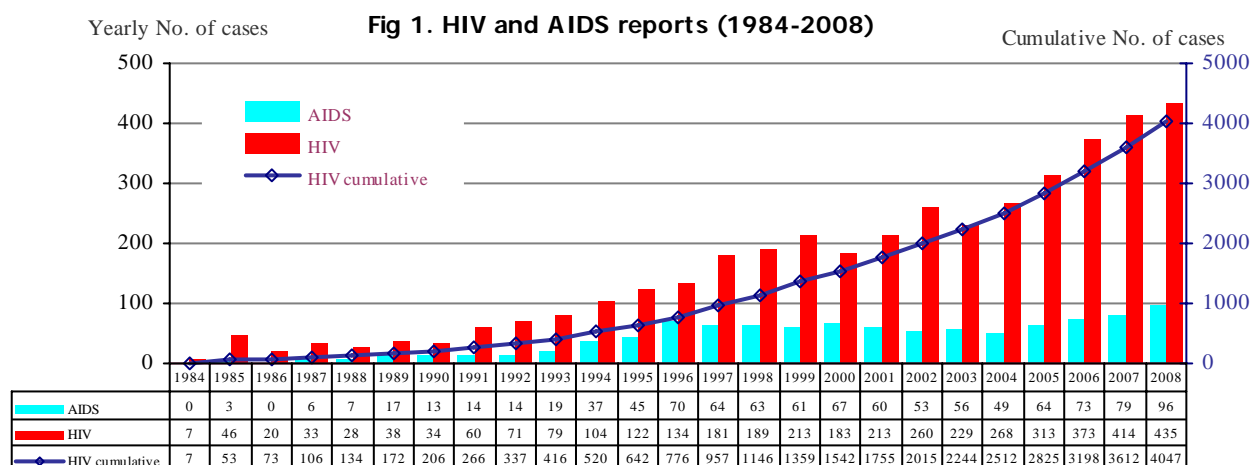


• Annual reported cases continue to rise

The first case of HIV infection in Hong Kong was reported in 1984. The Department of Health has received a cumulative total of 4047 reports of HIV infection under the voluntary and anonymous HIV/AIDS reporting system as of year 2008 (Fig. 1). The number of reports increased gradually over the past few years. The number of HIV reports in 2008 was 435. People with HIV infection develop into AIDS when they suffer from severe immunodeficiency due to HIV infection. The increasing trend of AIDS reports was ceased in 1997, most likely contributed by the introduction of effective highly active anti-retroviral therapy (HAART) at around the same time. A slight rise in AIDS cases was observed in recent years but the proportion of HIV infections progressed to AIDS remained stable. In 2008, 96 AIDS reports were received. The most common illnesses presenting at AIDS were *Pneumocystis* pneumonia and Tuberculosis.

According to World Health Organization's definition, the HIV prevalence in Hong Kong is low from available data. It was estimated that there were about 3600 people living with HIV in the territory as of 2007. The overall prevalence in adult population was estimated to be less than 0.1%, as determined in surveys of different populations.



* AIDS cases are included in the HIV cases

• Most infections were in adult, men and Chinese

A majority of the HIV reports belonged to men and Chinese. In 2008, eight out of ten reports were men. Chinese accounted for 61% of the reported cases. Most (81%) infected people were diagnosed at the age between 20 and 49 (Fig.2-4).

Fig 3. HIV reports by gender (2008)

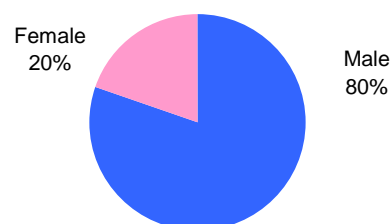


Fig 2. HIV reports by age group and gender (2008)

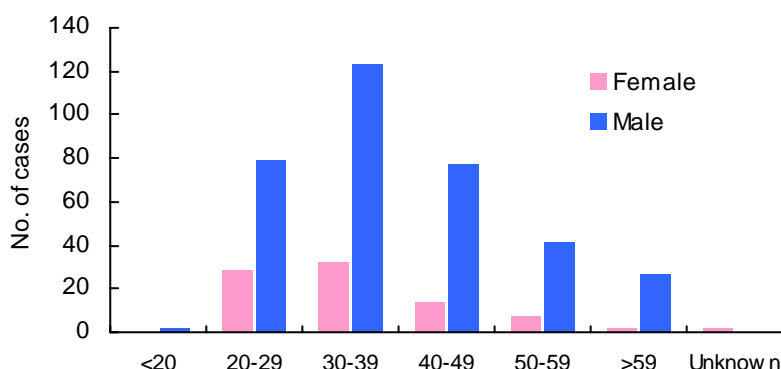
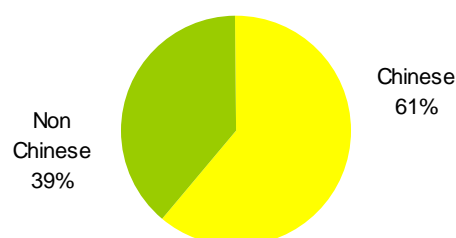


Fig 4. HIV reports by ethnicity (2008)



● **Unprotected sexual contact is the main risk for HIV**

The HIV epidemic in Hong Kong started off in a group of about seventy recipients of HIV-contaminated blood or blood products who were diagnosed in the mid 1980s, and a few isolated cases believed to have contracted the virus outside Hong Kong. Afterwards, sexual contact has become and remained the most important risk for HIV transmission. A proportion of cases did not have risk factor ascertained due to inadequate information.

Fig 5. Suspected route of HIV transmission (2008)

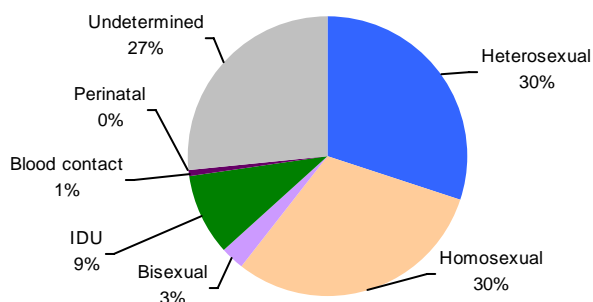
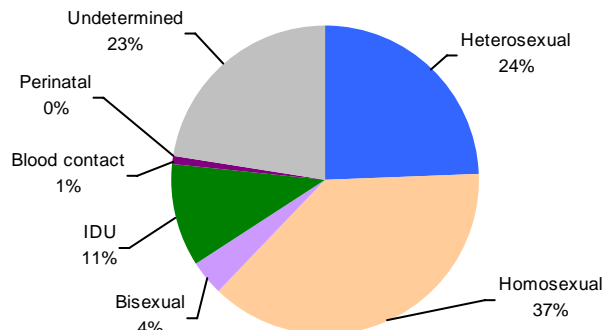


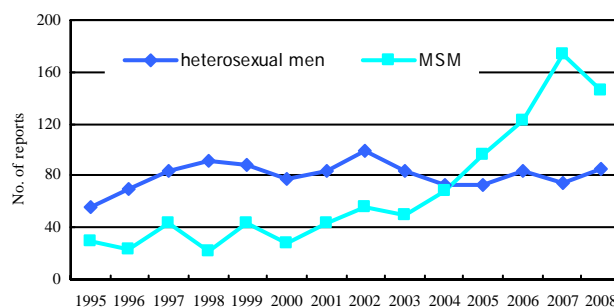
Fig 6. Risks for HIV in male cases (2008)



● **A dynamic rising trend of infections among men having sex with men (MSM)**

HIV infection among MSM is a particular cause for concern in recent years. Homosexual and bisexual contacts as route of transmission contributed to one third of all HIV cases and 42% of infections in men in 2008 (Fig. 5 & 6). A definitive rise in the number of reports was observed after 2003 (Fig. 7). The number of HIV reports from MSM was persistently higher than that from heterosexual men since 2005. A community-based survey in 2006 revealed that 4% of MSM visiting gay saunas and bars were HIV positive. Three clusters of HIV-1 Subtype B infections with similar gene sequencing had been identified. Most cases contracted the virus through homosexual or bisexual contacts, which indicated a rapid and local HIV transmission in the local MSM population. Although a drop of MSM cases was observed in 2008, more data was needed to assess if the HIV spread among MSM has slowed down.

Fig 7. HIV reports in heterosexual men and MSM (1995-2008)



Heterosexual transmission used to be the major route of transmission in Hong Kong in the beginning of this decade. In 2008, it only accounted for 30% of all HIV reports (Fig. 5) and about one fourth of male cases (Fig. 6).

Over the last 2 decades, infection among injecting drug users (IDU) only accounted for 6% of all HIV reports. Infections among IDU contributed to 9% of all reports in 2008 and most were non-Chinese. However, the prevalence of HIV among methadone clinic attendees remained at a consistently low level of 0.2-0.5% from 2004 to 2008.

No perinatal HIV transmission was reported in 2008. The prevalence of pregnant women in public antenatal clinics remained stable.

- In 2008:**
- ◆ One in every 8,200 new blood donors was tested HIV positive
 - ◆ One in every 26,000 pregnant women attending public antenatal services was tested HIV positive
 - ◆ One in every 450 attendees in STD clinics was tested HIV positive
 - ◆ One in every 250 drug users in methadone clinics was tested HIV positive