HIV SURVEILLANCE REPORT – 2006 UPDATE

Special Preventive Programme
Centre for Health Protection
Department of Health
Hong Kong Special Administrative Region
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This report is produced and published by:

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PREFACE

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

A rising trend has been detected in men who have sex with men (MSM) in Hong Kong in recent years and the increase persisted last year. This report analysed the attributes of the increase of HIV infections in MSM observed. The first territory-wide seroprevalence survey in MSM was conducted in 2006/07 and revealed a remarkably higher prevalence than other local populations. An HIV-1 subtype B cluster of similar gene sequencing affecting mostly MSM was first detected in Hong Kong in 2005. Two more genotypic clusters were detected this year and they predominantly affected MSM too. These signified the increased risk of local transmission of HIV among MSM community.

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

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

Surveillance team
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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 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 Services Department for their invaluable assistance in carrying out HIV risk behaviours questionnaire surveys and prevalence studies on a regular basis.

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

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

1. SUMMARY REVIEW

Background

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

2. The following paragraphs highlight the main findings from HIV/AIDS surveillance activities undertaken in 2006. Please refer to the following pages for the details of the programmes. Surveillance information gathered from two large public health HIV testing programmes (namely universal urine testing programme at methadone clinics and universal antenatal testing programme) is also included in the report.

HIV/AIDS reporting system

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

HIV Surveillance at a glance (2006)

- 373 HIV reports and 73 AIDS reports
- Gender: 82% male
- Ethnicity: 64% Chinese
- Age: Median 34
- Risks:
  - 30.6% Heterosexual contact
  - 30.0% Homo/bisexual contact
  - 15% Injecting drug use
  - 0% Blood contact
  - 0.5% perinatal contact
  - 23.9% undetermined
- CD4 at reporting: Median 216.5
- Subtypes: commonest are CRF01_AE and B
- Primary AIDS defining illness: Commonest PCP
- Seroprevalences
  - Blood donors: < 0.01%
  - Antenatal women: 0.02%
  - STI clinic attendees: 0.13%
  - Female sex workers: 0.19%
  - Methadone clinics attendees: 0.36%
  - Men who have sex with men: 4.05%

4. In 2006, the department received 373 HIV reported cases and 73 AIDS reports, which increased 19% in HIV cases and 14% in AIDS cases as compared with 2005. It made the cumulative totals reached 3198 and 855 for HIV and AIDS reports respectively. Two cases of PCR positive with clinical or laboratory indication of recent infections were included as HIV infection under the revised definition this year. Public hospitals/clinics/laboratories were still the commonest source of HIV reports in 2006, which accounted for over half of the reports. Private hospitals/clinics/laboratories were another common source of HIV reports (20.9%). Notably, the AIDS service organisations played a more significant role in HIV reporting in 2006 (4.6%). The number of reports from other sources has remained stable. (Box 2.2)

5. Eighty percent of reported HIV cases were male. The male-to-female ratio remained at 4.5:1 in 2006. About 60% of reported cases were Chinese. Asian accounted for nearly one fifth of reports. The median age of reported HIV cases was 34. The age specific rate of sexually acquired infections rose in men, especially in the age group 20-24 and 25-29. (Box 2.8) Over 60% of reported cases were believed to acquire the virus through sexual transmission in 2006. Injecting drug use accounted for 15% of HIV infections in 2006. There were two reports of HIV transmission through perinatal contact in 2006. The suspected routes of transmission were not reported in about a quarter of cases. This means that sexual transmission has accounted for nearly 80% of HIV reports with defined risks.

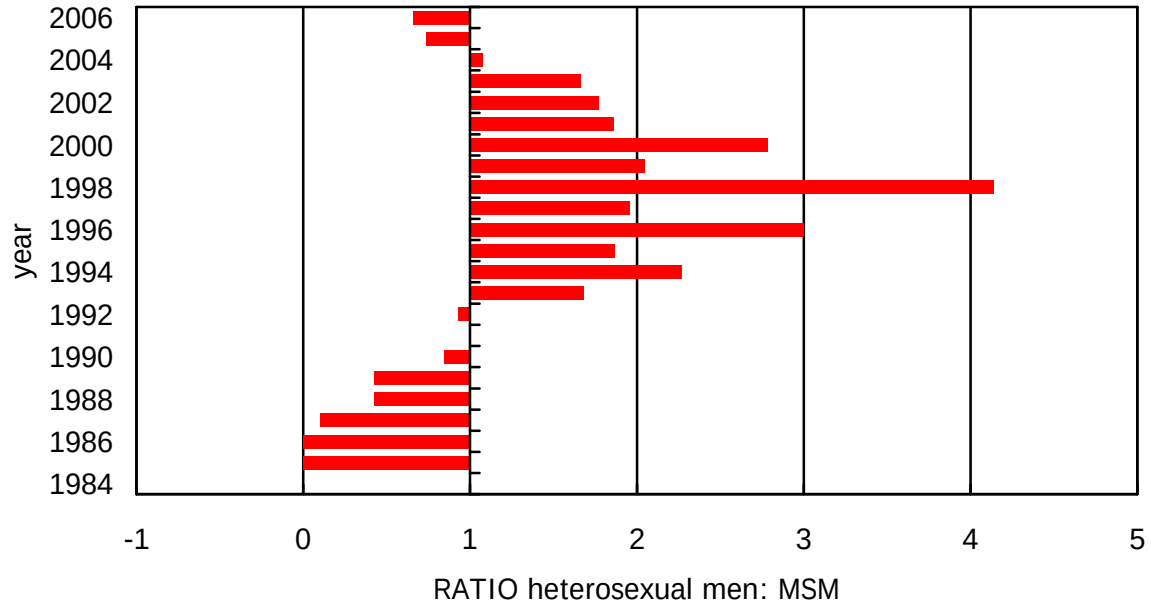
Rising trend in men who have sex with men persisted

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

MSM has been observed since 2004. The situation was worsening this year. The number of MSM cases increased from 96 cases in 2005 to 112 cases in 2006, showing a 17% increase. At the same time, the number of heterosexual male cases remains at a stable level (71 in 2005 and 74 in 2006).

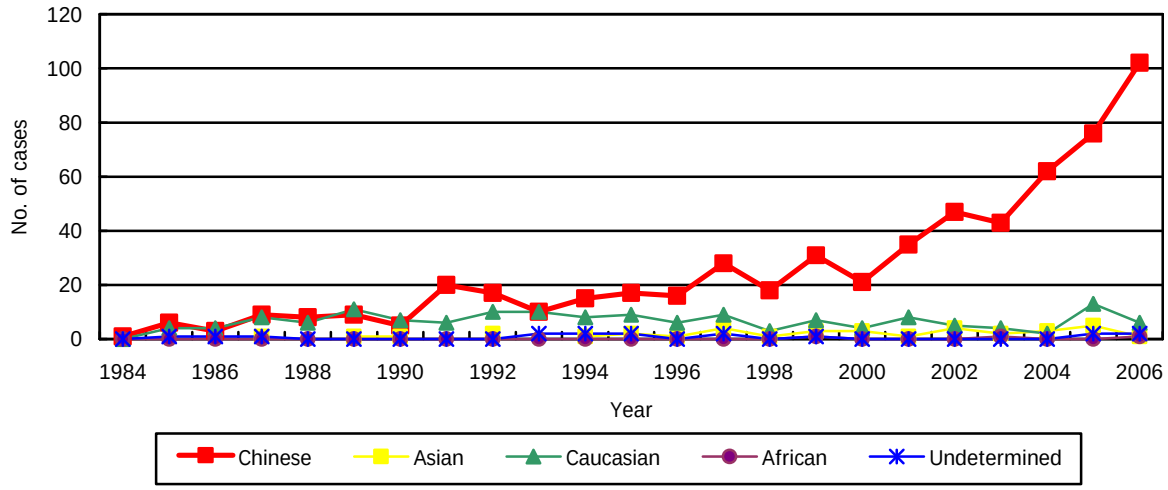
7. Nearly 40% of male HIV reports this year contracted the virus through homosexual or bisexual contact. Heterosexual contact in male cases accounted for about 25%, whereas the routes of transmission were not reported in the rest 25% male cases. The ratio of heterosexual men against MSM dropped from its peak of 4.1:1 in 1998 to 0.7:1 in 2006. (Box 1.1) That meant more men were infected through homosexual/bisexual contact than heterosexual contact for consecutive two years, which was a reverse of the situation in earlier years.

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

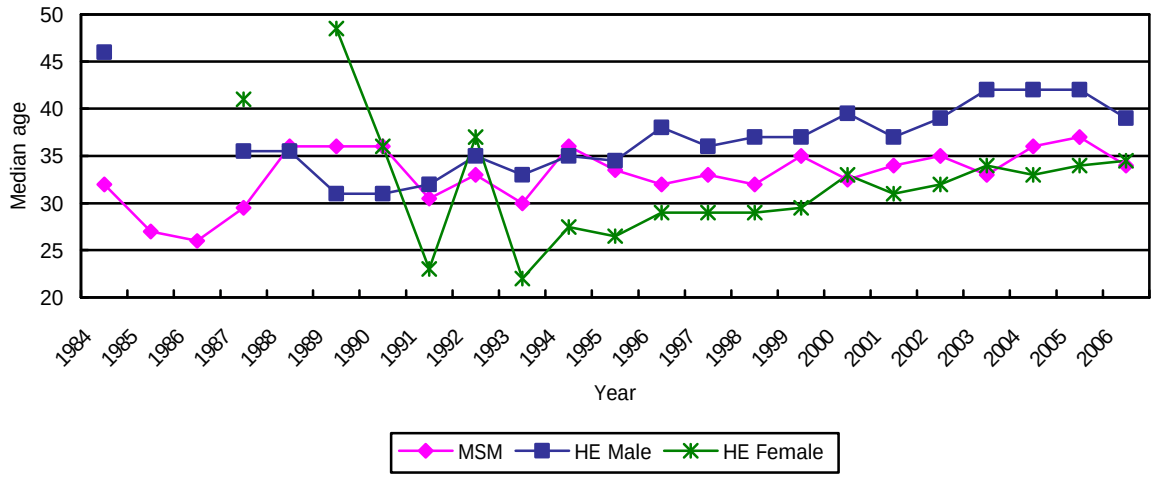


8. The major attributes of the rise in MSM were Chinese and of age group 20-39. Nearly 90% of MSM cases in 2006 were Chinese. Caucasians accounted for only 5%. A rising trend in the number of reported Chinese MSM cases was observed in recent years. (Box 1.2) The median age of MSM cases at report was 34, as compared to 39 of heterosexual man cases. Age group 30-39 was the commonest age of reporting in MSM, which accounted for 37% in 2006. The HIV infected MSM population was getting younger. The median age dropped from 37 in 2005 to 34 in 2006. (Box 1.3) Although the rising trend in the age group of sexual active, 20-49, was observed, a prominent increase in the absolute number of cases was observed in the group 20-29. The number of cases in 20-29 doubled as compared with last year. More cases were reported below the age of 20 too. (Box 1.4)

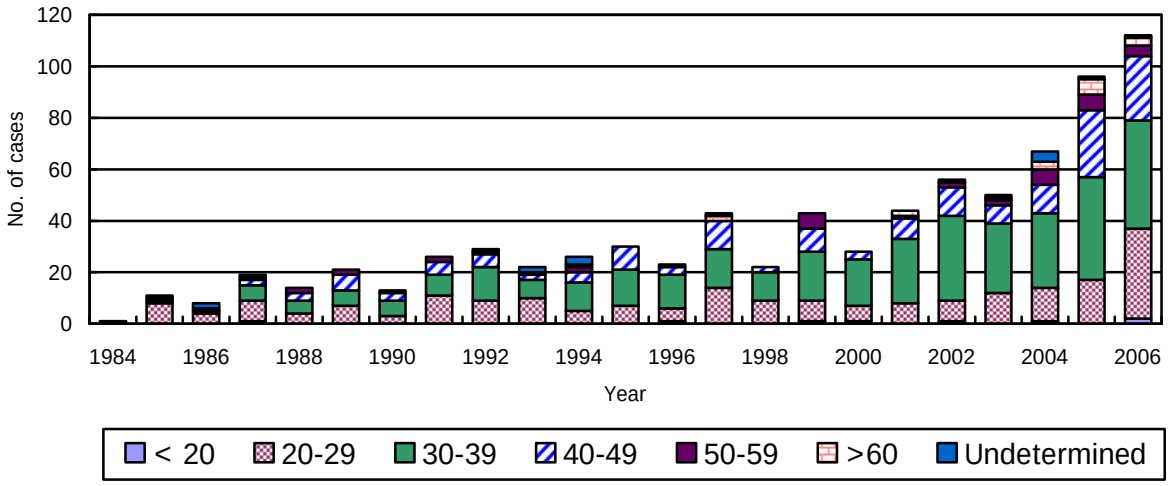
Box 1.2 Ethnicity Breakdown of HIV-infected MSM cases (1984-2006)



Box 1.3 Median age of HIV-infected MSM cases, heterosexual man and heterosexual women (1984-2006)



Box 1.4 Age breakdown of HIV-infected MSM cases (1984 - 2006)



9. No systematic data on local MSM HIV prevalence was available previously. AIDS Concern's voluntary HIV testing service targeting MSM showed a rising trend in test positivity in recent years. (Box 1.5) This year a community based survey (PRiSM) was conducted in 20 gay saunas, bars and clubs. A total of 859 urine samples were collected and the survey revealed a HIV prevalence of 4.05% among MSM attending these venues. Although MSM in internet and those not attending these venues were not covered, the prevalence was several times higher than that of other at risk populations in Hong Kong.

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

Year	No. of blood samples	No. of samples tested anti-HIV+	Prevalence (%)	95% C.I. for prevalence (%)
2000	38	0	0	(0.000 - 0.000)
2001	107	1	0.93	(0.024 - 5.207)
2002	130	1	0.77	(0.019 - 4.286)
2003	223	2	0.90	(0.109 - 3.240)
2004	332	6	1.81	(0.663 - 3.934)
2005	483	12	2.48	(1.284 - 4.340)
2006	610	10	1.64	(0.786 - 3.015)

10. The condom use rate of MSM attending AIDS Counselling and Testing Service remained static for both regular partners and casual partners in recent years. (Box 5.7) Similar trend was observed among those attending AIDS Concern's testing service. The PRiSM survey revealed that 73% of MSM consistently used a condom in anal sex with casual sex partner but only 41% consistently used a condom with regular sex partner during anal sex.

The number of heterosexual contact cases remained stable

11. The number of heterosexual cases remained stable in 2006. Totally 114 cases was reported, as compared with 110 cases in 2005. Because of increasing number of reported cases in other routes of transmission, the proportion accounted by heterosexual contact decreased from 35% in 2005 to 30.5% in 2006. The male to female ratio for heterosexual cases was 1.9:1. The median age of heterosexual cases in 2006 was 38. Heterosexual male cases were mainly (77% in year 2006) Chinese whereas Chinese only accounted for half (55% in year 2006) of female cases.

12. A majority of Social Hygiene Clinics attendees reported unprotected heterosexual contact. The seroprevalence of Social Hygiene Clinic attendees remained stable at around 0.1% (0.13% in 2006). On the other hand, the trend of sexually transmitted infections (STI) provides information for the understanding of risk of HIV infection in the community. Although it was estimated that Social Hygiene Clinics took care of only 20% of STI cases in the territory, it was still a very important sentinel site. There was a slight decrease in the total number of STI cases in Social Hygiene Clinics, an aggregate of 16588 in 2006 as compared with 18435 cases in 2005. A 10% decrease was observed in all the common STI diagnosis. The decrease

of cases was more obvious in gonorrhoea, from 1748 cases in 2005 to 1595 cases in 2006. (Box 4.2)

13. A territory wide community based HIV seroprevalence and behavioural survey in female sex workers (CRiSP) were conducted this year with the participation of five non-governmental organisations serving female sex workers. The survey collected 996 eligible urine samples from different districts and settings. It revealed a prevalence of 0.19%, which was similar to that of social hygiene clinics attendees.

14. The condom use rate with commercial partners remained steadily high among adult heterosexual men attending Social Hygiene Clinics and AIDS Counselling and Testing Service. The level was over 80% among those attending AIDS Counselling and Testing Service. (Box 5.4) In the CRiSP survey, a high condom use level was revealed among female sex workers in Hong Kong too. The consistent condom use rate for vaginal sex with customers among respondents was 92%.

Small but significant numbers of infection in injecting drug users reported

15. In 2006, the reporting system recorded 56 cases of HIV transmission through injecting drug use. The number was similar to that of 2005, but at a higher level as compared with several years ago. Most of the cases were Asian, non-Chinese. The median age was 28.5. About 10% of injecting drug user cases was reported from methadone clinics.

16. It was estimated that over 70% of heroin users attended methadone clinics at any one time. The Universal HIV Antibody (Urine) Testing Programme replaced the unlinked anonymous screening (UAS) in methadone clinic as the seroprevalence study in 2004. 7911 urine samples were collected in the programme in 2006 with a coverage rate of 90%. The coverage of the programme was similar to that of 2005. The programme tested 12 positive cases in 2006 and with the 16 previously known positive cases still attending methadone clinics, totally there were 28 HIV positive drug users attending methadone clinic this year. The seroprevalence over the year, including the UAS period, was stable at below 1%. The seroprevalence of methadone clinic attendees in 2006 was 0.362%, which was not significantly higher than previous years. (Box 3.3)

17. Although a significant proportion of drug users were injectors, various surveys revealed that the proportion of needle sharing was relatively low. The trend remained stable over the years. (Box 5.9)

Cases of perinatal transmission recorded

18. In 2006, no reported case was linked to infusion of blood or blood product. Actually no HIV infection from local contaminated blood or blood product was found in the recent several years. The seroprevalence of new blood donors at Hong Kong Red Cross Blood Transfusion Service was at a low level of around 0.003% in 2006.

19. In 2006, two perinatal HIV infections were reported. There were scattered cases reported across the years and some cases were retrospective reports. The Universal Antenatal

HIV Testing was implemented in September 2001. About 40,000 pregnant women attending public antenatal services were tested every year and the coverage of the programme reached 98% in 2006 and revealed the seroprevalence of HIV infection in pregnant women to be 0.02%, which is similar to that of previous years. Eight pregnant women were tested positive in the programme this year. Two women terminated their pregnancy and two women delivered their babies by Caesarean Section. The rest gave birth by vaginal delivery.

Cases with undetermined risk factor on the increase

20. The information of voluntary reporting was becoming incomplete as there are an increasing proportion of cases reported without a risk factor. Similar to last year, over a quarter of cases reported without a suspected route of transmission. This was especially so for cases without clinical reporting. Undetermined risk is commoner in cases reported by private hospitals/clinics/laboratories. While it is understandable that the route of transmission may not be determined in every single case, every effort should be made to report this crucial information so that meaningful aggregate data could be generated for a better understanding of local HIV epidemiology in Hong Kong.

Pneumocystis Pneumonia and Tuberculosis were common Primary AIDS Defining Illness

21. The annual number of reported AIDS cases was dropping since 1997, the year of introducing highly active antiretroviral therapy (HAART) in Hong Kong but the trend halted. Seventy-three AIDS cases were reported as compared with 64 cases in 2005. 61 cases (83.6%) of the AIDS reports this year has their AIDS reported within 3 months of HIV reporting.

22. The primary AIDS defining illness (ADI) pattern of the reported cases also changed slightly in recent years. *Pneumocystic jirovechi* pneumonia (previously named *Pneumocystic carinii*) has been the commonest ADI in Hong Kong. This year, *Pneumocystis* pneumonia *and Mycobacterium tuberculosis* were similarly common among AIDS cases this year. They accounted for 27 cases (36.9%) and 26 cases (35.6%) as primary AIDS defining illness respectively. They were followed by Penicilliosis (11, 15.1%), and other fungal infections (4, 5.5%). On the other hand, unlinked anonymous testing in tuberculosis patients demonstrated a seroprevalence of 0.357% in 2006. An increasing trend was showed and stayed at a relatively high level since 2002. This figure was even higher than that of Methadone Clinic attendees and Social Hygiene Clinic attendees.

23. The median CD4 of newly reported HIV cases in 2006 was 216.5. Reporting of CD4 level is becoming a routine practice in physician. It provides useful information on the timing of diagnosis in the course of HIV infection. 61.7% of HIV cases in 2006 reported the CD4 level at diagnosis. The median CD4 for those aged less than 55 has been stable at around 200 (196 – 258.5) for the past 5 years. One the other hand, there was a continued decreasing trend in median CD4 count among those who are aged 55 and above. It suggested that more patients reported at age 55 or above were diagnosed at a late disease stage. (Box 1.6 & 1.7)

Box 1.6 – Reported CD4 levels at HIV diagnosis

Year	No. of HIV reports	No. of CD4 reports (%)	Median CD4 (cell/ul)	CD4>=200 (cell/ul) (%)
2001	213	162 (76.1%)	233.5	85 (52.5%)
2002	260	201 (77.3%)	197	100 (49.8%)
2003	229	166 (72.5%)	205	85 (51.2%)
2004	268	177 (66.0%)	215	95 (53.7%)
2005	313	210 (67.1%)	199.5	105 (50.0%)
2006	373	230 (61.7%)	216.5	122 (53.0%)

Box 1.7 – CD4 Reports by age group

Age	Year	No. of HIV reports	No. of CD4 reports (%)	Median CD4 (cell/ul)	% of CD4 >= 200 (cell/ul)
<55	2001	190	146 (77%)	258.5	54%
	2002	230	183 (80%)	196	50%
	2003	190	139 (73%)	228	53%
	2004	225	156 (69%)	226.5	56%
	2005	280	187 (67%)	198	50%
	2006	339	209 (62%)	237	56%
>=55	2001	22	16 (73%)	96	38%
	2002	24	18 (75%)	212.5	50%
	2003	32	27 (84%)	108	44%
	2004	32	21 (66%)	82	33%
	2005	29	23 (79%)	223	52%
	2006	28	21 (75%)	145	24%

The commonest HIV subtypes were CRF01_AE and B

24. In 2006, about 80% of HIV reports had their subtypes documented. CRF01_AE and Subtype B of HIV-1 strains were the most common subtypes identified in Hong Kong. They together accounted for 69% of all HIV cases. CRF_01AE was found to be commoner in female, Asians non-Chinese, heterosexuals and IDU. The subtype B was commoner in Caucasian, MSM and C subtypes in females, Asians and sexually transmitted cases. An increasing diversity of subtypes and its circulating recombinant forms was also noted. (Box 1.8)

Box 1.8 – HIV Subtypes in Hong Kong

	2001	2002	2003	2004	2005	2006
Annual HIV Reports	213	260	229	268	313	373
No of reports with subtypes (%)	90 (42%)	228 (88%)	204 (89%)	202 (75%)	258 (82%)	293 (79%)
Subtype (%)						
CRF01_AE	56 (26%)	122 (47%)	99 (43%)	95 (35%)	125 (40%)	139 (37%)
B	24 (11%)	78 (30%)	60 (26%)	71 (26%)	101 (32%)	114 (31%)
CRF008_BC	0 (0%)	1 (<1%)	4 (2%)	10 (4%)	6 (2%)	11 (3%)
C	5 (2%)	15 (6%)	21 (9%)	3 (1%)	2 (1%)	6 (2%)
Others	5 (2%)	12 (5%)	20 (9%)	23 (9%)	24 (8%)	23 (6%)

25. A cluster of HIV-1 Subtype B infections with similar gene sequencing was first detected in 2005. Upon testing of newly reported and prior blood samples, the cluster expanded from 20 cases to 42 cases this year. Those newly added cases were reported within year 2006. The 42 cases were all male and belonged to the age range 22-54 years. Risk factors for HIV infection were reported as unprotected homosexual/bisexual contact in 33 cases (78%).

26. Two more clusters of HIV-1 Subtype B infection were detected in 2006. The first one involved 12 men aged between 34 and 67. Homosexual/bisexual contact was accounted for 83% of cases as route of transmission. The second one involved seven men aged between 22 and 33. All cases of these two clusters reported homosexual or bisexual contact as suspected route of transmission.

Discussion

27. The number of HIV reports was persistently on a rise in 2006. The annual HIV reports used to be around 250. The total number of HIV reports in 2006 was 373, which was a 19% increase as compared to 2005. In the previous five years, there was 15-20% increase in HIV reports every year except in 2003, when SARS outbreak occurred. The rise this year was mainly contributed by increasing reports from Men who have Sex with Men. An increase in injecting drug users was observed but mainly in non-Chinese population, which suggested non-local infections.

28. The number of HIV reports among MSM continued to rise and it accounted for even a larger proportion this year. The HIV situation in MSM was really worrisome because the increasing trend has persisted. The first community-based seroprevalence survey revealed a high prevalence suggested that the increasing number of reports could not solely be explained improved awareness in MSM or increased number of testing. Both condom usage

rates of MSM with casual and regular partners remained at a lower level than that of heterosexual men visiting sex workers.

29. The expansion of the cluster with similar gene sequencing which detected last year and detection of two more clusters further supported an increased risk of HIV transmission among MSM in Hong Kong. These clusters suggested that the HIV transmission among MSM were taking place locally. This was echoed by data on the suspected places of infection in HIV reports that about 70% MSM cases believed they contracted the virus in Hong Kong. In contrast, only about 40% of heterosexual men believed they contracted the virus locally. These data, including higher HIV prevalence, lower condom use rate, occurrence of clusters, pointed to that the local HIV epidemic in MSM would persist.

30. HIV transmission in heterosexually acquired infections appear to be similar to the past with no obvious rise. The number of reports for heterosexual contacts remained stable over the years. A significant proportion of non Chinese cases suggested infections outside Hong Kong. Even for heterosexual men, only 40% of their contacts were believed to have occurred in Hong Kong. The prevalence in social hygiene clinics attendees, female sex workers and antenatal women were all below 1%. The condom use rates of commercial sex were high on both sex worker and client side.

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

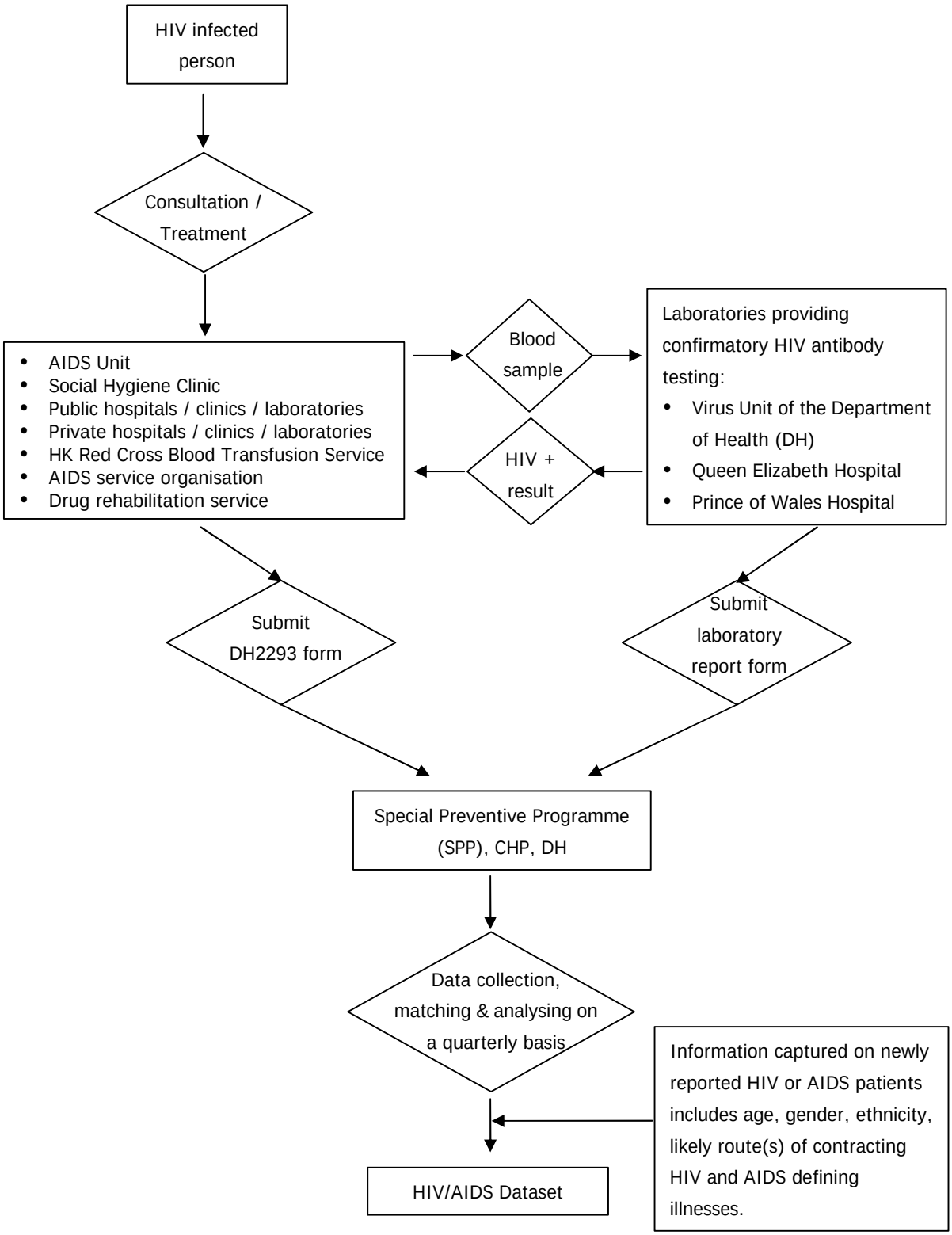
32. Several massive universal testing programmes were implemented over the years and played an important role in the surveillance system. Two community-based integrated surveys were new initiatives this year. These surveys filled the important knowledge gap in men who have sex with men and female sex workers and opened a new page for the HIV surveillance in Hong Kong. Although the generalisability of their results could be questioned, these surveys tried to adopt a structured sampling strategy and the results provided information we never had before. The trend of seroprevalences and behavioural indicators would still provide invaluable information for HIV prevention.

2. TABULATED RESULTS OF HIV/AIDS REPORTING

System description

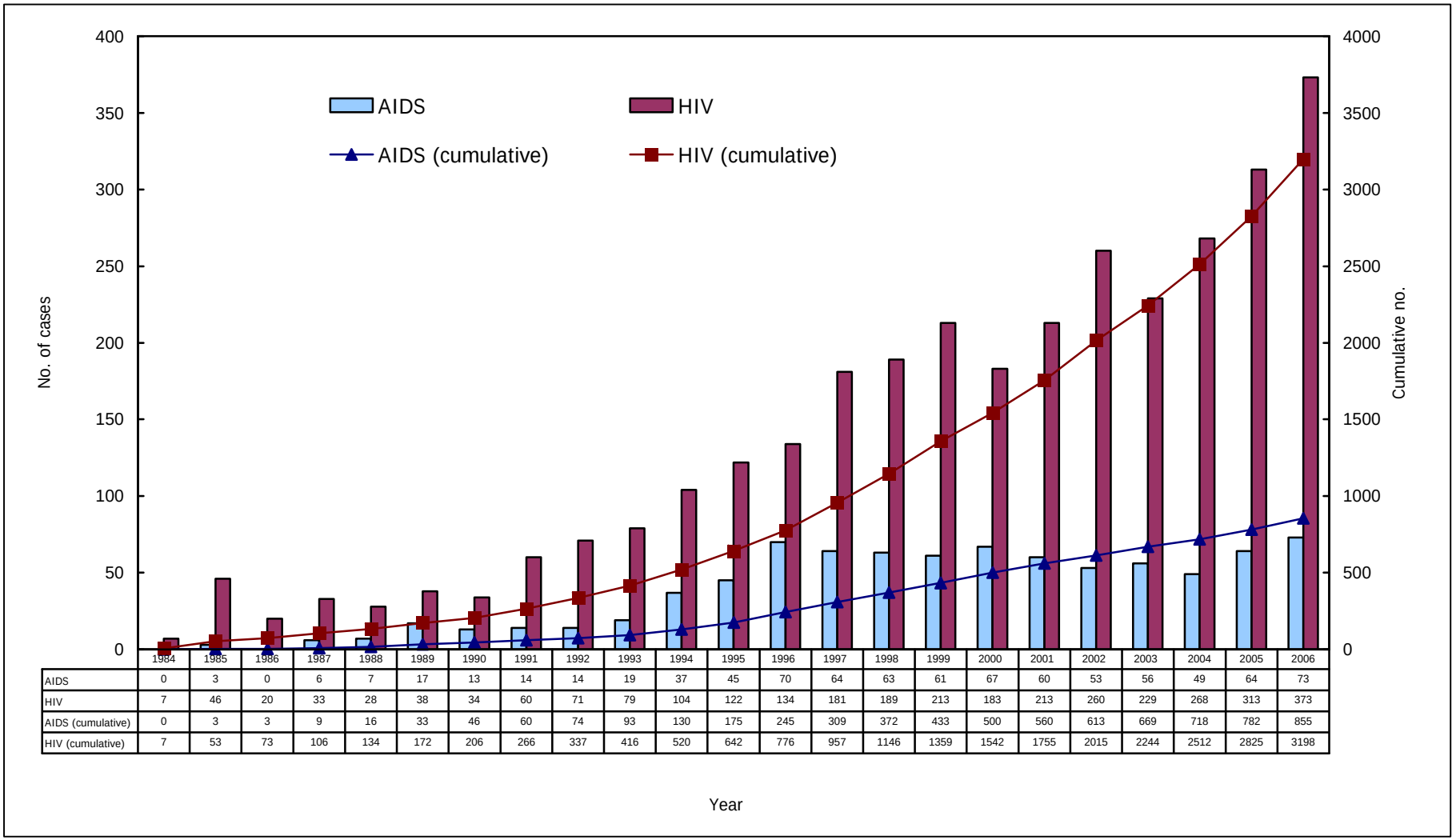
- The HIV/AIDS reporting system is a case-based notification system conducted on a voluntary basis since 1984, with input from clinicians and laboratories.

System layout



Tables & Figures

Box 2.1 Annual and cumulative reports of HIV/AIDS cases

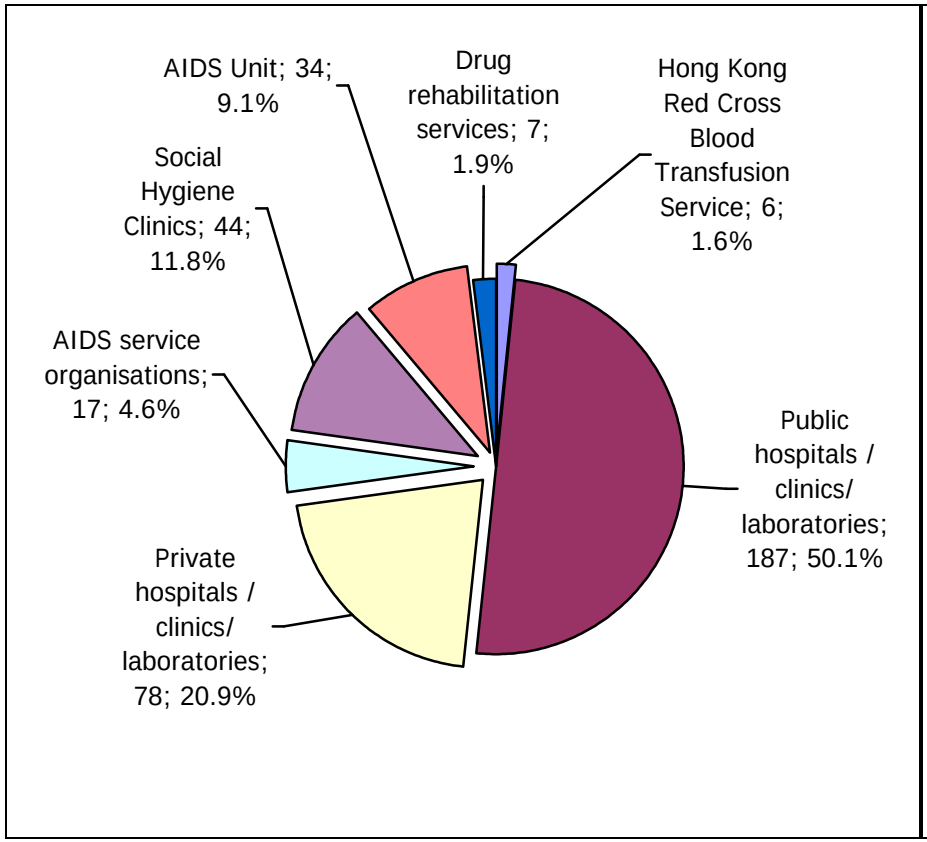


	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
AIDS	0	3	0	6	7	17	13	14	14	19	37	45	70	64	63	61	67	60	53	56	49	64	73
HIV	7	46	20	33	28	38	34	60	71	79	104	122	134	181	189	213	183	213	260	229	268	313	373
AIDS (cumulative)	0	3	3	9	16	33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

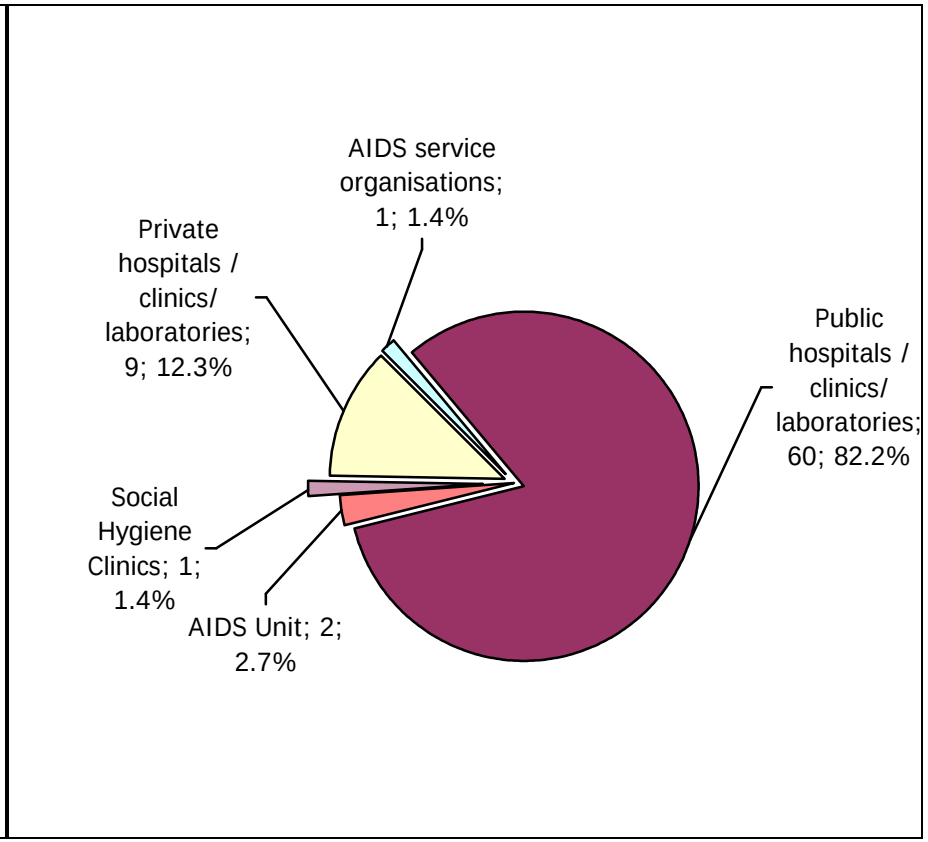
Box 2.2 Source of reporting of HIV/AIDS cases

(a) Year 2006

(i) HIV

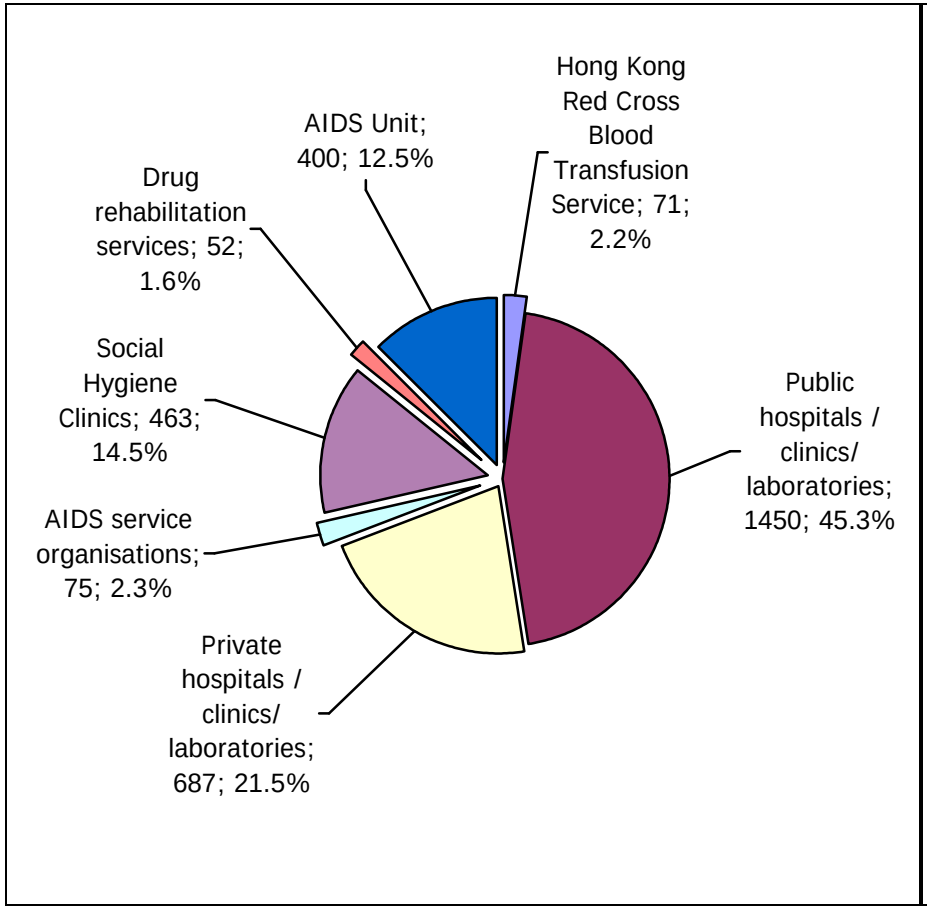


(ii) AIDS

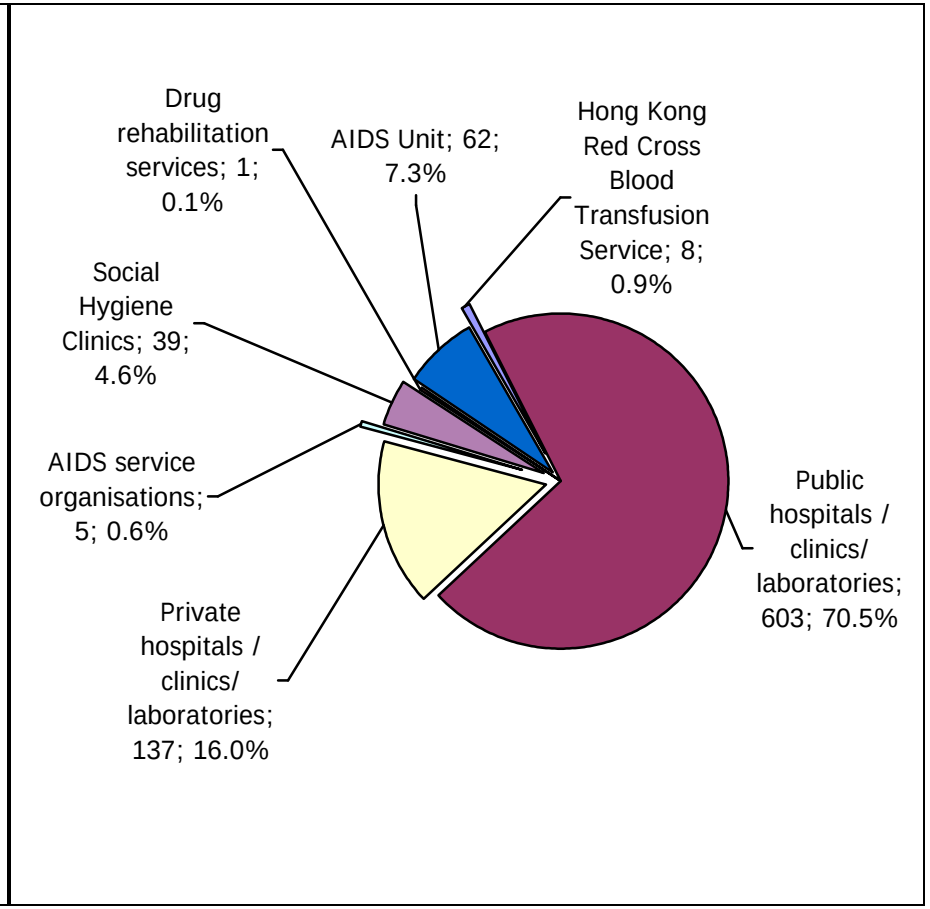


(b) Cumulative (1984 - 2006)

(i) HIV



(ii) AIDS



Box 2.3 Ethnicity & gender of reported HIV/AIDS cases

(a) Year 2006

Ethnicity	HIV						AIDS					
	Male		Female		Total		Male		Female		Total	
Chinese	208	(68.2%)	32	(47.1%)	240	(64.3%)	45	(73.8%)	10	(83.3%)	55	(75.3%)
Asian	64	(21.0%)	14	(20.6%)	78	(20.9%)	13	(21.3%)	2	(16.7%)	15	(20.5%)
White	9	(3.0%)	3	(4.4%)	12	(3.2%)	2	(3.3%)	0	(0.0%)	2	(2.7%)
Black	8	(2.6%)	0	(0.0%)	8	(2.1%)	1	(1.6%)	0	(0.0%)	1	(1.4%)
Unknown	16	(5.2%)	19	(27.9%)	35	(9.4%)	0	(0.0%)	0	(0.0%)	0	(0.0%)
Total	305	(100%)	68	(100%)	373	(100%)	61	(100%)	12	(100%)	73	(100%)

(b) Cumulative (1984 - 2006)

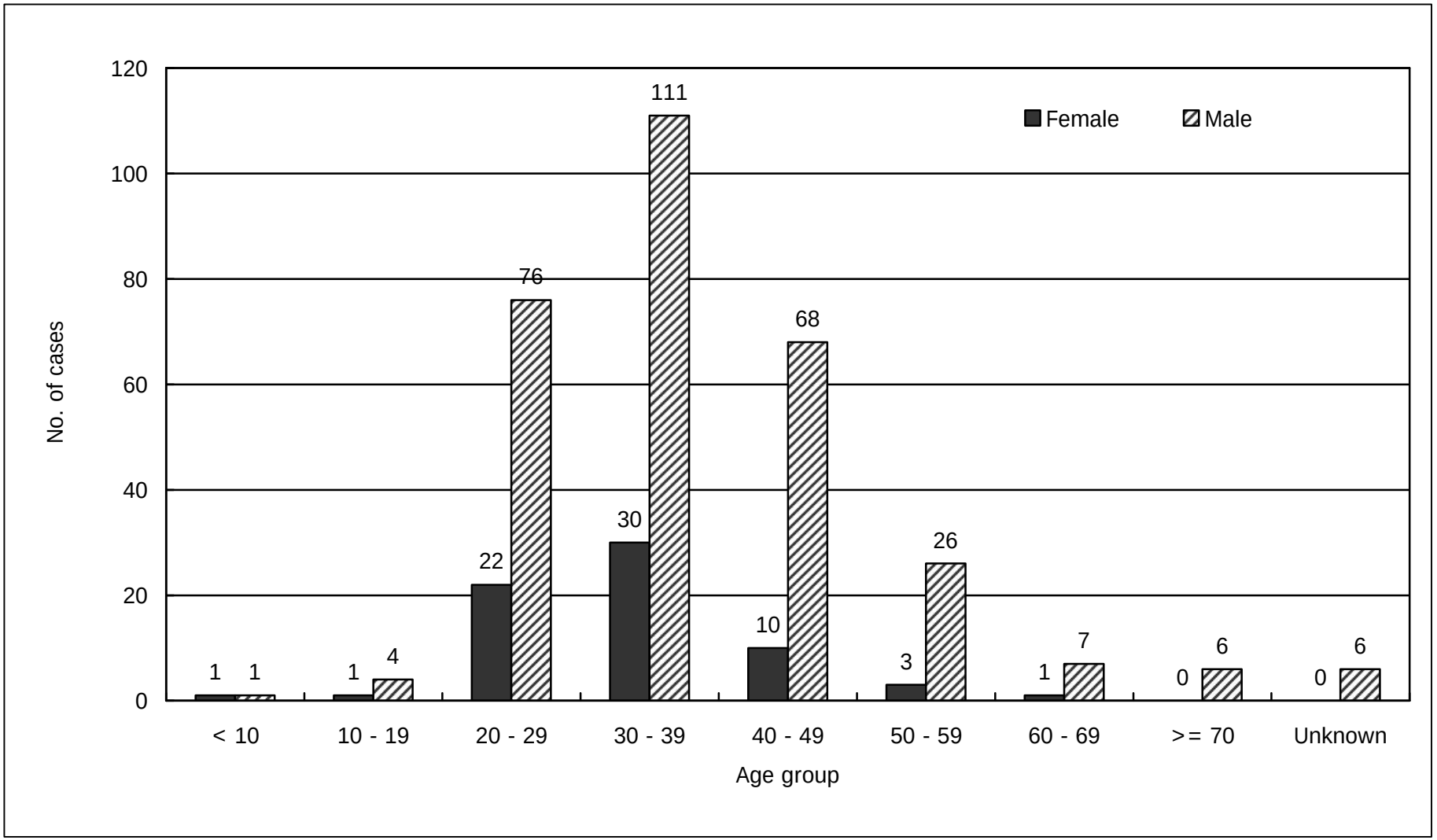
Ethnicity	HIV						AIDS					
	Male		Female		Total		Male		Female		Total	
Chinese	1900	(73.7%)	273	(44.0%)	2173	(67.9%)	612	(83.5%)	53	(43.4%)	665	(77.8%)
Asian	296	(11.5%)	246	(39.7%)	542	(16.9%)	53	(7.2%)	67	(54.9%)	120	(14.0%)
White	229	(8.9%)	13	(2.1%)	242	(7.6%)	61	(8.3%)	0	(0.0%)	61	(7.1%)
Black	35	(1.4%)	9	(1.5%)	44	(1.4%)	6	(0.8%)	1	(0.8%)	7	(0.8%)
Unknown	118	(4.6%)	79	(12.7%)	197	(6.2%)	1	(0.1%)	1	(0.8%)	2	(0.2%)
Total	2578	(100%)	620	(100%)	3198	(100%)	733	(100%)	122	(100%)	855	(100%)

Box 2.4 Age distribution of reported HIV/AIDS cases

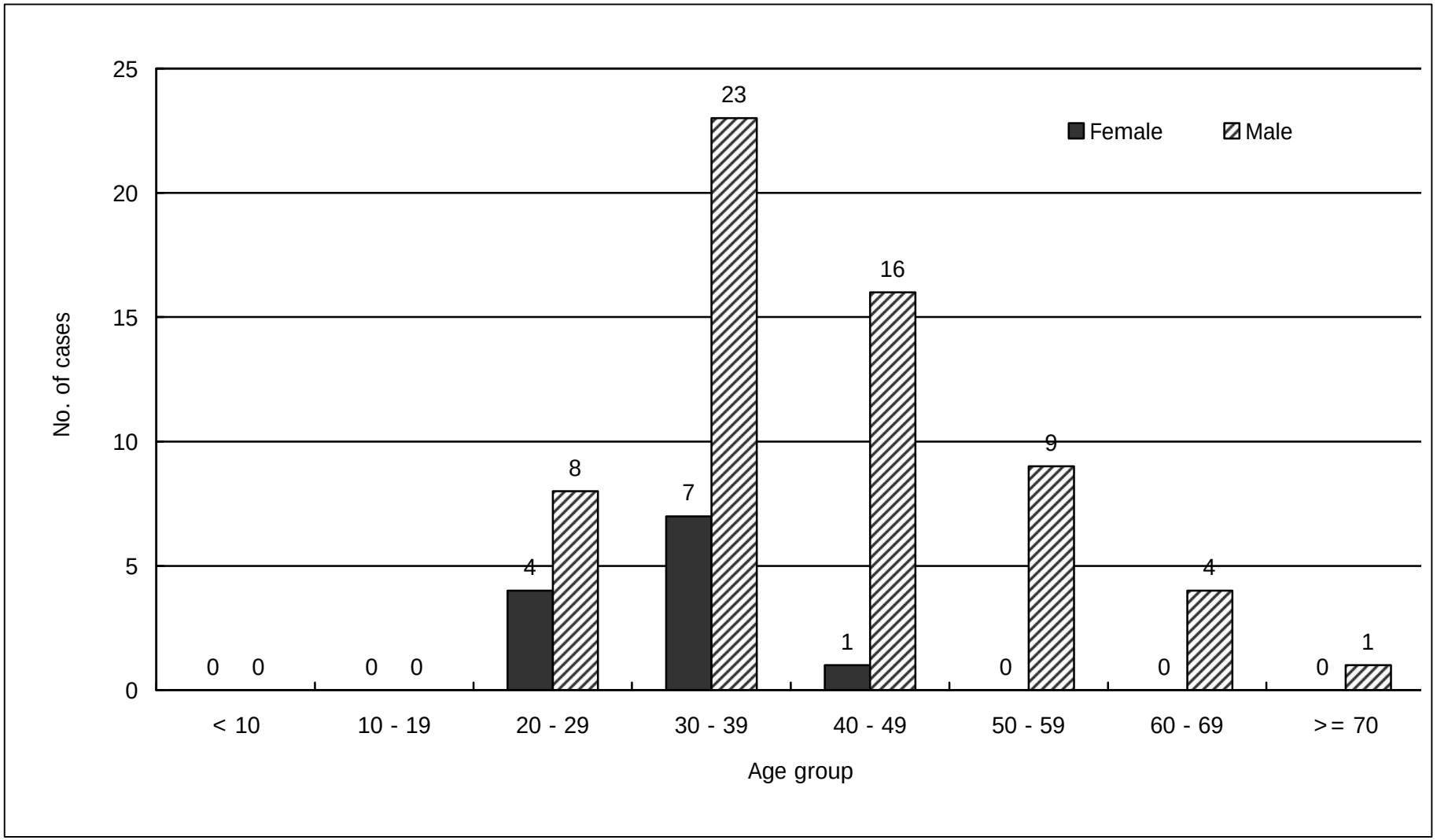
(a) Median age of reported HIV/AIDS cases

Year	HIV			AIDS		
	Median age	Inter quartile range		Median age	Inter quartile range	
		25%	75%		25%	75%
1984	11	6	32	---	---	---
1985	21	13.5	28.5	33	28	46
1986	26	15	41	---	---	---
1987	29	24	38.5	42.5	35.3	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	34.5	29	42	38	30.3	46.8
2002	36	30	44	41	34	48
2003	36	30	45	39	35	49.8
2004	36	30	44.5	42	35	51
2005	36	30	44	40	33.3	47.8
2006	34	28	42	38	31	47
Total	35	29	42	38	32	47

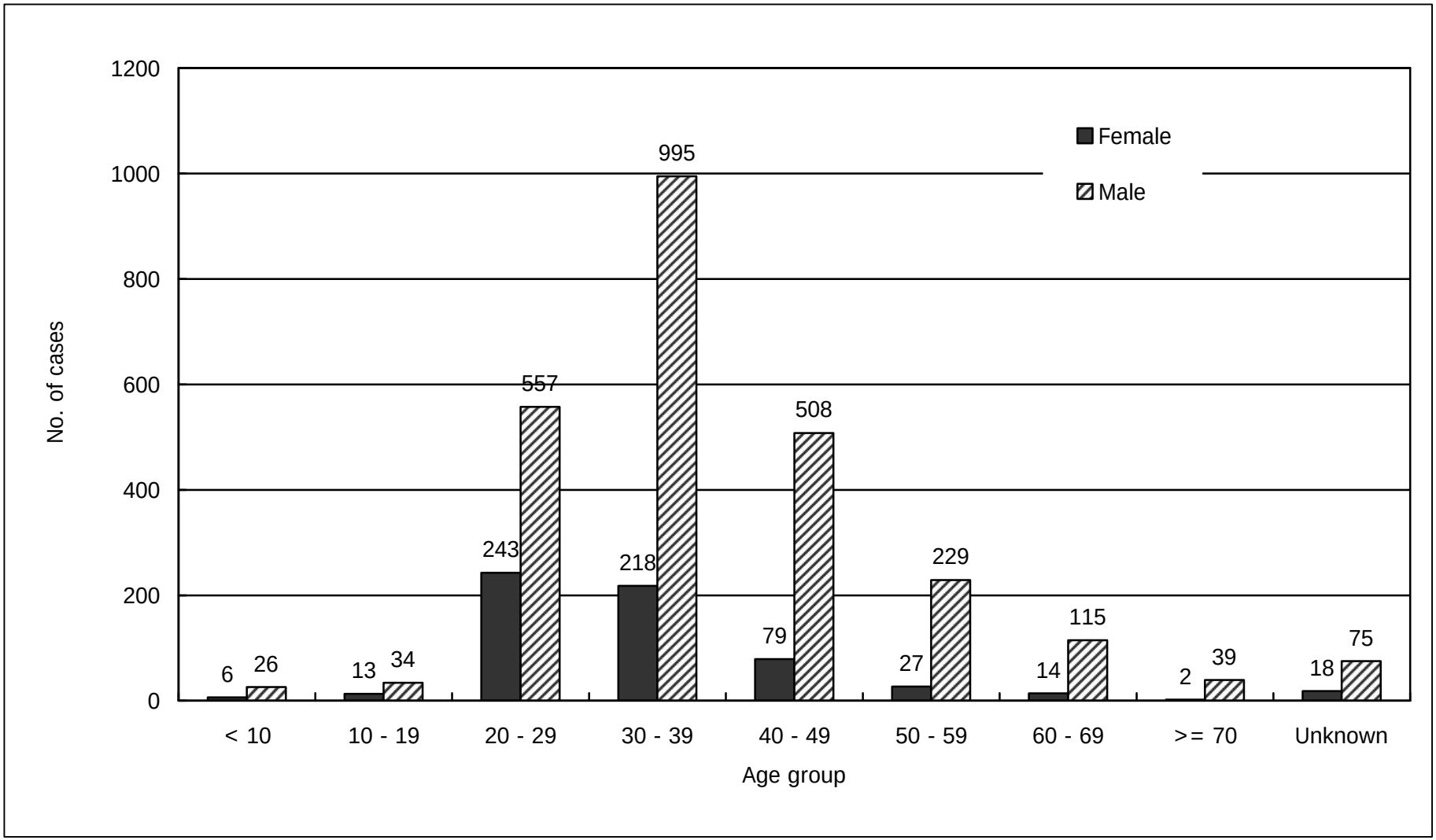
(b) Age & gender of reported HIV cases (Year 2006)



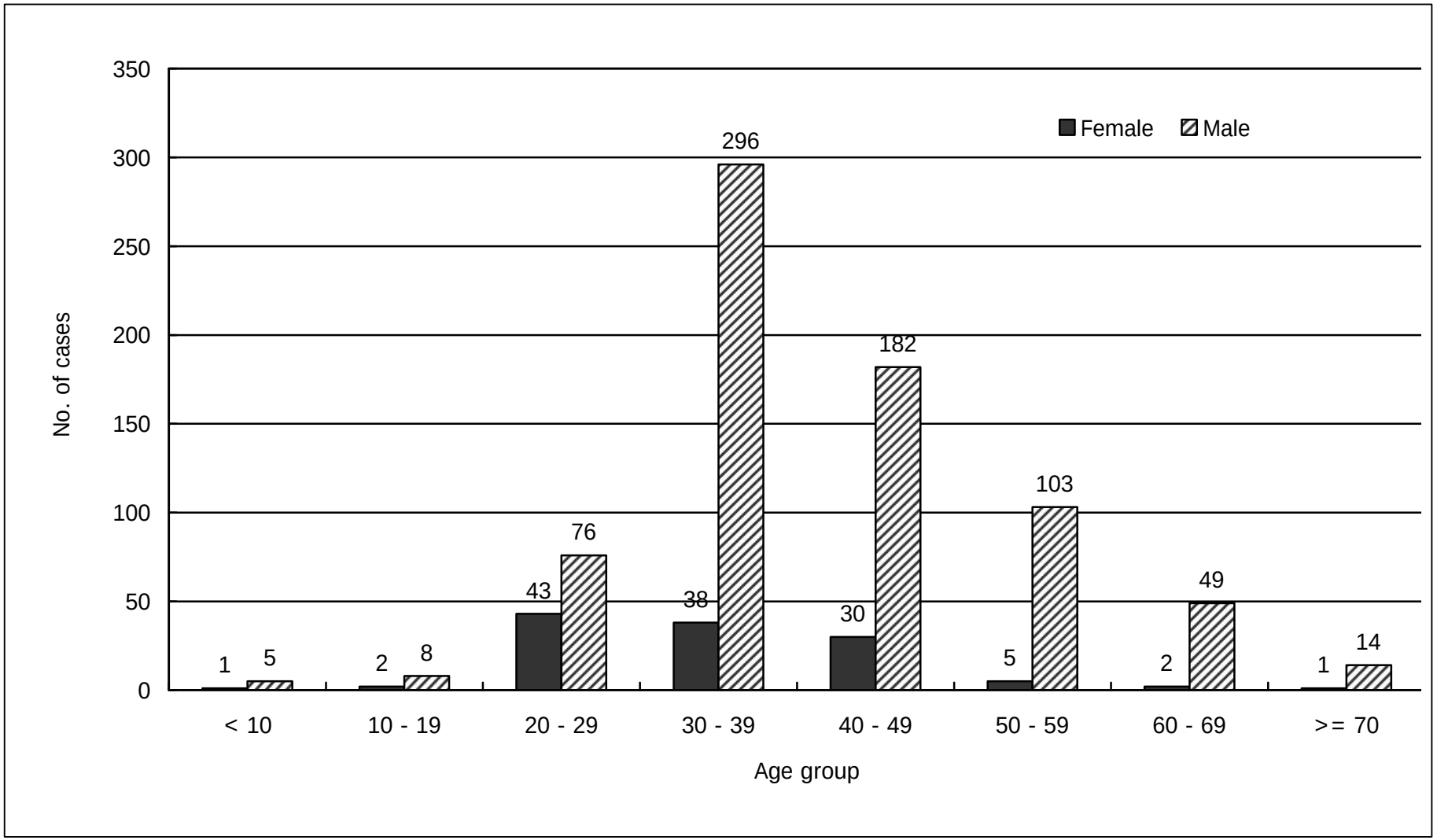
(c) Age & gender of reported AIDS cases (Year 2006)



(d) Age & gender of reported HIV cases (cumulative, 1984 - 2006)



(e) Age & gender of reported AIDS cases (cumulative, 1985 - 2006)



(f) Adults & children with reported HIV/AIDS in 2006

Age	HIV			AIDS		
	Male	Female	Total	Male	Female	Total
Adult	304	67	371	61	12	73
Children (age <=13)	1	1	2	0	0	0
Total	305	68	373	61	12	73

Box 2.5 Exposure category of reported HIV/AIDS cases

(a) Distribution of reported HIV cases by exposure category (1984 - 2006)

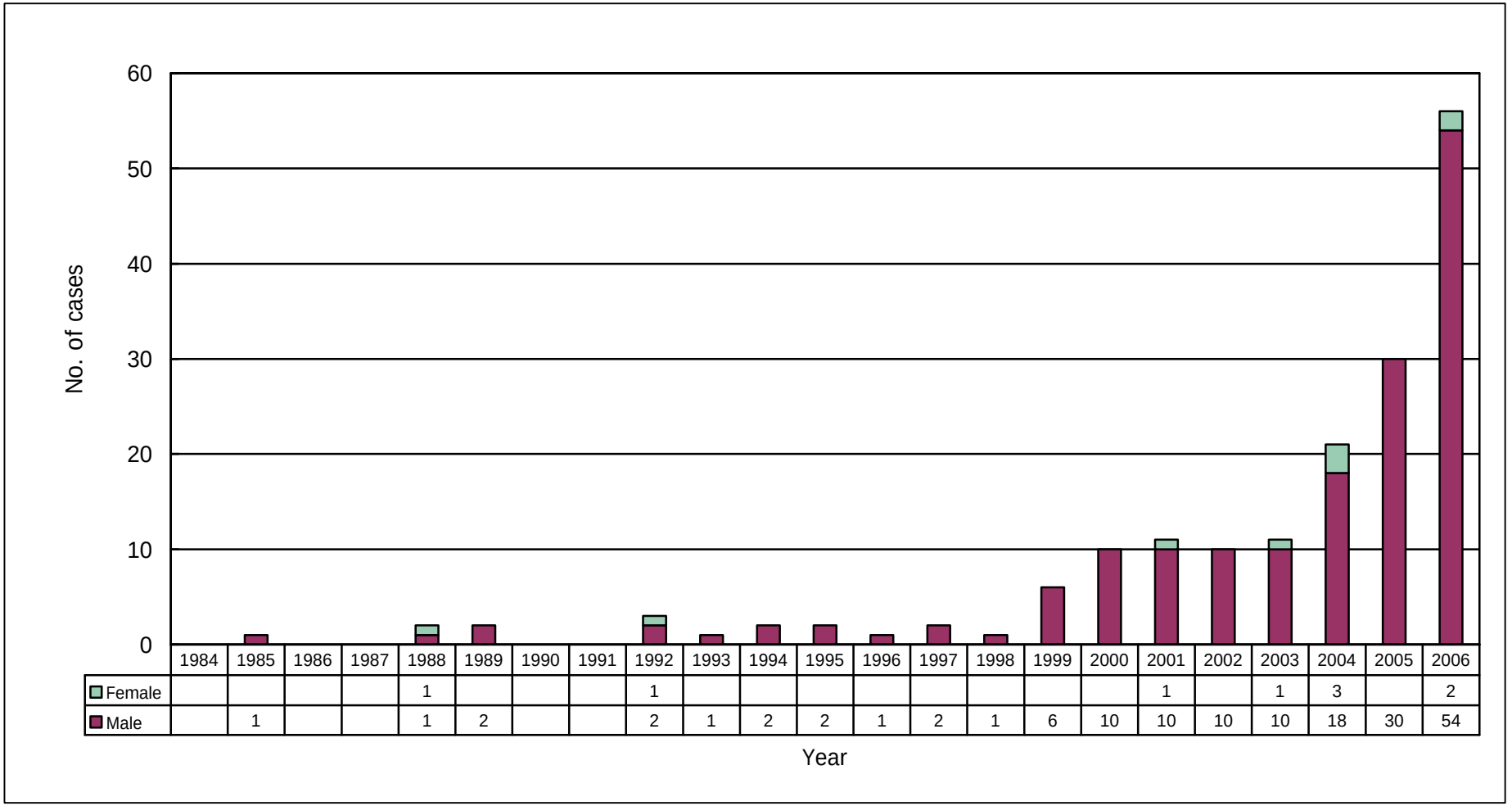
Year / Exposure Category (%)	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Total
Heterosexual	1 (14.3)	0 (0.0)	0 (0.0)	3 (9.1)	6 (21.4)	11 (28.9)	12 (35.3)	29 (48.3)	32 (45.1)	47 (59.5)	73 (70.2)	81 (66.4)	93 (69.4)	117 (64.6)	132 (69.8)	127 (59.6)	115 (62.8)	125 (58.7)	146 (56.2)	116 (50.7)	110 (41.0)	110 (35.1)	114 (30.6)	1600 (50.0)
Homosexual	1 (14.3)	10 (21.7)	6 (30.0)	12 (36.4)	12 (42.9)	15 (39.5)	8 (23.5)	18 (30.0)	27 (38.0)	20 (25.3)	22 (21.2)	26 (21.3)	20 (14.9)	33 (18.2)	16 (8.5)	33 (15.5)	21 (11.5)	37 (17.4)	47 (18.1)	45 (19.7)	61 (22.8)	86 (27.5)	97 (26.0)	673 (21.0)
Bisexual	0 (0.0)	1 (2.2)	2 (10.0)	7 (21.2)	2 (7.1)	6 (15.8)	5 (14.7)	8 (13.3)	2 (2.8)	2 (2.5)	4 (3.8)	4 (3.3)	3 (2.2)	10 (5.5)	6 (3.2)	10 (4.7)	7 (3.8)	7 (3.3)	9 (3.5)	5 (2.2)	6 (2.2)	10 (3.2)	15 (4.0)	131 (4.1)
Injecting drug use	0 (0.0)	1 (2.2)	0 (0.0)	0 (0.0)	2 (7.1)	2 (5.3)	0 (0.0)	0 (0.0)	3 (4.2)	1 (1.3)	2 (1.9)	2 (1.6)	1 (0.7)	2 (1.1)	1 (0.5)	6 (2.8)	10 (5.5)	11 (5.2)	10 (3.8)	11 (4.8)	21 (7.8)	30 (9.6)	56 (15.0)	172 (5.4)
Blood contact	5 (71.4)	32 (69.6)	10 (50.0)	7 (21.2)	2 (7.1)	2 (5.3)	5 (14.7)	0 (0.0)	1 (1.4)	1 (1.3)	1 (1.0)	0 (0.0)	0 (0.0)	1 (0.6)	0 (0.0)	1 (0.5)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	4 (1.3)	0 (0.0)	72 (2.3)
Perinatal	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.0)	2 (1.6)	1 (0.7)	0 (0.0)	2 (1.1)	4 (1.9)	2 (1.1)	2 (0.9)	1 (0.4)	0 (0.0)	0 (0.0)	2 (0.6)	2 (0.5)	19 (0.6)
Undetermined	0 (0.0)	2 (4.3)	2 (10.0)	4 (12.1)	4 (14.3)	2 (5.3)	4 (11.8)	5 (8.3)	6 (8.5)	8 (10.1)	1 (1.0)	7 (5.7)	16 (11.9)	18 (9.9)	32 (16.9)	32 (15.0)	28 (15.3)	31 (14.6)	47 (18.1)	52 (22.7)	70 (26.1)	71 (22.7)	89 (23.9)	531 (16.6)
Total	7 (100)	46 (100)	20 (100)	33 (100)	28 (100)	38 (100)	34 (100)	60 (100)	71 (100)	79 (100)	104 (100)	122 (100)	134 (100)	181 (100)	189 (100)	213 (100)	183 (100)	213 (100)	260 (100)	229 (100)	268 (100)	313 (100)	373 (100)	3198 (100)

(b) Distribution of reported AIDS cases by exposure category (1985 - 2006)

Year / Exposure Category (%)	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Total
Heterosexual	1 (33.3)	---	1 (16.7)	0 (0.0)	3 (17.6)	3 (23.1)	2 (14.3)	5 (35.7)	10 (52.6)	16 (43.2)	31 (68.9)	55 (78.6)	44 (68.8)	50 (79.4)	44 (72.1)	56 (83.6)	48 (80.0)	37 (69.8)	46 (82.1)	35 (71.4)	37 (57.8)	31 (42.5)	555 (64.9)
Homosexual	1 (33.3)	---	3 (50.0)	4 (57.1)	8 (47.1)	2 (15.4)	6 (42.9)	8 (57.1)	7 (36.8)	13 (35.1)	9 (20.0)	6 (8.6)	10 (15.6)	6 (9.5)	8 (13.1)	1 (1.5)	5 (8.3)	8 (15.1)	7 (12.5)	8 (16.3)	13 (20.3)	19 (26.0)	152 (17.8)
Bisexual	1 (33.3)	---	0 (0.0)	1 (14.3)	3 (17.6)	3 (23.1)	2 (14.3)	1 (7.1)	1 (5.3)	4 (10.8)	3 (6.7)	1 (1.4)	3 (4.7)	1 (1.6)	1 (1.6)	1 (1.5)	2 (3.3)	2 (3.8)	0 (0.0)	0 (0.0)	3 (4.7)	3 (4.1)	36 (4.2)
Injecting drug use	0 (0.0)	---	0 (0.0)	0 (0.0)	1 (5.9)	0 (0.0)	0 (0.0)	0 (0.0)	1 (5.3)	0 (0.0)	1 (2.2)	1 (1.4)	1 (1.6)	0 (0.0)	1 (1.6)	2 (3.0)	1 (1.7)	1 (1.9)	0 (0.0)	3 (6.1)	1 (1.6)	11 (15.1)	25 (2.9)
Blood contact	0 (0.0)	---	0 (0.0)	1 (14.3)	2 (11.8)	3 (23.1)	3 (21.4)	0 (0.0)	0 (0.0)	3 (8.1)	0 (0.0)	2 (2.9)	1 (1.6)	1 (1.6)	2 (3.3)	1 (1.5)	0 (0.0)	0 (0.0)	1 (1.8)	0 (0.0)	1 (1.6)	0 (0.0)	21 (2.5)
Perinatal	0 (0.0)	---	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (2.7)	1 (2.2)	0 (0.0)	0 (0.0)	1 (1.6)	1 (1.6)	1 (1.5)	1 (1.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	6 (0.7)
Undetermined	0 (0.0)	---	2 (33.3)	1 (14.3)	0 (0.0)	2 (15.4)	1 (7.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	5 (7.1)	5 (7.8)	4 (6.3)	4 (6.6)	5 (7.5)	3 (5.0)	5 (9.4)	2 (3.6)	3 (6.1)	9 (14.1)	9 (12.3)	60 (7.0)
Total	3 (100)	---	6 (100)	7 (100)	17 (100)	13 (100))	14 (100)	14 (100)	19 (100))	37 (100)	45 (100)	70 (100)	64 (100)	63 (100)	61 (100)	67 (100)	60 (100)	53 (100)	56 (100)	49 (100)	64 (100)	73 (100)	855 (100)

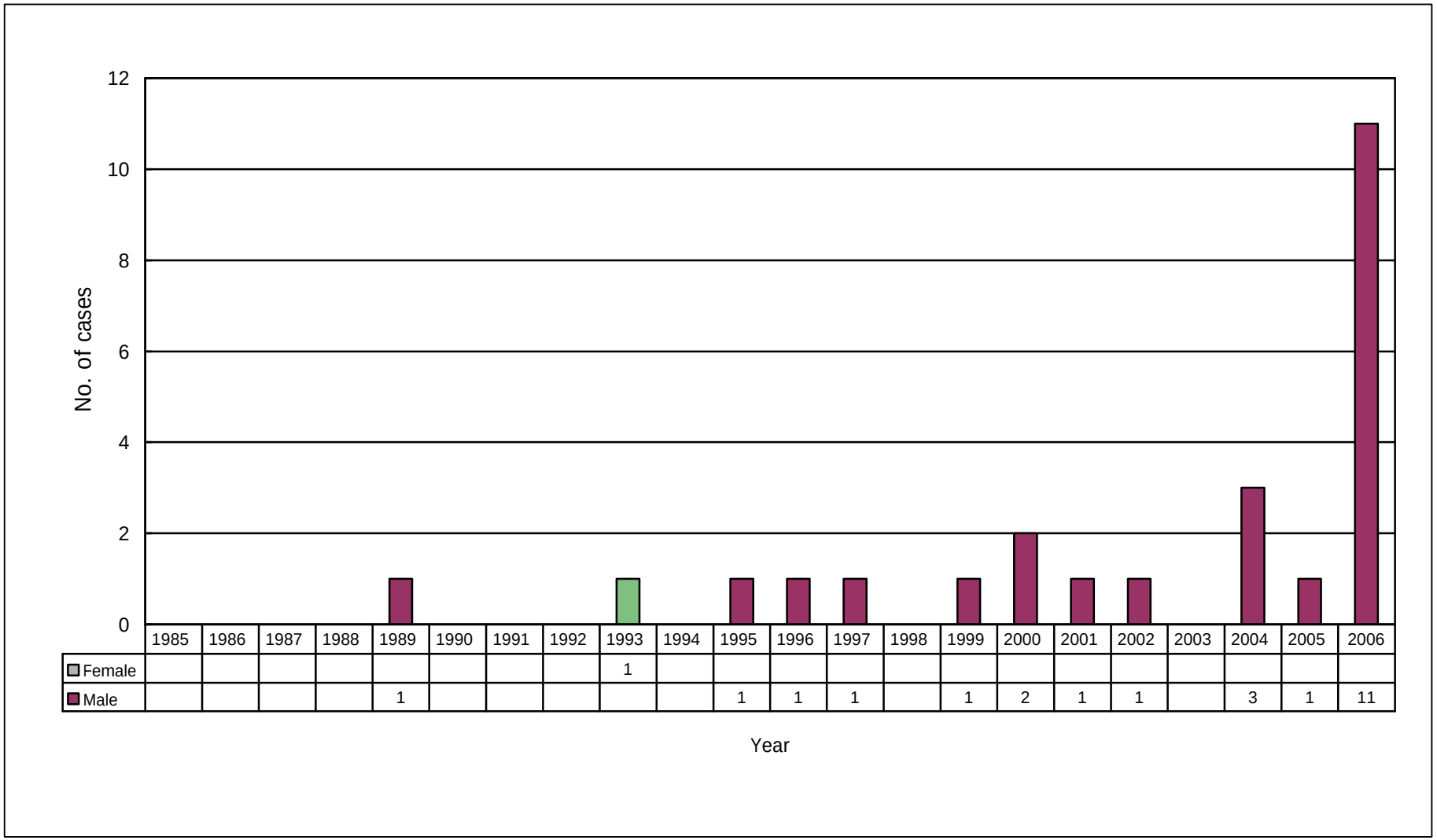
Box 2.6 Reported HIV/AIDS cases in injecting drug users

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



	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Female					1				1									1		1	3		2
Male		1			1	2			2	1	2	2	1	2	1	6	10	10	10	10	18	30	54

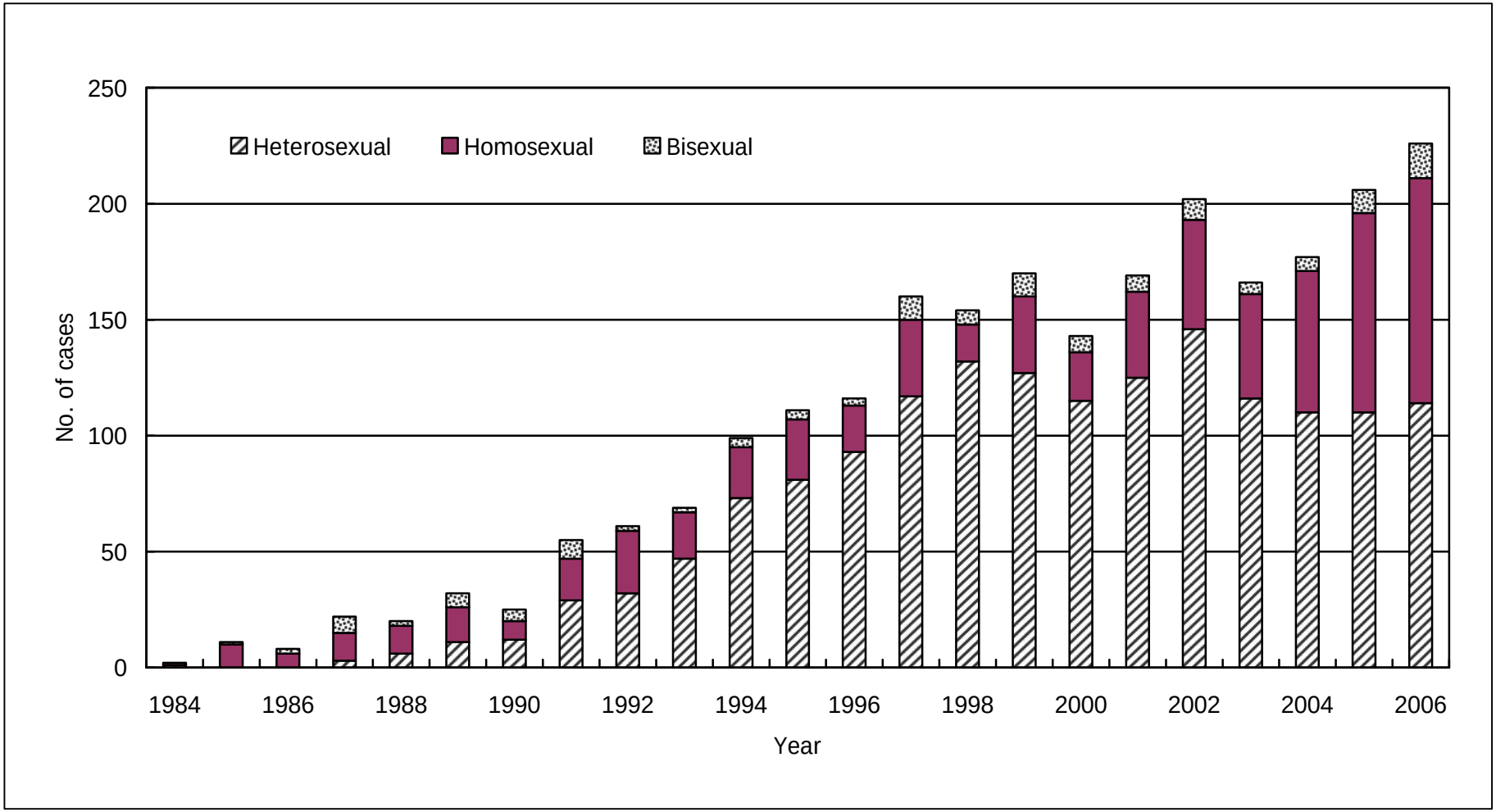
(b) Reported AIDS case in injecting drug users - by gender



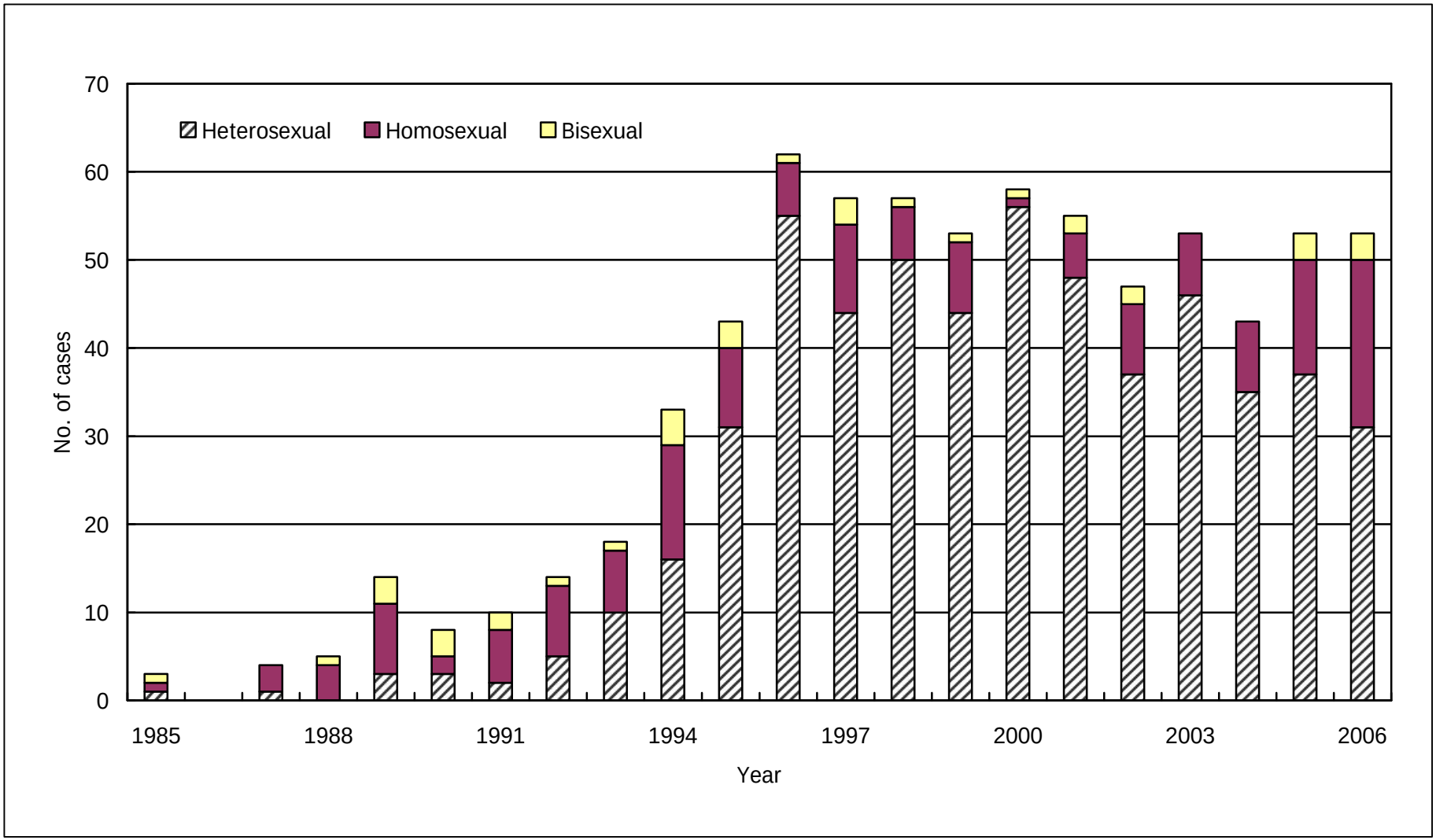
	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Female									1													
Male					1						1	1	1		1	2	1	1		3	1	11

Box 2.7 Reported sexually acquired HIV cases

(a) Yearly reports of sexually acquired HIV cases



(b) Yearly reports of sexually acquired AIDS cases



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

Year	HIV	AIDS
1984	1 : 1	---
1985	0 : 1	0.5 : 1
1986	0 : 1	---
1987	0.1 : 1	0 : 1
1988	0.4 : 1	0 : 1
1989	0.4 : 1	0.3 : 1
1990	0.8 : 1	0.6 : 1
1991	1 : 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 : 1
1996	3 : 1	7.1 : 1
1997	2 : 1	2.5 : 1
1998	4.1 : 1	5.9 : 1
1999	2 : 1	4.2 : 1
2000	2.8 : 1	23.5 : 1
2001	1.9 : 1	5.1 : 1
2002	1.8 : 1	2.6 : 1
2003	1.7 : 1	4.9 : 1
2004	1.1 : 1	3.8 : 1
2005	0.7 : 1	1.7 : 1
2006	0.7 : 1	0.9 : 1
Total	1.4 : 1	2.3 : 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)				
	2002	2003	2004	2005	2006
0 - 4	0	0	0	0	0
5 - 9	0	0	0	0	0
10 - 14	0	0	0	0	0
15 - 19	0.44	0	0	0	1
20 - 24	3.59	1.80	3.10	2.65	7.54
25 - 29	7.62	7.02	6.72	9.52	10.28
30 - 34	13.12	9.72	9.84	13.23	15.91
35 - 39	10.63	10.94	8.13	12.08	14.92
40 - 44	7.46	4.81	7.30	7.85	8.21
45 - 49	3.53	3.36	2.91	5.32	5.25
50 - 54	4.70	2.93	4.47	5.12	2.65
55 - 59	4.69	8.59	2.81	1.52	4.19
60 - 64	5.43	1.61	4.03	3.99	3.92
65 - 69	2.33	3.93	5.53	5.54	0.80
>= 70	0	1.25	1.99	2.32	1.12
Total	4.73	4.08	4.25	5.12	5.69

* Populations are taken from The Census & Statistics Department: Population and Vital Events –mid-year population

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

Year / Age group	Age-specific rate (per 100,000 population)				
	2002	2003	2004	2005	2006
0 - 4	0	0	0	0	0
5 - 9	0	0	0	0	0
10 - 14	0	0	0	0	0
15 - 19	0.47	0.48	1.40	0.47	0
20 - 24	1.29	0.87	1.67	1.64	1.22
25 - 29	2.92	3.80	3.05	3.38	2.87
30 - 34	4.56	1.23	2.19	2.23	2.91
35 - 39	2.72	1.69	2.03	1.50	3.02
40 - 44	0.57	0.83	1.89	0.54	0.82
45 - 49	2.09	0.66	0	2.13	0.89
50 - 54	0	0.43	0	0.39	0.75
55 - 59	0.75	1.33	1.19	0	0.48
60 - 64	0.89	0.93	0	1.82	0.86
65 - 69	0	0	0	0.83	0
>= 70	0	0.33	0	0	0
Total	1.36	0.95	1.08	1.10	1.12

* Populations are taken from The Census & Statistics Department: Population and Vital Events –mid-year population

Box 2.9 Profile of primary AIDS defining illnesses (ADI) (1985 - 2006)

Year / ADI (%)	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Total
Pneumocystic Pneumonia (PCP)	1 (33.3)	---	2 (33.3)	4 (57.1)	8 (47.1)	5 (38.5)	4 (28.6)	7 (50.0)	10 (52.6)	12 (32.4)	17 (37.8)	21 (30.0)	20 (31.3)	26 (41.3)	23 (37.7)	30 (44.8)	26 (43.3)	25 (47.2)	22 (39.3)	22 (44.9)	20 (31.3)	27 (37.0)	332 (38.8)
Mycobacterium Tuberculosis	0 (0.0)	---	0 (0.0)	0 (0.0)	1 (5.9)	2 (15.4)	3 (21.4)	1 (7.1)	2 (10.5)	4 (10.8)	8 (17.8)	21 (30.0)	17 (26.6)	18 (28.6)	13 (21.3)	19 (28.4)	17 (28.3)	9 (17.0)	15 (26.8)	13 (26.5)	25 (39.1)	26 (35.6)	214 (25.0)
Other fungal infections	0 (0.0)	---	3 (50.0)	0 (0.0)	3 (17.6)	0 (0.0)	2 (14.3)	2 (14.3)	1 (5.3)	4 (10.8)	7 (15.6)	6 (8.6)	10 (15.6)	8 (12.7)	5 (8.2)	4 (6.0)	5 (8.3)	8 (15.1)	4 (7.1)	6 (12.2)	5 (7.8)	4 (5.5)	87 (10.2)
Penicilliosis	0 (0.0)	---	0 (0.0)	0 (0.0)	0 (0.0)	1 (7.7)	1 (7.1)	0 (0.0)	1 (5.3)	6 (16.2)	7 (15.6)	7 (10.0)	5 (7.8)	2 (3.2)	7 (11.5)	5 (7.5)	1 (1.7)	7 (13.2)	5 (8.9)	4 (8.2)	7 (10.9)	11 (15.1)	77 (9.0)
Cytomegalovirus diseases	1 (33.3)	---	0 (0.0)	0 (0.0)	0 (0.0)	1 (7.7)	1 (7.1)	1 (7.1)	2 (10.5)	1 (2.7)	3 (6.7)	4 (5.7)	4 (6.3)	3 (4.8)	2 (3.3)	3 (4.5)	2 (3.3)	0 (0.0)	3 (5.4)	1 (2.0)	2 (3.1)	3 (4.1)	37 (4.3)
Non-TB mycobacterial infections	0 (0.0)	---	0 (0.0)	0 (0.0)	1 (5.9)	0 (0.0)	3 (21.4)	0 (0.0)	1 (5.3)	0 (0.0)	0 (0.0)	2 (2.9)	1 (1.6)	0 (0.0)	5 (8.2)	1 (1.5)	5 (8.3)	2 (3.8)	1 (1.8)	2 (4.1)	0 (0)	1 (1.4)	25 (2.9)
Kaposi's sarcoma	1 (33.3)	---	0 (0.0)	1 (14.3)	2 (11.8)	1 (7.7)	0 (0.0)	2 (14.3)	0 (0.0)	4 (10.8)	1 (2.2)	2 (2.9)	3 (4.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.8)	0 (0)	1 1.6)	0 (0.0)	19 (2.2)
Others	0 (0.0)	---	1 (16.7)	2 (28.6)	2 (11.8)	3 (23.1)	0 (0.0)	1 (7.1)	2 (10.5)	6 (16.2)	2 (4.4)	7 (10.0)	4 (6.3)	6 (9.5)	6 (9.8)	5 (7.5)	4 (6.7)	2 (3.8)	5 (8.9)	1 (2.0)	4 (6.2)	1 (1.4)	64 (7.5)
Total	3 (100)	---	6 (100)	7 (100)	17 (100)	13 (100)	14 (100)	14 (100)	19 (100)	37 (100)	45 (100)	70 (100)	64 (100)	63 (100)	61 (100)	67 (100)	60 (100)	53 (100)	56 (100)	49 (100)	64 (100)	73 (100)	855 (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 2006
(a) Community with predisposing risk factors					
STD patients	Social Hygiene Clinics	Voluntary testing offered to clients	1985	30000 – 40000 / year	Yes
*Drug users (1)	Methadone Clinics	Unlinked anonymous screening using urine samples	1992 (to 2003)	2000 – 4000 / year	No
Drug users (2)	Different treatment and rehabilitation services	Voluntary testing	1985	300 – 1000 / year	Yes
Drug users (3)	Street addicts approached by outreach workers	Voluntary testing on unlinked saliva samples	1993 (to 1997)	200 – 500 / year	No
(b) Community without risk factors					
Blood donors	Hong Kong Red Cross Blood Transfusion Service	A requirement for all potential donors	1985	150000 – 200000 / year	Yes
Antenatal women	All maternal and child health centres and public hospitals	Universal voluntary testing	Sept 2001	Around 40000 / year	Yes
*Neonates	Testing of Cord blood from delivering women	Unlinked anonymous screening on blood samples	1990 (to 2000)	4000 / year	No
Civil servants	Pre-employment health check	Unlinked anonymous screening on blood samples	1991 (once)	1553	No
(c) Community with undefined risk					
TB patients (1)	TB and Chest Clinics of the Department of Health	Unlinked anonymous screening	1990	1000 / year	Yes
TB patients (2)	TB and Chest Clinics of the Department of Health	Voluntary testing	1993	2000 – 3500 / year	Yes
Prisoners	Penal institutions	Unlinked anonymous screening on blood / urine samples	1992	1000 – 2000 / year	Yes

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

Tables & Figures

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

(a) HIV detection rate by number of donated blood units (1985 - 2006)

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)
2002	193,702	3	0.002	(0.0003 - 0.0045)
2003	179,962	6	0.003	(0.0012 - 0.0073)
2004	198,420	1	0.001	(0.00001 - 0.0028)
2005	197,974	3	0.002	(0.00031 - 0.0044)
2006	196,332	6	0.003	(0.00112 - 0.0067)

(b) HIV seroprevalence in new and repeat blood donors (1991 - 2006)

Year	New donors			Repeat donors		
	No. of donors	No. of donors anti-HIV+	HIV positivity rate (%) (95% C.I. (%))	No. of donors	No. of donors anti-HIV+	HIV positivity rate (%) (95% C.I. (%))
1991	48,769	0	0 (----)	132,987	3	0.002 (0.0005 - 0.0066)
1992	43,674	1	0.002 (0.0001 - 0.0128)	132,818	8	0.006 (0.0026 - 0.0119)
1993	36,146	1	0.003 (0.0001 - 0.0154)	128,907	2	0.002 (0.0002 - 0.0056)
1994	38,077	2	0.005 (0.0006 - 0.0190)	134,074	5	0.004 (0.0012 - 0.0087)
1995	39,778	2	0.005 (0.0006 - 0.0182)	93,280	2	0.002 (0.0003 - 0.0077)
1996	40,875	1	0.002 (0.0001 - 0.0136)	99,294	4	0.004 (0.0011 - 0.0103)
1997	40,419	1	0.002 (0.0001 - 0.0138)	81,906	6	0.007 (0.0027 - 0.0159)
1998	43,756	3	0.007 (0.0014 - 0.0200)	92,511	4	0.004 (0.0012 - 0.0111)
1999	40,960	1	0.002 (0.0001 - 0.0136)	76,098	6	0.008 (0.0029 - 0.0172)
2000	41,116	5	0.012 (0.0039 - 0.0284)	148,366	4	0.003 (0.0007 - 0.0069)
2001	43,415	0	0 (---)	150,420	3	0.002 (0.0004 - 0.0058)
2002	42,292	1	0.002 (0.0001 – 0.0132)	151,410	2	0.001 (0.0002 – 0.0048)
2003	36,732	3	0.008 (0.0017 – 0.0239)	143,230	2	0.001 (0.0002 – 0.0050)
2004	41,679	0	0 (---)	156,741	1	0.001 (0.00002 – 0.0036)
2005	42,643	1	0.002 (0.0001 – 0.0131)	155,331	2	0.001 (0.00016 – 0.0047)
2006	40,029	2	0.005 (0.0006 – 0.018)	156,303	4	0.003 (0.0007 – 0.0066)

Box 3.2 HIV seroprevalence in clients attending Social Hygiene Services, from voluntary blood testing (1985 - 2006)

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

Box 3.3 HIV seroprevalence in drug users attending methadone clinics

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

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

* Replaced by MUT programme since 2004

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

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

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

(c) HIV seroprevalence in drug users attending methadone clinics from Universal HIV Antibody (Urine) Testing Programme (2003 - 2006)

Year	No. of Urine samples	No. of samples tested anti-HIV+	Prevalence (%)	95% C.I. for prevalence (%)
2003 (July – September)	1,834	9	0.491	(0.224 - 0.932)
2004	8,812	18	0.204	(0.121 - 0.323)
2005	8,696	28	0.322	(0.214 - 0.465)
2006	7,730	28	0.362	(0.241 - 0.524)

Box 3.4 HIV seroprevalence in drug users attending inpatient drug treatment centres / institutions, from unlinked anonymous screening (1998 - 2006)

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

* Unlinked anonymous screening was not performed in 2004

Box 3.5 HIV seroprevalence in newly admitted prisoners from unlinked anonymous screening (1995 - 2006)

Year	No. of Samples*	No. of samples tested anti-HIV+	Prevalence (%)	95% C.I. for prevalence (%)
1995	653	3	0.459	(0.095 - 1.343)
1996	1,503	6	0.399	(0.147 - 0.869)
1997	1,474	3	0.204	(0.042 - 0.595)
1998	1,571	4	0.255	(0.069 - 0.652)
1999	1,580	10	0.633	(0.480 - 1.841)
2000	1,516	4	0.264	(0.072 - 0.676)
2001	1,502	5	0.333	(0.108 - 0.777)
2002	1,500	6	0.400	(0.147 - 0.871)
2003	1,502	5	0.333	(0.108 - 0.777)
2004	1,980	7	0.354	(0.142 - 0.728)
2005	2,007	6	0.299	(0.110 - 0.651)
2006	2,796	13	0.465	(0.248 - 0.795)

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

Box 3.6 HIV seroprevalence in patients with tuberculosis

(a) HIV seroprevalence in patients attending government TB & Chest Clinics, from unlinked anonymous screening (1990 - 2006)

Year	No. of urine samples	No. of samples tested anti-HIV+	Prevalence (%)	95% C.I. for prevalence(%)
1990	1,548	0	0	(--- - ---)
1991	485	0	0	(--- - ---)
1992	1,469	2	0.136	(0.016 - 0.492)
1993	1,173	0	0	(--- - ---)
1994*	-	-	-	(--- - ---)
1995	895	2	0.223	(0.027 - 0.807)
1996	998	4	0.401	(0.109 - 1.026)
1997	1,003	2	0.199	(0.024 - 0.720)
1998	833	4	0.480	(0.131 - 1.229)
1999	1,166	8	0.686	(0.296 - 1.352)
2000	1,018	5	0.491	(0.159 - 1.146)
2001	1,071	4	0.373	(0.102 - 0.956)
2002	1,000	8	0.800	(0.345 - 1.576)
2003	920	6	0.652	(0.239 - 1.420)
2004	1,041	9	0.865	(0.395 - 1.641)
2005	840	7	0.833	(0.335 - 1.717)
2006	841	3	0.357	(0.074 - 1.042)

* Unlinked anonymous screening was not performed in 1994

(b) HIV seroprevalence in patients attending government TB & Chest Clinics, from voluntary blood testing (1993 - 2006)

Year	No. of blood samples	Coverage*		No. of anti-HIV+	Prevalence (%)	95% C.I. for prevalence (%)
		A	B			
1993	2,116	---	---	0	0	(--- - ---)
1994	2,534	---	---	2	0.079	(0.010 - 0.285)
1995	2,548	---	---	2	0.078	(0.010 - 0.284)
1996	3,157	---	---	2	0.063	(0.008 - 0.229)
1997	3,524	---	---	2	0.057	(0.007 - 0.205)
1998	3,726	---	---	6	0.161	(0.059 - 0.350)
1999	3,633	---	---	11	0.303	(0.151 - 0.542)
2000	3,426	*92.8%*	48.3%	3	0.088	(0.018 - 0.256)
2001	3,404	*94.2%*	48.1%	9	0.264	(0.121 - 0.502)
2002	3,186	*94.2%*	50.3%	7	0.220	(0.088 - 0.453)
2003	3,122	*92.3%*	54.5%	2	0.064	(0.008 - 0.231)
2004	3,202	*93.1%*	47.5%	10	0.312	(0.150 - 0.574)
2005	3,934	81.2%	68.3%	10	0.254	(0.122 - 0.467)
2006	4,256	91.0%	77.0%	8	0.188	(0.081 - 0.370)

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

Box 3.7 HIV prevalence among antenatal women

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

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

(b) HIV prevalence among antenatal women from Universal Antenatal HIV Antibody Testing Programme (2001 - 2006)

	Number of tests	Coverage*	Number of positive tests	Prevalence (%)	95% C.I. for prevalence (%)
2001 (Sep-Dec)	12,965	96.6%	7	0.05	(0.0217 - 0.1112)
2002	41,932	97.2%	8	0.02	(0.0082 - 0.0376)
2003	36,366	96.9%	6	0.02	(0.0061 - 0.0359)
2004	41,070	97.9%	6	0.01	(0.0054 - 0.0318)
2005	42,750	98.1%	5	0.01	(0.0038 - 0.0273)
2006	43,297	98.0%	8	0.02	(0.008 - 0.0364)

* coverage is the proportion of women attending public antenatal services who have been tested for HIV

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

System description:

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

Remark:

[1] Leck Yuen Clinic was closed since April 2005

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

[3] South Kwai Chung Clinic was closed on 27.3.2004

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

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

Tables & Figures

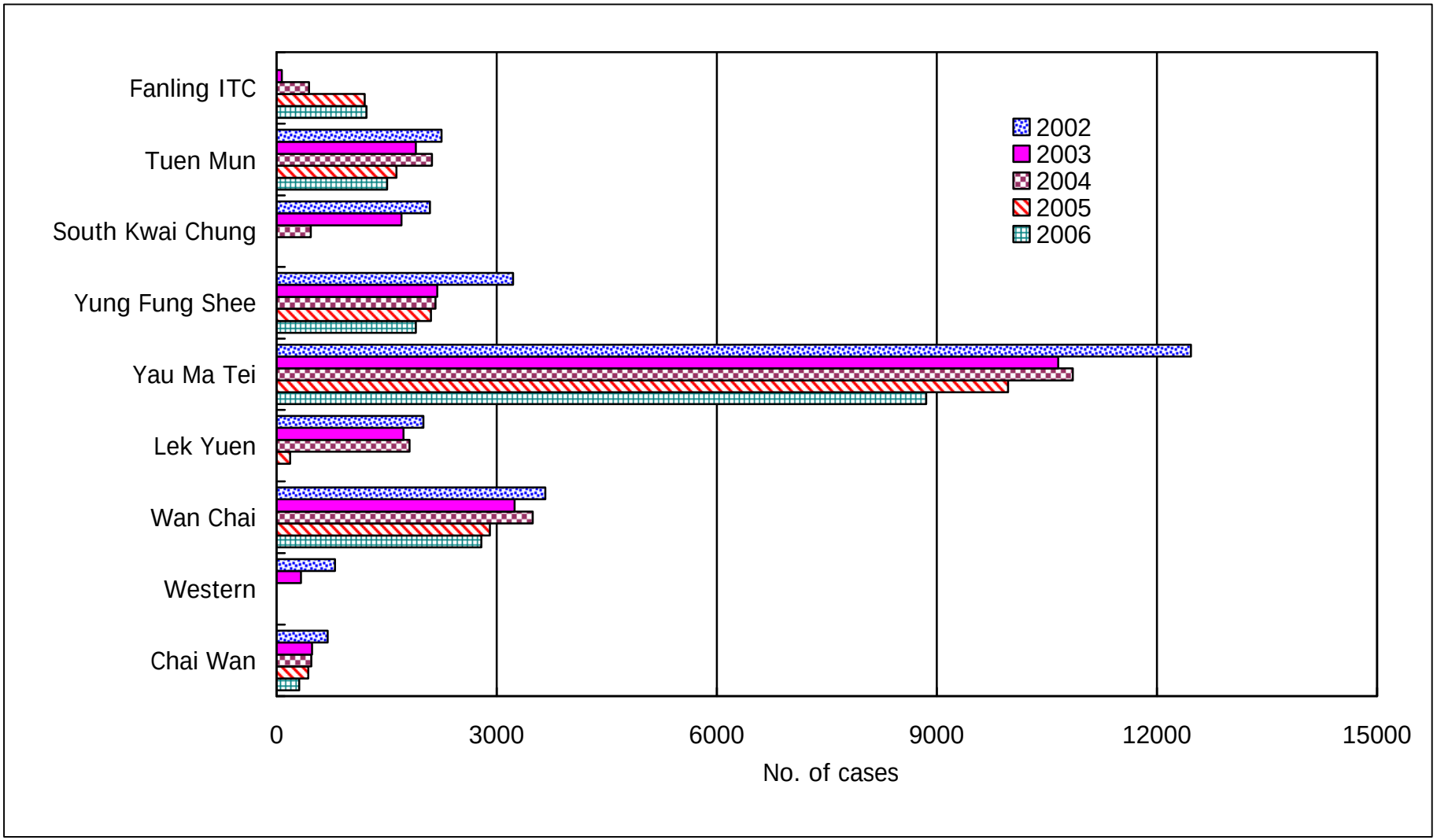
Box 4.1 Total number of STI reported by individual Social Hygiene Clinic

(a) Year 2006

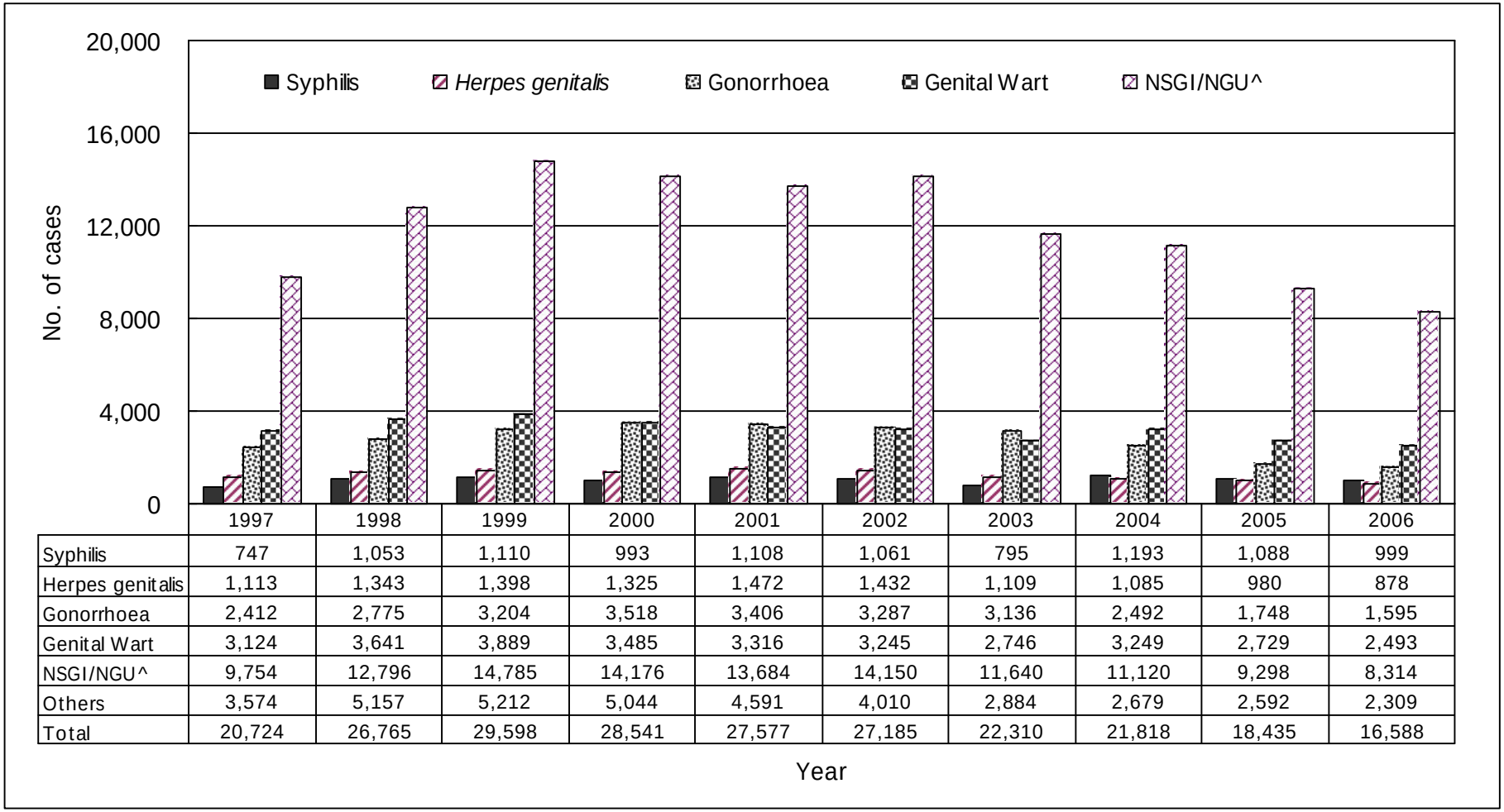
	Chai Wan	Wan Chai	Yau Ma Tei	Yung Fung Shee	Tuen Mun	Fanling ITC[#]
Male	177	1,760	4,894	1,255	799	687
Female	133	1,032	3,961	644	707	539
Total	310	2,792	8,855	1,899	1,506	1,226

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

(b) 2002 - 2006


Fanling ITC
Tuen Mun
South Kwai Chung
Yung Fung Shee
Yau Ma Tei
Lek Yuen
Wan Chai
Western
Chai Wan
2002
2003
2004
2005
2006
0
3000
6000
9000
12000
15000
No. of cases

Box 4.2 Annual reported STIs in Social Hygiene Clinics



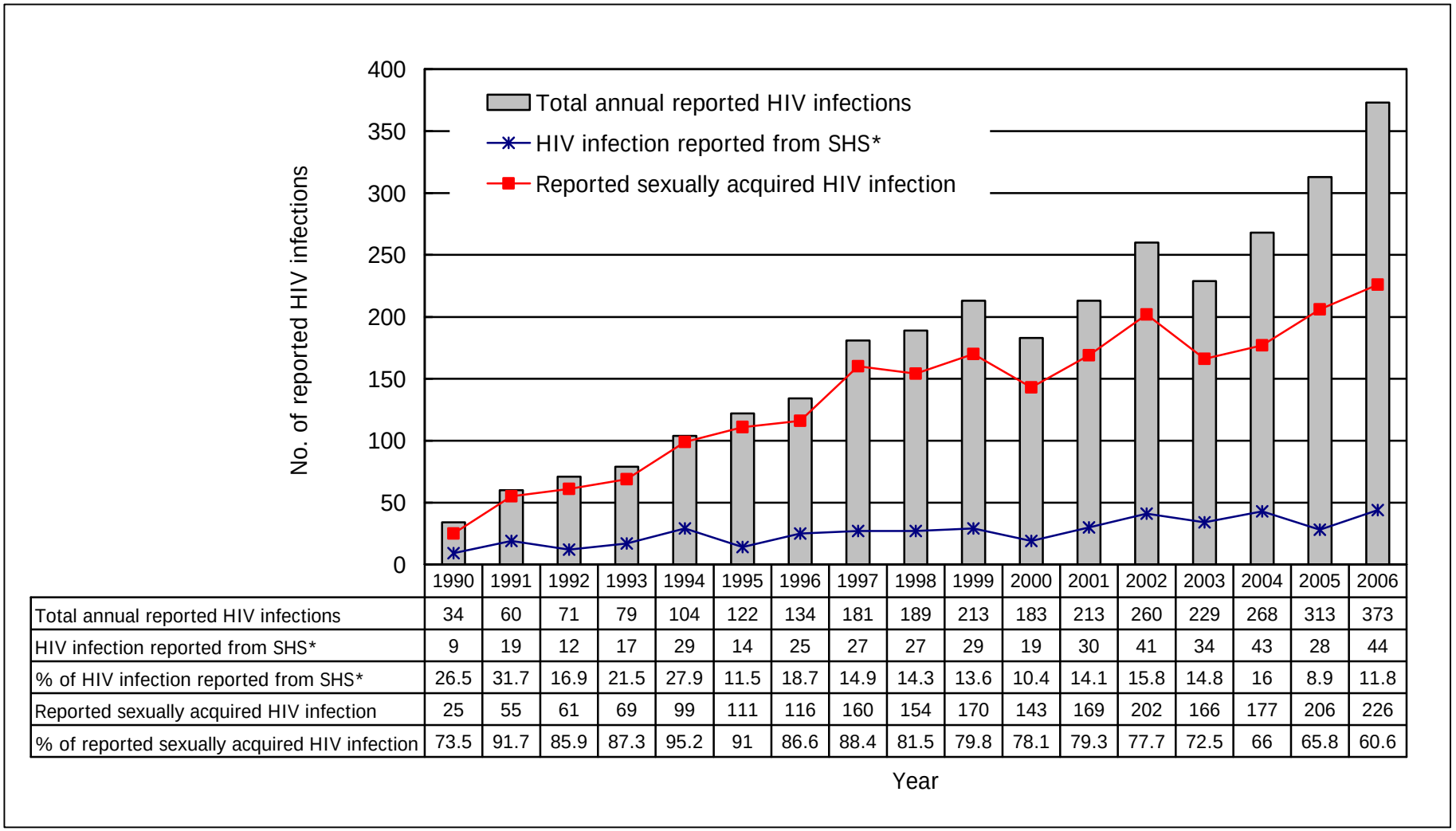
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Syphilis	747	1,053	1,110	993	1,108	1,061	795	1,193	1,088	999
Herpes genitalis	1,113	1,343	1,398	1,325	1,472	1,432	1,109	1,085	980	878
Gonorrhoea	2,412	2,775	3,204	3,518	3,406	3,287	3,136	2,492	1,748	1,595
Genital Wart	3,124	3,641	3,889	3,485	3,316	3,245	2,746	3,249	2,729	2,493
NSGI/NGU^	9,754	12,796	14,785	14,176	13,684	14,150	11,640	11,120	9,298	8,314
Others	3,574	5,157	5,212	5,044	4,591	4,010	2,884	2,679	2,592	2,309
Total	20,724	26,765	29,598	28,541	27,577	27,185	22,310	21,818	18,435	16,588

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

Box 4.3 Syphilis reported by Social Hygiene Clinics (2002 - 2006)

Year / Syphilis	2002	2003	2004	2005	2006
Primary	174	115	124	72	48
Secondary	67	68	49	36	42
Early latent	243	144	132	130	69
Late latent	573	466	877	845	835
Late (cardiovascular / neuro)	2	1	10	5	4
Congenital (early)	0	0	0	0	0
Congenital (late)	2	1	1	0	1
Total	1,061	795	1,193	1,088	999

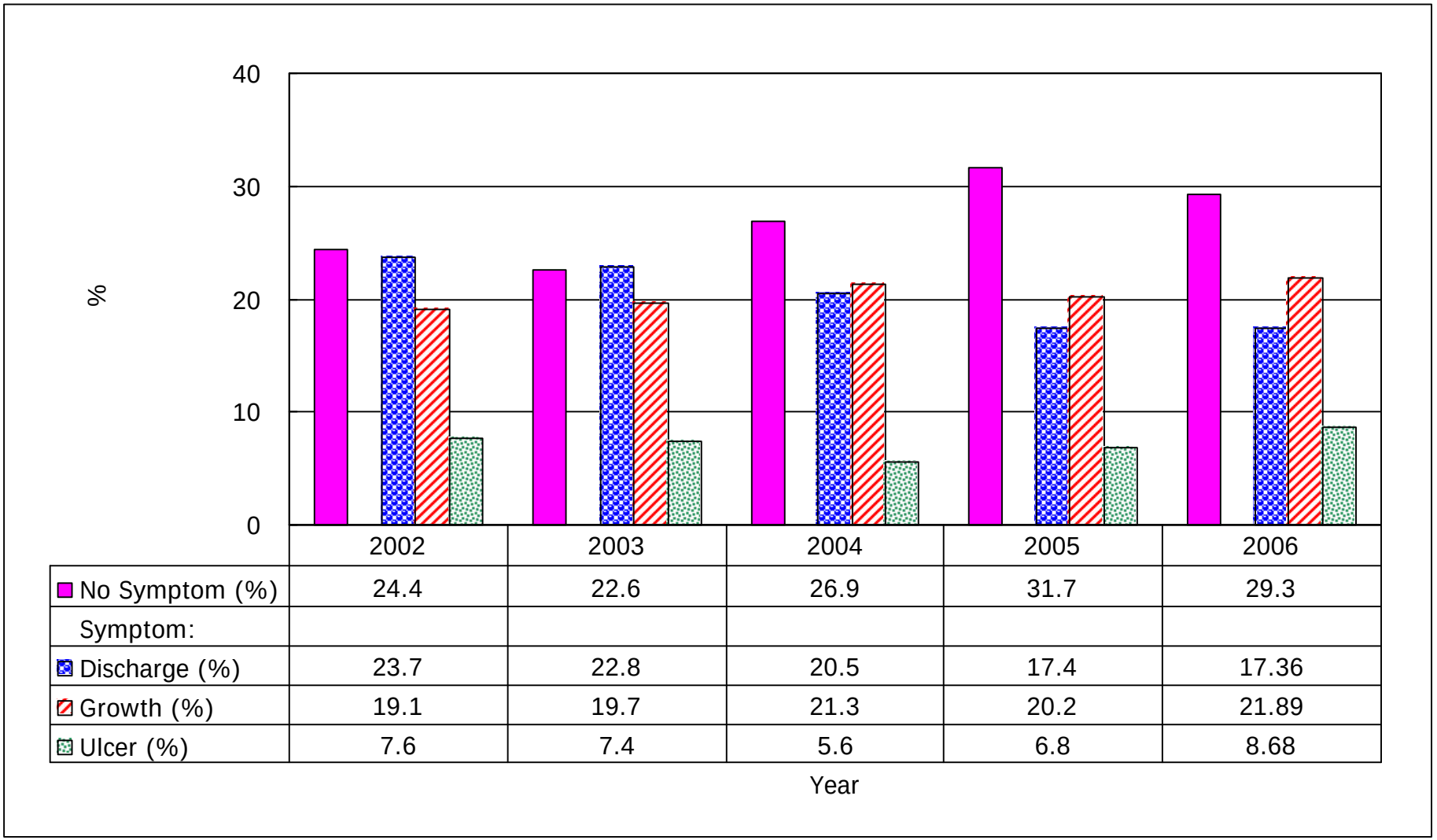
Box 4.4 Sexually acquired HIV infection in Hong Kong



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Total annual reported HIV infections	34	60	71	79	104	122	134	181	189	213	183	213	260	229	268	313	373
HIV infection reported from SHS*	9	19	12	17	29	14	25	27	27	29	19	30	41	34	43	28	44
% of HIV infection reported from SHS*	26.5	31.7	16.9	21.5	27.9	11.5	18.7	14.9	14.3	13.6	10.4	14.1	15.8	14.8	16	8.9	11.8
Reported sexually acquired HIV infection	25	55	61	69	99	111	116	160	154	170	143	169	202	166	177	206	226
% of reported sexually acquired HIV infection	73.5	91.7	85.9	87.3	95.2	91	86.6	88.4	81.5	79.8	78.1	79.3	77.7	72.5	66	65.8	60.6

* SHS: Social Hygiene Service

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



	2002	2003	2004	2005	2006
No Symptom (%)	24.4	22.6	26.9	31.7	29.3
Symptom:					
Discharge (%)	23.7	22.8	20.5	17.4	17.36
Growth (%)	19.1	19.7	21.3	20.2	21.89
Ulcer (%)	7.6	7.4	5.6	6.8	8.68

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 2006
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 Service (SHS)	- Recent history of commercial sex - Condom use in heterosexual men		Yes
Methadone clinics (DRS-M)		- Proportion of injectors - Practice of needle-sharing	Yes
Shek Kwu Chau (SKC) Treatment and Rehabilitation Centre (DRS-S)		- Proportion of injectors - Practice of needle-sharing	No
Central Registry of Drug Abuse (CRDA)		- Proportion of injectors in all drug users - Proportion of injectors in new drug users	Yes
Street Addict Survey (SAS) (From the society for the Aid and Rehabilitation of Drug Abusers)		- Proportion of injectors - Practice of needle-sharing	Yes
Community Research Programme on AIDS (CRPA-H and –T H: Household; T: Travellers) (From Centre for Epidemiology and Biostatistics)	- Condom use in heterosexual men		No

Tables & Figures

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

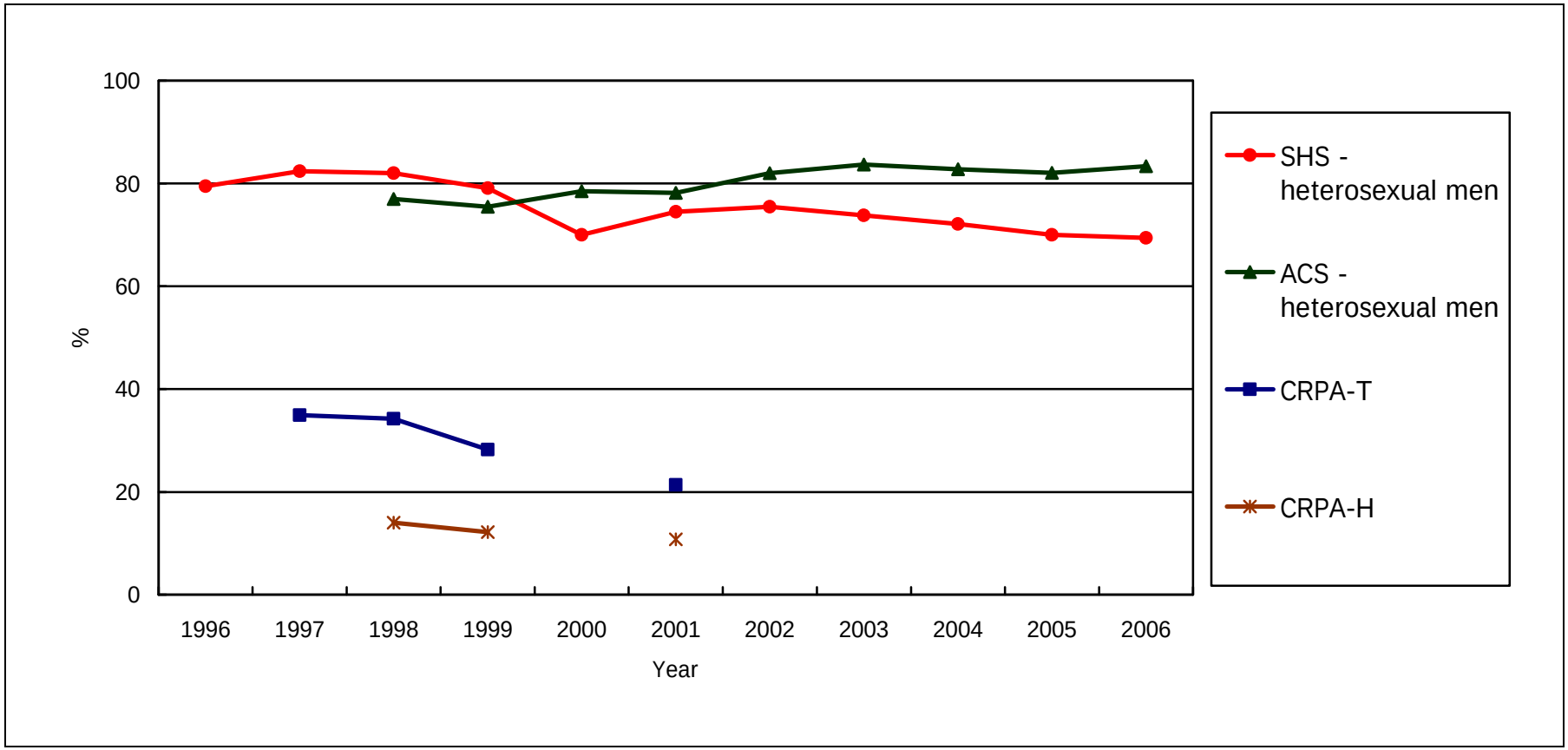
	2000	2001	2002	2003	2004	2005	2006
Heterosexual men - Regular sex partners*	1	1	1	1	1	1	1
Heterosexual men - Commercial sex partners**	2	2	2	2	2	2	2
Heterosexual men - Casual sex partners***	1	1	1	1	1	1	1
MSM - Regular sex partners*	1	1	1	1	1	1	1
MSM - Commercial sex partners**	5	1	2	2.5	2	1	1.5
MSM - Casual sex partners***	4	3	3	3	4	3	3

* Regular sex partners refer to the spouse or other long-term sex partners 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 partners are defined as those who have sexual intercourse in exchange for money, goods or services. Examples are prostitutes and customers of prostitutes.

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

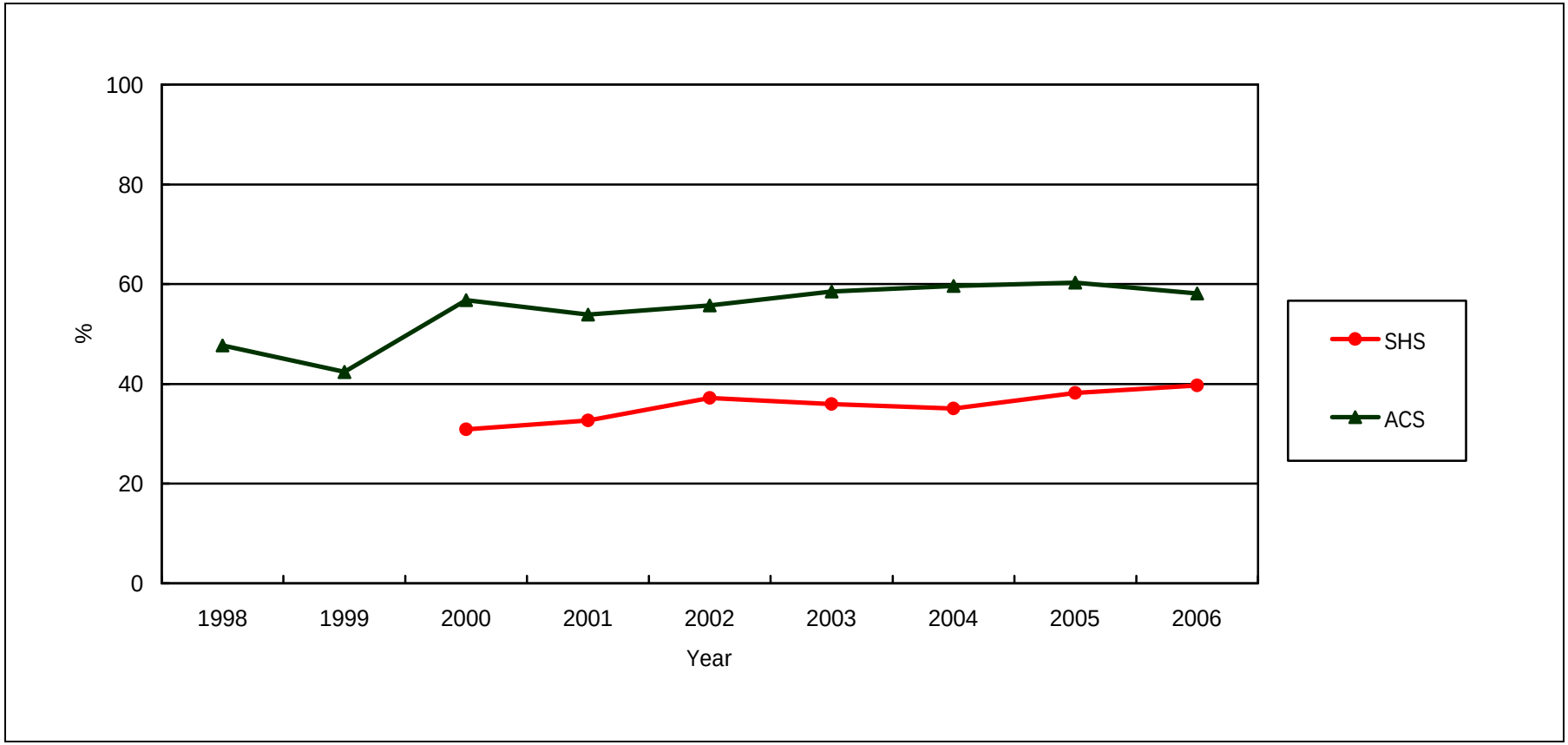
Box 5.2 Recent history* of commercial sex among adult men



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

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

Box 5.3 Regular condom use* with regular partners among adult heterosexual men**

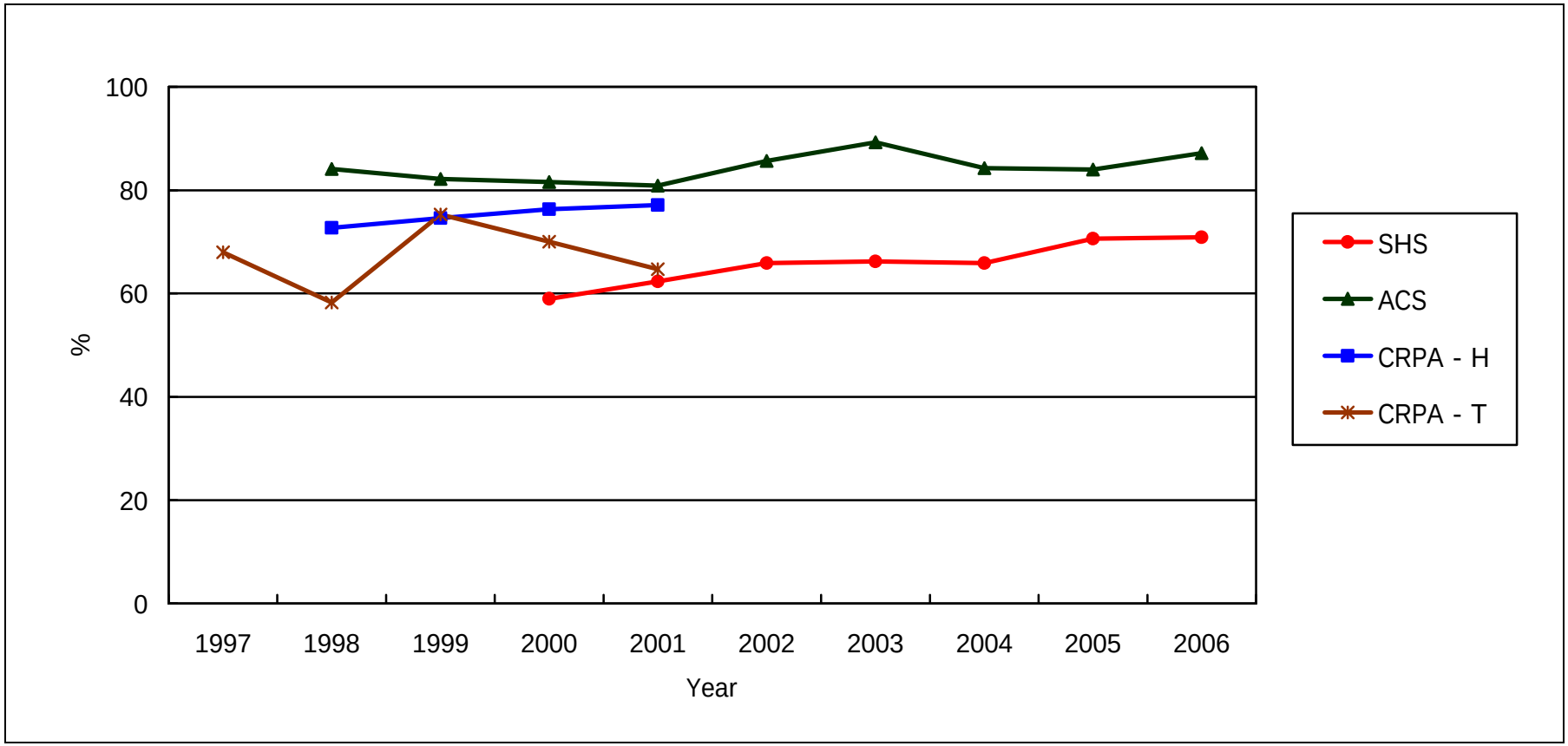


* Regular condom use is defined as always or usually using a condom on a 4-level scale

** Regular partners refer to the spouse or other long-term sex partners 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

Remarks : SHS – Social Hygiene Services
ACS - AIDS Counselling Service

Box 5.4 Regular condom use* with commercial partners among adult heterosexual men**

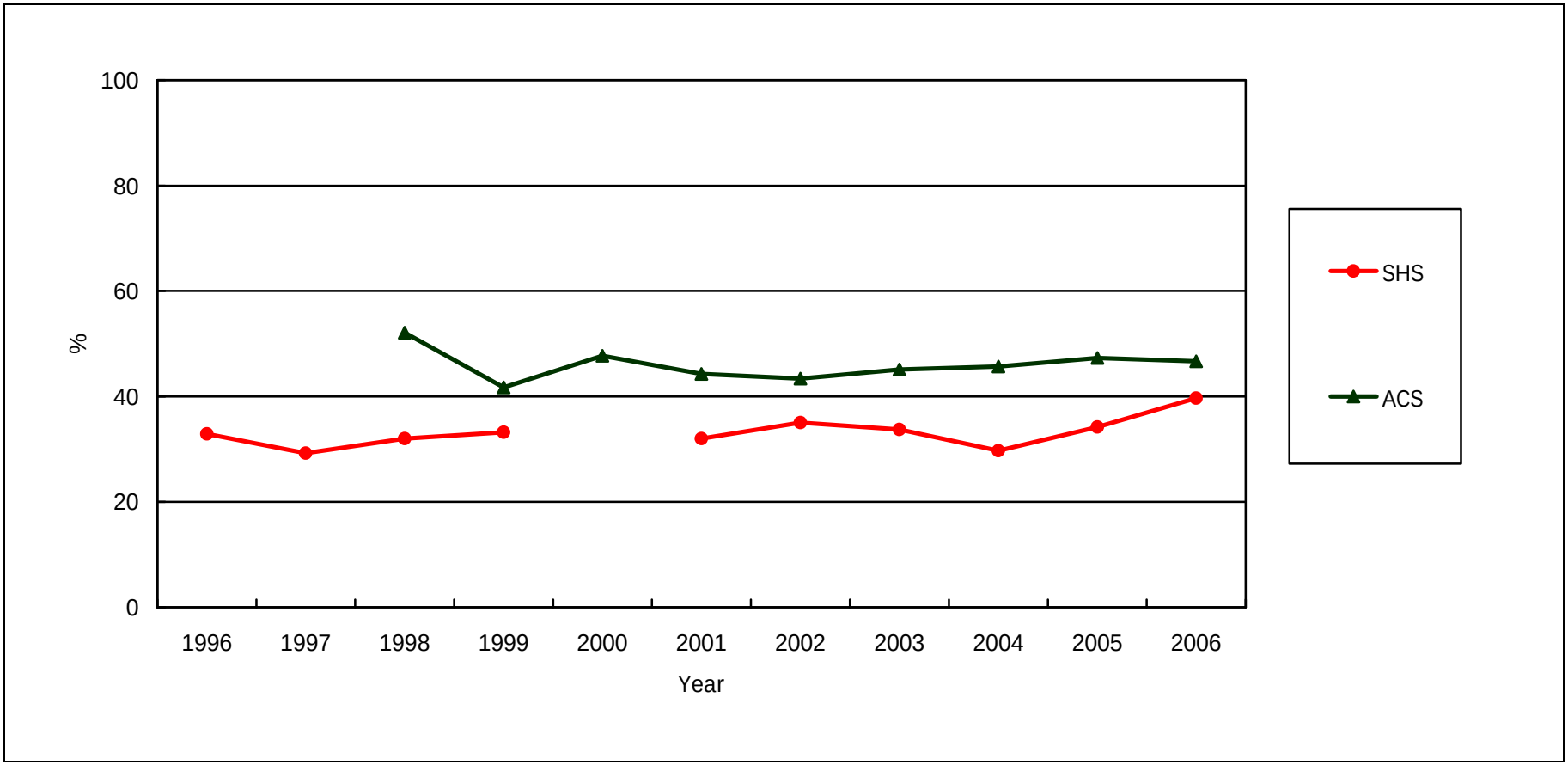


* Regular condom use is defined as always or usually using a condom on a 4-level scale

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

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

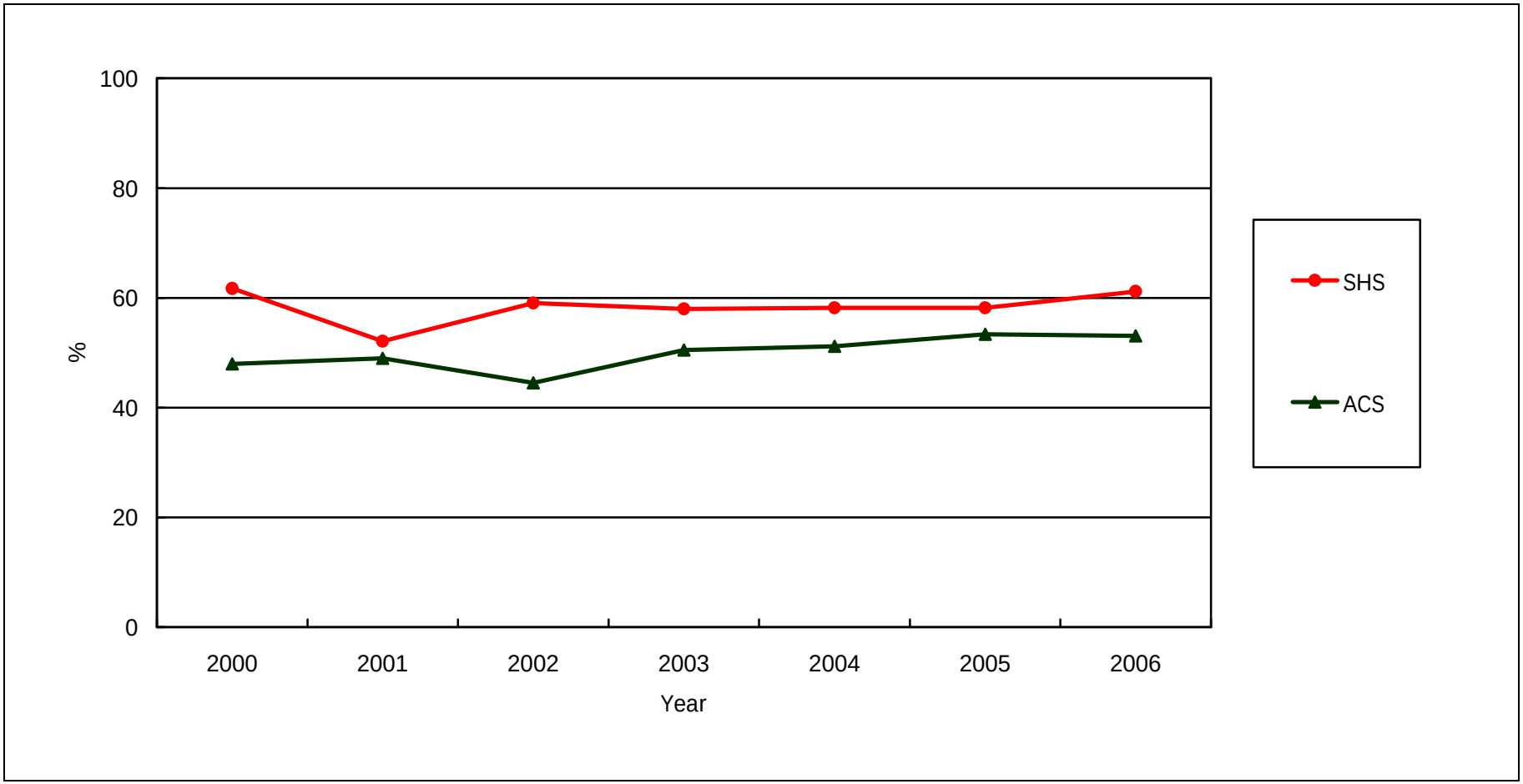
Box 5.5 Condom use for last sex with regular partners* among adult heterosexual men



* Regular sex partners refer to the spouse or other long-term sex partners 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.

Remarks : Data from SHS of 2000 is not available
SHS – Social Hygiene Services
ACS - AIDS Counselling Service

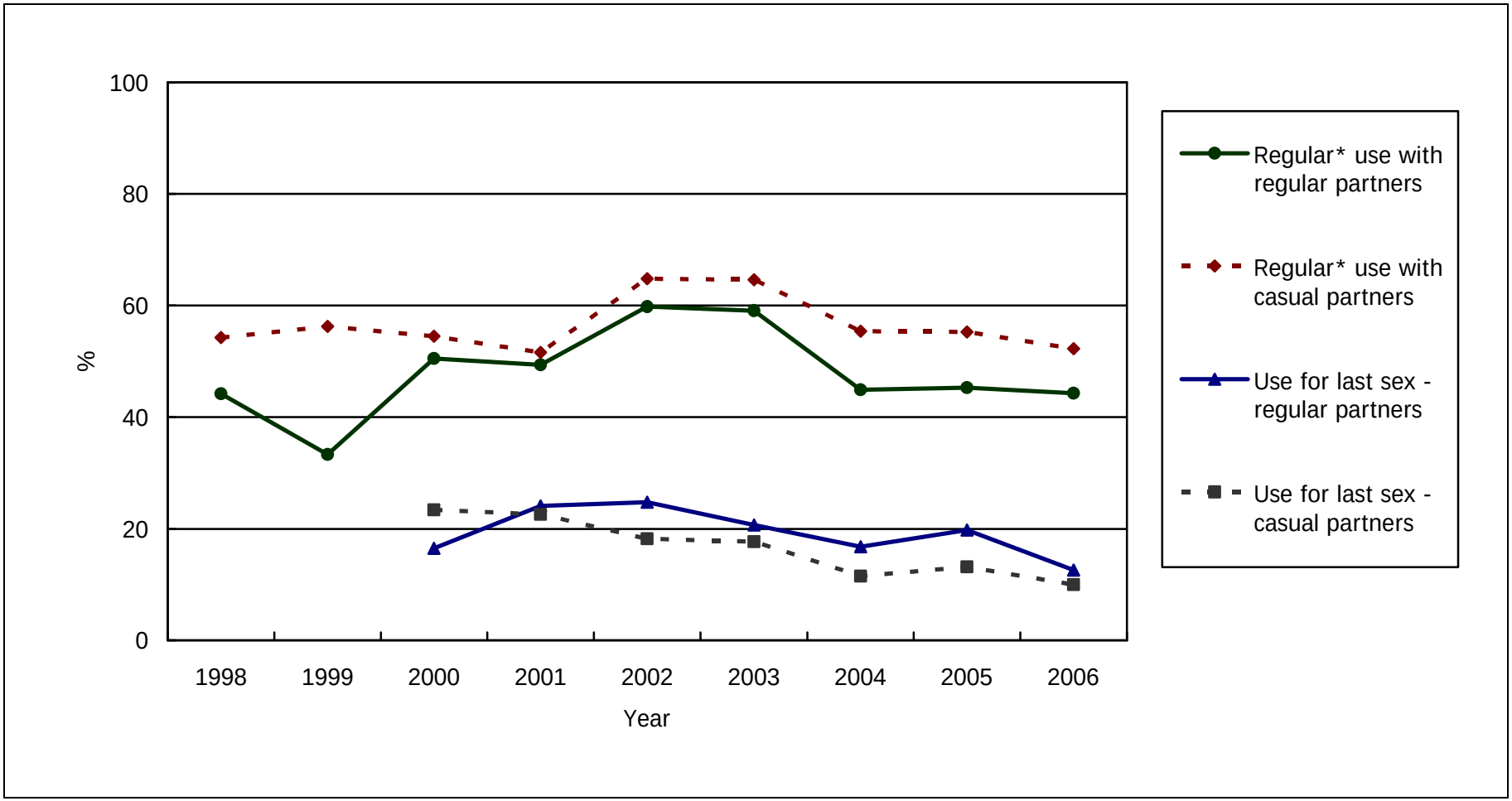
Box 5.6 Condom use for last sex with commercial partners* among adult heterosexual men



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

Remarks : SHS – Social Hygiene Services
ACS - AIDS Counselling Service

Box 5.7 Condom use among adult MSMs attending AIDS Counselling and Testing Service (ACTS)

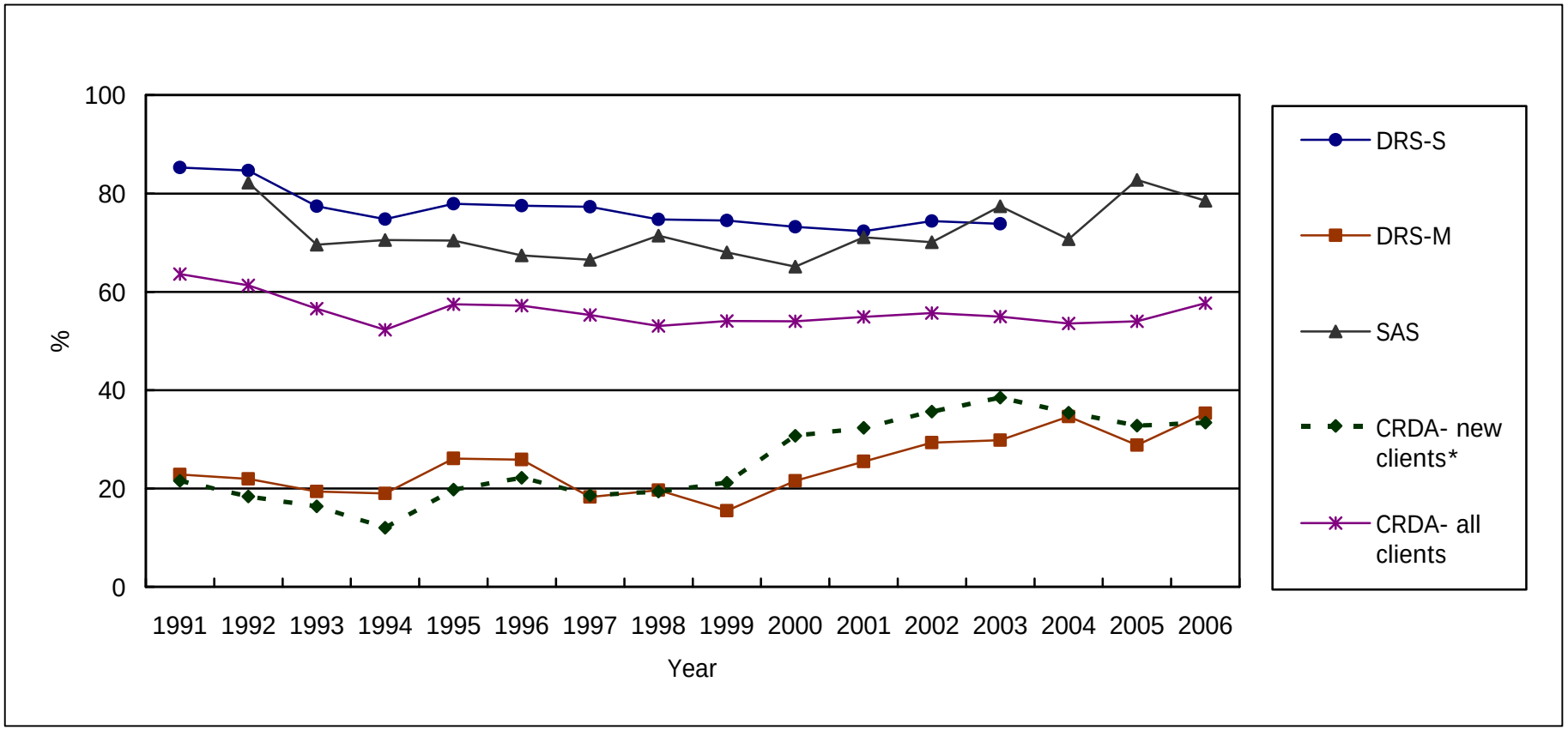


* Regular condom use is defined as always or usually using a condom on a 4-level scale

** Regular sex partners refer to the spouse or other long-term sex partners 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.

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

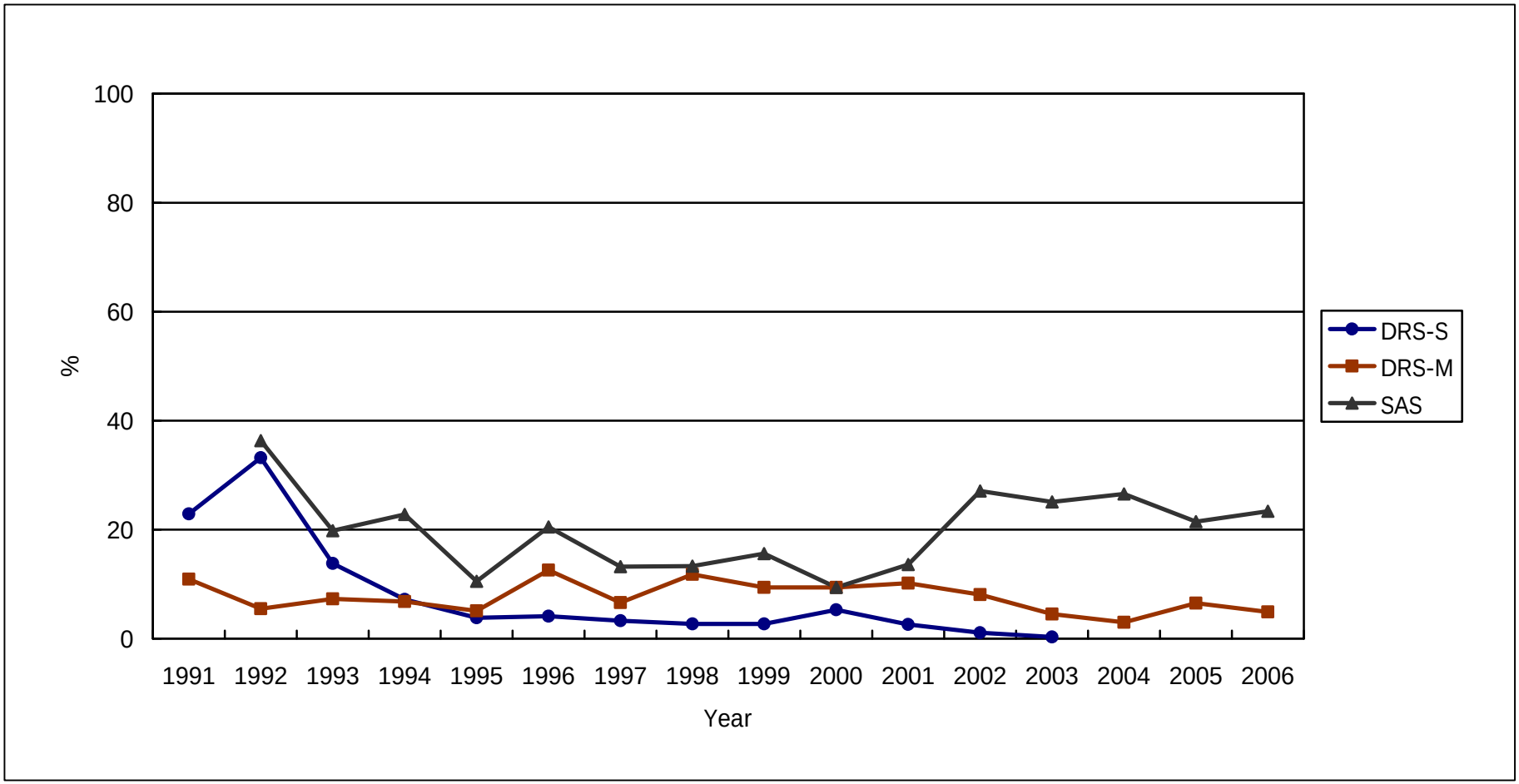
Box 5.8 Proportion of injectors



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

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

Box 5.9 Proportion of needle-sharers



Remarks: DRS-S - Shek Kwu Chau Treatment and Rehabilitation Centre
DRS-M - Methadone clinics
SAS - Street Addict Survey (From the society for the Aid and Rehabilitation of Drug Abusers)
Data of DRS-S suspended since 2004

Appendix I: HIV/AIDS report form (DH2293)

DEPARTMENT OF HEALTH
HIV/AIDS Report Form

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

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

Section (A) – Report of HIV

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section (B) – Report of AIDS

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

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

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

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

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

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

Section (C) – Report of deaths and defaults

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

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

Section (D) – Correspondence

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

Correspondence Address: _____

_____

Tel: _____ Fax: _____

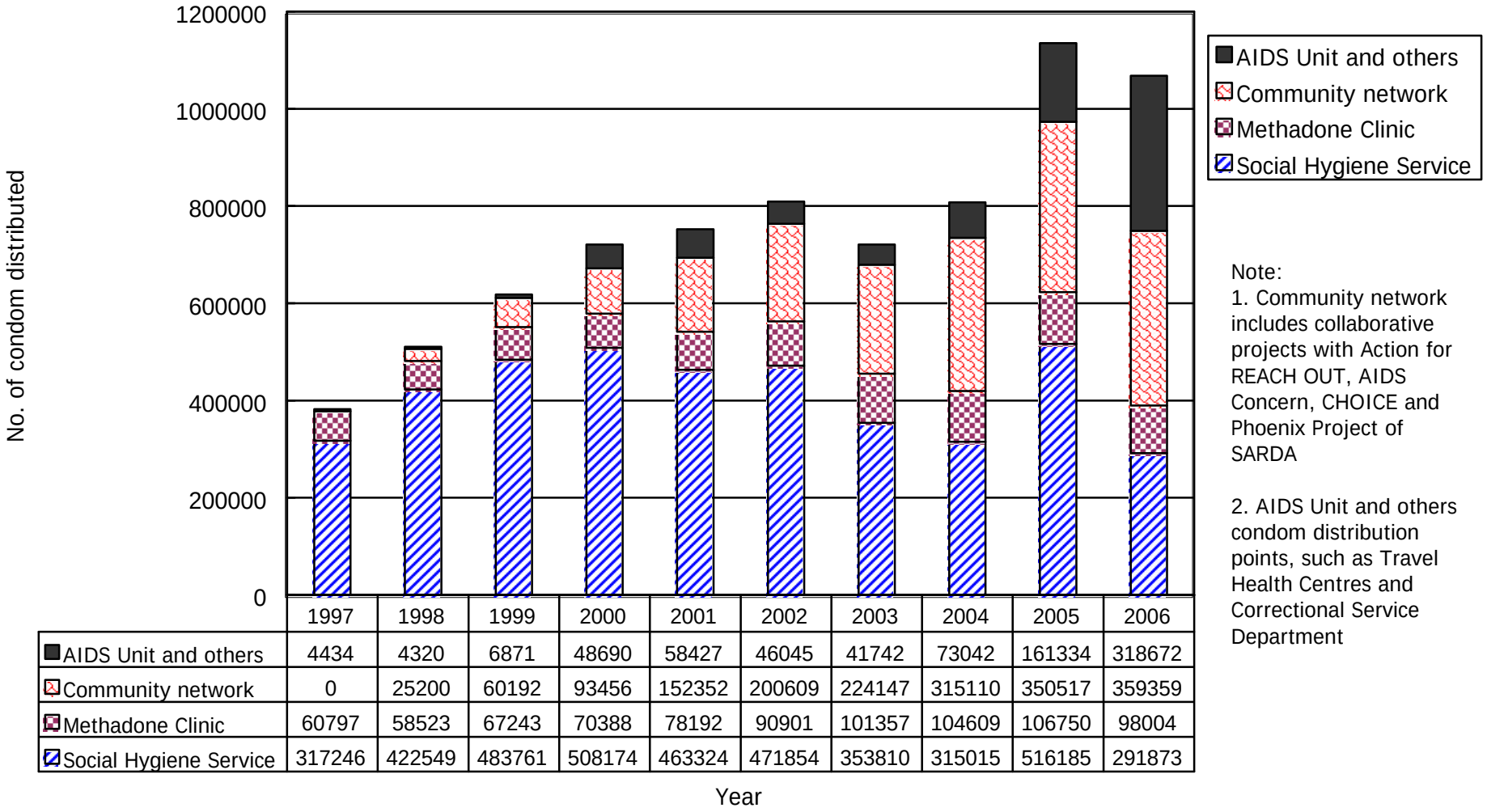
Email: _____ Date: ___ / ____ / ____ (dd/mm/yyyy)

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

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

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

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



	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
AIDS Unit and others	4434	4320	6871	48690	58427	46045	41742	73042	161334	318672
Community network	0	25200	60192	93456	152352	200609	224147	315110	350517	359359
Methadone Clinic	60797	58523	67243	70388	78192	90901	101357	104609	106750	98004
Social Hygiene Service	317246	422549	483761	508174	463324	471854	353810	315015	516185	291873

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

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