Annual reported cases remain a concern

The first case of HIV infection in Hong Kong was reported in 1984. The Department of Health has received a cumulative total of 4832 reports of HIV infection under the voluntary and anonymous HIV/AIDS reporting system as of year 2010 (Fig. 1). The number of annual reports increased gradually over the past few years despite a mild drop in past two years. The number of HIV reports in 2010 was 389. People infected with HIV progress to AIDS when they suffer from severe immunodeficiency due to HIV. The increasing trend of AIDS reports was ceased in 1997, most likely contributed by the introduction of effective highly active anti-retroviral therapy (HAART) around then. A slight rise in AIDS cases was observed in recent years but the ratio of HIV to AIDS remained stable. In 2010, 79 AIDS reports were received. The most common illnesses presenting at AIDS were Pneumocystis pneumonia and tuberculosis.

Most infections were in adult, male and Chinese

A majority of the HIV reports belonged to male and Chinese. In 2010, 72% of the reports were men. Chinese accounted for 64% of the reported cases. Most (85%) infected people were diagnosed at the age between 20 and 49 (Fig.2-4).
Unprotected sexual contact was 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, although sexual transmission was the most probable cause.

A high level of infections among men having sex with men (MSM) remains a concern

HIV infection among MSM is a particular cause for concern in recent years. Homosexual and bisexual contacts as route of transmission contributed to four out of ten of all HIV cases and 57% of infections in men in 2010 (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 2008/09 revealed that 4% of MSM visiting gay saunas and bars were HIV positive. Moreover, so far four 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 MSM cases remained at a stable level in recent years, more data was needed to assess if the HIV spread among MSM has slowed down.

Heterosexual transmission remained relatively stable over the last decade. In 2010, it only accounted for 29% of all HIV reports (Fig. 5) and about one fifth 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 4% of all reports in 2010 and 60% were non-Chinese. Besides, the prevalence of HIV among methadone clinic attendees remained at a consistently low level of 0.2-0.5% from 2004 to 2010.

Three perinatal HIV transmissions were reported in 2010. The prevalence of pregnant women in public antenatal clinics remained stable.

- One in every 20,000 new blood donors was tested HIV positive
- One in every 5,500 pregnant women attending public antenatal services was tested HIV positive
- One in every 650 attendees in STD clinics was tested HIV positive
- One in every 200 drug users in methadone clinics was tested HIV positive