

# Hong Kong STD/AIDS Update

## - a quarterly surveillance report

Department of Health

1st Quarter 1995 Vol.1 No.1

### First case of HIV-2 infection in Hong Kong

HIV-1 infection was primarily responsible for the global HIV/AIDS pandemic, but a parallel HIV-2 epidemic was well recognised in West Africa since 1986. HIV-2 is genetically more similar to the Simian Immunodeficiency Virus (SIV), a primate virus that infects some species of monkeys, than HIV-1. HIV-2 causes similar illness as HIV-1 though it has a longer incubation period of asymptomatic infection. It is transmitted through sexual and blood-borne contacts while perinatal transmission is believed to be less efficient than HIV-1.

In late 1980s, people with HIV-2 infection were increasingly being identified in other parts of the world, including North America, Europe and South America. The spread of HIV-2 to Asia has been noted in countries such as India, Korea and Japan. In India, since its first detection in 1990, HIV-2 has spread extensively among attendants of sexually transmitted disease clinics, sometimes in co-infection with HIV-1. The potential for spread in Asia is enhanced by its large human population and presence of HIV-related risk behaviours. A decade into the epidemic, Hong Kong's first case of HIV-2 infection was found in the first quarter of 1995. The patient was possibly infected during residence in West Africa. As Hong Kong has heavy international traffic, more future cases of HIV-2 infection will not be unexpected.

Similar to HIV-1, the laboratory diagnosis of HIV-2 infection is made by antibody testing. The ELISA screening test employed in public service (including Hong Kong Red Cross Blood Transfusion Service) in Hong Kong can effectively detect both HIV-1 and HIV-2. This is important in safeguarding blood supply, as well as diagnosing suspected cases of HIV infection. ☸

#### Contents

	Page
1. Feature article : First case of HIV-2	1
2. Tables & graphs : Quarterly statistics and Trend of HIV/AIDS & STD	2-7
3. HIV/AIDS surveillance system & situation analysis	8



## Reported HIV/AIDS Quarterly Statistics

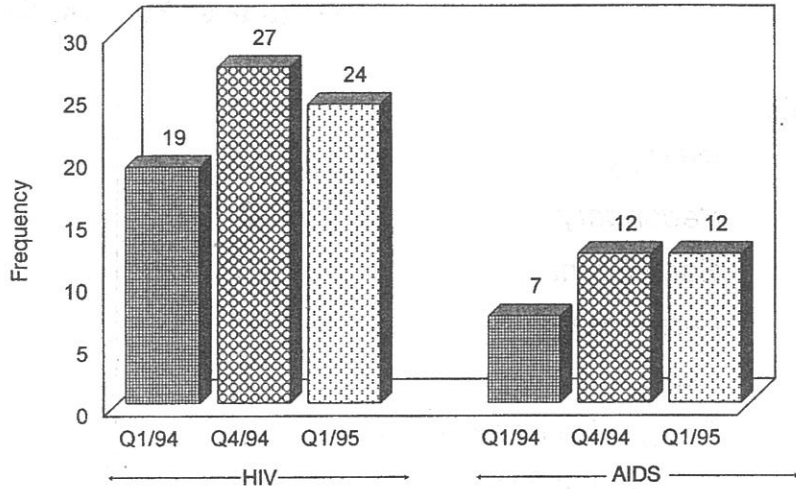
### 1st Quarter, 1995

	This Quarter		Cumulative	
	<u>HIV</u>	<u>AIDS</u>	<u>HIV</u>	<u>AIDS</u>
1. Sex				
Male	17	10	495	132
Female	7	2	49	10
2. Ethnicity/race				
Chinese	16	8	362	98
Non-Chinese	8	4	182	44
Asian	3	1	42	11
White	2	2	111	31
Black	1	1	8	2
Others	2	0	21	0
3. Age at diagnosis				
Adult	24	12	524	137
Child (age 12 or less)	0	0	20	5
4. Exposure category				
Heterosexual	19	6	231	47
Homosexual	2	4	153	56
Bisexual	1	1	40	17
Injecting drug user	1	1	12	3
Blood/blood product infusion	0	0	66	12
Perinatal	0	0	1	1
Undetermined	1	0	41	6
5. Total	24	12	544	142

## Quarterly Statistics of STD in Social Hygiene Service

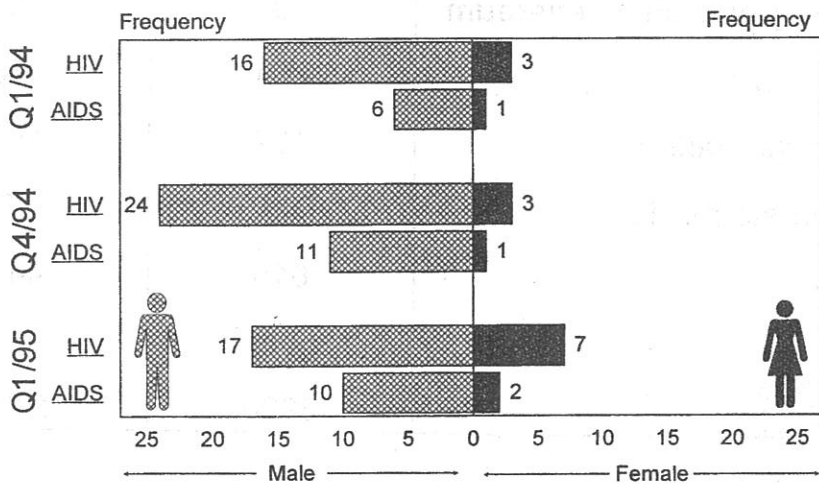
	1st Quarter 95	1st Quarter 94
<b>Syphilis</b>		
<i>Primary</i>	9	3
<i>Secondary</i>	2	2
<i>Early latent</i>	12	13
<i>Late latent</i>	43	93
<i>Late</i>	1	3
<i>Congenital early</i>	0	0
<i>Congenital late</i>	1	0
<b>Total</b>	68	114
<b>Gonorrhoea</b>	569	683
<b>Non-gonococcal urethritis</b>	1047	711
<b>Non-specific genital infection</b>	774	553
<b>Chancroid</b>	2	0
<b>Lymphogranuloma venereum</b>	0	3
<b>Genital wart</b>	664	464
<b>Herpes genitalis</b>	152	153
<b>Pediculosis pubis</b>	99	98
<b>Others</b>	615	449
<b>Total</b>	3990	3228

### Quarterly Reported HIV/AIDS - 1st Quarter, 1995



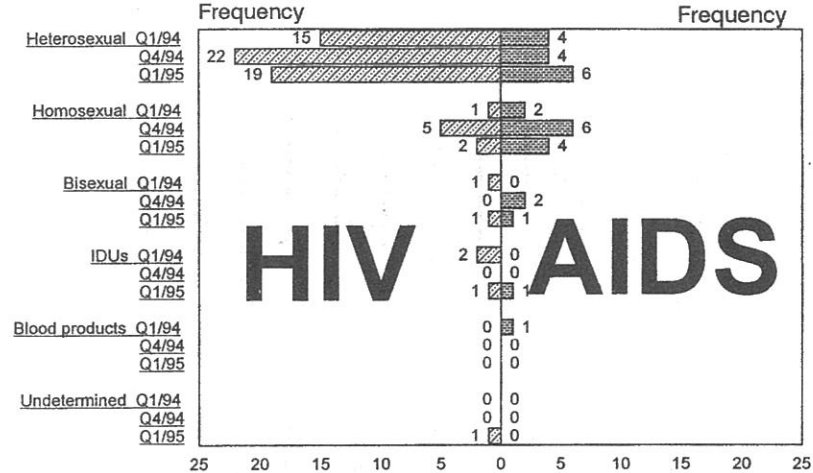
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### Quarterly Reported HIV/AIDS - By Sex 1st Quarter, 1995



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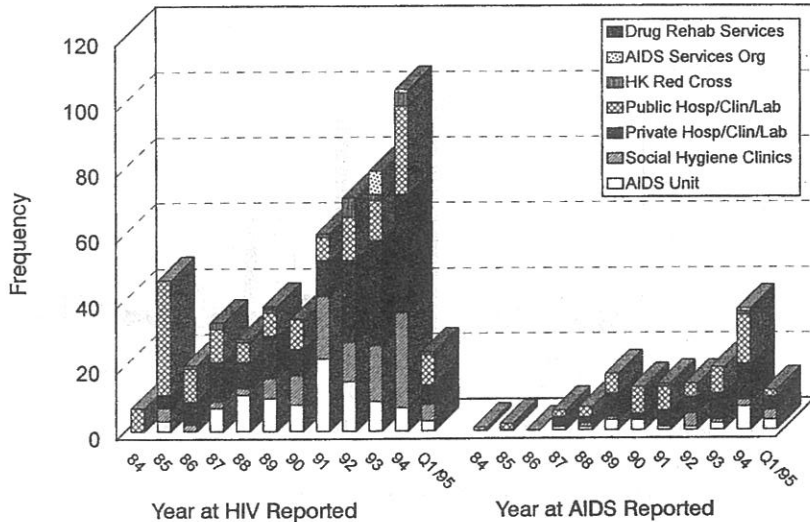
## Quarterly Reported HIV/AIDS - By Exposure Category 1st Quarter, 1995



No case was infected through perinatal transmission.

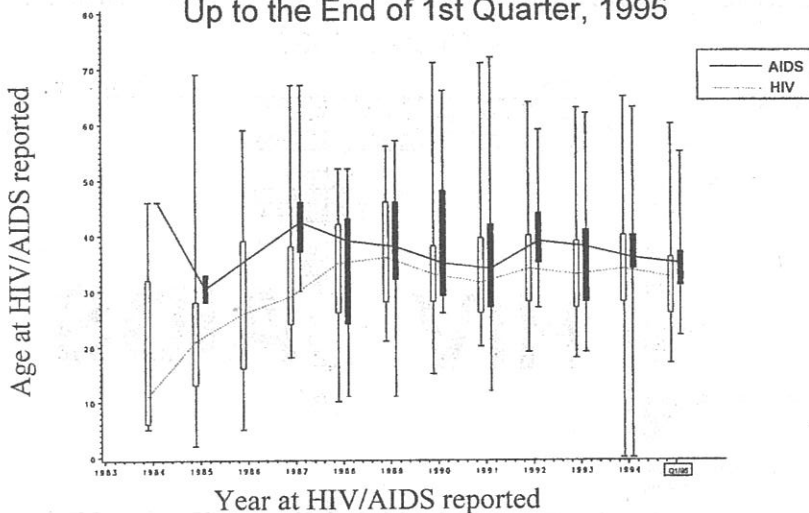
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## Up-to-date Reported HIV/AIDS - By Source of Referral 1st Quarter, 1995



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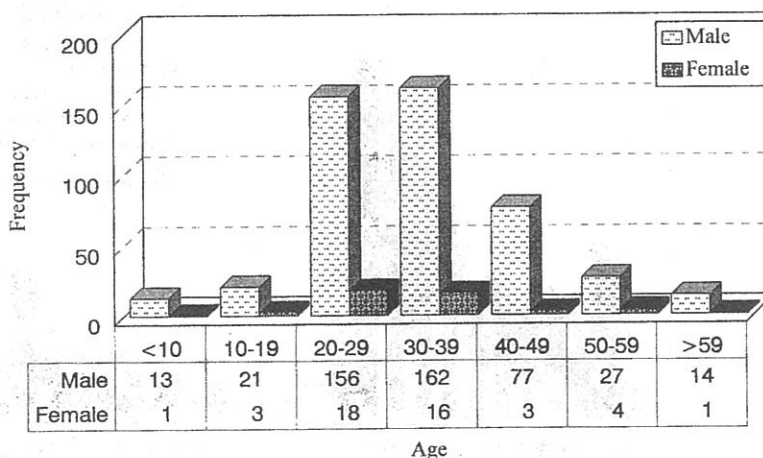
## Age Distribution of Reported HIV/AIDS - By Year Up to the End of 1st Quarter, 1995



Box and Whisker Plot - Min., 25th %tile, Median, 75th %tile and Max. value are shown.

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## Age/Sex Distribution of HIV Infection in Hong Kong Up to the end of 1st quarter, 1995 (n=544)



Three women and 25 men of unknown age are excluded.

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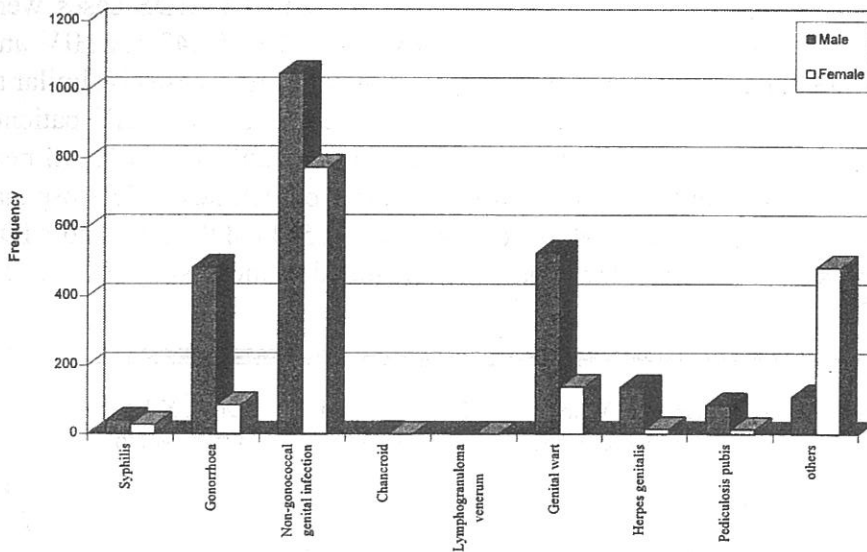
## PRIMARY AIDS DEFINING DISEASES OF REPORTED AIDS

1985 - March 1995 ( Cumulative )

PRIMARY AIDS DEFINING DISEASES	Frequency	Percent
<i>Pneumocystis carinii</i> pneumonia	57	40.10%
<i>Mycobacterium tuberculosis</i> , extrapulmonary	14	9.90%
<i>Penicillium marneffei</i>	10	7.00%
<i>Cryptococcosis</i> , extrapulmonary	9	6.30%
Candidiasis, esophageal	8	5.60%
Cytomegalovirus disease (other than liver, spleen, or nodes)	6	4.20%
Cryptosporidiosis, chronic intestinal (> 1 month's duration)	6	4.20%
Cytomegalovirus retinitis (with loss of vision)	4	2.80%
<i>Mycobacterium avium</i> complex or <i>M. kansasii</i> , disseminated	4	2.80%
Toxoplasmosis of brain	4	2.80%
Candidiasis of bronchi, trachea, or lungs	1	0.70%
Isosporiasis, chronic intestinal (> 1 month's duration)	1	0.70%
<i>Mycobacterium</i> , other species or unidentified species, disseminated	1	0.70%
Pneumonia, recurrent	1	0.70%
Kaposi's sarcoma	11	7.70%
Lymphoma, immunoblastic (or equivalent term)	2	1.40%
Lymphoma, primary, of brain	1	0.70%
Wasting syndrome due to HIV	1	0.70%
Encephalopathy, HIV-related	1	0.70%
<b>Total</b>	<b>142</b>	<b>100.00%</b>

## REPORTED STD IN SOCIAL HYGIENE SERVICE

1st Quarter, 1995



## HIV/AIDS Surveillance System & Situation Analysis

In Hong Kong, the HIV/AIDS surveillance system is made up of 3 components :

1. Voluntary testing
2. Screening of blood/organ donors
3. Unlinked anonymous screening (UAS)

Voluntary HIV testing is provided for people self-referred for risk of HIV infection, clinical referrals because of presenting diseases, and also certain selected groups e.g. drug users and attendants of Social Hygiene Clinics and drug rehabilitation centres. Since 1985, HIV screening before blood donation not only helps to safeguard blood supply but also provides surveillance data. Positive cases from the above testings, as well as AIDS patients, are reported to the Department of Health on a voluntary basis. UAS was introduced in 1990 to augment the surveillance system by excluding participation bias. Both people at high risk e.g. Methadone Clinic attendants and those without apparent risk e.g. neonates have been tested over the years. Serum, urine and saliva samples have been used for HIV antibody testing in the UAS.

In the first quarter of 1995, 24 HIV and 12 AIDS cases were reported, bringing the cumulative total to 544 and 142 for HIV and AIDS patients respectively. The total number of new cases is similar to that of last quarter. Of note, however, 7 newly reported HIV patients were women, giving a male to female ratio of only 2.4 to 1. All new cases were adults and two-thirds of them were Chinese. Heterosexual transmission was the risk factor for 79% and 50% of the HIV and AIDS cases respectively, which again demonstrated its increasing importance.

☞

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