

Legislative Council Panel on Health Services

**The Government's Responses to
HIV/AIDS in Hong Kong 1984 - 2004**

Purpose

This paper sets out the Government's responses to human immunodeficiency virus (HIV)/ Acquired Immune Deficiency Syndrome (AIDS) in Hong Kong for the past twenty years.

Background

2. HIV is the causative agent of AIDS, which was first discovered in the United States about 25 years ago. At present, some 38 million people worldwide are living with the infection, a majority of whom residing in Sub-Saharan Africa.

3. The year 2004 marks the twentieth year since the first HIV infection case was reported in Hong Kong. There are three main routes of HIV spread, namely sexual contact, contaminated blood (normally referring to the sharing of needles in injection drug users), and mother-to-child transmission. At present, sexual transmission is the commonest risk factor associated with HIV spread. HIV infection in drug users has remained uncommon, while mother-to-child transmission was no longer reported since the introduction of the universal antenatal HIV testing programme in 2001. About 250 cases of HIV infections are reported to the Department of Health (DH) every year. The overall prevalence has remained low at less than 0.1% in the adult population.

Organisation Framework of the Government's AIDS Programme

4. Through DH, the Government has taken on a leadership role

by the systematic development of programmes on surveillance, prevention and control, treatment and care. The Advisory Council on AIDS (ACA) was formed in 1990. ACA has published its recommended strategies in 1994, 1998 and 2002 to guide the development of effective responses in the Government and the community. Science-based guidelines is formulated by The Scientific Committee on AIDS. The AIDS Trust Fund, which was established in 1993, serves as the major sponsor of community activities on HIV/AIDS.

Strategies

5. Over the years, the Government's response to HIV/AIDS has been characterised by:

- (a) the facilitation of community involvement;
- (b) pursuance of professionalism; and
- (c) the adoption of an integrated approach for HIV prevention, with the support of the Hospital Authority and other Government departments.

6. Regional and international collaboration is also essential. The interface between Hong Kong and the Mainland is an important aspect of the Government's responses to HIV/AIDS. In 1997, DH established the Red Ribbon Centre which now functions as an UNAIDS collaborating centre for technical support both in the regional and international levels.

Way Forward

7. The Government is committed to:

- (a) maintaining Hong Kong as a low prevalence area in spite of the continued dissemination of the virus in the neighbouring cities and countries;
- (b) providing effective treatment to people living with HIV/AIDS, both as a clinical effort as well as public

- health measure; and
- (c) facilitating collaboration with stakeholders through effective networking and the building of capacity.

Advice Sought

8. Members are invited to note the Government's responses to HIV/ AIDS in Hong Kong. A more detailed report is in the Annex.

Department of Health
November 2004

**The Government's Responses to HIV/AIDS
in Hong Kong 1984 - 2004**

EXECUTIVE SUMMARY

0.1 2004 marks the twentieth year since the first case HIV (human immunodeficiency virus) infection was reported in Hong Kong. The overall prevalence has remained low at less than 0.1% in the adult population. Control in the early years had been made possible by safeguarding blood and blood products, and the provision of extensive STI (sexually transmitted infection) service and methadone maintenance for drug users. Today, sexual transmission is the commonest risk factor associated with HIV spread. HIV infection in drug users has remained uncommon, while mother-to-child transmission was no longer reported since the introduction of the universal antenatal HIV testing programme in 2001. (*Para 1 – 13*)

0.2 Through the Department of Health (DH), the Government has taken on a leadership role by the systematic development of programmes on surveillance, prevention and control, treatment and care, on the advice of the Government-appointed Advisory Council on AIDS (ACA). ACA has published its recommended strategies in 1994, 1998 and 2002 to guide the development of effective responses in the Government and the community. The formulation of science-based guidelines is a hallmark of the work of the Council, through its Scientific Committee on AIDS. AIDS Trust Fund, established in 1993, is the major sponsor of community activities on HIV/AIDS. (*Para 14 – 29*)

0.3 Over the years, the Government's response to HIV/AIDS has been characterised by (a) the facilitation of community involvement, (b) pursuance of professionalism, and (c) the adoption of an integrative approach to mainstream HIV prevention, with the support of the Hospital authority and other government services. (*Para 3 – 6, 35*) The interface between Hong Kong and the Mainland is, knowingly, an important aspect of the Government's responses to HIV/AIDS. In 1997, DH established the Red Ribbon Centre which now functions as an UNAIDS collaborating centre for technical support in the region, and also internationally. One

major challenge for Hong Kong is to refine its international role through effective networking and the building of capacity. (*Para 30 – 34, 39*)

0.4 Locally, the challenges for the coming years are: (a) to maintain Hong Kong as a low prevalence area in spite of the continued dissemination of the virus in the neighbouring cities and countries; (b) provision of effective treatment to people living with HIV/AIDS, both as a clinical effort as well as public health measure. (*Para 36 – 38*)

The Government's Responses to HIV/AIDS in Hong Kong 1984 - 2004

Background

1. HIV stands for human immunodeficiency virus, the causative agent of the Acquired Immune Deficiency Syndrome (AIDS), which was first discovered in the United States about 25 years ago. To date, some 38 million people worldwide are living with the infection, a majority of whom residing in Sub-Saharan Africa. Mainland China is home to about 1 million infections. There are three main routes of HIV spread: sexual contact, contaminated blood (normally referring to the sharing of needles in injection drug users), and mother-to-child transmission.

2. The year 2004 marks the twentieth year since HIV was first diagnosed in Hong Kong. As a health issue with complex societal impacts, HIV/AIDS has been a priority for the Government ever since. This report aims to review the responses of the Government in the past 20 years, centering on major milestones and the strategies that had been developed, and with a view of better preparing Hong Kong for the challenges ahead. This report shall be read in context of three important observations in the international arena: firstly, the infection has spread relentlessly especially through drug users in many parts of the world; secondly, the use of antiretroviral treatment has saved the lives of many people, but only in developed countries; thirdly, HIV/AIDS can be effectively controlled if there's concerted multi-sectoral involvement at government and community levels.

Organisational Framework of the Government's AIDS Programme

3. Department of Health (DH, formerly M&HD or Medical and Health Department) has been taking on a leadership role in HIV/AIDS ever since the beginning of the epidemic. An Expert Working Group was formed by the M&HD in 1984, followed by the establishment of an AIDS Counselling Service in 1985 and a Special Medical Consultation Clinic in 1987, based at the Queen Elizabeth Hospital. In 1991, the AIDS programme was consolidated when DH set up the Special Preventive Programme (SPP) to step up efforts on HIV/AIDS.

4. SPP is now part of the Public Health Services Branch of the newly established Centre for Health Protection (CHP), discharging four sets of services on HIV/AIDS: (a) surveillance; (b) HIV prevention and

health promotion, based at the Red Ribbon Centre which was officially opened in 1997; (c) clinical treatment, based at the Kowloon Bay Integrated Treatment Centre since 1999, which is affiliated with a hotline cum VCT (voluntary counselling and testing) service; and (d) secretariat to the Government appointed Hong Kong Advisory Council on AIDS. The latter was established in 1990. Information on the Government's AIDS programme can be accessed on SPP's Virtual AIDS Office www.aids.gov.hk

5. Under the CHP framework, SPP functions as a core team on HIV prevention and control. Its work on HIV/AIDS is supplemented and complemented by other Government initiatives, more notably:

- (a) Department of Health: (a) CHP Social Hygiene Service – specialising in the prevention, treatment and control of sexually transmitted infections (STI); Methadone Clinics – specialising in the application of substitution treatment for achieving HIV prevention, using the harm reduction strategy; (c) Public Health Laboratory Service – providing laboratory support in the diagnosis, surveillance and clinical management of HIV/AIDS.
- (b) Hospital Authority – Currently, HIV/AIDS patients may be admitted to any HA hospital if hospitalization is required. In-patient consultation may be made to the designated centres within HA for complicated cases. The majority of patients requiring in-patient are managed at Queen Elizabeth Hospital and to a lesser extent, Princess Margaret Hospital. Hospice service has been provided by Haven of Hope Hospital since 1996. HA has also developed various laboratory tests for diagnosis of opportunistic infections and monitoring of HIV disease progression. It has also played an active role in training of medical and nursing professionals in the management of patients with HIV/AIDS.
- (c) Other government services: (a) Information Services Department – partner in the launching of media campaigns on HIV/AIDS; (b) Social Welfare Department – Medical social workers (MSWs) are stationed in hospitals and clinics to provide timely psycho-social intervention to HIV/AIDS patients and their families. Under the funding of the Council for the AIDS Trust Fund, a total of \$920,000 was allocated to SWD since July 2003 to set up a three year “Support Fund for HIV/AIDS Patients and their Families” to provide immediate and temporary financial assistance for them. Training on issues concerning HIV/AIDS

are organized for social welfare personnel; (c) Education & Manpower Bureau – information and guidance on HIV/AIDS for students and schools; (d) Correctional Services Department – information and guidance on HIV/AIDS for prisoners and staff.

6. AIDS Trust Fund (ATF), established in 1993, is the major sponsor of community-based HIV prevention and care services implemented by AIDS non-governmental organisations (NGOs) and other mainstream community based organisations. The secretariat of the Council for the AIDS Trust Fund is housed within DH since 2004.

HIV/AIDS Surveillance and Situation Overview

7. There are four main sets of surveillance activities for monitoring the HIV/AIDS situation in the territory. Firstly, a voluntary reporting system has been in place that collects data from physicians and three laboratories providing confirmatory HIV tests. A quarterly report is released to the public. Secondly, seroprevalence studies are conducted on populations with (a) risk-taking behaviours, including STI (sexually transmitted infection) patients, drug users, and (b) those without additional risk, including blood donors and newborns. Tuberculosis patients and prisoners are also tested on a regular basis. Thirdly, behavioural data are collected from drug users and clients of AIDS Counselling Service for monitoring trends of risk factors for HIV transmission. Fourthly, statistics are collected from Social Hygiene Service to track the patterns of STI in the territory.

8. The epidemiology of HIV infection has changed in the last two decades. In the mid-eighties, a significant proportion of the reported infections were haemophiliacs. Overall, 64 haemophilia patients contracted HIV because of the use of contaminated blood products. Since then sexual transmission has accounted for almost all infections. The proportion of MSM (men having sex with men) had dropped from 60% before 1992 to 19% in 2000, in those who contracted HIV through sexual contact. Over the years, the main sources of referral of positive cases were: public hospitals and clinics (43.3%), Social Hygiene Clinics (15.5%), private sector (22.9%), and the DH AIDS services (13.3%)

9. Currently about 250 cases of HIV infections are reported to the DH every year (Appendix I). The overall prevalence in adult population has remained low at less than 0.1%. Of the sexually acquired infections

reported in 2003, 71% were heterosexual. Infection in drug users has continued to be uncommon, accounting for 4.8% of the reported cases in 2003. As of the end of 2003, 15 children had been reported with mother-to-child infection, accounting for less than 1% of the cumulative total.

10. While the situation in Hong Kong has continued to be described as “low level epidemic” by international standards, there are causes for concerns. The high HIV rate in drug users in neighbouring cities poses a constant threat. In the Pearl River Delta Region, the average prevalence in drug users is 5%. Locally the number of HIV positive drug users has in fact risen from no more than 3 per year before 1998, to ten and above since 2002. On the other hand, the number of young persons with the infection, though small, has continued to be reported.

Priorities in HIV Prevention and Control

11. When the HIV virus first hit Hong Kong, the mainstay of prevention rested with safeguarding blood and blood product supply. With the Government’s support, the Hong Kong Red Cross Blood Transfusion Service (HKRCBTS) has since 1984 commenced screening and deferring donors at potential risk of HIV infection. The effectiveness of this procedure was enhanced by various subsequent education and publicity programme. In addition, since 1985 every unit of donated blood has to be tested negative for HIV antibody before issued for clinical transfusion. In the same year heat-treated safer blood products was used to replace conventional preparations to prevent HIV transmission in haemophilia patients. In the following two decades, DH continued to work closely with HKRCBTS and the Advisory Council on AIDS in support of initiatives for further enhancing blood safety. In 2002, routine nucleic acid testing (NAT) for HIV RNA was implemented for donated blood, thus strengthening the level of safety in accordance with international standard.

12. The targeting of risk-taking communities was another strategy taken on by DH since the beginning of the epidemic. HIV screening has been offered to STI patients of Social Hygiene Clinics since 1985. About 50,000 samples were tested per year in the last four years. Risk reduction counselling, STI treatment and condom distribution were provided, and referrals were made for patients diagnosed with HIV. The methadone clinics, likewise, have provided an effective contact point for drug users at risk of infections. Unlinked anonymous screening of methadone clinic

patients was conducted in yearly cycles as from 1990. Condom promotion, information on HIV/AIDS were introduced in the ensuing years. An outreach project was set up in 2000 in collaboration with the Society for the Aid and Rehabilitation of Drug Abusers (SARDA) to counsel active drug users on the street. In 2003, 13 volunteers joined the project, making over 8,000 contacts altogether. In January 2004, a new programme was rolled out to all methadone clinic patients, aiming to provide HIV test to each person on a yearly basis. The move would allow early diagnosis to be made, and effective intervention to be introduced for preventing HIV spread in the drug-taking communities.

13. The prevention of mother-to-child transmission is another effective strategy that has been advocated internationally. The provision of treatment to a pregnant mother before and during delivery, and to the baby after birth was one significant advancement in HIV prevention, if the mother's HIV status is known in the first place. In Hong Kong, universal antenatal HIV testing was introduced in September 2001. In 2003, 36366 mothers in the public service were tested, six of which were positive. Since the implementation of the programme, no new cases of mother-to-child infection has been reported.

The Community Dimension

14. Public awareness and community involvement are two important aspects of the work of the Government in HIV/AIDS prevention in a health promotion context. With the support of the Information Services Department, media campaigns are regularly launched highlighting themes on HIV/AIDS. Announcements in the Public Interest (APIs) are particularly powerful to bring home the messages of HIV prevention and the promotion of acceptance of people living with HIV/AIDS. Between 1987 and 2003, a total of 33 APIs have been screened (Appendix II). On the other hand, DH has launched education programmes for the different communities and/or settings from time to time, including workplace projects, campaigns at district levels, displays on public transport, activities for schools and youths, projects for travellers and women. These have been introduced in collaboration with other government departments. World AIDS Day is commemorated every December 1.

15. Safer sex is an important theme of HIV prevention. The promotion of condom use has always been an integral part of DH's HIV prevention activities. Condoms are distributed to clients of DH's AIDS Counselling Clinic, STI patients at Social Hygiene Clinics, drug users at

methadone clinics, and through the network of NGOs working on HIV/AIDS. About 800,000 condoms per year were distributed by DH for safer sex promotion in 2002 and 2003.

16. To strengthen the development of public education activities, DH opened an AIDS resource centre, the Red Ribbon Centre in 1997, with the mission “to facilitate and enhance and community’s response to HIV/AIDS”. A management advisory committee, chaired by Rev Chu Yiu-ming provides leadership for the development of its programmes. Currently the Centre publishes 9 periodicals per year, and manages four websites on HIV/AIDS: Virtual AIDS Office www.aids.gov.hk, Interactive AIDS site www.27802211.com, harm reduction site www.harmreduction-hk.com, and sex education on line www.sexedonline.tv, the last one in conjunction with Radio Television Hong Kong (RTHK). From 2003, Red Ribbon Centre has become an UNAIDS Collaborating Centre for Technical Support.

17. NGOs are partners of the Government in HIV prevention and care. The AIDS Prevention and Care Committee of the Advisory Council on AIDS has been playing a coordinating role for the Government and NGOs specialising in HIV work. With the effort of the Coalition of AIDS Service Organisation, a community planning process was piloted in 2000 for prioritising programmes for HIV prevention and care. The report has become a useful reference for people working on HIV/AIDS.

18. In term of financial support, AIDS Trust Fund is a major sponsor of community activities on HIV/AIDS in Hong Kong. Since its establishment in 1993, the Fund has approved \$237 million for 545 projects (updated May 2004).

Diagnosis, Treatment and Care of HIV/AIDS

19. Voluntary counselling and testing (VCT) offers the very first step to support people living with HIV/AIDS. DH operates an AIDS Hotline in conjunction with the AIDS Counselling Service, providing information, assisting individual risk assessment and offering free HIV test to those in need. The Hotline obtained ISO accreditation in 2001. Each month, about 3,000 to 5,000 callers use the hotline to access information, 20% of which received further counselling, and about 100 were tested (Appendix III). Free HIV testing is also provided to patients of Social Hygiene Service. The Public Health Laboratory Service provides laboratory support to all government testing programmes, and services of two AIDS NGOs –

AIDS Foundation and AIDS Concern (Appendix IV).

20. Highly active antiretroviral therapy (HAART), or cocktail treatment, is now the gold standard for treating HIV patients with clinical indication for the therapy. In Hong Kong, HAART has become generally available in the public service since 1997, through two specialist clinical services – the Integrated Treatment Centre of the DH and Special Medical Service of Queen Elizabeth Hospital, HA. The active caseload at the two clinics as of June 2004 has exceeded 1 200 (750 at DH, 490 at HA). About 60% to 80% of the patients are currently on HAART. HAART forms part of a comprehensive system of care including also clinical monitoring, prevention/treatment of complications, counselling and medical social service support. From a public health perspective, the provision of clinical care to HIV patients also contributes to the overall control of the epidemic. HIV clinical services provide a window of opportunity to focus prevention on those living with the infection, highlighting the principle of prevention and care continuum. Biologically, there is an advantage of suppressing the level of virus in a patient on HAART. Counselling on secondary prevention of HIV transmission is also reinforced at the designated clinics. Thus the clinical services serve dual purpose of effective clinical care and public health control.

21. Delivery of treatment to HIV patients carries positive public health consequences. Through the specialist clinics, Department of Health provides risk reduction intervention, partner counselling and referral to reduce the potential of HIV spread from people known with the infection. Treatment adherence programme has been set up to minimise the chance of the development of drug resistance. Haemophilia with HIV infection is a group demanding special attention in light of the double tragedy caused to them in the beginning of the epidemic. In 1993, the Government offered ex-gratia payment to patients infected with HIV (or their significant others) through blood or blood products prior to 1985.

Promoting Acceptance of People living with HIV/AIDS

22. Many people at risk of HIV infection belong to vulnerable, and often marginalised communities, including drug users, commercial sex workers and MSM. Stigma and discrimination are the obstacles in the implementation of effective public health programme. In 1990, homosexuality was decriminalised, removing one such obstacle. Media campaigns have since been launched to dispel misconception about AIDS (1991) and to appeal to the public to accept people living with HIV/AIDS

(1995, 1996, 2002).

23. Before any anti-discrimination law came into being, public education was the only tool for promoting acceptance of marginalised communities. In 1994, DH and Lions Clubs International jointly introduced the Community Charter on AIDS. As the biggest employer in the territory, the Government is one of the founder signatories to the Charter to demonstrate the Government's commitment to anti-discrimination against HIV infected individuals. The Disability Discrimination Ordinance, enacted in 1995, provides for the protection of HIV patients against discrimination. The Equal Opportunities Commission (EOC) established in 1996 was instrumental in the development of guidance to prevent discriminatory practices and to investigate complaints. The objection of residents in Kowloon Bay to the establishment of an HIV treatment service was one example of how disruptive discrimination can be in the society. Discriminatory incidents took place over an extended period of 6 years, even after the centre was set up in 1999. The efforts of the EOC and community leaders have finally resolved the crisis.

24. In 1999, the Advisory Council on AIDS set up a new Committee on Promoting Acceptance of People living with HIV/AIDS. The Committee has become a useful forum to deliberate on issues relating to discrimination, explore the needs of people living with the infection, and develop recommendations to promote acceptance. Living with HIV was and still is a stigma. In the last two decades only two persons have openly acknowledged their HIV status – Dentist Mike Sinclair in 1992, and JJ in 1995, the latter assisting the Government in the production of an API. Both had since died. On the other hand, some HIV/AIDS patients have joined self-help groups or served as member of subcommittees of the Advisory Council on AIDS or AIDS-related NGOs to provide input on their service needs. At the same time, a number of patients have assisted in media interviews or school talks to promote public awareness.

Strategy Development and the Roles of the Advisory Council on AIDS

25. The Advisory Council on AIDS (ACA) is a non-statutory body appointed by the Government to advise on policies relating to all aspects of HIV prevention, care and control. The Council was established in 1990, the secretariat support of which is provided by the DH. Since 1996, ACA has been chaired by community leaders on three-year terms, with

membership drawn from professionals, academia and the community. Council meetings were held on a quarterly basis; a total of 48 meetings have been held as of the end of 2004. The current term of office would expire in July 2005.

26. One important role of ACA is the recommendation of strategies on HIV/AIDS. The Council's first strategy report was published in 1994. In 1998, a comprehensive review on the HIV situation and programmes was conducted, leading to the production of a new strategy document for 1999 to 2001. The latest strategies were released in 2002 (Recommended HIV/AIDS Strategies for Hong Kong 2002 to 2006), the goal of which is to maintain Hong Kong as a low HIV prevalence area (Appendix V).

27. ACA is underpinned by three committees – Scientific Committee on AIDS (SCA), AIDS Prevention and Care Committee (APCC) and the Committee on promoting Acceptance of People living with HIV/AIDS (CPA). In the past fifteen years, the Council and its SCA have taken on a leadership role in the development of technical guidelines on HIV prevention, treatment, diagnosis, and infection control practices, for the reference of the Government and the community (Appendix VI). The key documents can be accessed through the Virtual AIDS Office www.aids.gov.hk.

28. The Council is the forum for the deliberation of issues, using an evidence-based approach and with the participation of the community. Issues that have been discussed ranged from epidemiology, service development, public health interventions, incidents of discrimination, and the needs of special groups like the haemophilia patients.

29. ACA also plays a coordinating role through the work of its AIDS Prevention and Care Committee, a forum that brings in workers in the governmental and NGOs on HIV prevention and care. The Committee focuses on the review of the HIV situation in different settings or community, sharing of information and experiences.

Regional and International Interfaces

30. Regional and international collaboration is an integral part of Hong Kong's response to HIV/AIDS. United Nations (UN), through the Joint United Nations Programme on HIV/AIDS (UNAIDS), provides leadership in the coordination of international efforts to AIDS. Hong Kong Red Ribbon Centre became a UNAIDS Collaborating Centre for

Technical Support in 1998. The Red Ribbon Centre, through the guidance of the RRC Management Advisory Committee, has considered *capacity building* as the most appropriate framework for networking neighbouring cities effectively. The main formats of these activities are: fellowship programmes, consultancies, development of structured training, and technical forums.

31. Fellowship is an individual-level attachment programme. The Lions-Red Ribbon Fellowship is a professional attachment programme introduced in conjunction with *Lions Clubs International District 303 Hong Kong and Macau*. Since 1999, applications were received from technical persons from Mainland China to undertake attachments lasting for a period of two to four weeks in Hong Kong. As of the end of 2003, a total of 30 fellows have joined the programme. A composite report (“Lions Red Ribbon Fellowship Scheme” Fellows’ reports 1999-2002) was published to describe the work of fellows of 1999 to 2002.

32. Over the years, professionals from DH have joined as consultants or advisers to missions of the UN or other technical forums. Between 1999 and 2003, over 30 such occasions have involved the participation of Hong Kong experts. During the same period, 12 workshops were organised for visiting professionals from Mainland and South East Asia to take reference from Hong Kong’s experiences. The number of visitors to Red Ribbon Centre has continued to rise in the recent years. In the first nine months of 2003, the Centre received 22 visits involving over 200 technical persons from Mainland China and South East Asian countries. Professionals from the HA have regularly participated in international conferences to keep abreast of the latest advances in HIV management. The experts from HA have also been active members of a number of regional collaborative network. Close links with AIDS healthcare professionals in other places had been maintained through periodic academic meetings and conferences.

33. Since the mid-nineties, Hong Kong has been networking public health professionals of 11 cities in the Pearl River Delta Region to share information on HIV surveillance and epidemiology. A Workshop on HIV Surveillance and Epidemiology was held in 1998, 2000 and 2002 in Macau, Hong Kong and Shenzhen respectively. An Electronic Platform is being piloted to consolidate the efforts. On the other hand, the launching of a media campaign “Love under the Sun” in December 2003 was the first step in the development of formal collaboration with our Mainland counterparts.

34. Capacity building is fast becoming a priority area in HIV/AIDS, both in the region and internationally. Training activities in the following three subject areas are prioritized by the Department of Health to assist partners in the region: (a) Voluntary counseling and testing (VCT); (b) substitution treatment for HIV prevention, and (c) clinical HIV/AIDS management. In 2003, for example, Red Ribbon Centre hosted, in collaboration with UN partners, a Training Working on Methadone Treatment for HIV Prevention. It was attended by 100 participants in the region.

Future Challenges

35. There are three main characteristics in evaluating Hong Kong's responses to HIV/AIDS. Firstly, the community is encouraged and facilitated to supplement and complement the work of the Government. In particular, the community is actively involved in strategy development, thus enabling all stakeholders to take ownership of an effective response to HIV/AIDS. Secondly, professionalism is a hallmark in programme development, as evidenced by science-based decision making by the Scientific Committee on AIDS, the building of capacity of health professionals, and the systematic approach in setting up programmes on HIV prevention, care and control. Thirdly, an integrative approach is adopted, aiming to mainstream HIV prevention for ensuring an effective response.

36. HIV/AIDS, as a chronic infection, would continue to be with us in the years to come. The challenges for Hong Kong are threefolds: (a) the changing epidemiology; (b) rising number of people living with HIV/AIDS, (c) the role in the Pearl River Delta Region, Mainland China and internationally. The common theme of these challenges is the need to expand Hong Kong's responses to HIV/AIDS effectively.

37. HIV epidemiology has continued to evolve. In 2002 and 2003, about 7% (25/365) of all sexually acquired cases reported to the DH were aged 25 or below. Of these two-fifths (10/25) were MSM. HIV in young people is accounting for a small though significant proportion of all reported cases. The generally low HIV rate could blunt the community's awareness and alertness, exposing one's vulnerability to infection. On the other hand with the escalating number of HIV infected drug users in the neighbouring cities, spread in Hong Kong can be imminent. The potential for an explosive spread in drug users cannot be under estimated.

38. The provision of specialist HIV care with HAART is both a clinical and public health intervention. In low prevalence populations, preventive effort targeting people living with HIV/AIDS is one effective strategy for minimising the spread of the epidemic. Hong Kong Government is therefore committed to continuously encouraging HIV testing and offering care to people living with the infection. The number of new infections and survivors of previously acquired infections would inevitably grow, and with it, a parallel increase in the treatment budget.

39. Beyond Hong Kong, Pearl River Delta Region is home to a huge population of Southern Chinese sharing similar cultural, social and economic background. Epidemiologic surveillance in Hong Kong is incomplete without taking into consideration the regional perspective. There is the need to further step up collaboration with neighbouring cities in the region, and with Mainland China in general. Internationally, HIV/AIDS is a public health emergency. WHO is calling on all countries to echo its “3 by 5” initiative – to provide HAART to 3 million people by 2005. With the small critical mass of expertise, Hong Kong would need to refine its role in the international efforts against AIDS.

Appendix I: Reports of HIV infection and breakdowns in Hong Kong 1984 to 2003

	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
HIV	7	46	20	33	28	38	34	60	71	79	104	122	134	181	189	213	183	213	260	229
AIDS	0	3	0	6	7	17	13	14	14	19	37	45	70	64	63	61	67	60	53	56
GENDER																				
Male	7	46	18	32	27	36	33	57	63	69	90	97	108	146	142	168	139	158	201	175
Female	0	0	2	1	1	2	1	3	8	10	14	25	26	35	47	45	44	55	59	54
AGE																				
Adult	2	35	17	33	27	38	34	60	71	79	103	120	133	180	187	209	181	211	259	229
Child (≤13)	5	11	3	0	1	0	0	0	0	0	1	2	1	1	2	4	2	2	1	0
ETHNICITY																				
Chinese	7	39	13	18	12	23	22	44	45	49	74	81	106	122	134	150	126	149	185	158
Non-Chinese	0	7	7	15	16	15	12	16	26	30	30	41	28	59	55	63	57	64	75	71
RISK FACTORS FOR TRANSMISSION																				
Heterosexual	1	0	0	3	6	11	12	29	32	47	73	81	93	117	132	127	115	125	146	114
Homosexual	1	10	6	12	12	15	8	18	27	20	22	26	20	33	16	33	21	37	47	44
Bisexual	0	1	2	7	2	6	5	8	2	2	4	4	3	10	6	10	6	7	9	5
Injection drug use	0	1	0	0	2	2	0	0	3	1	2	2	1	2	1	6	10	11	10	11
Blood / blood product infusion	5	32	10	7	2	2	5	0	1	1	1	0	0	1	0	1	0	0	0	0
Perinatal	0	0	0	0	0	0	0	0	0	0	1	2	1	0	2	4	2	2	1	0
Undetermined	0	2	2	4	4	2	4	5	6	8	1	7	16	18	32	32	29	31	47	55

Appendix II: List of Announcements of Public Interest on HIV/AIDS 1987 - 2003

No.	Title:	Year	Category
33.	Love Under The Sun (II)	2003	A
32.	Love Under The Sun (I)	2003	G
31.	Live and let live	2002	A
30.	Harm Reduction - Measure Cup	2002	I
29.	Be a Responsible Man. Prevent AIDS and Sexually Transmitted Diseases	2001	S
28.	Sharing needle 2000	2000	I
27.	Be a Responsible Man Use a Condom	1998	S
26.	Appeal by Gray Ngan	1996	G
25.	Appeal by Li Pik Sum	1996	A
24.	Appeal by Hung Chiu Fung	1996	S
23.	Appeal by Paul Tse	1996	A
22.	Appeal by Pamela Pak	1996	S
21.	The story of J.J.	1995	A
20.	Talk About AIDS (Mouth)	1994	G
19.	Three Women (Salon)	1994	W
18.	Girl	1993	Y
17.	Husband	1993	G
16.	Women Protection	1992	W
15.	The use of Condom	1992	S
14.	Stuntman	1992	S
13.	Misconception III	1991	G
12.	Misconception II	1991	G
11.	Misconception I	1991	G
10.	AIDS & Travellers	1990	T

9.	Safer Sex/ Condom	1990	S
8.	Sharing Needle	1989	I
7.	Homosexual	1988	S
6.	Infection of Ordinary People	1988	S
5.	Youth & Prostitution	1988	Y
4.	Prevention-High Risk Group	1987	S
3.	High Risk Group	1987	G
2.	Condom	1987	S
1.	Pyramid	1987	S

Abbreviations

Category	Code
Promotion of acceptance	A
General Awareness	G
Sexual transmission of HIV	S
Injection Drug Use	I
Women	W
Youth	Y
Traveller	T

Appendix III: Statistics on AIDS Hotline, Voluntary Counselling and HIV Testing 1985 to 2003

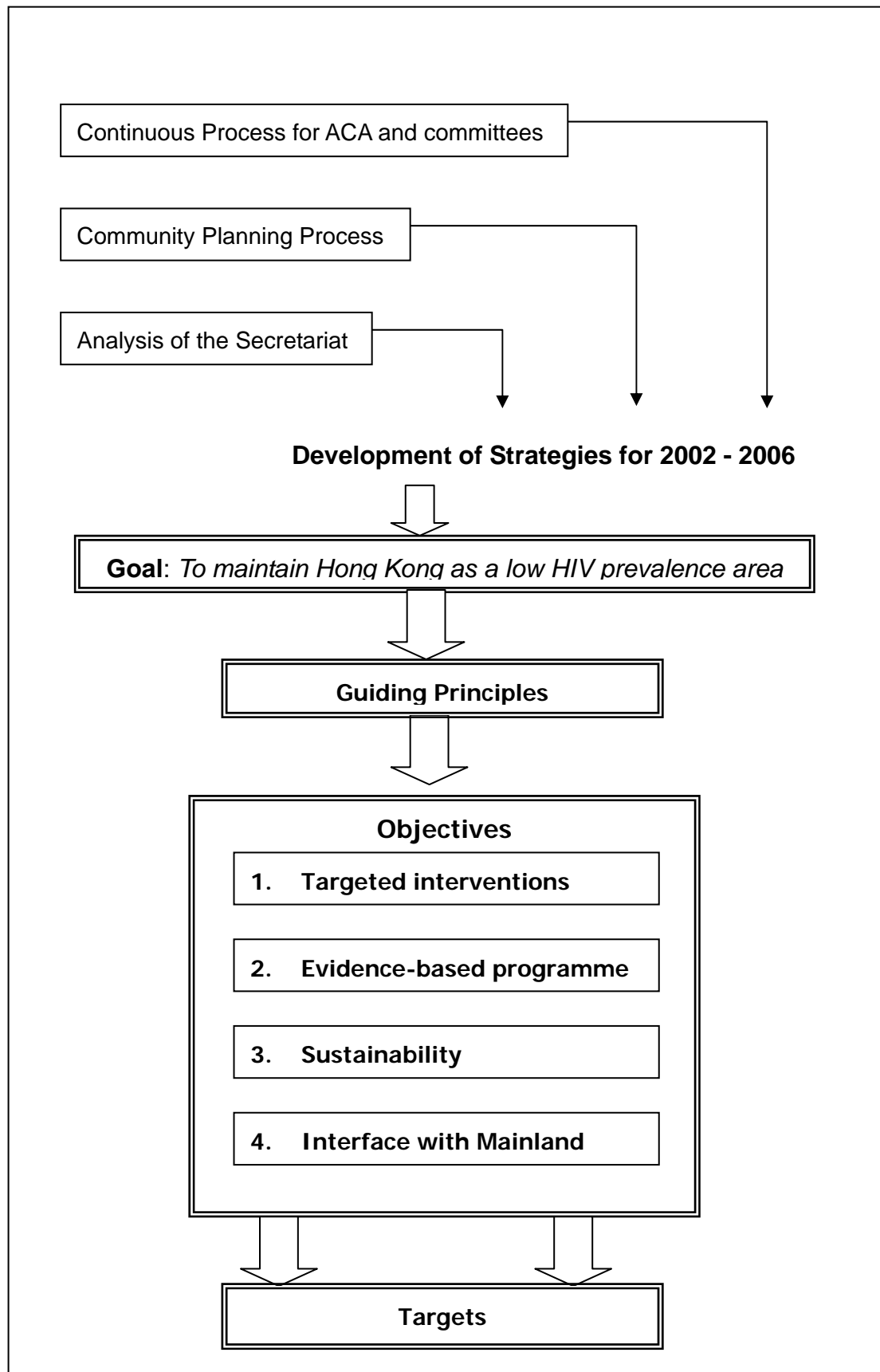
Year	Telephone counselling	Calls recorded for messages	Number of HIV screening
1985	129	-	38
1986	1921	-	326
1987	14456	-	1678
1988	14312	-	1423
1989	10403	-	1035
1990	10576	-	897
1991	10686	-	1006
1992	12826	-	1223
1993	12432	149630	1159
1994	10511	187813	980
1995	11665	128864	1355
1996	11428	114476	1332
1997	9680	87344	1101
1998	10053	77621	1301
1999	8721	67694	1345
2000	9674	59447	1347
2001	12121	70400	1695
2002	12069	59695	1592
2003	7935	41268	1283

Appendix IV: Statistics on Laboratory HIV Tests performed in the Public Service 1997 - 2003

LABORATORIES*		1997	1998	1999	2000	2001	2002	2003
DH	No. of Tests	46,055	54,230	60,259	60,863	69,387	89,665	77,397
	Positive	139	171	180	160	180	219	200
PWH	No. of Tests	1,896	2,014	2,043	1,974	2,846	3,474	3,159
	Positive	11	15	8	4	7	5	6
QEH	No. of Tests	1,815	2,245	2,187	2,414	2,761	3,105	3,085
	Positive	32	38	50	37	47	67	52
Total	No. of Tests	49,766	58,489	64,489	65,251	74,994	96,244	83,641
	Positive	182	224	238	201	234	291	258

*The three laboratories performing confirmatory HIV tests in the public service are: Public Health Laboratory Service of centre for Health protection (DH); Microbiology Laboratory of Prince of Wales Hospital (PWH), and Virology Laboratory of Queen Elizabeth Hospital (QEH), Hospital Authority.

Appendix V: Framework of strategy development 2002 to 2006 (from ACA. Recommended HIV/AIDS strategies for Hong Kong 2002-2006, published in May 2002)



Appendix VI: Guidelines and practices recommended by the Advisory Council on AIDS and its Committee, and the Department of Health.

GUIDELINES	PUBLISHED BY	YEAR
Ethical Principles Regarding the Use of Assisted Reproduction in HIV Infected Individuals	CPA	2004
Recommended principles on the application of the HIV antibody rapid test in Hong Kong	SCA	2003
Recommendations on the Management and Postexposure Prophylaxis of Needlestick Injury or Mucosal Contact to HBV, HCV and HIV *	SCA & DH Scientific Working Group on Viral Hepatitis Prevention	2003
Precautions for Handling and Disposal of Dead Bodies *	DH, HA, Food and Environmental Hygiene Department	2002
Recommendations on the Management of HIV Infection in Infants and Children *	SCA	2002
Recommendations on the Treatment of Latent TB infection in HIV-positive Persons in Hong Kong	SCA	2002
Recommended Clinical Guidelines on the Prevention of Perinatal HIV Transmission	SCA	2001
Guidelines on the prevention of of bloodborne diseases in schools *	DH and Education Department	2001
Consensus Statement on Principles of Antiretroviral Therapy for HIV Infection in Hong Kong	SCA	1998
Procedure for Management of Needle stick Injury or Mucosal Contact with Blood or Body Fluids - General Guidelines for Hepatitis B, C and HIV Prevention	SCA & DH Scientific Working Group on Viral Hepatitis Prevention	1997
Consensus Statement on Antiretroviral Therapy for HIV Infection in Hong Kong	SCA	1997
Prevention of Transmission of HIV in Health Care Settings Guidelines and Practices	SCA	1995

Classification System for HIV Infection and Surveillance Case Definition for AIDS in Adolescents and Adults in Hong Kong	SCA	1995
The choice of safe clotting factor concentrate for treatment of haemophilia in Hong Kong : recommended guidelines *	SCA	1994
HIV Infection & The Health Care Workers Recommended Guidelines	ACA	1994
HIV Antibody Testing: Recommended Measures to Generate Quality Results	SCA	1994
Guidelines on Consent for HIV Testing	SCA	1993
Recommended Guidelines for Undertaking Unlinked Anonymous Screening for Public Health Surveillance of HIV Infection in Hong Kong	DH & ACA Scientific Working Group on AIDS	1993

** For documents updated or revised from earlier previous versions, only the latest publication is listed*

Abbreviations:

ACA	Advisory Council on AIDS
SCA	ACA Scientific Committee on AIDS
CPA	ACA Committee on Promoting Acceptance of People living with HIV/AIDS
DH	Department of Health
HA	Hospital Authority