

# Hong Kong STD/AIDS Update

## - a quarterly surveillance report

Department of Health

Vol.4 No.1 January 1998

### Editorial

Fifty-one HIV infections were reported in the last quarter of 1997, bringing the total number of new infections in 1997 to 181. This number was the highest recorded in a single year and represented a 35% rise from that (134) of 1996. The cumulative reported HIV infections now stand at 957, of whom nearly 70% are Chinese. Newly reported female infections continued to rise at a faster rate, as indicated by a male-to-female ratio of 4:1 for the infections in 1997, compared with that of 6.5:1 for cumulative total. It was noted that about 70% of the reports came from the public sector.

A majority (97.4%) of the cumulative infections have occurred in adults. More than half of them are due to heterosexual transmission. The proportion of heterosexual contact has further increased to about two-third for cases reported in 1997. This is followed by homo-/bi-sexual contact, accounting for another 30% of the infections thus far. Injecting drug use is uncommon (<2%) in those infected, and only two such new cases were noted in 1997. Most of the children infections were due to transfusion of blood or blood products years back. However, one such new case happened in mid-1997, re-iterating the small but real risk of blood-borne transmission in health care setting. The number of perinatal infections has remained the same at 4.

Three hundred and nine were known to have progressed to AIDS, of whom 64 were diagnosed in 1997 and 70 in 1996. The last two years' report accounted for 43% of the cumulative total. The high number of AIDS cases diagnosed in the last two years could have been related to a maturing HIV epidemic, an increased awareness of health care workers, and an expanded AIDS surveillance definition to include pulmonary tuberculosis (with low CD4 count) since 1995.

The frequency of *Pneumocystis carinii* pneumonia as the initial AIDS-defining illness was still high among our patients, reflecting their late diagnosis. Advances in treatment of the infection should well benefit our patients in the near future, through a delay of disease progression in those receiving regular care, and in particular those diagnosed early. The magnitude of Hong Kong's AIDS problem in the coming few years thus hinges on the proportion of late presentors who are only diagnosed HIV positive when they fall sick with major complications.

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## Reported HIV/AIDS Quarterly Statistics

4th Quarter (October - December) 1997

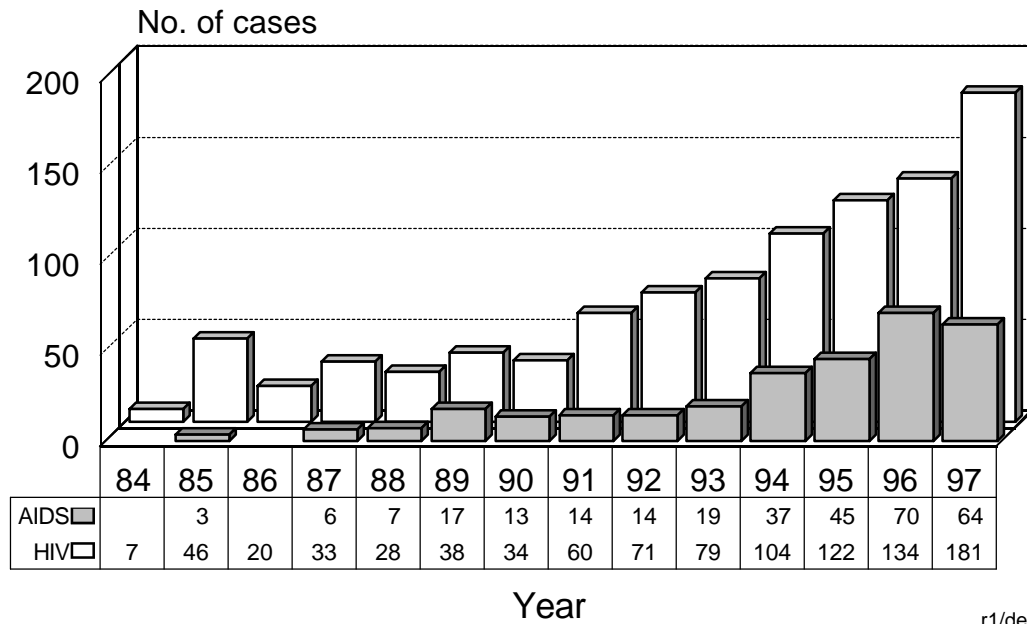
	This Quarter		Cumulative	
	<u>HIV</u>	<u>AIDS</u>	<u>HIV</u>	<u>AIDS</u>
<b>Sex</b>				
Male	43	17	829	278
Female	8	2	128	31
<b>Ethnicity/race</b>				
Chinese	31	14	656	230
Non-Chinese	20	5	301	79
<i>Asian</i>	13	2	104	33
<i>White</i>	6	3	148	44
<i>Black</i>	1	0	11	2
<i>Others</i>	0	0	38	0
<b>Age at diagnosis</b>				
Adult	51	19	932	303
Child (age 13 or less)	0	0	25	6
<b>Exposure category</b>				
Heterosexual	34	13	506	171
Homosexual	10	5	228	77
Bisexual	2	1	56	23
Injecting drug user	0	0	16	5
Blood/blood product infusion	0	0	67	15
Perinatal	0	0	4	2
Undetermined	5	0	80	16
<b>Total</b>	<b>51</b>	<b>19</b>	<b>957</b>	<b>309</b>

## Reported HIV/AIDS Quarterly Statistics - 4th Quarter, 1997

	This Quarter		Last Quarter		Same Quarter Last Year		Cumulative	
	<u>HIV</u>	<u>AIDS</u>	<u>HIV</u>	<u>AIDS</u>	<u>HIV</u>	<u>AIDS</u>	<u>HIV</u>	<u>AIDS</u>
Sex								
Male	43	17	38	11	31	16	829	278
Female	8	2	13	4	7	1	128	31
Ethnicity/race								
Chinese	31	14	35	10	30	17	656	230
Non-chinese	20	5	16	5	8	0	301	79
Asians	13	2	9	3	3	0	104	33
Whites	6	3	4	2	3	0	148	44
Blacks	1	0	0	0	0	0	11	2
Others	0	0	3	0	2	0	38	0
Age at diagnosis								
Adult	51	19	51	15	37	17	932	303
Child (age 13 or less)	0	0	0	0	1	0	25	6
Exposure category								
Heterosexual	34	13	40	11	25	16	506	171
Homosexual	10	5	7	3	5	1	228	77
Bisexual	2	1	0	0	2	0	56	23
Injecting drug user	0	0	0	0	0	0	16	5
Blood/blood product infusion	0	0	0	0	0	0	67	15
Perinatal	0	0	0	0	1	0	4	2
Undetermined	5	0	4	1	5	0	80	16
Source of referral								
AIDS Unit	6	2	5	2	6	1	144	37
Social Hygiene Clinics	7	0	5	0	5	1	168	22
Private hospitals/clinics/ laboratories	14	4	14	2	10	3	267	76
Public hospitals/clinics/ laboratories	24	13	23	11	16	12	334	169
Hong Kong Red Cross Blood Transfusion Services	0	0	4	0	1	0	30	3
AIDS service organizations	0	0	0	0	0	0	13	1
Drug rehabilitation services (include Methadone clinics)	0	0	0	0	0	0	1	1
<b>Total</b>	51	19	51	15	38	17	957	309

# Reported Incidence of HIV/AIDS

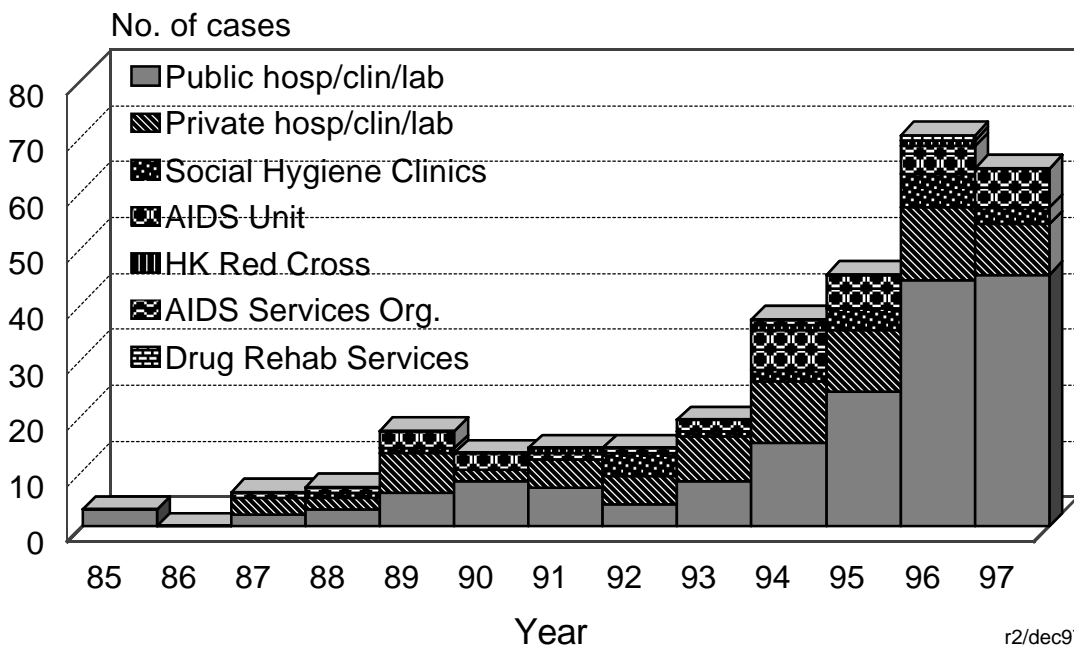
1984 - 1997, Hong Kong (N=957)



r1/dec97

# Source of Referral of Reported AIDS

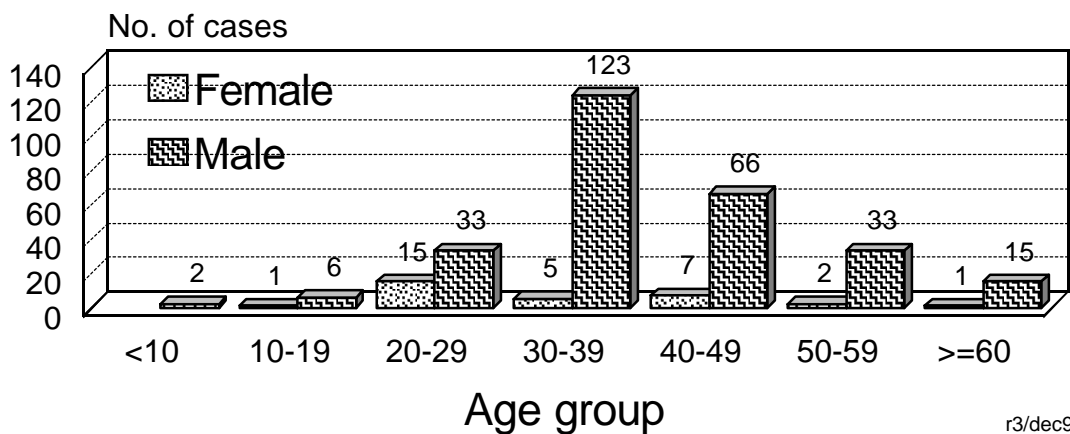
1985 - 1997, Hong Kong (N=309)



r2/dec97

# Age Distribution of Reported AIDS

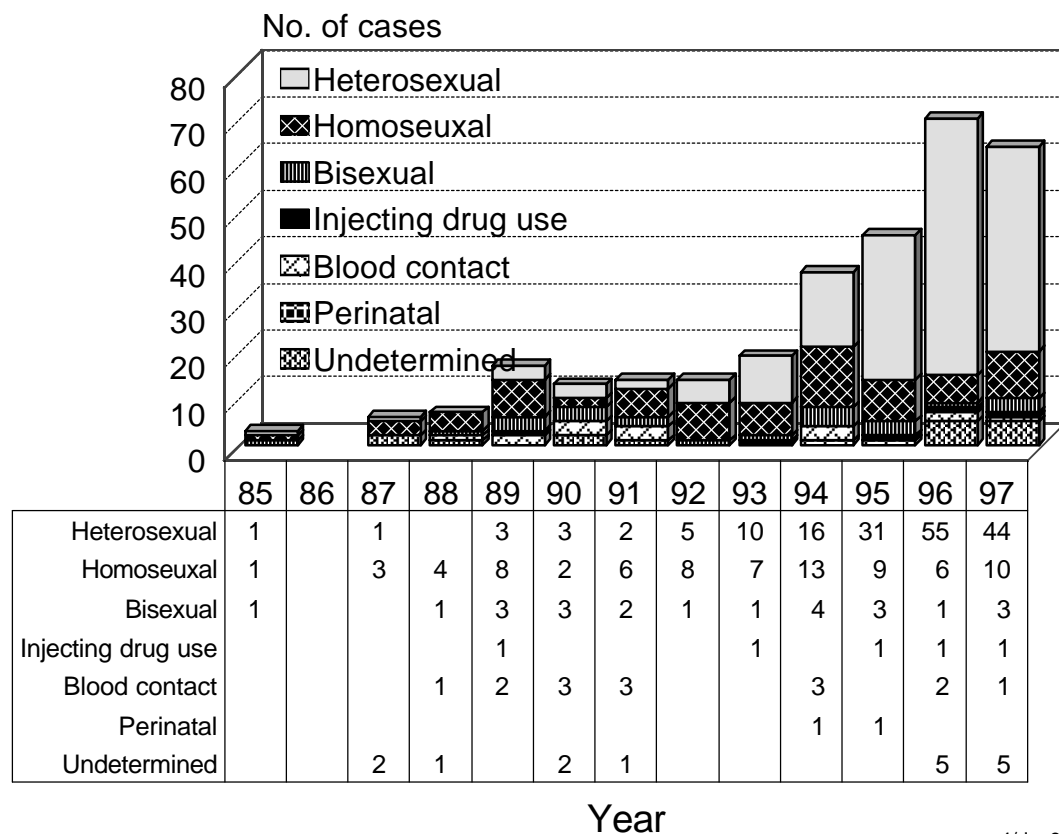
1985 - 1997, Hong Kong (N=309)



r3/dec97

# Route of Transmission of Reported AIDS

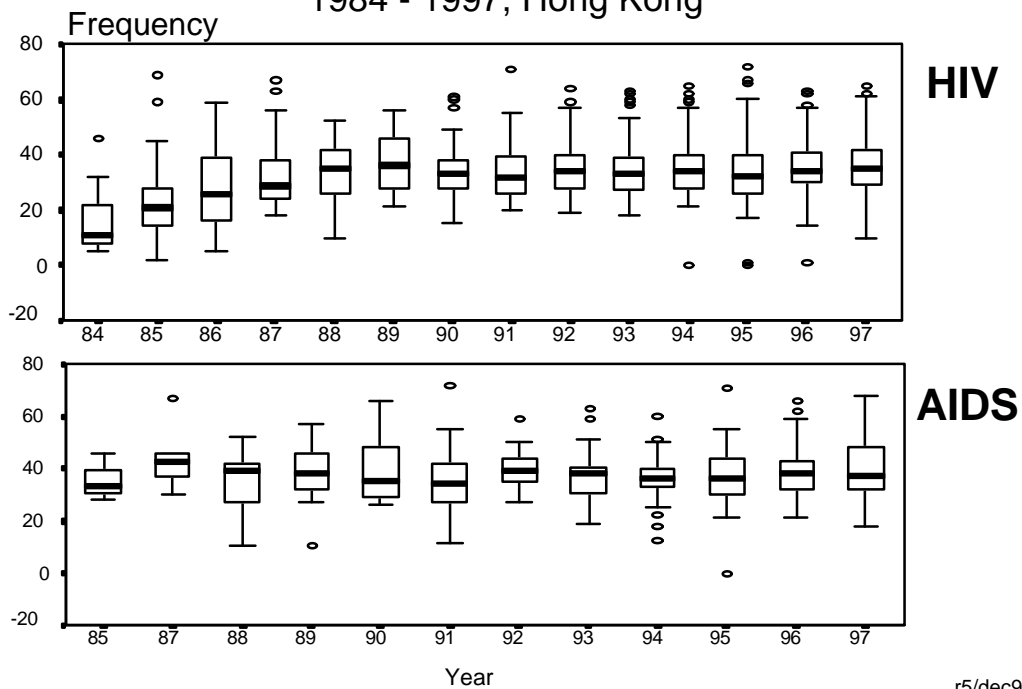
1985 - 1997, Hong Kong (N=309)



r4/dec97

# Age Distribution of Reported HIV/AIDS

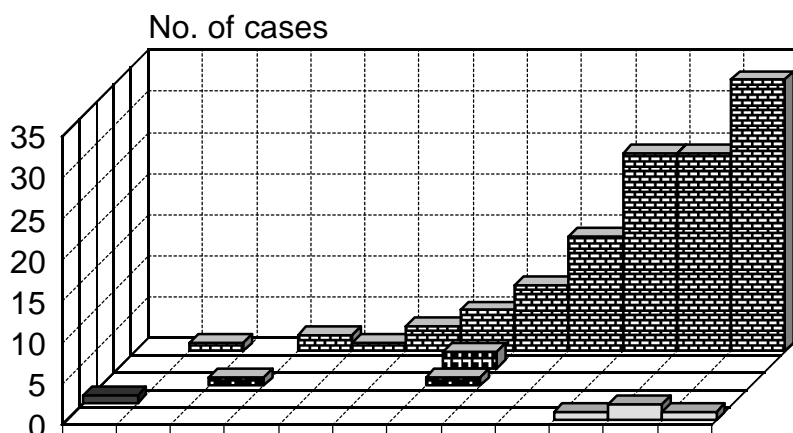
1984 - 1997, Hong Kong



r5/dec97

# Annual HIV Women and Perinatal Infection

1985 - 1997, Hong Kong



	86	87	88	89	90	91	92	93	94	95	96	97
Perinatal										1	2	1
Blood/blood product infusion	1											
Injecting drug user			1				1					
Undetermined						3	2					
Heterosexual		1		2	1	3	5	8	14	24	24	33

r6/dec97



## **Evolving Pattern of Commercial Sex in Hong Kong**

High sex partner exchange rate and unprotected sex are the major fuel for the spread of sexually transmitted diseases, including HIV. In this connection, both risk factors not uncommonly exist in commercial sex activities. The contribution of commercial sex to the local HIV/AIDS epidemic is evident in some countries, e.g. Thailand.

A qualitative study was conducted by the AIDS Unit two years ago to look at the pattern of various forms of commercial sex activities in Hong Kong. Different types of direct or indirect commercial sex establishments/activities were in operation (in descending order of prevalence): villa/apartment, one-woman brothel, karaoke bar/night club, massage parlour, street walker, private brothel, call centre and escort company. Brothels are illegal in Hong Kong. The distribution of the establishments was uneven over the territory. The charge for each sex transaction also varied widely from HK\$80 to 8000, with a median of about HK\$300. There were both local and overseas commercial sex workers (CSWs), and the mainland has replaced Thailand as the main source of non-local CSWs in Hong Kong. Overseas CSWs were often non-residents who came to Hong Kong for short stay through one means or another.

It is generally believed that apart from visiting female CSWs in Hong Kong, there have been increasing use of CSWs outside the territory, e.g. in the mainland or Macau. The government's STD service has recorded an increasing trend of an overseas source of STDs for its patients, with close to 70% of the new infections linked with the mainland. A variety of commercial sex activities are known to exist in our close vicinity of southern China, which are easily accessible to the clients.

Overseas sexual contact has rendered targeted prevention and contact tracing virtually impossible. The focus should thus be on the clients, and safer sex is an essential prevention measure advocated for those practising high risk sex behaviours. Worryingly, surveillance studies show that 30% of the male attendants of STD clinics in 1996 and 33% in 1997 had never used condom with non-regular sex partner, mainly commercial ones. Apart from advising on condom use for these clients, public acceptance of the role of condom will enhance the effectiveness of our STD/HIV prevention programme.

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

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