

Hong Kong STD/AIDS Update

- a quarterly surveillance report

Department of Health

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Perinatal HIV Transmission

Perinatal HIV transmission, i.e. from an HIV positive mother to her offsprings, is often a neglected route of transmission in the epidemic. Biologically, this route carries with it a 15-40% efficiency of transmitting the virus, which is just second to that of transfusion of contaminated blood/blood products. Epidemiologically, it accounts for some 5-10% of the cumulative global HIV infections. Psychologically, perinatal infection brings tremendous impact to the child, the mother and their family. The infected and sick HIV/AIDS children demands appropriate medical care and psychosocial support.

In countries which were heavily hit by HIV/AIDS, e.g. USA and Thailand, perinatal transmission was responsible for the vast majority of the paediatric HIV infections. In Hong Kong, so far 3 cases of perinatal HIV infection have been recorded. Though this accounts for only about 13% of the local cumulative children infections, they represent all the new paediatric cases in the last few years. With the rising trend of heterosexual HIV transmission, female infections have become more important than ever. This alerts us to be prepared for more perinatal HIV infections in the coming future.

In response to the proof of available measures to lower the risk of perinatal HIV transmission, the US Public Health Service has recommended universal HIV/AIDS counselling supplemented by voluntary testing for all pregnant ladies in mid-1995. The objectives were two-fold: (a) identify and provide care and support for those infected and hence reduce spread of HIV, including the perinatal route, and (b) reduce the future risk of getting infected for those HIV negative.

HIV/AIDS is still an incurable disease but which is definitely preventable. This is particularly relevant in the setting of perinatal infection. Recent studies have further reported that the risk of perinatal transmission depends much on the viral load of the infected mother. This implies that we may be able to accurately identify those truly at-risk of transmitting the virus to their children and hence possibly an aggressive approach to minimise the risk. Perinatal HIV infections often mean that at least two of the family members are direct victims of the virus, if not the entire family. There are of course many issues that need to be dealt with. Apart from reducing female infection, the most basic thing in tackling perinatal transmission would be to detect HIV positive mother as early as possible, through accessible HIV screening and followup treatment. The health of mothers and infants has been one of the major focus in our local health care delivery system. The emerging threat of HIV/AIDS for women and babies call for appropriate and timely attention, both in public as well as private sector. ☞

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Reported HIV/AIDS Quarterly Statistics

1st Quarter, 1996

	This Quarter		Cumulative	
	<u>HIV</u>	<u>AIDS</u>	<u>HIV</u>	<u>AIDS</u>
1. Sex				
Male	18	12	593	172
Female	4	1	71	16
2. Ethnicity/race				
Chinese	20	10	448	131
Non-Chinese	2	3	216	57
<i>Asian</i>	2	1	57	18
<i>White</i>	0	2	122	37
<i>Black</i>	0	0	8	2
<i>Others</i>	0	0	29	0
3. Age at diagnosis				
Adult	22	12	640	181
Child (age 13 or less)	0	1	24	7
4. Exposure category				
Heterosexual	19	10	311	82
Homosexual	1	2	178	63
Bisexual	0	0	43	19
Injecting drug user	1	0	14	3
Blood/blood product infusion	0	1	66	13
Perinatal	0	0	3	2
Undetermined	1	0	49	6
5. Total	22	13	664	188

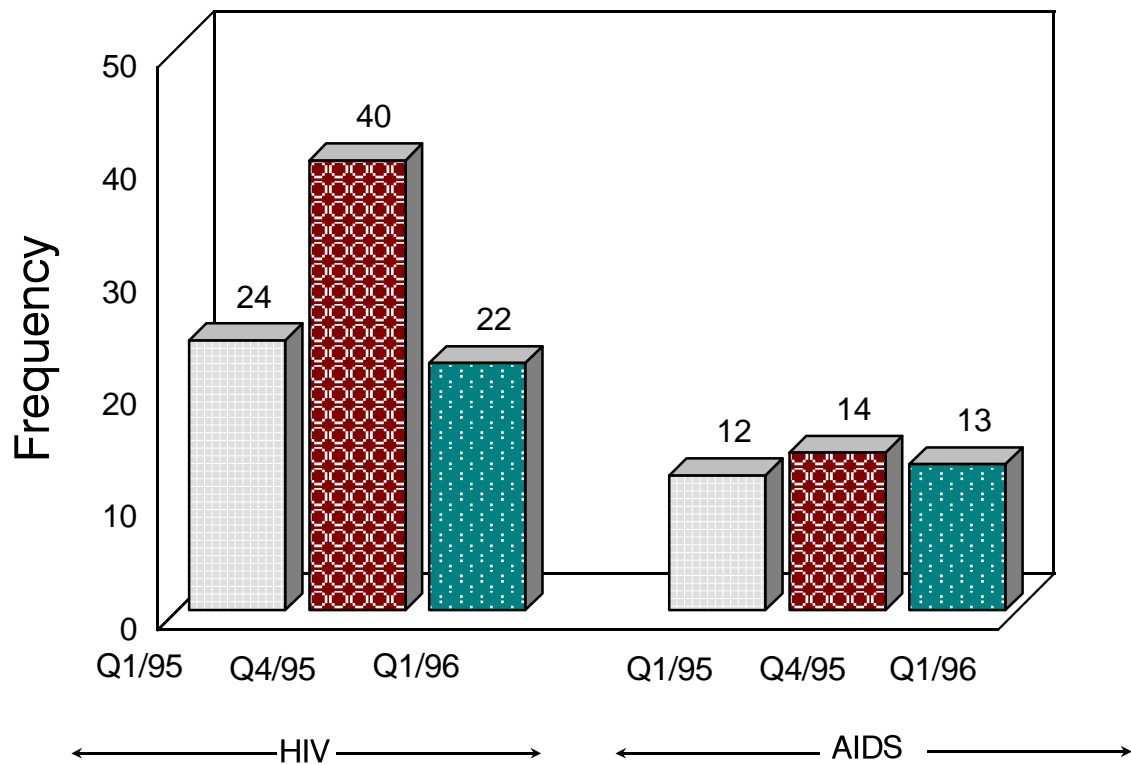
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Quarterly Statistics of STD in Social Hygiene Service

	1st Quarter 96	1st Quarter 95
Syphilis		
<i>Primary</i>	22	9
<i>Secondary</i>	6	2
<i>Early latent</i>	19	12
<i>Late latent</i>	71	43
<i>Late (Cardiovascular/neuro)</i>	0	1
<i>Congenital (early)</i>	0	0
<i>Congenital (late)</i>	0	1
Total	118	68
Gonorrhoea	620	569
Non-gonococcal urethritis	1278	1047
Chancroid/Lymphogranuloma venereum	2	2
Genital Wart	828	664
Herpes Genitalis	260	152
Pediculosis pubis/Scabies	182	175
Non-specific genital infection	764	774
Trichomonas/Monilia vaginitis	523	477
Molluscum Contagiosum	62	33
Genital Ulcer	17	8
Others	6	21
Total	4660	3990

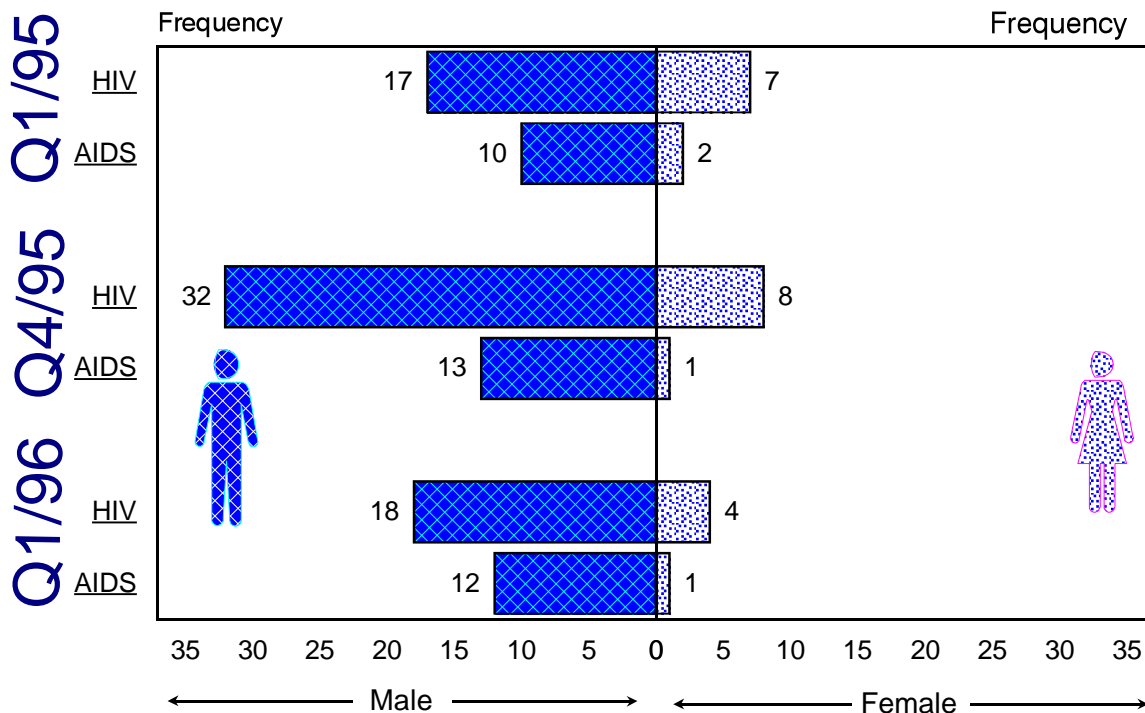
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Quarterly Reported HIV/AIDS - 1st Quarter, 1996



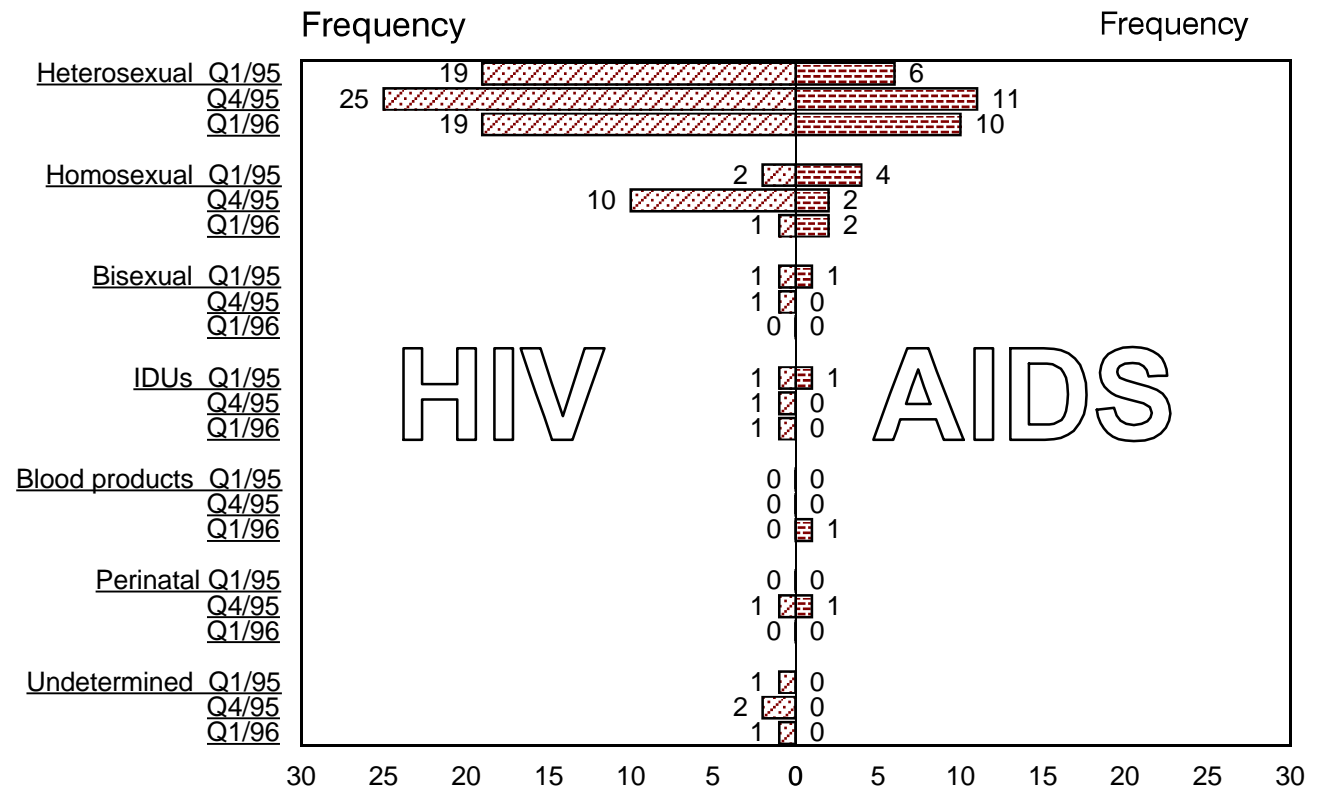
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Quarterly Reported HIV/AIDS - By Sex 1st Quarter, 1996

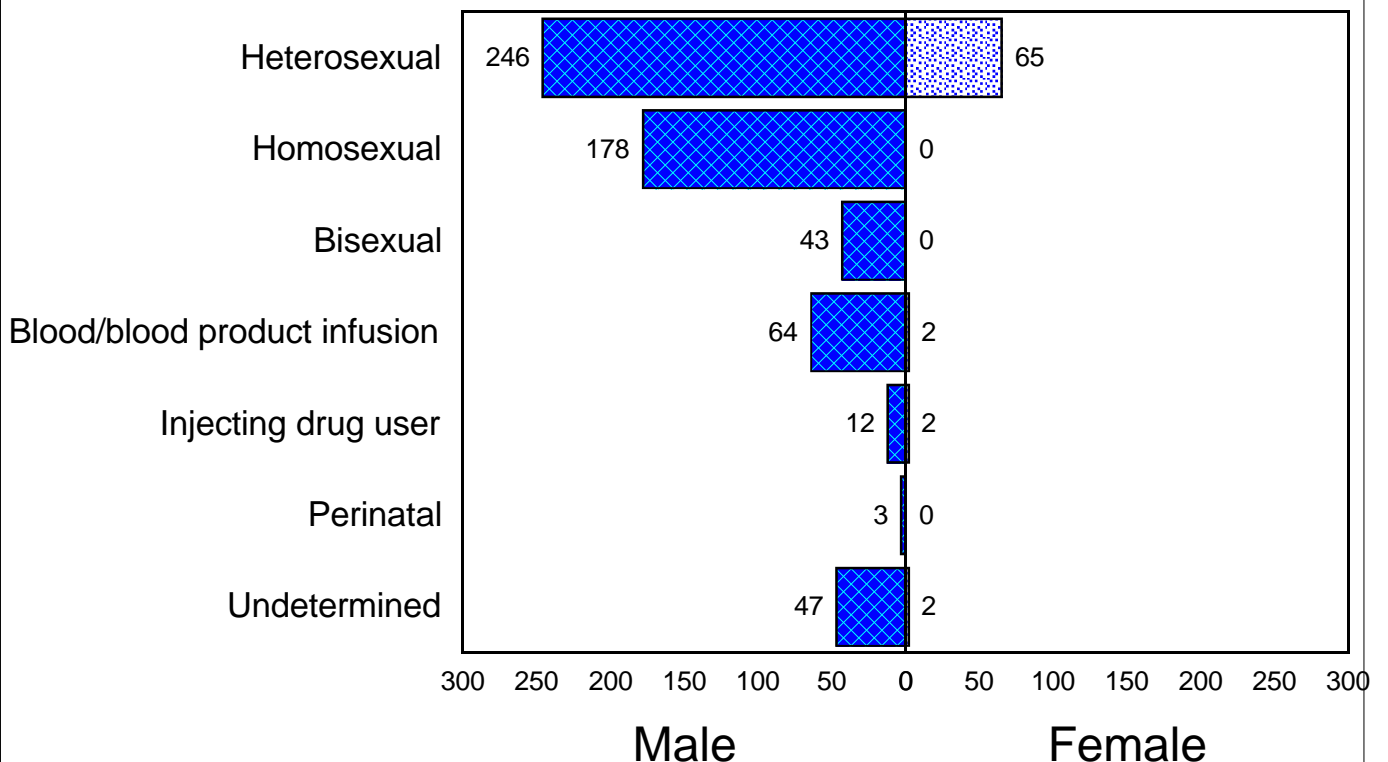


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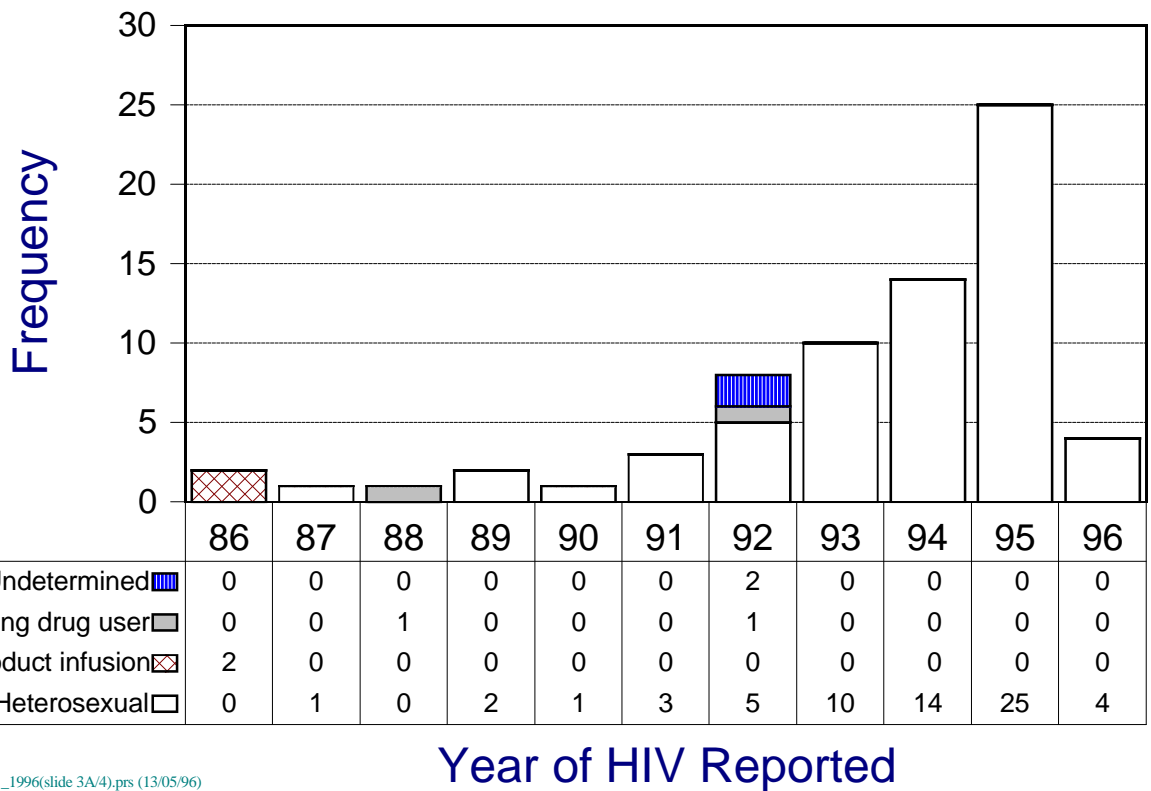
Quarterly Reported HIV/AIDS - By Exposure Category 1st Quarter, 1996



Sex and Route of Transmission of Reported HIV 1984 - March 1996

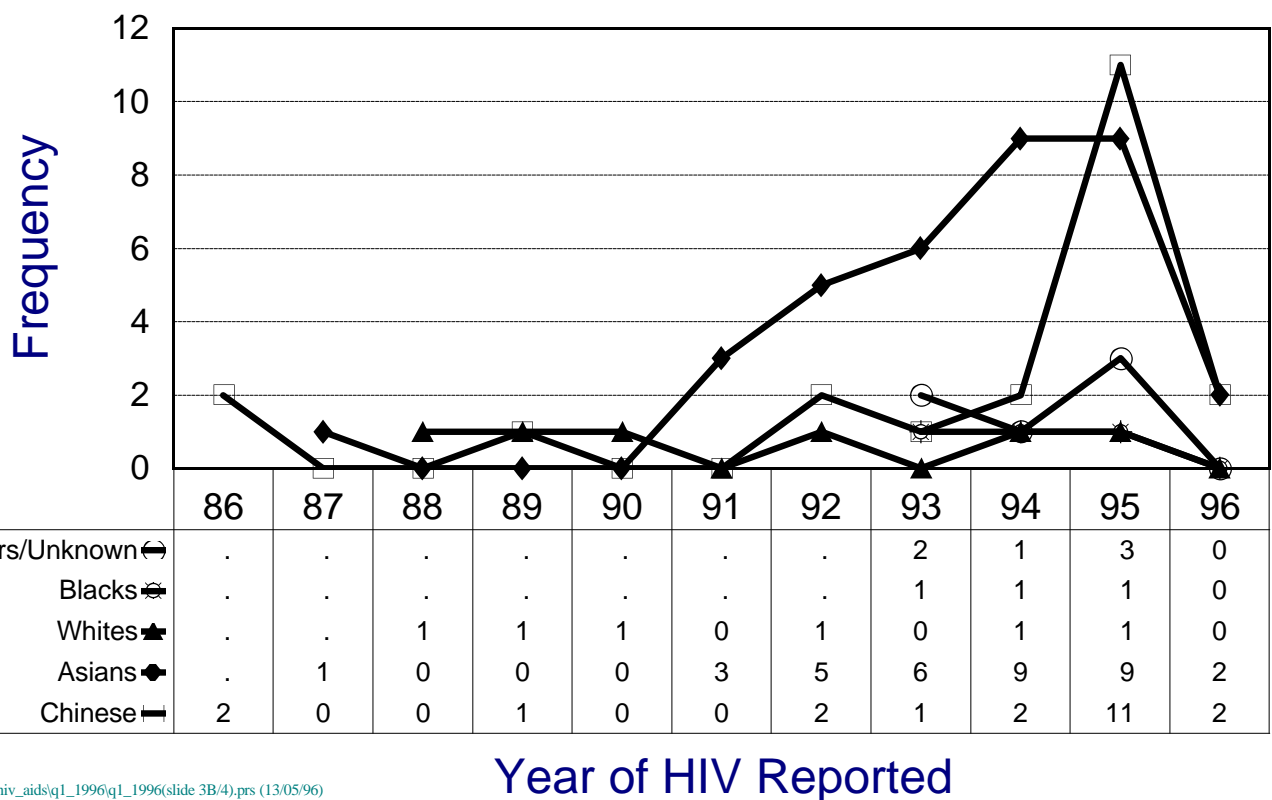


Routes of Transmission of Female Reported HIV 1986 - March 1996



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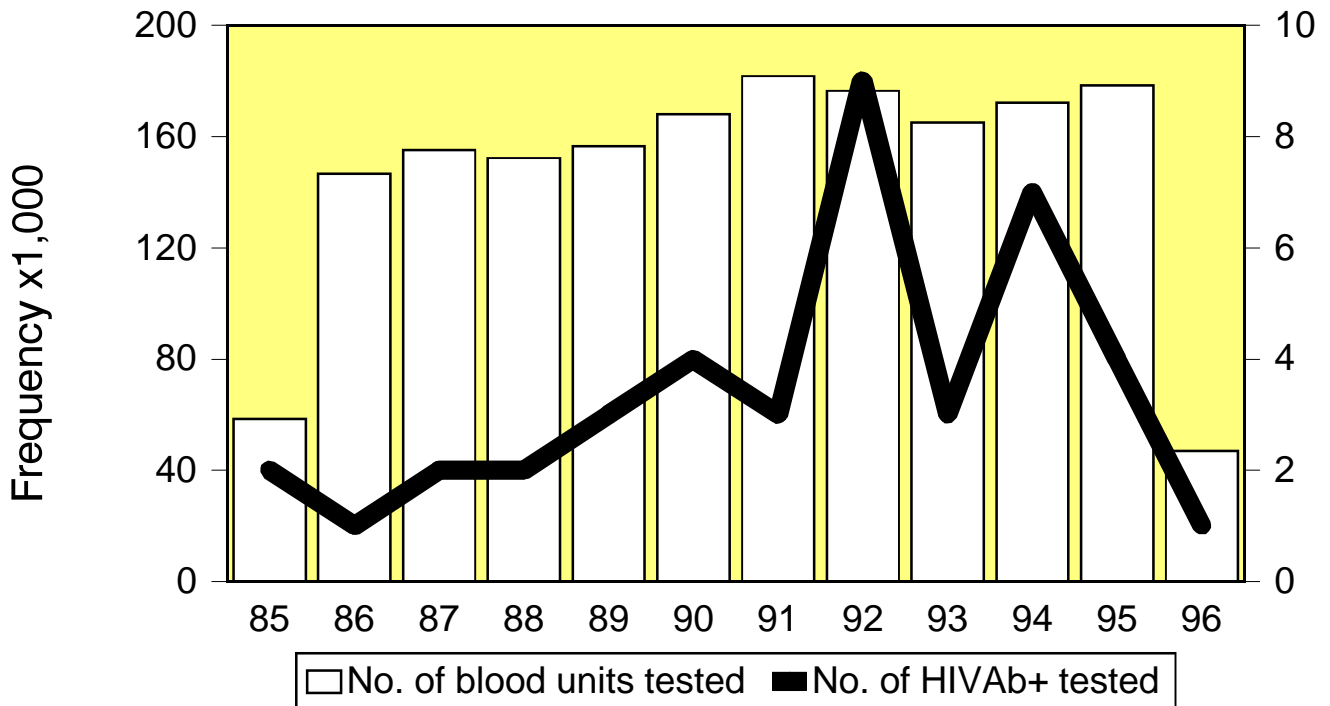
Ethnicity of Female Reported HIV 1986 - March 1996



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HIV Infection in Hong Kong Blood Donors

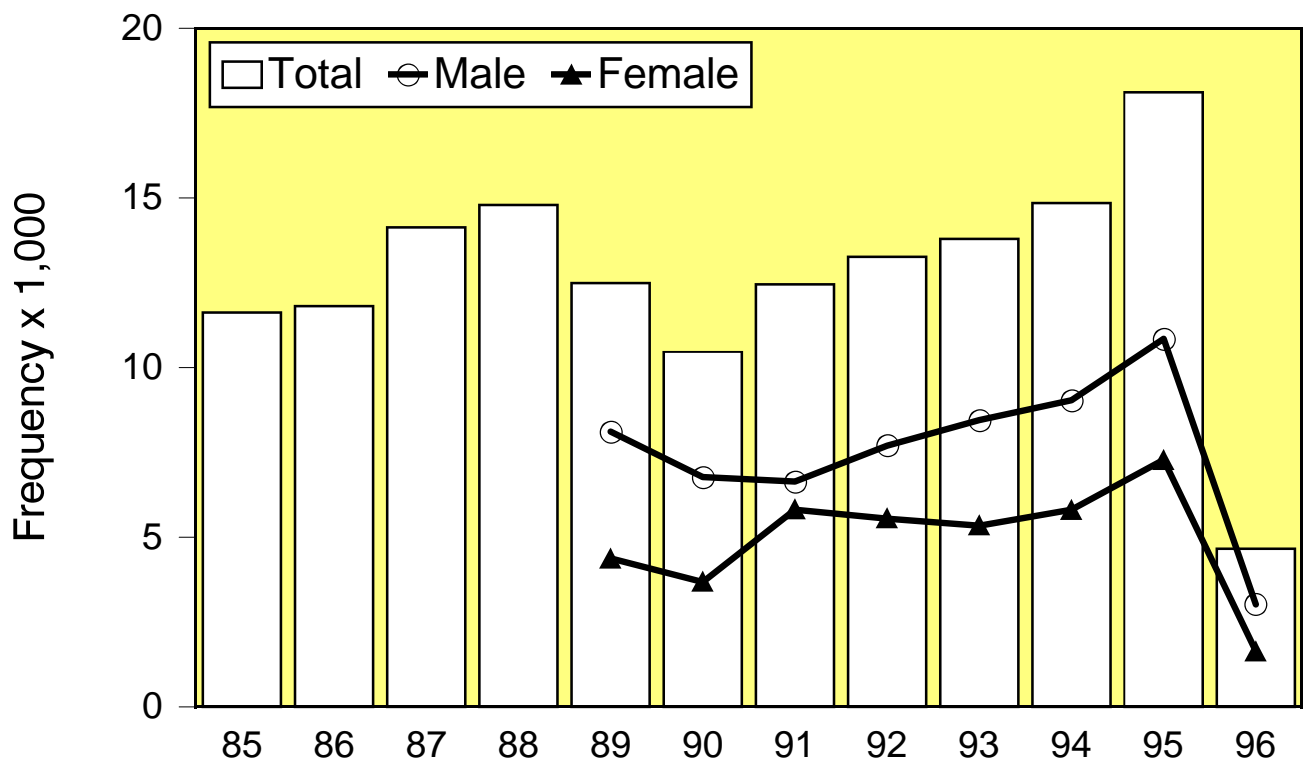
1985 - March 1996



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Incidence of STDs in Social Hygiene Service

1985 - March 1996



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HIV/AIDS Surveillance System in Hong Kong

A surveillance system is an indispensable component of an AIDS programme. Its main purposes are to provide information on the dimension, characteristics and trend of the infection in different populations, and society as a whole. This in turn can guide the direction of care and prevention programmes.

The HIV/AIDS surveillance system in Hong Kong is composed of 3 groups of activities. They are: (i) voluntary reporting system, (ii) voluntary testing of blood donors and selected groups, and (iii) unlinked anonymous screening for specific target groups. The voluntary reporting system, in operation since late 1984, has provided input into the reported HIV/AIDS statistics in Hong Kong. Demographic features, such as sex, risk factor for HIV infection, age, and ethnicity, as well as clinical status of the infected person, were recorded as far as possible. The adoption of a consistent system sensitive to the detection of changes is crucial in the monitoring of the local epidemic over the years.

In 1985, the inclusion of HIV antibody testing for blood donations in Hong Kong was a proactive step, when the test was just available locally. This not only served to further safeguard the blood and blood products, but also yielded useful epidemiological data. It generally reflects the HIV seroprevalence of a somehow biased group with lower risk of the infection, assuming that most donors with known or suspected risk should have been deterred from the donation. Notwithstanding, the infrequent detection of HIV positive blood donors reminds us of a genuine, albeit low, risk of contracting HIV from blood transfusion nowadays.

The unlinked anonymous screening (UAS) introduced in 1990 has augmented the local surveillance system. UAS has provided additional and supplementary information on the prevalence of selected target groups, at different levels of risk. The strong point about UAS is that it minimises the bias of the results from voluntary participation, as happened in voluntary testing. However, the drawbacks include the unavailability of some important groups for testing and the lack of detailed information on the positive cases. Over the years, drug users, prisoners, tuberculosis patients, and neonates have been some of the screened targets. Overall, the gathered information thus far have been useful in constructing plausible scenarios for the HIV/AIDS situation in Hong Kong. ■

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*Erratum: The title of the X-axis of the lower chart on Page 5 in last issue should be *Frequency (X100)*.

*The numbering system of this quarterly report is changed starting from this issue.

Hong Kong STD/AIDS Update can be viewed via the Internet at :
<http://www.info.gov.hk/health/aids>.