0.085)
1999	51,639	31	0.060	(0.041 - 0.085)
2000	51,197	20	0.039	(0.024 - 0.060)
2001	51,209	31	0.061	(0.041 - 0.086)
2002	53,363	41	0.077	(0.055 - 0.104)
2003	42,764	34	0.080	(0.055 - 0.111)
2004	43,980	46	0.105	(0.077 - 0.140)
2005	38,978	28	0.072	(0.048 - 0.104)
2006	37,120	47	0.127	(0.093 - 0.168)
2007	33,841	50	0.148	(0.110 - 0.195)
2008	31,040	72	0.232	(0.181 - 0.292)

Box 3.3 HIV seroprevalence in drug users attending methadone clinics

(a) HIV seroprevalence in drug users attending methadone clinics from unlinked anonymous screening (1992 - 2003)*

Year	No. of urine samples	No. of samples tested anti-HIV+	Prevalence (%)	95% C.I. for prevalence (%)
1992	2,189	0	0	(--- - ---)
1993	3,219	0	0	(--- - ---)
1994	4,113	2	0.049	(0.006 - 0.176)
1995	2,240	1	0.045	(0.001 - 0.249)
1996	3,714	1	0.027	(0.001 - 0.150)
1997	1,816	0	0	(--- - ---)
1998	2,838	6	0.211	(0.078 - 0.460)
1999	2,674	3	0.112	(0.023 - 0.328)
2000	3,644	10	0.274	(0.132 - 0.505)
2001	3,811	4	0.105	(0.029 - 0.269)
2002	4,037	10	0.248	(0.119 - 0.456)
2003	1,949	5	0.257	(0.083 - 0.599)

* Replaced by MUT programme since 2004

(b) HIV seroprevalence in drug users attending methadone clinics from voluntary testing (1991 - 2003)**

Year	*No. of blood samples	No. of samples tested anti-HIV+	Prevalence (%)	95% C.I. for prevalence (%)
1991	379	0	0	(--- - ---)
1992	212	0	0	(--- - ---)
1993	198	0	0	(--- - ---)
1994	296	1	0.338	(0.009 - 1.882)
1995	102	0	0	(--- - ---)
1996	302	0	0	(--- - ---)
1997	254	0	0	(--- - ---)
1998	250	1	0.400	(0.010 - 2.229)
1999	599	3	0.501	(0.103 - 1.464)
2000	602	1	0.166	(0.004 - 0.926)
2001	363	0	0	(--- - ---)
2002	318	0	0	(--- - ---)
2003	148	0	0	(--- - ---)

* all were blood samples, with a small proportion being urine samples since late 1999
** Replaced by MUT programme since 2004

(c) HIV seroprevalence in drug users attending methadone clinics from Universal HIV Antibody (Urine) Testing Programme (2003 - 2008)

Year	No. of Urine samples	No. of samples tested anti-HIV+	Prevalence (%)	95% C.I. for prevalence (%)
2003 (Jul – Sep)	1,834	9	0.491	(0.224 - 0.932)
2004	8,812	18	0.204	(0.121 - 0.323)
2005	8,696	28	0.322	(0.214 - 0.465)
2006	7,730	28	0.362	(0.241 - 0.524)
2007	7,314	26	0.355	(0.232 - 0.521)
2008	7,955	37	0.465	(0.327 - 0.641)

Box 3.4 HIV seroprevalence in drug users attending inpatient drug treatment centres / institutions, from unlinked anonymous screening (1998 - 2008)

Year	No. of urine samples	No. of samples tested anti-HIV+	Prevalence (%)	95% C.I. for prevalence (%)
1998	2,286	3	0.131	(0.027 - 0.384)
1999	1,675	3	0.179	(0.037 - 0.523)
2000	1,165	7	0.601	(0.242 - 1.238)
2001	1,137	2	0.176	(0.021 - 0.635)
2002	761	0	0	(--- - ---)
2003	361	1	0.277	(0.007 - 1.543)
2004*	---	---	---	(--- - ---)
2005	630	0	0	(--- - ---)
2006	786	4	0.509	(0.139 - 1.303)
2007	387	0	0	(--- - ---)
2008	369	0	0	(--- - ---)

* Unlinked anonymous screening was not performed in 2004

Box 3.5 HIV seroprevalence in newly admitted prisoners from unlinked anonymous screening (1995 - 2008)

Year	No. of Samples*	No. of samples tested anti-HIV+	Prevalence (%)	95% C.I. for prevalence (%)
1995	653	3	0.459	(0.095 - 1.343)
1996	1,503	6	0.399	(0.147 - 0.869)
1997	1,474	3	0.204	(0.042 - 0.595)
1998	1,571	4	0.255	(0.069 - 0.652)
1999	1,580	10	0.633	(0.303 - 1.164)**
2000	1,516	4	0.264	(0.072 - 0.676)
2001	1,502	5	0.333	(0.108 - 0.777)
2002	1,500	6	0.400	(0.147 - 0.871)
2003	1,502	5	0.333	(0.108 - 0.777)
2004	1,980	7	0.354	(0.142 - 0.728)
2005	2,007	6	0.299	(0.110 - 0.651)
2006	2,796	13	0.465	(0.248 - 0.795)
2007	2,718	7	0.258	(0.104 - 0.531)
2008	2,231	21	0.941	(0.583 - 1.439)

* Only samples of 1995 were blood samples. All others were urine samples.

Box 3.6 HIV seroprevalence in patients with tuberculosis

(a) HIV seroprevalence in patients attending government TB & Chest Clinics, from unlinked anonymous screening (1990 - 2008)

Year	No. of urine samples	No. of samples tested anti-HIV+	Prevalence (%)	95% C.I. for prevalence(%)
1990	1,548	0	0	(--- - ---)
1991	485	0	0	(--- - ---)
1992	1,469	2	0.136	(0.016 - 0.492)
1993	1,173	0	0	(--- - ---)
1994*	-	-	-	(--- - ---)
1995	895	2	0.223	(0.027 - 0.807)
1996	998	4	0.401	(0.109 - 1.026)
1997	1,003	2	0.199	(0.024 - 0.720)
1998	833	4	0.480	(0.131 - 1.229)
1999	1,166	8	0.686	(0.296 - 1.352)
2000	1,018	5	0.491	(0.159 - 1.146)
2001	1,071	4	0.373	(0.102 - 0.956)
2002	1,000	8	0.800	(0.345 - 1.576)
2003	920	6	0.652	(0.239 - 1.420)
2004**	1,056	9	0.852	(0.390 - 1.618)
2005	840	7	0.833	(0.335 - 1.717)
2006**	841	5**	0.595	(0.193 - 1.387)
2007	887	11	1.240	(0.619 - 2.219)
2008	783	4	0.511	(0.139 - 1.308)

* Unlinked anonymous screening was not performed in 1994

** figure revised

(b) HIV seroprevalence in patients attending government TB & Chest Clinics, from voluntary blood testing (1993 - 2008)

Year	No. of blood samples	Coverage*		No. of anti-HIV+	Prevalence (%)	95% C.I. for prevalence (%)
		A	B			
1993	2,116	---	---	0	0	(--- - ---)
1994	2,534	---	---	2	0.079	(0.010 - 0.285)
1995	2,548	---	---	2	0.078	(0.010 - 0.284)
1996	3,157	---	---	2	0.063	(0.008 - 0.229)
1997	3,524	---	---	2	0.057	(0.007 - 0.205)
1998	3,726	---	---	6	0.161	(0.059 - 0.350)
1999	3,633	---	---	11	0.303	(0.151 - 0.542)
2000	3,426	92.8%	44.8%#	3	0.088	(0.018 - 0.256)
2001	3,404	94.2%	45.3%#	9	0.264	(0.121 - 0.502)
2002	3,186	94.2%	47.4%#	7	0.220	(0.088 - 0.453)
2003	3,122	92.3%	50.4%#	2	0.064	(0.008 - 0.231)
2004	3,202	93.1%	44.4%#	10	0.312	(0.150 - 0.574)
2005#	4,209	81.2%	68.3%	35	0.832	(0.579 - 1.157)
2006#	4,511	91.0%	78.2%	33	0.732	(0.504 - 1.027)
2007#	4,075	88.7%	74.6%	41	1.006	(0.722 - 1.365)
2008	4,121	89.9%	71.9%**	48	1.165	(0.859 - 1.544)

* coverage A is the proportion of patients attended government TB & Chest Clinics who have been tested for HIV in TB Clinic. (For year 2000-2004, it used to be the proportion of patients who started on TB tx at government TB & Chest Clinics who have been tested for HIV in TB Clinic)
B is the proportion of total TB notifications who have been tested for HIV at government TB & Chest Clinics.

figures revised

** Notification of tuberculosis in 2008 is a provisional figure

Box 3.7 HIV prevalence among antenatal women

(a) HIV prevalence among antenatal women from unlinked anonymous screening (1990 - 2000)

Year	No. of blood samples	No. of anti-HIV+	Prevalence (%)	95% C.I. for prevalence (%)
1990	993	0	0	(--- - ---)
1991	5,253	0	0	(--- - ---)
1992	5,796	0	0	(--- - ---)
1993	4,532	0	0	(--- - ---)
1994	4,762	0	0	(--- - ---)
1995	4,648	1	0.02	(0.0005 - 0.1199)
1996	3,968	1	0.03	(0.0006 - 0.1404)
1997	3,331	0	0	(--- - ---)
1998	3,031	1	0.03	(0.0008 - 0.1838)
1999	3,125	1	0.03	(0.0008 - 0.1783)
2000	3,478	1	0.03	(0.0007 - 0.1602)

(b) HIV prevalence among antenatal women from Universal Antenatal HIV Antibody Testing Programme (2001 - 2008)

	Number of tests	Coverage*	Number of positive tests	Prevalence (%)	95% C.I. for prevalence (%)
2001 (Sep-Dec)	12,965	96.6%	7	0.05	(0.0217 - 0.1112)
2002	41,932	97.2%	8	0.02	(0.0082 - 0.0376)
2003	36,366	96.9%	6	0.02	(0.0061 - 0.0359)
2004	41,070	97.9%	6	0.01	(0.0054 - 0.0318)
2005	42,750	98.1%	5	0.01	(0.0038 - 0.0273)
2006[#]	43,297	98.0%	9	0.02	(0.0095 - 0.0395)
2007	47,472	97.4%	10	0.02	(0.0101 - 0.0387)
2008	51,737	98.2%	2	0.004	(0.0005 - 0.0140)

* coverage is the proportion of women attending public antenatal services who have been tested for HIV
[#] figures revised

Box 3.8 HIV prevalence among MSM tested by AIDS Concern (2000 - 2008)

	Number of tests	Number of positive tests	Prevalence (%)	95% C.I. for prevalence (%)
2000	38	0	0	(--- - ---)
2001	107	1	0.93	(0.024 - 5.207)
2002	130	1	0.77	(0.019 - 4.286)
2003	223	2	0.90	(0.109 - 3.240)
2004	332	6	1.81	(0.663 - 3.934)
2005	483	12	2.48	(1.284 - 4.340)
2006	610	10	1.64	(0.786 - 3.015)
2007*	723	17	2.35	(1.370 - 3.765)
2008	905	15	1.66	(0.928 - 2.734)

* figures in 2007 revised

4. TABULATED RESULTS OF STATISTICS ON SEXUALLY TRANSMITTED INFECTIONS (STI)

System description:

- This is a clinic based disease reporting system contributed by Social Hygiene Service, Department of Health. Summary tables are submitted quarterly by Social Hygiene Service. The clinics included in this surveillance system are: Chai Wan, Lek Yuen[1], Wan Chai, Western[2], Yau Ma Tei, South Kwai Chung[3], Yung Fung Shee, Tuen Mun, Fanling ITC[4] , Tai Po[5], and Shek Wu Hui[5].

Remark:

[1] Leck Yuen Clinic was closed since April 2005

[2] Western Social Hygiene Clinic was merged with Wan Chai Social Hygiene Clinic and Sai Ying Pun Dermatology Clinic wef 2.7.2003.

[3] South Kwai Chung Clinic was closed on 27.3.2004

[4] Venereal Diseases Clinics in Fanling ITC was commenced operation in part-time basis on 1.9.2003 by appointment only.

[5] Tai Po and Shek Wu Hui clinics were closed since 2001

Tables & Figures

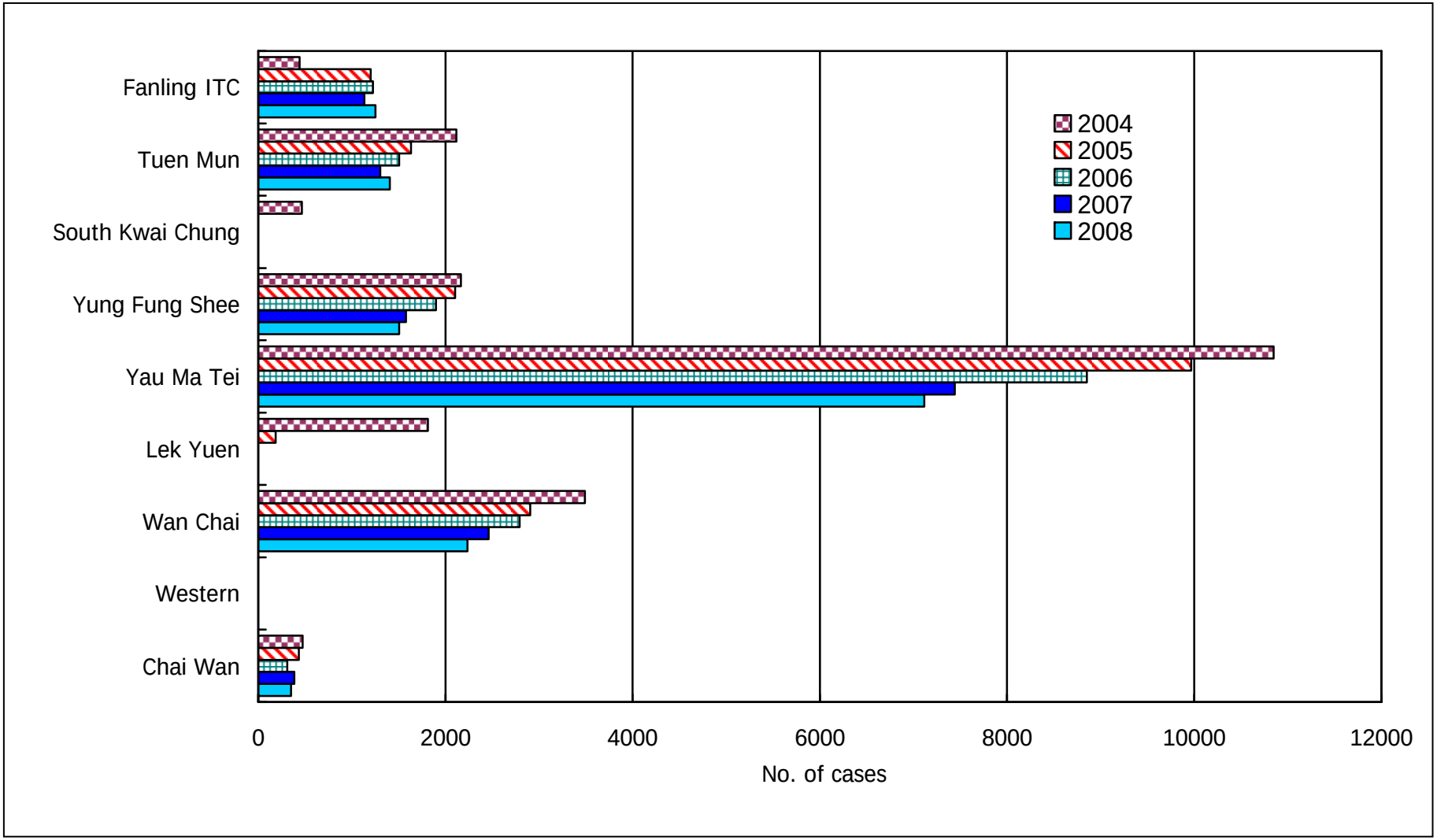
Box 4.1 Total number of STI reported by individual Social Hygiene Clinic

(a) Year 2008

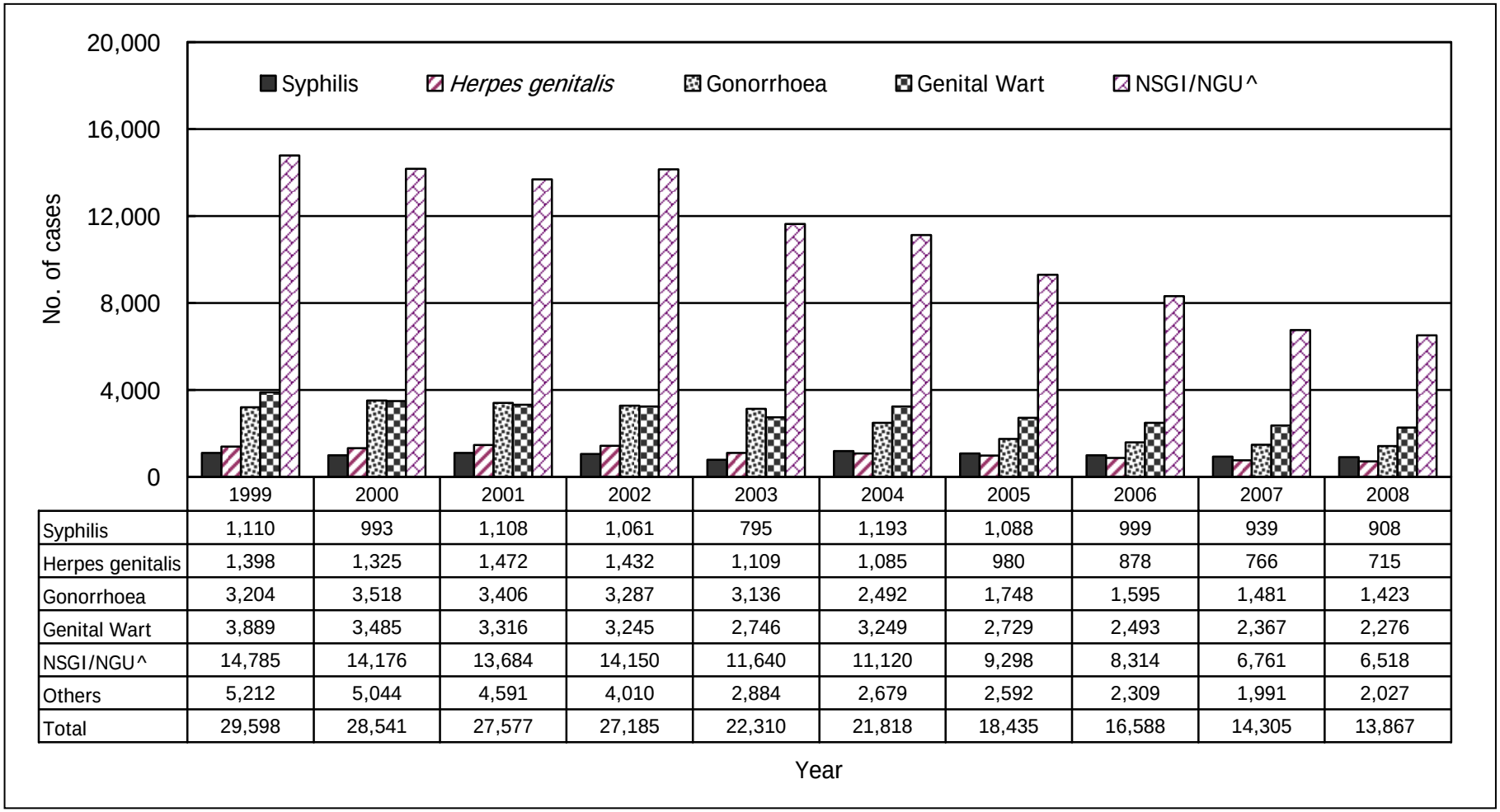
	Chai Wan	Wan Chai	Yau Ma Tei	Yung Fung Shee	Tuen Mun	Fanling ITC#
Male	222	1,491	4,211	1,020	744	736
Female	129	744	2,906	485	662	517
Total	351	2,235	7,117	1,505	1,406	1,253

Venereal Diseases Clinics in Fanling ITC commenced operation in part-time basis on 1.9.2003 by appointment only.

(b) 2004 - 2008


Fanling ITC
Tuen Mun
South Kwai Chung
Yung Fung Shee
Yau Ma Tei
Lek Yuen
Wan Chai
Western
Chai Wan
2004
2005
2006
2007
2008
0
2000
4000
6000
8000
10000
12000
No. of cases

Box 4.2 Annual reported STIs in Social Hygiene Clinics



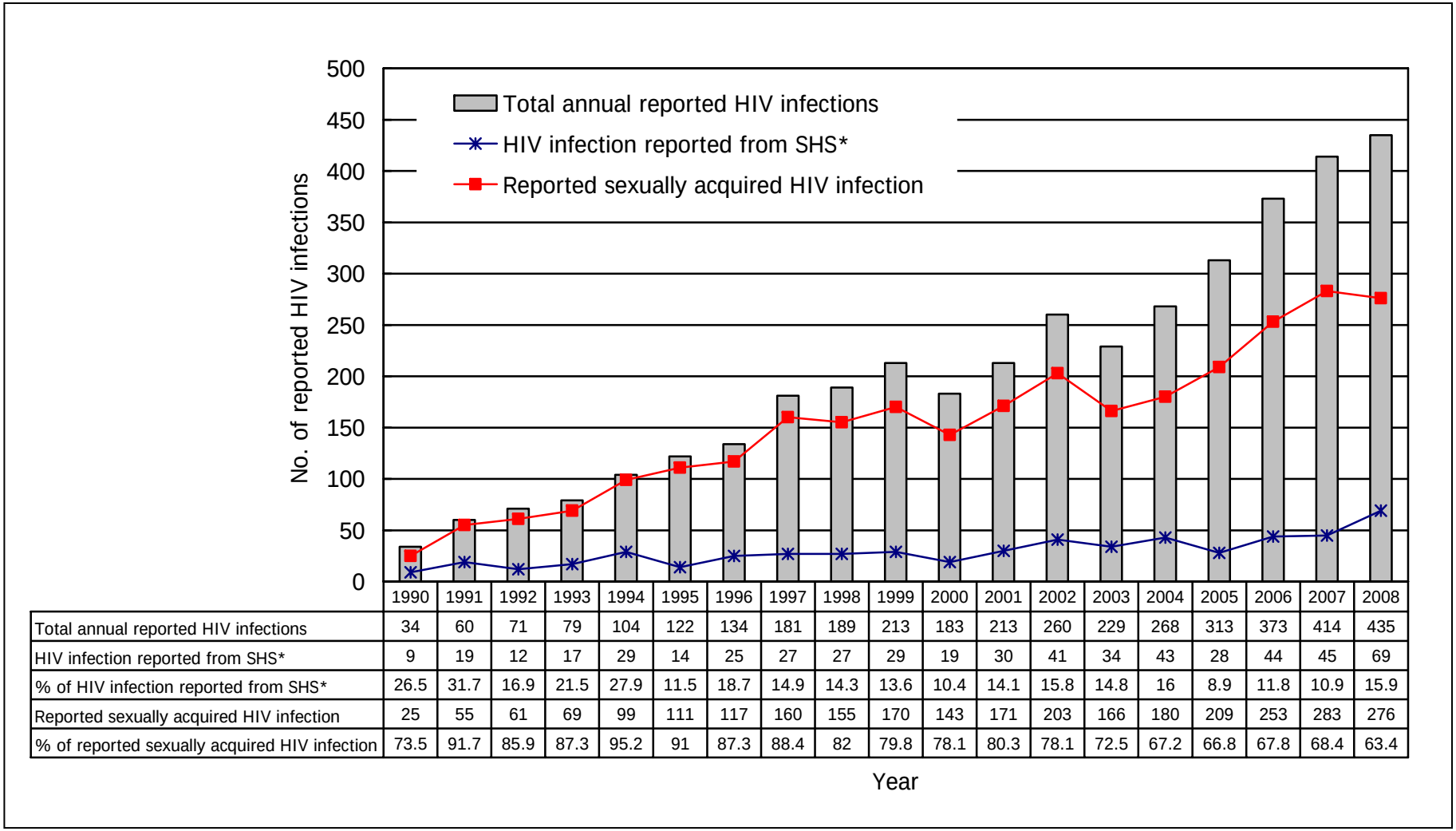
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Syphilis	1,110	993	1,108	1,061	795	1,193	1,088	999	939	908
Herpes genitalis	1,398	1,325	1,472	1,432	1,109	1,085	980	878	766	715
Gonorrhoea	3,204	3,518	3,406	3,287	3,136	2,492	1,748	1,595	1,481	1,423
Genital Wart	3,889	3,485	3,316	3,245	2,746	3,249	2,729	2,493	2,367	2,276
NSGI/NGU^	14,785	14,176	13,684	14,150	11,640	11,120	9,298	8,314	6,761	6,518
Others	5,212	5,044	4,591	4,010	2,884	2,679	2,592	2,309	1,991	2,027
Total	29,598	28,541	27,577	27,185	22,310	21,818	18,435	16,588	14,305	13,867

^ NSGI / NGU : Non-specific Genital Infection / Non-gonococcal Urethritis

Box 4.3 Syphilis reported by Social Hygiene Clinics (2004 - 2008)

Year / Syphilis	2004	2005	2006	2007	2008
Primary	124	72	48	50	45
Secondary	49	36	42	58	56
Early latent	132	130	69	63	82
Late latent	877	845	835	764	720
Late (cardiovascular / neuro)	10	5	4	3	5
Congenital (early)	0	0	0	0	0
Congenital (late)	1	0	1	1	0
Total	1,193	1,088	999	939	908

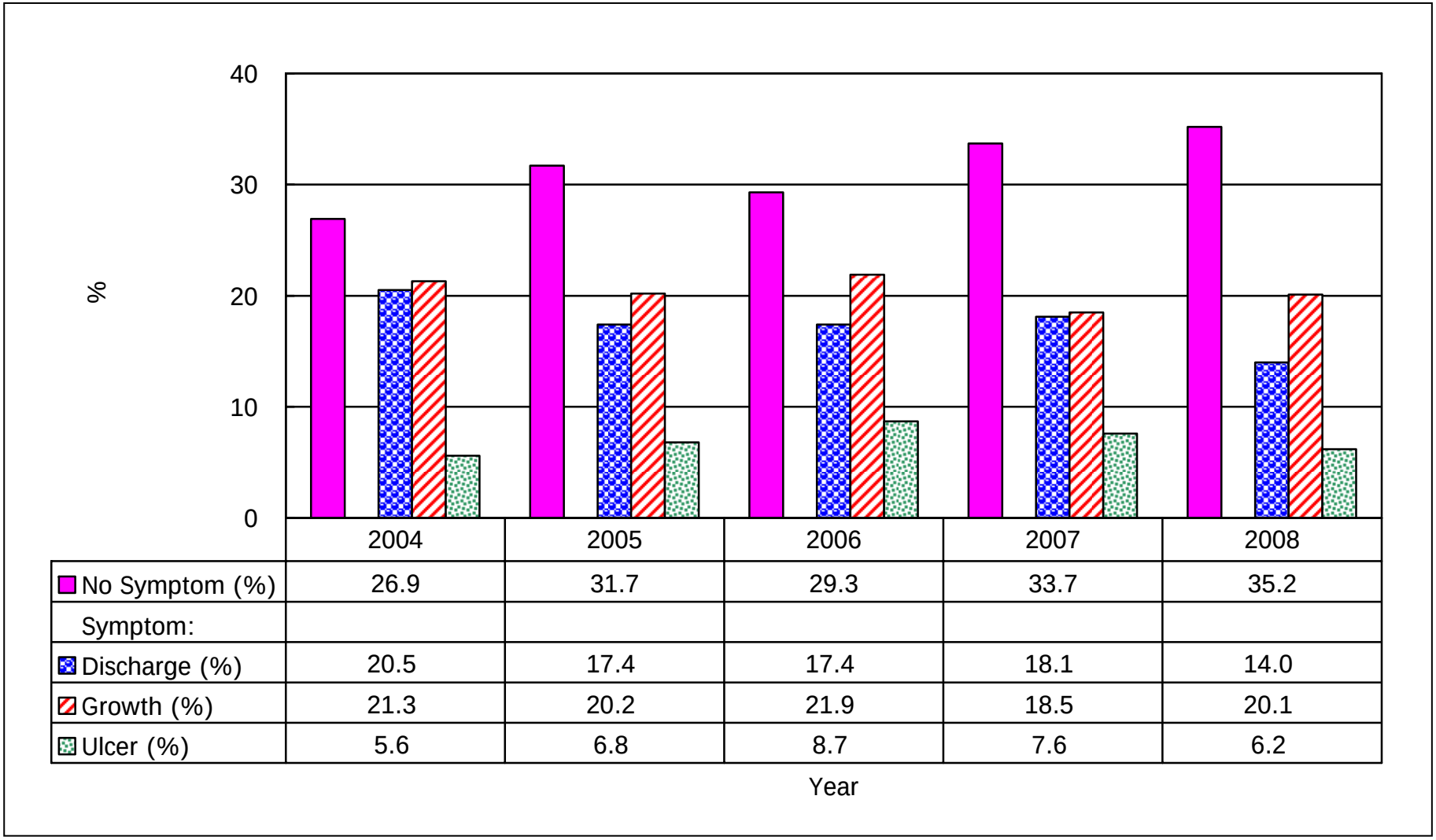
Box 4.4 Sexually acquired HIV infection in Hong Kong



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Total annual reported HIV infections	34	60	71	79	104	122	134	181	189	213	183	213	260	229	268	313	373	414	435
HIV infection reported from SHS*	9	19	12	17	29	14	25	27	27	29	19	30	41	34	43	28	44	45	69
% of HIV infection reported from SHS*	26.5	31.7	16.9	21.5	27.9	11.5	18.7	14.9	14.3	13.6	10.4	14.1	15.8	14.8	16	8.9	11.8	10.9	15.9
Reported sexually acquired HIV infection	25	55	61	69	99	111	117	160	155	170	143	171	203	166	180	209	253	283	276
% of reported sexually acquired HIV infection	73.5	91.7	85.9	87.3	95.2	91	87.3	88.4	82	79.8	78.1	80.3	78.1	72.5	67.2	66.8	67.8	68.4	63.4

* SHS: Social Hygiene Service

Box 4.5 Syndromic presentations of STI from Behavioural Survey of Social Hygiene Service



	2004	2005	2006	2007	2008
No Symptom (%)	26.9	31.7	29.3	33.7	35.2
Symptom:					
Discharge (%)	20.5	17.4	17.4	18.1	14.0
Growth (%)	21.3	20.2	21.9	18.5	20.1
Ulcer (%)	5.6	6.8	8.7	7.6	6.2

5. TABULATED RESULTS ON BEHAVIOURAL MONITORING

System description

- This is a tabulation of behavioural data relating to HIV risk collected from different sources in Hong Kong

System layout

Source	Sexual behaviour	Drug-taking behaviour	Data available in 2008
AIDS Counselling and Testing Service (ACTS)	- Median no. of sexual partners among men - Recent history of commercial sex - Condom use in men - No. of sexual partners and Condom use in MSM		Yes
Social Hygiene Service (SHS)	- Recent history of commercial sex - Condom use in heterosexual men		Yes
Methadone clinics (DRS-M)		- Proportion of injectors - Practice of needle-sharing	Yes
Shek Kwu Chau (SKC) Treatment and Rehabilitation Centre (DRS-S)		- Proportion of injectors - Practice of needle-sharing	Yes
Central Registry of Drug Abuse (CRDA)		- Proportion of injectors in all drug users - Proportion of injectors in new drug users	Yes
Street Addict Survey (SAS) (From the society for the Aid and Rehabilitation of Drug Abusers)		- Proportion of injectors - Practice of needle-sharing	Yes
AIDS Concern testing service for MSM (AC)	- Condom use in MSM		Yes
Community Research Programme on AIDS (CRPA-H and –T H: Household; T: Travellers) (From Centre for Epidemiology and Biostatistics)	- Condom use in heterosexual men		No

Tables & Figures

Box 5.1 Median number of sex partners in the previous year among adult heterosexual men / MSM attending AIDS Counselling and Testing Service (ACTS)

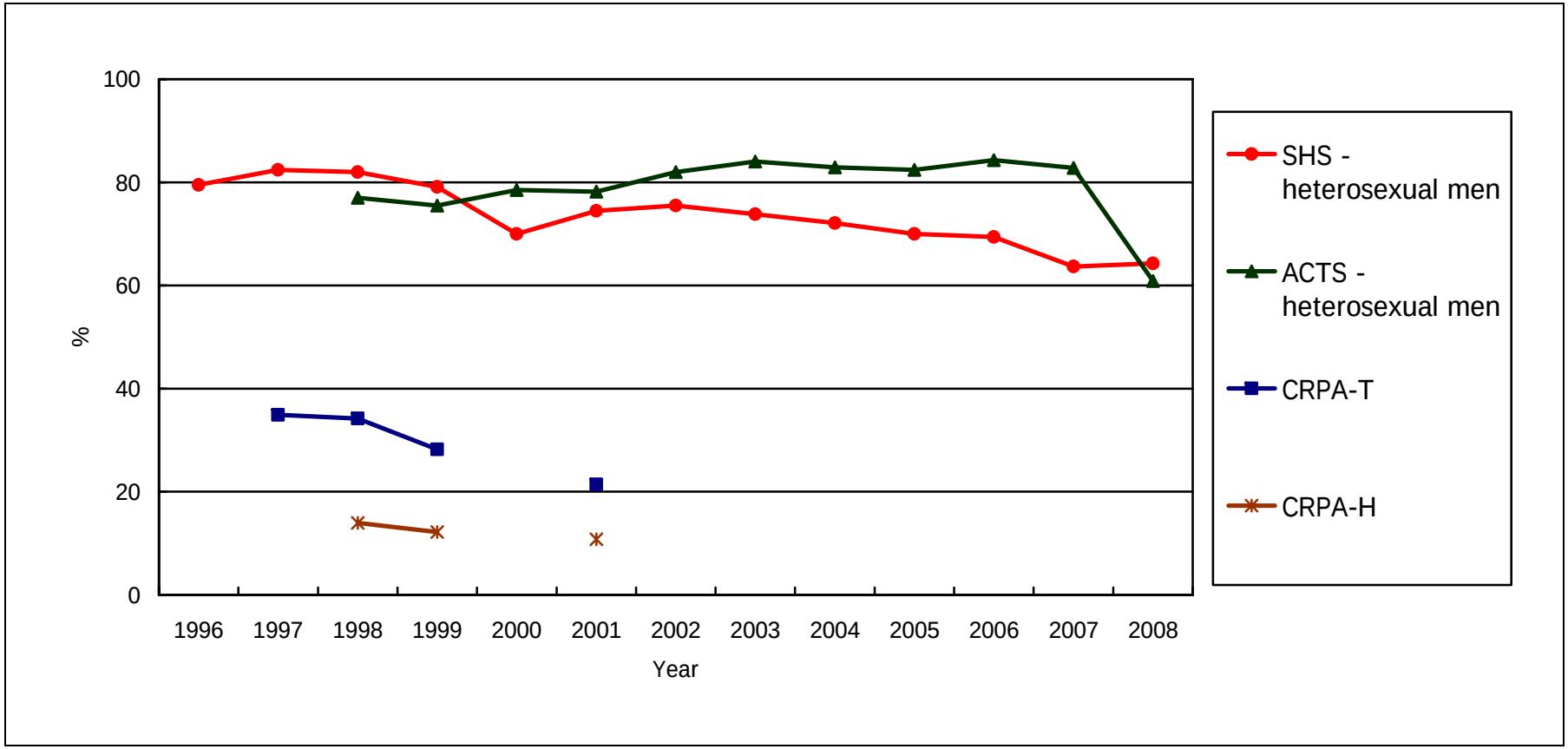
	2001	2002	2003	2004	2005	2006	2007	2008
Heterosexual men - Regular sex partners*	1	1	1	1	1	1	1	1
Heterosexual men - Commercial sex partners**	2	2	2	2	2	2	2	2
Heterosexual men - Casual sex partners***	1	1	1	1	1	1	1	1
MSM - Regular sex partners*	1	1	1	1	1	1	1	1
MSM - Commercial sex partners**	1	2	2.5	2	1	1.5	1	2
MSM - Casual sex partners***	3	3	3	4	3	3	3.5	3

* Regular sex partners used to refer to long-term sex partners including spouse, mistress, and steady boy/girl friends for at least one year, or if less than one year, one with whom is expected to continue sexual relationship. This definition of regular sex partners in 2008 has been futher refined to include (other than the long-term sex partners) sex buddy that refers to regular sex only partner for at least 6 months, or if less than 6 months, one with whom is expected to continue sexual relationship

** Commercial sex partners are defined as those who have sexual intercourse in exchange for money, goods or services. Examples are prostitutes and customers of prostitutes.

*** Casual sex partners, the two do not have steady relationship.

Box 5.2 Recent history* of commercial sex among adult men

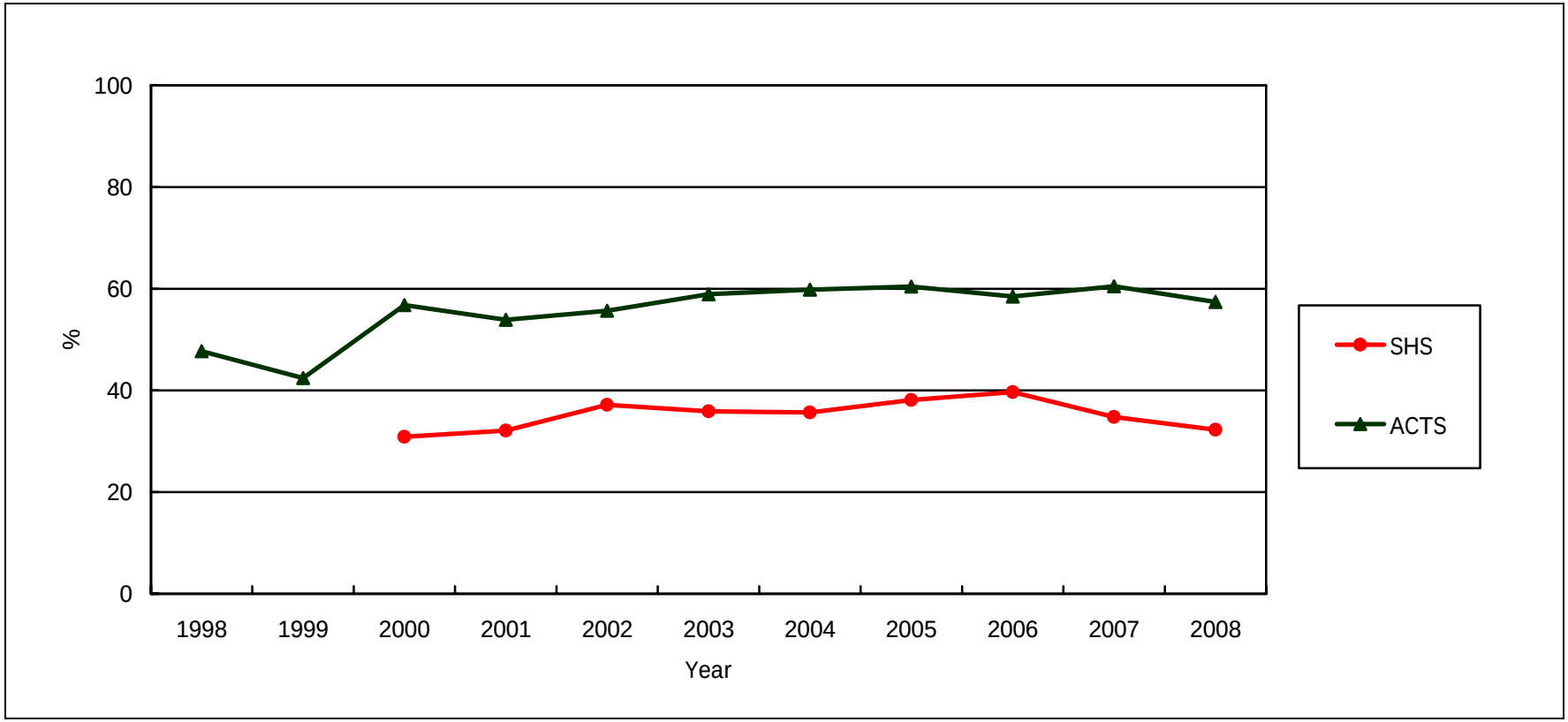


* Time period: SHS & ACTS : past one year / CRPA : past 6 months

Remarks : Data of CRPA of 2000 is not available, and suspended since 2002
SHS – Social Hygiene Services
ACTS - AIDS Counselling and Testing Service
CRPA - Community Research Programme on AIDS from Centre for Epidemiology and Biostatistics (H: Household; T: Travellers)

Box 5.3 Condom use with regular partners among adult heterosexual men

(a) Regular condom use* with regular partners among adult heterosexual men**

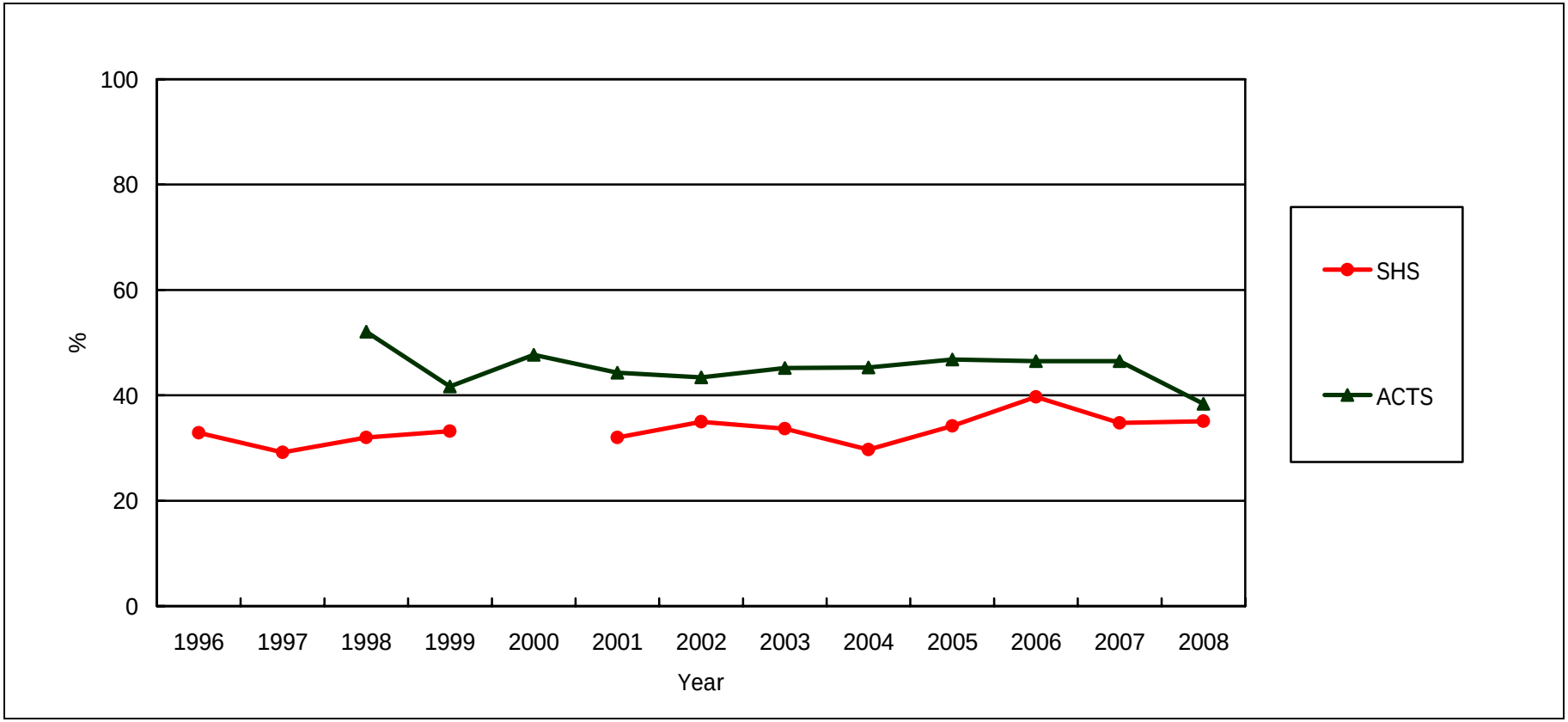


* Regular condom use is defined as always or usually using a condom on a 4-level scale

** Regular sex partners used to refer to long-term sex partners including spouse, mistress, and steady boy/girl friends for at least one year, or if less than one year, one with whom is expected to continue sexual relationship. This definition of regular sex partners in 2008 has been futher refined to include (other than the long-term sex partners) sex buddy that refers to regular sex only partner for at least 6 months, or if less than 6 months, one with whom is expected to continue sexual relationship

Remarks : SHS – Social Hygiene Services (figures in 2006 and 2007 are revised)
ACTS - AIDS Counselling and Testing Service

(b) Condom use for last sex with regular partners* among adult heterosexual men

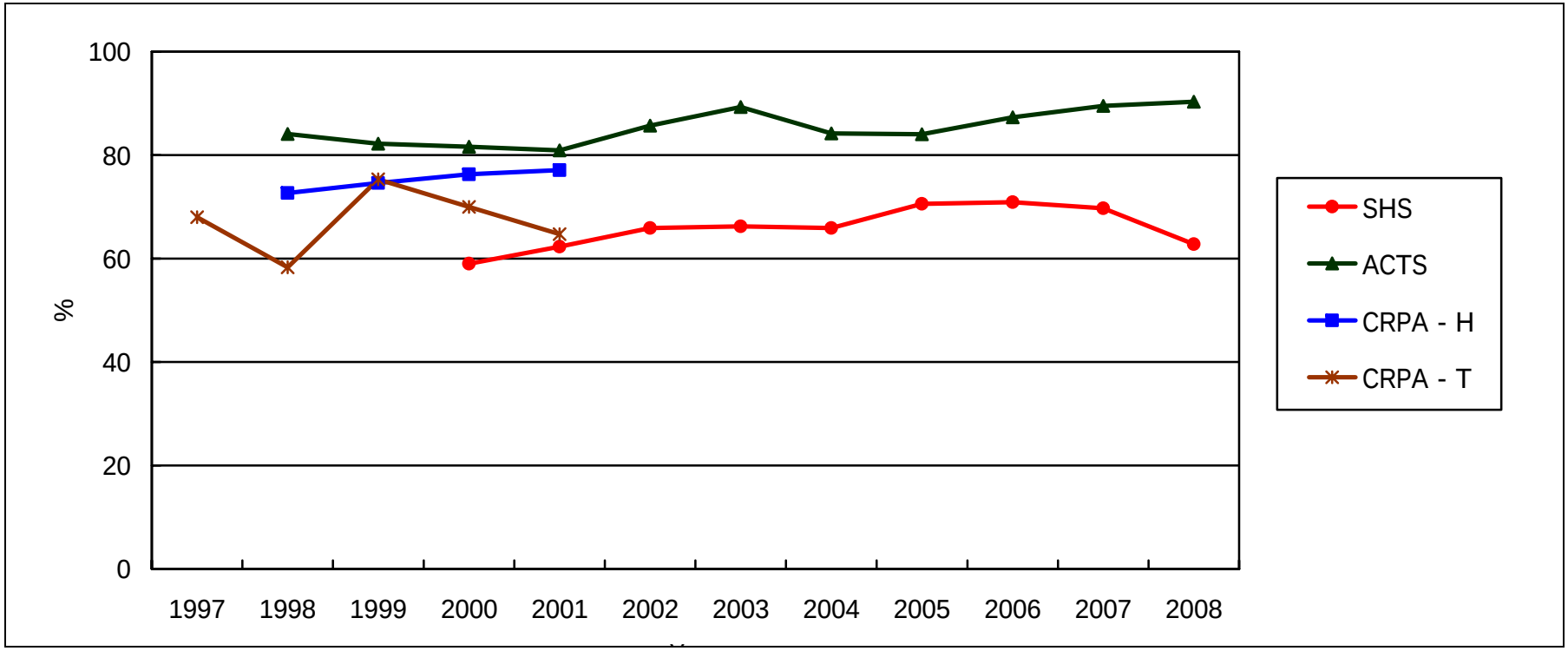


* Regular sex partners used to refer to long-term sex partners including spouse, mistress, and steady boy/girl friends for at least one year, or if less than one year, one with whom is expected to continue sexual relationship. This definition of regular sex partners in 2008 has been futher refined to include (other than the long-term sex partners) sex buddy that refers to regular sex only partner for at least 6 months, or if less than 6 months, one with whom is expected to continue sexual relationship Regular sex partners refer to the spouse or other long-term sex partners for at least one year, or if less than one year,

Remarks : Data from SHS of 2000 is not available
SHS – Social Hygiene Services; ACTS - AIDS Counselling and Testing Service

Box 5.4 Condom use with commercial partners among adult heterosexual men

(a) Regular condom use* with commercial partners among adult heterosexual men**

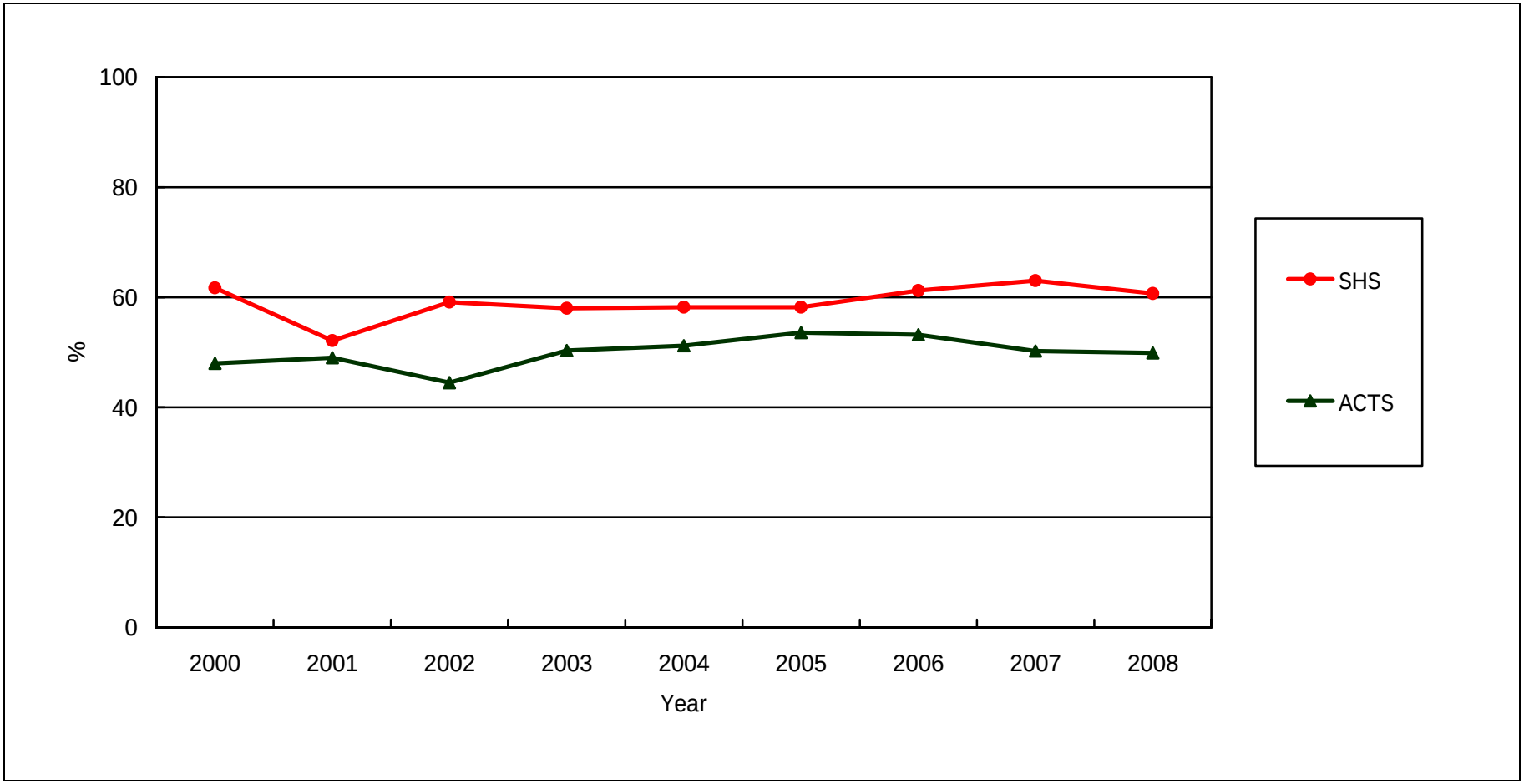


* Regular condom use is defined as always or usually using a condom on a 4-level scale

** Commercial sex partners are defined as those who have sexual intercourse in exchange for money, goods or services. Examples are prostitutes and customers of prostitutes.

Remarks : Data of CRPA suspended since 2002
SHS – Social Hygiene Services
ACTS - AIDS Counselling and Testing Service
CRPA - Community Research Programme on AIDS from Centre for Epidemiology and Biostatistics (H: Household; T: Travellers)

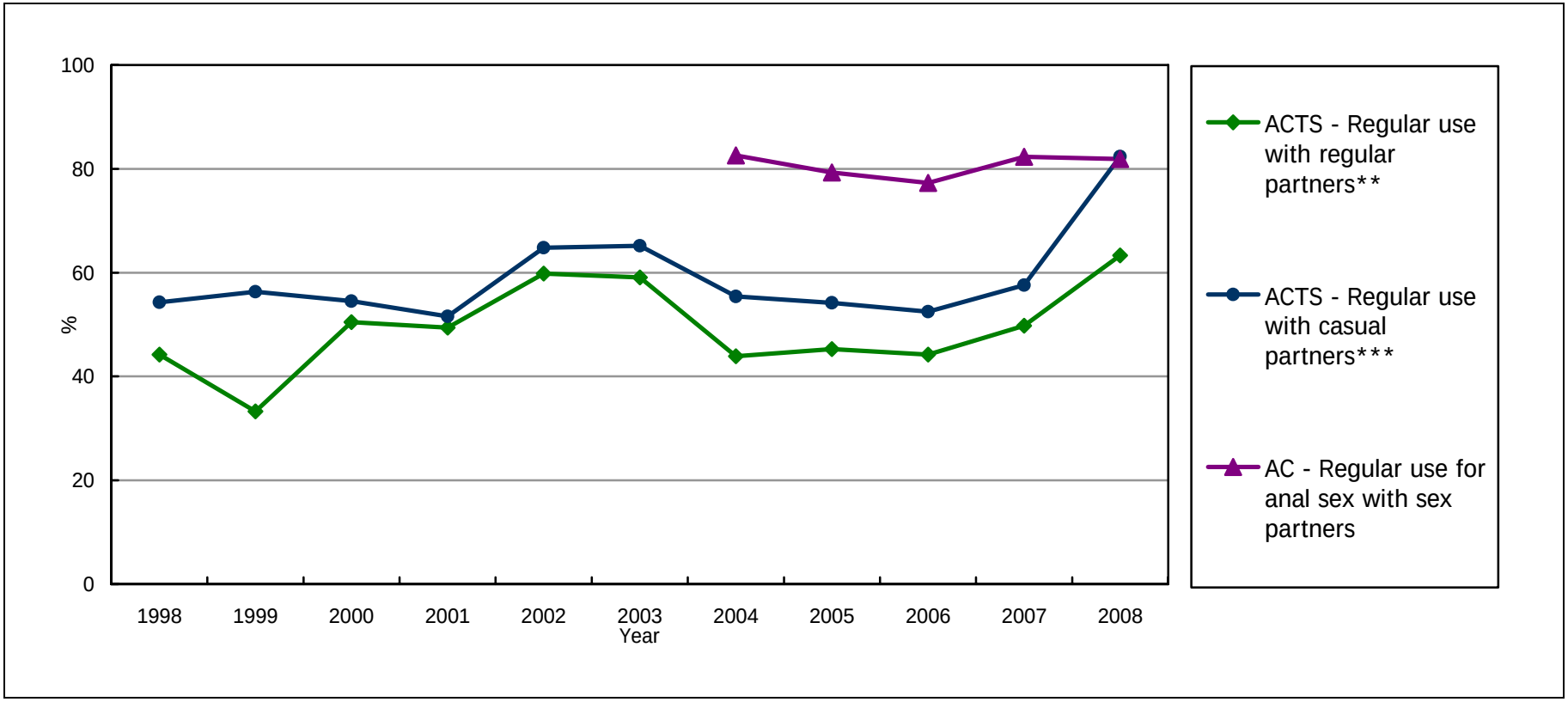
(b) Condom use for last sex with commercial partners* among adult heterosexual men



* Commercial sex partners are defined as those who have sexual intercourse in exchange for money, goods or services. Examples are prostitutes and customers of prostitutes.

Remarks : SHS – Social Hygiene Services
ACTS - AIDS Counselling and Testing Service

Box 5.5 Condom use among adult Men have Sex with Men (MSM)
(a) Regular condom use* among MSM



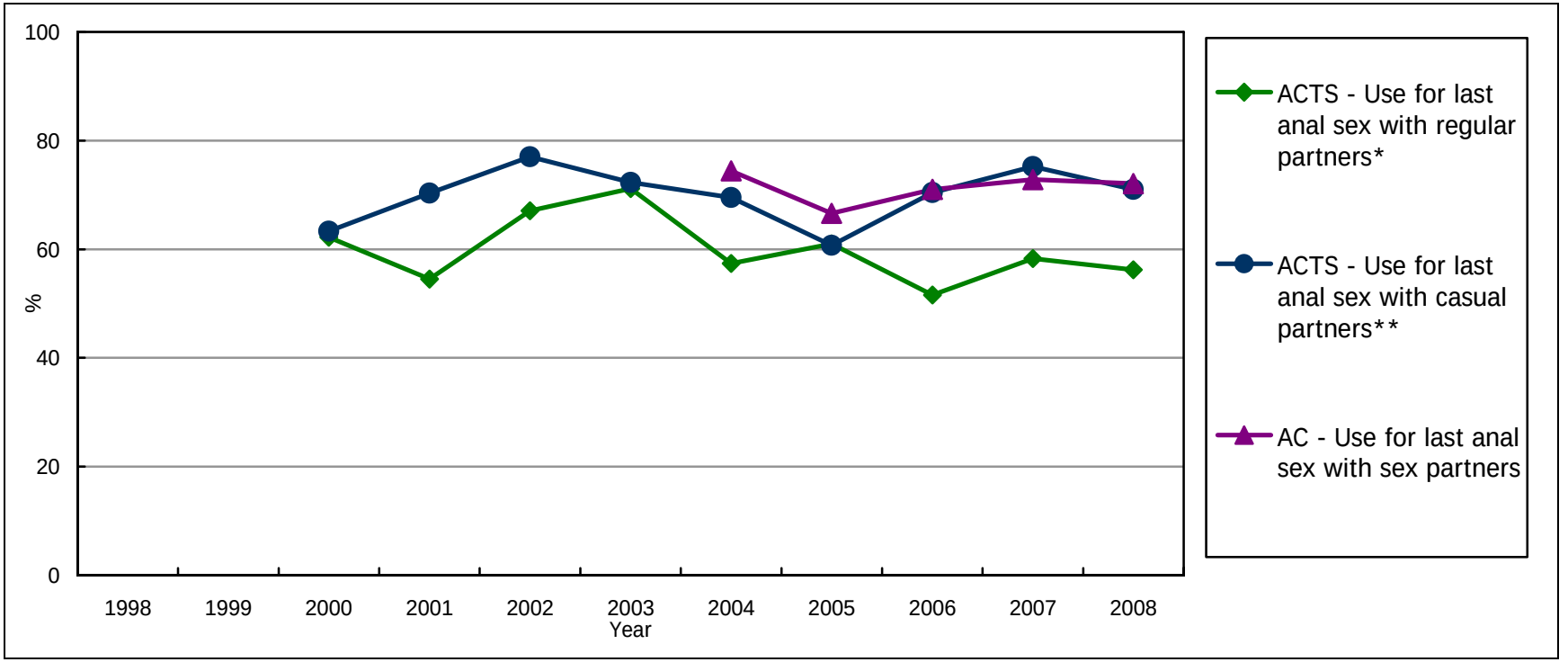
* Regular condom use is defined as always or usually using a condom on a 4-level scale
time period: ACTS: past one year / AC: past 3 months

** Regular sex partners used to refer to long-term sex partners including spouse, mistress, and steady boy/girl friends for at least one year, or if less than one year, one with whom is expected to continue sexual relationship. This definition of regular sex partners in 2008 has been futher refined to include (other than the long-term sex partners) sex buddy that refers to regular sex only partner for at least 6 months, or if less than 6 months, one with whom is expected to continue sexual relationship

*** Casual sex partners, the two do not have steady relationship.

Remarks : ACTS - AIDS Counselling and Testing Service; AC - AIDS Concern

(b) Condom use for last anal sex among MSM

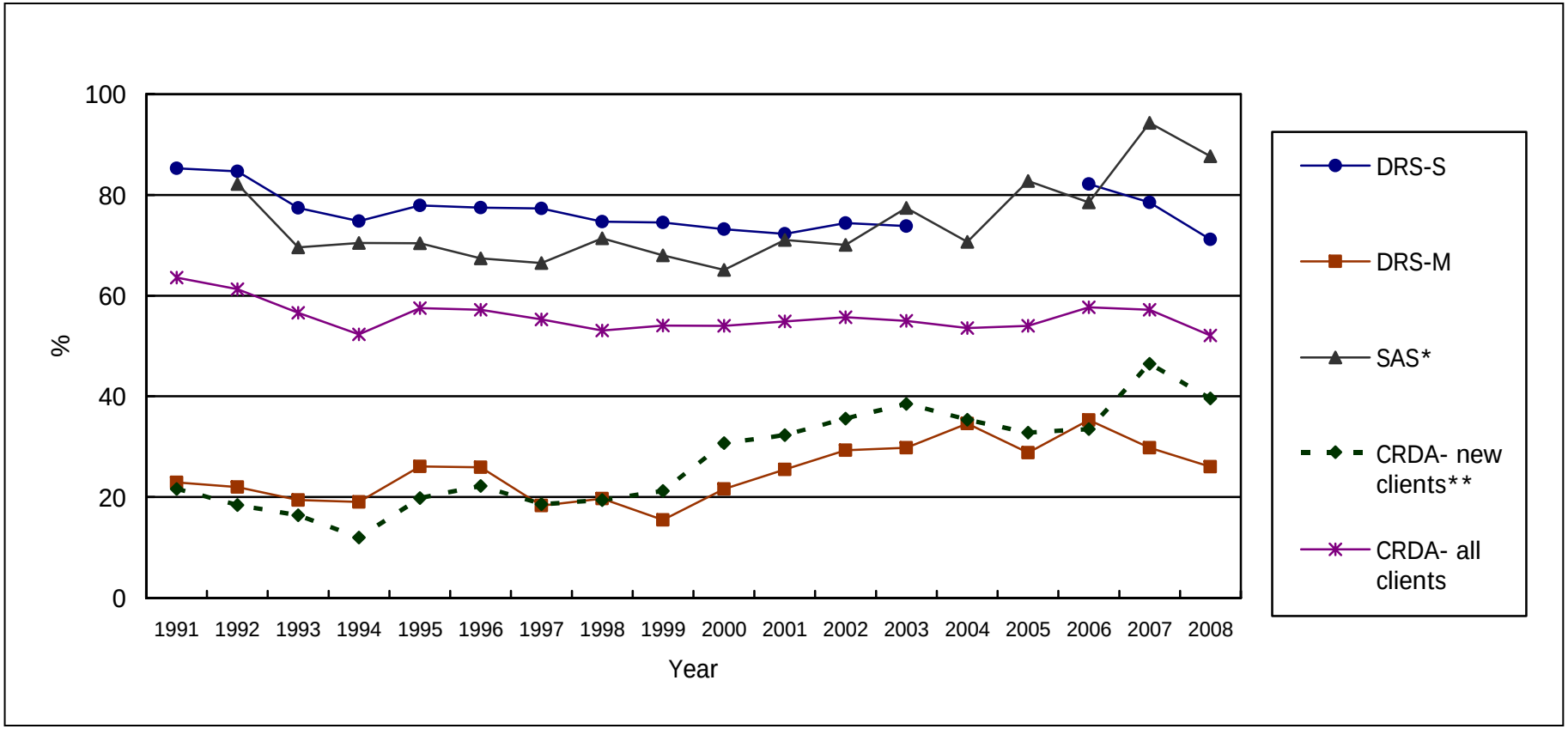


* Regular sex partners used to refer to long-term sex partners including spouse, mistress, and steady boy/girl friends for at least one year, or if less than one year, one with whom is expected to continue sexual relationship. This definition of regular sex partners in 2008 has been futher refined to include (other than the long-term sex partners) sex buddy that refers to regular sex only partner for at least 6 months, or if less than 6 months, one with whom is expected to continue sexual relationship

** Casual sex partners, the two do not have steady relationship.

Remarks : ACTS - AIDS Counselling and Testing Service
AC - AIDS Concern

Box 5.6 Proportion of injectors

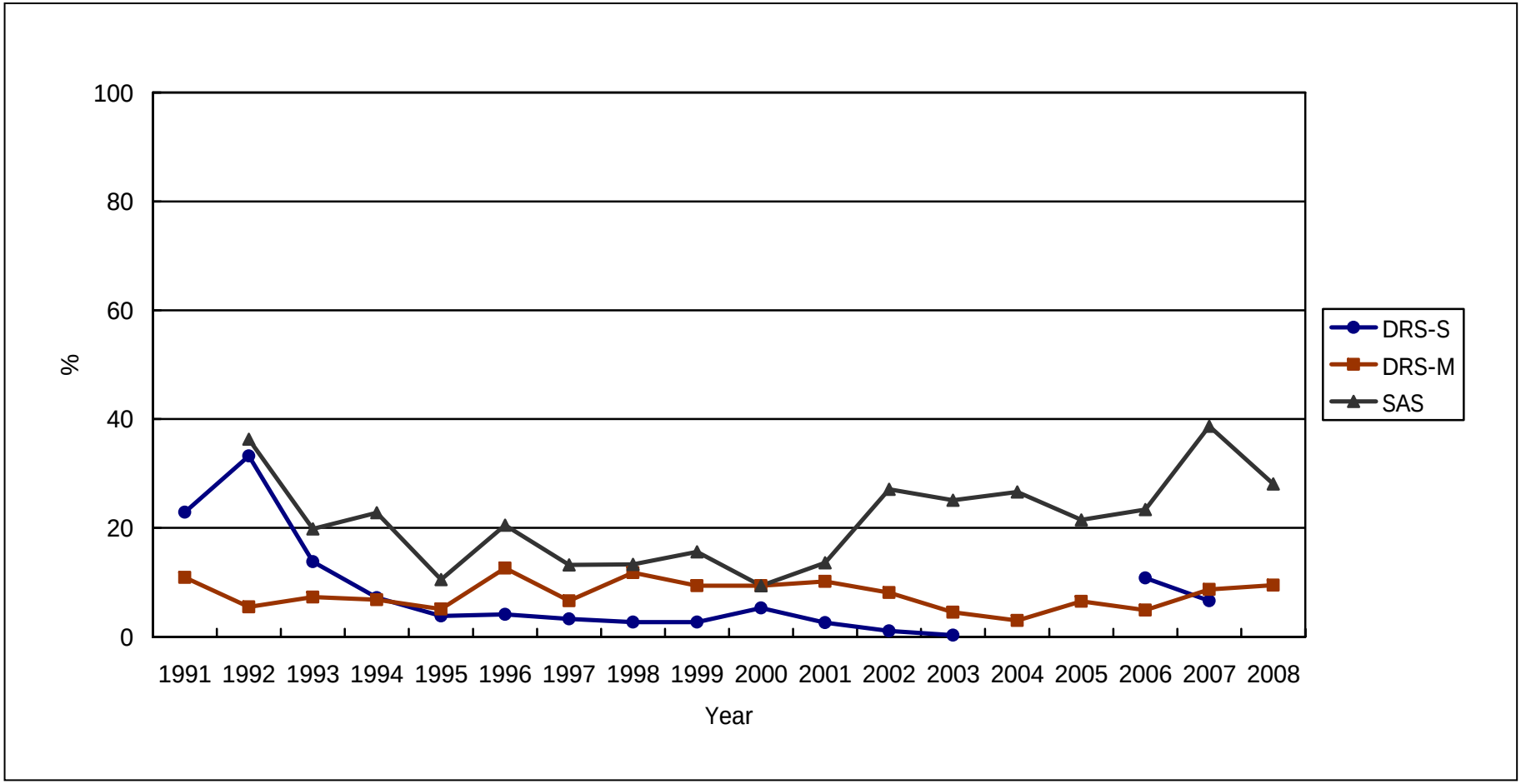


* The figure of SAS referred to proportion of ever injectors before 2003. It referred to proportion of current injectors since 2003.

** New clients refer to people who are known to the CRDA for the first time in a period. For a particular period, a person will be regarded as a newly reported person if and only if the person does not have any report before the specified period.

Remarks: DRS-S - Shek Kwu Chau Treatment and Rehabilitation Centre (New admission case only)
DRS-M - Methadone clinics
SAS - Street Addict Survey (From the society for the Aid and Rehabilitation of Drug Abusers)
CRDA - Central Registry of Drug Abuse

Box 5.7 Proportion of needle-sharers



Remarks: DRS-S - Shek Kwu Chau Treatment and Rehabilitation Centre (New admission case only)
DRS-M - Methadone clinics
SAS - Street Addict Survey (From the society for the Aid and Rehabilitation of Drug Abusers)
Data of DRS-S suspended since 2004, and resumed in 2006 and 2007. Data in 2008 omitted due to methologic flaw

Appendix I: HIV/AIDS report form (DH2293)

DEPARTMENT OF HEALTH
HIV/AIDS Report Form

The HIV/AIDS voluntary reporting system has been in place since 1984. All doctors are encouraged to report patients with HIV/AIDS and to update status of the previously reported cases where appropriate. This is an anonymous and confidential system. Data collected is crucial for understanding the HIV epidemiology in Hong Kong and is used in global analysis only. Aggregated statistics are released quarterly and can be obtained at www.aids.gov.hk. For any query please call 2780 8622 or email us at aids@dh.gov.hk.

Please complete ALL sections and '✓' in the appropriate box.

Section (A) – Report of HIV

[1] THIS is a ☐ NEW report or ☐ UPDATE of previous reported case

[2] Your reference code number[1]: _____ [3] Does the patient have a HK identity card? ☐ Yes ☐ No

[4] Sex : ☐ M ☐ F For female, is she pregnant? ☐ No ☐ Yes If yes, go to Box I

[5] Date of birth: ___ / ____ / ____ (ddmmyyyy) OR Age at last birthday: _____

[6] Ethnicity: ☐ Chinese ☐ Non-Chinese (Specify for Non-Chinese: ☐ Asian ☐ Caucasian ☐ Black ☐ Others: (_____)

[7] Suspected risk(s) for HIV infection[2]

- ☐ Sex (☐ Heterosexual ☐ Homosexual ☐ Bisexual)
- ☐ Injecting drug use
- ☐ Transfusion of blood/blood products (Haemophilia: ☐ Yes ☐ No)
- ☐ Perinatal
- ☐ Others, please specify:
- ☐ Asked, but risk undetermined
- ☐ Not asked

Box 1
Gravida ___ Para ____ LMP ___ / ___ / ____ (dd/mm/yyyy)
Obstetric follow up clinic/ hospital : _____
Plan: ☐ TOP ☐ Continue pregnancy
Expected hospital/place of delivery: _____

[8] Suspected place of infection: ☐ Hong Kong ☐ Others, specify: _____☐ Asked, but undetermined ☐ Not asked

[9] Date of laboratory diagnosis in HK: ____ / ____ / ____ (dd/mm/yyyy) [10] Western blot confirmation: ☐ Yes ☐ No

[11] Name of Laboratory: _____ [12] Laboratory Number, if a/v: _____

[13] Previous HIV diagnosis outside HK: ☐ No ☐ Yes If yes, date: ____ / ____ / ____ (dd.mm.yyyy) place: _____

[14] CD4 (cells/μl): _____ Date ____ / ____ / ____ (dd/mm/yyyy)

[15] HIV status of spouse/regular partner: ☐ HIV positive ☐ HIV negative ☐ Unknown

Section (B) – Report of AIDS

[16] Has the patient developed AIDS[3]: ☐ Yes ☐ No (Go to Section C)

[17] If yes, the AIDS defining illness(es) is (are):

(i) _____ Date of diagnosis: ____ / ____ / ____ (dd.mm.yyyy)

(ii) _____ Date of diagnosis: ____ / ____ / ____ (dd.mm.yyyy)

(iii) _____ Date of diagnosis: ____ / ____ / ____ (dd.mm.yyyy)

[18] CD4 (cells/μl) at AIDS: _____ Date: ___ / ____ / ____ (dd/mm/yyyy)

Section (C) – Report of deaths and defaults

[19] Has the patient died? ☐ Yes ☐ No If yes, date of death: ____ / ____ / ____ (dd/mm/yyyy) Cause: _____

[20] Has the patient left HK/defaulted follow up? ☐ Yes ☐ No If yes, last seen on: ____ / ____ / ____ (dd/mm/yyyy)

Section (D) – Correspondence

Name of medical practitioner: _____ ☐ in private practice ☐ in public service

Correspondence Address: _____

_____

Tel: _____ Fax: _____

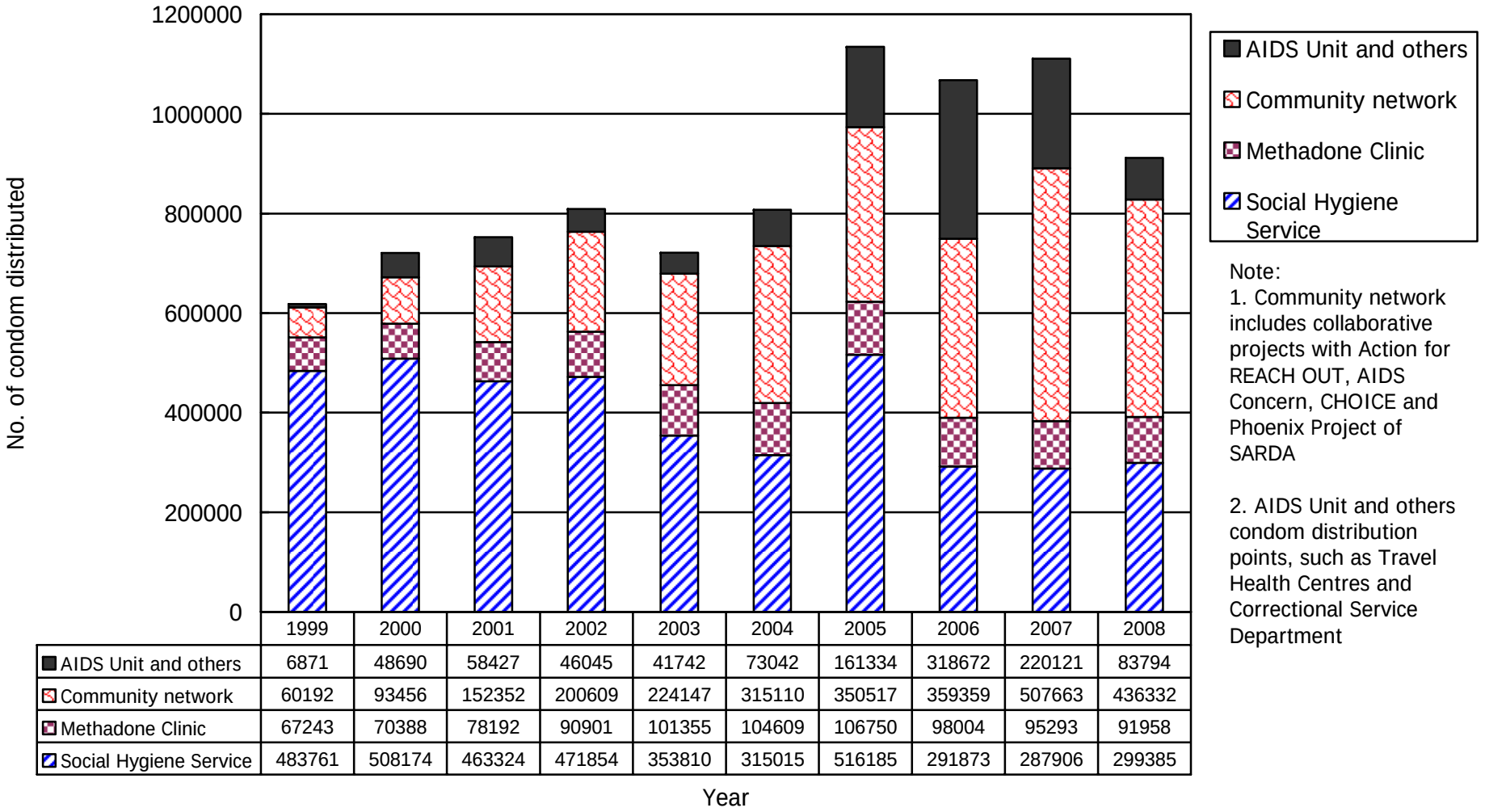
Email: _____ Date: ___ / ____ / ____ (dd/mm/yyyy)

[1] Please put down any code of your choice (e.g., case number) for matching purpose only.
[2] Please tick the most likely risk for contracting HIV infection. If there is more than 1 suspected risks, please put down 1 & 2 in descending order of the two most likely risks.
[3] Surveillance definition of AIDS: a definitive laboratory diagnosis of HIV infection AND one or more of the AIDS indicator conditions (*July 1995, Scientific Committee on AIDS. Available at www.aids.gov.hk/report.htm).*

Appendix II: Classification system for HIV infection and surveillance case definition for AIDS in adolescents and adults in Hong Kong.

A definitive laboratory diagnosis of HIV infection normally by a positive screening test for HIV antibody (e.g. ELISA) supplemented by a confirmatory test (e.g. western blot) + one or more of the AIDS indicator conditions	
AIDS indicator conditions	Candidiasis of bronchi, trachea, or lungs Candidiasis, oesophageal Cervical cancer, invasive Coccidiodomycosis, disseminated or extrapulmonary Cryptococcosis, extrapulmonary Cryptosporidiosis, chronic intestinal (>1 month's duration) Cytomegalovirus disease (other than liver, spleen or nodes) Cytomegalovirus retinitis (with loss of vision) Encephalopathy, HIV-related *Herpes simplex*: chronic ulcer(s) (>1 month's duration); or bronchitis, pneumonitis, or oesophagitis Histoplasmosis, disseminated or extrapulmonary Isosporiasis, chronic intestinal (>1 month's duration) Kaposi's sarcoma Lymphoma, Burkitt's (or equivalent term) Lymphoma, primary, of brain *Mycobacterium tuberculosis*; extrapulmonary or pulmonary/cervical lymph node (only if CD4<200/ul) Pneumonia, recurrent Penicilliosis, disseminated Mycobacterium, other species or unidentified species, disseminated or extrapulmonary *Pneumocystis carinii* pneumonia Progressive multifocal leukoencephalopathy Salmonella septicaemia, recurrent Toxoplasmosis of brain Wasting syndrome due to HIV
Hong Kong has adopted the 1993 Centers for Disease Control and Prevention (CDC) AIDS classification with 3 modifications: (1) disseminated penicilliosis is added as one AIDS-defining condition, (2) pulmonary or cervical lymph node tuberculosis included only if CD4 < 200 µl, (3) a CD4 < 200 µl without any AIDS-defining condition is not counted as AIDS.	

Appendix III: Condom distribution for the prevention of HIV and STI by Department of Health



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
AIDS Unit and others	6871	48690	58427	46045	41742	73042	161334	318672	220121	83794
Community network	60192	93456	152352	200609	224147	315110	350517	359359	507663	436332
Methadone Clinic	67243	70388	78192	90901	101355	104609	106750	98004	95293	91958
Social Hygiene Service	483761	508174	463324	471854	353810	315015	516185	291873	287906	299385

Note:
1. Community network includes collaborative projects with Action for REACH OUT, AIDS Concern, CHOICE and Phoenix Project of SARDA

2. AIDS Unit and others condom distribution points, such as Travel Health Centres and Correctional Service Department