



# Update on HIV Infection, Treatment and Prevention



- Date:** 29 August 2013 (Thursday)
- Time:** 1:00pm - 3:30pm
- Venue:** Hong Kong Medical Association Central Premises,  
Dr. Li Shu Pui Professional Education Centre,  
2/F, Chinese Club Building, 21-22 Connaught Road Central, Hong Kong.
- Fee:** Free-of-charge
- Organizers:**
- Special Preventive Programme (SPP) of the Centre for Health Protection (CHP), Department of Health (DH)
  - Hong Kong Medical Association (HKMA)
- Moderator:** To be determined
- Speakers:**
- Dr. WONG Ka Hing, Consultant, Special Preventive Programme, DH
  - Dr. Philip WONG, Medical and Health Officer, Special Preventive Programme, DH
  - Mr. Joe CHAN, Programme Manager, AIDS Concern
  - Ms. Jenny PANG, Senior Nursing Officer,
  - Ms. Lina WONG, Nursing Officer, Special Preventive Programme, DH
- Enquiry:**
- Please call 3143-7200 to confirm your facsimile has been successfully received by DH to avoid any misunderstanding that might arise thereafter.
  - For programme enquiry, please contact Dr. SHU Bo Yee, SPP, DH.
- CME Accreditation:** Pending
- Registration:** Registration is strictly required on a **first-come, first-served** basis. Successful application would be notified by fax or e-mail on or before 26 August 2013.
- Remarks:** Participants are encouraged to finish a multiple choice questionnaire before and after the lecture (*for testing HIV knowledge and lecture evaluation*). A certificate of attendance will be issued upon completion of the questionnaire.

Time	Content	Speakers
1:00 - 1:40pm	<b>Registration &amp; Lunch</b>	
1:40 - 1:55pm	<b>Topic 1: Local HIV situation</b> - Update of HIV epidemiology in HK - Reporting system of HIV cases	Dr. Philip WONG
1:55 - 2:20pm	<b>Topic 2: Clinical management of HIV infection</b> - Clinical presentation - Diagnosis, management and prevention - Treatment as prevention - Post-exposure prophylaxis	Dr. WONG Ka Hing
2:20 - 2:35pm	<b>Topic 3: HIV clinical services of DH</b> - Referral of HIV cases - HIV clinical services provided by the Integrated Treatment Centre (ITC) of DH	Ms. Jenny PANG
2:35 - 2:45pm	<b>Q&amp;A Session</b>	
2:45 - 3:00pm	<b>Topic 4: Understanding the gay culture</b> - Social network among the gay community - How to create a gay-friendly atmosphere within a clinical setting	Mr. Joe CHAN (In Cantonese)
3:00 - 3:15pm	<b>Topic 5: Key issues in HIV screening</b> - Communication skills with HIV screening clients	Ms. Lina WONG (In Cantonese)
3:15 - 3:30pm	<b>Q&amp;A Session</b>	
3:30 - 4:30pm	<b>Press Conference</b>	

## Reply Slip

### Update on HIV Infection, Treatment and Prevention

Fax: 2338 0534

Name: \_\_\_\_\_ HKMA No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

*(Please fill in your updated fax number and e-mail address so that you can be notified of your application via these routes. Please also fill in your mobile number in case of urgent matters.)*

Type of practice: Private / Hospital Authority / Department of Health / Others\* (Please specify: \_\_\_\_\_ )

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To facilitate our planning of this seminar and subsequent activities, please complete a brief survey on provision of HIV-related services below. *You may choose more than one answer for questions 2-6.*

**1. As far as you remember, did you offer any HIV test in the past 3 months?**

Yes  No → Go to Q6 & 7

**2. Which type of patients did you provide HIV test?**

- |   |  |
|---|--|
| <input type="checkbox"/> Men who have sex with men                              | <input type="checkbox"/> Sex after drugs or binge drinking |
| <input type="checkbox"/> Involve in casual or commercial sex                    | <input type="checkbox"/> Seek treatment for STI            |
| <input type="checkbox"/> Injection drug users                                   | <input type="checkbox"/> Unplanned pregnancy               |
| <input type="checkbox"/> Partners with known or suspected to have HIV infection |  |
| <input type="checkbox"/> Clients without the above risk factors                 | <input type="checkbox"/> Others, specify _____             |

**3. What type of HIV test you offered?**

- Blood / urine\* test sent to laboratory
- Rapid blood / oral fluid\* test

**4. What type of safer sex advice did you give patients?**

- Use condom  Reduce number of sex partners
- Sex without exchange of body fluid (e.g. cuddling, social kiss, masturbation)
- Others : \_\_\_\_\_

**5. How do you follow up HIV positive cases?**

- Offer HIV treatment myself  Refer to Department of Health (DH)
- Refer to the Hospital Authority  Others: \_\_\_\_\_

**6. Which of the topic(s) in this seminar are you interested in?**

Topic 1  Topic 2  Topic 3  Topic 4  Topic 5

**7. Do you like DH to contact you after this seminar for update on HIV-related services?**

Yes  No

\*please delete if inapplicable

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*Data collected will be used and processed for the purposes related to this event and follow up only.*