

# Hong Kong STD/AIDS Update

## - a quarterly surveillance report

Department of Health

Vol.4 No.4 October 1998

### Editorial

Having had a progressive increase in reported HIV infections, this quarter sees a drop by nearly 50% from 61 cases in the second quarter to 32. The reported AIDS cases also decreased from 27 to 10. As of the end of September 1998, the total reported HIV infection has gone up to 1098 and AIDS to 359.

The demographic characteristics of the reported cases are, however, similar to the previous trends. All of the newly reported infections are adults, with a male-to-female ratio of 3 to 1, and 72% of the reported are ethnic Chinese. Except for 7 cases whose routes of transmission are undetermined, all infections reported this quarter are sexually acquired with 23 heterosexuals, 3 homosexuals and 1 bisexual. Among these 32 HIV infections, 7 have also been diagnosed as clinical AIDS simultaneously. All of the ten reported AIDS this quarter have presented with opportunistic infections. The primary AIDS defining illnesses reported in this quarter are *Pneumocystis Carinii Pneumonia*(3), extrapulmonary cryptococcal infection (2), oesophageal candidiasis (1), cerebral toxoplasmosis(1), and tuberculosis infection (2).

The reported trend of the condition may have reflected some changes in the epidemiology. For AIDS, the drop in this quarter may simply be an apparent fall following an overshoot in the second quarter. The trend is, however, consistent with an overall stabilization of AIDS incidence as observed in the recent few quarters. Three explanations are possible for such reduction in reported incidence, they are: a general decrease in physician reporting, a reduction of HIV infections few years back, or fewer progression to AIDS in the absence of any decrease in HIV infections.

The drop in HIV reports seems to be contradictory with the rising trend observed in the past four quarters. However, such fluctuations may not reflect the genuine situation as the reporting trend is subjected to changes in the number of people undertaking HIV antibody testing and the physician reporting practice. The most common indication of HIV testing is clinical suspicion, when an adult patient presents with symptoms and signs of immunodeficiency, such as, oral thrush, recurrent herpes zoster, or even major complications like *Pneumocystis Carinii Pneumonia*. At the government setting, HIV testing is routinely offered to attendees of the Social Hygiene Clinics. The asymptomatic ones may be tested at the government HIV clinic, private sector, or at selected non-governmental AIDS services organisations. The number of HIV tests conducted in the public services in this quarter has not shown any decrease.

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## Reported HIV/AIDS Quarterly Statistics

3rd Quarter (July - September) 1998

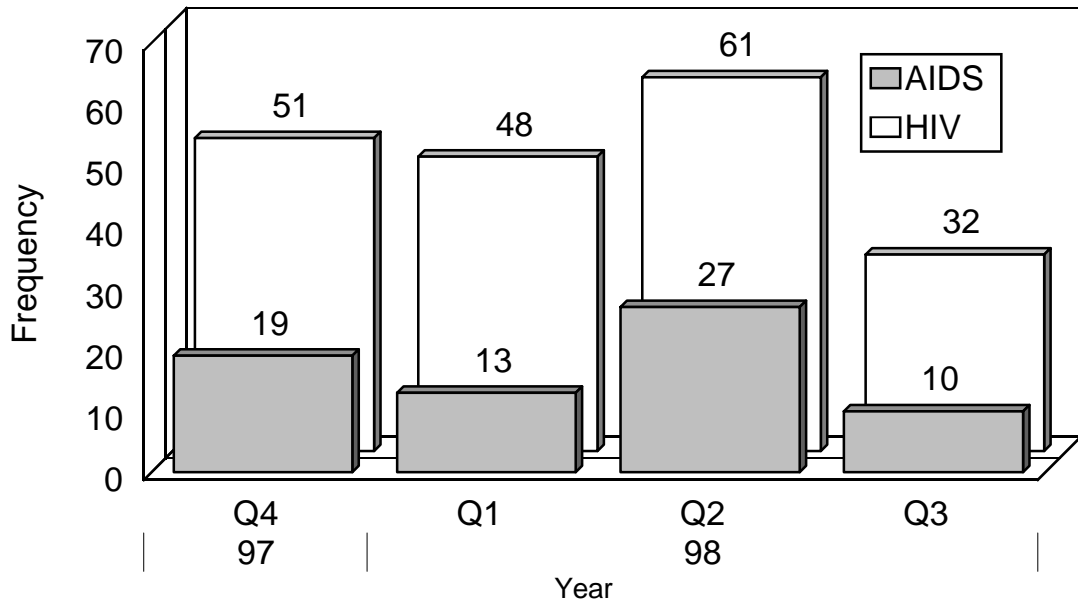
	<b>This Quarter</b>		<b>Cumulative</b>	
	<u>HIV</u>	<u>AIDS</u>	<u>HIV</u>	<u>AIDS</u>
<b>Sex</b>				
Male	24	8	936	322
Female	8	2	162	37
<b>Ethnicity/race</b>				
Chinese	23	9	755	270
Non-Chinese	9	1	343	89
<i>Asian</i>	8	1	136	39
<i>White</i>	0	0	157	48
<i>Black</i>	0	0	11	2
<i>Others</i>	1	0	39	0
<b>Age at diagnosis</b>				
Adult	32	9	1071	352
Child (age 13 or less)	0	1	27	7
<b>Exposure category</b>				
Heterosexual	21	9	600	209
Homosexual	3	0	242	82
Bisexual	1	0	59	24
Injecting drug user	0	0	17	5
Blood/blood product infusion	0	0	67	16
Perinatal	0	1	6	3
Undetermined	7	0	107	20
<b>Total</b>	<b>32</b>	<b>10</b>	<b>1098</b>	<b>359</b>

**Sexually Transmitted Diseases Reporting at  
Government Social Hygiene Service  
3rd Quarter (July - September) 1998**

	<u>This Quarter</u>	<u>Same Quarter Last Year</u>
<b>Syphilis</b>		
<i>Primary</i>	90	70
<i>Secondary</i>	26	19
<i>Early latent</i>	73	49
<i>Late latent</i>	91	69
<i>Late (cardiovascular/neuro)</i>	2	0
<i>Congenital (early)</i>	0	1
<i>Congenital (late)</i>	0	0
<b>Total</b>	<b>282</b>	<b>208</b>
<b>Gonorrhoea</b>	723	618
<b>Non-gonococcal urethritis</b>	2083	1559
<b>Chancroid/Lymphogranuloma venereu</b>	2	1
<b>Genital wart</b>	1027	799
<b>Herpes genitalis</b>	339	346
<b>Pediculosis pubis/Scabies</b>	199	169
<b>Non-specific genital infection</b>	1711	919
<b>Trichomonas/Monilia vaginitis</b>	904	665
<b>Molluscum contagiosum</b>	55	49
<b>Genital ulcer</b>	189	5
<b>Others</b>	73	10
<b>Total</b>	<b>7587</b>	<b>5348</b>

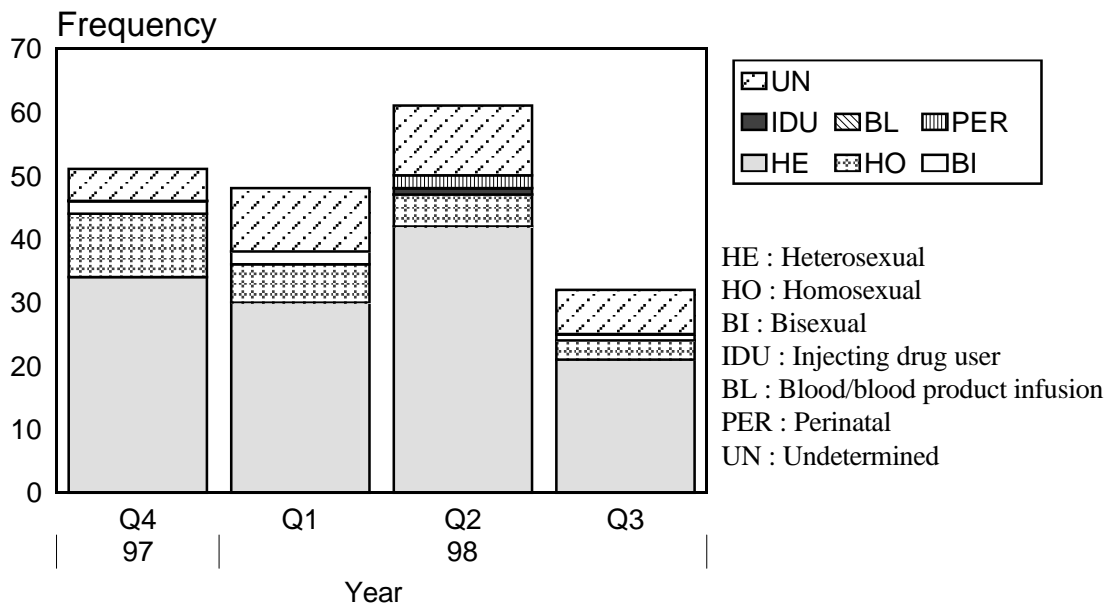
# Hong Kong HIV/AIDS Voluntary Reporting

(3rd Quarter, 1998) Hong Kong

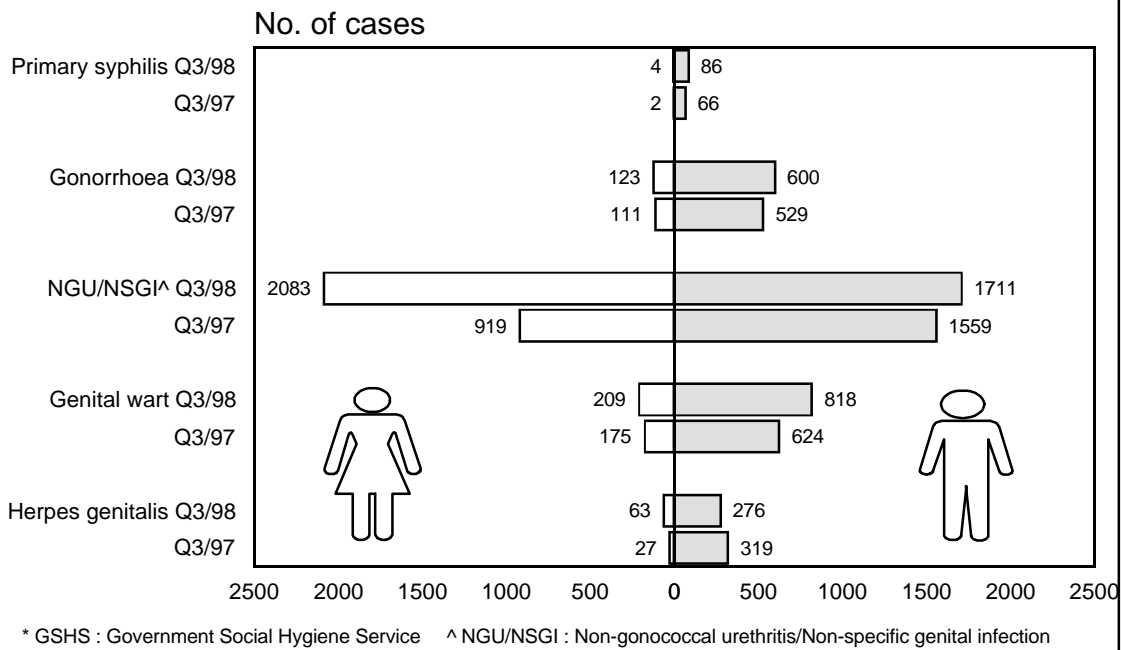


# Hong Kong HIV Voluntary Reporting

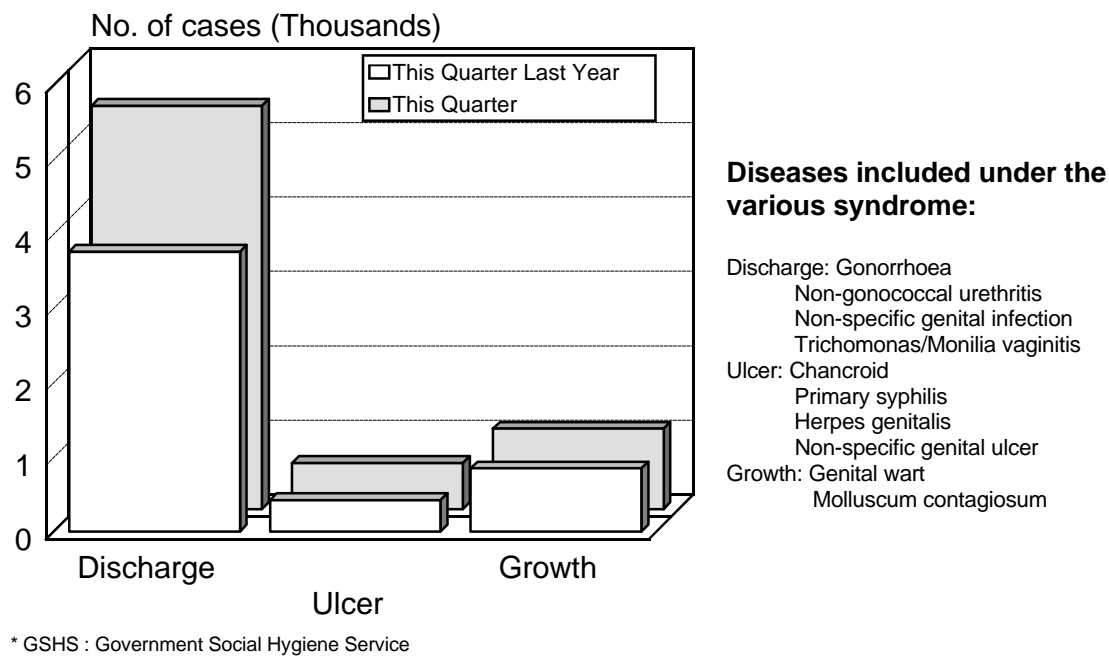
By Exposure Category (3rd Quarter, 1998) Hong Kong



# Sexually Transmitted Diseases Reporting at GSHS\* By sex (3rd Quarter, 1998) Hong Kong



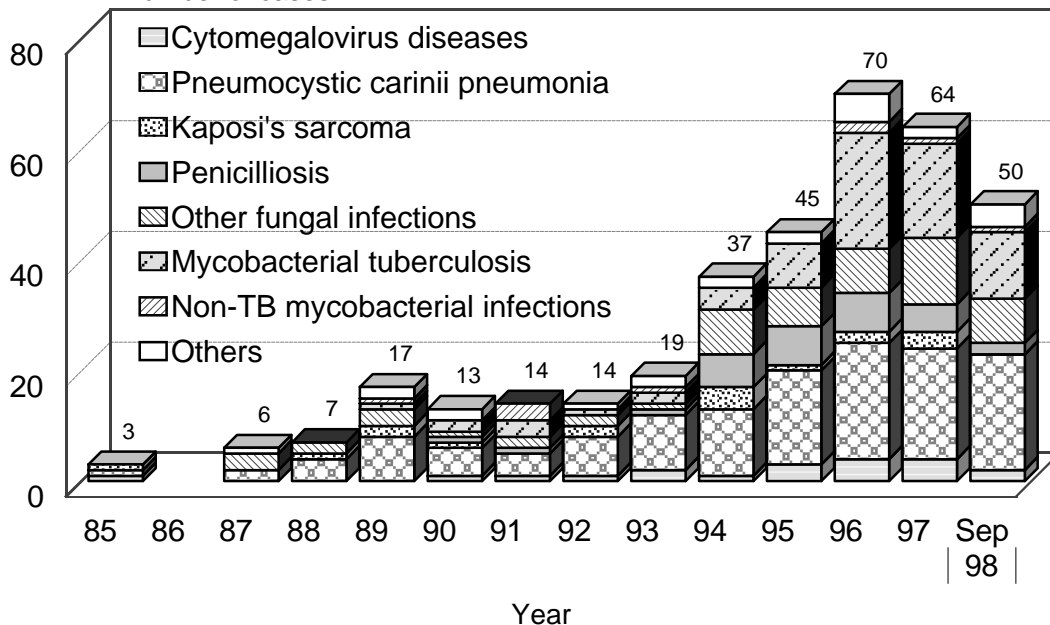
# Syndrome Presentations of STD in GSHS\* (3rd Quarter, 1998) Hong Kong



# Primary AIDS Defining Illnesses

1985 - September 1998, Hong Kong (N=359)

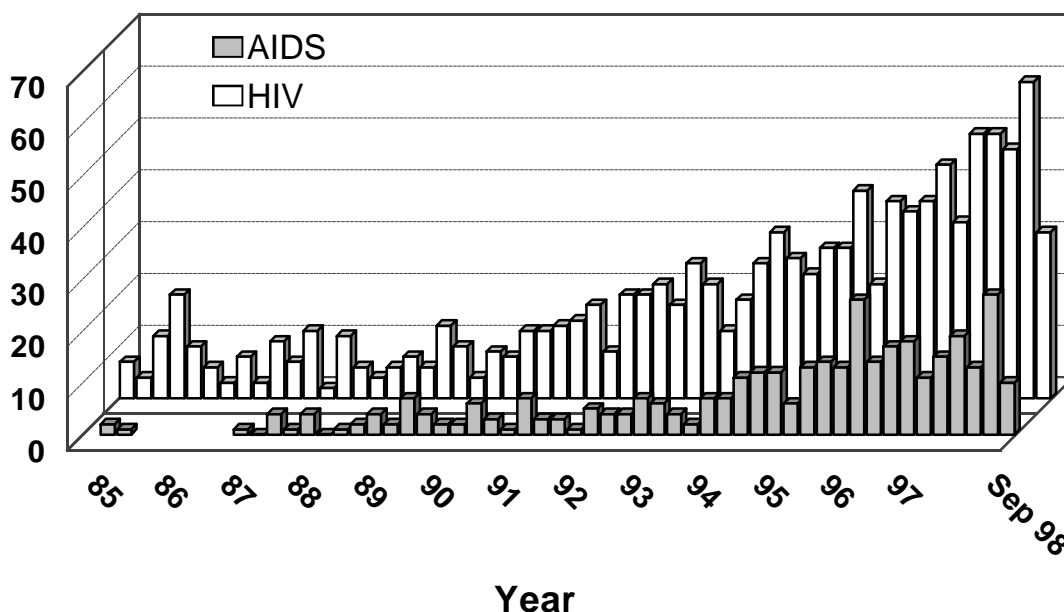
Number of cases



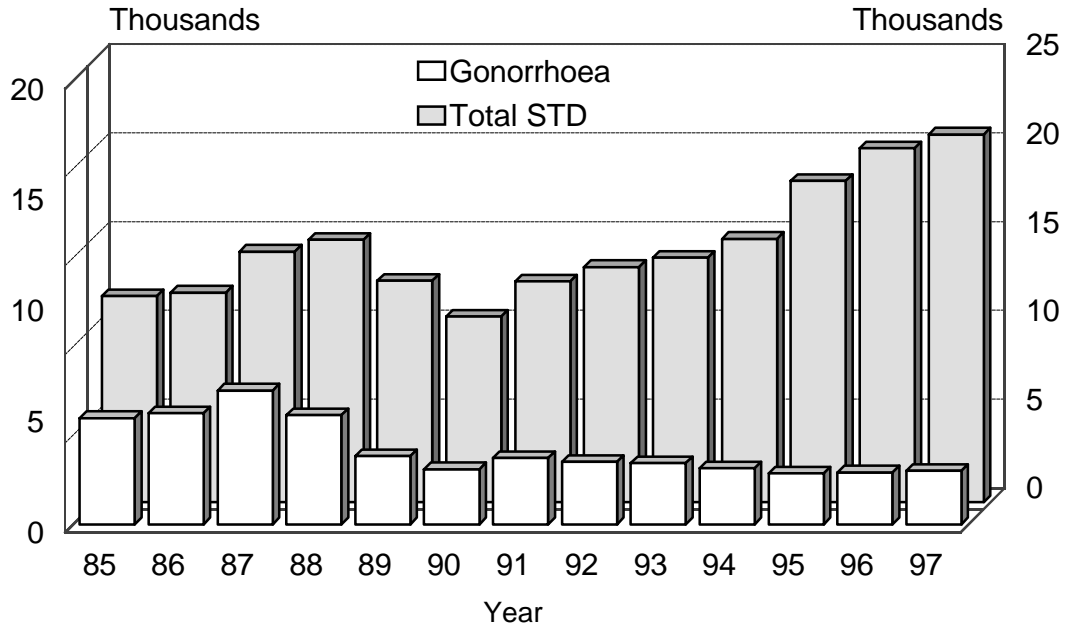
# Quarterly HIV/AIDS Statistics

1984 - Sep 1998, Hong Kong (N=1098)

No. of cases



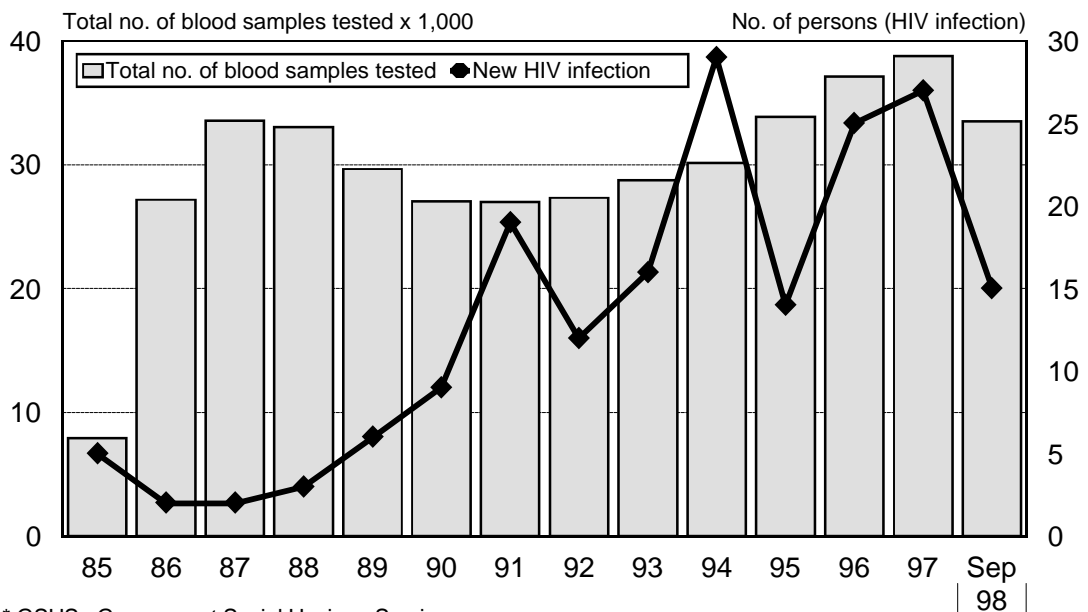
## Incidence of Total STD and Gonorrhoea# at GSHS\* 1985 - 1997, Hong Kong



# Microbiological diagnosis

\* GSHS : Government Social Hygiene Service

## New HIV Infection Diagnosed at GSHS\* 1985 - September, 1998



\* GSHS : Government Social Hygiene Service

## Gonorrhoea - the local scenario

Despite its long recognition since antiquity, gonorrhoea remains a major concern throughout the world because of its persistent prevalence and substantial morbidity. Surveillance of gonococcal disease incidence has been widely used as a marker of STD incidence to measure successfulness of control. World Health Organisation has recently estimated the number of new cases worldwide to be 62 million annually.

In Hong Kong, 2412 new cases of gonorrhoea were diagnosed in the Government Social Hygiene Clinics (SHC) in 1997, accounting for 12% of the total new STD diagnosis. Among the STDs reported in the government services, gonorrhoea is currently the third commonest diagnosis, trailing non-specific genital infection and genital wart. Analysis of annual incidence of gonorrhoea over a 10-years period, 1988 to 1997, revealed a declining trend which was sharp in the first 3 years, and steady off at the latter half (Page 7).

Gradual changes in the biology of the prevailing gonorrhoea strains have been observed. In the recent years, the incubation period of gonorrhoea has been decreasing, such reduction may allow earlier diagnosis and treatment. Penicillin and tetracycline, which have been the mainstay of treatment in many countries, are no longer recommended in the local community. High prevalence of resistance to these two antibiotics have been long been established. The local antibiotic resistance surveillance programme, which also contributes information to a global network, has reported between 66.6% to 77.9% of penicillin and/or tetracycline resistant strains in the period 1992 to 1996. These include both the plamid mediated *Penicillinase Producing Neisseria Gonorrhoea* (PPNG) and *Chromosome Mediated Resistant Neisseria Gonorrhoea* (CMRNG).

The first line treatment used from 1985 to 1997 was ofloxacin. Resistance to this quinolone antibiotic has also developed. In 1985, the baseline resistance strains was only 1%. Over the decade, it has risen to 12.44% in 1995; 21.71% in 1996 and 35.8% in 1997. In 1998, the Social Hygiene Service stopped using ofloxacin as the treatment option and recommended using intramuscular spectinomycin or oral ceftibuten. These two antibiotics would be used on a rotational basis, to hopefully delay the emergence of resistant strains.

Findings of antibiotic resistance surveillance provide invaluable information to developing treatment protocols. In settings with adequate laboratory support, practitioners may be able to establish a microbiological diagnosis and antibiotic resistance pattern early enough to guide specific treatment. However, under most circumstances when resource is limited and laboratory support less available, attending physicians should adopt a syndromic approach for sexually transmitted diseases treatment with reference to the local pattern of resistance strains.

**Hong Kong STD/AIDS Update can be viewed via the Internet at :**

***<http://www.info.gov.hk/aids>***

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