HIV SURVEILLANCE REPORT – 2001 UPDATE

Special Preventive Programme
Department of Health
Hong Kong
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CONTENTS

PREFACE

This is the first annual surveillance report on HIV/AIDS published by the Special Preventive Programme (SPP) of the Department of Health. The publication marks the beginning of another new phase in the presentation of HIV epidemiology in Hong Kong.

Hong Kong has come a long way in the dissemination of HIV situation reports. We began with the release of monthly (subsequently quarterly) statistics on reported HIV/AIDS to the public. In 1995, the *Hong Kong STD/AIDS Update* was published. It's a quarterly bulletin covering both reported HIV/AIDS and caseloads of Social Hygiene Service, the latter reflecting the STI (sexually transmitted infection) situation. Special feature articles were added to illustrate the patterns. In 2001, yearly reports of two other components of the HIV surveillance programme – seroprevalence studies and behavioural surveillance – were published in the bulletin.

We are now moving to a new format of better informing the public and the profession. The *Hong Kong STD/AIDS Update* is transformed into quarterly sets of tables (beginning from the third quarter of 2002) on reported HIV/AIDS and Social Hygiene Service caseload that's accessible from the Virtual AIDS Office www.aids.gov.hk. Public announcement would continue to be made four times a year. On an annual basis, a consolidated surveillance report is published, in both hard copy and electronic version on internet. Subscribers would continue to receive this annual report. This is the very first issue of the annual report.

The annual surveillance report is divided into two main sections. The first section is a review article summarising the pattern and main features of HIV epidemiology in Hong Kong, based on data collected and synthesised by the SPP Surveillance Team. The second section comprises tables and figures on four main components of our surveillance programmes, namely, HIV/AIDS reporting, Social Hygiene caseloads, risk behaviour surveillance and HIV seroprevalence studies. Finally the report is annexed with useful documents relating to HIV surveillance in Hong Kong.

The switch to the new format crystallises our efforts to improve our system of information dissemination on HIV epidemiology. In view of the continuous nature of the improvement process, we welcome suggestions from our readers.

Surveillance Team
Special Preventive Programme
Department of Health
January 2003

ACKNOWLEDGEMENTS

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 Maintenance and Treatment Programme 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 Service Department for their invaluable assistance in carrying out HIV risk behaviours questionnaire surveys 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 Centre for Clinical Trials and Epidemiological Research of the Chinese University of Hong Kong and many of our local AIDS non-governmental organisations 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. EPIDEMIOLOGICAL REVIEW OF HIV INFECTION IN HONG KONG

Background

1. The HIV (human immunodeficiency virus) epidemic is caused by the HIV-1 virus that exists in various subtypes. There are three major routes for transmission – sexual contacts, exposure to contaminated blood or blood products, and perinatally from an infected mother to the child. The importance of each of these factors varies from one country to another. Other less common routes of transmission, for example, occupational exposure in health care settings, during transplantation, can be included in the category of blood exposure.

2. Globally, sexual transmission is the major mode of HIV spread. The risk of infection varies with the form of sexual activity, being higher with anal intercourse in the passive partner (0.1-0.3%) and lower in the active partner of vaginal sex (0.03-0.09%)[i]. More recently, oral sex has also been linked with the transmission of the virus[ii]. The exposure of contaminated blood refers largely to the sharing of needles in injecting drug users. Mother-to-child infection has resulted from extensive heterosexual transmission. With the advent of universal antenatal HIV testing and antiretroviral prophylaxis, perinatal infection has declined, particularly in western countries. On a global scale, HIV transmission in health care setting is rare.

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[i] Bartlett JG. *The Johns Hopkins Hospital 2000-2001 Guide to Medical Care of Patients with HIV Infection*. Philadelphia: Lippincott Williams & Wilkins, 2000.

[ii] UK Department of Health. *Review of evidence on risk of HIV transmission associated with oral sex.* Report of a working group of the UK Chief Medical Officer's Expert Advisory Group on AIDS. London, 2000. http://www.doh.gov.uk/eaga/index.htm

3. In Hong Kong, the first cases of HIV infection and AIDS were diagnosed in 1984 and 1985 respectively. This paper outlines the epidemiological situation as revealed by the results of the surveillance programmes maintained by AIDS Unit, Department of Health.

HIV/AIDS Surveillance in Hong Kong

4. The HIV/AIDS surveillance system comprises the following programmes: (a) HIV/AIDS reporting, (b) seroprevalence studies, (c) STD surveillance and (d) behavioural surveillance and other research activities. Surveillance activities are undertaken through the Research Office of the AIDS Unit. The tabulated results of the four systems are incorporated in this annual report, while quarterly summary tables can be viewed and downloaded from the Virtual AIDS Office at www.aids.gov.hk

5. The HIV/AIDS reporting programme is a dual mechanism involving the voluntary reporting of newly diagnosed HIV and AIDS cases by attending physicians using the DH2293 form (Appendix) and by laboratories providing confirmatory tests in the public service. Seroprevalence studies are conducted on selected communities. Methodologies such as unlinked anonymous screening[iii] have been applied to enhance our understanding of the HIV situation. STD surveillance is a separate system coordinated in conjunction with the Social Hygiene Service. Finally, behavioural surveillance is a rather new concept in HIV epidemiology. It was initiated as a pilot project in collaboration with Department of Microbiology, The University of Hong Kong[iv] in 1994, and is now a regular programme contributed by different agencies.

Routes of HIV Transmission

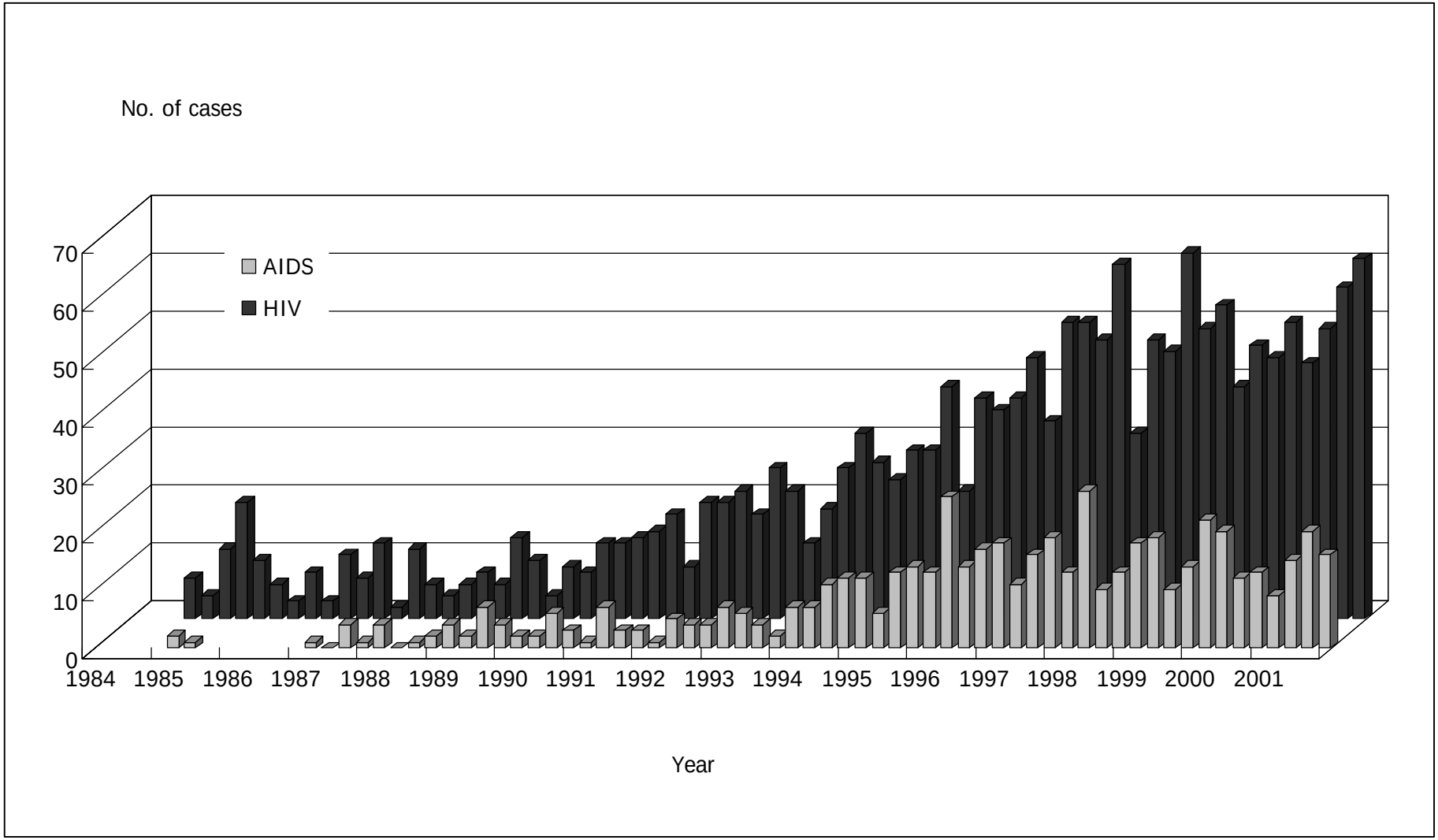
6. As of the end of December 2001, a cumulative total of 1755 HIV infections have been reported. On a yearly basis, about two hundred cases are notified under the voluntary reporting mechanism to the Department of Health (Box 1.1). Through an analysis of the available epidemiological information, it was estimated that in 1999, the HIV prevalence in Hong Kong ranged between 2000 and 3000 (Revised projection of HIV infection and AIDS cases in Hong Kong by Dr James Chin, www.aids.gov.hk, a figure supported by results of seroprevalence studies. Officially, there were an estimated 2600 adults of age between 15 and 49 living with HIV/AIDS by the end of the year 2001.[v]

[iii] Global Programme on AIDS. *Unlinked anonymous screening for the public health surveillance of HIV infection – proposed international guidelines*. Geneva: World Health Organisation, 1989. WHO/GPA/SFI/89.3

[iv] Department of Microbiology, the University of Hong Kong and Special Preventive Programme, Department of Health. *Assessing HIV risk in a population – final report of the AIDS Scenario and Surveillance Research project*. Hong Kong: Government printer, 2000.

[v] Joint United Nations Programme on HIV/AIDS. *Report on the global HIV/AIDS epidemic*. Geneva:UNAIDS,2002.

Box 1.1 Reported HIV infection and AIDS in Hong Kong



The central role of sexual transmission

7. Over the years, sexual transmission has remained the single most important route of HIV spread in Hong Kong. (Box 1.2) Not surprisingly, the HIV prevalence is highest in the age 25 to 34. From the reported figures, there has been a notable change from a predominantly homosexual to a heterosexual infection. Between 1985 and 1990, less than 30% of the reported sexually-acquired infections were heterosexuals. In 2001, this percentage has risen to 58.2%. These figures must be interpreted with care because of the different denominators involved. The importance of homosexually acquired infection should however not be ignored. Assuming that one-tenth of men in Hong Kong are homosexuals, the HIV prevalence in homosexual men is at least three to five times that of heterosexual men. In parallel there's been a narrowing of the male-to-female ratio from 8:1 in 1992 to about 3:1 in 1998 and beyond[vi].

8. The Government Social Hygiene Clinic, which looks after a significant fraction of local STD patients, is an important source of HIV reports. Diagnosis of HIV infection in STD patients reflects, to a certain extent, the HIV rate in those who have practised high-risk sexual behaviour. So far, clients of Social Hygiene Clinic have accounted for about 15.6% of all known cases of HIV. However, the prevalence of HIV in STD patients remained at a low level of 0.06% in year 2001. On the other hand, commercial sex is often considered to be another marker of possible high-risk behaviours. There is no reliable figure for the HIV rates in commercial sex workers in Hong Kong. Condom use is one of the behavioural markers regularly monitored in STD patients. The proportion that always or frequently used condom for commercial sex was less than 30% in the last two years. The condom usage rate varies significantly from one community group to another, but has remained relatively stable over years in the same community[vii].

The potential risk of injecting drug use

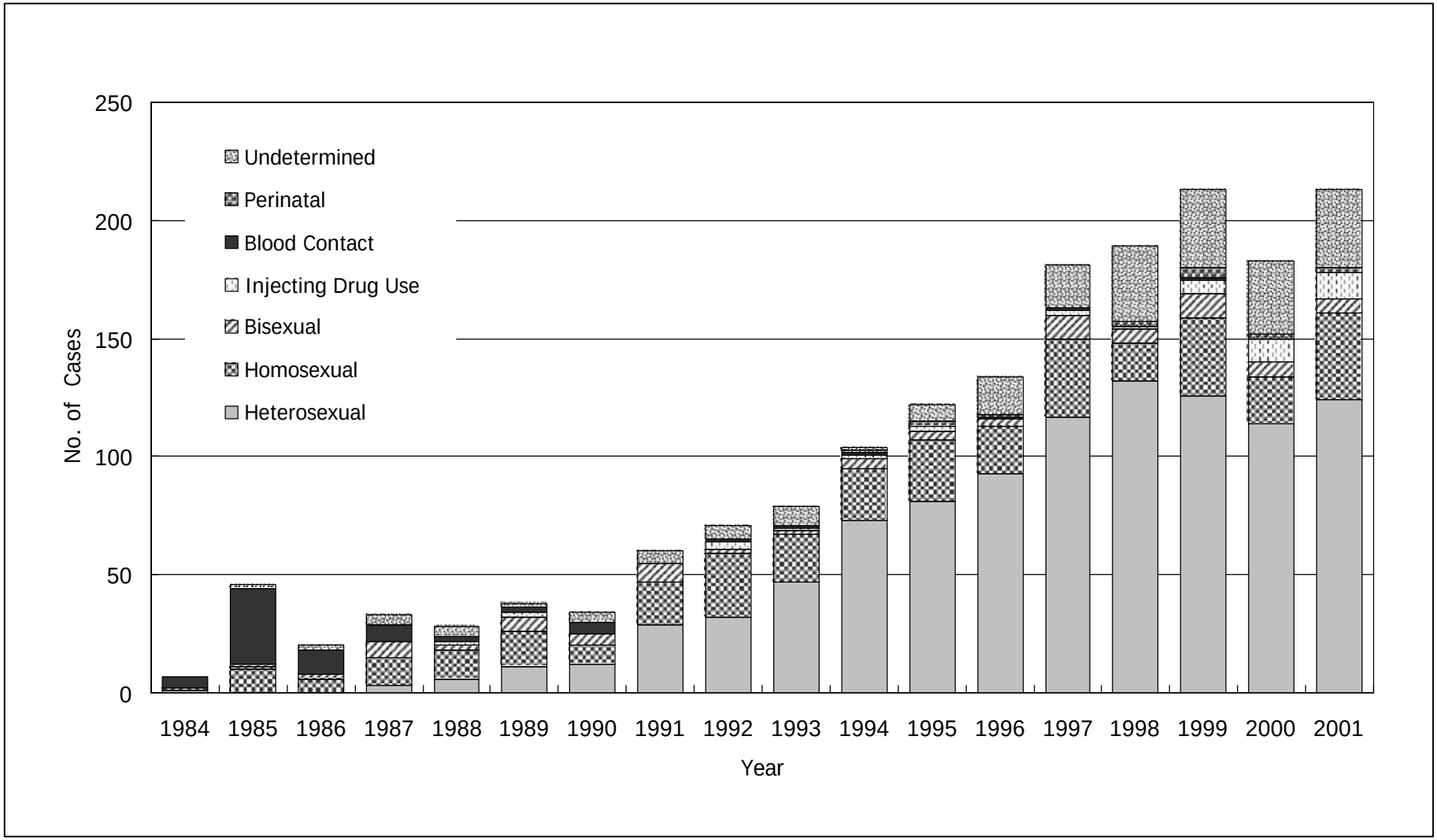
9. Overseas observations have confirmed the propensity for rapid HIV spread to occur in the drug-taking communities once the virus gets into this very population. Hong Kong has so far been spared of this daunting phenomenon. 5.2% of the reported infections in 2001 were attributable to injecting drug use. Cumulatively it is 2.5%.

10. There are indications that HIV rates in drug users are rising. Unlinked anonymous screening of methadone users revealed a yearly positive rate of less than 0.1% up 1997, rising gradually in the ensuing years to between 0.1% and 0.3% in 1998 to 2001. The number of reported cases has also risen from not more than 3 per year before 1998, 6 in 1999, 10 in 2000 and 11 in 2001.

[vi] Choi T, Lee SS. Tracking HIV infection: Hong Kong. *AIDS Reader* 2000;10(1):29-34.

[vii] Lee SS. An update on behavioural surveillance. *Hong Kong STD/AIDS Update* 2000;6(4):9-16.

Box 1.2 Exposure categories of reported HIV infections in Hong Kong



11. Behavioural surveillance has provided further insights into the potential risk of HIV spread in the drug-taking communities. The injection rates, for example, had varied with the locations of the surveys, being highest at 80% in those before admission to an inpatient drug treatment centre, and lowest at 20% in new registrants of methadone clinics[6]. The average needle-sharing rate was higher in street addicts, followed by methadone users and then those opted for inpatient treatment (20%, 10% and 5% respectively for the last years). There has however not been any significant change in the behaviours of drug users surveyed.

Contaminated blood and blood products – the historical past?

12. A total of 63 haemophilia patients and 4 transfusion recipients had contracted HIV before 1985 as a result of the use of contaminated blood product before blood screening and safer alternatives became available. Over the years about a quarter of the haemophiliacs have been tested positive for HIV. While the risk of transfusion has become a subject of the historical past, we were again reminded of the remote chance of infection from blood collected during the window period, when a patient actually got infected in 1997. There is no absolute safety despite the implementation of donor deferral, donor screening for HIV antibody and the recent introduction of Nucleic Acid Test (NAT) by the Hong Kong Red Cross Blood Transfusion Service. An infinitesimal residual risk of infection remains.

Mother-to-child transmission: cause for concern

13. A study coordinated by AIDS Unit had identified a total of 41 incidents of HIV positive pregnancies between 1992 and 1999. As of the end of the year 2001 reports of 14 cases of mother-to-child infections have been received, accounting for less than 1% of the cumulative total of reported HIV cases. A significant proportion of the reported infections were diagnosed only after the birth of the infected children. The Advisory Council on AIDS had proposed the strategy of universal antenatal HIV testing in Hong Kong[viii], a move which may affect the profile of the infections in Hong Kong.

The Setting of HIV Diagnosis

14. HIV infection may present in one of the following settings: firstly, in the process of receiving voluntary counselling and testing (VCT) because of the perceived HIV risk, while one is still asymptomatic; secondly, undergoing an HIV test when seeking treatment for a condition that shares the same risk factor, for example sexually transmitted disease (STD) or drug addiction; thirdly, in the workup when one presents with a clinical complication.

15. Over the years, a significant proportion of the HIV positive cases presented only after one had progressed to AIDS. Overall, about a third of the HIV infections were detected within three months of the corresponding AIDS diagnosis[ix]. Only 15% were reported from an AIDS service where VCT was offered, and another 15% from the Government's STD service, both considered as the avenues for early diagnosis.

[viii] Advisory Council on AIDS Secretariat. Rounding up the 34th meeting. *ACA Newsfile* 2000;7:43.

[ix] Chan CN. An overview of HIV infections and AIDS in Hong Kong. *Hong Kong STD/AIDS Update* 2001;7(1):6-19.

16. *Pneumocystis carinii* pneumonia (PCP) remains the single most important ADI over the years. In the year 2001, PCP accounted for 43.3% of all ADIs, followed by tuberculosis. *Penicillium marneffei* is a unique infection occurring in South East Asia, including Hong Kong. Penicilliosis has been included as one of the ADIs in the definition established by the Scientific Committee on AIDS[x]. Between 1 to 7 cases were reported annually. Box 1.3 shows the distribution of the major AIDS defining illnesses in Hong Kong. The access to antiretroviral therapy is gradually changing the landscape of AIDS with the number of reported AIDS reaching a plateau since 1997.

Molecular Epidemiology of HIV in Hong Kong

17. As a pilot, the HIV subtypes of reported HIV infection were determined in a study involving the Department of health and the University of Hong Kong. Preliminary data suggested that both B and CRF01_AE were the major subtypes. Over time, there was an increase in the frequency of the CRF01_AE subtype, a decrease of the B subtype, and emergence of the new subtypes of C, B' and B'/C. The CRF01_AE subtype was more common in female, Chinese, heterosexuals and injection drug users whereas B subtype in male, White and people with homo-/bisexual contacts.

18. One important function of molecular epidemiology is to determine if there have been any common sources of infection in Hong Kong. Genetic clustering was found only in a few homo/bisexual pairs, mother-and-child pairs and a number of non-Chinese injection drug users.

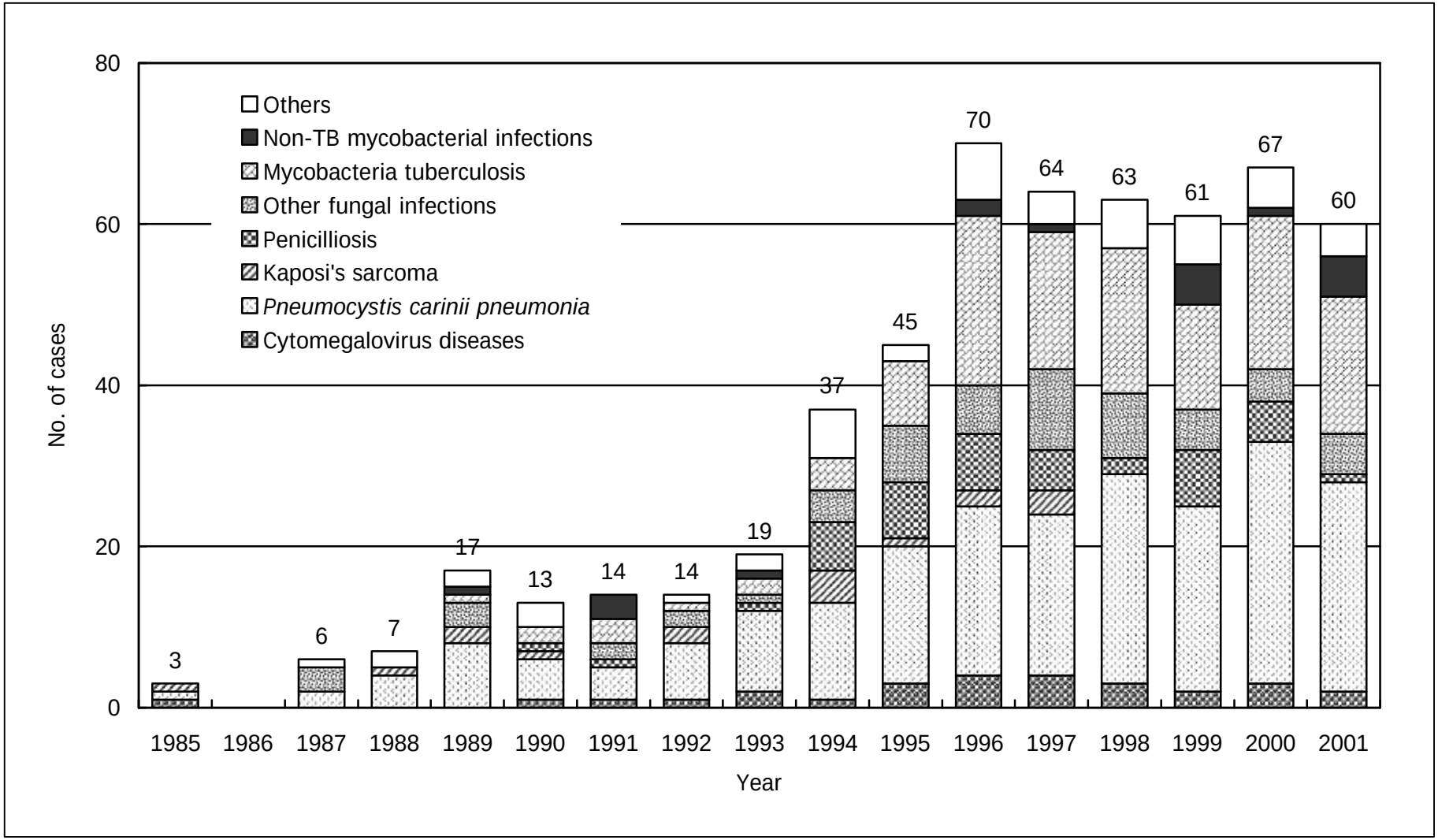
Determinants of HIV Spread in Hong Kong

19. What would the future patterns of HIV infection in Hong Kong be like? Two questions are proposed to help us predict the future. Firstly, are new infections happening? Secondly, are there societal forces that would affect the practice of risk behaviours in Hong Kong?

20. The determination of incidences is the key to understanding the occurrence of new infections. For HIV infection there is the intrinsic problem in assessing new infections because of (a) the absence of reliable laboratory tests for incidence testing, and (b) the difficulty in characterising the onset of infection clinically. In evaluating all newly reported HIV cases in the past ten plus years, it is evident however that the median age has remained relatively constant at 32 to 36. The absence of age cohort effect testifies to the occurrence of new infections here in Hong Kong.

[x] Scientific Committee on AIDS. *Classification system for HIV infection and surveillance case definition for AIDS in adolescents and adults in Hong Kong*. Hong Kong: Advisory Council on AIDS, 1995.

Box 1.3 Reported primary AIDS defining illnesses



21. Knowingly, one's practice of risk behaviours exposes him/her to HIV infection. On the population scale, these behaviours are influenced by societal forces which either predispose individuals to or protect them from the virus. Human mobility is one such driving force. As a city in the Pearl River Delta region, there are ten times more people coming in and out of Hong Kong than the number of residents themselves. The human interaction in Hong Kong and the neighbouring cities is far more complex than can be imagined. Cross-border commercial sex, drug trafficking and the practice of illicit drug use are but some of the determinants of possible HIV spread. A quantification of the HIV risk of human mobility is an impossible task. On the other hand, a supportive environment is extremely important in ensuring the consistent practice of safer behaviours. Condom promotion, harm reduction in drug users, a favourable legal framework, access to HIV testing and care are the building blocks of a supportive environment. So far, the network of methadone clinics, currently serving some 7000 drug users daily, has been providing a "safety net" to guard against HIV spread in the drug-taking communities. Regular methadone users are less frequent injectors and have a lower tendency to share needles[xi]. It must be noted however that the delicate equilibrium in methadone users, now with a low HIV rate, may be tipped once HIV is introduced.

[*This report was based on an earlier report published in the HIV Manual 2001 by the Special Preventive Programme, with the incorporation of new surveillance data collected through the end of 2001. For results of the specific surveillance systems, readers are advised to refer to the following chapters*]

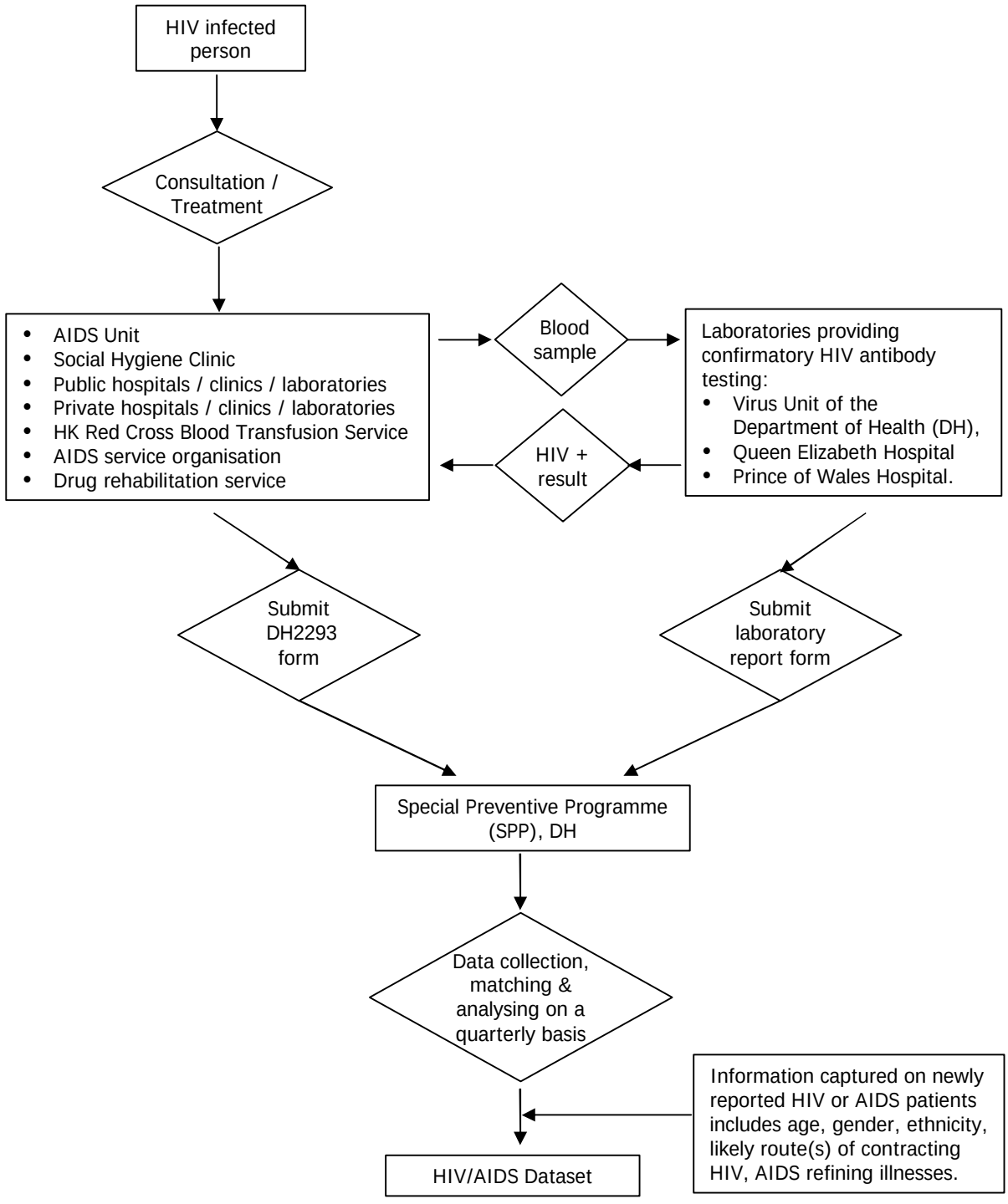
[xi] Unpublished results of a study of Special Preventive Programmes in 1999.

2. TABULATED RESULTS OF HIV/AIDS REPORTING

System description

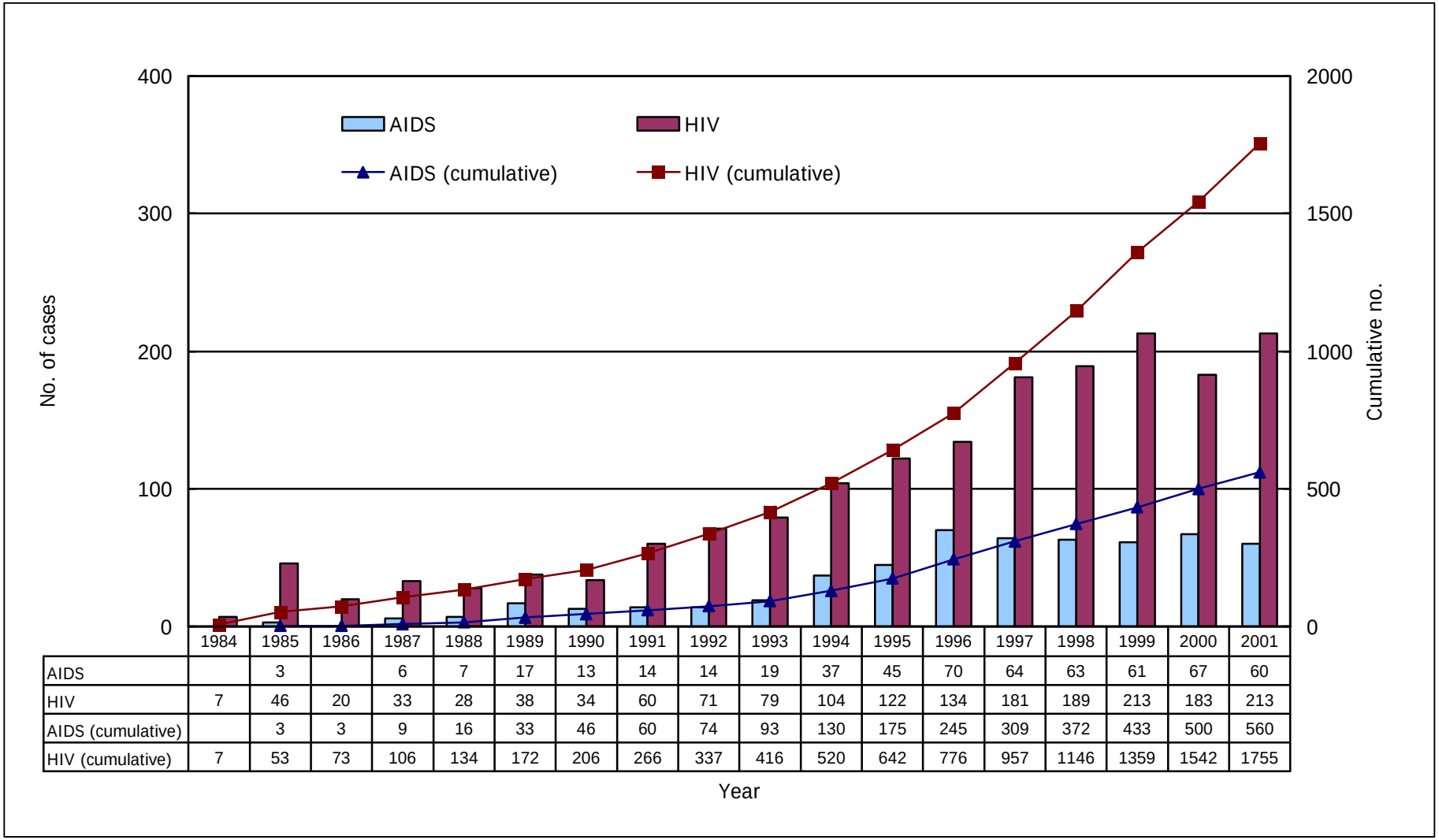
- The HIV/AIDS reporting system is a case-based notification system conducted on a voluntary basis since 1984, with input from clinicians and laboratories.

System layout



Tables & Figures

Box 2.1 Annual reports of HIV infection & AIDS

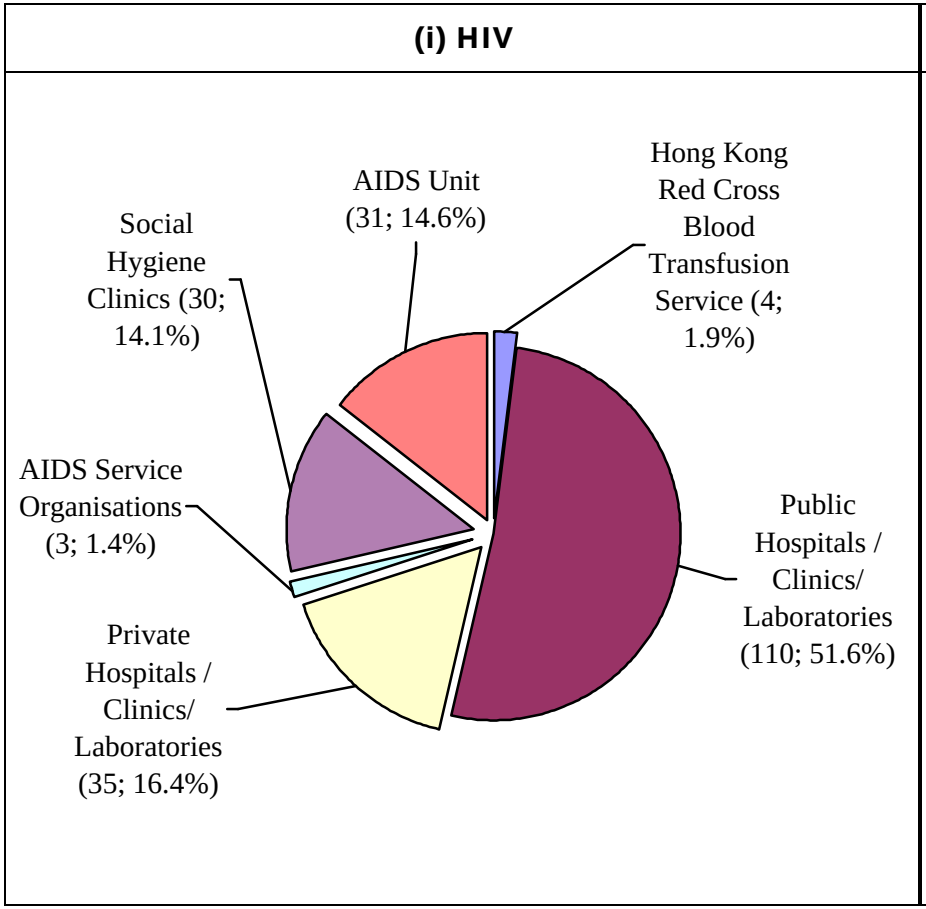


	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
AIDS		3		6	7	17	13	14	14	19	37	45	70	64	63	61	67	60
HIV	7	46	20	33	28	38	34	60	71	79	104	122	134	181	189	213	183	213
AIDS (cumulative)		3	3	9	16	33	46	60	74	93	130	175	245	309	372	433	500	560
HIV (cumulative)	7	53	73	106	134	172	206	266	337	416	520	642	776	957	1146	1359	1542	1755

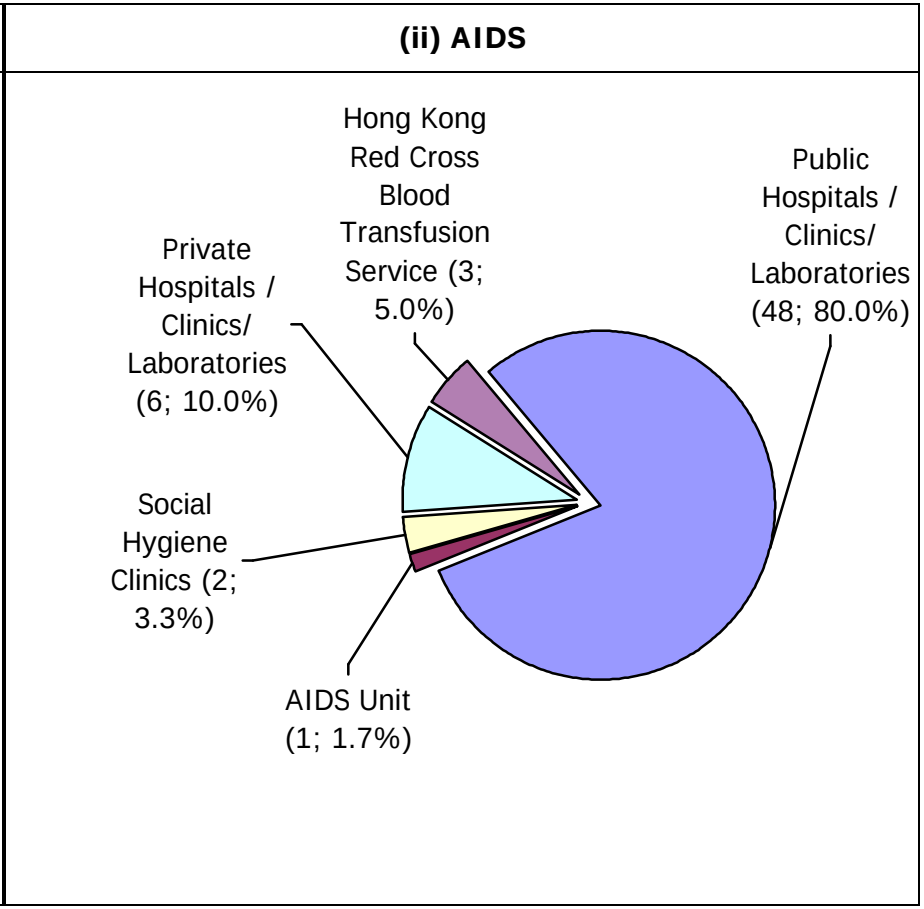
Box 2.2 Source of reporting

(a) For year 2001

(i) HIV

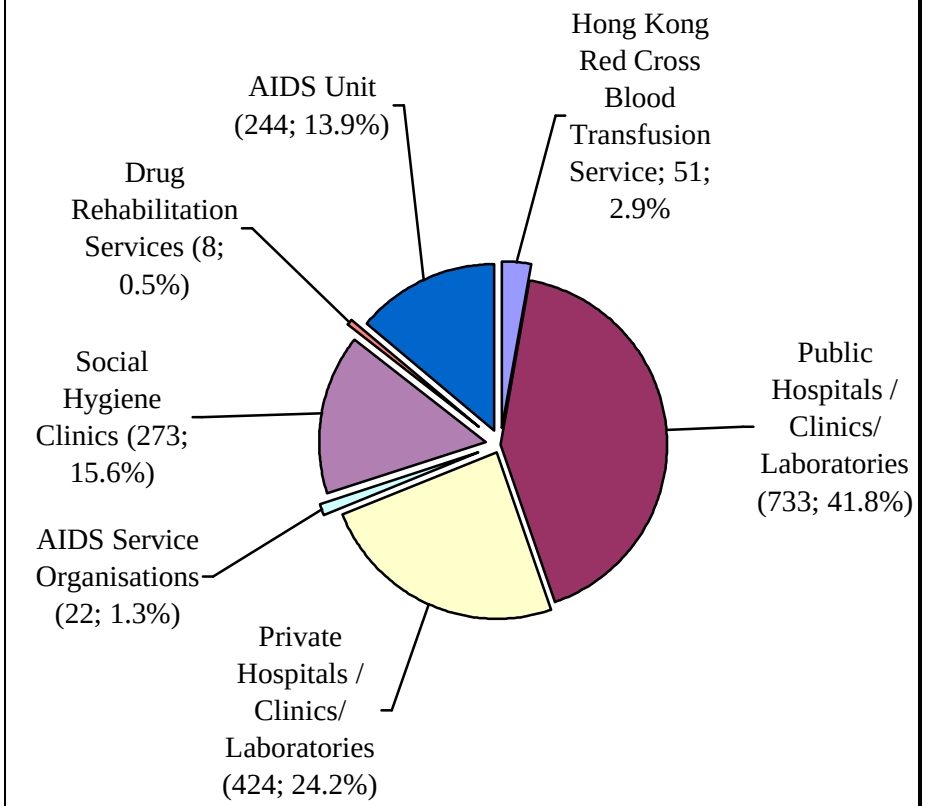


(ii) AIDS

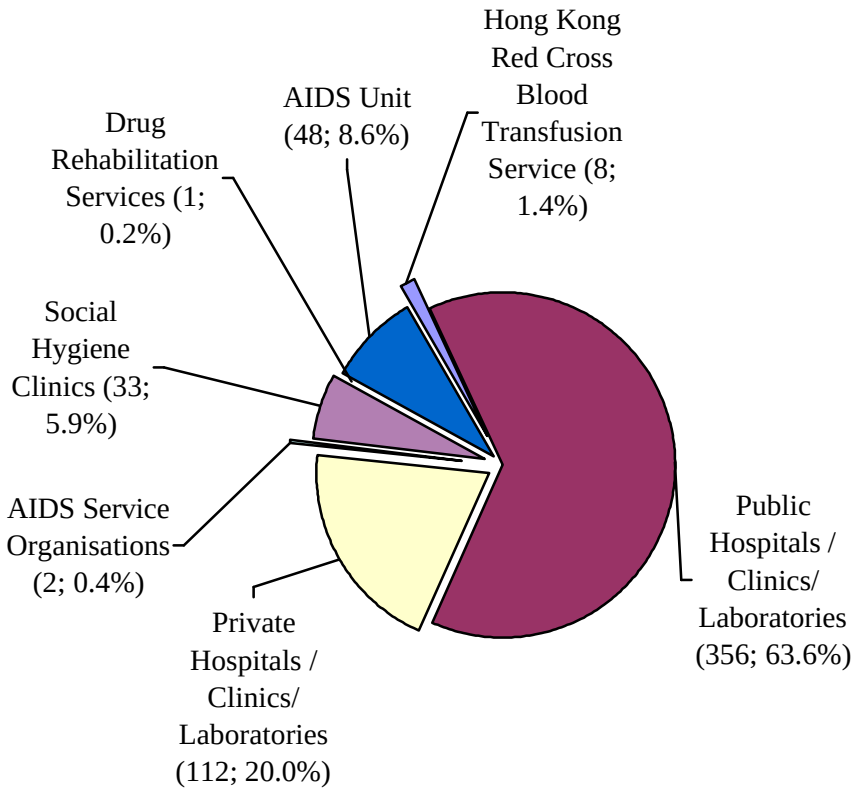


(b) Cumulative (1984 - 2001)

(i) HIV



(ii) AIDS



Box 2.3 Reported HIV/AIDS by ethnicity and gender

(a) For year 2001

Ethnicity	HIV						AIDS					
	Male		Female		Total		Male		Female		Total	
Chinese	127	(80.4%)	22	(40.0%)	149	(70.0%)	44	(91.7%)	5	(41.7%)	49	(81.7%)
Asian	17	(10.8%)	27	(49.1%)	44	(20.7%)	3	(6.3%)	6	(50.0%)	9	(15.0%)
White	9	(5.7%)	0	(0%)	9	(4.2%)	1	(2.1%)	0	(0%)	1	(1.7%)
Black	2	(1.3%)	0	(0%)	2	(0.9%)	0	(0.0%)	0	(0%)	0	((0%)
Unknown	3	(1.9%)	6	(10.9%)	9	(4.2%)	0	(0.0%)	1	(8.3%)	1	(1.7%)
Total	158	(100%)	55	(100%)	213	(100%)	48	(100%)	12	(100%)	60	(100%)

(b) Cumulative (1984 - 2001)

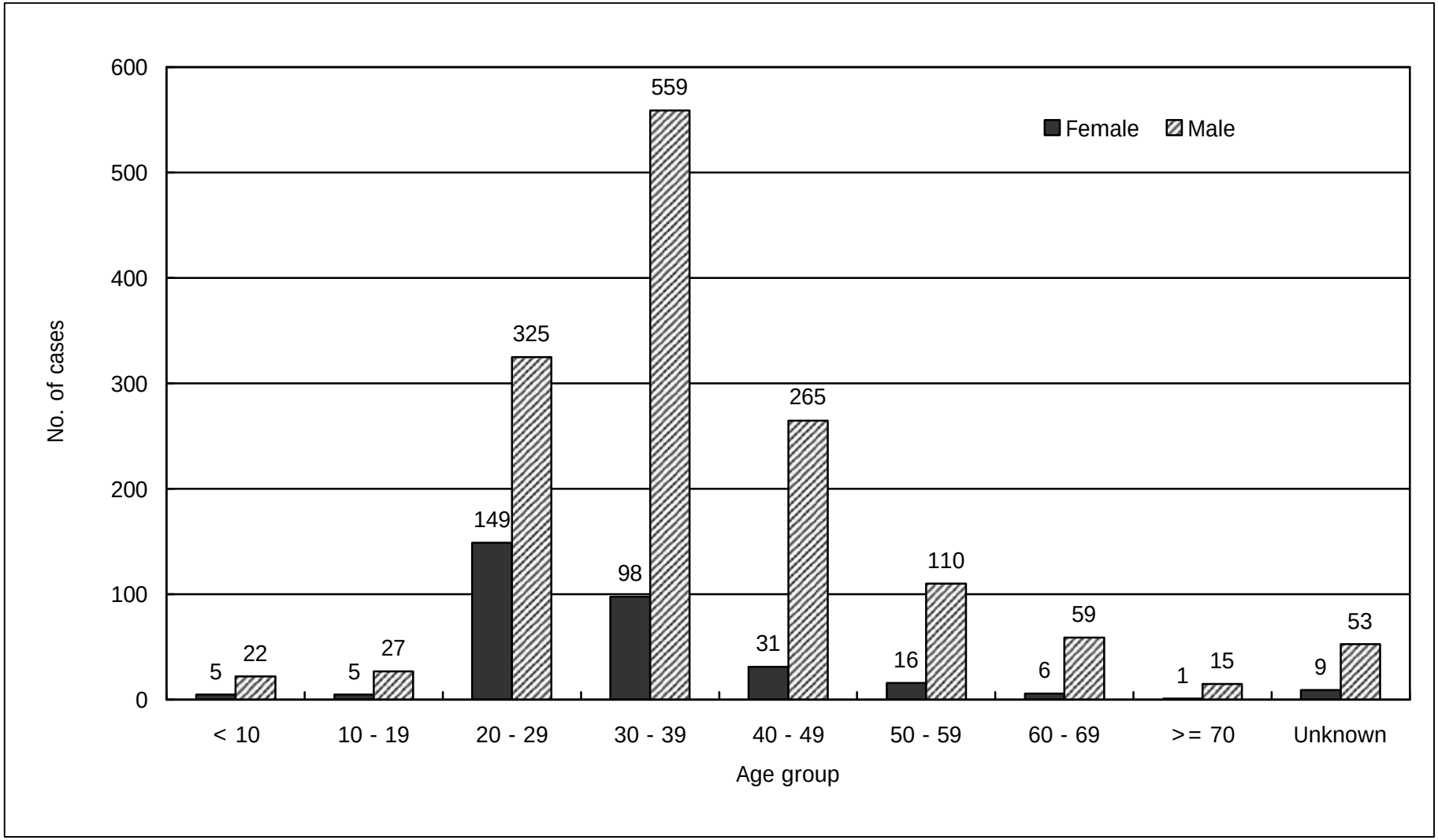
Ethnicity	HIV						AIDS					
	Male		Female		Total		Male		Female		Total	
Chinese	1080	(75.3%)	134	(41.9%)	1214	(69.2%)	413	(84.1%)	23	(33.3%)	436	(77.9%)
Asian	119	(8.3%)	153	(47.8%)	272	(15.5%)	22	(4.5%)	44	(63.8%)	66	(11.8%)
White	177	(12.3%)	9	(2.8%)	186	(10.6%)	54	(11.0%)	0	(0.0%)	54	(9.6%)
Black	11	(0.8%)	6	(1.9%)	17	(1.0%)	1	(0.2%)	1	(1.4%)	2	(0.4%)
Unknown	48	(3.3%)	18	(5.6%)	66	(3.8%)	1	(0.2%)	1	(1.4%)	2	(0.4%)
Total	1435	(100%)	320	(100%)	1755	(100%)	491	(100%)	69	(100%)	560	(100%)

Box 2.4 Age distribution of reported HIV/AIDS

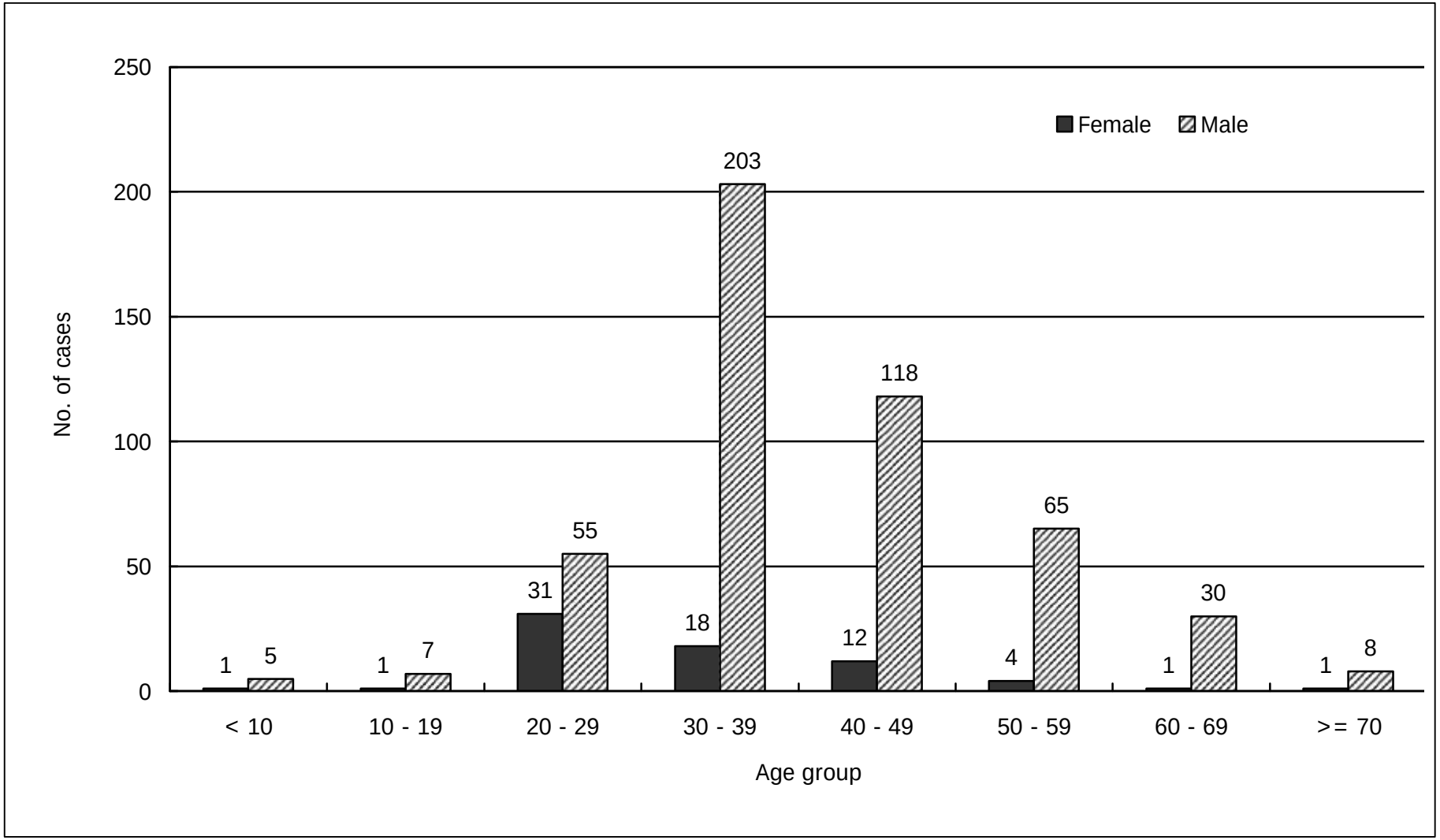
(a) Median age of reported HIV/AIDS

Year	HIV			AIDS		
	Median age	Inter quartile		Median age	Inter quartile	
		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	35.3	51.3
1988	35	25.8	42.3	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	39.8	34	27	44
1992	34	28	40	39	34.8	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	31.8	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	35	29	42	38	30.3	46.8
Total	34	28	41	38	32	46

(b) Age & gender of reported HIV infection (cumulative, 1984 - 2001)



(c) Age & gender of reported AIDS (cumulative, 1985 - 2001)



(d) Adults & children with reported HIV/AIDS in 2001

Age	HIV			AIDS		
	Male	Female	Total	Male	Female	Total
Adult	156	55	211	47	12	59
Children (age <=13)	2	0	2	1	0	1
Total	158	55	213	48	12	60

Box 2.5 Exposure category of reported HIV/AIDS

(a). Distribution of HIV infection cases by exposure category 1984 – 2001

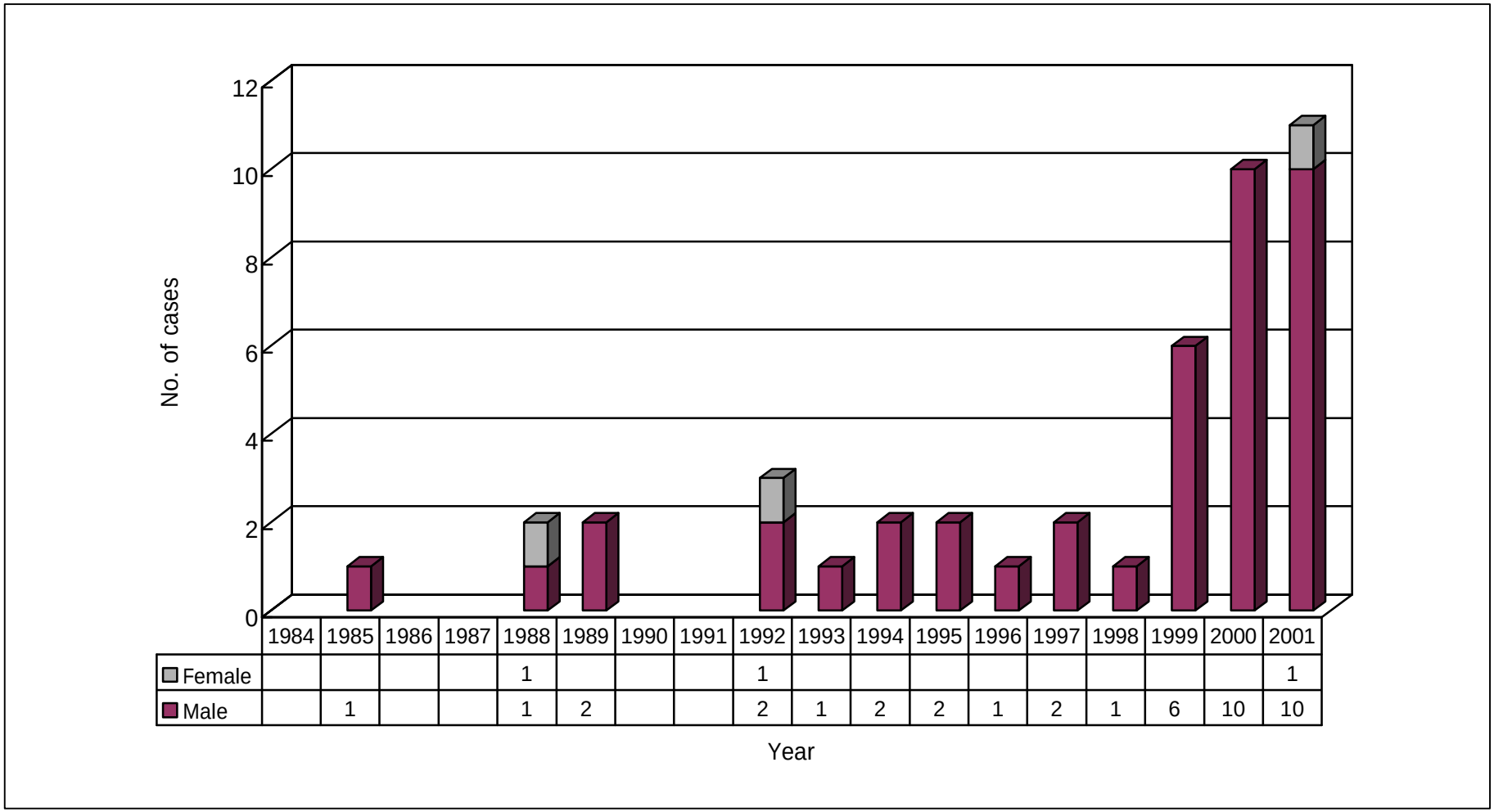
Year / Exposure category	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	Total
Heterosexual	1	0	0	3	6	11	12	29	32	47	73	81	93	117	132	126	114	124	1001 (57.0%)
Homosexual	1	10	6	12	12	15	8	18	27	20	22	26	20	33	16	33	20	37	336 (19.1%)
Bisexual	0	1	2	7	2	6	5	8	2	2	4	4	3	10	6	10	6	6	84 (4.8%)
Injecting drug use	0	1	0	0	2	2	0	0	3	1	2	2	1	2	1	6	10	11	44 (2.5%)
Blood contact	5	32	10	7	2	2	5	0	1	1	1	0	0	1	0	1	0	0	68 (3.9%)
Perinatal	0	0	0	0	0	0	0	0	0	0	1	2	1	0	2	4	2	2	14 (0.8%)
Undetermined	0	2	2	4	4	2	4	5	6	8	1	7	16	18	32	33	31	33	208 (11.9%)
Total	7	46	20	33	28	38	34	60	71	79	104	122	134	181	189	213	183	213	1755 (100%)

(b). Distribution of reported AIDS by exposure category 1985 – 2001

Year / Exposure category	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	Total
Heterosexual	1	---	1	0	3	3	2	5	10	16	31	55	44	50	44	56	48	369 (65.9%)
Homosexual	1	---	3	4	8	2	6	8	7	13	9	6	10	6	8	1	5	97 (17.3%)
Bisexual	1	---	0	1	3	3	2	1	1	4	3	1	3	1	1	1	2	28 (5.0%)
Injecting drug use	0	---	0	0	1	0	0	0	1	0	1	1	1	0	1	2	1	9 (1.6%)
Blood contact	0	---	0	1	2	3	3	0	0	3	0	2	1	1	2	1	0	19 (3.4%)
Perinatal	0	---	0	0	0	0	0	0	0	1	1	0	0	1	1	1	1	6 (1.1%)
Undetermined	0	---	2	1	0	2	1	0	0	0	0	5	5	4	4	5	3	32 (5.7%)
Total	3	---	6	7	17	13	14	14	19	37	45	70	64	63	61	67	60	560 (100%)

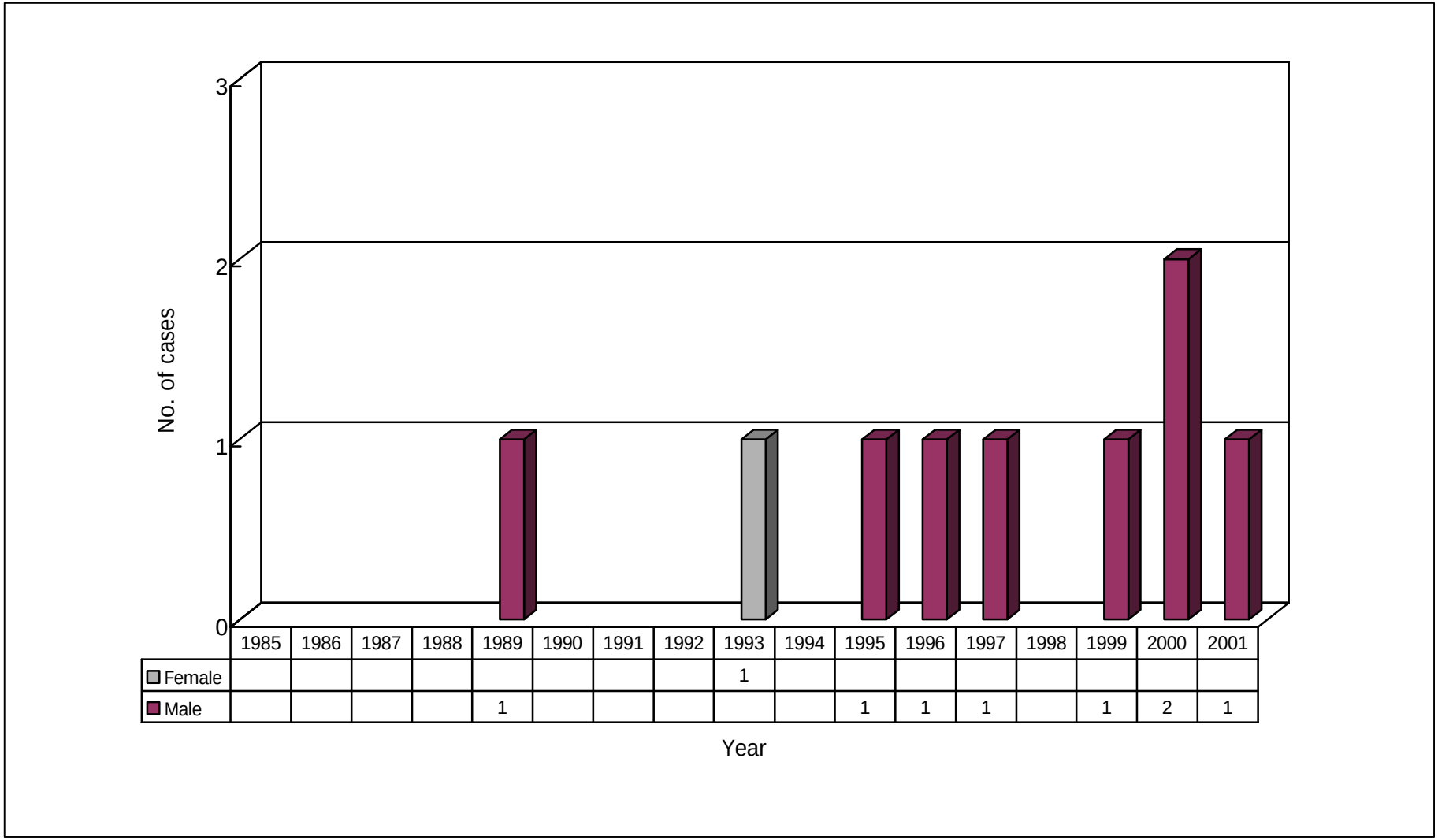
Box 2.6 Reported HIV/AIDS in drug users

(a) Reported HIV infected drug users – by gender



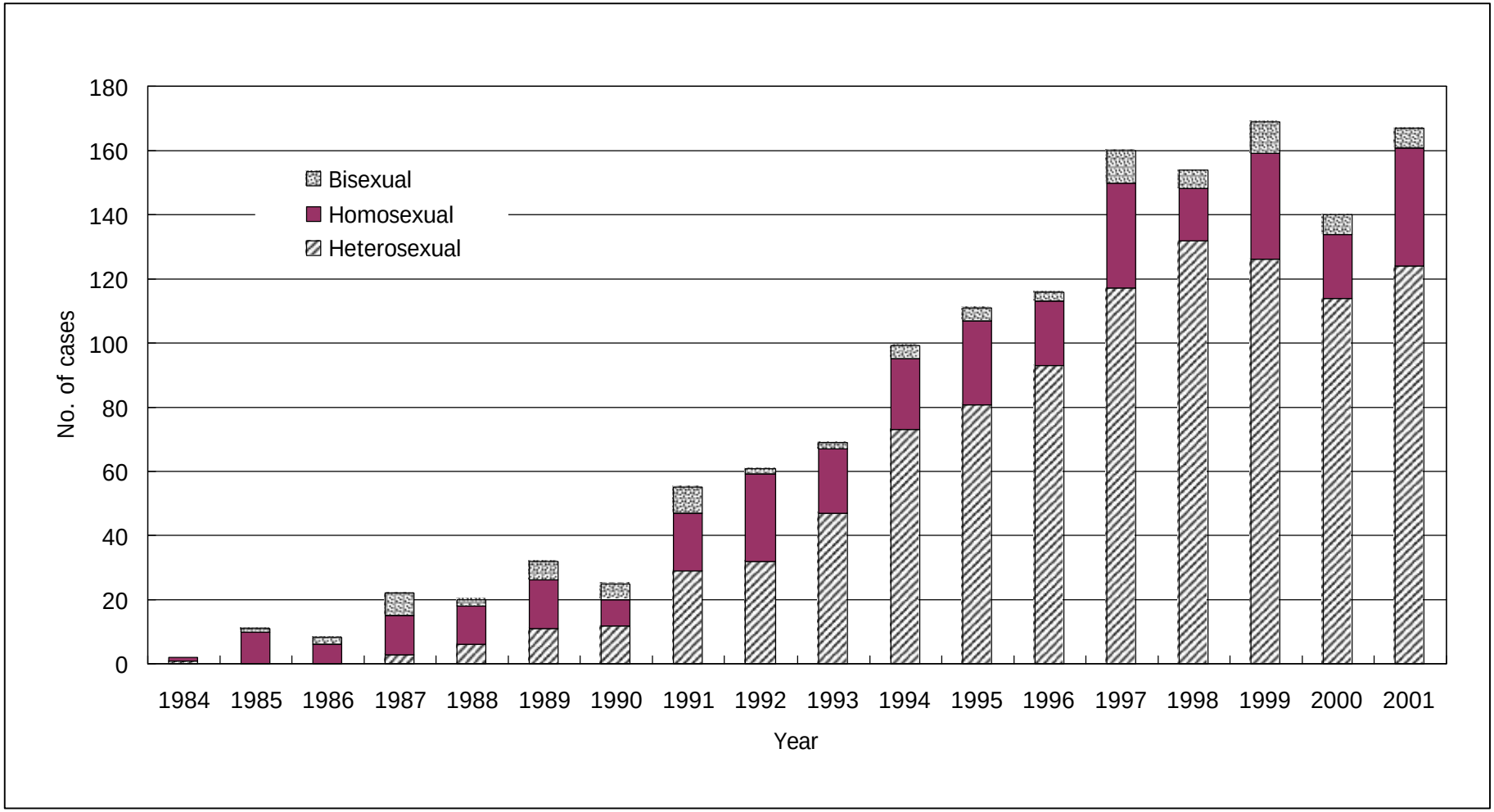
	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Female					1				1									1
Male		1			1	2			2	1	2	2	1	2	1	6	10	10

(b) Reported AIDS in drug users – by gender

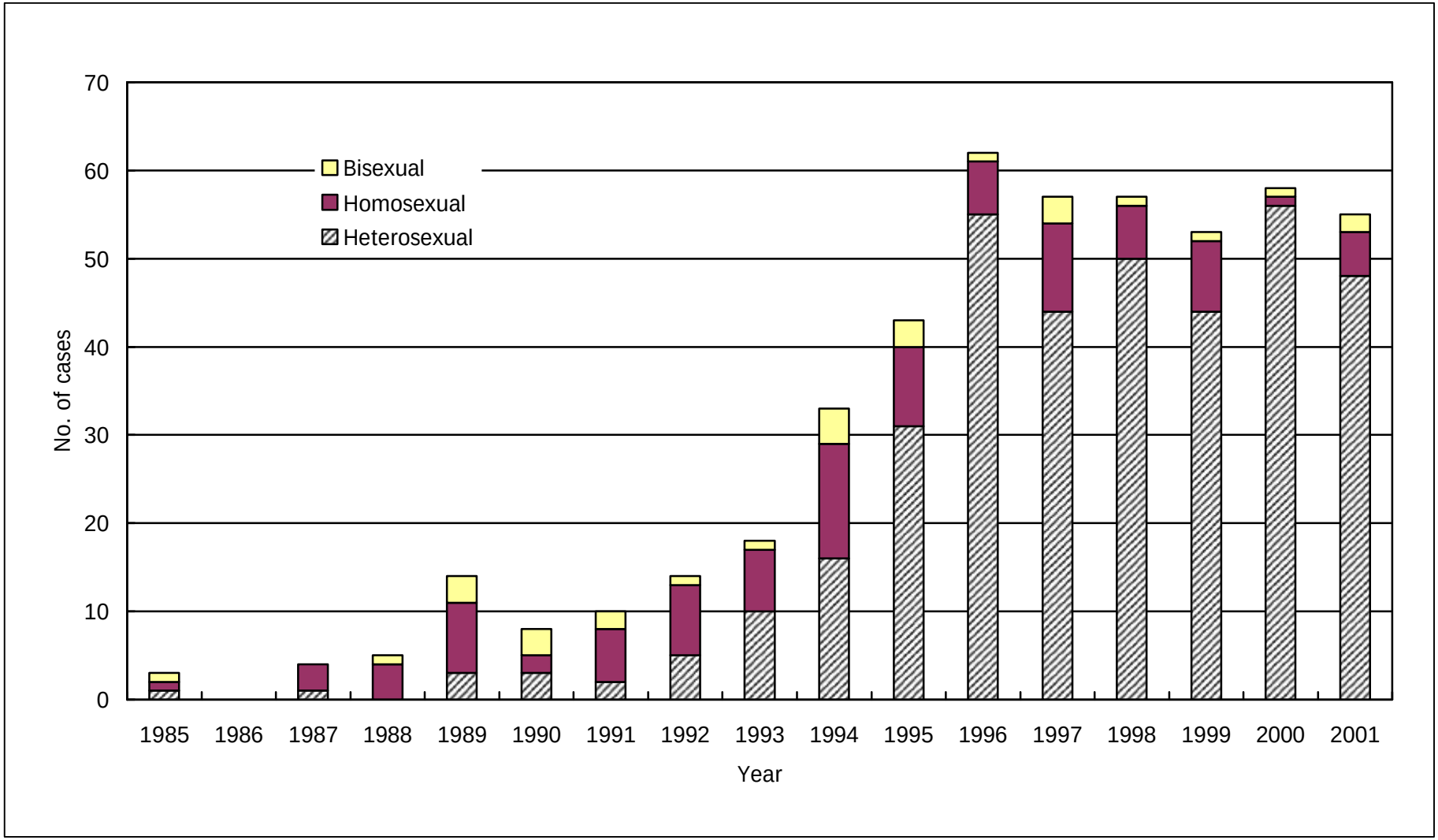


Box 2.7 Distribution of sexual acquired HIV infection

(a) Yearly report of sexually acquired HIV



(b) Yearly report of sexually acquired AIDS



(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	4.1 : 1	5.9 : 1
1999	2.0 : 1	4.2 : 1
2000	3.0 : 1	23.5 : 1
2001	1.9 : 1	5.1 : 1
Total	1.7 : 1	2.4 : 1

Box 2.8 Age-specific rate of sexually acquired HIV infection.

(a). Age-specific rate of sexually acquired HIV infection in men.

Year / Age group	Age-specific rate (per 100,000 population)				
	1997	1998	1999	2000	2001
0 - 4	---	---	---	---	---
5 - 9	---	---	---	---	---
10 - 14	---	---	---	---	---
15 - 19	0.43	---	0.42	0.42	0.44
20 - 24	3.82	1.73	2.64	2.67	2.22
25 - 29	8.94	7.34	6.98	3.71	7.06
30 - 34	9.00	9.83	11.80	8.36	11.31
35 - 39	6.24	8.96	5.44	7.43	8.95
40 - 44	6.59	3.62	6.01	5.81	4.47
45 - 49	4.10	2.40	3.52	2.69	4.07
50 - 54	3.15	1.72	6.38	2.38	2.64
55 - 59	3.65	3.77	5.26	2.27	2.21
60 - 64	3.54	3.60	2.20	2.95	2.99
65 - 69	0.82	1.58	0.77	1.55	1.56
70 - 74	---	---	3.22	1.02	1.95
>= 75	---	1.01	0.97	---	---
Total	3.93	3.48	3.95	3.14	3.77

(b). Age-specific rate of sexually acquired HIV infection in women.

Year / Age group	Age-specific rate (per 100,000 population)				
	1997	1998	1999	2000	2001
0 - 4	---	---	---	---	---
5 - 9	---	---	---	---	---
10 - 14	---	---	---	---	---
15 - 19	---	---	---	---	---
20 - 24	1.25	2.91	3.30	1.65	3.31
25 - 29	4.85	5.52	3.83	3.10	4.22
30 - 34	0.88	2.43	2.16	2.79	2.44
35 - 39	1.17	1.13	2.21	1.09	1.88
40 - 44	0.70	0.67	0.63	0.30	0.87
45 - 49	1.78	0.42	0.41	1.97	0.74
50 - 54	1.49	0.66	0.59	1.57	---
55 - 59	---	---	---	0.91	0.86
60 - 64	0.78	0.80	0.81	---	0.85
65 - 69	---	---	---	---	0.82
70 - 74	---	---	---	0.96	---
>= 75	---	---	---	---	---
Total	1.01	1.24	1.20	1.09	1.25

Box 2.9 Profile of AIDS defining Illnesses for 1985 to 2001

Year / ADI	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	Total
Pneumocystis Carinii Pneumonia	1	---	2	4	8	5	4	7	10	12	17	21	20	26	23	30	26	216 (38.6%)
Mycobacteria Tuberculosis	---	---	---	---	1	2	3	1	2	4	8	21	17	18	13	19	17	126 (22.5%)
Other fungal infections	---	---	3	---	3	---	2	2	1	4	7	6	10	8	5	4	5	60 (10.7%)
Penicilliosis	---	---	---	---	---	1	1	---	1	6	7	7	5	2	7	5	1	43 (7.7%)
Cytomegalovirus diseases	1	---	---	---	---	1	1	1	2	1	3	4	4	3	2	3	2	28 (5.0%)
Kaposi's sarcoma	1	---	---	1	2	1	---	2	---	4	1	2	3	---	---	---	---	17 (3.0%)
Non-TB mycobacterial infections	---	---	---	---	1	---	3	---	1	---	---	2	1	---	5	1	5	19 (3.4%)
Others	---	---	1	2	2	3	---	1	2	6	2	7	4	6	6	5	4	51 (9.1%)
Total	3	---	6	7	17	13	14	14	19	37	45	70	64	63	61	67	60	560 (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 2001
(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	2000 – 4000 year	Yes
Drug users (2)	All 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
(b) Community without risk factors					
Blood donors	Hong Kong Red Cross Blood Transfusion Service, HKRCBTS	A requirement for all potential donors	1985	150000 – 200000 / year	Yes
Neonates	Testing of Cord blood	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
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

Tables & Figures

Box 3.1 HIV prevalence in blood donors

(a). HIV detection rate of donated blood units at HKRCBTS (1985 – 2001)

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	(0.00002 - 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	178,447	4	0.002	(0.0006 - 0.0057)
1996	190,257	5	0.003	(0.0009 - 0.0061)
1997	187,753	7	0.004	(0.0015 - 0.0077)
1998	200,197	7	0.003	(0.0014 - 0.0072)
1999	189,959	7	0.004	(0.0015 - 0.0076)
2000	189,532	9	0.005	(0.0022 - 0.0090)
2001	193,835	3	0.002	(0.0003 - 0.0045)

(b). HIV seroprevalence among new and repeat blood donors attending HKRCBTS (1991-2001)

Year	New donors			Repeat donors		
	No. of donors	No. of donors anti-HIV+	HIV positivity rate of donors (%) (95% C.I. (%))	No. of donors	No. of donors anti-HIV+	HIV positivity rate of donors (%) (95% C.I. (%))
1991	48,769	0	0 (----)	132,987	3	0.002 (0.0005 - 0.0066)
1992	43,674	1	0.002 (0.00006 - 0.0128)	132,818	8	0.006 (0.0026 - 0.0119)
1993	36,146	1	0.003 (0.00007 - 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 (0.00006 - 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)

Box 3.2 HIV seroprevalence in clients attending Social Hygiene Clinics, from voluntary blood testing (1985 - 2001)

Year	No. of blood samples	No. of 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)

Box 3.3 HIV prevalence in drug users of methadone clinic

(a). HIV prevalence among methadone clinic clients from unlinked anonymous screening (1992 - 2001)

Year	No. of urine samples	No. of 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)

(b). HIV prevalence among methadone clinic attendees from voluntary testing (1991 - 2001)

Year	*No. of blood samples	No. of 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	(--- - ---)

Remarks: * all were blood samples, with a small proportion being urine samples since late 1999

Box 3.4 HIV prevalence among drug users attending inpatient drug treatment centres / institutions, from unlinked anonymous screening (1998 - 2001)

Year	No. of urine samples	No. of 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)

Box 3.5 HIV seroprevalence among newly admitted prisoners from unlinked anonymous screening (1995 - 2001)

Year	No. of samples	Type of samples	No. of anti-HIV+	Prevalence (%)	95% C.I. for prevalence (%)
1995	653	Blood	3	0.459	(0.095 - 1.343)
1996	1,503	Urine	6	0.399	(0.147 - 0.869)
1997	1,474	Urine	3	0.204	(0.042 - 0.595)
1998	1,571	Urine	4	0.255	(0.069 - 0.652)
1999	1,580	Urine	10	0.633	(0.480 - 1.841)
2000	1,516	Urine	4	0.264	(0.072 - 0.676)
2001	1,502	Urine	5	0.333	(0.108 - 0.777)

Box 3.6 HIV seroprevalence in TB patient

(a). HIV seroprevalence among patients attending government TB & Chest Clinics, from unlinked anonymous screening of urine samples (1990 - 2001)

Year	No. of urine samples	No. of 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)

(b). HIV seroprevalence among patients attending government TB & Chest Clinics, from voluntary blood testing (1993 - 2001)

Year	No. of blood samples	No. of anti-HIV+	Prevalence (%)	95% C.I. for prevalence (%)
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	3	0.088	(0.018 - 0.256)
2001	3,404	9	0.264	(0.121 - 0.502)

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

System description:

- This is a clinic based disease reporting from 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, Tang Shiu Kin, Western, Yau Ma Tei, South Kwai Chung, Yung Fung Shee, Tuen Mum, Tai Po Clinic, and Skek Wu Hui. Tai Po Clinic and Skek Wu Hui were closed since 2001

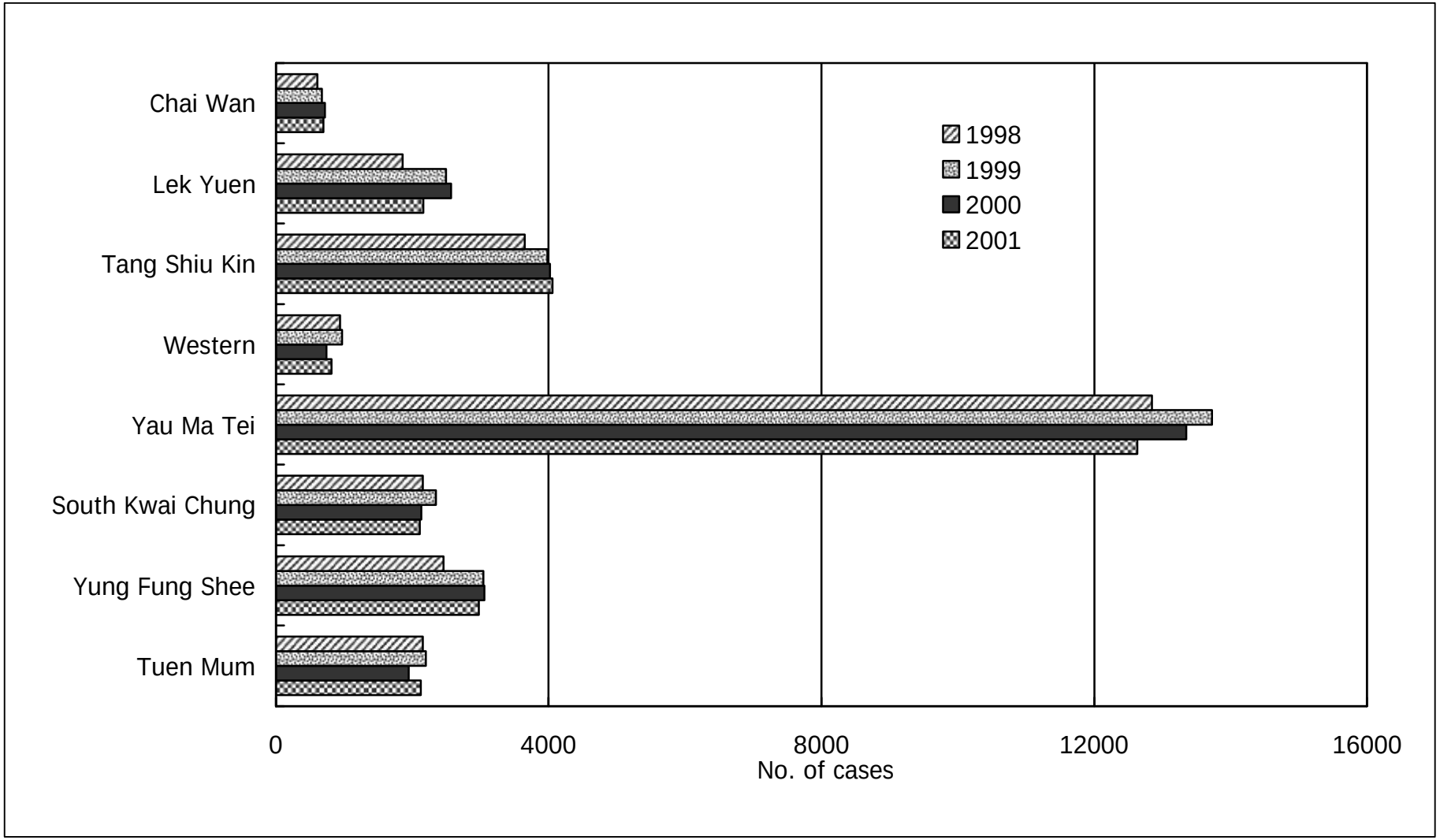
Tables & Figures

Box 4.1 Total number of STI reported by clinic

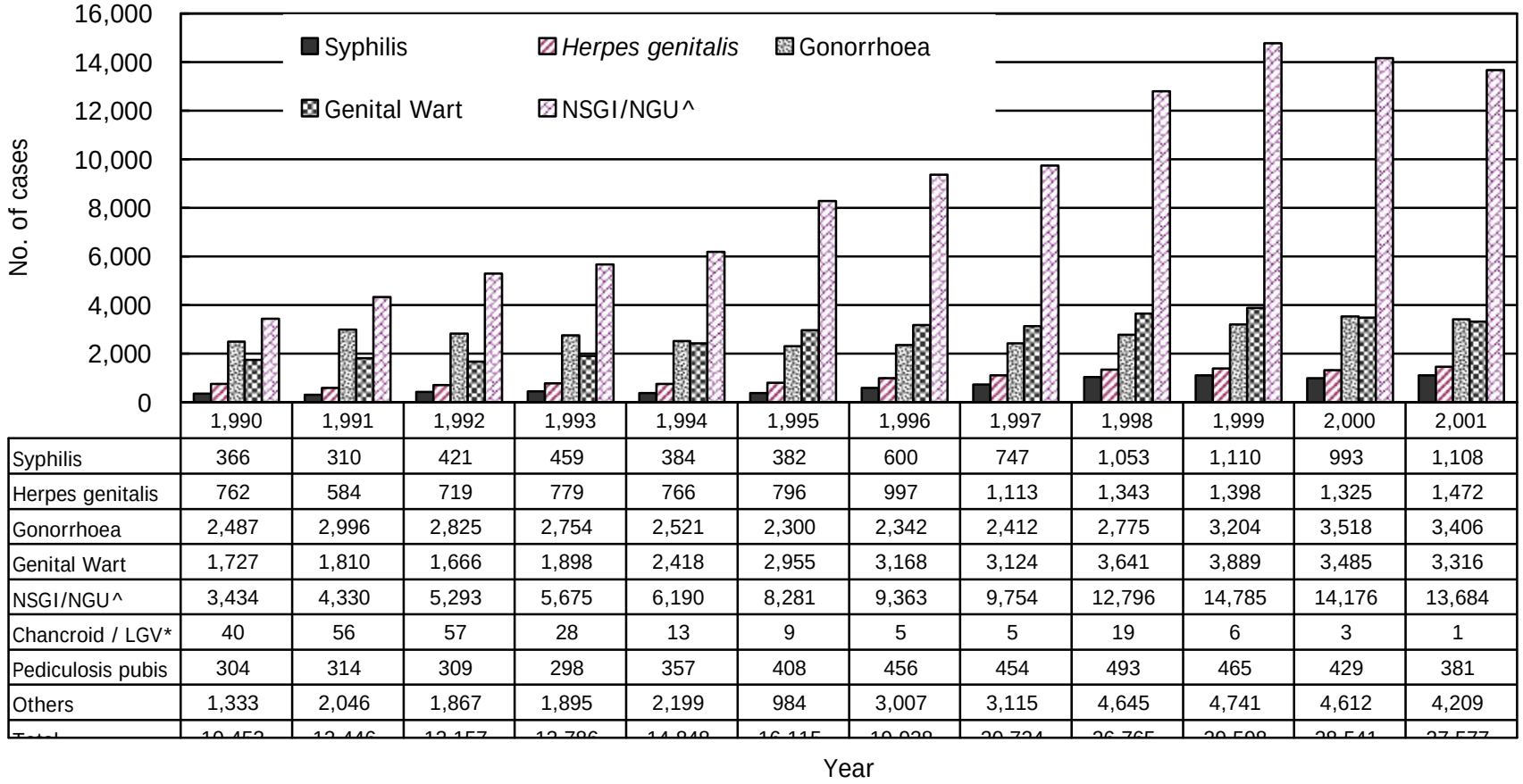
(a). in 2001

	Chai Wan	Western	Tang Shiu Kin	Yau Ma Tei	Yung Fung Shee	South Kwai Chung	Lek Yuen	Tuen Mun
Male	391	553	2,206	6,872	1,736	1,382	1,162	1,029
Female	310	264	1,848	5,757	1,243	731	998	1,095
Total	701	817	4,054	12,629	2,979	2,113	2,160	2,124

(b). from 1998 – 2001



Box 4.2 Annual reported STIs in Social Hygiene Clinics, Hong Kong Special Administrative Region



	1,990	1,991	1,992	1,993	1,994	1,995	1,996	1,997	1,998	1,999	2,000	2,001
Syphilis	366	310	421	459	384	382	600	747	1,053	1,110	993	1,108
Herpes genitalis	762	584	719	779	766	796	997	1,113	1,343	1,398	1,325	1,472
Gonorrhoea	2,487	2,996	2,825	2,754	2,521	2,300	2,342	2,412	2,775	3,204	3,518	3,406
Genital Wart	1,727	1,810	1,666	1,898	2,418	2,955	3,168	3,124	3,641	3,889	3,485	3,316
NSGI/NGU^	3,434	4,330	5,293	5,675	6,190	8,281	9,363	9,754	12,796	14,785	14,176	13,684
Chancroid / LGV*	40	56	57	28	13	9	5	5	19	6	3	1
Pediculosis pubis	304	314	309	298	357	408	456	454	493	465	429	381
Others	1,333	2,046	1,867	1,895	2,199	984	3,007	3,115	4,645	4,741	4,612	4,209
Total	10,453	12,446	13,157	13,786	14,848	16,115	19,038	20,724	26,765	30,508	28,541	27,577

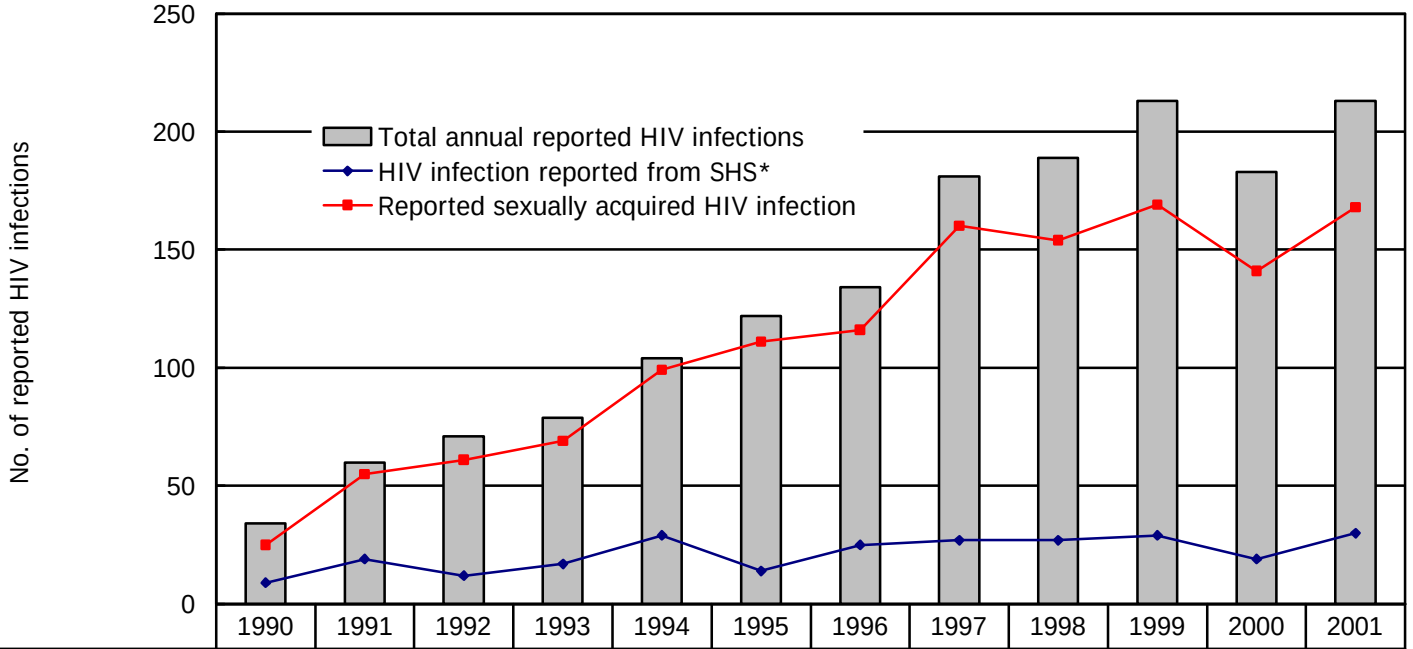
^ NSGI / NGU : Non-specific Genital Infection / Non-gonococcal Urethritis

* LGV : *Lymphogranuloma venereum*

Box 4.3 Syphilis reported by Social Hygiene Clinics from 1997 to 2001

Year / Syphilis	1997	1998	1999	2000	2001
Primary	228	293	289	271	221
Secondary	66	69	75	87	60
Early latent	186	314	321	278	295
Late latent	249	372	419	354	528
Late (cardiovascular / neuro)	15	4	1	0	3
Congenital (early)	1	1	0	0	0
Congenital (late)	2	0	5	3	1
Total	747	1,053	1,110	993	1,108

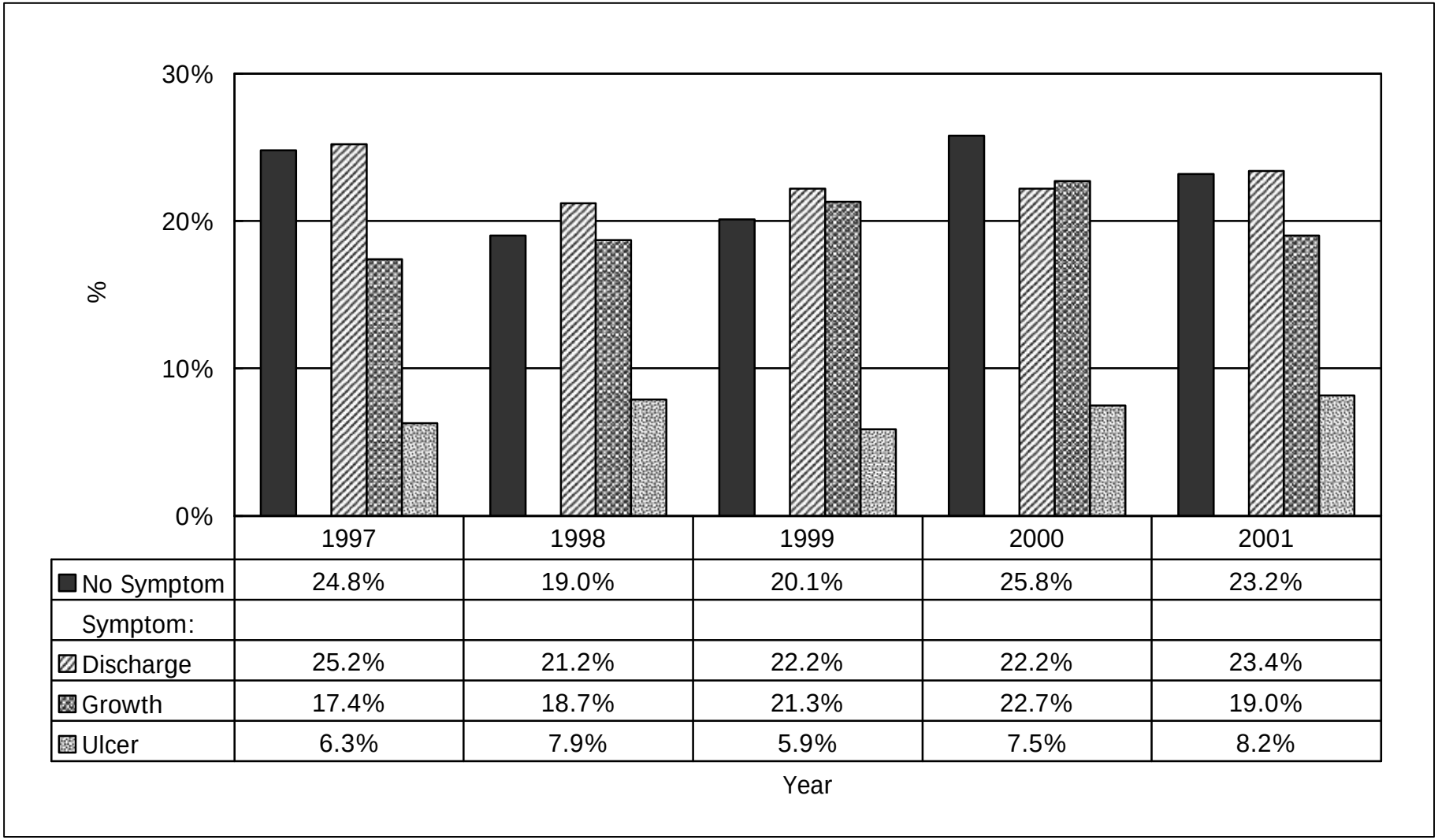
Box 4.4 Sexually acquired HIV infection in Hong Kong



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Total annual reported HIV infections	34	60	71	79	104	122	134	181	189	213	183	213
HIV infection reported from SHS*	9	19	12	17	29	14	25	27	27	29	19	30
% 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
Reported sexually acquired HIV infection	25	55	61	69	99	111	116	160	154	169	141	168
% of reported sexually acquired HIV infection	73.5	91.7	85.9	87.3	95.2	91	86.6	88.4	81.5	79.3	77	78.9

* SHS : Social Hygiene Service

Box 4.5 Syndrome Presentations of STI from Behavioural Survey on Social Hygiene Service



	1997	1998	1999	2000	2001
No Symptom	24.8%	19.0%	20.1%	25.8%	23.2%
Symptom:					
Discharge	25.2%	21.2%	22.2%	22.2%	23.4%
Growth	17.4%	18.7%	21.3%	22.7%	19.0%
Ulcer	6.3%	7.9%	5.9%	7.5%	8.2%

5. TABULATED RESULTS ON BEHAVIOURAL MONITORING

System description

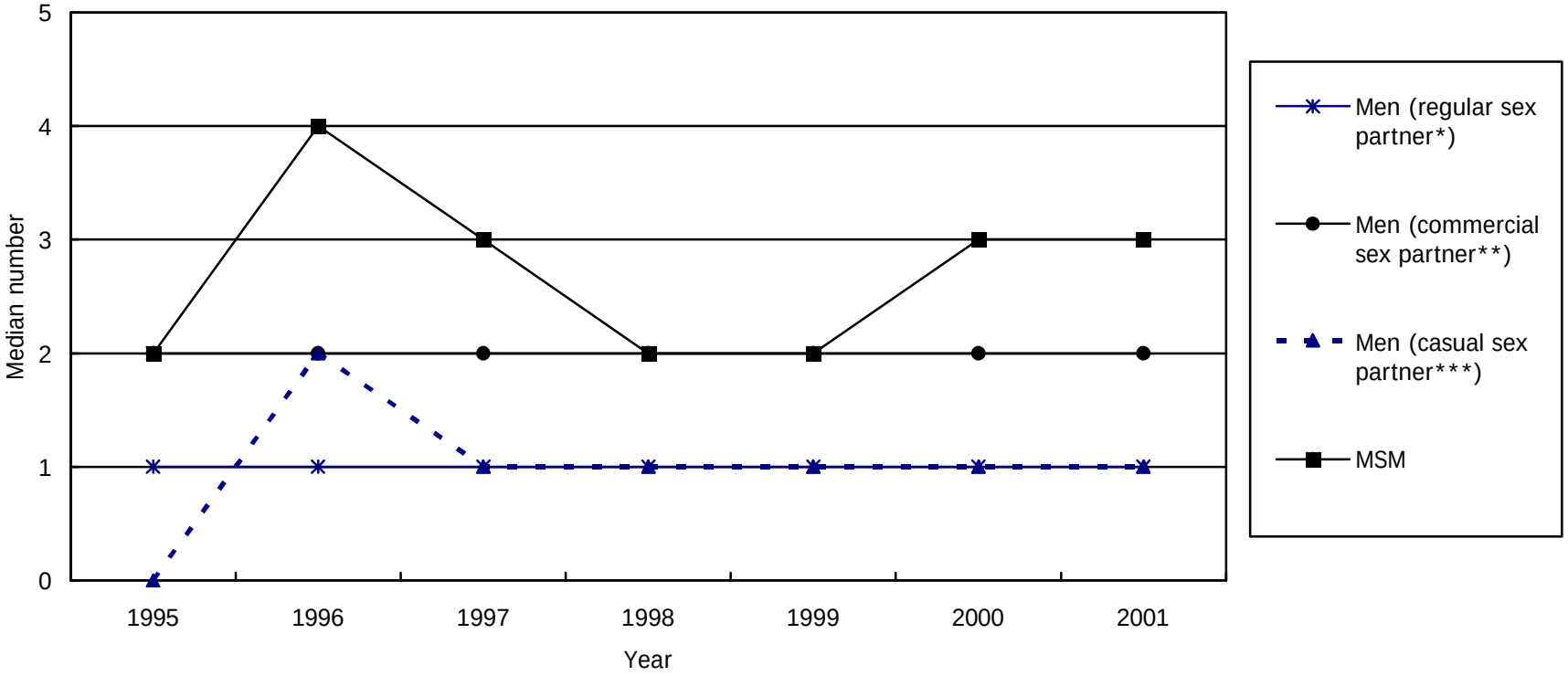
- This is a tabulation of behavioural data relating to HIV risk collected from different sources in Hong Kong

System layout

Source	Sexual behaviour	Drug-taking behaviour	Data available in 2001
AIDS Counselling Service (ACS)	- 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 (STD) Clinics	- 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 SARDA)		- Proportion of injectors - Practice of needle-sharing	No
Community Research Programme on AIDS (CRPA-H and –T H: Household; T: Travellers) (From CCTER)	- Condom use in heterosexual men		Yes

Tables & Figures

Box 5.1 Median number of sex partners in the previous year among men attending AIDS Counselling Service

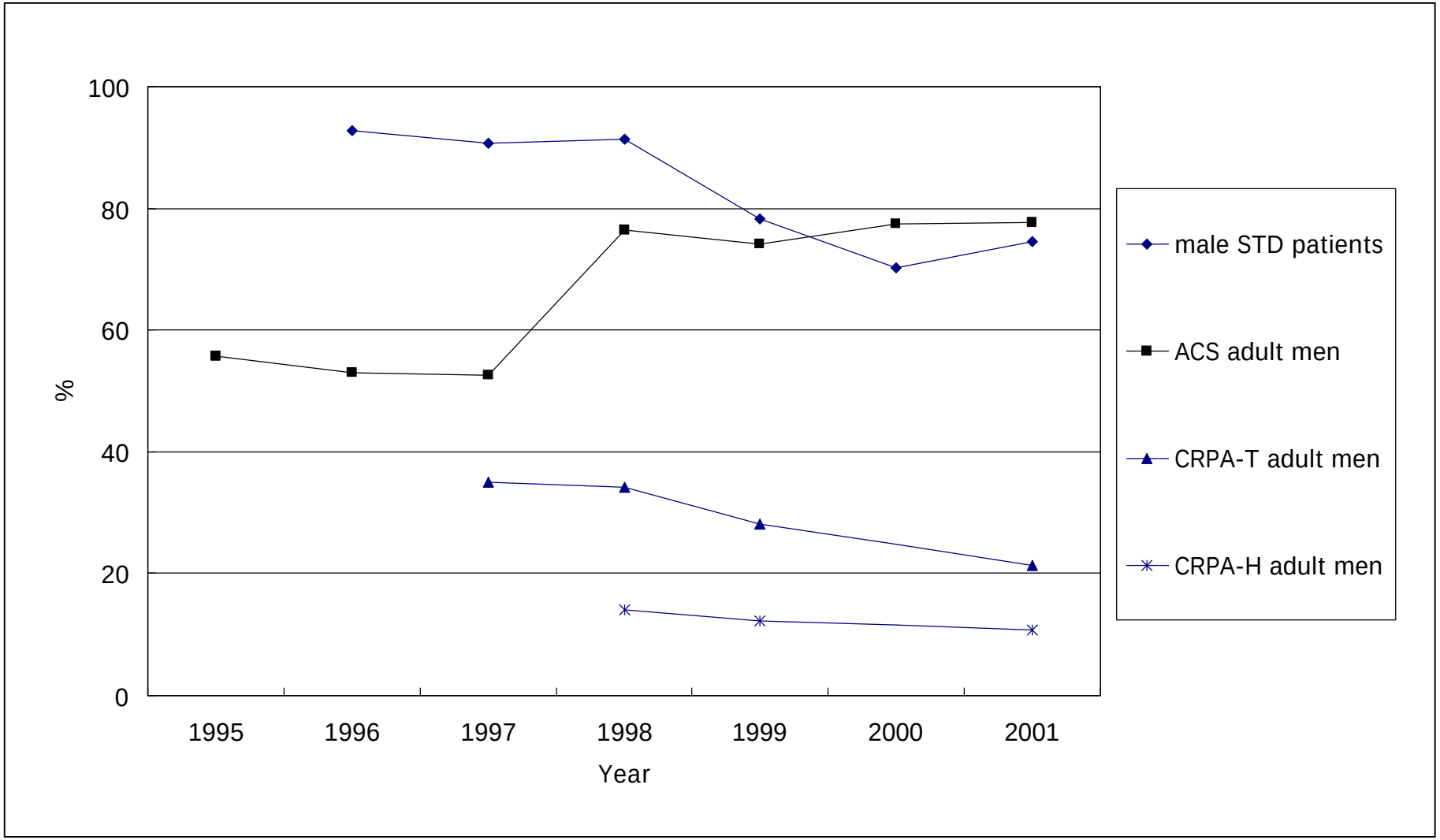


* Regular sex partner refers to the spouse or other long-term sex partner for at least one year, or if less than one year, one with whom you expect to continue sexual relationship. This include: spouse, mistress, and steady boy/girl friends.

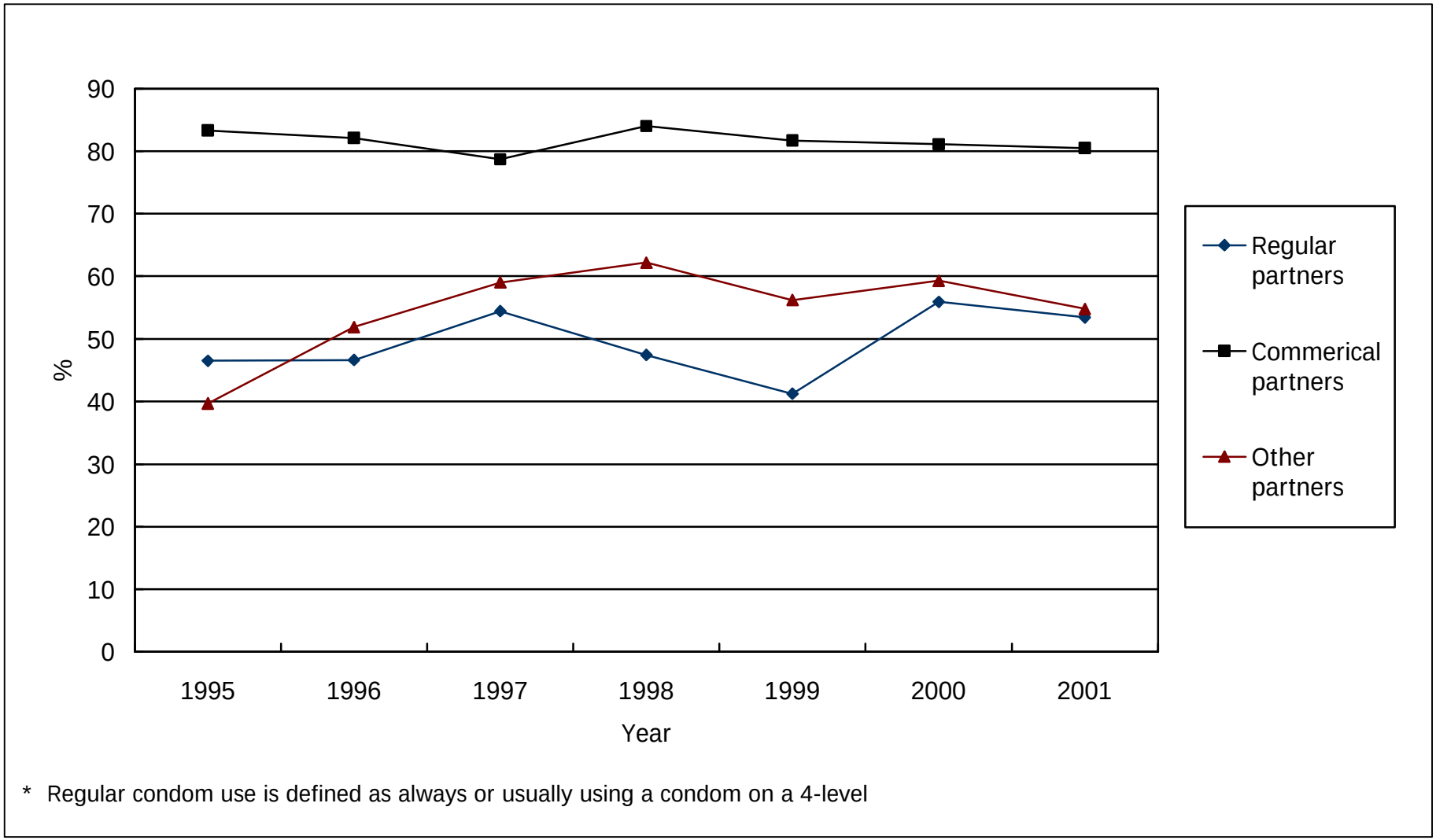
** Commercial sex partner are defined as those who one are sexual intercourse in exchange for money, goods or services. Examples are prostitution and customers of prostitutes.

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

Box 5.2 Recent history of commercial sex

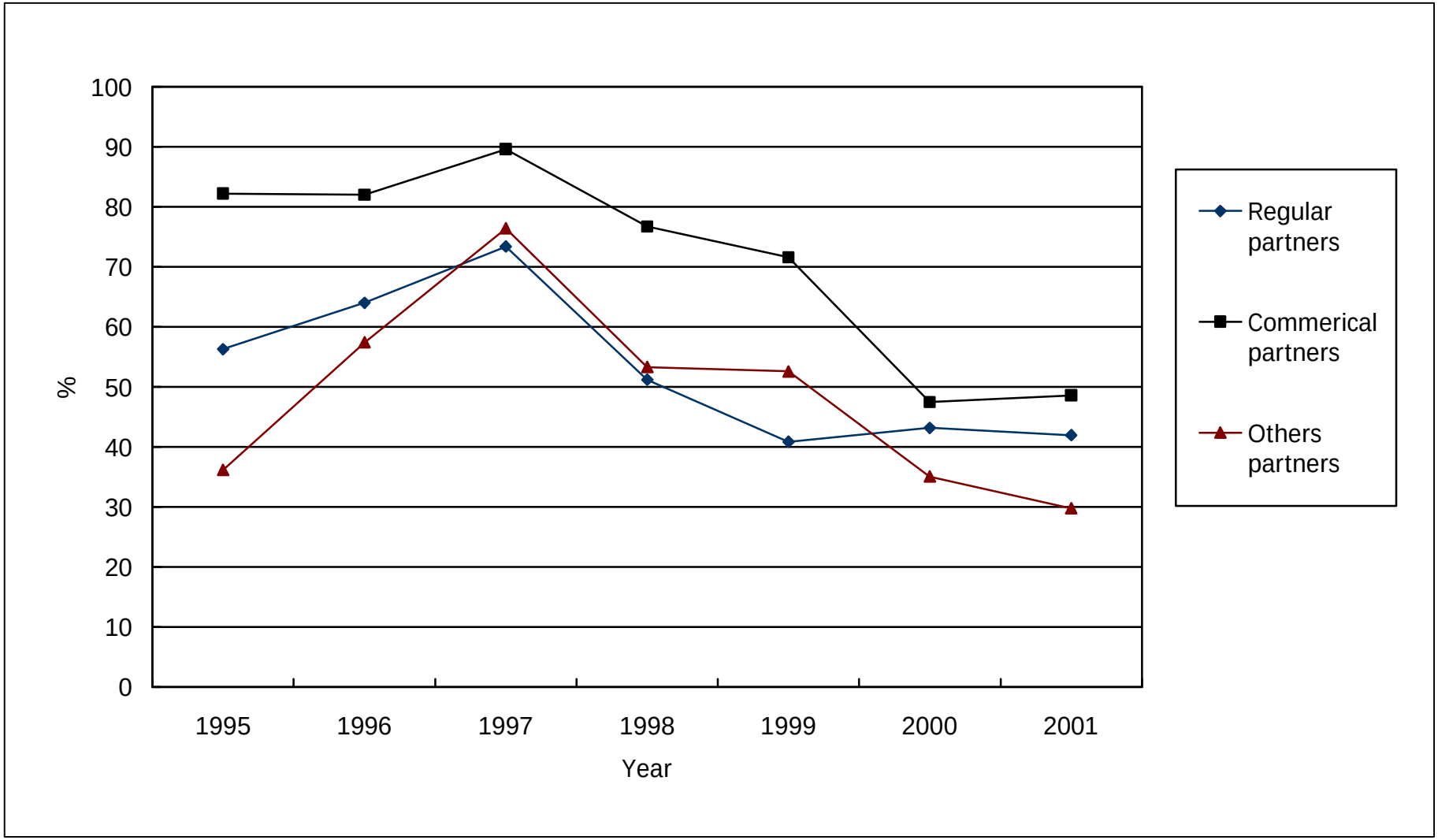


Box 5.3 Regular condom use* among men attending AIDS Counselling Service

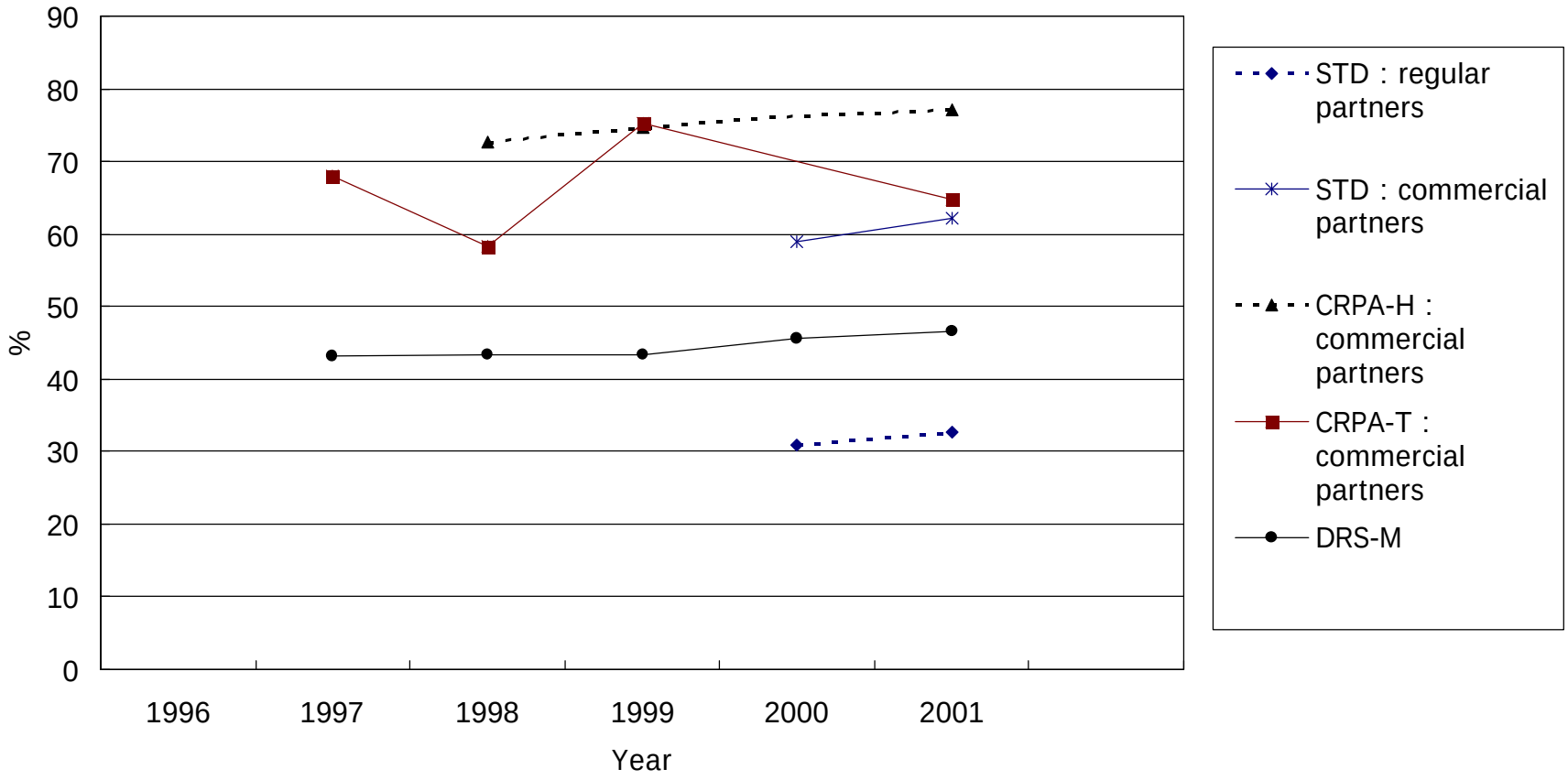


* Regular condom use is defined as always or usually using a condom on a 4-level

Box 5.4 Condom use for last sex among men attending AIDS Counselling Service

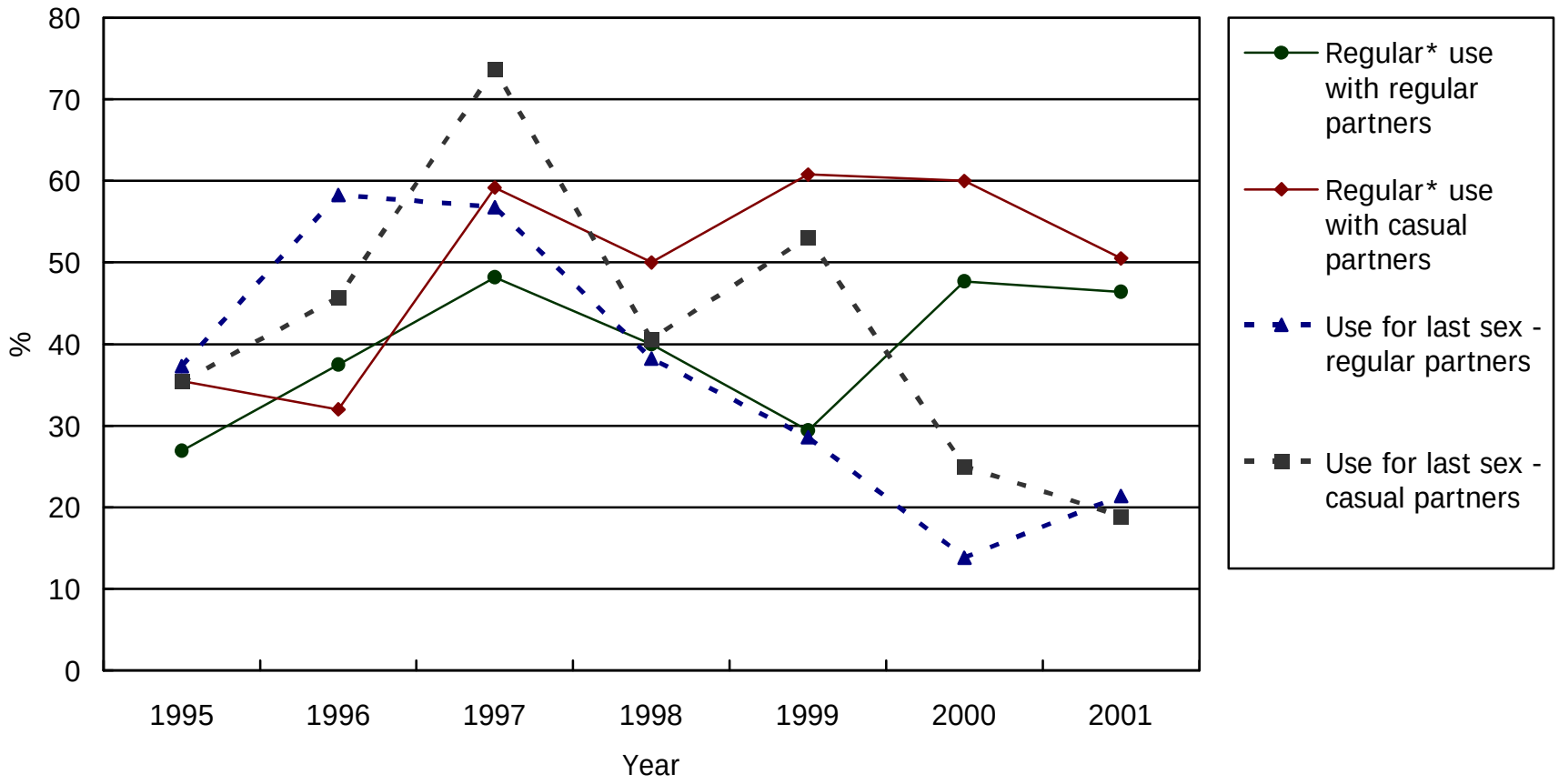


Box 5.5 Regular* condom use in heterosexual men



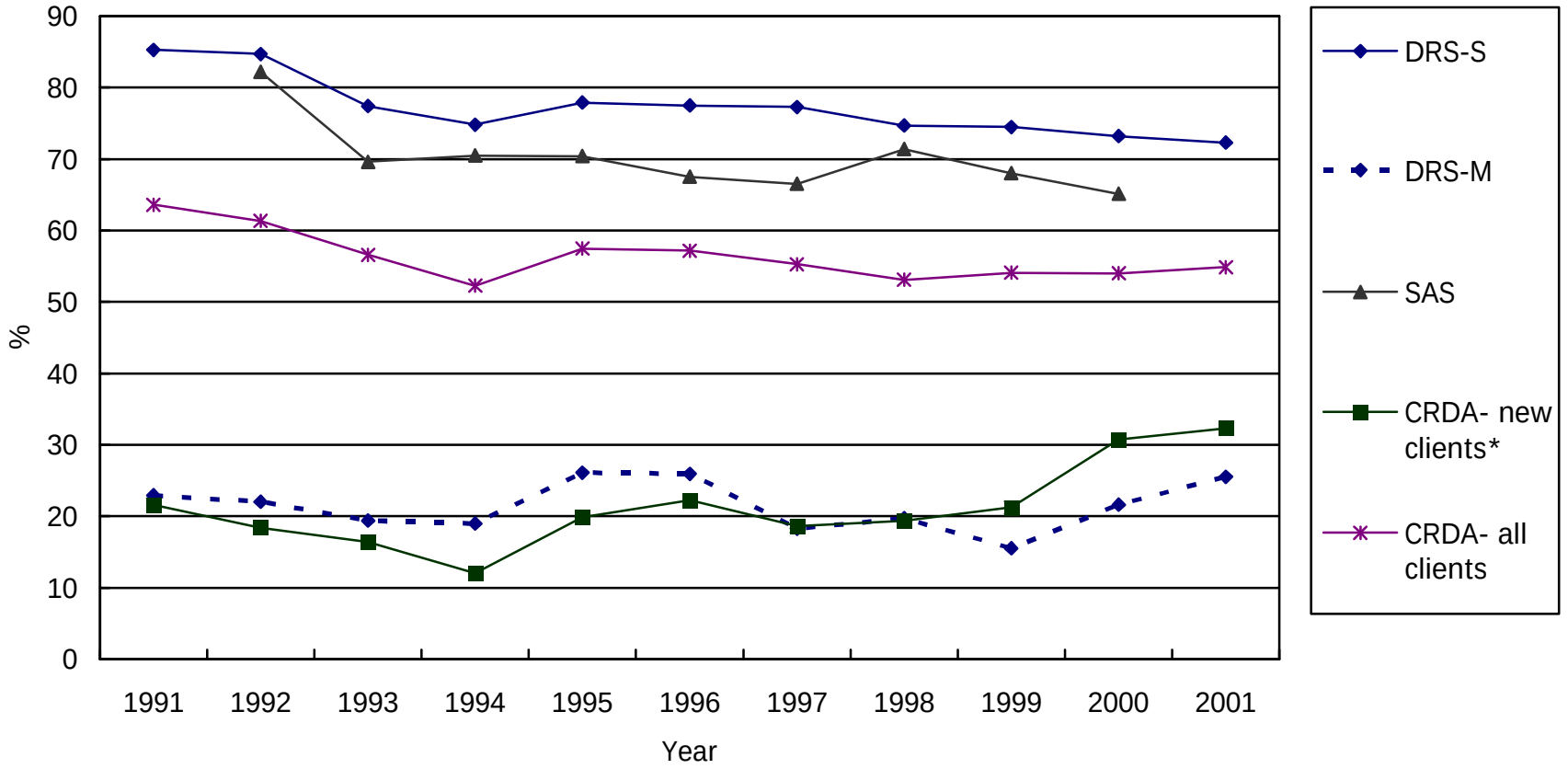
* Regular condom use is defined as always or usually using a condom on a 4-level

Box 5.6 Condom use among MSMs attending AIDS counselling Service



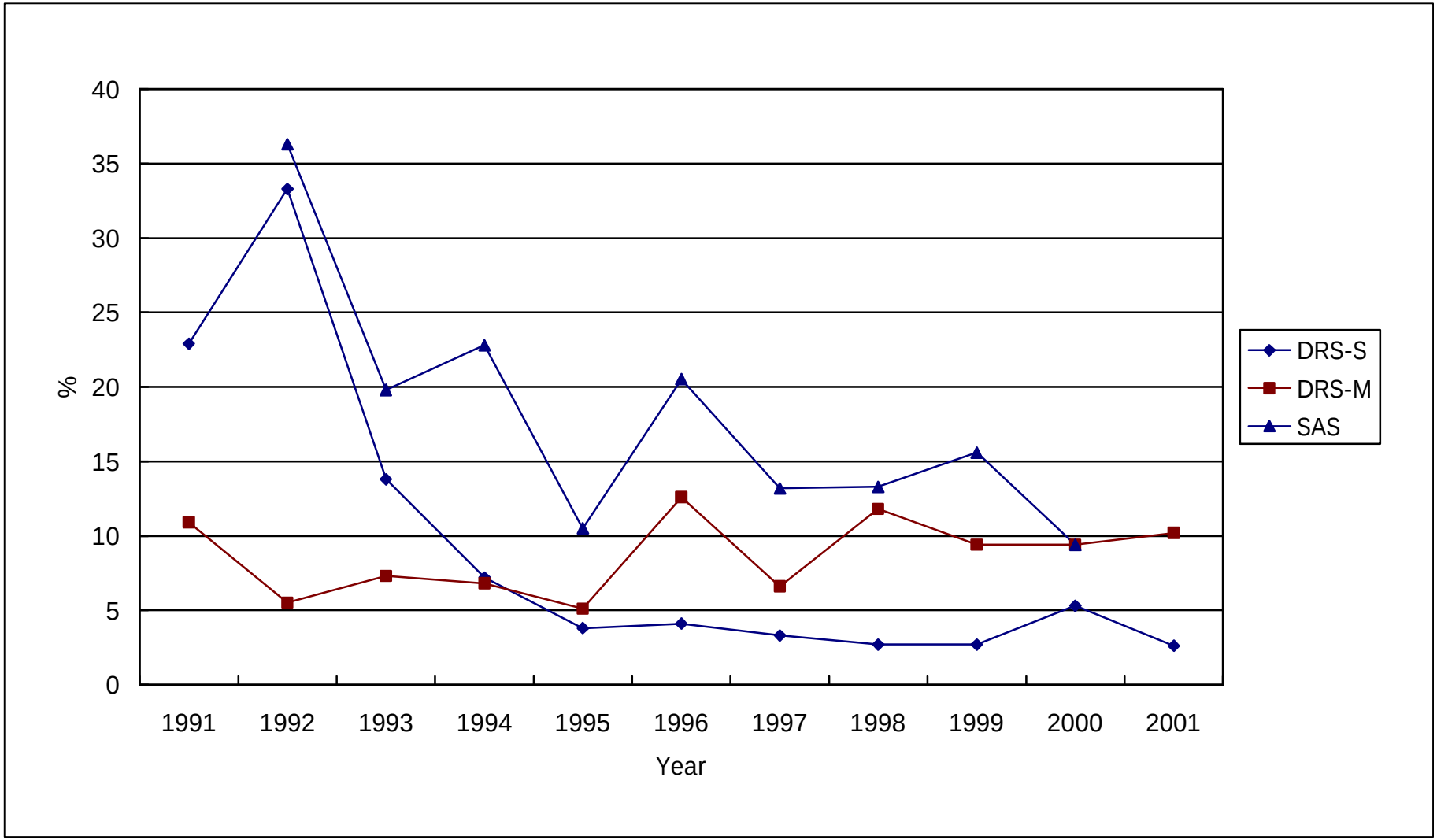
* Regular condom use is defined as always or usually using a condom on a 4-level

Box 5.7 Proportion of injectors



* Newly clients refers to a person who is 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.

Box 5.8 Proportion of needle-sharers



Box 5.9. Age and duration of drug use

(a). Mean duration of drug use

	Year										
	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
SKC	14.7	14.1	13.7	13.4	14.0	15.6	17.8	18.3	19.2	19.9	20.1
CRDA (new)	4.1	3.2	3.4	3.2	3.1	2.9	3.4	3	3.6	2.7	2.6
CRDA (All)	17	16.1	15.3	15.1	14.6	14.8	15.1	15.3	16.2	14.1	14.1

(b). Mean age of drug users

	Year										
	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Methadone Clinic	29.6	27.5	26.3	26.5	25.0	26.3	26.2	26.8	28.7	27.9	28.7
SKC	36.4	36.2	36.1	35.9	36.4	37.4	38.9	39.3	40.3	40.7	41.4
CRDA (new)	25.5	23.8	23.2	22.3	23.2	23.8	24.4	24.4	24.8	23.1	23.3
CRDA (All)	36.3	35.3	34.2	33.7	33.1	33.4	33.6	33.8	34.6	32.4	32.5

(c). Mean age of initiating drug use

	Year										
	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
SKC *	21.7	22.1	22.4	22.5	22.3	21.9	21.2	21.0	21.1	20.9	21.3
CRDA (new)	21.4	20.6	19.8	19.1	20.1	20.9	21	21.4	21.2	20.4	20.7
CRDA (All)	19.3	19.2	18.9	18.6	18.5	18.6	18.5	18.5	18.4	18.3	18.4

* assuming that the respondents have been on drug continuously without interruption

Appendix I: HIV/AIDS report form (DH2293)

DEPARTMENT OF HEALTH
HIV/AIDS Report Form

Please read the following instructions:

1. This is a voluntary report form for reporting:
   (i) newly diagnosed HIV infection;
   (ii) newly diagnosed AIDS;
   (iii) change(s) of status of previously diagnosed HIV/AIDS cases
2. Only sections, (A), (C) & (D) need to be completed for reporting HIV infection.
3. All sections, (A), (B), (C) & (D) have to be completed for reporting AIDS or updating information.
4. All individual' s information will be treated as strictly confidential and used in global analysis only.
5. Please mark CONFIDENTIAL on the envelope and mail the completed form to:

Consultant Physician
Special Preventive Programmes
Department of Health
5/F Yaumatei Jockey Club Clinic
145 Battery Street, Yaumatei,
Kowloon.

Section (A) Reporting HIV Infection

Your reference code number: _____ (HK resident/non-resident*)
Sex: M/F* Date of birth: (dd/mm/yyyy) _____ or age (at last birthday) _____
For female: Is she pregnant: Yes/No* (complete Box 1 if "Yes")
Ethnicity: Chinese/non-Chinese* (Asian/Caucasian/Black/others, please specify _____)*
Marital status: married/widowed/separated/never married*
Date of laboratory diagnosis in HK (dd/mm/yyyy): _____ Western Blot Confirmation: Yes/No*
Name of Laboratory : _____
Previous HIV positive result outside Hong Kong: No/Yes*
(specify place: _____; date: (dd/mm/yyyy) _____)
Main route of transmission (please tick; if >1, put down 1 & 2 in descending order of the two most likely routes)
_____ sex: (____ heterosexual / ____ homosexual / ____ bisexual)*
_____ transfusion of blood – local/overseas* (specify date : _____)
_____ haemophilia
_____ injecting drug use
_____ perinatal
_____ others; specify _____
_____ not known
CD4 count per u1 (if known): _____ date: (dd/mm/yyyy): _____
HIV status of spouse, if any: unknown/positive/negative*

Box 1

Gravida _____ Para _____
LMP (dd/mm/yyyy) _____
Obstetric follow-up at:
hospital/clinic _____
Expected hospital/place of delivery:
_____
Current plan: Continue pregnancy/ T.O.P*

Section (B) Reporting AIDS

Is this an update of a previously reported HIV + case: Yes/No*
Date of diagnosis: (dd/mm/yyyy) _____
AIDS defining illness(es):
1. _____ clinical Dx/pathological Dx*
2. _____ clinical Dx/pathological Dx*
3. _____ clinical Dx/pathological Dx*
CD4 count per u1 (if known): _____ Date: (dd/mm/yyyy) _____

Section (C)

Current status (please tick the right choice):
____ An outpatient
____ An inpatient (Hospital : _____)
____ Died (date : (dd/mm/yyyy) _____ : cause of death: _____)
____ Left HK/defaulted follow-up (date last seen: (dd/mm/yyyy) _____)

Section (D)

Name of medical practitioner: _____ in private practice/public service*
Correspondence Address:
_____
_____
Date: _____ Tel. no.: _____ Fax no.: _____ E-mail :_____ _____

**delete whichever inappropriate*

DH 2293, revised August 2001

ALL INFORMATION WILL BE TREATED IN STRICT CONFIDENCE

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
*A low CD4 alone is not an AIDS defining condition in Hong Kong for surveillance purpose **AIDS defining conditions adopted in Hong Kong but not included in the CDC criteria	