HIV SURVEILLANCE REPORT – 2004 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

Year 2004 marks the 20th anniversary of the first HIV case being diagnosed in Hong Kong. During this period of time, governments, policymakers, community leaders, researchers, healthcare workers and AIDS organization personnel have been working tirelessly in the combat of the AIDS epidemic.

The possible routes of HIV transmission were well understood early on in the epidemic. We are still faced with the same established routes of HIV transmission: sexual, blood contact and mother-to-child. The breakthroughs are not merely limited to scientific discoveries, they include our efforts to promote acceptance of HIV/AIDS patients and an enabling environment for HIV prevention such as harm reduction policies and safer sex campaigns. After the introduction of highly active antiretroviral treatment (HAART) in the mid 90s, HIV/AIDS has also been transformed from once a death sentence to a manageable chronic illness. This has significantly enhanced the quality of life and life expectancy of those suffering from the illness. The Hong Kong public health system has also coped admirably and kept pace with the modern advances in HIV medicine.

Public health surveillance is an ongoing systematic collection, analysis, and interpretation of health data, essential to the planning, implementation, and evaluation of public health practice. The process is all closely integrated with timely dissemination of HIV/AIDS data to those who need to know. Information of the HIV/AIDS epidemic in Hong Kong has been regularly disseminated to different target audience through various means. Quarterly press meetings are held with releases. The latest statistics is also uploaded to the Virutal AIDS Office (www.aids.gov.hk) in the form of summary tables and STD/AIDS Update quarterly report. The *fourth annual surveillance report on HIV/AIDS* is an initiative of Special Preventive Programme (SPP) of the Department of Health, Centre for Health Protection. 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 in form of 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
Special Preventive Programme
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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 Service 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 Disease (STD) caseload statistics; and (d) behavioural studies. The data is collected, analyzed and disseminated regularly by staff 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 2004. 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 Surveillance system	Page Number
(a) HIV/AIDS reporting system	Page 19 - 20
(b) Seroprevalence studies	Page 43 - 44
(c) STD caseload statistics	Page 59
(d) Behavioural studies	Page 67-68

Reporting system

Reports of HIV/AIDS cases continue; majority were male and of sexual transmission

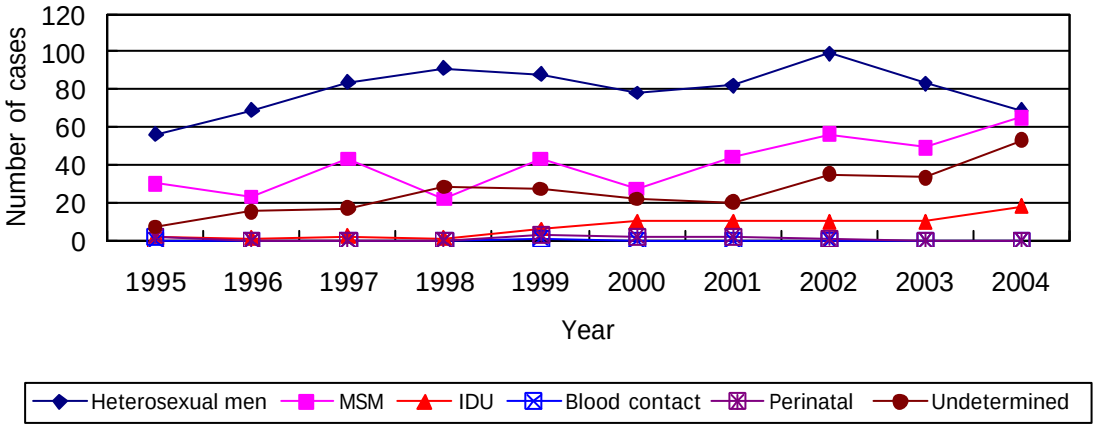
3. The Department of Health receives a total of 268 HIV reports and 49 AIDS reports in 2004, a 17% rise in HIV reports and a 12.5% decrease in AIDS reports when compared to figures of the previous year. The cumulated totals have reached 2512 for HIV reports and 718 for AIDS reports respectively. Public clinics/hospitals/laboratories are the primary sources of HIV/AIDS referrals, accounting for nearly half of the HIV reports and 85% of the AIDS reports. When comparing with the average figures from 1984-2004, there is an increase in trend on the number of HIV reports from drug rehabilitation services and AIDS service organizations. The number of reports from other sources such as Social Hygiene Service has remained stable.

4. In Year 2004, there were 205 HIV reports from men, accounting for 76% of all reports. This represents a 17% rise from last year's figures of 175 cases. The male to female ratio was 3.2:1, the same as last year. About 65% of these reports were believed to have been transmitted sexually, 7.8% through injecting drug use (vs 4% in 2003) and 28% with risk undetermined. This means that sexual transmission has accounted for more than 90% of HIV reports with identified risks.

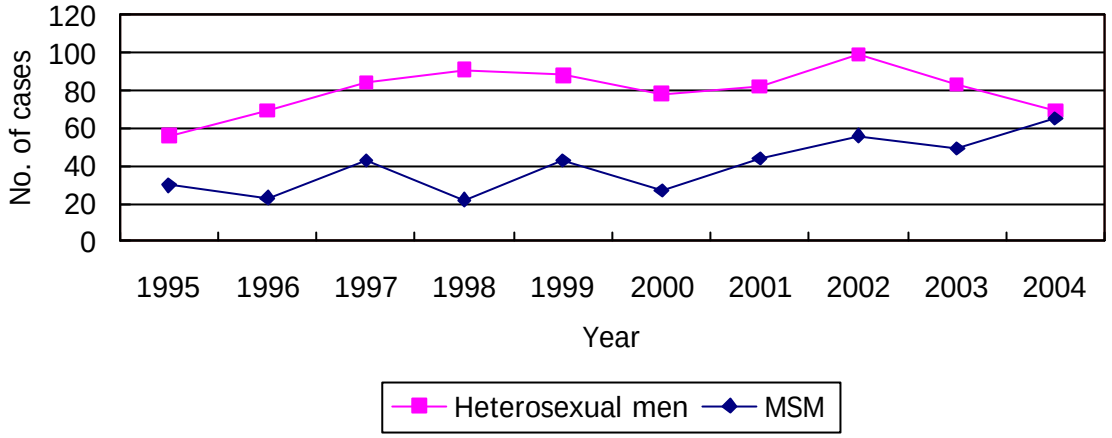
Men who have sex with men (MSM) is a rising concern

5. Both heterosexual transmission and homosexual/bisexual men (MSM) are important risk factors for HIV infection in men (as shown in Box 1.1 below). During the 80s and early 1990s in Hong Kong, there were more males infected from the route of MSM transmission in the HIV epidemic. Since 1993, the trend was reversed with more men found to acquire HIV via heterosexual transmission. Recently, an increasing trend of MSM infected with HIV has been observed with the ratio of heterosexual against MSM dropping from its peak of 4.1:1 in 1998 to 1.1 in 2004 (as shown in Box 2.7c). This means that nearly 50% of HIV infected men acquired their infections from MSM transmission. With the increasing trend of MSM infection, it is likely that MSM transmission may overtake heterosexual transmission as the most important risk factor of HIV infection in men (as shown in Box 1.2). Apart from an increase of MSM reports in men, the MSM group also shows a younger age distribution when compared with the heterosexual group. (Boxes 1.3 and 1.4)

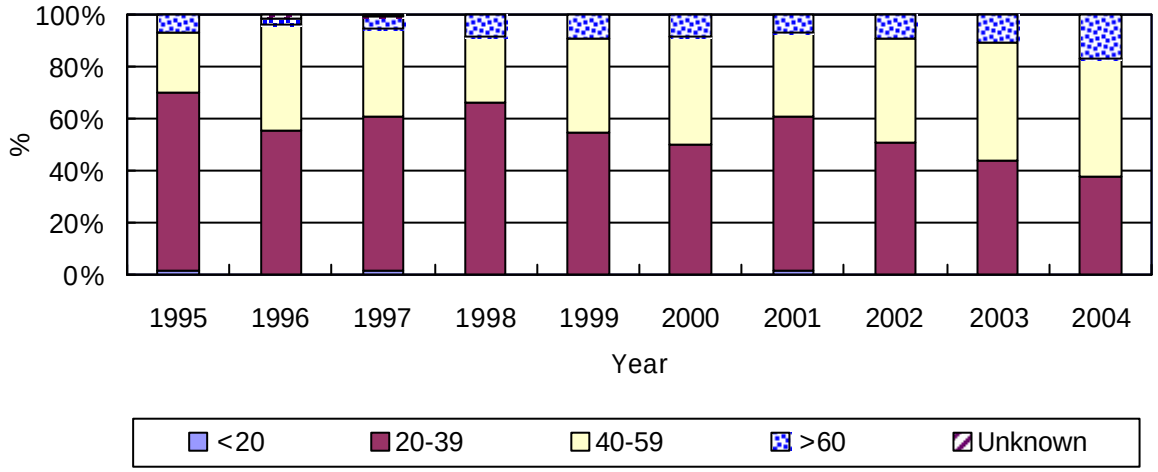
Box 1.1 - HIV Reports in Men by risk



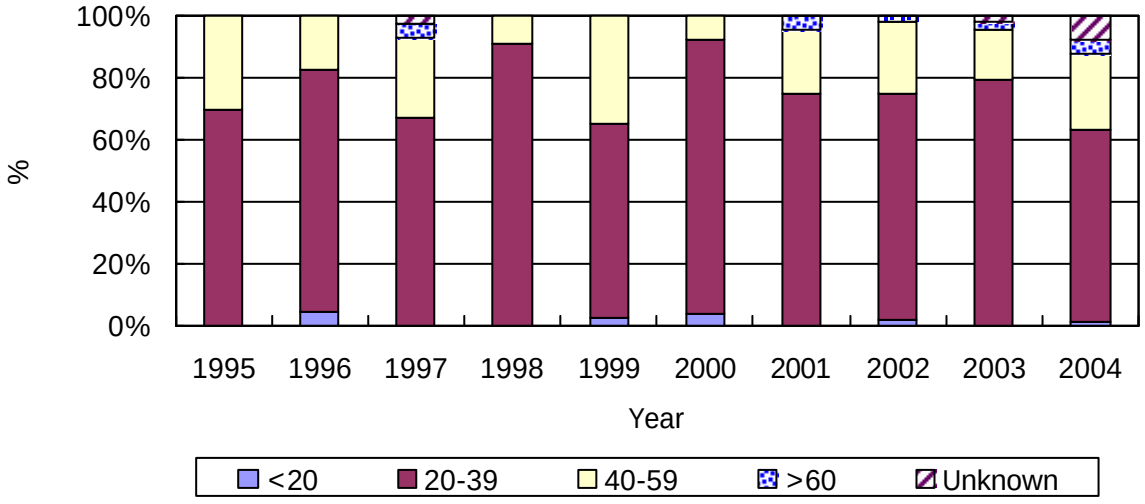
Box1.2 - Increasing trend of MSM reports



Box1.3 - HIV Reports in Heterosexual Men



Box1.4 - HIV infections in MSM



Cases with undetermined risk factor on the increase

6. Unfortunately, voluntary reporting is becoming more incomplete as there is an increasing proportion of cases being reported as undetermined risk (Table 2.5a and Table 2.5b). For the first time in the history of HIV surveillance, there was over a quarter of the reported HIV cases without a suspected route of transmission. This is especially so for cases without clinical reporting. While it is understandable that the route of transmission may not be determined in every single case, every effort must be made to report this crucial information, if known, so that meaningful aggregate data could be generated and disseminated for better understanding of local HIV epidemiology in Hong Kong.

A proportion presented late with low CD4/AIDS

7. Report of CD4 level at HIV diagnosis and number of AIDS reports provide useful information on the timing of diagnosis in the course of HIV infection. Sixty three percent of HIV cases in 2004 reported the CD4 level at diagnosis. There is a drop in the proportion of reports with CD4 count mainly due to increased proportion of reports received from private clinics and drug rehabilitation services (as shown in Box 1.5).

Box 1.5 – Reported CD4 levels at HIV diagnosis

Year	No. of HIV reports	No. of CD4 reports (%)	Median CD4 (cell/ul)	CD4>=200 (cell/ul) (%)
1999	213	116 (54.5%)	149	53 (45.7%)
2000	183	127 (69.4%)	97	52 (40.9%)
2001	213	158 (74.2%)	223	82 (51.9%)
2002	260	199 (76.5%)	197	99 (49.7%)
2003	229	161 (70.3%)	202	81 (50.3%)
2004	268	168 (62.7%)	217	90 (53.6%)

8. In 2004, there was a continued decreasing trend in median CD4 count among those who are aged 55 and above. The median CD4 for those who are aged less than 55 years has been stable at around 200 for the past 4 years (as shown in Box 1.6)

Box 1.6 – CD4 Reports by age group

Year	Age	No. of CD4 reports (%)	Median CD4 (cell/ul)	% of CD4 >= 200 (cell/ul)
2001	<55	142 (90%)	247	54%
	>=55	16 (10%)	96	38%
2002	<55	181 (91%)	196	50%
	>=55	18 (9%)	213	50%
2003	<55	134 (83%)	226	51%
	>=55	27 (17%)	108	44%
2004	<55	149 (89%)	230	56%
	>=55	19 (11%)	82	37%

9. Encouragingly, we continued to observe a gradually decreasing trend in the number of AIDS reports. For the very first time since 1996 (the year when HAART was introduced), we have received fewer than 50 AIDS reports in one calendar year with a figure of 49. This downward trend of reported AIDS cases remained similar to previous years (Box 2.9) with

Pneumocystitis jirovechi pneumonia and *Mycobacterium tuberculosis* being the first and second ranked primary AIDS defining illnesses. Forty eight (97.9%) of new AIDS patients reported in 2004 had the infection reported in no more than 3 months prior to AIDS reporting. This signifies (a) most of the AIDS patients had their HIV infection diagnosed late in the course of illness (late presenters) and (b) AIDS progression is uncommon if not of late diagnosis. Amongst all, the proportion of HIV reports with progression to AIDS within 3 months is 18% (48/268), similar to that of 2002 and 2003.

Seroprevalence studies and testing programmes

Unlinked anonymous screening and other prevalence studies yield seroprevalence data in different target populations

10. Seroprevalence surveys in Hong Kong cover populations with no apparent HIV risk, apparent risk and also undetermined risk. In general, the prevalence rates among tested populations have been low. The estimated HIV seroprevalence is 0.001% from a sample size of over 190 000 blood specimens at the Hong Kong Red Cross Blood Transfusion Service (Box 3.1a and 3.1b). A relatively high prevalence rate was found in MSM through outreach activities of a non-governmental organization. In 2004, 6 (1.81%) of 332 were tested positive whereas the figure was 0.88% in 2003. The limited coverage of the programme, however, makes interpretation difficult.

11. Unlinked anonymous screening (UAS) has been established as an integral part of HIV surveillance in Hong Kong following the recommendations of World Health Organization and the Scientific Committee on AIDS (SCA). It is a useful and effective tool to monitor HIV seroprevalence in community groups for which voluntary testing is constrained and serves as a first step of surveillance to a defined population (as shown in Box 3.3a, 3.4,3.5, 3.6a and 3.7a). It is more acceptable to patients and vulnerable communities for fear of possible adverse consequences of HIV diagnosis, such as stigmatization.

12. UAS monitors HIV seroprevalence in drug users from different settings, pregnant women, elderly, prisoners and TB patients. Antenatal women and attendees of methadone clinics are good examples where UAS has worked well for a number of years before being replaced by universal HIV voluntary testing programmes. Voluntary testing programmes could facilitate clarification of HIV status at individual level for treatment and care. From 1997-2004, a total of 65 288 tests were performed under various UAS programmes, which turned out 148 HIV positive tests. The annual HIV prevalence ranges from 0-0.87% in different populations. UAS in drug users from 3 different settings showed that HIV seroprevalence was <=0.6% without showing a rising trend. Prisoners could be at risk of contracting HIV because of high levels of drug use and HIV risk behaviour. Over the past 10 years, the HIV seroprevalence of newly admitted prisoners has been in the region of 0.204%-0.633% from unlinked anonymous screening, which was similar but slightly highly than that in drug users of methadone clinics and other treatment services. For details of the UAS programme, please also refer to the recent SCA publication titled *"Unlinked anonymous screening for HIV surveillance in Hong Kong 1997-2004-"*.

Universal HIV Testing programme in Methadone Clinics

13. Coverage of drug users has been expanded by a massive HIV testing programme introduced in methadone clinics. In last year's HIV surveillance report, a pilot universal HIV testing was performed at 3 methadone clinics. There were 9 HIV positive cases identified from 1834 tests, representing a HIV seroprevalence of 0.5%. Prior to 2004, HIV

seroprevalence data are available from unlinked anonymous screening (UAS) and voluntary HIV testing in methadone clinics. For the UAS programme, the sample size of urines collected for HIV screening is between 2100-4100 samples per annum. The HIV seroprevalence ranged from 0-0.274%. The voluntary HIV testing programme at methadone clinics is not capturing an adequate number of HIV tests for meaningful interpretation. Thus, the universal testing programme was rolled out in 2004. There were 8905 HIV tests performed on 9899 methadone clinics attendees covering all 20 methadone clinics. The coverage on the universal testing programme was 90%. According to statistics kept at Public Health Laboratory Service, a total of 18 HIV positive cases were identified from 8812 tests performed in the universal HIV testing programme. The HIV seroprevalence was estimated at 0.2% among methadone clinic attendees (as shown in Box 3.3c).

14. From July 2003 – December 2004, a total of 32 HIV positive cases were identified from methadone clinics. Ninety-one per cent of the HIV positive cases were Chinese and 84% of them were males. Seventy-one percent of these cases were new HIV diagnoses. The suspected route of transmission for these cases was 56% due to IDU, 22% heterosexual and 22% undetermined. The newly diagnosed patients contributed substantially to the overall reported drug-related cases during the period.

HIV remains uncommon in antenatal women

15. In 2004, there were no perinatal HIV cases reported. Since the launch of the universal HIV antenatal testing in Sept 2001, there were 136 052 women eligible women for HIV testing in public hospitals through December 2004. Out of whom, 132 333 women received the HIV test, which represents an opt-out rate of 2.7% (as shown in Box 3.7a and 3.7b). During this period, a total of 27 HIV positive pregnancies were identified; 3 cases were known before pregnancy, 23 cases were known before 23 weeks of gestation and 1 case was known after delivery. Of these 27 HIV pregnancies, 10 women underwent termination of pregnancy, 3 women were lost to follow-up, 13 women were delivered by Caesarean Section and 1 woman presented late with her HIV status diagnosed only after her vaginal delivery. At the time of writing this report, there was one baby diagnosed so far with HIV infection; 8 babies were confirmed HIV negative; 3 babies had at least one PCR test negative and one baby was lost to follow-up out of the 15 deliveries known to the system.

Sexually transmitted infection (STI) caseload statistics and behavioural surveillance

16. Sexual contact has long been the major mode of HIV transmission in Hong Kong. It is important to know the changing trend of STI and how widespread the practice of high risk sexual behaviours (unprotected sex and multiple sex partners) in order to triangulate the information gathered from voluntary case reporting and seroprevalence studies. Although the Social Hygiene Service clinics may only represent around 20% of all STI attendances in the community, it is a very important sentinel site. It was noted that there was a very slight decrease in the total number of STI cases in Social Hygiene Service, an aggregate of 22310 cases in 2004 when compared with 21818 cases in 2003. While there was an increase in the number of syphilis cases (in particular latent phase) and genital warts, there was a decrease in the number of gonorrhea cases.

Level of risky drug use remained similar but sexual risk behaviours increased

17. Behavioural surveillance programmes have enabled the description of risk behaviours for HIV transmission in population groups over time and explores the implications of these changes in the pattern of AIDS-related behavioural markers. They have been instrumental in

helping to refine public health interventions and inform the targeting of health promotion and disease control strategies. SPP Surveillance Team has been working to regularize behavioural surveillance in Hong Kong and optimise our ability to measure the impact of interventions and health promotion strategies on behaviour.

18. Behavioural surveillance generally aims to monitor trends in those behaviours that are amenable to change– for example, number and type of sexual partnerships, condom use, unprotected anal intercourse and sharing needles etc. Behavioural surveillance data will enable us to identify the priority areas for further in-depth epidemiological and social researches.

19. For the behavioural surveillance on MSM carried out at AIDS Counseling & Testing Service (ACTS) in 2004, it is observed that MSMs were not using condoms as regularly with their regular and casual sex partners when compared with previous years (Box 5.7). Condom usage was below 20% for last sex with both regular and casual partners. There is also a slight increase on the median number of sex partner from 3 last year to 4 this year. (Box 5.1). For adult heterosexual men, regular condom use with regular partners has been maintained at around 60% and 40% attendees of ACTS and Social Hygiene Service respectively for the past few years. The figures on regular condom use are higher for commercial sex partners and stand at 80% and 70% respectively. This is a biased population as those who failed to use condoms put them at risk for HIV and STI and end up attending the aforementioned clinics. Safer sex campaigns should be organized from time to time as a health promotion strategy to increase awareness on the proper and correct use of condoms.

20. In terms of the behavioural risk for IDU, the figures on the proportion of injectors and the proportion of needle-sharing have largely remained stable over the past few years (as shown in Box 5.8 and 5.9). Over the past year, needle-sharing activities have not become more common in any of the 3 sentinel sites in methadone clinics, drug treatment and rehabilitation centre and street addict surveys. It is more common for street addicts to share needles than attendees of methadone clinics and drug treatment and rehabilitation centres. The proportion of needle-sharing is around 20% for the past 3 years, whereas less than 10% of those drug users attending methadone clinics and drug treatment centres admitted sharing needles.

Molecular epidemiology

CRF01_AE and B subtypes remain the most common HIV-1 strains

21. About 73% of HIV reports in 2004 had their subtypes documented in a project jointly conducted by the University of Hong Kong and the Department of Health. Until the end of year 2004, CRF_01AE, B and C are the most common subtypes identified in Hong Kong. Altogether they accounted for 91% of all HIV cases with subtypes identified. CRF_01AE was found to be more common in female, Asians non-Chinese, heterosexuals and IDU; the subtype B is more common in whites, MSMs and C subtype in females, Asians and sexually transmitted cases. An increase in diversity of subtypes and its recombinant forms was also noted (as shown in Box 1.7).

Box 1.7 – HIV Subtypes in Hong Kong

	2001	2002	2003	2004
Annual HIV Reports	213	260	229	268
No of reports with subtypes (%)	83 (39%)	228 (88%)	204 (89%)	195 (73%)
Subtype (%)				
CRF01_AE	49 (23%)	122 (47%)	99 (43%)	90 (34%)
B	24 (11%)	78 (30%)	60 (26%)	70 (26%)
08_BC	0 (0%)	1 (<1%)	4 (2%)	10 (4%)
C	5 (2%)	15 (6%)	21 (9%)	3 (1%)
Others	5 (2%)	12 (5%)	20 (9%)	22 (8%)

Discussion

22. Ever since the first case of HIV was diagnosed in 1984, Hong Kong adopted a voluntary HIV and AIDS case reporting system. This consistent method has been used over the years, allowing fair interpretation of the temporal trend. Worldwide, differences exist in the organisation of HIV/AIDS reporting and in the type and format of information collected. There is substantial concern, supported by numerous studies, that named and mandatory reporting would deter individuals of vulnerable communities and people living with HIV/AIDS (PLHA) from seeking HIV testing and accessing care. It is vital for public health programmes to maintain a trusting and cooperative relationship with PLHA and those at greatest risk for HIV infection.

23. The HIV/AIDS figures reported in 2004 are largely similar to past years. Seroprevalence studies have not shown a significant rise in HIV infections among the at-risk groups or the general population. Hong Kong remains a low HIV prevalence area as suggested by the reported statistics and the various seroprevalence data so far. The HIV prevalence has been estimated to be less than 0.1% in the general population.

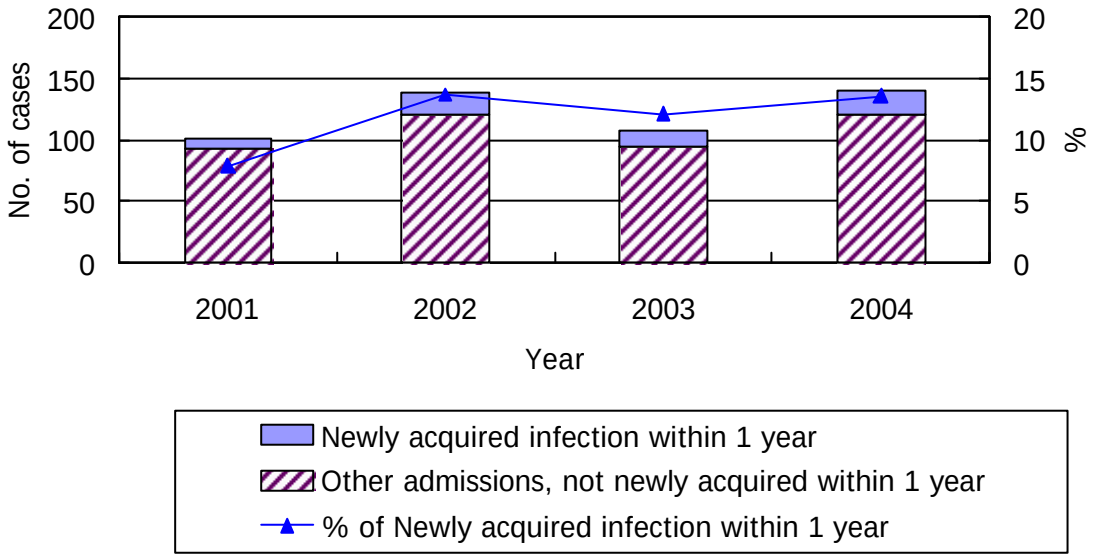
HIV epidemiology 2004 at a glance

- 268 HIV Reports
  - Gender:76% male
  - Ethnicity:69% Chinese
  - Age (years): median 36, nearly 1/4 older than 50
  - Risk:
    - 40% heterosexual
    - 24.2% homo/bisexual
    - 7.8% injecting drug use (IDU)
    - 28% undetermined
- 49 AIDS reports
  - Primary AIDS defining illnesses: commonest are PCP and TB followed by fungal infections including penicilliosis
- Seroprevalences
  - Blood donors: 0.001%
  - Antenatal women: 0.01%
  - Attendees at STI clinics: 0.105%
  - Attendees at methadone clinics: 0.204%

24. Over the years, sexual transmission has remained as the single most important route of HIV spread in Hong Kong. The increasing trend of MSM infection is a cause for concern. At present, there is inadequate surveillance mechanism for this vulnerable community. It is necessary to work out plans for enhancing HIV surveillance, gathering information on sexual networks, investigating possible clusters of outbreak, promotion of early HIV testing, partner counseling referral and safer sex practices in a targeted manner on MSM. Closer collaboration with non-governmental organizations and other stake holders in accessing this hard-to-reach community is necessary.

25. From prevention point of view, the occurrence of new HIV infections is more relevant as many of the newly reported cases may in fact be long-standing infections. Since 2001, the Integrated Treatment Centre (ITC) has been maintaining a registry to assess the dimension of recent HIV infections. In 2004, 13.6% of all new ITC attendees were documented to be recent infections within one year of diagnosis while it was 12% for the 4-year period (Box 1.8). Tracking new HIV incidence by epidemiologic and laboratory methods would be essential surveillance tool to supplement and complement the existing regular systems.

Box 1.8 – No of new admissions



26. Molecular epidemiology is useful in enhancing the understanding of HIV epidemiology and the identification of possible clusters of outbreak. It serves to suggest epidemiological relationship of local infections, as well as linkage with those in other places. Insight can also be gained regarding the possible route of transmission and if an infection may be recent. It will be a welcome addition to HIV surveillance.

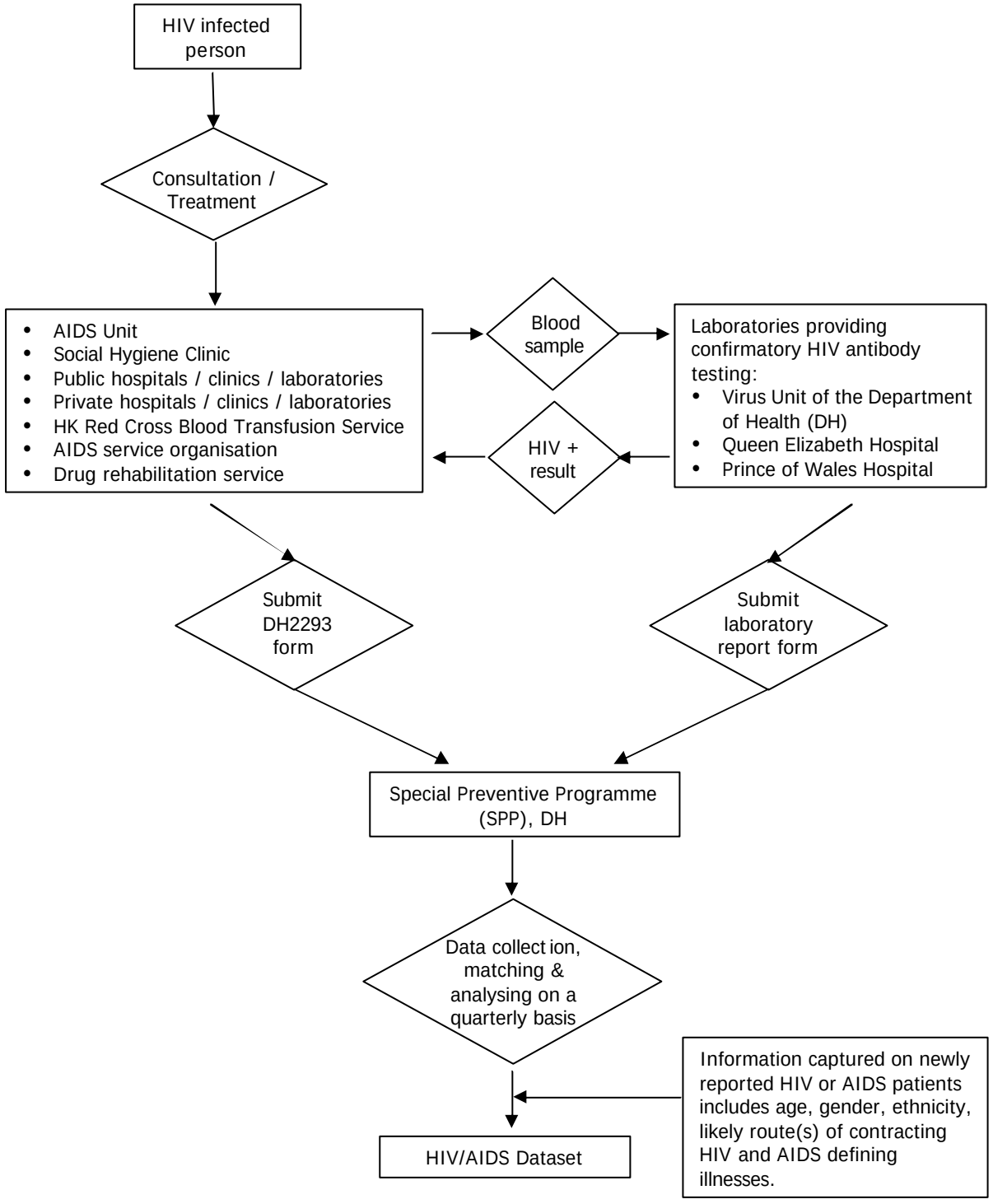
27. The massive public health HIV testing programmes have contributed to surveillance of and better understanding of HIV situation in targeted populations. Furthermore, early diagnosis of infected patients is achieved with prompt referral for care. Internationally, regularisation of HIV testing and improving its access in medical and non-medical settings is becoming worldwide trend. This allows better prevention, care and control of HIV/AIDS.

2. TABULATED RESULTS OF HIV/AIDS REPORTING

System description

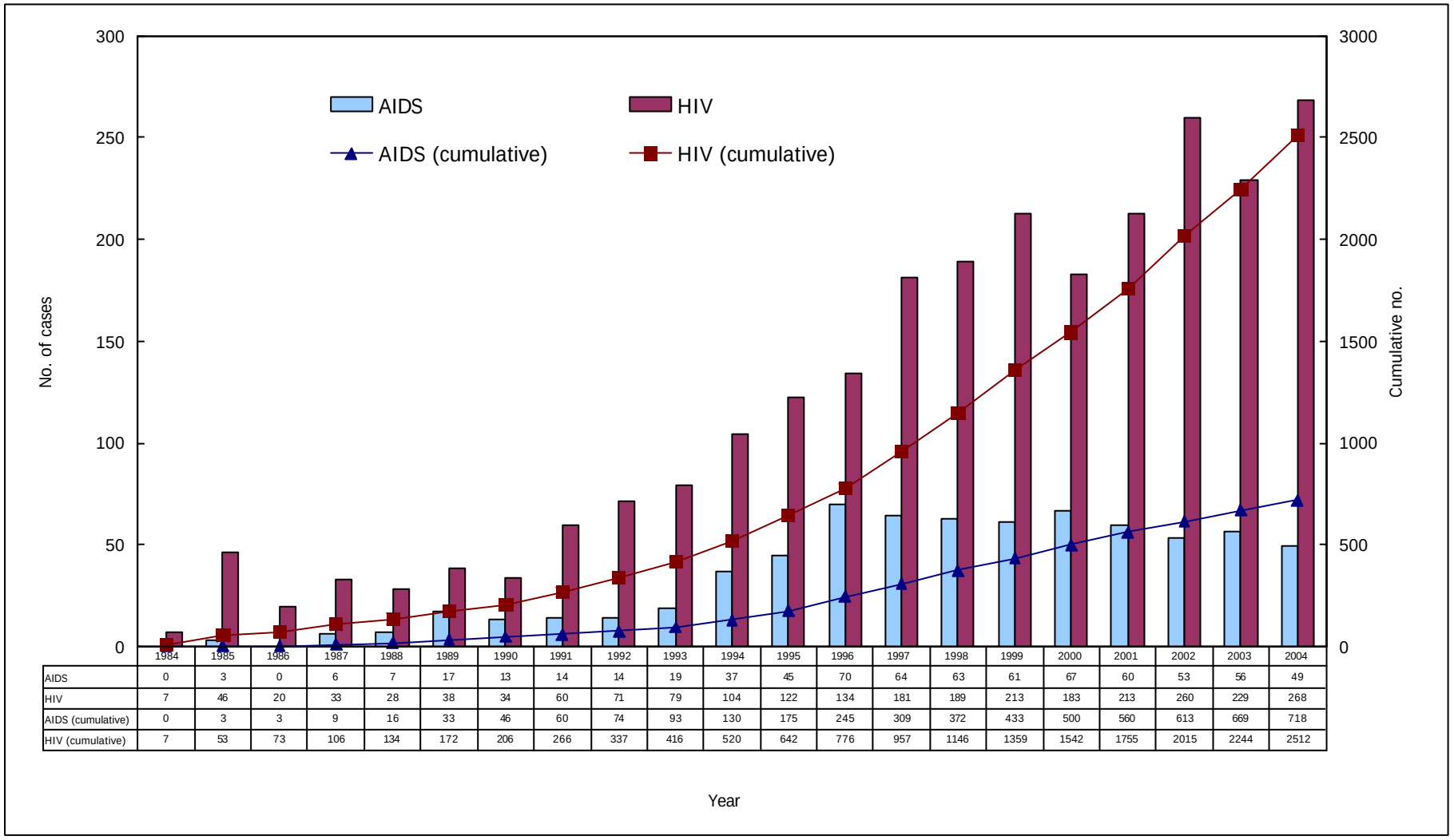
- The HIV/AIDS reporting system is a case-based notification system conducted on a voluntary basis since 1984, with input from clinicians and laboratories.

System layout



Tables & Figures

Box 2.1 Annual and cumulative reports of HIV/AIDS cases

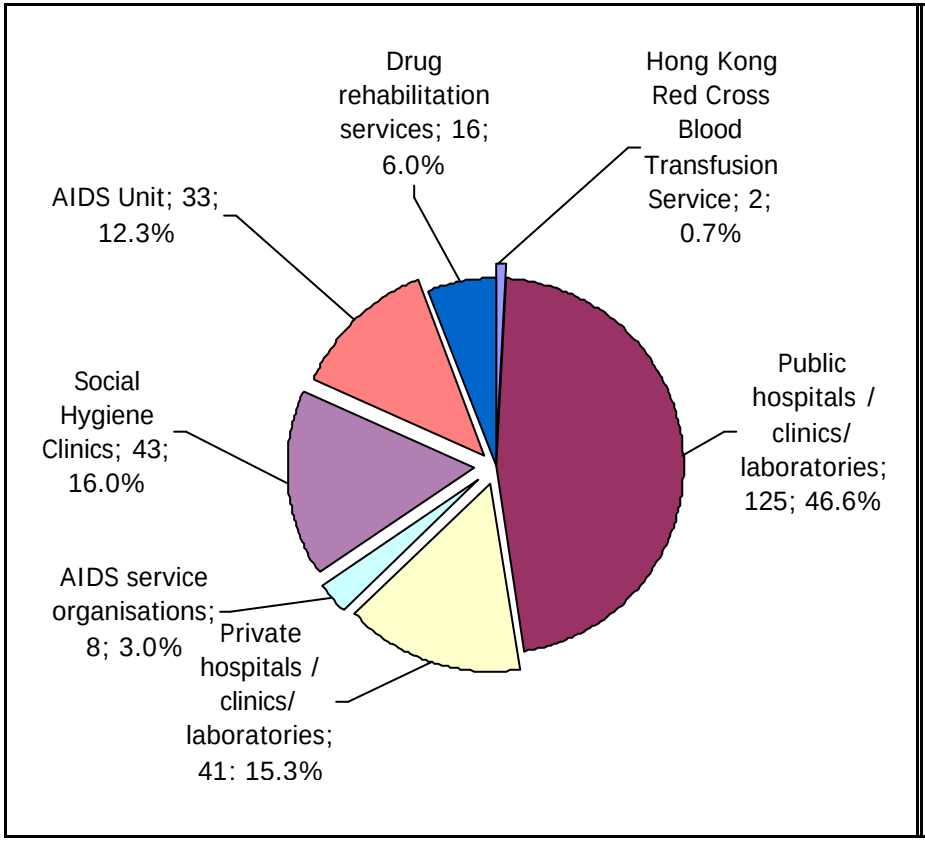


	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
AIDS	0	3	0	6	7	17	13	14	14	19	37	45	70	64	63	61	67	60	53	56	49
HIV	7	46	20	33	28	38	34	60	71	79	104	122	134	181	189	213	183	213	260	229	268
AIDS (cumulative)	0	3	3	9	16	33	46	60	74	93	130	175	245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

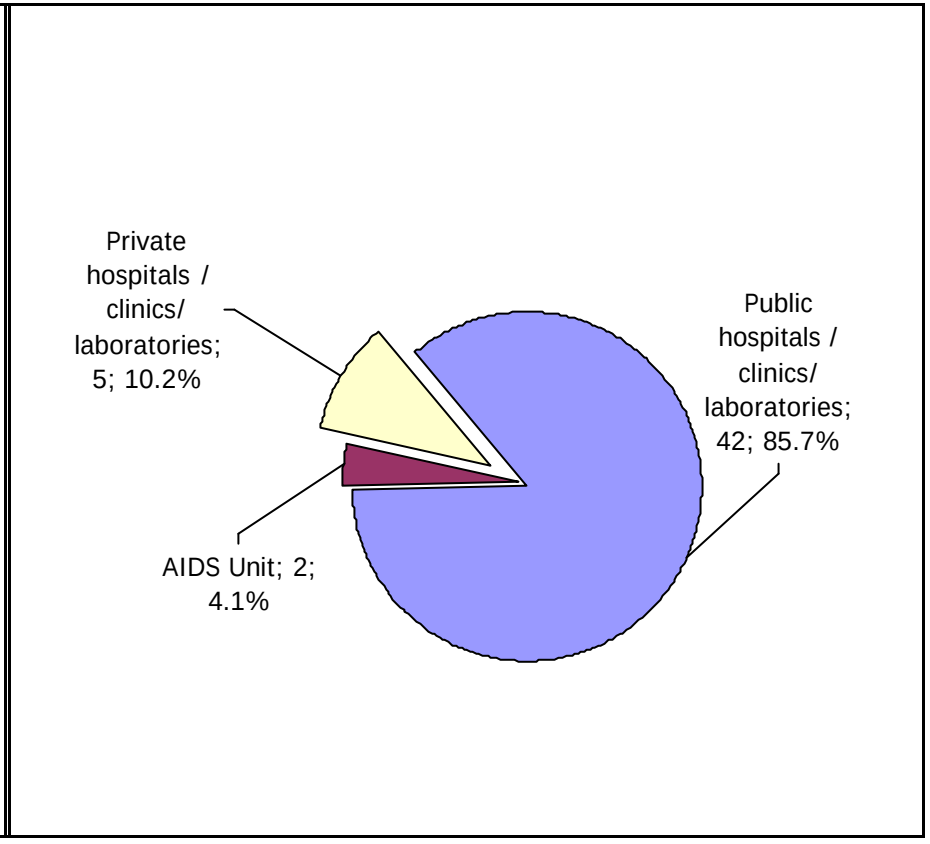
Box 2.2 Source of reporting of HIV/AIDS cases

(a) Year 2004

(i) HIV

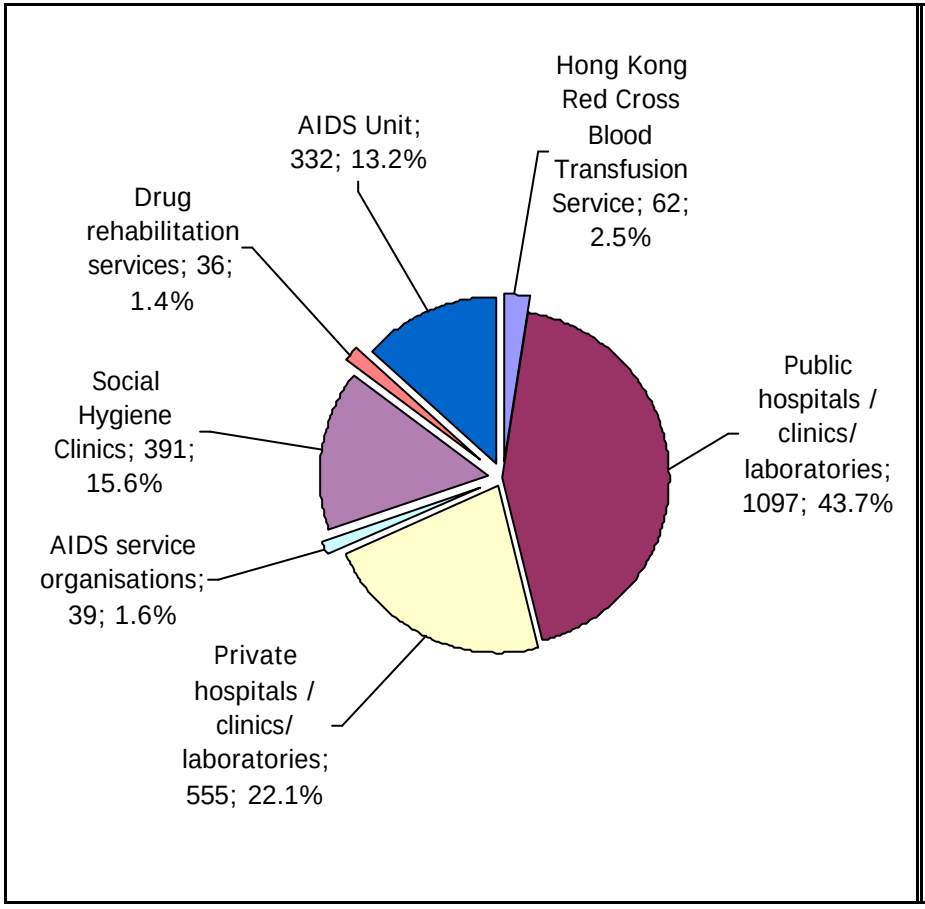


(ii) AIDS

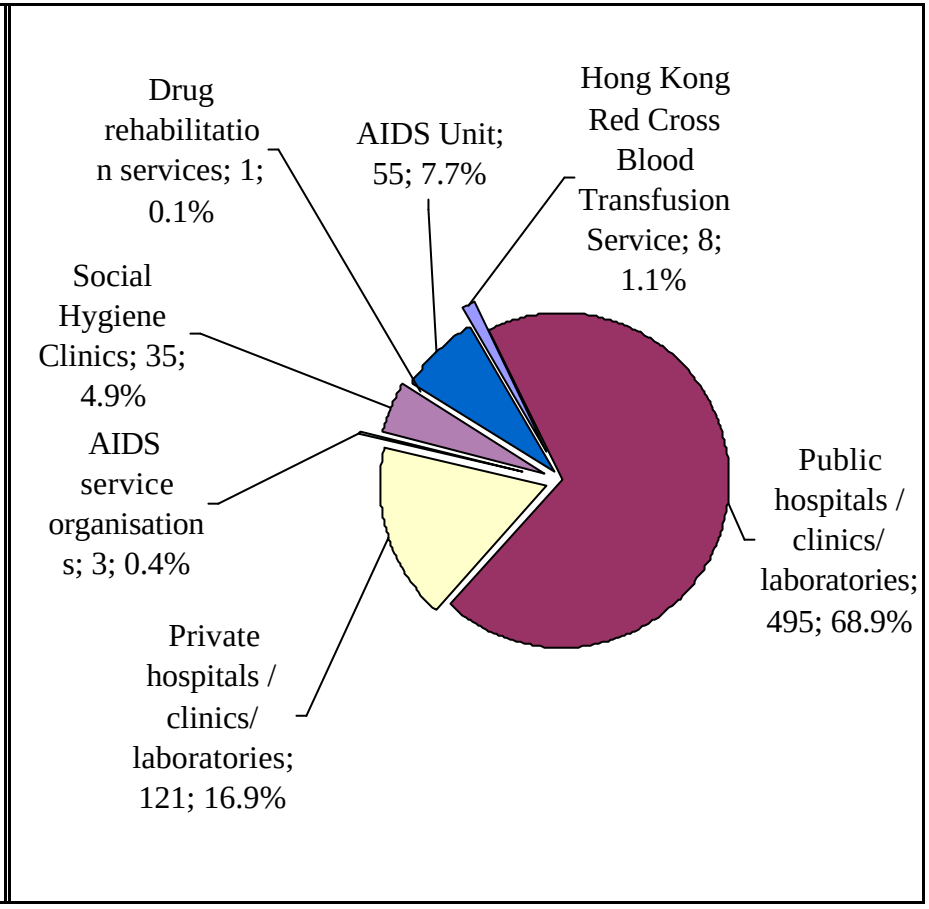


(b) Cumulative (1984 - 2004)

(i) HIV



(ii) AIDS



Box 2.3 Ethnicity & gender of reported HIV/AIDS cases

(a) Year 2004

Ethnicity	HIV						AIDS					
	Male		Female		Total		Male		Female		Total	
Chinese	157	(76.6%)	28	(44.4%)	185	(69.0%)	35	(79.5%)	2	(40.0%)	37	(75.5%)
Asian	23	(11.2%)	19	(30.2%)	42	(15.7%)	7	(15.9%)	3	(60.0%)	10	(20.4%)
White	7	(3.4%)	0	(0.0%)	7	(2.6%)	1	(2.3%)	0	(0.0%)	1	(2.0%)
Black	3	(1.5%)	2	(3.2%)	5	(1.9%)	1	(2.3%)	0	(0.0%)	1	(2.0%)
Unknown	15	(7.3%)	14	(22.2%)	29	(10.8%)	0	(0%)	0	(0%)	0	(0%)
Total	205	(100%)	63	(100%)	268	(100%)	44	(100%)	5	(100%)	49	(100%)

(b) Cumulative (1984 - 2004)

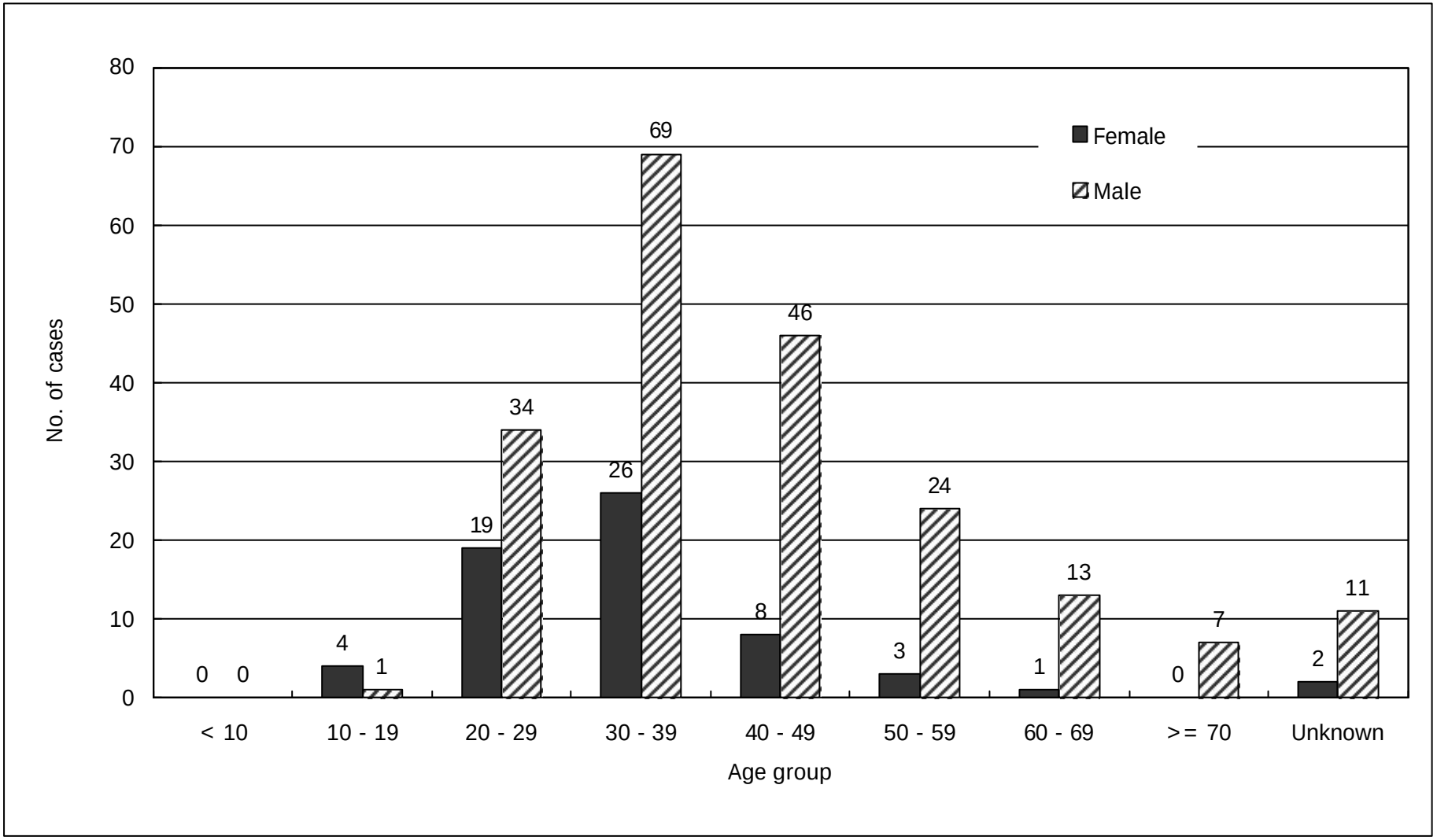
Ethnicity	HIV			AIDS		
	Male	Female	Total	Male	Female	Total
Chinese	1,529 (75.8%)	213 (43.0%)	1,742 (69.3%)	522 (84.2%)	38 (38.8%)	560 (78.0%)
Asian	187 (9.3%)	214 (43.2%)	401 (16.0%)	37 (6.0%)	58 (59.2%)	95 (13.2%)
White	202 (10.0%)	9 (1.8%)	211 (8.4%)	57 (9.2%)	0 (0.0%)	57 (7.9%)
Black	20 (1.0%)	8 (1.6%)	28 (1.1%)	3 (0.5%)	1 (1.0%)	4 (0.6%)
Unknown	79 (3.9%)	51 (10.3%)	130 (5.2%)	1 (0.2%)	1 (1.0%)	2 (0.3%)
Total	2,017 (100%)	495 (100%)	2,512 (100%)	620 (100%)	98 (100%)	718 (100%)

Box 2.4 Age distribution of reported HIV/AIDS cases

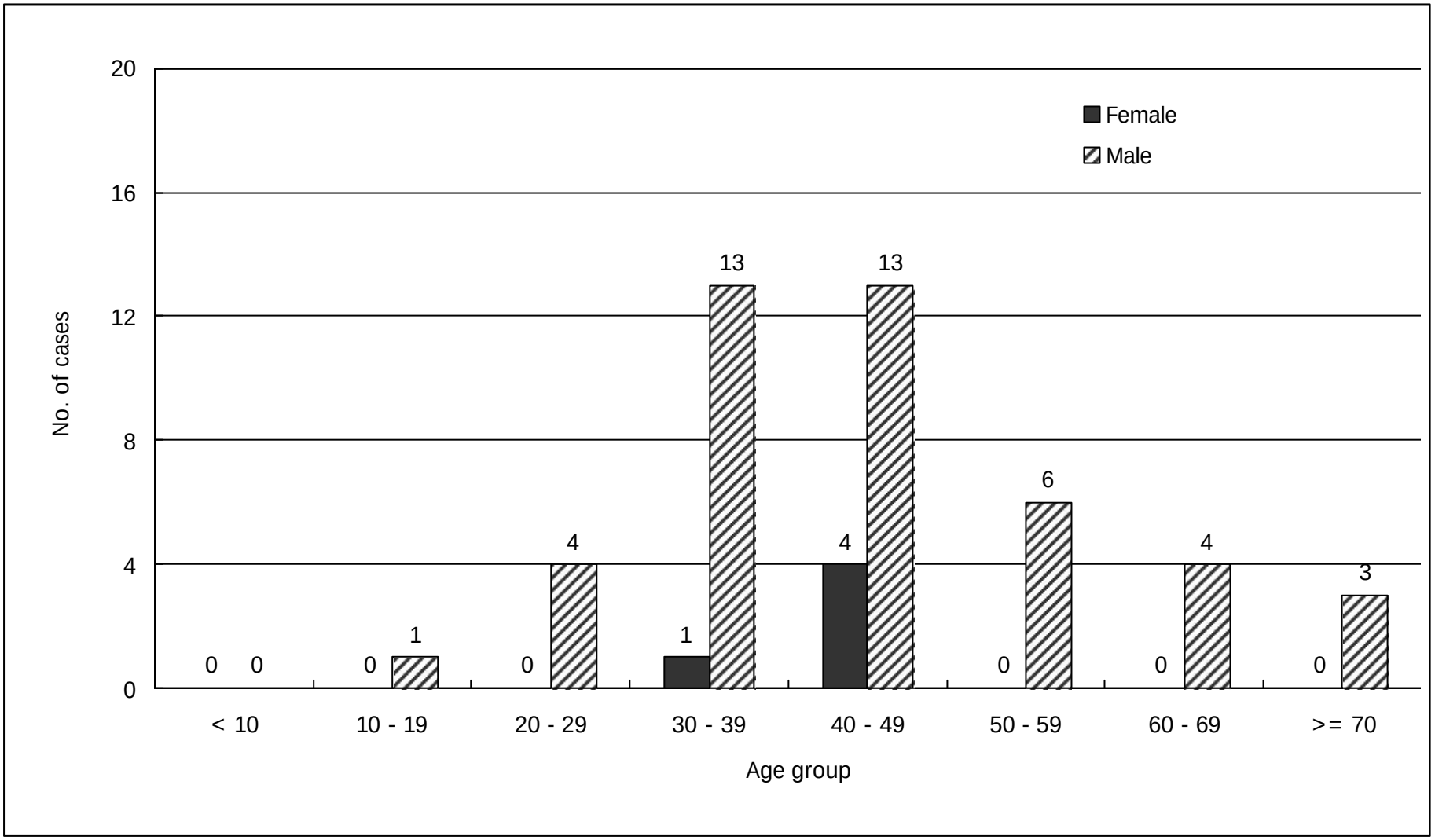
(a) Median age of reported HIV/AIDS cases

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	45	42	35	51
Total	35	29	42	38	32	47

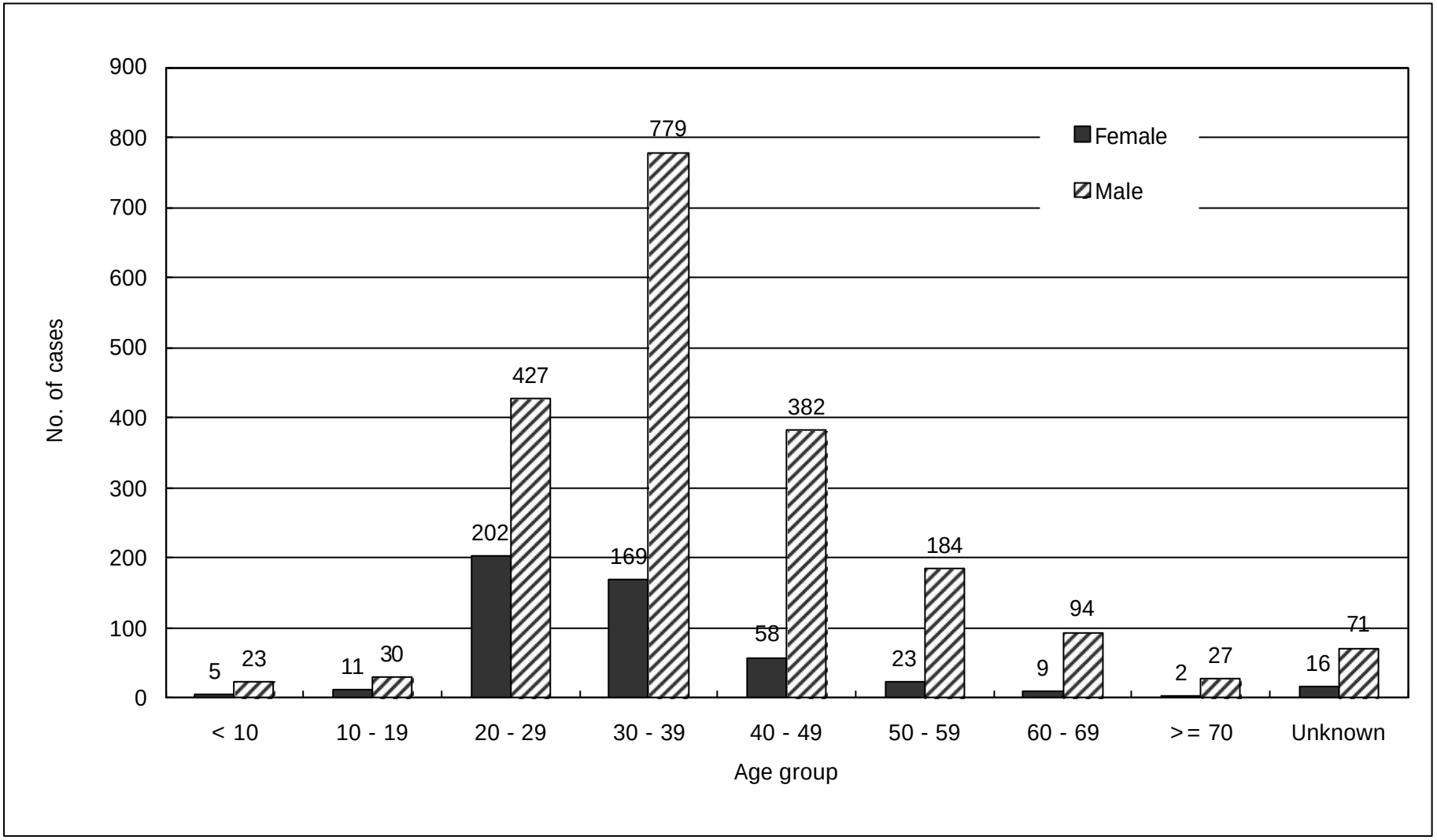
(b) Age & gender of reported HIV cases (Year 2004)



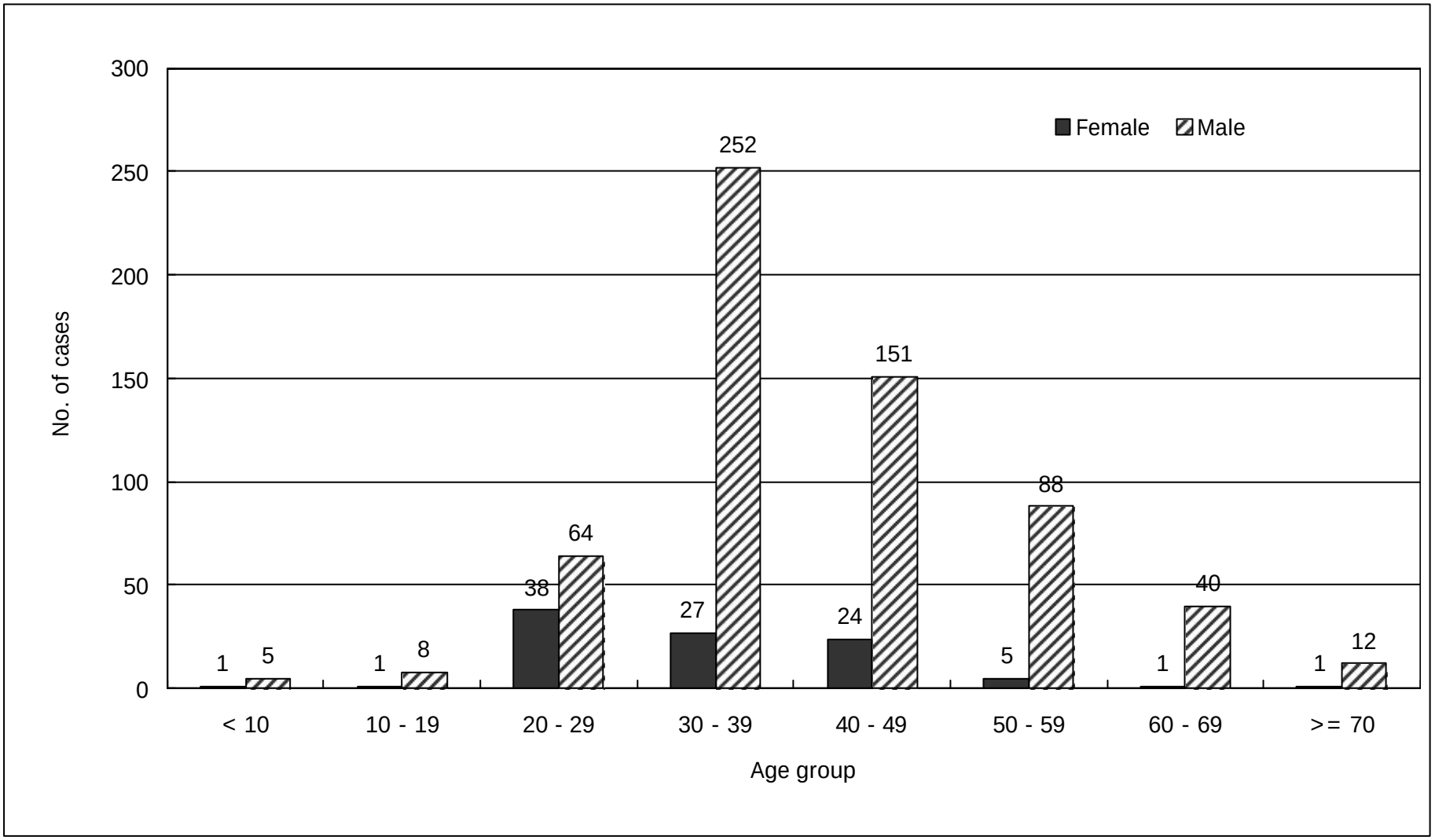
(c) Age & gender of reported AIDS cases (Year 2004)



(d) Age & gender of reported HIV cases (cumulative, 1984 - 2004)



(e) Age & gender of reported AIDS cases (cumulative, 1985 - 2004)



(f) Adults & children with reported HIV/AIDS in 2004

Age	HIV			AIDS		
	Male	Female	Total	Male	Female	Total
Adult	205	63	268	44	5	49
Children (age <=13)	0	0	0	0	0	0
Total	205	63	268	44	5	49

Box 2.5 Exposure category of reported HIV/AIDS cases

(a) Distribution of reported HIV cases by exposure category (1984 - 2004)

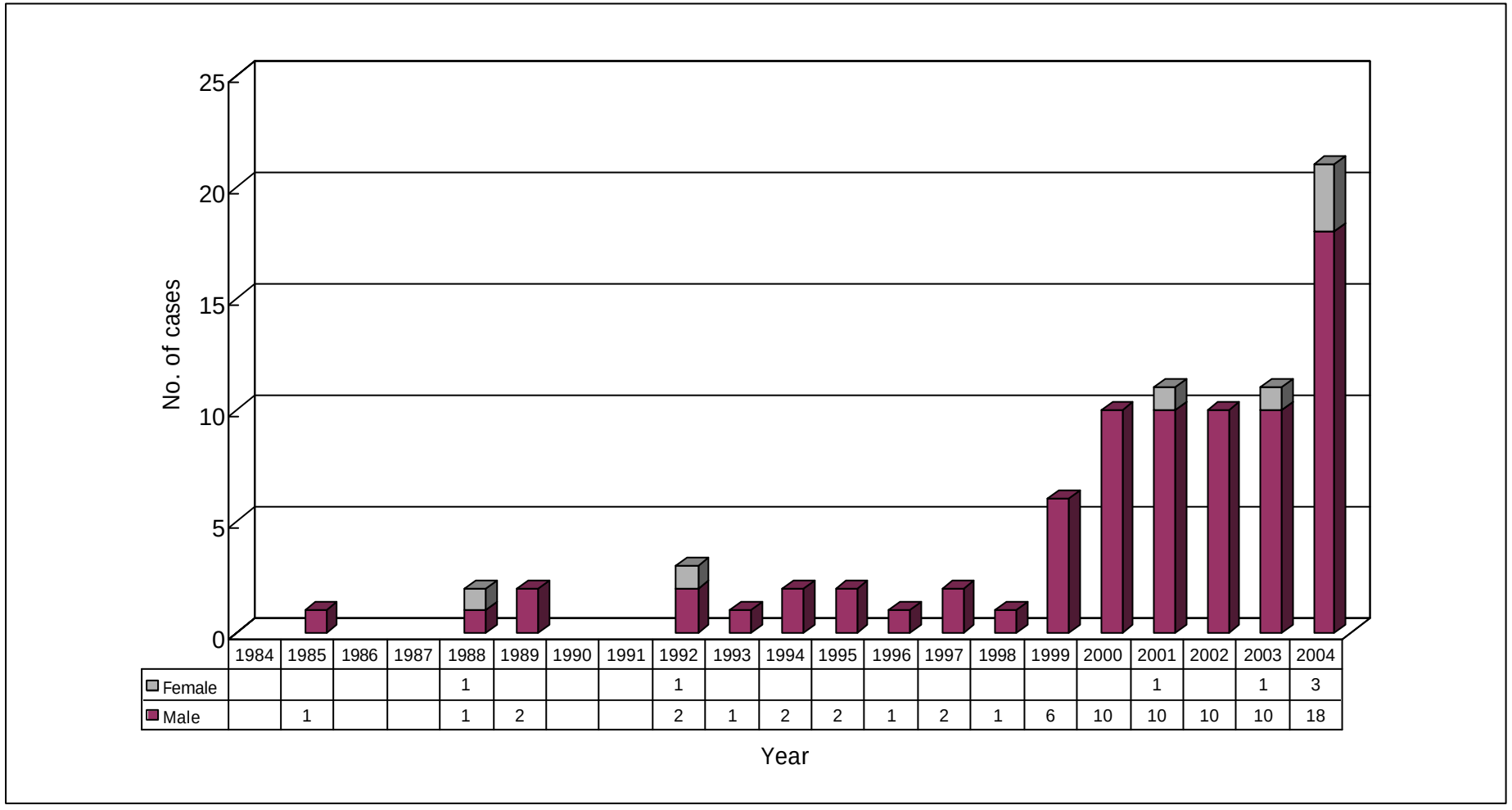
Year / Exposure Category (%)	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	Total
Heterosexual	1 (14.3)	0 (0.0)	0 (0.0)	3 (9.1)	6 (21.4)	11 (28.9)	12 (35.3)	29 (48.3)	32 (45.1)	47 (59.5)	73 (70.2)	81 (66.4)	93 (69.4)	117 (64.6)	132 (69.8)	127 (59.6)	115 (62.8)	125 (58.7)	146 (56.2)	116 (50.7)	107 (39.9)	1373 (54.7)
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)	44 (19.2)	59 (22.0)	487 (19.4)
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)	6 (3.3)	7 (3.3)	9 (3.5)	5 (2.2)	6 (2.2)	105 (4.2)
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)	86 (3.4)
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)	68 (2.7)
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)	15 (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)	29 (15.8)	31 (14.6)	47 (18.1)	53 (23.1)	75 (28.0)	378 (15.0)
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)	2512 (100)

(b) Distribution of reported AIDS cases by exposure category (1985 - 2004)

Year / Exposure Category (%)	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	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)	487 (67.8)
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)	120 (16.7)
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)	30 (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)	13 (1.8)
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)	20 (2.8)
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)	6 (0.8)
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)	42 (5.8)
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)	718 (100)

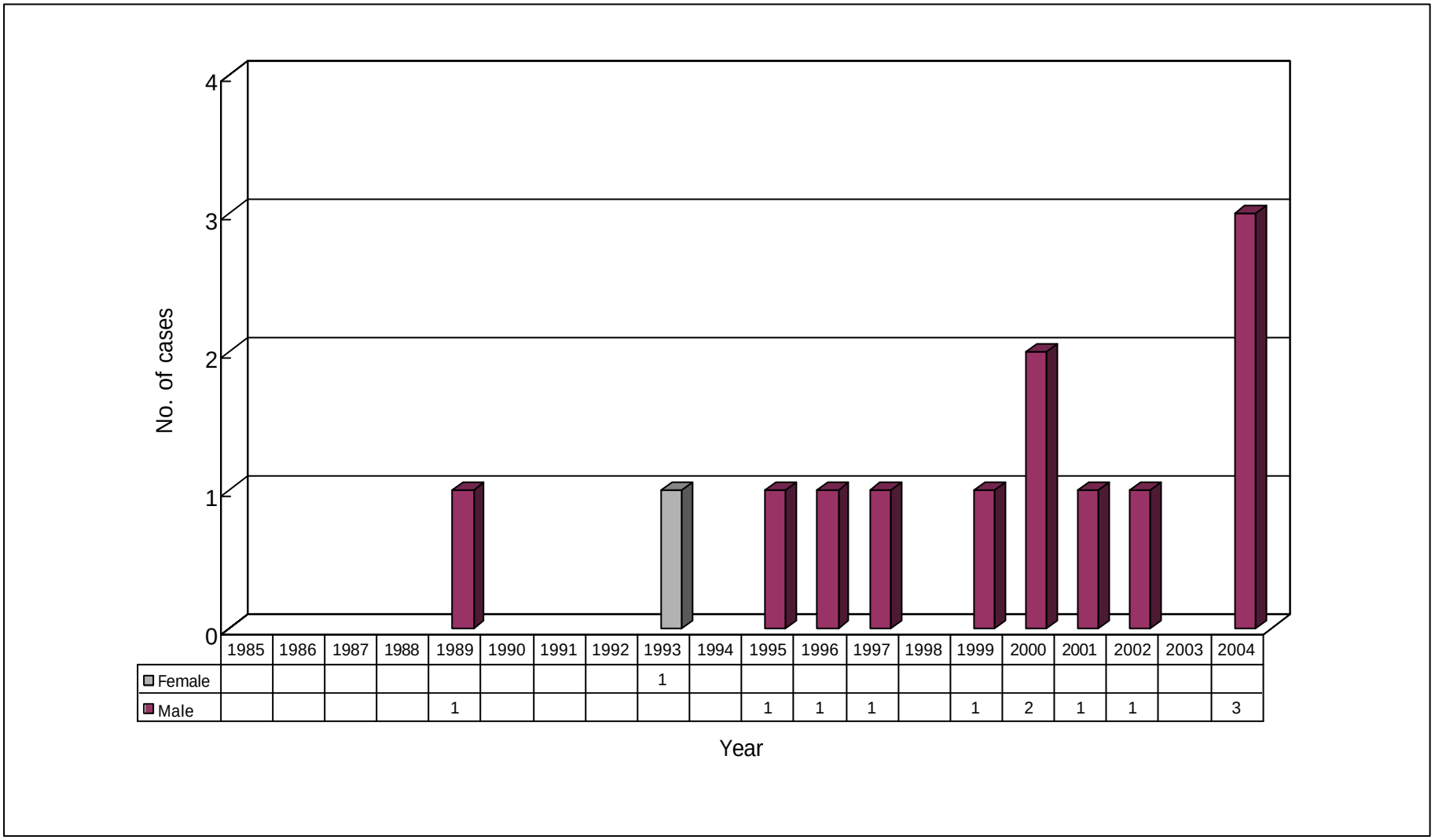
Box 2.6 Reported HIV/AIDS cases in injecting drug users

(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
Female					1				1									1		1	3
Male		1			1	2			2	1	2	2	1	2	1	6	10	10	10	10	18

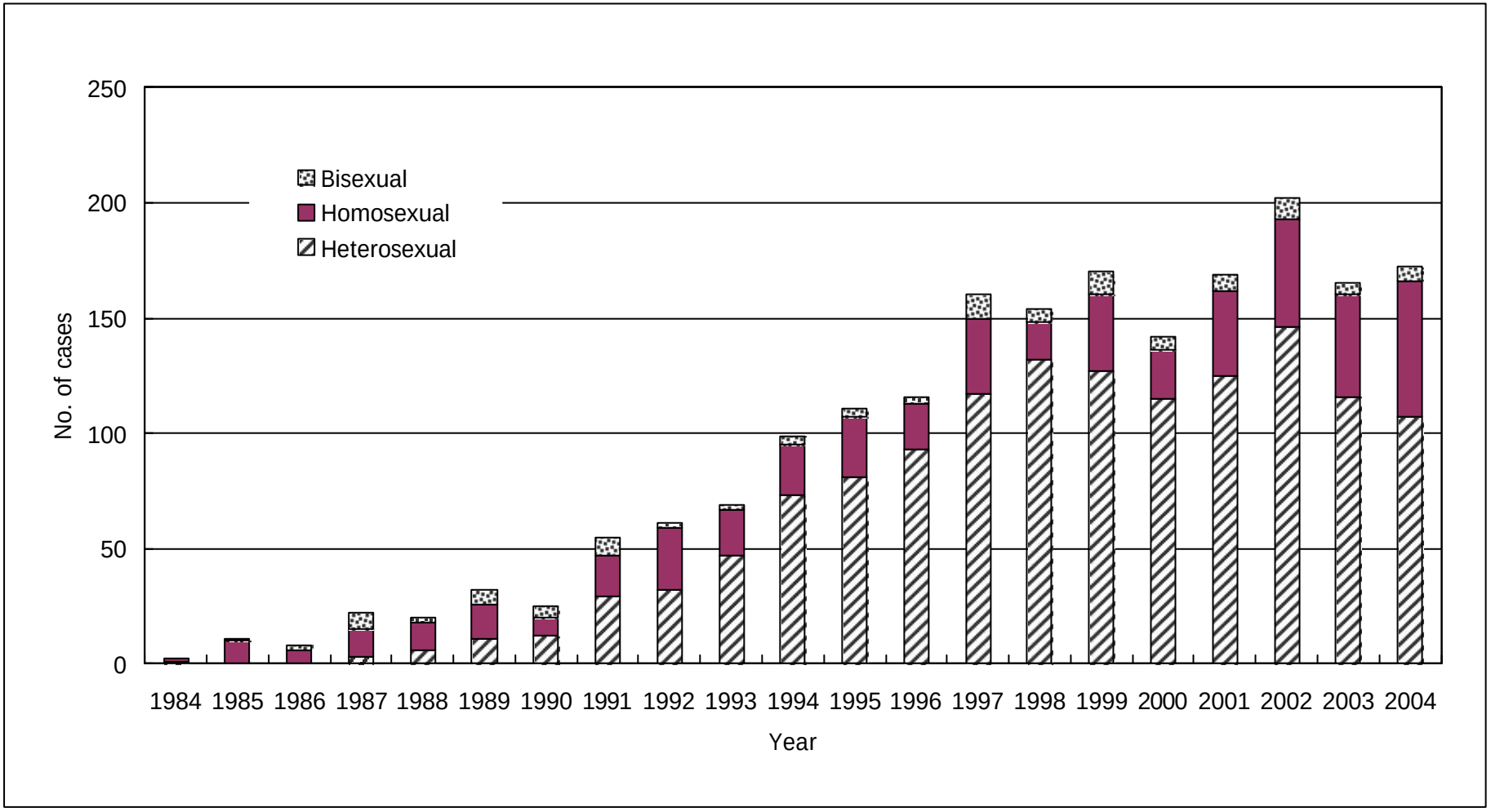
(b) Reported AIDS case in injecting drug users - by gender



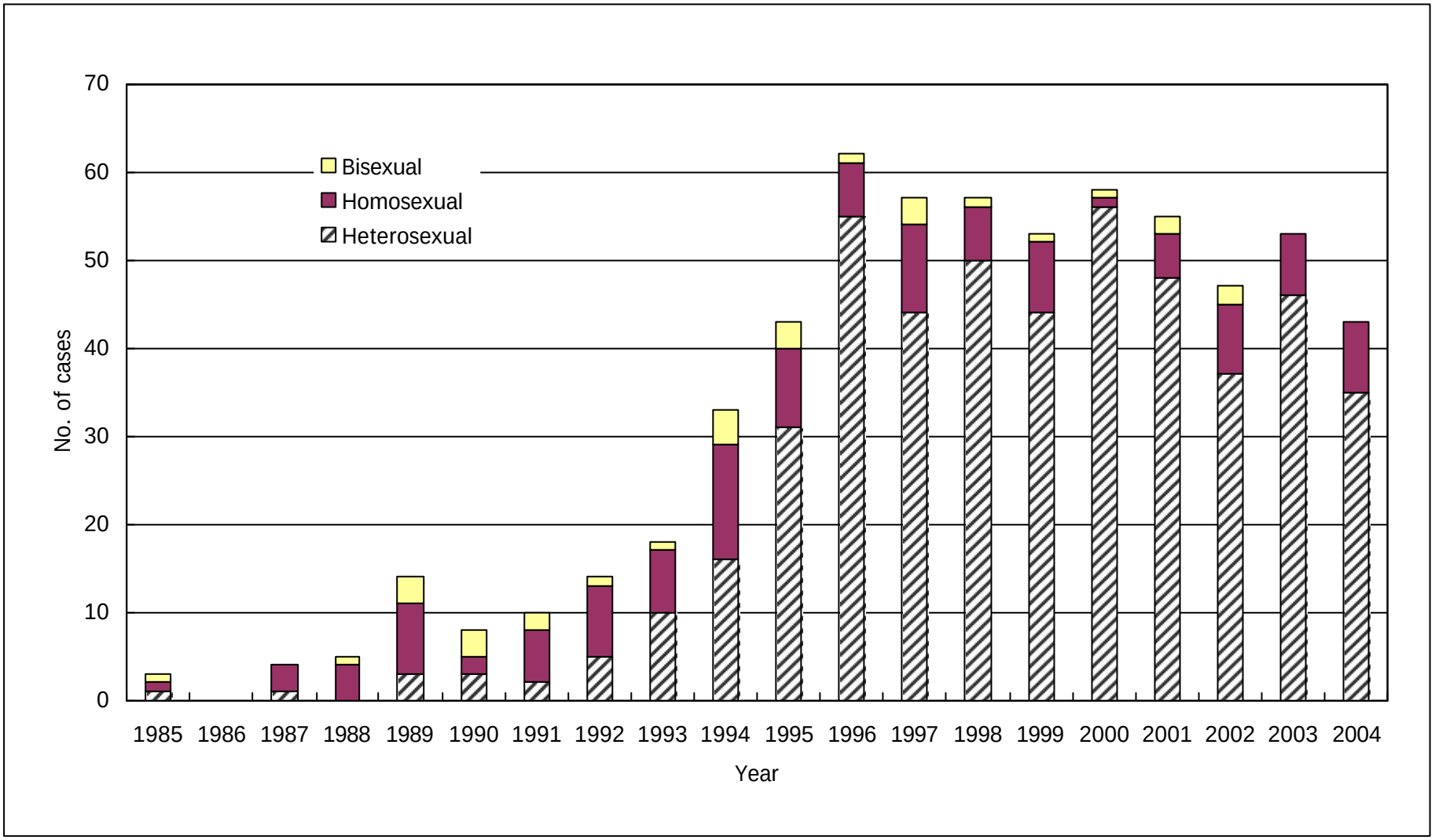
	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Female									1											
Male					1						1	1	1		1	2	1	1		3

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	1.0 : 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	2.9 : 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
Total	1.7 : 1	2.6 : 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)				
	2000	2001	2002	2003	2004
0 - 4	0	0	0	0	0
5 - 9	0	0	0	0	0
10 - 14	0	0	0	0	0
15 - 19	0.42	0.44	0.44	0	0.44
20 - 24	2.67	2.22	3.59	1.80	3.09
25 - 29	4.12	7.06	7.60	6.97	6.20
30 - 34	8.74	12.10	13.01	9.57	9.27
35 - 39	7.43	9.27	10.59	10.86	8.00
40 - 44	5.81	4.47	7.71	4.76	6.62
45 - 49	2.69	4.07	3.18	3.02	2.89
50 - 54	2.38	2.64	4.68	2.91	4.44
55 - 59	2.27	2.21	4.68	8.53	2.78
60 - 64	2.95	2.99	5.44	1.61	3.22
65 - 69	1.55	1.56	2.33	3.92	4.74
>= 70	0.48	0.91	0.00	1.24	1.97
Total	3.20	3.83	4.70	4.01	4.04

* 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)				
	2000	2001	2002	2003	2004
0 - 4	0	0	0	0	0
5 - 9	0	0	0	0	0
10 - 14	0	0	0	0	0
15 - 19	0	0	0.47	0	1.38
20 - 24	1.65	3.31	1.32	0.90	1.74
25 - 29	3.10	4.22	2.91	3.83	3.13
30 - 34	2.79	2.44	4.48	1.19	2.11
35 - 39	1.09	1.88	2.68	1.65	1.96
40 - 44	0.30	0.87	0.56	0.81	1.84
45 - 49	1.97	0.74	2.08	0.65	0
50 - 54	1.57	0	0	0.42	0
55 - 59	0.91	0.86	0.75	1.31	1.16
60 - 64	0	0.85	0.89	0.93	0
65 - 69	0	0.82	0	0	0
>= 70	0.37	0	0	0.33	0
Total	1.09	1.25	1.35	0.94	1.07

* 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 - 2004)

Year / ADI (%)	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	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)	285 (39.7)
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)	163 (22.7)
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)	78 (10.9)
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)	59 (8.2)
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)	32 (4.5)
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)	24 (3.3)
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)	18 (2.5)
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)	59 (8.2)
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)	718 (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 2004
(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 - 2004)

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)

(b) HIV seroprevalence in new and repeat blood donors (1991 - 2004)

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)

Box 3.2 HIV seroprevalence in clients attending Social Hygiene Services, from voluntary blood testing (1985 - 2004)

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)

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 - 2004)

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)

Box 3.4 HIV seroprevalence in drug users attending inpatient drug treatment centres / institutions, from unlinked anonymous screening (1998 - 2003)*

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)

* Suspended since 2004

Box 3.5 HIV seroprevalence in newly admitted prisoners from unlinked anonymous screening (1995 - 2004)

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)

* 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 - 2004)

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)

* Unlinked anonymous screening was not performed in 1994

(b) HIV seroprevalence in patients attending government TB & Chest Clinics, from voluntary blood testing (1993 - 2004)

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)

* coverage A is 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 - 2004)

	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)

* 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, Tang Shiu Kin, Western, Yau Ma Tei, South Kwai Chung, Yung Fung Shee, Tuen Mun, Tai Po, and Shek Wu Hui. 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

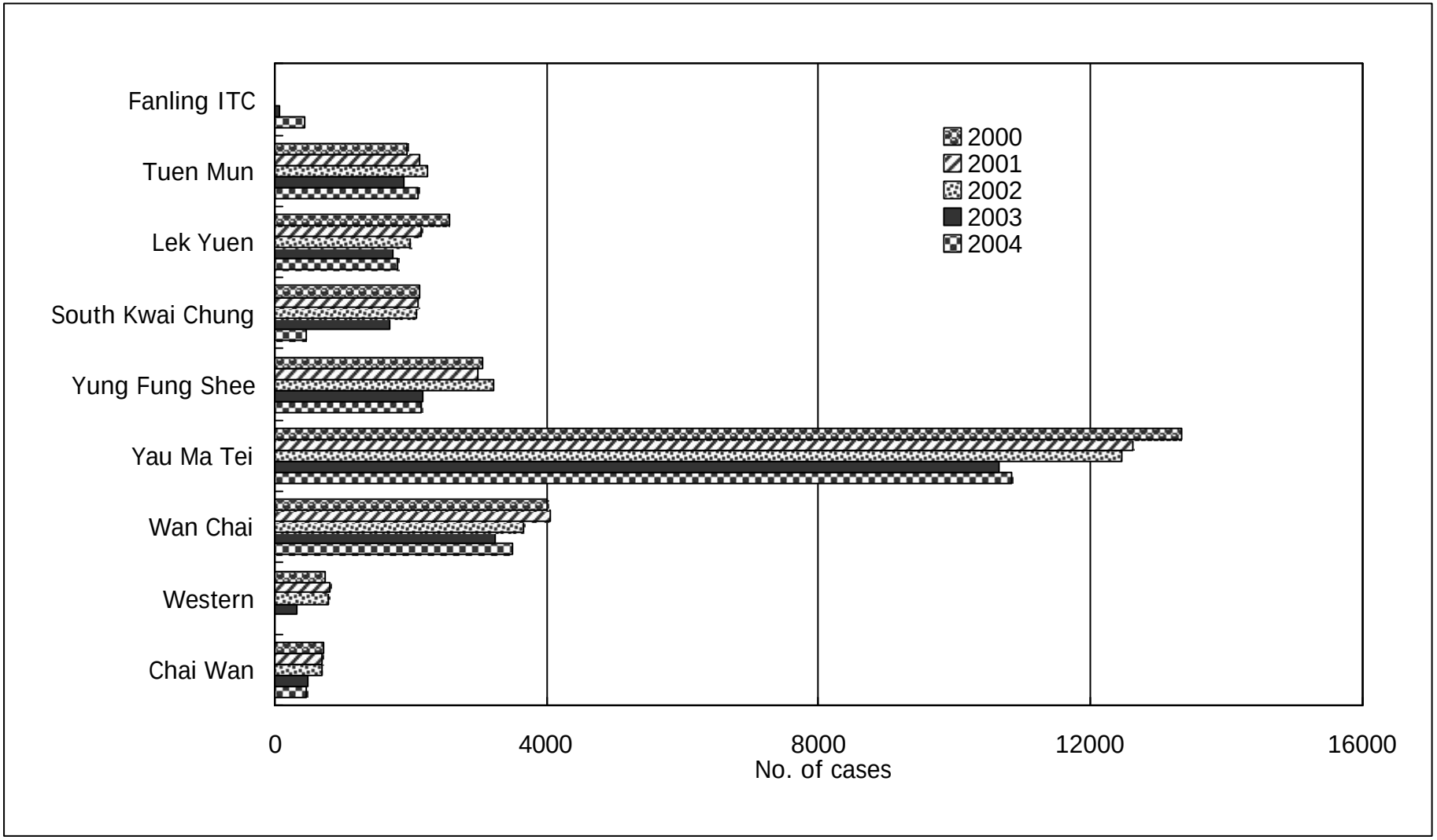
(a) Year 2004

	Chai Wan	Wan Chai	Yau Ma Tei	Yung Fung Shee	South Kwai Chung*	Lek Yuen	Tuen Mun	Fanling ITC#
Male	262	2,092	5,893	1,433	357	932	1,060	209
Female	211	1,398	4,958	733	110	880	1,057	233
Total	473	3,490	10,851	2,166	467	1,812	2,117	442

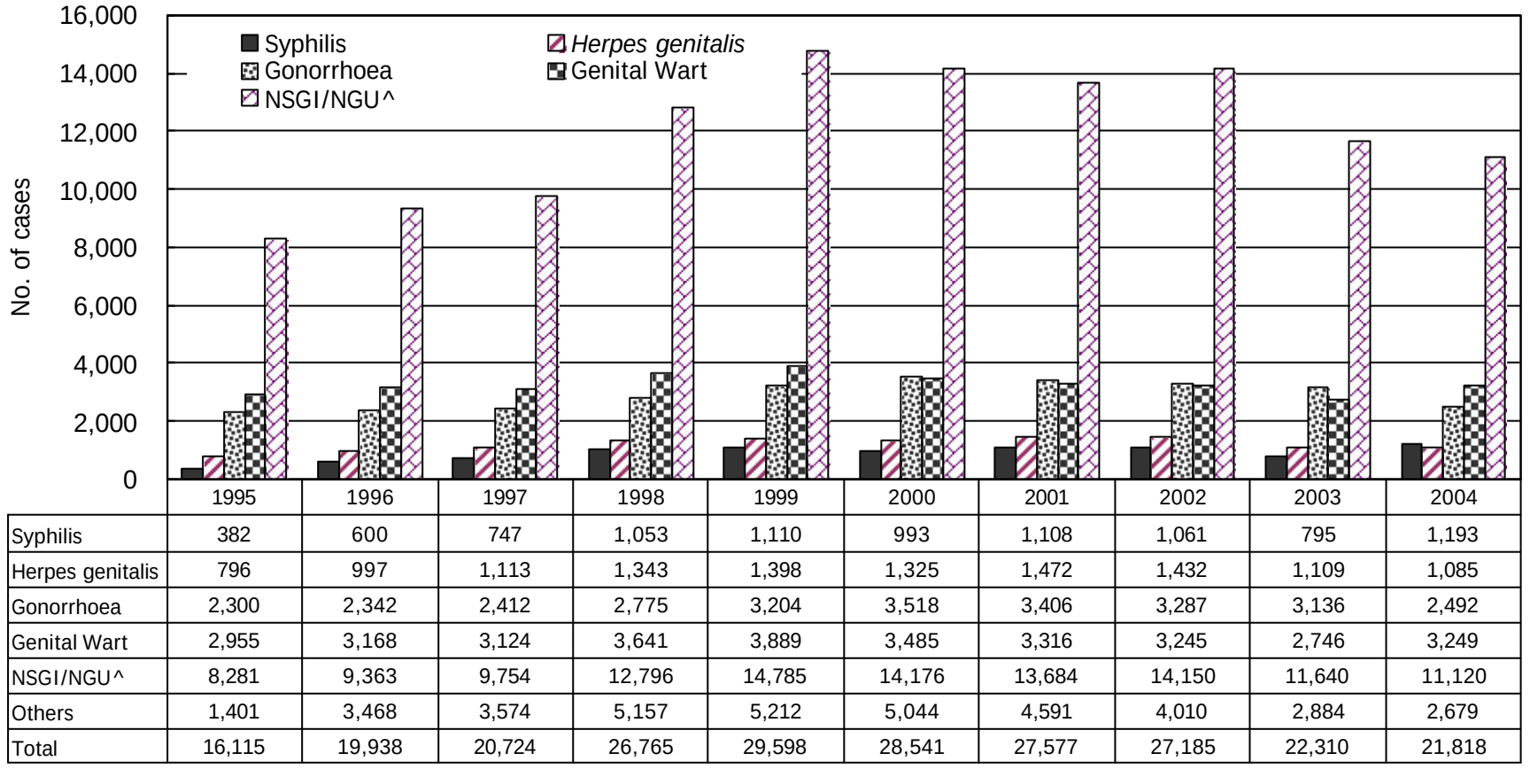
* South Kwai Chung Clinic was closed on 27.3.2004.

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

(b) 2000 - 2004


Fanling ITC
Tuen Mun
Lek Yuen
South Kwai Chung
Yung Fung Shee
Yau Ma Tei
Wan Chai
Western
Chai Wan
2000
2001
2002
2003
2004
0
4000
8000
12000
16000
No. of cases

Box 4.2 Annual reported STIs in Social Hygiene Clinics



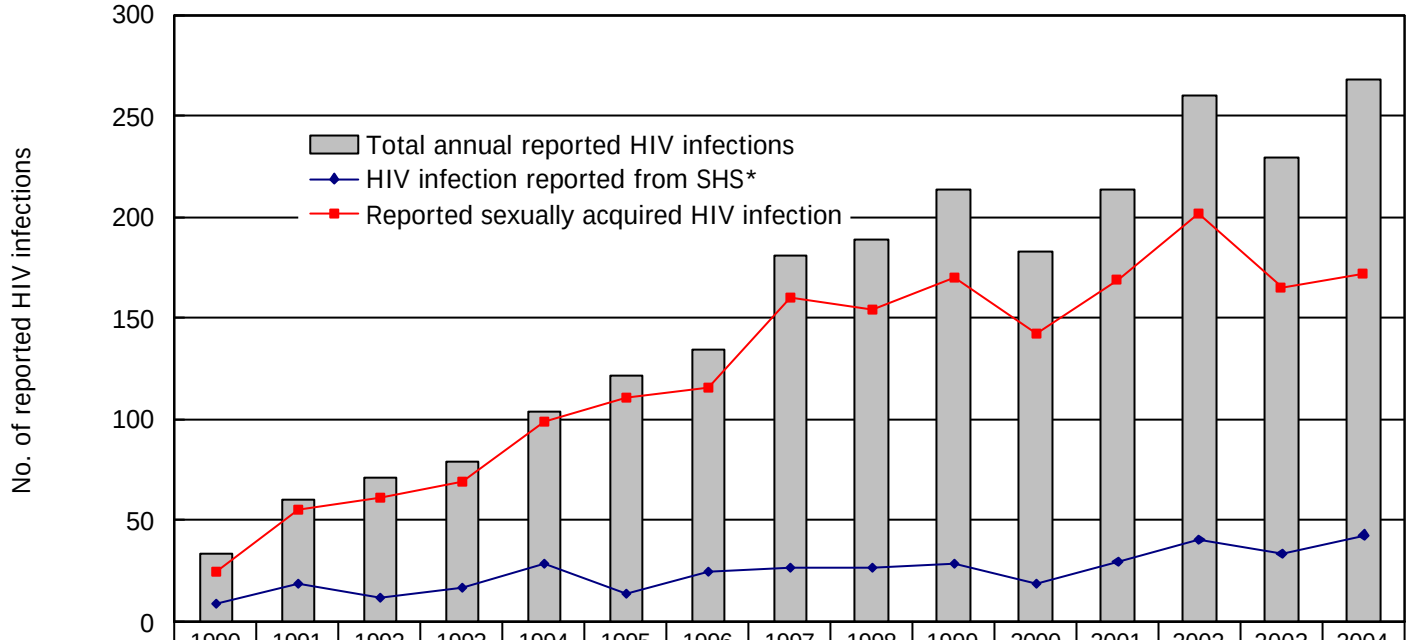
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Syphilis	382	600	747	1,053	1,110	993	1,108	1,061	795	1,193
Herpes genitalis	796	997	1,113	1,343	1,398	1,325	1,472	1,432	1,109	1,085
Gonorrhoea	2,300	2,342	2,412	2,775	3,204	3,518	3,406	3,287	3,136	2,492
Genital Wart	2,955	3,168	3,124	3,641	3,889	3,485	3,316	3,245	2,746	3,249
NSGI/NGU^	8,281	9,363	9,754	12,796	14,785	14,176	13,684	14,150	11,640	11,120
Others	1,401	3,468	3,574	5,157	5,212	5,044	4,591	4,010	2,884	2,679
Total	16,115	19,938	20,724	26,765	29,598	28,541	27,577	27,185	22,310	21,818

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

Box 4.3 Syphilis reported by Social Hygiene Clinics (2000 - 2004)

Year / Syphilis	2000	2001	2002	2003	2004
Primary	271	221	174	115	124
Secondary	87	60	67	68	49
Early latent	278	295	243	144	132
Late latent	354	528	573	466	877
Late (cardiovascular / neuro)	0	3	2	1	10
Congenital (early)	0	0	0	0	0
Congenital (late)	3	1	2	1	1
Total	993	1,108	1,061	795	1,193

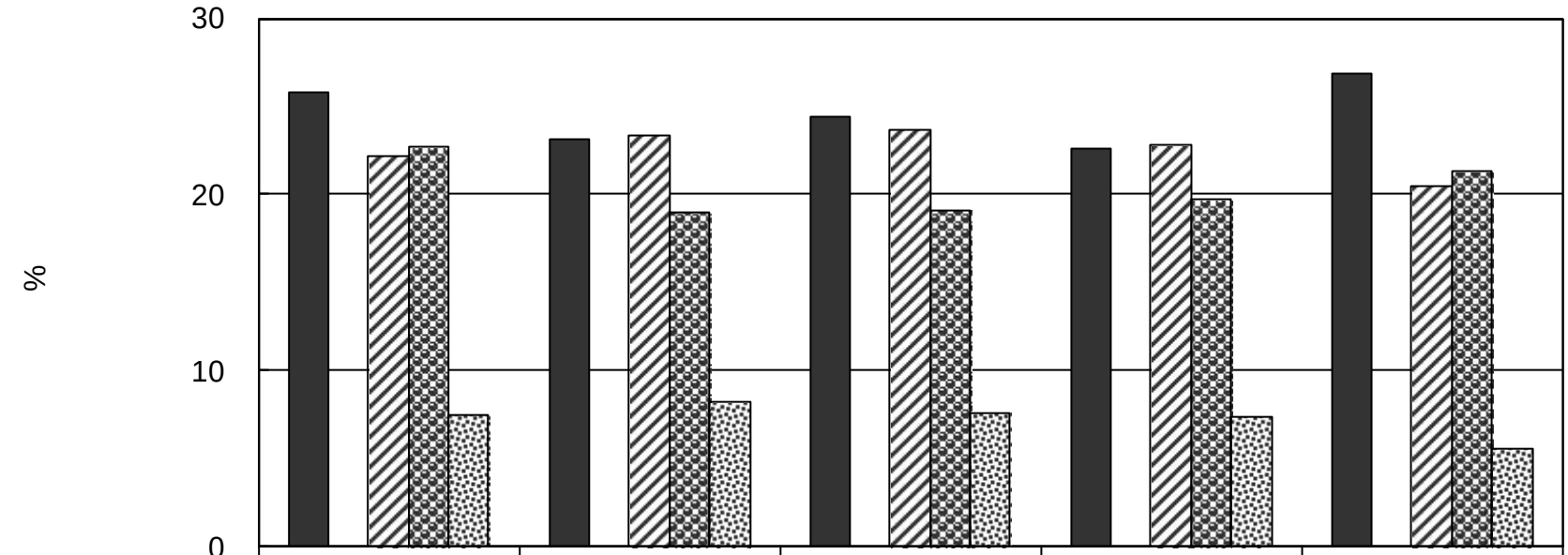
Box 4.4 Sexually acquired HIV infection in Hong Kong



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Total annual reported HIV infections	34	60	71	79	104	122	134	181	189	213	183	213	260	229	268
HIV infection reported from SHS*	9	19	12	17	29	14	25	27	27	29	19	30	41	34	43
% 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
Reported sexually acquired HIV infection	25	55	61	69	99	111	116	160	154	170	142	169	202	165	172
% 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	77.6	79.3	77.7	72.1	64.2

* SHS: Social Hygiene Service

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



	2000	2001	2002	2003	2004
No Symptom (%)	25.8	23.2	24.4	22.6	26.9
Symptom:					
Discharge (%)	22.2	23.4	23.7	22.8	20.5
Growth (%)	22.7	19	19.1	19.7	21.3
Ulcer (%)	7.5	8.2	7.6	7.4	5.6

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 2004
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	No
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)

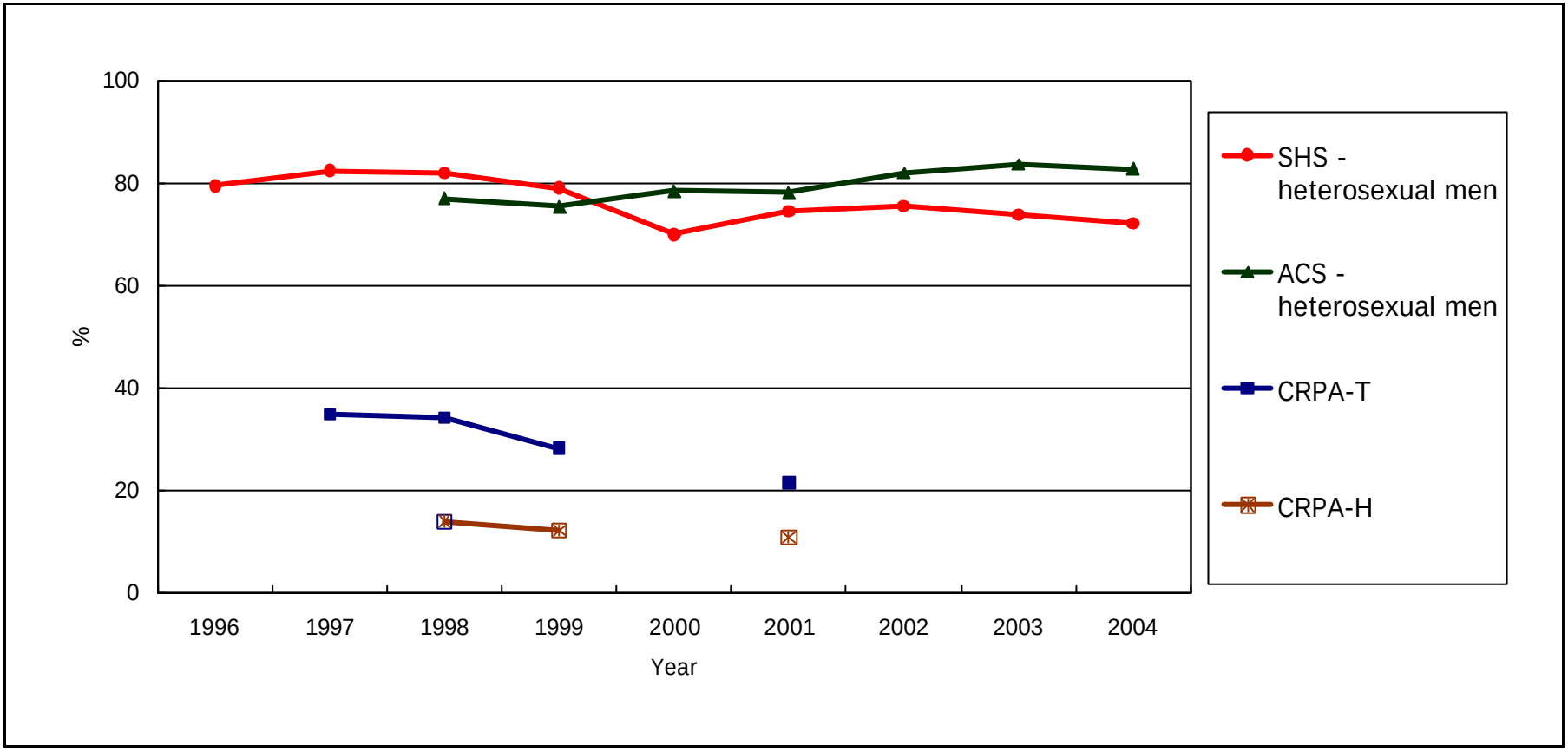
	2000	2001	2002	2003	2004
Heterosexual men - Regular sex partners*	1	1	1	1	1
Heterosexual men - Commercial sex partners**	2	2	2	2	2
Heterosexual men - Casual sex partners***	1	1	1	1	1
MSM - Regular sex partners*	1	1	1	1	1
MSM - Commercial sex partners**	5	1	2	2.5	2
MSM - Casual sex partners***	4	3	3	3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

* 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.

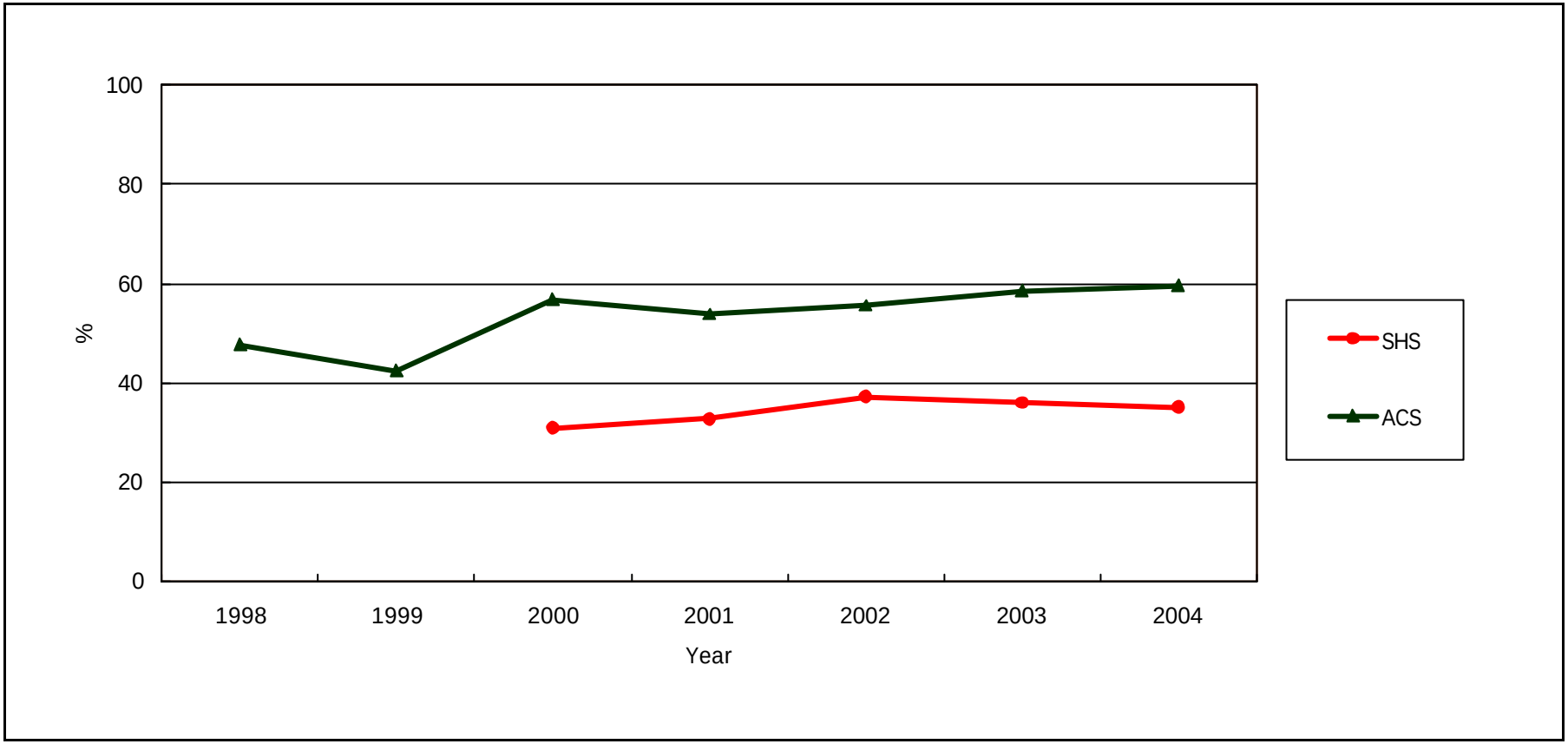
Box 5.2 Recent history* of commercial sex among adult men



* 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**

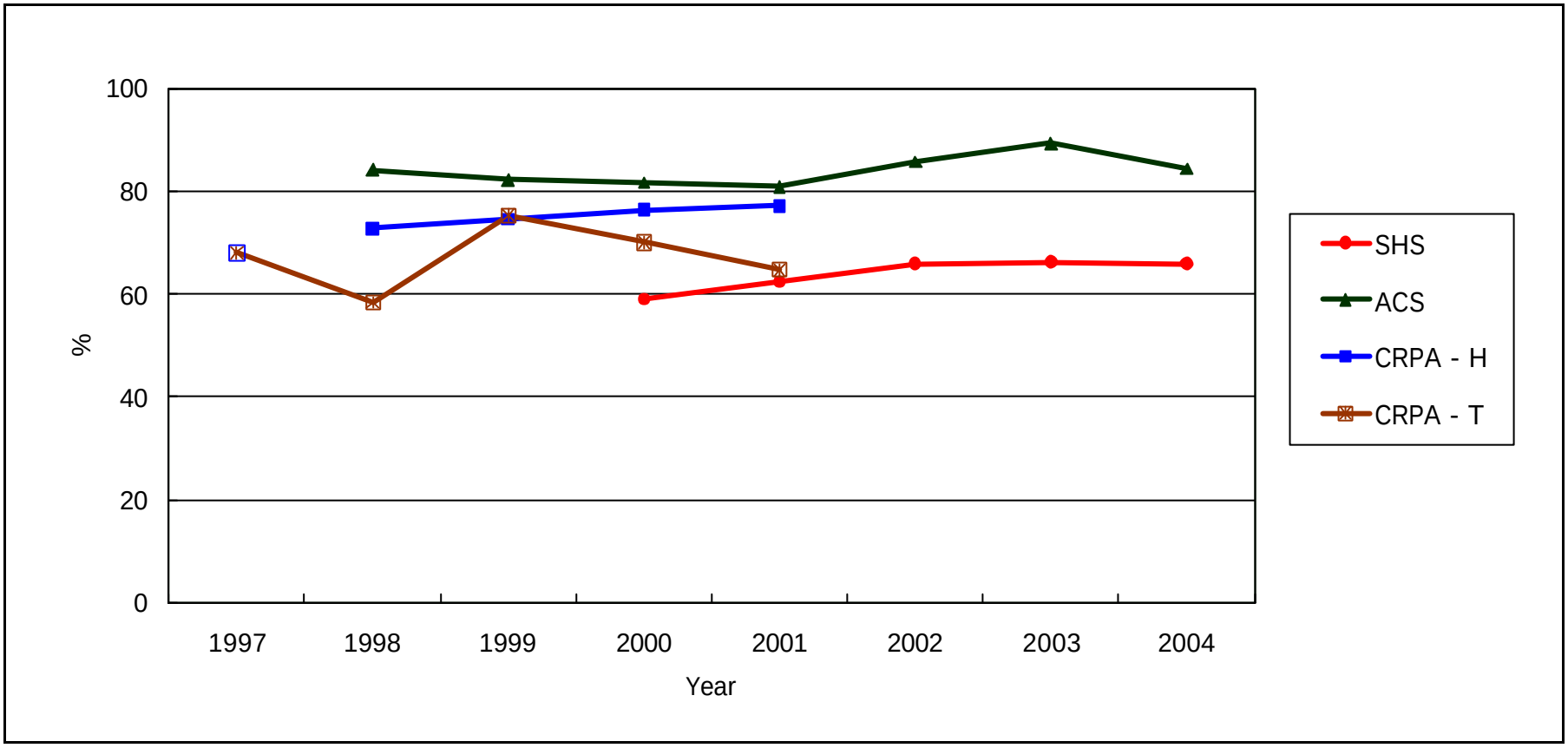


* Regular condom use is defined as always or usually using a condom on a 4-level scale

** 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

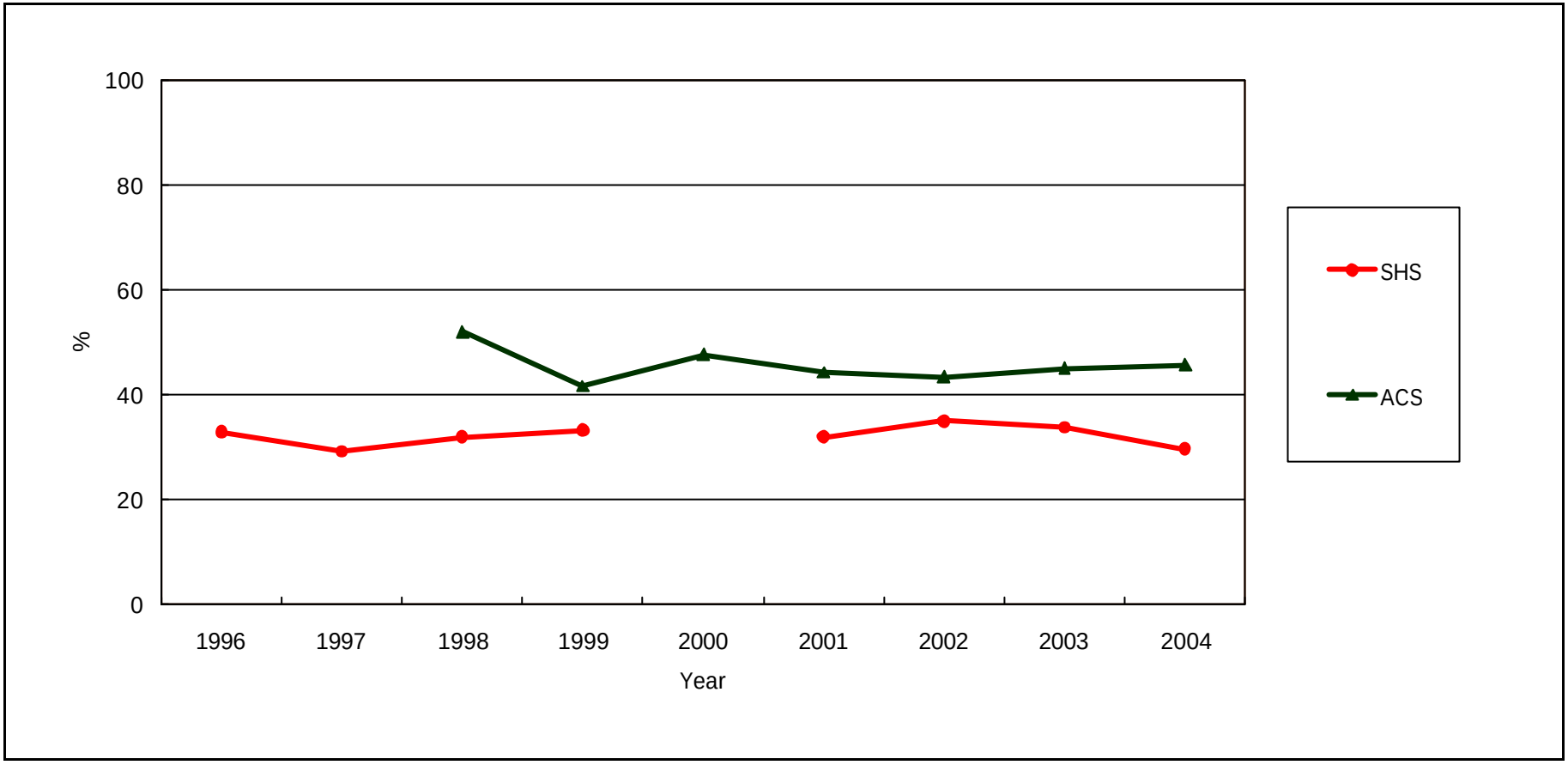


* Regular condom use is defined as always or usually using a condom on a 4-level scale

* * 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)

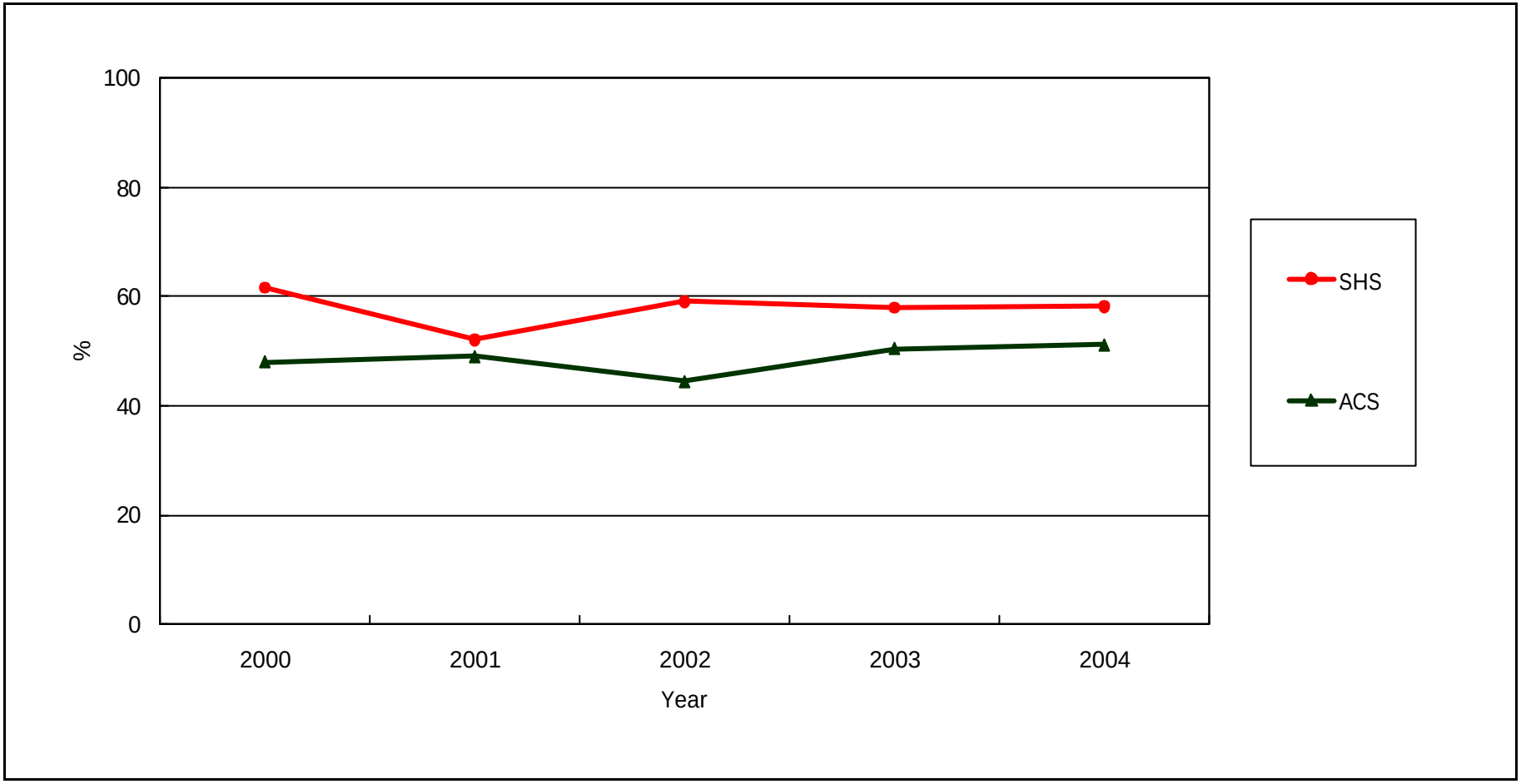
Box 5.5 Condom use for last sex with regular partners* among adult heterosexual men



* 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

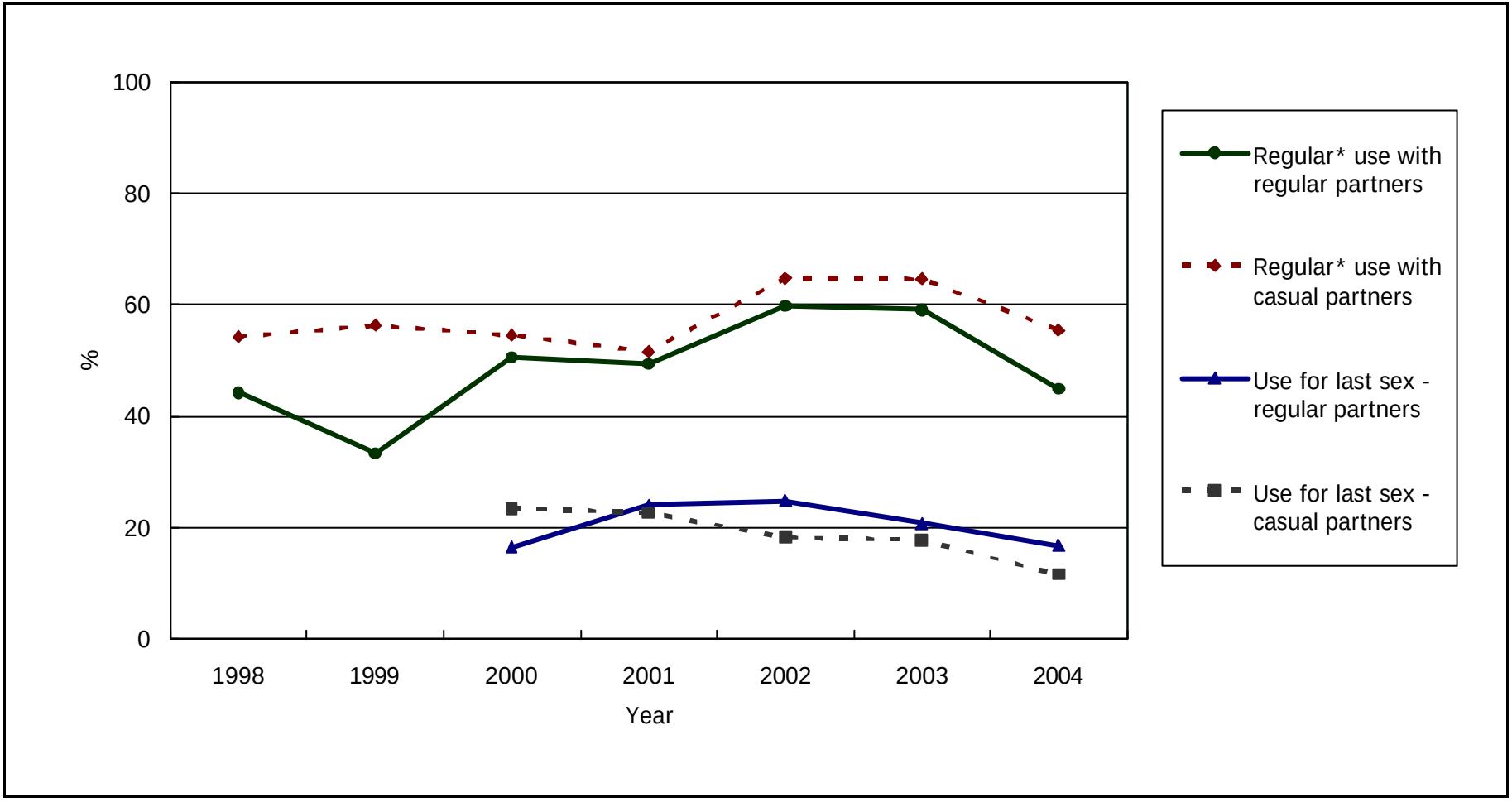
Box 5.6 Condom use for last sex with commercial partners* among adult heterosexual men



* 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)

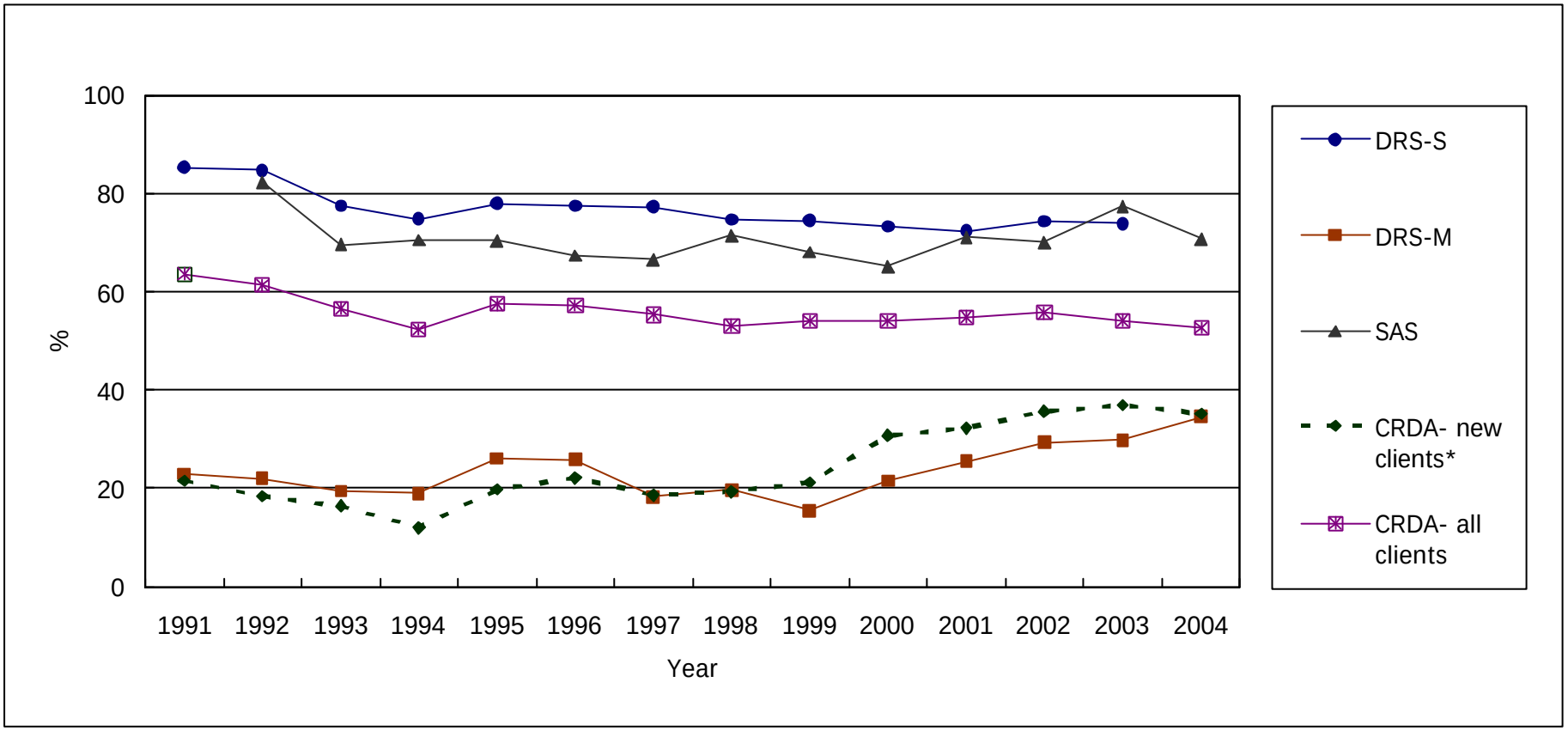


* Regular condom use is defined as always or usually using a condom on a 4-level scale

** 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.

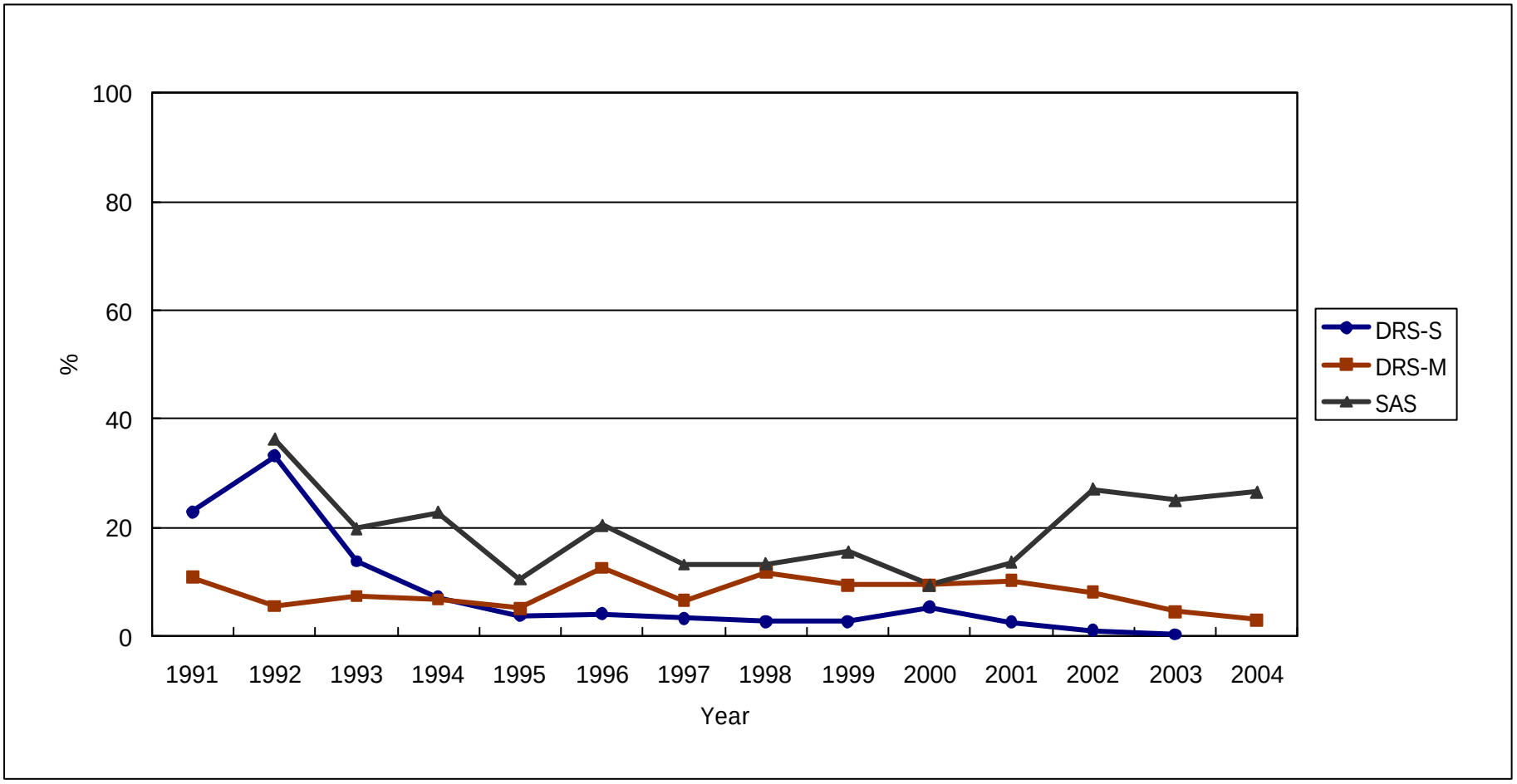
Box 5.8 Proportion of injectors



* 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

Box 5.10 Age and duration of drug use

(a) Mean duration of drug use

Year / Source	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
DRS-S	14.7	14.1	13.7	13.4	14.0	15.6	17.8	18.3	19.2	19.8	19.8	22.0	22.2
CRDA (new clients*)	4.1	3.2	3.4	3.2	3.1	2.9	3.4	3	3.6	2.7	2.6	3.4	3.2
CRDA (All clients)	17	16.1	15.3	15.1	14.6	14.8	15.1	15.3	16.2	14.1	14.1	15.3	16.5

* 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
CRDA - Central Registry of Drug Abuse
Data of DRS-S suspended since 2004
Data of CRDA is up to June 2003

(b) Mean age of drug users

Source \ Year	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
DRS-M	29.6	27.5	26.3	26.5	25.0	26.3	26.2	26.8	28.7	27.9	28.7	30.4	30.9	31.3
DRS-S	36.4	36.2	36.1	35.9	36.4	37.4	38.9	39.3	40.3	40.7	41.4	42.9	43.2	---
CRDA (new clients*)	25.5	23.8	23.2	22.3	23.2	23.8	24.4	24.4	24.8	23.1	23.3	24.5	25.3	---
CRDA (All clients)	36.3	35.3	34.2	33.7	33.1	33.4	33.6	33.8	34.6	32.4	32.5	33.7	35.0	---

* 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-M - Methadone Clinics
DRS-S - Shek Kwu Chau Treatment and Rehabilitation Centre
CRDA - Central Registry of Drug Abuse
Data of DRS-S suspended since 2004
Data of CRDA is up to June 2003

(c) Mean age of initiating drug use

Year / Source	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
DRS-S *	21.7	22.1	22.4	22.5	22.3	21.9	21.2	21.0	21.1	20.9	21.5	20.9	21.0
CRDA (new clients**)	21.4	20.6	19.8	19.1	20.1	20.9	21	21.4	21.2	20.4	20.7	21.1	22.1
CRDA (All clients)	19.3	19.2	18.9	18.6	18.5	18.6	18.5	18.5	18.4	18.3	18.4	18.4	18.5

* The figures are obtained assuming that the respondents have been on drug continuously without interruption

** 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
CRDA - Central Registry of Drug Abuse
Data of DRS-S suspended since 2004
Data of CRDA is up to June 2003

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: _____

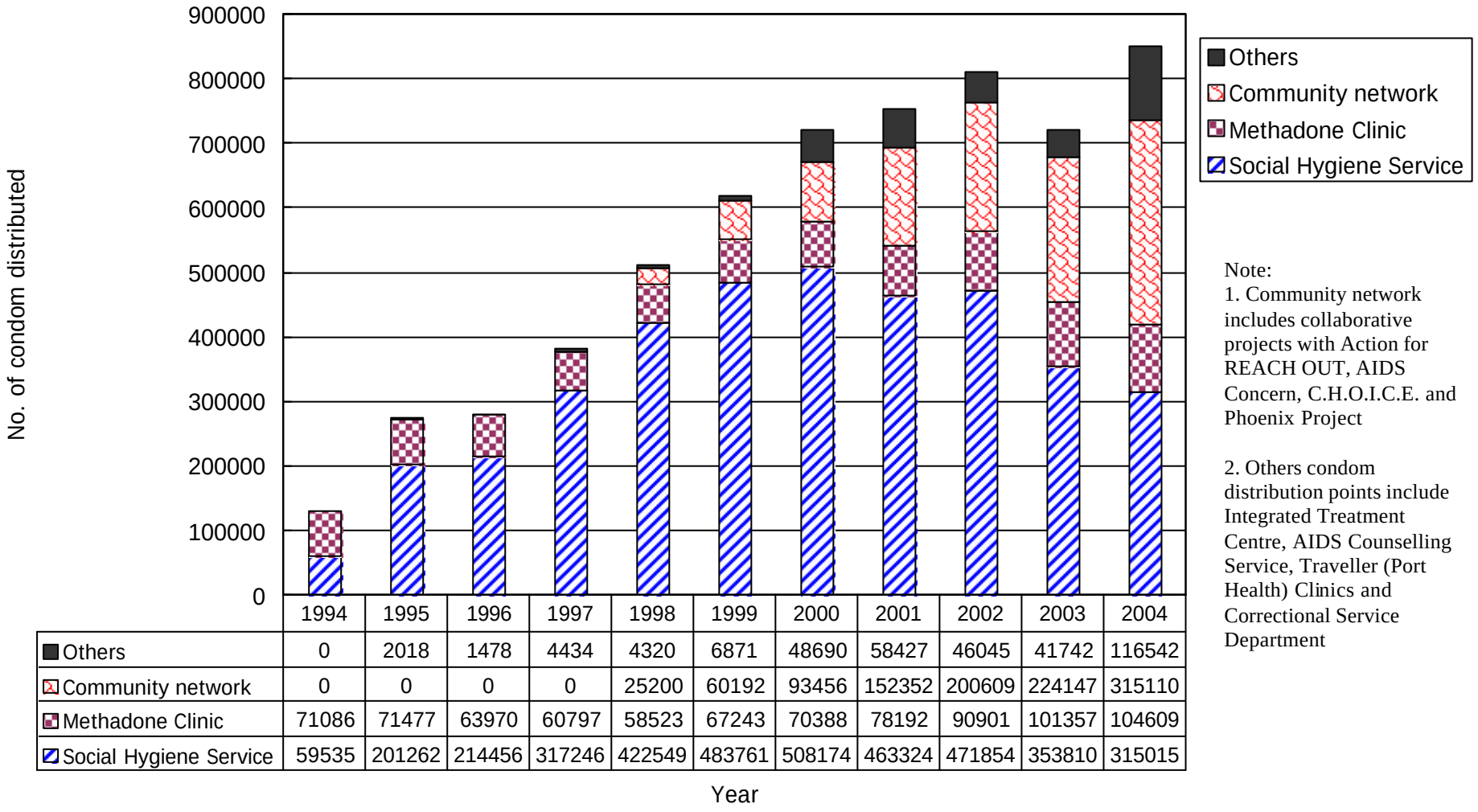
Email: _____ Date: ___ / ____ / ____ (dd/mm/yyyy)

[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 from Department of Health



	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Others	0	2018	1478	4434	4320	6871	48690	58427	46045	41742	116542
Community network	0	0	0	0	25200	60192	93456	152352	200609	224147	315110
Methadone Clinic	71086	71477	63970	60797	58523	67243	70388	78192	90901	101357	104609
Social Hygiene Service	59535	201262	214456	317246	422549	483761	508174	463324	471854	353810	315015

Note:
1. Community network includes collaborative projects with Action for REACH OUT, AIDS Concern, C.H.O.I.C.E. and Phoenix Project

2. Others condom distribution points include Integrated Treatment Centre, AIDS Counselling Service, Traveller (Port Health) Clinics and Correctional Service Department