

Hong Kong STD/AIDS Update

- a quarterly surveillance report

Department of Health

3rd Quarter 1995 Vol.1 No.3

The STD/HIV interplay: what is the implication

The intimate relationship and bi-directional interaction between STDs and HIV are critical elements in the development of strategy for preventing the two diseases. STDs, both ulcerative and non-ulcerative, enhance HIV transmission by three to five folds. The role of ulcerative STDs, e.g. herpes simplex disease and chancroid, has been well documented. Increasing evidences are suggesting the contribution of non-ulcerative diseases, e.g. gonorrhoea and Chlamydia trachomatis infection. This is particularly relevant as the latter is more prevalent in countries like Hong Kong (<10% of the reported STDs were ulcerative ones).

The mechanisms of STD as a risk factor for HIV transmission are both biological and behavioural. STDs recruit mononuclear cells which harbour ligands for HIV. Genital ulcers or inflammation enhance entry and exit of HIV. Furthermore, HIV infection and other STDs share common behavioural and societal risks as they are both transmitted via sexual contacts. On the other hand, HIV can worsen the course of STD. In HIV positive people, for example, herpes simplex infection tend to be more severe, poorly responsive to treatment and frequently relapsing. Similarly, syphilis may progress to advanced stage despite conventional treatment.

The WHO has advocated three essential components in the prevention of sexual transmission of HIV. First, provision of information and education, which includes safer sex practices. Second, accessible health services, which includes early detection and prompt treatment of STD (both public and private sectors). Third, supportive environment for behavioural modifications and sustainment of the changes. All these underscores the importance of co-ordination and integration of STD and AIDS prevention and care efforts. ❖

Contents

1. Feature article : The STD/HIV interplay: what is the implication
2. Tables & graphs : Quarterly statistics and Trend of HIV/AIDS & STD
3. Over 600 HIV cases reported

Page

1

2-7

8



Reported HIV/AIDS Quarterly Statistics

3rd Quarter, 1995

	This Quarter		Cumulative	
	HIV	AIDS	HIV	AIDS
1. Sex				
Male	25	11	543	147
Female	4	2	59	14
2. Ethnicity/race				
Chinese	20	9	399	110
Non-Chinese	9	4	203	51
Asian	3	3	49	16
White	1	1	117	33
Black	0	0	8	2
Others	5	0	29	0
3. Age at diagnosis				
Adult	29	13	579	156
Child (age 13 or less)	0	0	23	5
4. Exposure category				
Heterosexual	18	9	267	61
Homosexual	9	3	167	60
Bisexual	0	1	41	18
Injecting drug user	0	0	12	3
Blood/blood product infusion	0	0	66	12
Perinatal	0	0	2	1
Undetermined	2	0	47	6
5. Total	29	13	602	161

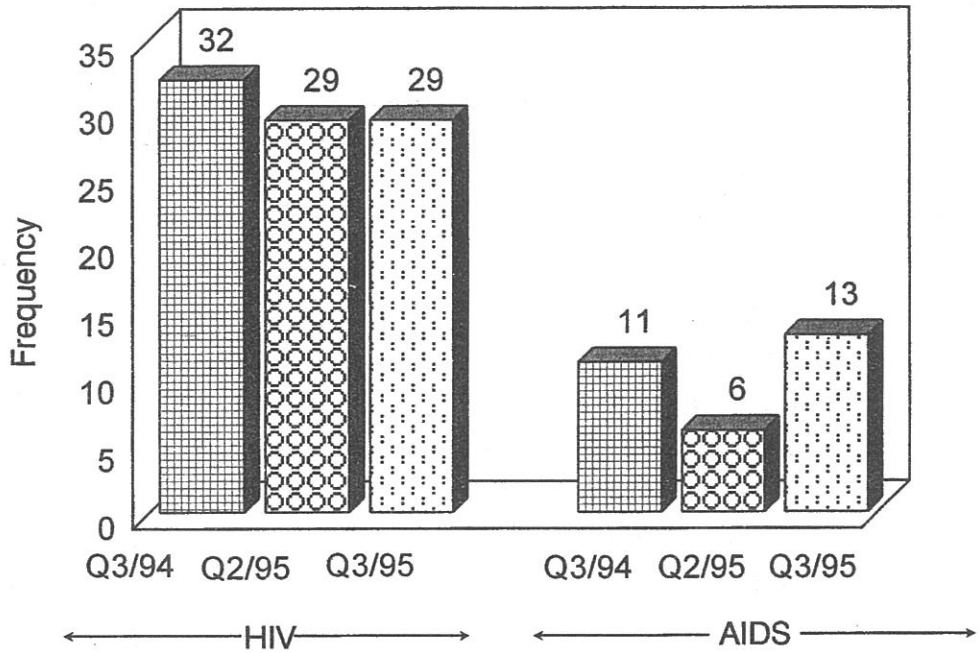
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Quarterly Statistics of STD in Social Hygiene Service

	3rd Quarter 95	3rd Quarter 94
Syphilis		
<i>Primary</i>	15	13
<i>Secondary</i>	5	2
<i>Early latent</i>	22	11
<i>Late latent</i>	54	71
<i>Late (Cardiovascular/neuro)</i>	0	1
<i>Congenital (early)</i>	0	0
<i>Congenital (late)</i>	0	0
Total	96	98
Gonorrhoea	576	561
Non-gonococcal urethritis	1311	837
Chancroid/Lymphogranuloma venereum	3	2
Genital Wart	789	646
Herpes Genitalis	228	203
Pediculosis pubis/Scabies	170	145
Non-specific genital infection	1027	812
Trichomonas/Monilia vaginitis	568	486
Molluscum Contagiosum	14	25
Genital Ulcer	13	6
Others	29	19
Total	4824	3840

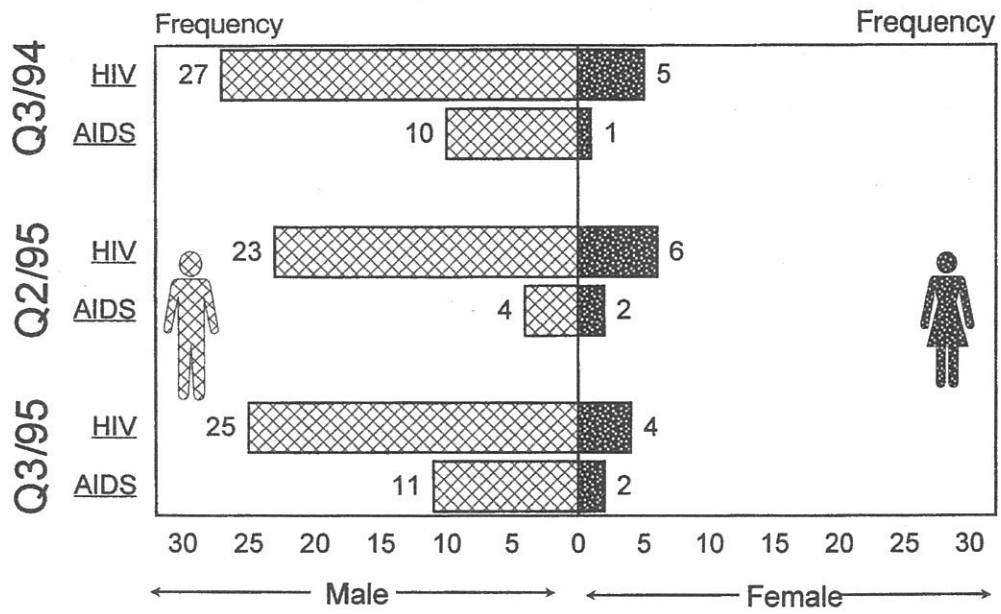
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Quarterly Reported HIV/AIDS - 3rd Quarter, 1995



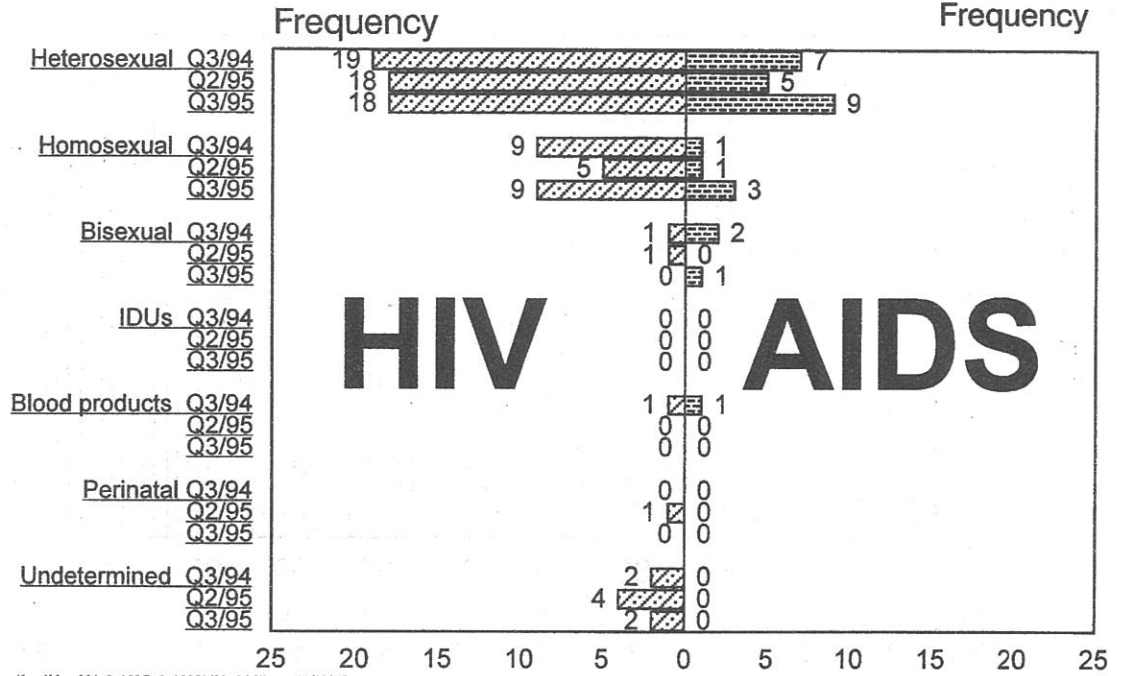
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Quarterly Reported HIV/AIDS - By Sex 3rd Quarter, 1995

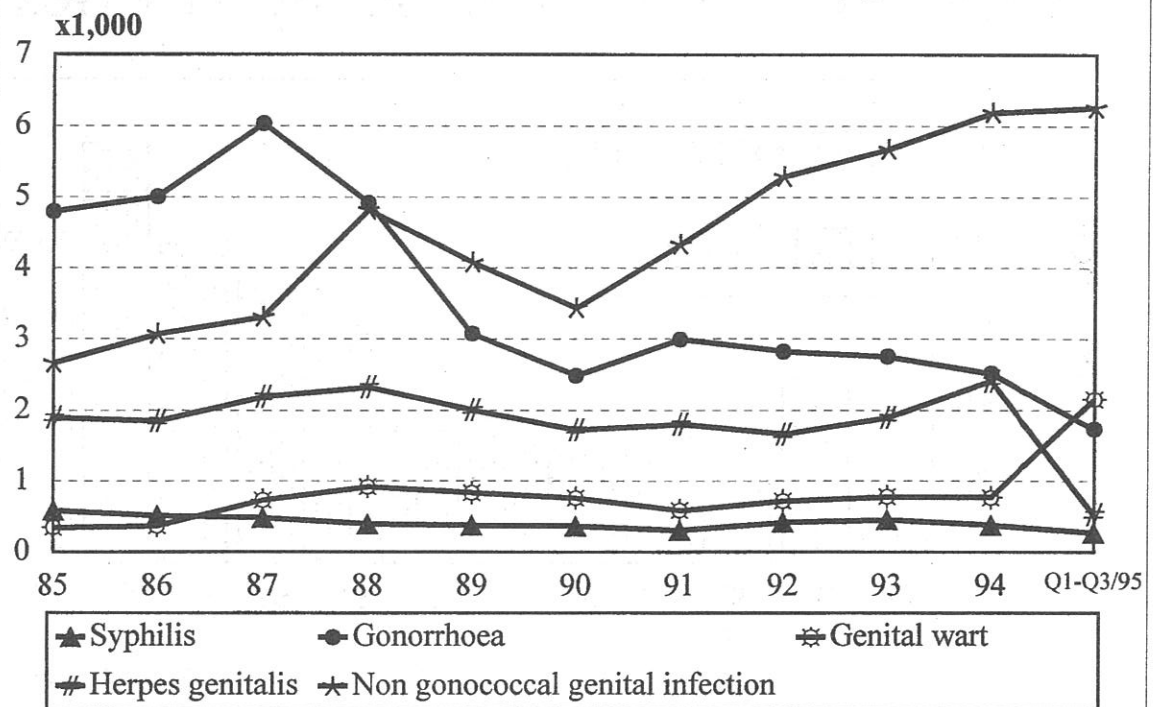


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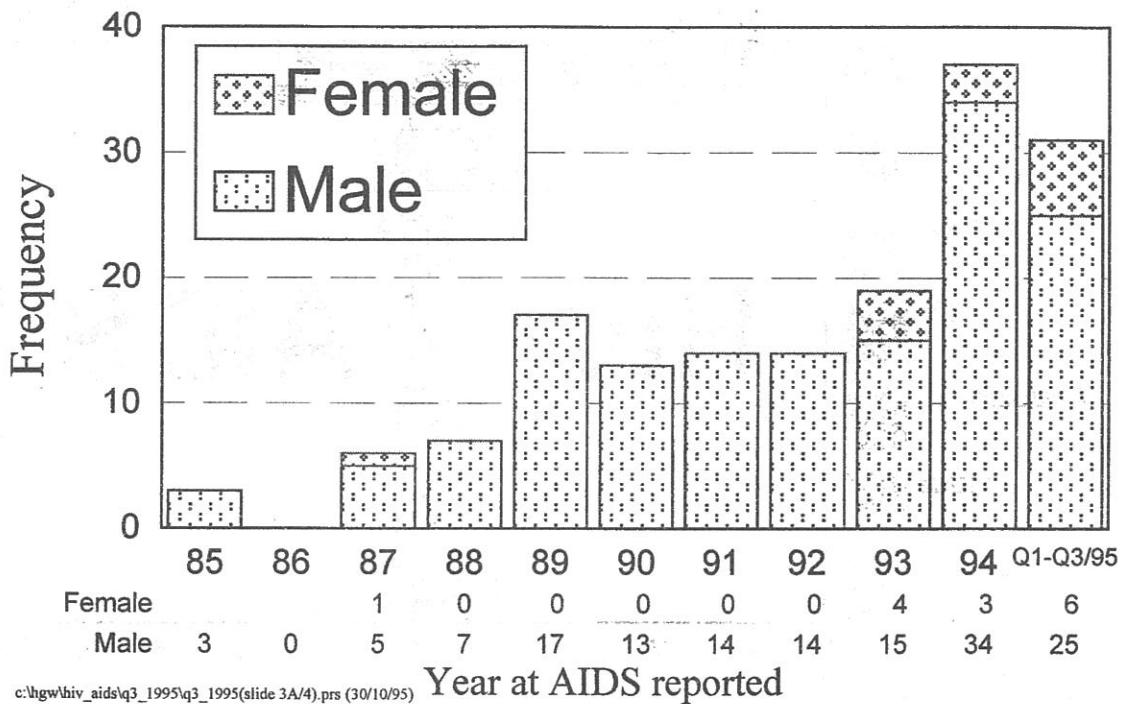
Quarterly Reported HIV/AIDS - By Exposure Category 3rd Quarter, 1995



Reported Incidence of STDs in Social Hygiene Service

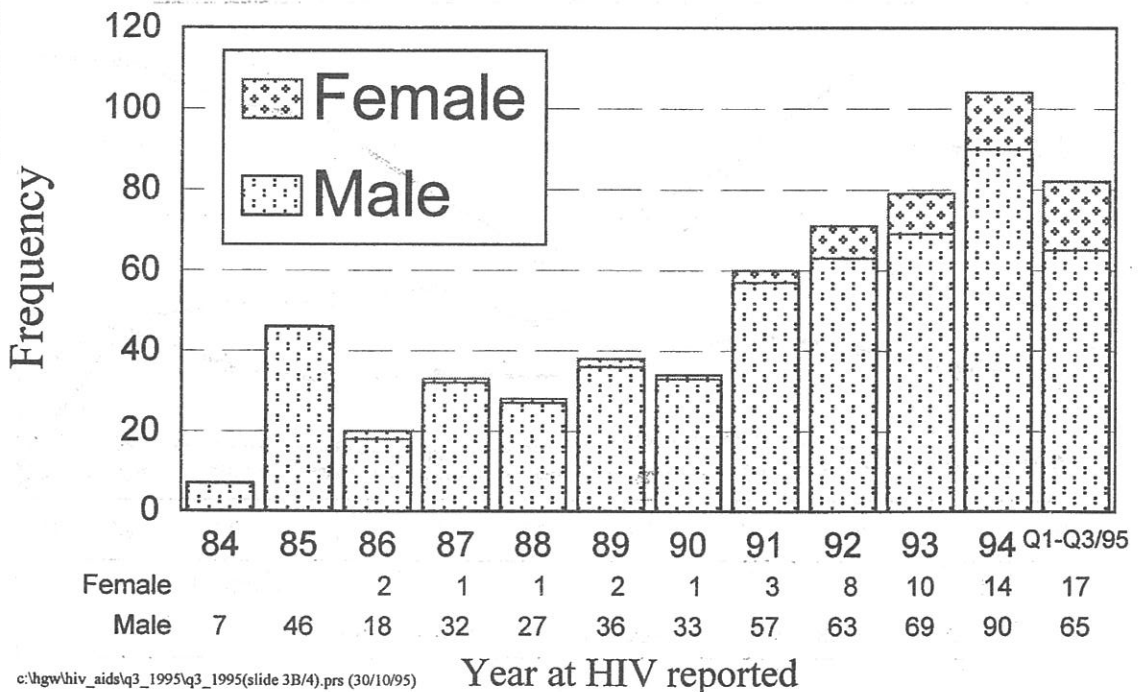


Reported AIDS in Hong Kong - by Sex



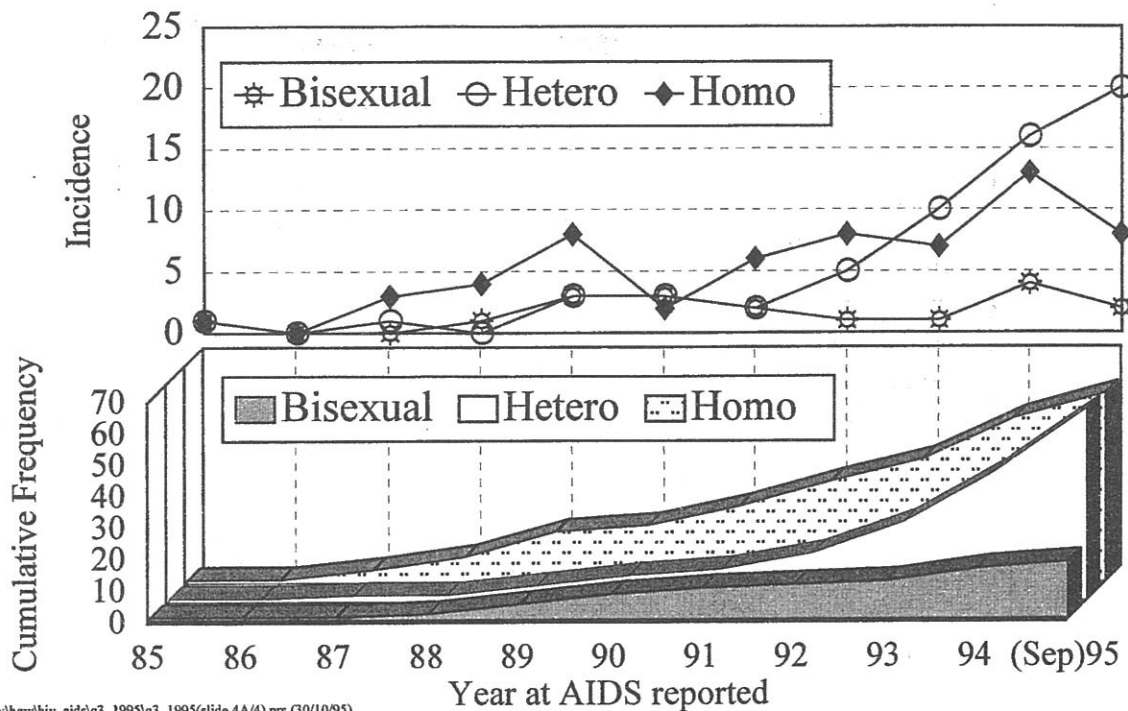
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Reported HIV in Hong Kong - by Sex



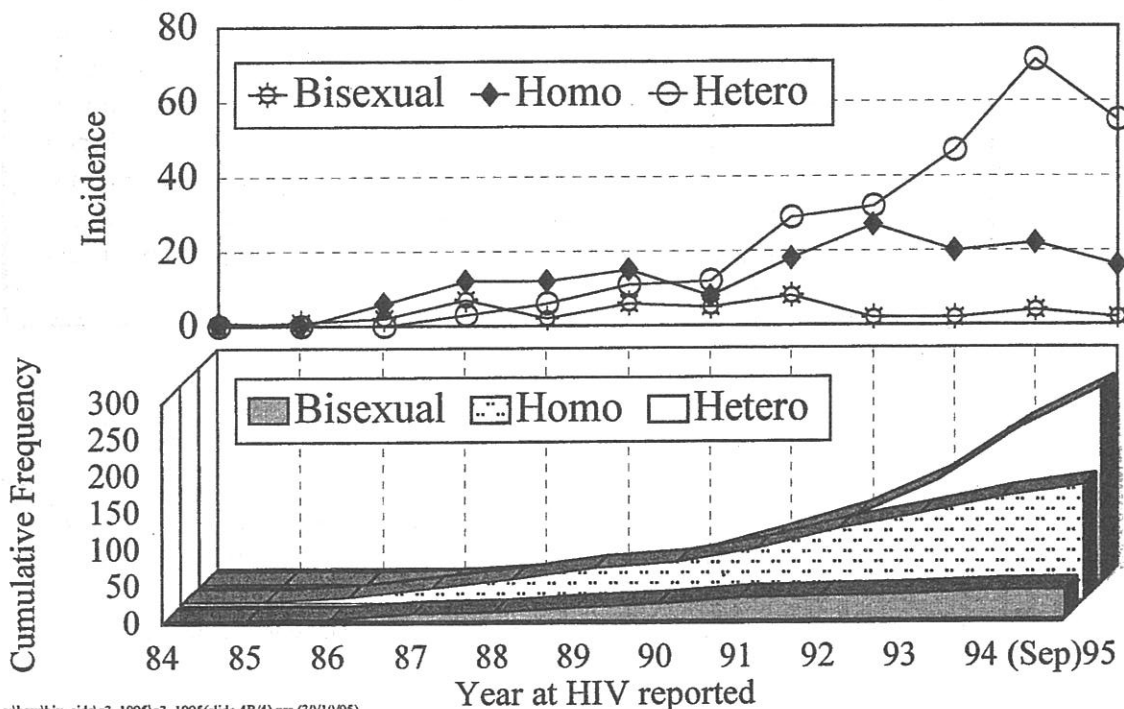
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Reported Sexually Transmitted AIDS in Hong Kong



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Reported Sexually Transmitted HIV in Hong Kong



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Over 600 HIV cases reported

Twenty-nine HIV and 11 AIDS cases were reported in the third quarter of 1995, bringing the cumulative figures to 602 and 161 respectively. The first 300 HIV infections in Hong Kong were reported from November 1984 to July 1992, over a period of 82 months. In 38 months' time, the total HIV cases have doubled. On the other hand, there were 80 reported AIDS patients at the end of March 1993, and the number has doubled in 30 months. A figure of 13 new AIDS cases in this quarter is actually the highest recorded since the beginning of the epidemic in Hong Kong. While there has not been an explosive increase in people with HIV/AIDS locally, we must admit that a steady rise has occurred, and this will probably continue into the near future. The steeper increase in AIDS incidences in recent years is not surprising as HIV infection usually has a long incubation period before progression to AIDS. Now, we are seeing more and more AIDS developing in those persons who were infected by HIV in mid eighties.

Of the new HIV and AIDS cases, almost all have acquired the infection through sexual contacts. Four of the new HIV cases were female. All these point to the importance of sex, especially heterosexual contact, as the main route of HIV transmission. The rate of increase of HIV infection among women is faster than that of men. Nearly 30% of the cumulative female infections were reported in the first 3 quarters of 1995. In contrast, about 12% of the total male infections were reported in the same period. We are now seeing one HIV positive woman in 4 to 6 male infections. Of note, more HIV infections are occurring in local Chinese women who may not have any HIV-related risk behaviours. Their infection could be traced to their risk-taking husbands or regular partners. The importance and significance of HIV infection being a local disease should certainly be recognised. ♦

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

