

Hong Kong STD/AIDS Update

- a quarterly surveillance report

Department of Health

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Editorial

In the first quarter of 1997, 45 new HIV infections and 18 new AIDS cases were added to the toll of the reported HIV/AIDS statistics in Hong Kong. These figures were the highest number for HIV and second highest for AIDS recorded since the implementation of the voluntary reporting system within the Department of Health about 12 years ago. Cumulatively, there were now 721 male HIV infections known and 100 infections in female; amongst them 263 had progressed to AIDS.

Sexual contact remained the single most important route of transmission for both the cumulative and new cases. Still more of the newly reported infections were found in males; the female-to-male ratio has seemingly stabilised at 1:4-6 for the past 2 years. Among the new HIV cases two were injecting drug users. The significance of this need to be examined further against the subsequent trend. No new infections were due to perinatal transmission or transfusion of blood/blood products in this quarter.

Two features deserved particular attention regarding the newly diagnosed HIV/AIDS patients in this quarter. First, the proportion of middle-aged people had increased and second, a vast majority (83.5%) of the newly known cases were diagnosed HIV infected only when they presented with AIDS. It was found that nearly 30% of the new HIV positive cases were aged 45 or above, a figure much higher than previous data. This group of patients may be especially prone to perceive themselves at low or even no risk of HIV infection. As a result, even if they have engaged in HIV-related risk behaviours, most a time they are unaware of the possibility of contracting the virus. Denial may of course be another reason why most of the patients only sought medical advice when they fell sick with major illnesses from the infection.

Another worrying phenomenon is the rising trend of syphilis, in particular primary or secondary forms, recorded by the Social Hygiene Service which is depicted in the feature article of this issue. The message is clear! One is at genuine risk of contracting HIV and other STDs irrespective of its age; behaviour is the factor that counts. Unfortunately, publicity and education can help to improve one's awareness but often much more difficult for changing the risk perception and behaviour.

Contents

	<u>Page</u>
1. Editorial	1
2. Tables & graphs : Quarterly statistics and Trend of HIV/AIDS & STD	2-7
3. Recent Trend of Syphilis in Hong Kong	8

Reported HIV/AIDS Quarterly Statistics

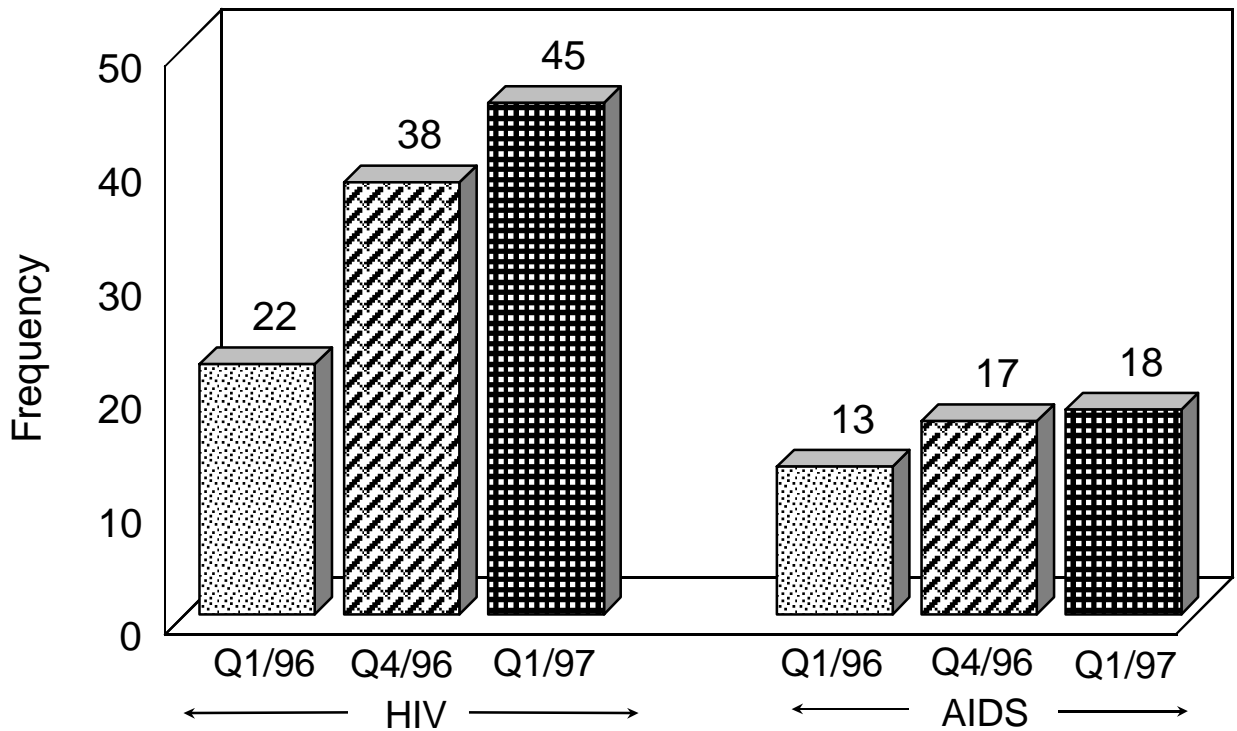
1st Quarter (Jan - Mar) 1997

	This Quarter		Cumulative	
	<u>HIV</u>	<u>AIDS</u>	<u>HIV</u>	<u>AIDS</u>
1. Sex				
Male	38	16	721	241
Female	7	2	100	22
2. Ethnicity/race				
Chinese	34	15	567	198
Non-Chinese	10	3	252	65
<i>Asian</i>	5	3	74	25
<i>White</i>	2	0	133	38
<i>Black</i>	1	0	10	2
<i>Others</i>	2	0	35	0
3. Age at diagnosis				
Adult	45	18	797	257
Child (age 13 or less)	0	0	24	6
4. Exposure category				
Heterosexual	25	12	414	139
Homosexual	7	1	202	68
Bisexual	4	2	50	22
Injecting drug user	2	1	16	5
Blood/blood product infusion	0	0	66	14
Perinatal	0	0	4	2
Undetermined	7	2	69	13
5. Total	45	18	821	263

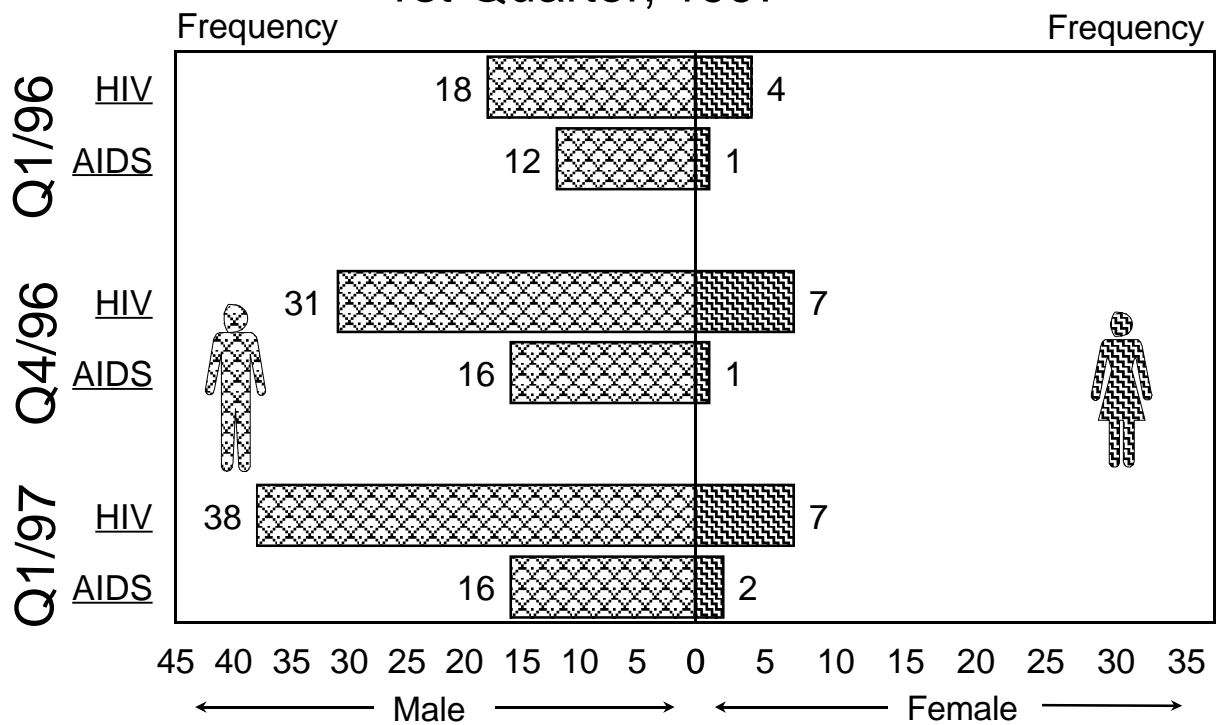
New Incidence of STD in Social Hygiene Service Quarterly Statistics

	1st Quarter 97	1st Quarter 96
Syphilis		
<i>Primary</i>	41	22
<i>Secondary</i>	11	6
<i>Early latent</i>	42	19
<i>Late latent</i>	51	71
<i>Late (cardiovascular/neuro)</i>	4	0
<i>Congenital (early)</i>	0	0
<i>Congenital (late)</i>	1	0
Total	150	118
Gonorrhoea	573	620
Non-gonococcal urethritis	1469	1278
Chancroid/Lymphogranuloma venereum	0	2
Genital wart	684	828
Herpes genitalis	204	260
Pediculosis pubis/Scabies	177	182
Non-specific genital infection	664	764
Trichomonas/Monilia vaginitis	532	523
Molluscum contagiosum	34	62
Genital ulcer	3	17
Others	13	6
Total	4503	4660

Quarterly Reported HIV/AIDS - 1st Quarter, 1997

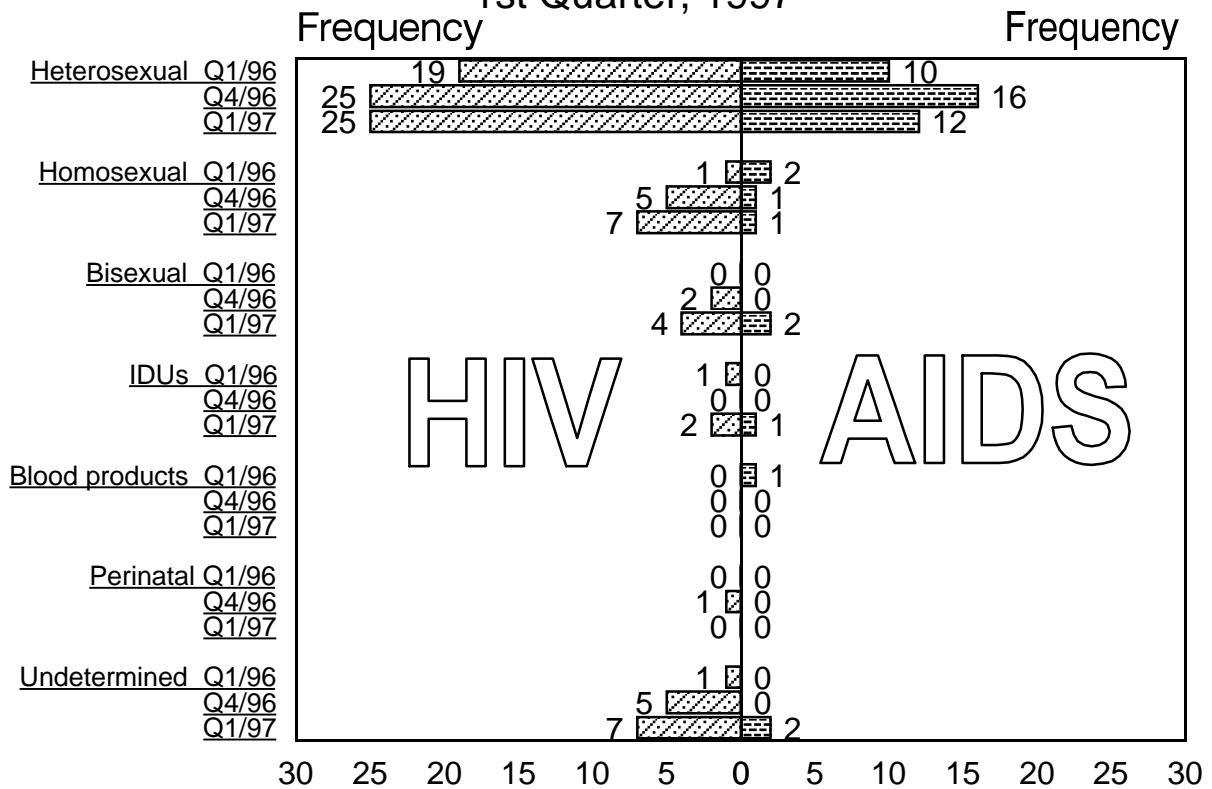


Quarterly Reported HIV/AIDS - By Sex 1st Quarter, 1997



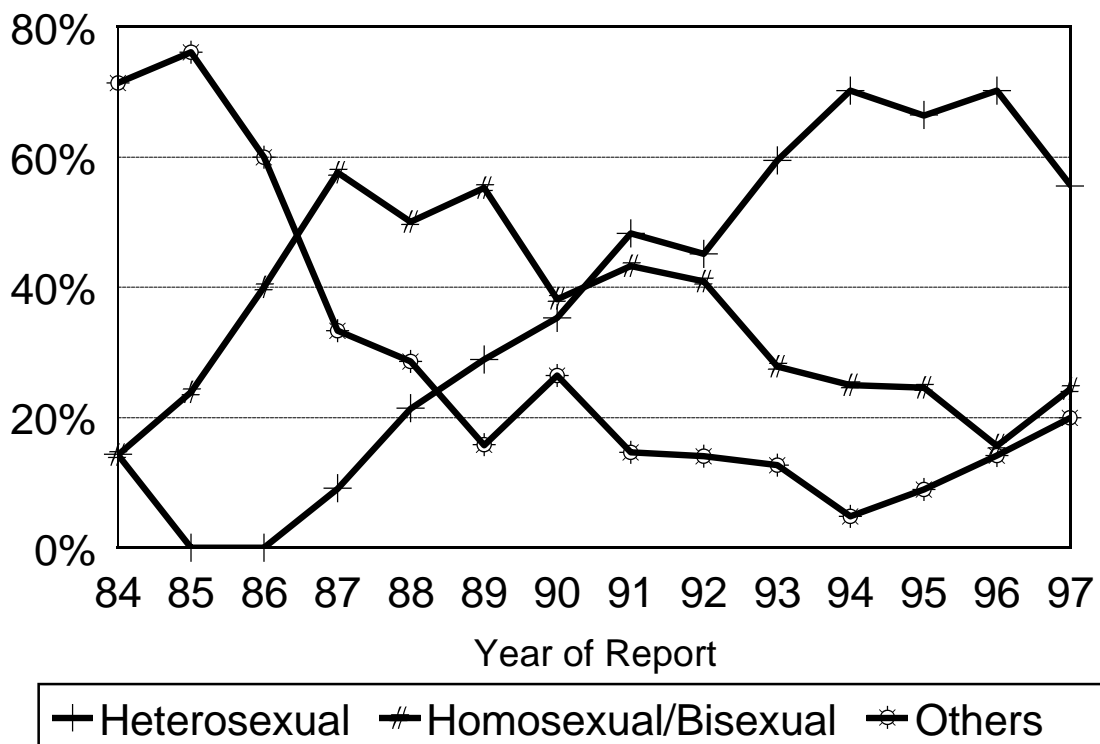
Quarterly Reported HIV/AIDS - By Exposure Category

1st Quarter, 1997

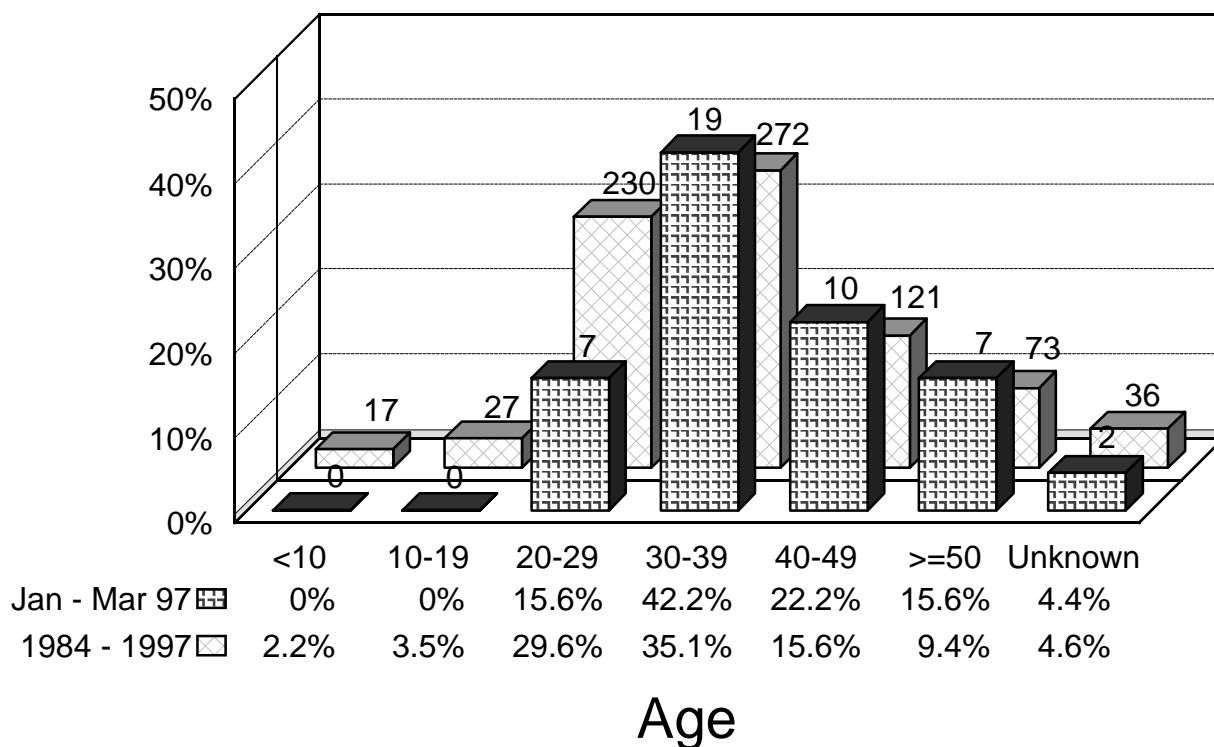


Route of Transmission of Reported HIV Infection

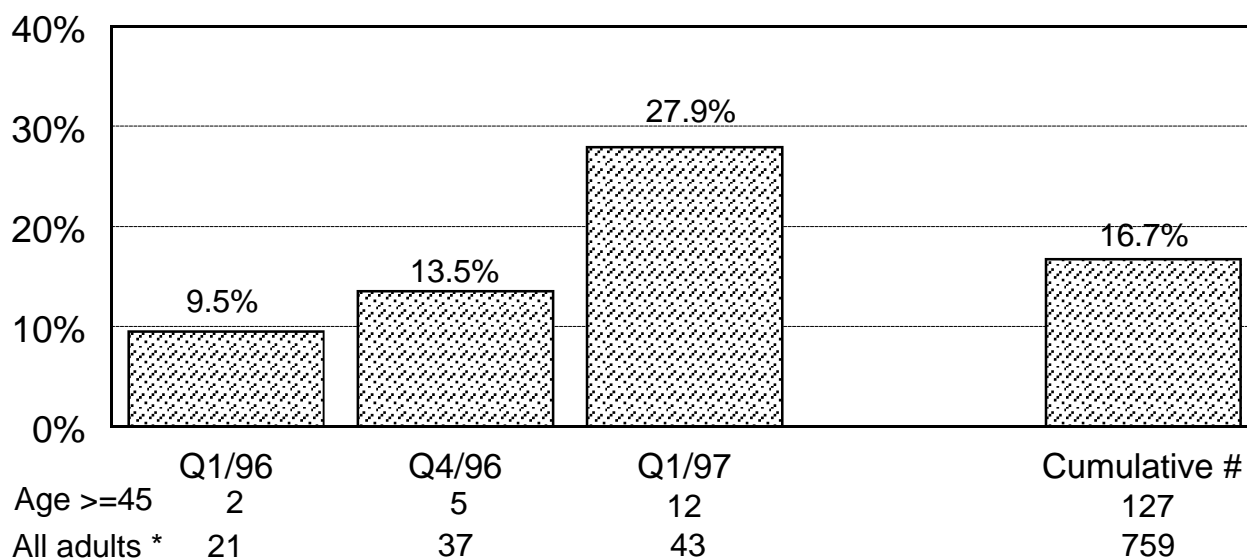
1984 - March 1997



Age Distribution of HIV Infection



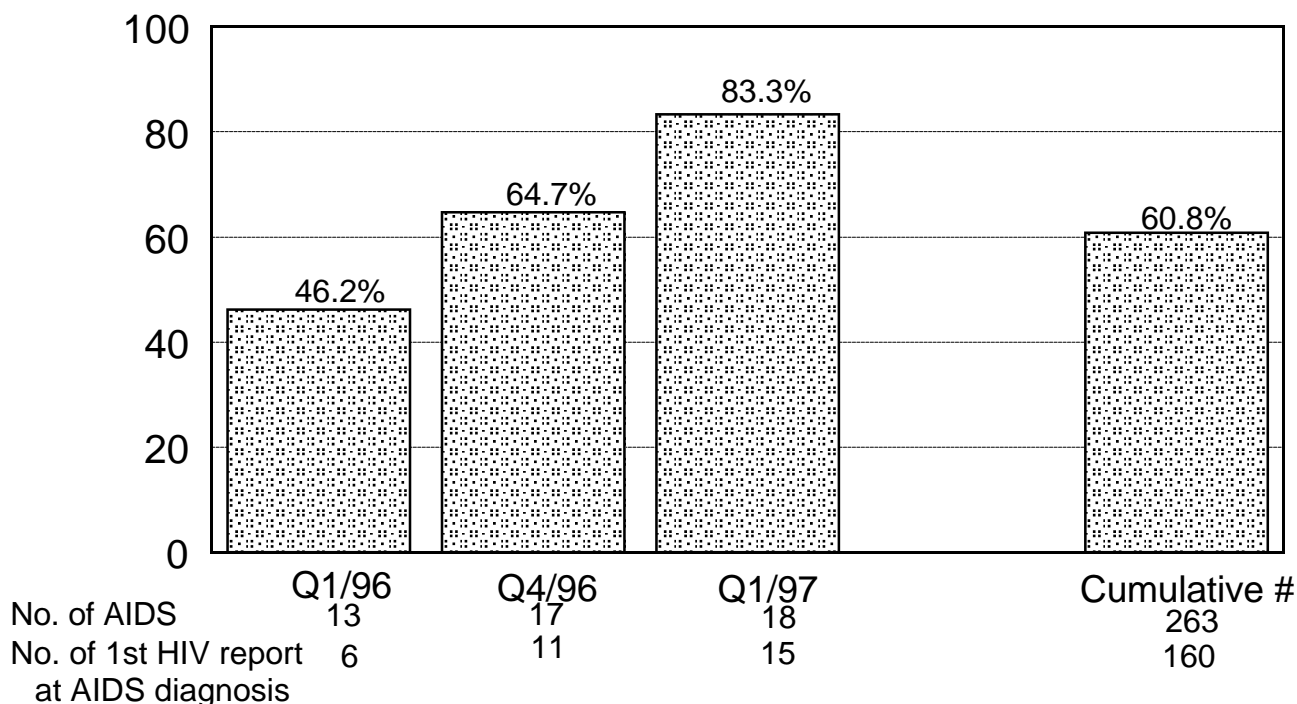
Proportion of HIV Infection of Age 45 and Above



* : Number of cases with unknown age are excluded

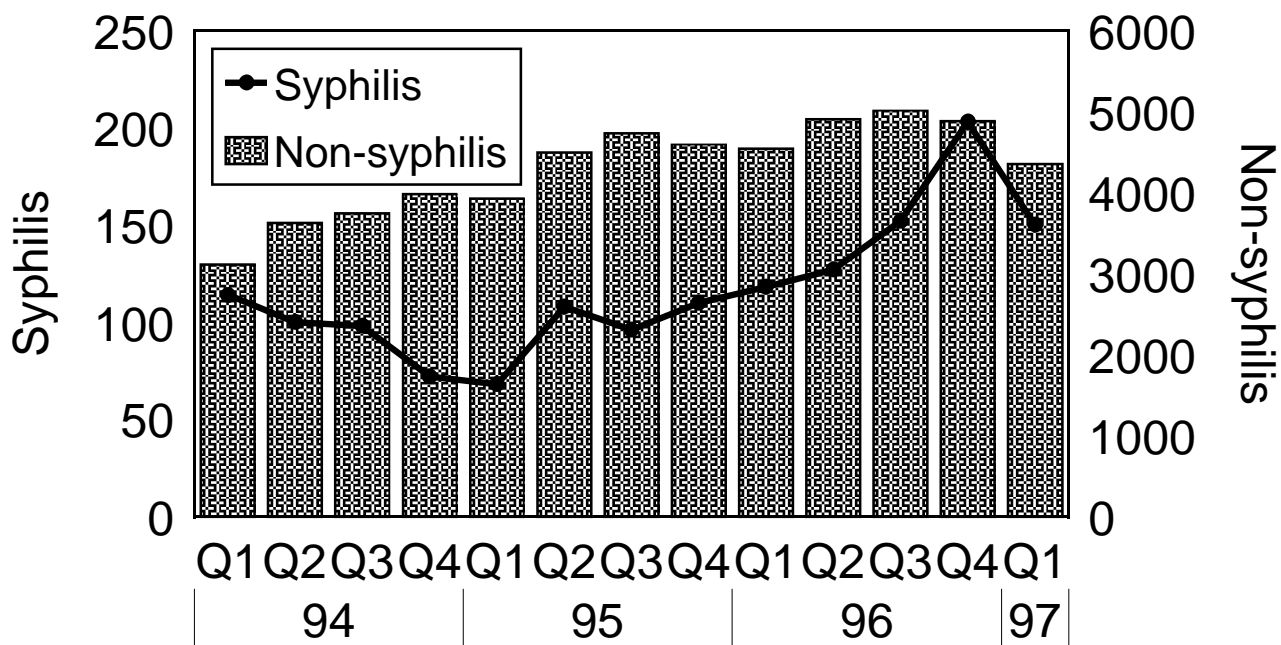
: All cases from 1984 - Mar 1997

Proportion of First HIV Report at AIDS Diagnosis



: All cases from 1984 - Mar 1997

Incidence of Syphilis vs Non-syphilitic STD in Social Hygiene Service, 1994-1997*



* Only 1st Quarter is included for 1997

Recent Trend of Syphilis in Hong Kong

The incidence of syphilis in western countries declined after the World War II. However, during 1987, the incidence increased sharply with an overall 27% increase in USA. Cases of primary and secondary syphilis among Black men and women accounted for most of the increase. The re-emergence of syphilis in this underprivileged group in the inner-city was said to be associated with re-emergence or uprise of sex industry and illegal drug use. And undoubtedly this reflected an increase in high risk sexual behaviours that have also contributed to the epidemic sexual spread of HIV infection within the population.

The reported data in Social Hygiene Service is suggestive of a resurgence of early syphilis in recent five years in Hong Kong (a scenario similar to what happened in the inner cities of US aforementioned). The number of cases of primary and secondary syphilis were between 27 to 33 annually during the period 1990 to 1993 and started to increase to 38 in 94, 74 in 95 and 195 in 96. (i.e. about 6-fold increase over 5 years). Plausible explanations for the escalating incidence are as follows: firstly, an increasing proportions of young adults having high risk sexual behaviour but poor health care behaviour; secondly, a greater population movement in and out of HK, and in and out of the rapidly urbanising cities of China, especially its southern part; thirdly, sub-optimal management (recognition, treatment, contact tracing and partner notification) by the un-wary practitioners; fourthly, the relatively inadequate penetration of the traditional health care delivery and education to certain core groups of high-frequency transmitters of sexually transmitted diseases both within and outside the territory.

From the historical perspective, the resurgence of syphilis in US in the mid 1980s predated the AIDS epidemic in the late 80s and early 90s. Extrapolation of the experience in US to HK is not without its limitation, but there should have something to learn. We may only be at the very beginning of the STD/AIDS epidemic in the forthcoming years.

Hong Kong STD/AIDS Update can be viewed via the Internet at :

<http://www.info.gov.hk/health/aids>

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