

Hong Kong STD/AIDS Update

- a quarterly surveillance report

Department of Health

2nd Quarter 1995 Vol.1 No.2

New Classification System for HIV Infection and Surveillance Case Definition for AIDS in Hong Kong

Classification of HIV infection and disease staging is useful for determining prognosis and guiding management. Hong Kong has all along been adopting the USA Centers for Disease Control and Prevention (CDC) classification system and AIDS surveillance case definition. The 1987 Surveillance Definition classified HIV infected persons suffering from specified clinical diseases into AIDS.

In 1993 and 1994, CDC revised the classification system for HIV infection and AIDS Surveillance Definition for adults and children respectively. Apart from the previously used clinical parameters, the CD4 count was also employed in the new classification system, enabling a better assessment of the HIV disease status of a patient. Under the new system, a CD4 level of less than 200/ul had become a criterion for AIDS in adults. Three other clinical diseases were also included as AIDS-defining conditions - recurrent pneumonia, any site of mycobacterium tuberculosis and invasive cervical cancer (not for children).

In Hong Kong, the Scientific Committee of the Advisory Council on AIDS recently recommended adoption of a slightly modified (from CDC 1993) classification system for HIV infection and a clinical approach to AIDS surveillance definition (similar to Australia and Europe). A low CD4 count without clinical diseases is not seen as a justifiable criterion for defining AIDS in Hong Kong. Clinically, however, penicilliosis, a major fungal infection, was included as a local AIDS-indicator condition. Pulmonary tuberculosis, which is endemic in Hong Kong, is only counted as AIDS if accompanied by a CD4 count indicative of severe immunosuppression.

The frequency and profile of opportunistic complications occurring in local HIV infected patients can only be ascertained with timely diagnosis and reporting to the Department of Health. This requires effort and contribution from both the public and private health care professionals. ☸

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Reported HIV/AIDS Quarterly Statistics 2nd Quarter, 1995

	This Quarter		Cumulative	
	<u>HIV</u>	<u>AIDS</u>	<u>HIV</u>	<u>AIDS</u>
1. Sex				
Male	23	4	518	136
Female	6	2	55	12
2. Ethnicity/race				
Chinese	18	3	380	101
Non-Chinese	11	3	193	47
<i>Asian</i>	4	2	46	13
<i>White</i>	5	1	116	32
<i>Black</i>	0	0	8	2
<i>Others</i>	2	0	23	0
3. Age at diagnosis				
Adult	28	6	550	143
Child (age 13 or less)	1	0	23	5
4. Exposure category				
Heterosexual	18	5	249	52
Homosexual	4	1	157	57
Bisexual	1	0	41	17
Injecting drug user	0	0	12	3
Blood/blood product infusion	0	0	66	12
Perinatal	1	0	2	1
Undetermined	5	0	46	6
5. Total	29	6	573	148

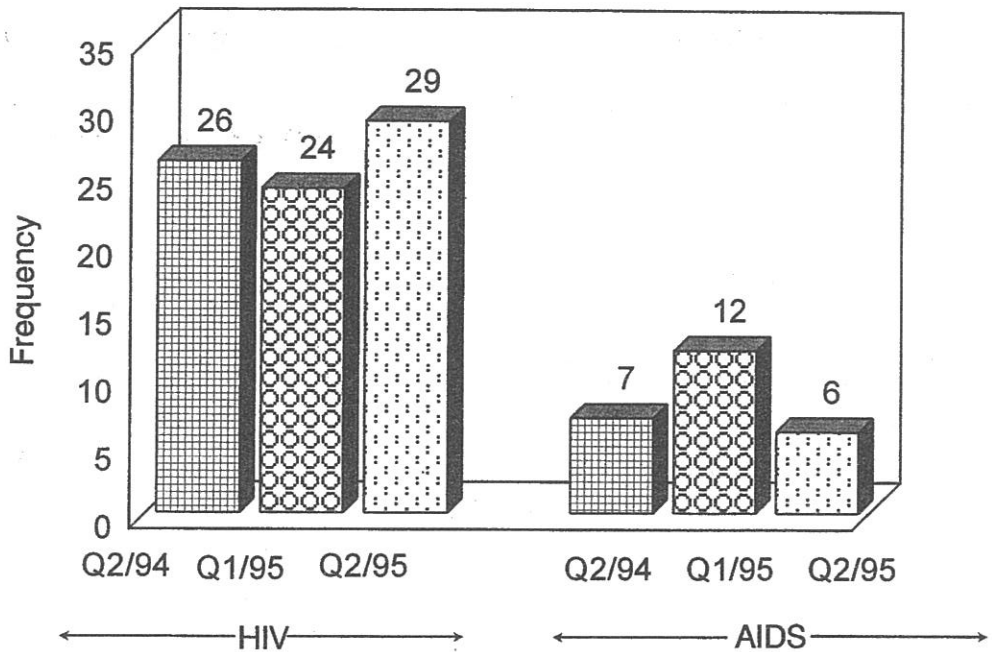
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Quarterly Statistics of STD in Social Hygiene Service

	2nd Quarter 95	2nd Quarter 94
Syphilis		
<i>Primary</i>	13	6
<i>Secondary</i>	5	4
<i>Early latent</i>	32	17
<i>Late latent</i>	56	70
<i>Late (Cardiovascular/neuro)</i>	2	3
<i>Congenital (early)</i>	0	0
<i>Congenital (late)</i>	0	0
Total	108	100
Gonorrhoea	592	730
Non-gonococcal urethritis	1062	777
Chancroid/Lymphogranuloma venereum	2	1
Genital Wart	703	632
Herpes Genitalis	154	205
Pediculosis pubis/Scabies	230	165
Non-specific genital infection	1046	633
Trichomonas/Monilia vaginitis	621	446
Molluscum Contagiosum	20	18
Genital Ulcer	19	5
Others	41	15
Total	4598	3727

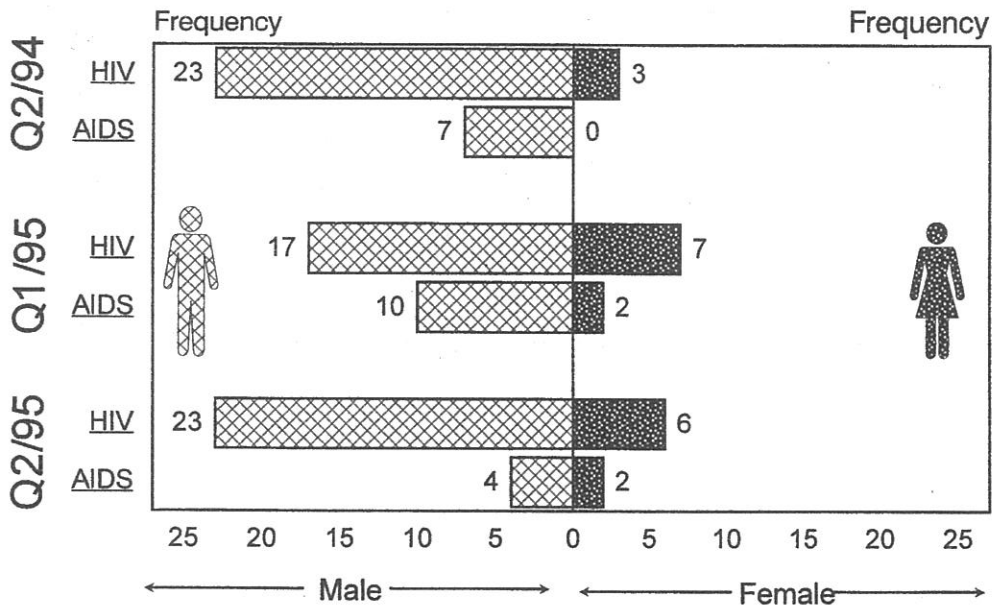
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Quarterly Reported HIV/AIDS - 2nd Quarter, 1995



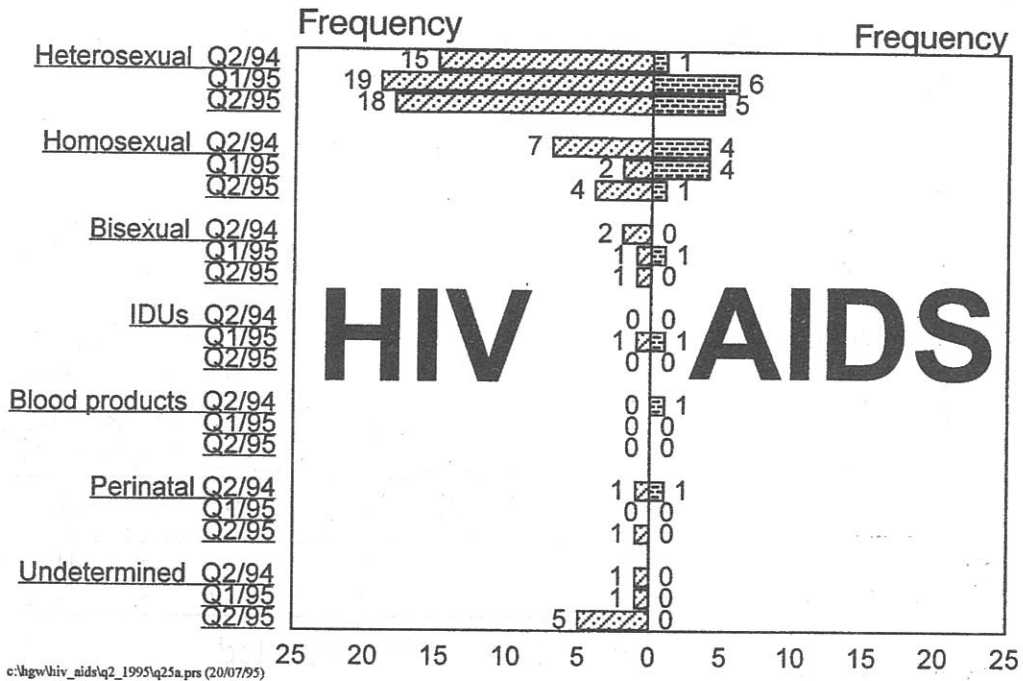
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Quarterly Reported HIV/AIDS - By Sex 2nd Quarter, 1995

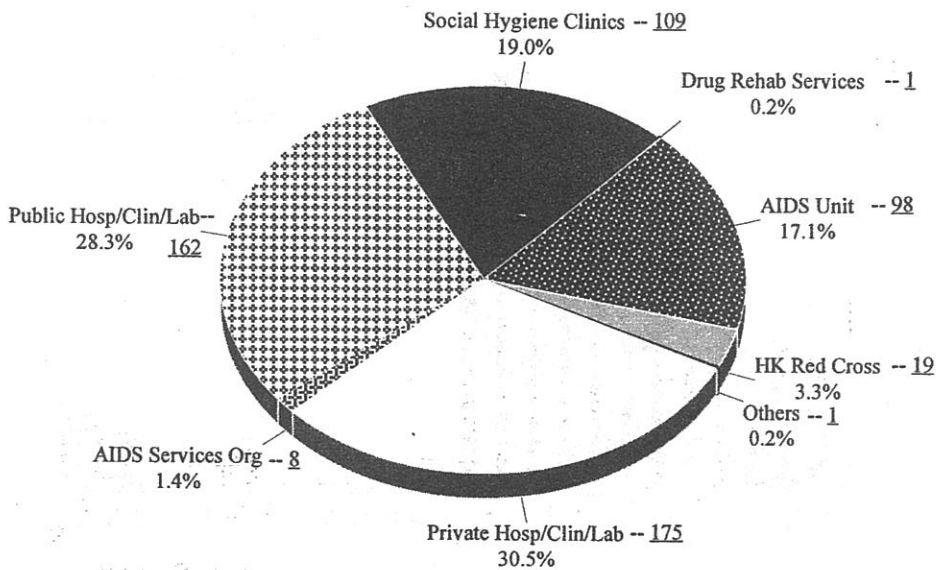


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Quarterly Reported HIV/AIDS - By Exposure Category 2nd Quarter, 1995

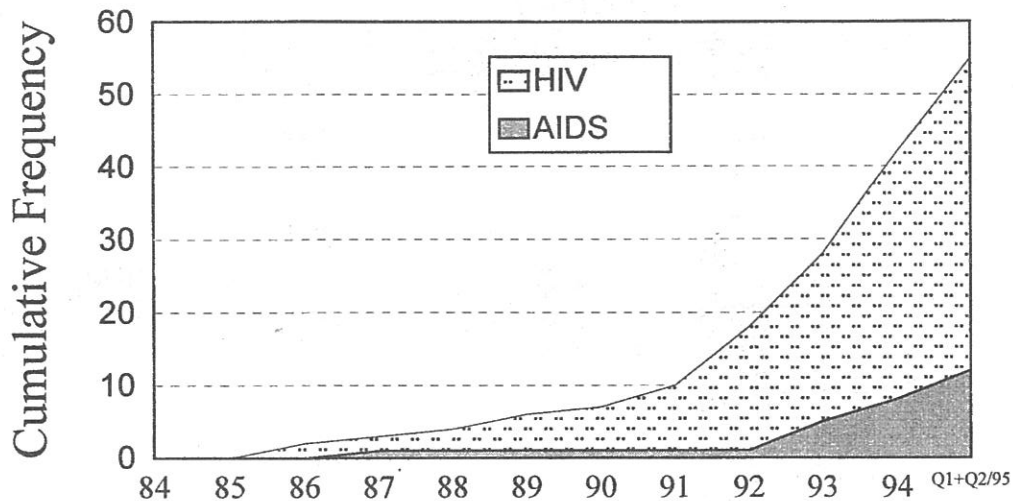


Up-to-date Reported HIV/AIDS - By Source of Referral 2nd Quarter, 1995



Annual Reported HIV/AIDS - Female only

Up to the End of 2nd Quarter, 1995

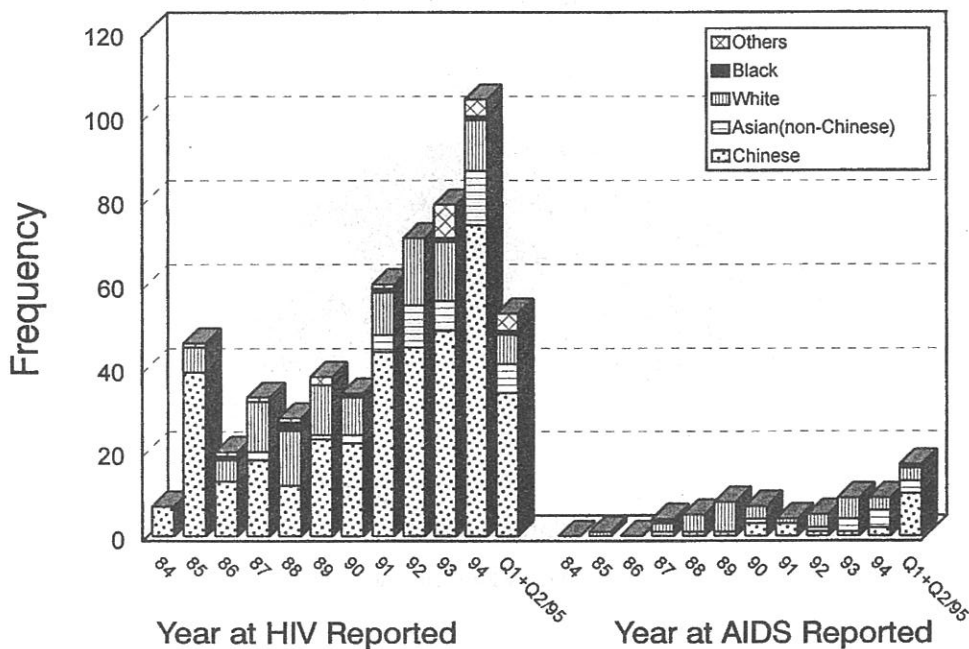


New HIV :	0	0	2	1	1	2	1	3	8	10	14	13
New AIDS :	0	0	0	1	0	0	0	0	0	4	3	4

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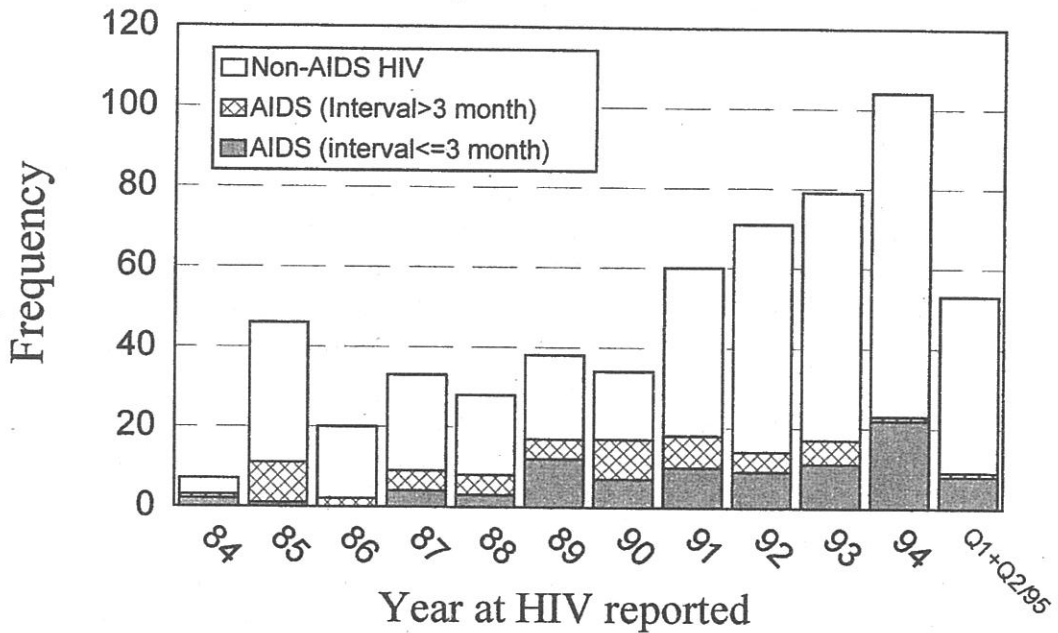
Up-to-date Reported HIV/AIDS - By Ethnicity

2nd Quarter, 1995



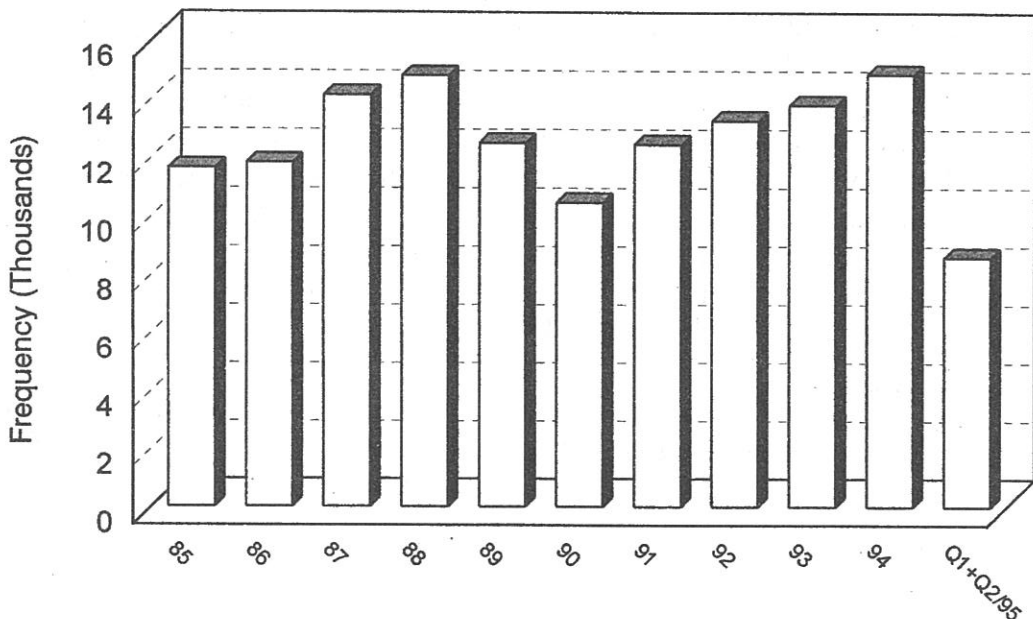
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Reported Time Interval of HIV to AIDS - by Year Up to the End of 2nd Quarter, 1995



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Annual Incidence of STDs in Social Hygiene Service up to the End of 2nd Quarter, 1995



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More women and perinatal HIV infection

Since the start of the HIV/AIDS epidemic in Hong Kong in 1984, the reported statistics has been dominated by male infection. This was partially explained by the fact that most of the infections in early years had occurred among haemophiliacs or homosexuals. However, with the increasing trend of heterosexual transmission, the scenario is changing. Even though the majority of the cumulative infection is still that of men, the apparent problem of newly reported HIV infection among female is becoming more evident. At the end of 1991, a total of only 10 cases were reported. The rapid increase was first seen in 1992 and the more rapid rise had continued since then. Thirteen cases have been reported in the first half of 1995 (one-third of the total new infections), a number similar to the 14 cases in 1994. More than 70% of the cases were between the age of 20-39 years old.

In contrast to the situation in western countries e.g. USA that a major proportion of female infections were related to injecting drug use, nearly 90% of known cases in Hong Kong had resulted from heterosexual contacts. About 22% of the female cases were known to have progressed to AIDS, slightly less than the 26% in male. In the second quarter of 1995, women contributed to half of the new AIDS cases.

The second case of perinatal infection was reported in the second quarter of 1995. Not surprisingly, the infection was detected because of occurrence of clinical diseases in the mother or the infant. With the fast-growing (though still small in absolute numbers) number of women HIV infection in Hong Kong, the health care profession should be on the alert for potential perinatal transmission of HIV. Intervention as appropriate can be offered before, during and after pregnancy to minimise the chance of infant infection, as well as providing necessary care to the mother and family.✽

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* Requests for additional copies and future issues or comments/suggestions are most welcome.

