LOCAL HIV EPIDEMIOLOGY, TESTING AND MANAGEMENT CHALLENGES

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Special Preventive Programme
Centre for Health Protection,
Department of Health

AGENDA

01. LOCAL HIV EPIDEMIOLOGY

02. HIV TESTING

03. LINKAGE TO CARE AND CHALLENGES

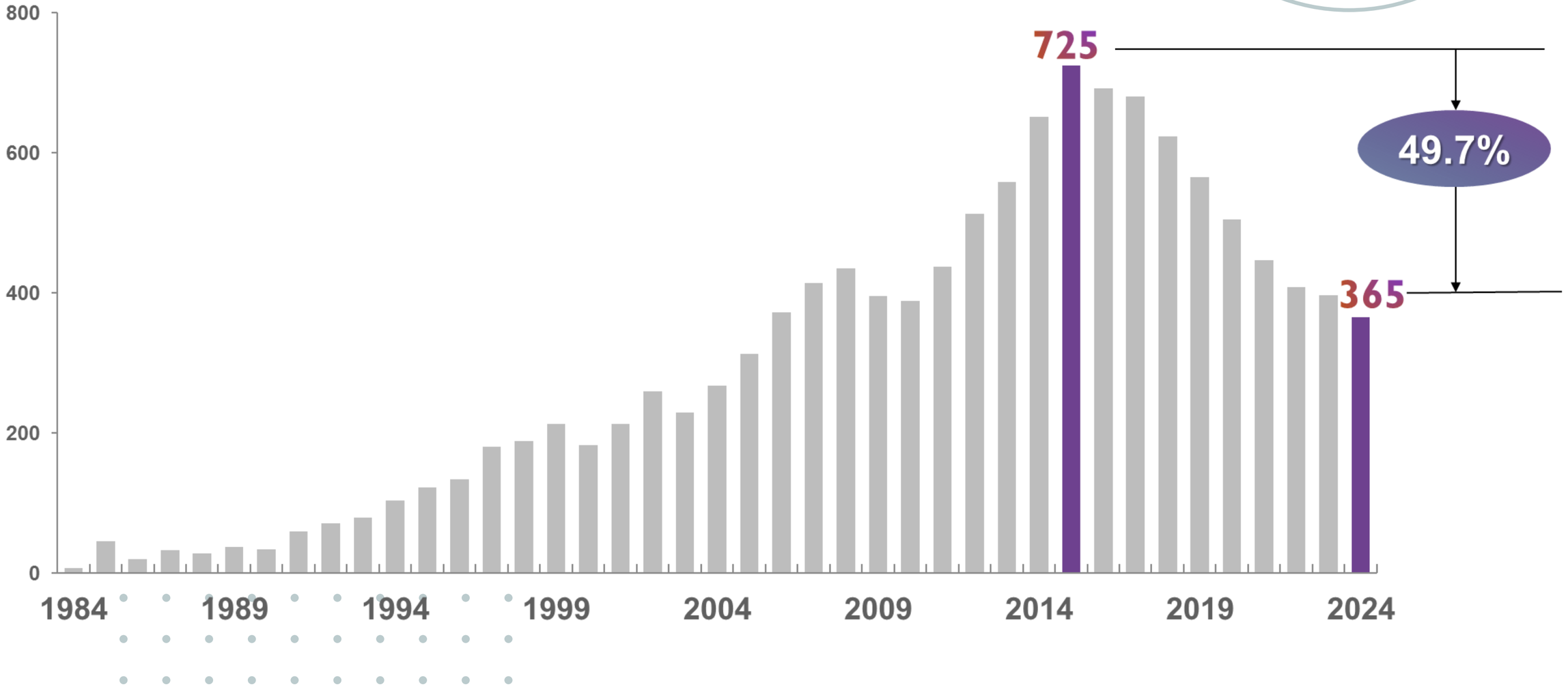
WHERE ARE WE NOW?

HIV 12,583 **AIDS 2,604**

HIV PREVALENCE	HONG KONG	GLOBAL
GENERAL POPULATION	0.1%	0.6-0.7%
MEM WHO HAVE SEX WITH MEN	6.73%[1]	7.7%
TRANSGENDER PERSONS	3.85% [1]	9.2%
PEOPLE WHO INJECT DRUGS	1.29%[2]	5.0%
SEX WORKERS	0.73%[3]	3.0%

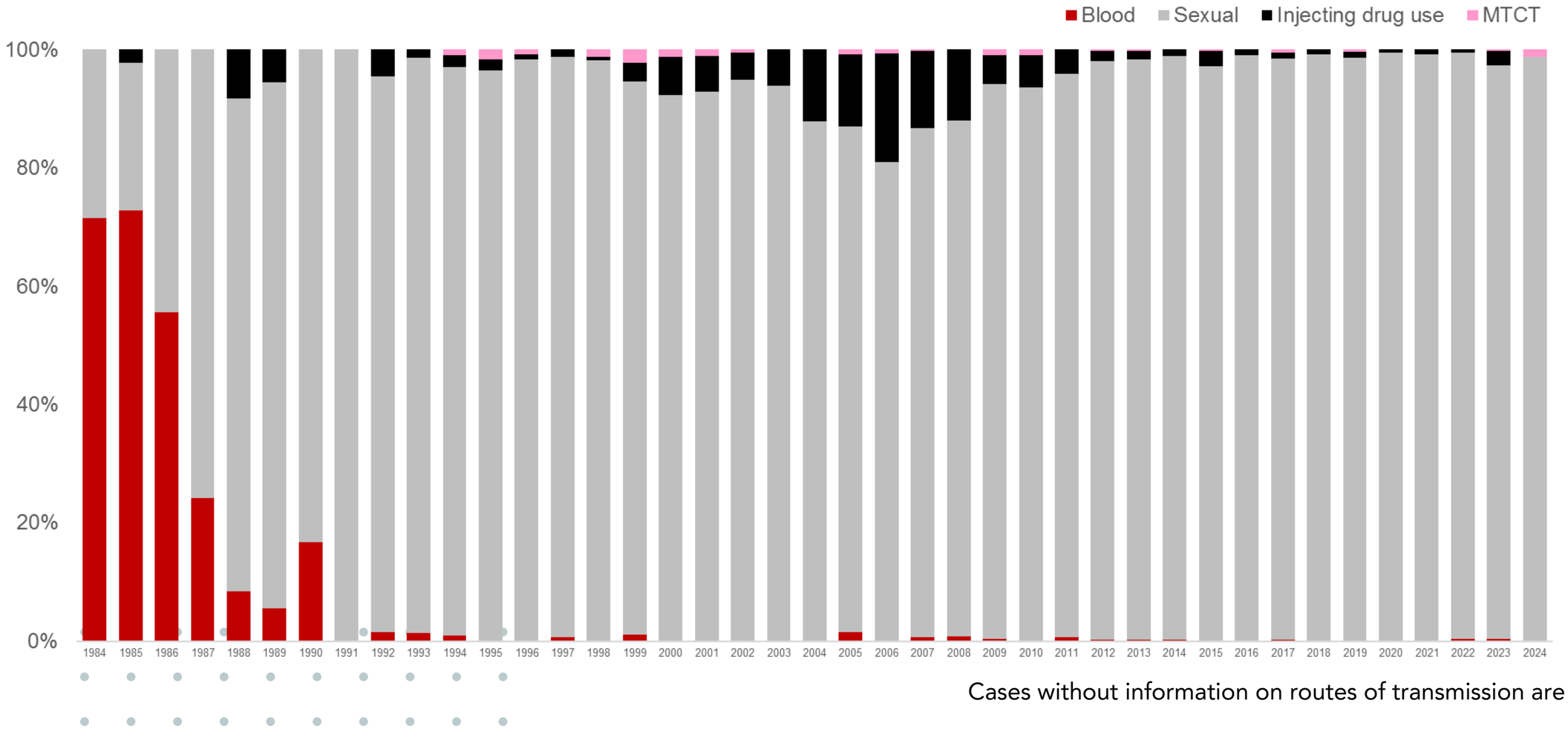
[1] PRISMTG 2022
[2] METHADONE CLINIC URINE TESTING PROGRAMME
[3] HARIS 2024 FOR FSWS

NUMBER OF NEWLY REPORTED CASES OF HIV INFECTION HAS DECLINED FOR THE NINTH CONSECUTIVE YEAR



EXCEPT THE EARLY YEARS OF EPIDEMIC, THE VAST MAJORITY OF TRANSMISSION OCCURED THROUGH SEXUAL CONTACT

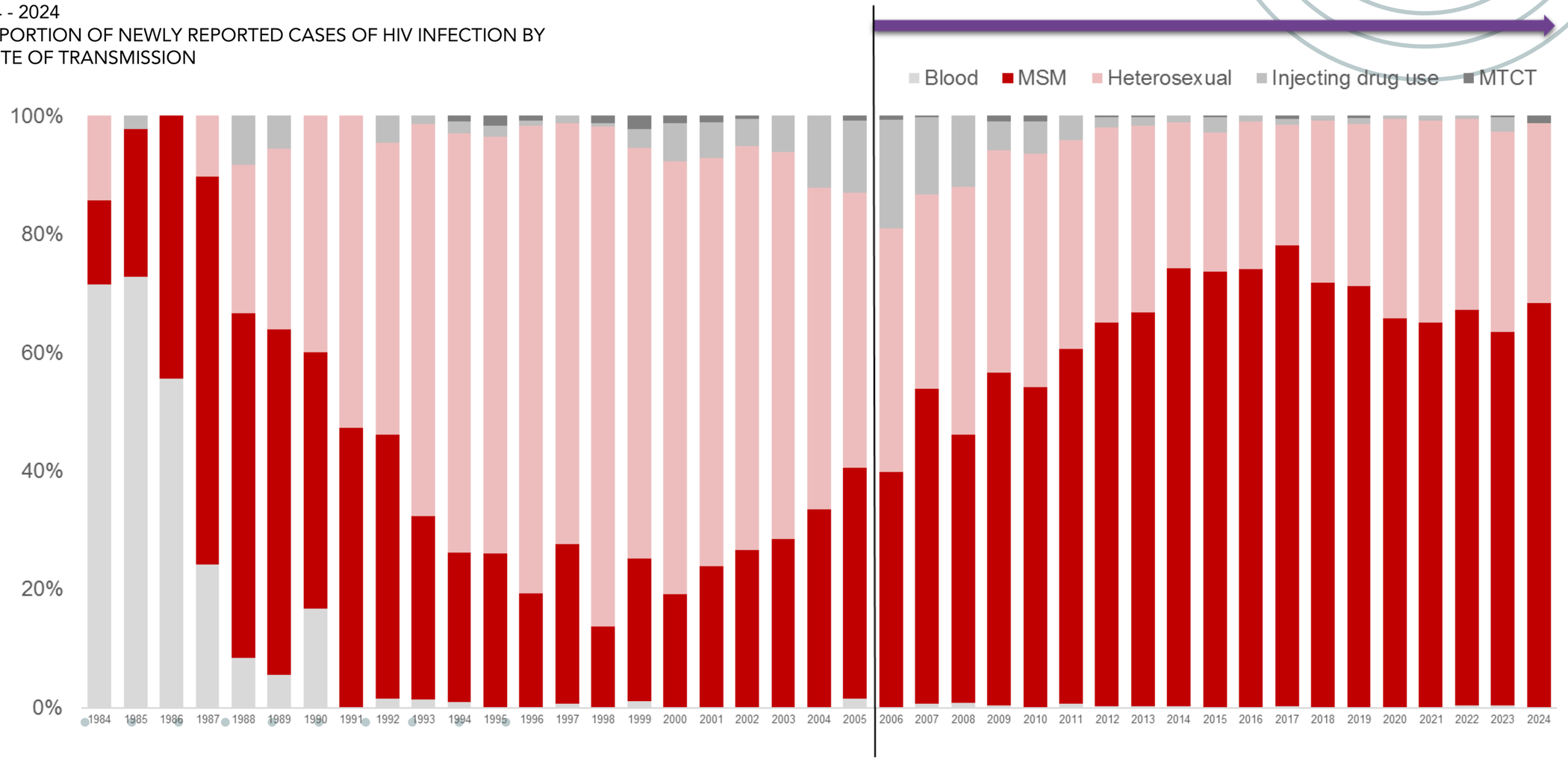
1984 - 2024
PROPORTION OF NEWLY REPORTED CASES OF HIV INFECTION BY ROUTE OF TRANSMISSION



Cases without information on routes of transmission are excluded

SINCE 2006, MSM BECAME THE MOST COMMON ROUTE OF TRANSMISSION

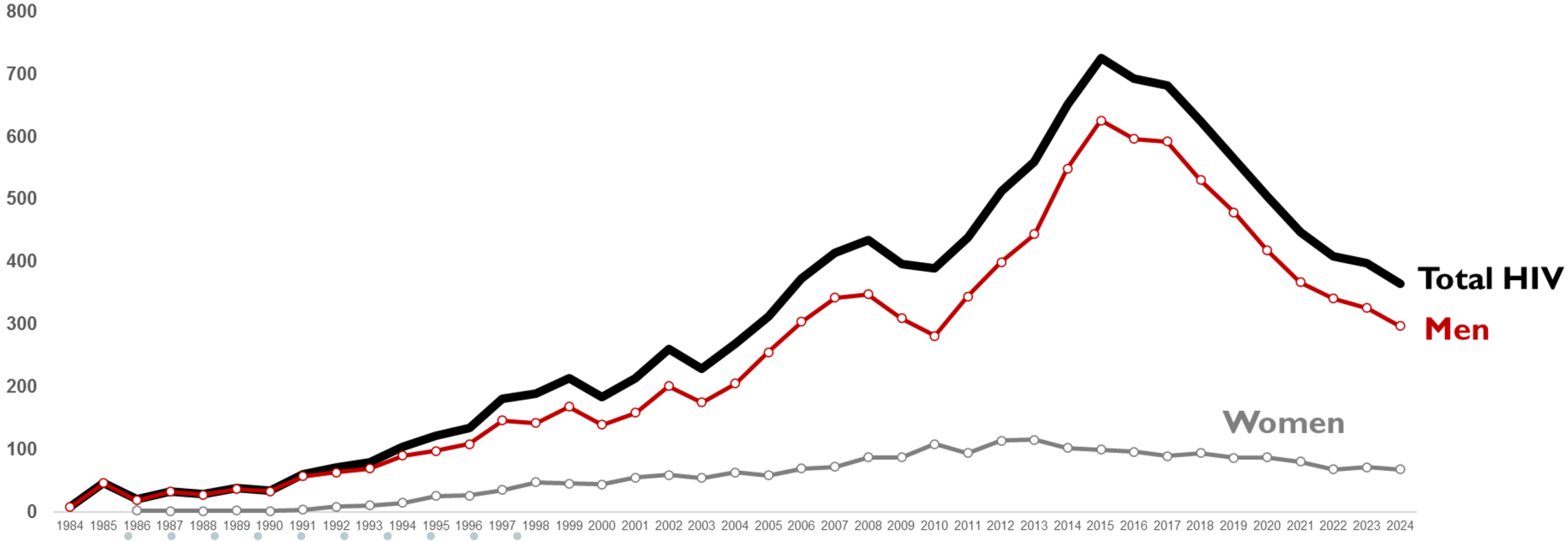
1984 - 2024
PROPORTION OF NEWLY REPORTED CASES OF HIV INFECTION BY ROUTE OF TRANSMISSION



Cases without information on routes of transmission are excluded

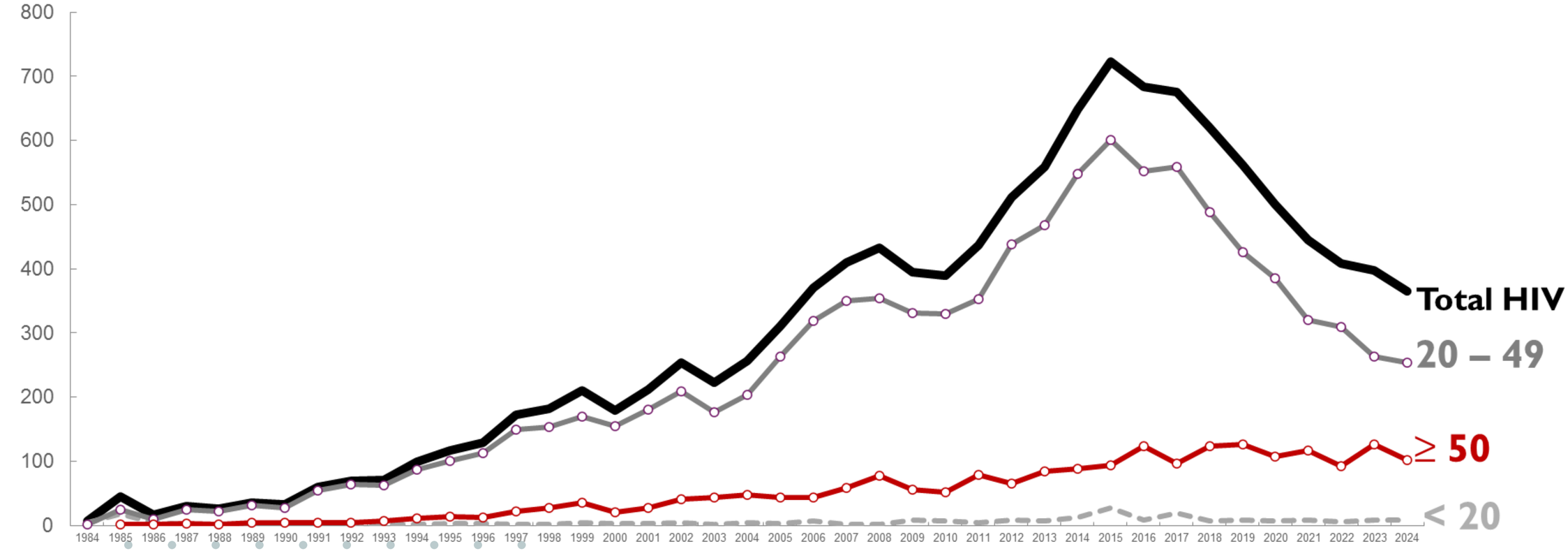
THE NUMBER OF NEWLY REPORTED CASES AMONG MEN HAVE DECLINED, BUT SUCH TREND WAS NOT OBSERVED AMONG WOMEN

1984 - 2024
YEARLY NUMBER OF NEWLY REPORTED HIV INFECTION BY GENDER



THE NUMBER OF NEWLY REPORTED CASES IN THE 20 – 49 AGE GROUP HAS DECLINED, WHILE SUCH TREND IS NOT OBSERVED IN OTHER AGE GROUPS

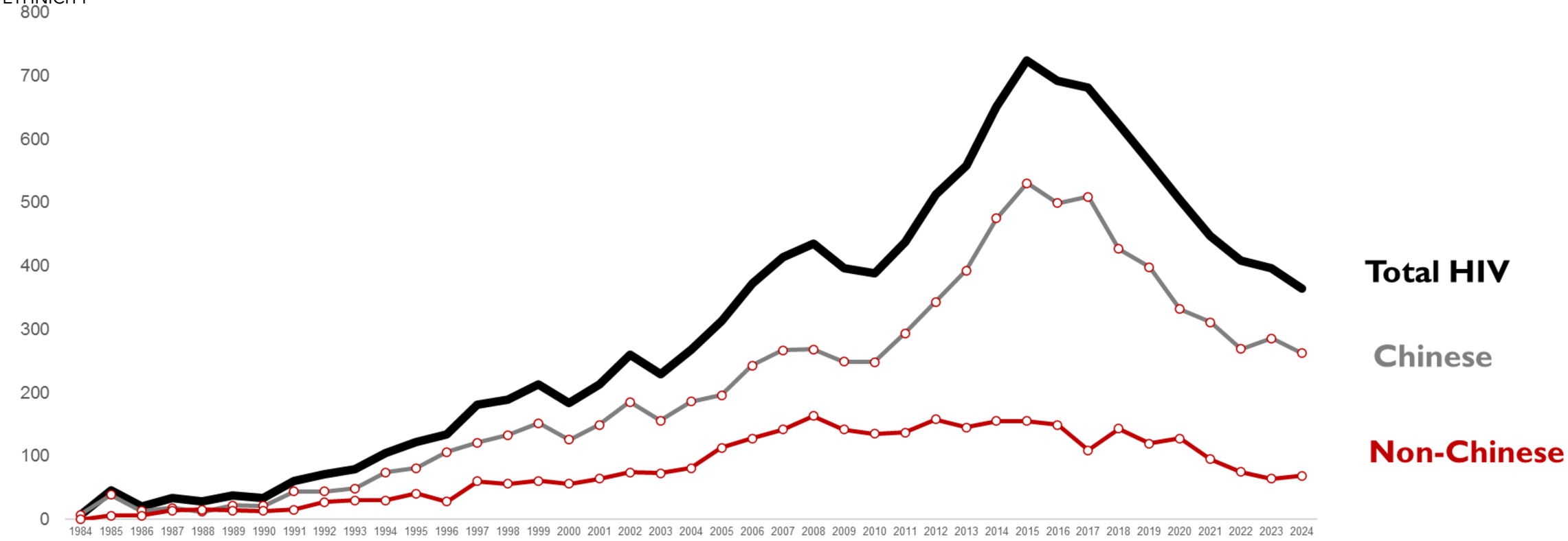
1984 - 2024
YEARLY NUMBER OF NEWLY REPORTED HIV INFECTION BY AGE



Cases without information on Age are excluded

NON-CHINESE ARE DISPROPORTIONALLY AFFECTED

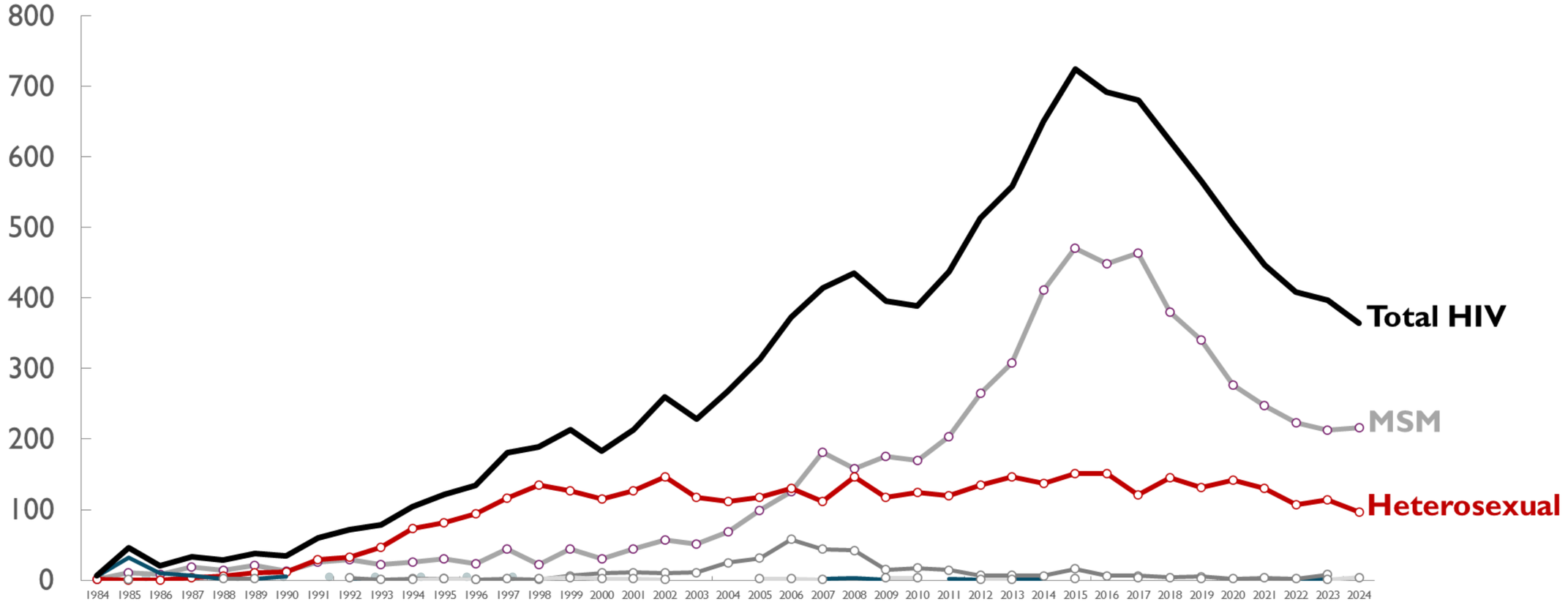
1984 - 2024
YEARLY NUMBER OF NEWLY REPORTED HIV INFECTION BY ETHNICITY



Cases without information on Ethnicity are excluded

NEWLY REPORTED CASES AMONG MSM HAVE DECLINED SIGNIFICANTLY IN RECENT YEARS, WHILE SUCH TREND IS NOT OBSERVED IN HETEROSEXUAL CONTACTS

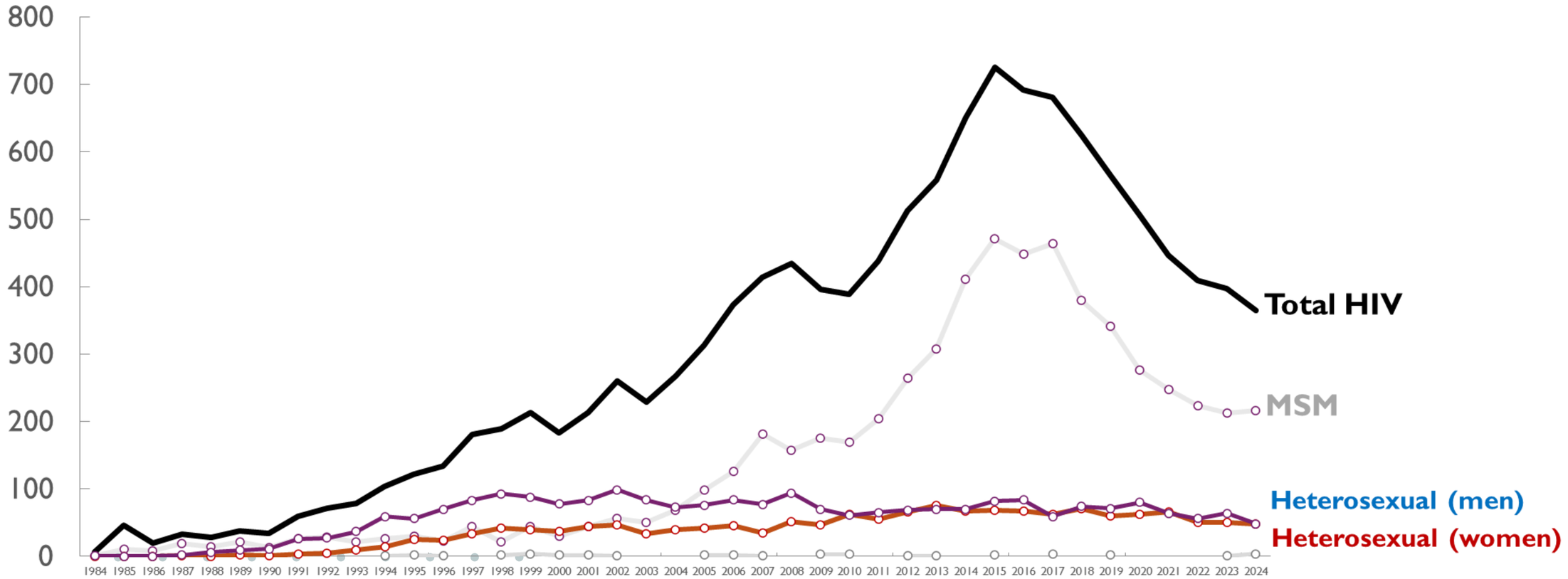
1984 - 2024
YEARLY NUMBER OF NEWLY REPORTED HIV INFECTION BY ROUTE OF TRANSMISSION



Cases without information on Route of Transmission are excluded

NUMBER OF NEWLY REPORTED CASES AMONG HETEROSEXUAL MEN AND WOMEN ARE SIMILAR IN RECENT YEARS

1984 - 2024
YEARLY NUMBER OF NEWLY REPORTED HIV INFECTION BY ROUTE OF TRANSMISSION

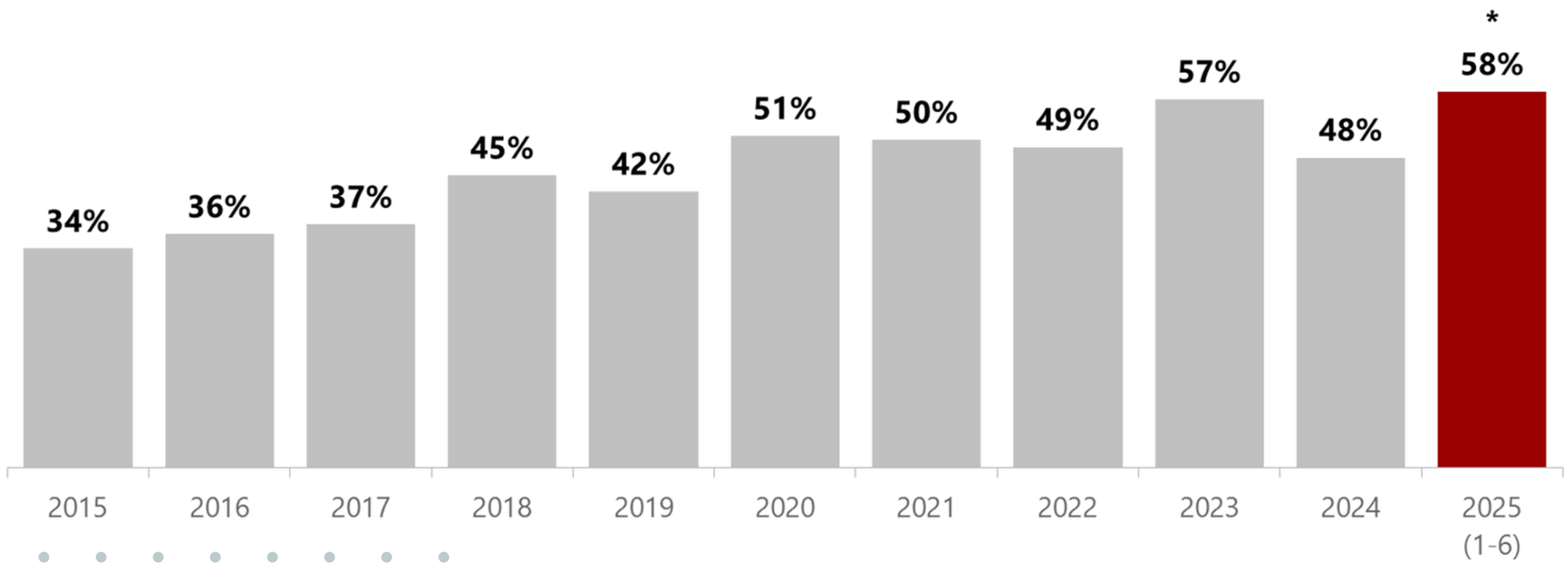


Cases without information on Route of Transmission are excluded

LATE PRESENTERS CONTRIBUTE TO NEARLY 60% OF CASES IN RECENT YEARS

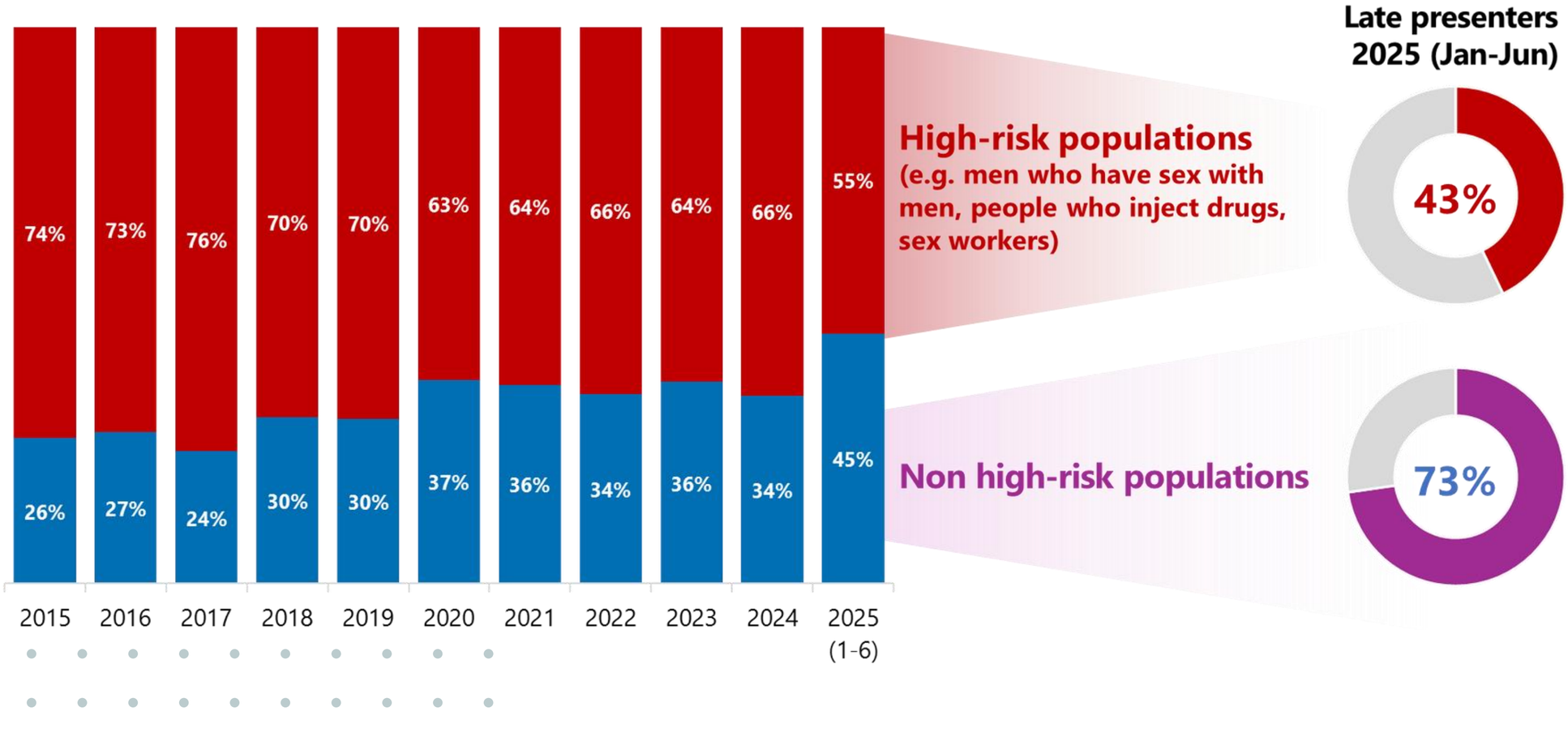
2015 - JUNE 2025

PROPORTION OF LATE PRESENTERS AMONG NEWLY DIAGNOSED CASES OF HIV INFECTION IN HONG KONG



Late presenters: When an individual has already developed AIDS at the time of diagnosis of HIV infection, or when the presenting CD4 count is very low (less than 200 cells/μL)

AROUND 40% OF THE NEWLY REPORTED CASES DO NOT BELONG TO HIGH-RISK POPULATIONS
MORE THAN 70% OF THEM WERE LATE PRESENTERS



ADVERSE IMPACT

1

RISK OF OPPORTUNISTIC INFECTION

↑ 3.5 TIMES

2

RECOVERY OF IMMUNE FUNCTION

↓

3

MORTALITY RATE

↑ > 10 TIMES

4

RISK OF TRANSMISSION IN THE COMMUNITY

↑ 3.5 TIMES

Wong CS, Wei L, Kim YS. HIV Late Presenters in Asia: Management and Public Health Challenges. AIDS Res Treat. 2023 Jun 14;2023:9488051

Rava M, Bisbal O, Domínguez-Domínguez L, Aleman MR, Rivero M, Antela A, Estrada V, Ribera E, Muñoz A, Iribarren JA, Moreno S, Rubio R, Jarrín I; Cohort of the Spanish HIV/AIDS Research Network (CoRIS). Late presentation for HIV impairs immunological but not virological response to antiretroviral treatment. AIDS. 2021 Jul 1;35(8):1283-1293.

UKHSA. HIV testing, PrEP, new HIV diagnoses and care outcomes for people accessing HIV services. Accessed 24 Nov 2024

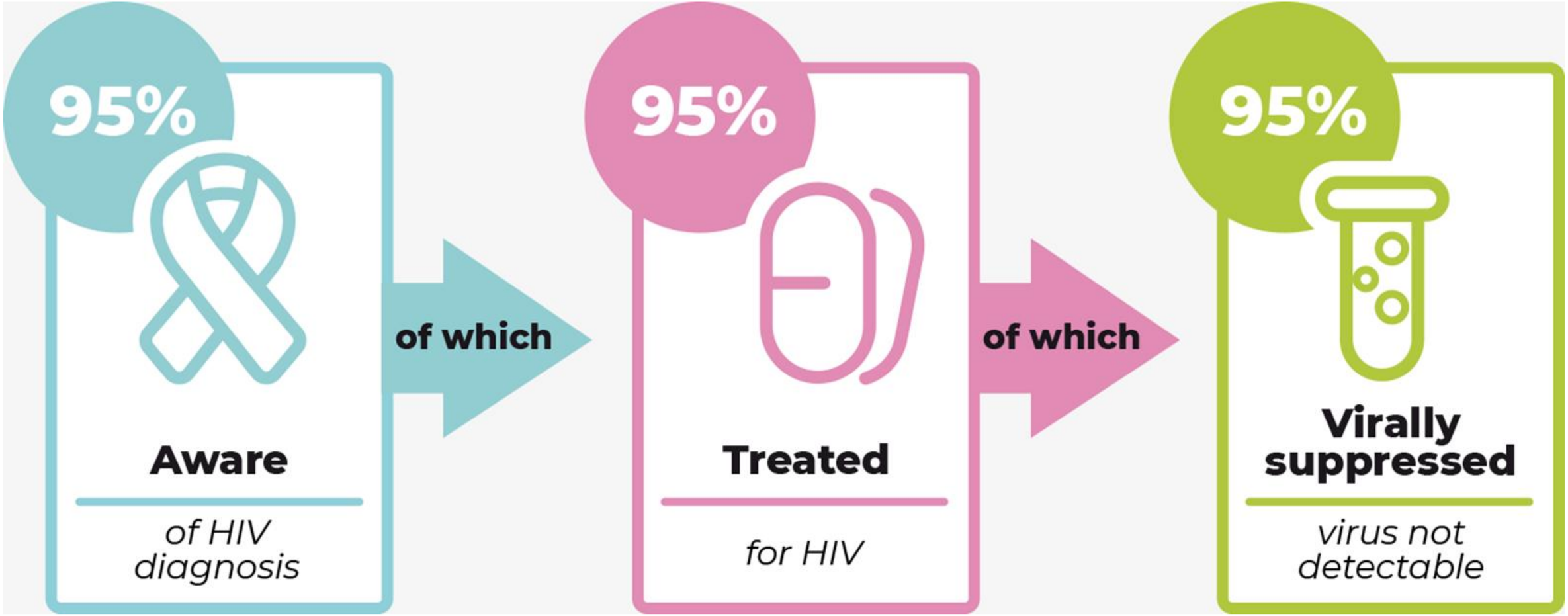
HIV/ AIDS EPIDEMIC IN HONG KONG

CONCENTRATED EPIDEMIC AMONG MSM

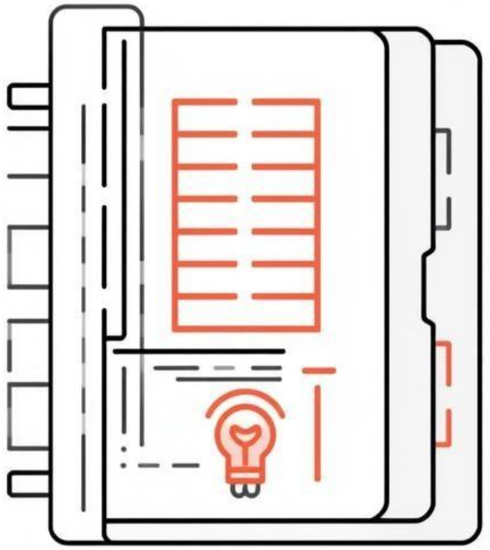
The number of reported HIV infections has decreased for 9 consecutive years
Major decline happens among younger MSM

The number of reported HIV infection among heterosexual has remained static and those among >50 years old are creeping up

WORRING PROPORTION OF LATE PRESENTERS



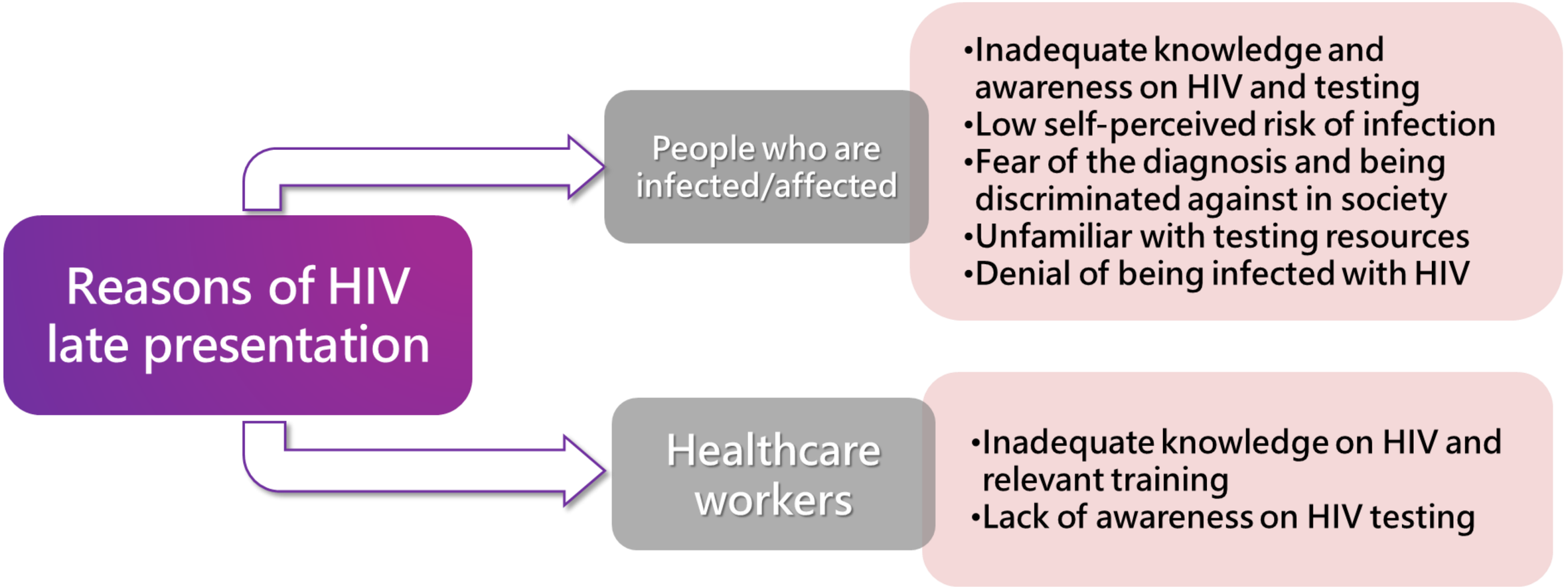
HIV TARGETS SET BY THE UNAIDS



HIV TESTING AS A GATEWAY TO HIV PREVENTION, TREATMENT AND CARE

REASONS FOR LATE PRESENTATION

Wong CS, Wei L, Kim YS. HIV Late Presenters in Asia: Management and Public Health Challenges. AIDS Res Treat. 2023 Jun 14;2023:9488051



RECOMMENDATIONS FOR HIV TESTING IN HONG KONG

Scientific Committee on AIDS and STI

The Scientific Committee on AIDS and STI is responsible for advising the Government, on the basis of scientific evidence, on the prevention, care and control of two closely related public health problems, AIDS and sexually transmitted infections (STI). The two infectious diseases are linked in terms of their societal implications and preventive strategies.

Scope of Advice

1. To advise the Controller, CHP on scientific basis of the prevention, care and control of HIV/AIDS and STI in Hong Kong;
2. To develop recommendations and guidelines regarding HIV/AIDS and STI in Hong Kong; and
3. To keep under review local and international development of HIV/AIDS and STI.

Papers Discussed / Recommendations

- Recommendations on HIV Testing in Hong Kong (November 2024)
- Recommended Clinical Guidelines on the Prevention of Mother-to-Child HIV Transmission (March 2024)
- Guidance on the use of HIV Pre-exposure Prophylaxis (PrEP) in Hong Kong (August 2022)
- Guidance Notes on COVID-19 Vaccination for People (Adults) with HIV (February 2022)

衞生防護中心
Centre for Health Protection

Scientific Committee on AIDS and STI (SCAS)

Recommendations on HIV Testing in Hong Kong

Purpose and scope

The Scientific Committee on AIDS and STI (SCAS) developed this set of local recommendations on HIV testing taking reference from major international guidelines and made adaptions based on local epidemiology and sociocultural context. This document supersedes the paper "*Principles of Consent, Discussion and Confidentiality Required of the Diagnostic HIV Test*" issued by the Advisory Council on AIDS and SCAS in July 2011. It intends to provide a framework to guide healthcare providers and other community personnel who are involved in offering HIV testing to their patients and clients in different care settings, with an aim to increase the uptake of HIV testing across the territory, facilitating early identification of individuals with HIV infection, and effectively linking individuals to respective prevention, treatment and care services, based upon their status and needs.

2. This document covers the following sections to illustrate the key recommendations involved in the provision of HIV testing services:

I. Overarching principles to deliver HIV testing services;
II. Who to get tested;
III. How frequent to get tested;
IV. Consent and pre-test information;
V. How to test;
VI. Laboratory diagnostic algorithm; and
VII. Post-test care and referral pathway.

衞生防護中心乃衞生署轄下執行疾病預防及控制的專業部隊
The Centre for Health Protection is a professional arm of the Department of Health for disease prevention and control

01 OVEREACHING PRINCIPLES

02 WHO TO GET TESTED

03 HOW FREQUENT TO GET TESTED

04 CONSENT AND PRE-TEST INFORMATION

05 HOW TO TEST

06 LABOATORY DIAGNOSTIC ALGORITHM

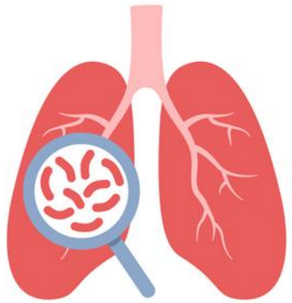
WHO TO GET TESTED

- AS PART OF INTEGRAL CLINICAL CARE
- EPIDEMOLOGICAL OR BEHAVIOURAL RISK FACTORS
- CLINICAL INDICATIONS
- GENERAL POPULATION

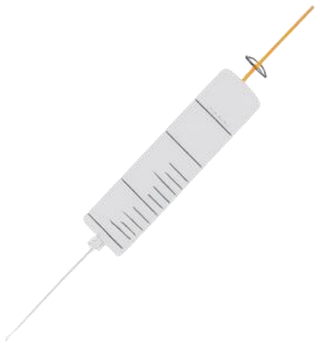
AS PART OF INTEGRAL CARE

*Opt-out approach

Pregnant Woman at antenatal check-up



People diagnosed with tuberculosis



Methadone Clinic attendees

People seeking testing and management of STI

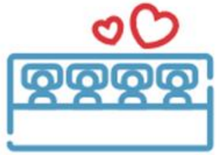
EPIDEMIOLOGICAL OR BEHAVIOURAL RISK FACTORS

Men who have sex with men

Transgenders

Sex workers and their clients

People who inject drugs



People (or their sex partner) who have multiple sex partners

Sex partners of HIV positive individuals (until consistent viral suppression was documented)

CLINICAL INDICATIONS

- **AIDS-defining illness**
- **HIV indicator conditions**
  - Medical condition which associated with an undiagnosed HIV seroprevalence of ≥ 1 per 1000
  - Same mode of transmission as HIV, e.g. STIs, sexually transmittable viral hepatitis, mpox etc.
  - Suggest underlying dysregulated immunity, e.g. recurrent zoster infection, chronic diarrhea or weight loss of unknown cause

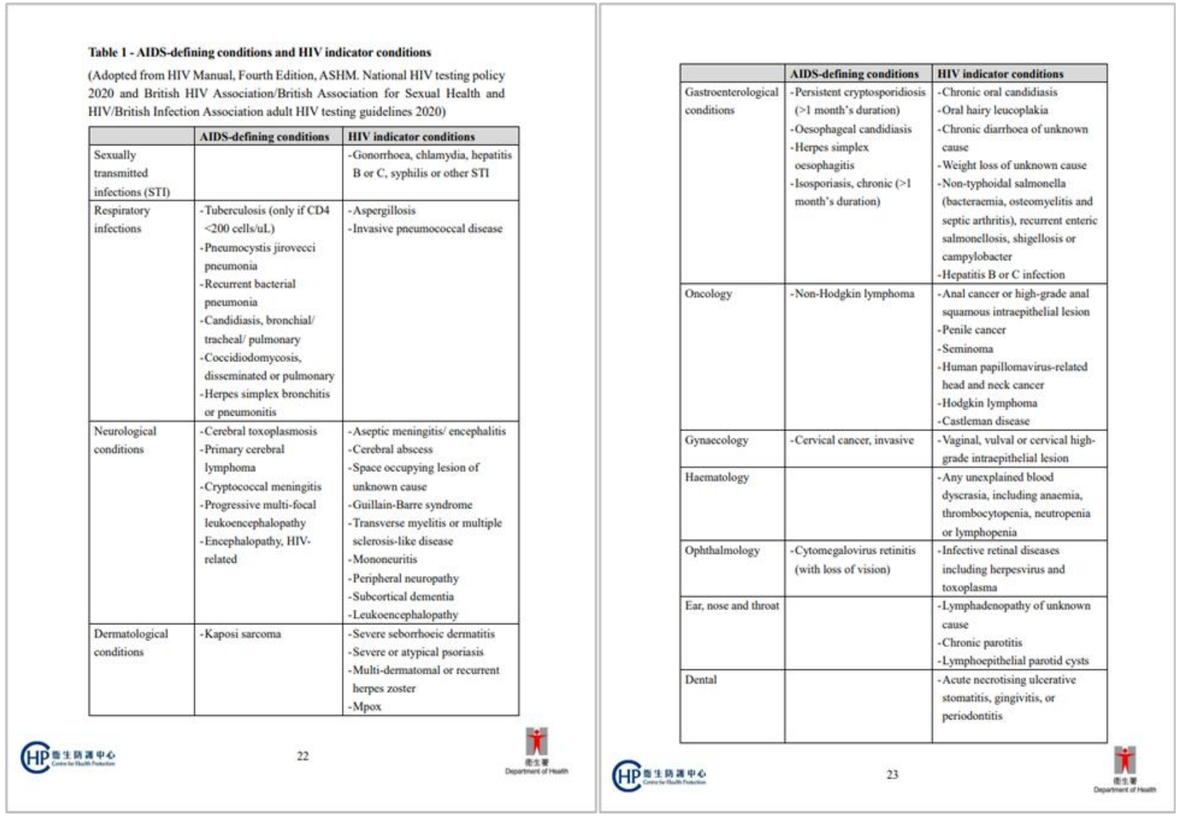


Table 1 - AIDS-defining conditions and HIV indicator conditions

(Adopted from HIV Manual, Fourth Edition, ASHM. National HIV testing policy 2020 and British HIV Association/British Association for Sexual Health and HIV/British Infection Association adult HIV testing guidelines 2020)

	AIDS-defining conditions	HIV indicator conditions
Sexually transmitted infections (STI)		-Gonorrhoea, chlamydia, hepatitis B or C, syphilis or other STI
Respiratory infections	-Tuberculosis (only if CD4 <200 cells/uL) -Pneumocystis jirovecci pneumonia -Recurrent bacterial pneumonia -Candidiasis, bronchial/ tracheal/ pulmonary -Coccidiodomycosis, disseminated or pulmonary -Herpes simplex bronchitis or pneumonitis	-Aspergillosis -Invasive pneumococcal disease
Neurological conditions	-Cerebral toxoplasmosis -Primary cerebral lymphoma -Cryptococcal meningitis -Progressive multi-focal leukoencephalopathy -Encephalopathy, HIV-related	-Aseptic meningitis/ encephalitis -Cerebral abscess -Space occupying lesion of unknown cause -Guillain-Barre syndrome -Transverse myelitis or multiple sclerosis-like disease -Mononeuritis -Peripheral neuropathy -Subcortical dementia -Leukoencephalopathy
Dermatological conditions	-Kaposi sarcoma	-Severe seborrhoeic dermatitis -Severe or atypical psoriasis -Multi-dermatomal or recurrent herpes zoster -Mpox

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	AIDS-defining conditions	HIV indicator conditions
Gastroenterological conditions	-Persistent cryptosporidiosis (>1 month's duration) -Oesophageal candidiasis -Herpes simplex oesophagitis -Isosporiasis, chronic (>1 month's duration)	-Chronic oral candidiasis -Oral hairy leucoplakia -Chronic diarrhoea of unknown cause -Weight loss of unknown cause -Non-typhoidal salmonella (bacteraemia, osteomyelitis and septic arthritis), recurrent enteric salmonellosis, shigellosis or campylobacter -Hepatitis B or C infection
Oncology	-Non-Hodgkin lymphoma	-Anal cancer or high-grade anal squamous intraepithelial lesion -Penile cancer -Seminoma -Human papillomavirus-related head and neck cancer -Hodgkin lymphoma -Castleman disease
Gynaecology	-Cervical cancer, invasive	-Vaginal, vulval or cervical high-grade intraepithelial lesion
Haematology		-Any unexplained blood dyscrasia, including anaemia, thrombocytopenia, neutropenia or lymphopenia
Ophthalmology	-Cytomegalovirus retinitis (with loss of vision)	-Infective retinal diseases including herpesvirus and toxoplasma
Ear, nose and throat		-Lymphadenopathy of unknown cause -Chronic parotitis -Lymphoepithelial parotid cysts
Dental		-Acute necrotising ulcerative stomatitis, gingivitis, or periodontitis

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CLINICAL INDICATIONS

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Haematology		-Any unexplained blood dyscrasia, including anaemia, thrombocytopenia, neutropenia or lymphopenia
Ophthalmology	-Cytomegalovirus retinitis (with loss of vision)	-Infective retinal diseases including herpesvirus and toxoplasma
Ear, nose and throat		-Lymphadenopathy of unknown cause -Chronic parotitis -Lymphoepithelial parotid cysts
Dental		-Acute necrotising ulcerative stomatitis, gingivitis, or periodontitis
Others	-Cryptococcosis, extrapulmonary -Cytomegalovirus (CMV) disease (other than liver, spleen or nodes) -Herpes simplex: chronic ulcer(s) (>1 month's duration) -Histoplasmosis, disseminated or extrapulmonary -*Mycobacterium* tuberculosis; extrapulmonary -*Mycobacterium* tuberculosis involving cervical lymph nodes (only if CD4 <200 cells/uL) -*Talaromyces marneffei* infection, disseminated -*Mycobacterium*, other species or unidentified species, disseminated or extrapulmonary -Salmonella septicaemia, recurrent -Wasting syndrome due to HIV	-Mononucleosis-like syndrome -Pyrexia of unknown origin -Any lymphadenopathy of unknown cause

PEOPLE WHO HAVE HAD SEX SHOULD BE ENCOURAGED TO GET TESTED FOR HIV AT LEAST ONCE IF THEY HAVE AN UNKNOWN STATUS. THOSE WITH ONGOING EXPOSURE SHOULD GET TESTED ON A REGULAR BASIS

HIV TESTING OPTIONS

RAPID TESTING

HIV SELF TESTING

CONVENTIONAL TESTING

TESTING OPTIONS

Conventional laboratory-based testing

Free service provided by the Government and some local AIDS NGO

Anonymous and confidential under AIDS testing service of the DH and local AIDS NGO

Personal information required in hospitals or clinics other than the above

Point-of-care testing/ rapid test

Free service provided by the Government and some local AIDS NGO

Anonymous and confidential under AIDS testing service of the DH and local AIDS NGO

Self-testing

Free service provided by the Government and some local AIDS NGO

Self-purchase at community outlets

Greater privacy and autonomy

TESTING OPTIONS

Conventional laboratory-based testing	Point-of-care testing/ rapid test	Self-testing
	Results available in 20-30 minutes. Positive results requires another confirmatory test	Results available in 20-30 minutes. Positive results requires another confirmatory test
Confirmatory results available in 5-7 days and is a definitive diagnosis	Misinterpretation less common with trained test performers	Risk of misinterpretation
Shorter window period with 4th generation technique employed in Hong Kong Government laboratory	Depends on generation of test adopted	Depends on generation of test adopted

HIV self-test kit

Just pick up an **HIV self-test kit** from a location you choose, you can find out your HIV status in your home or other private location discreetly and conveniently.

We provide:

- Oral fluid-based kit
- Blood-based (fingerprick) kit

Know More

Order Now | Upload Result

AIDS Counselling and Testing Service

The service includes:
1. Assessment and counselling
2. Rapid HIV antibody test
3. Conventional tests of HIV and Syphilis

You can make an appointment here or **call the AIDS Hotline at 2780 2211.**

Know More

Book Now | Manage Booking

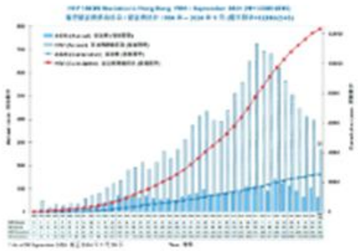
Highlights

2025-02-03 **Community events on HIV prevention and care**

Please click on the document link below to obtain the latest information on community events on HIV prevention and care.

Latest community events

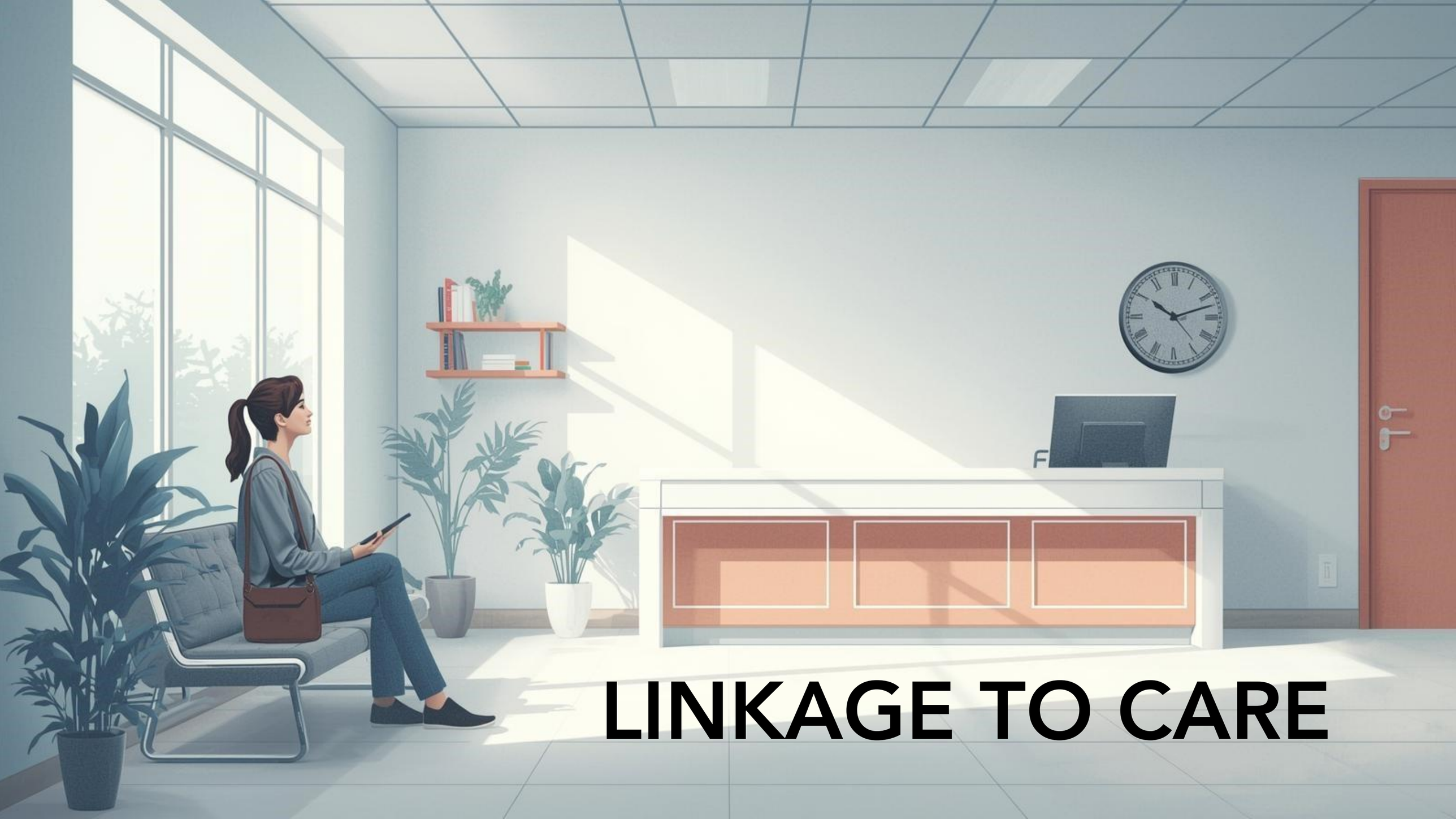
2024-11-27 **Hong Kong HIV/AIDS situation in the third quarter of 2024**



A total of 85 additional cases of Human Immunodeficiency Virus (HIV) infection were reported to the Centre for Health Protection (CHP) of the Department of Health (DH) in the third quarter of 2024, bringing the cumulative total of reported HIV infections to 12,308 since 1984.

Reviewing the latest HIV/AIDS situation in Hong Kong, a spokesman for the CHP said, "Sexual transmission remained the major mode of HIV transmission. Members of the public should use condoms consistently and properly to reduce the risk of acquiring HIV. In addition, undergoing HIV antibody testing early is an important component in HIV prevention."

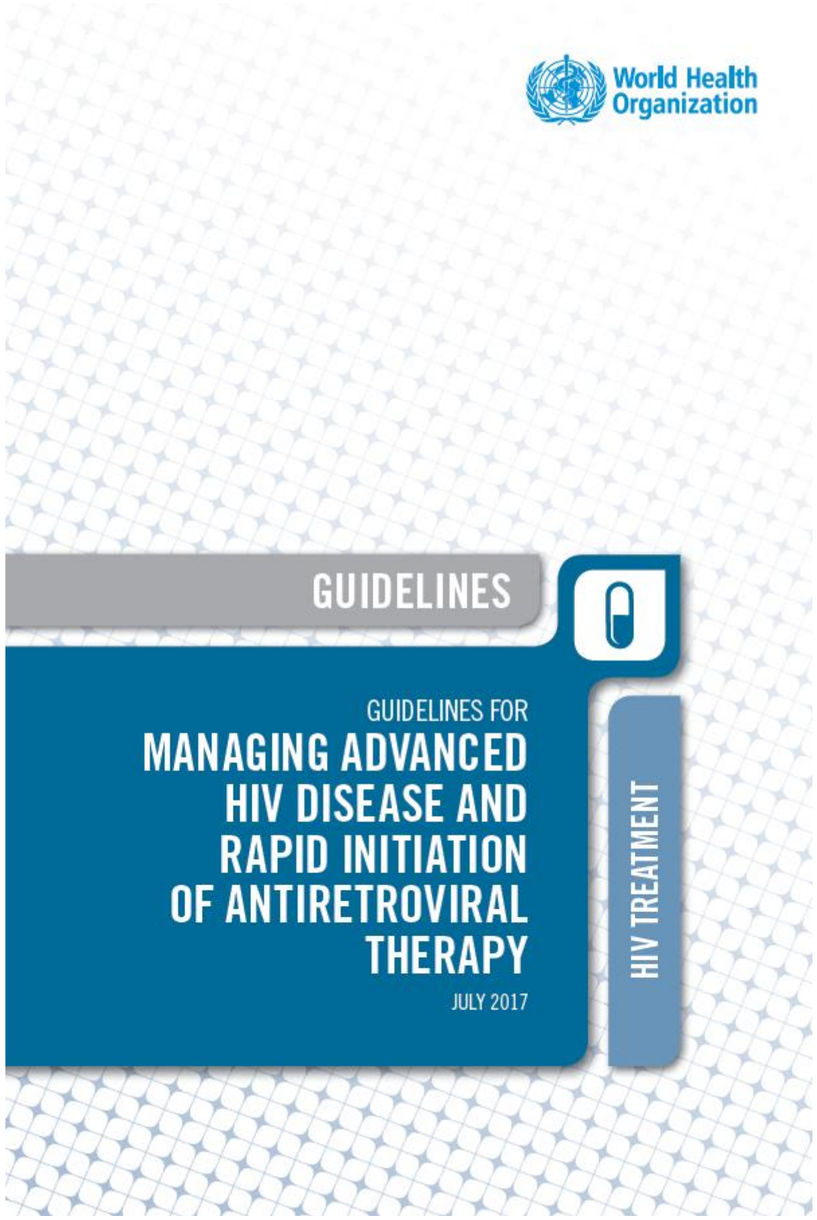
Summary table on HIV/AIDS situation



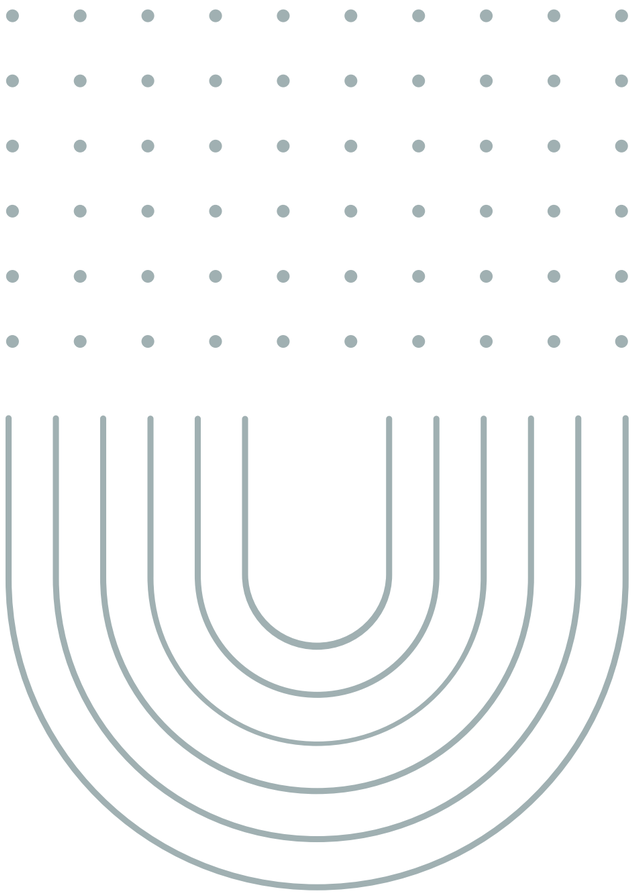
LINKAGE TO CARE

LINKAGE TO CARE

The World Health Organization has introduced rapid initiation of antiretroviral therapy (ART) in 2017, with the aim for improving programme outcome, notably in mitigating loss to care



Guidelines for managing advanced HIV disease and rapid initiation of antiretroviral therapy, July 2017. Geneva: World Health Organization; 2017



BENEFITS OF RAPID ART INITIATION

Defined as initiation of antiretroviral within 7 days of HIV diagnosis

- Faster viral suppression, improved immune recovery and reduced morbidity
- Reduced HIV transmission
- Enhanced care retention
- Cost-effectiveness

Mateo-Urdiales A, et al. Rapid initiation of antiretroviral therapy for people living with HIV. Cochrane Database of Systematic Reviews 2019, Issue 6. Art. No.: CD012962.

Michienzi SM, et al. Evidence Regarding Rapid Initiation of Antiretroviral Therapy in Patients Living with HIV. Curr Infect Dis Rep. 2021;23(5):7

Rodriguez AE, et al. Entering HIV Medical Care With AIDS in the Era of Immediate Access to Antiretroviral Treatment. J Acquir Immune Defic Syndr. 2025 Nov 1;100(3):249-255

Cohen MS et al; HPTN 052 Study Team. Prevention of HIV-1 infection with early antiretroviral therapy. N Engl J Med. 2011 Aug 11;365(6):493-505

Rodger AJ, et al; PARTNER Study Group. Risk of HIV transmission through condomless sex in serodifferent gay couples with the HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study. Lancet. 2019 Jun 15;393(10189):2428-2438

Long LC, et al. Initiating antiretroviral therapy for HIV at a patient's first clinic visit: a cost-effectiveness analysis of the rapid initiation of treatment randomized controlled trial. AIDS. 2017 Jul 17;31(11):1611-1619.

GLOBAL SITUATION

A total of 101 countries have adopted the recommendation to provide ART on the same day of HIV diagnosis by 2024; representing 82% of the 123 reporting countries

WHO HIV policy adoption and implementation status in countries, 2024. World Health Organization

WHO HIV policy adoption and implementation status in countries, 2024

In 2021, WHO released the consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring *(1)*. These guidelines brought together more than 200 clinical and programmatic recommendations across age groups and populations.

WHO has worked with Member States and partners to ensure the uptake and implementation of these recommendations in support of achieving the goals outlined in the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections *(2)*. The strategies aim to end AIDS and the epidemics of viral hepatitis and sexually transmitted infections as public health threats by 2030. The goals are aligned with the goals of the 2030 Agenda for Sustainable Development and WHO's General Programme of Work *(3)*.

To better provide country support, WHO regularly tracks the dissemination, policy change and implementation of these recommendations through the Global AIDS Monitoring reporting tool *(4)* and routine communication with WHO country and regional offices.

This fact sheet summarizes the adoption and implementation status of key policies by July 2024.

- Globally, 152 of 162 reporting countries (94%) have already adopted WHO recommendations on pre-exposure prophylaxis (PrEP) in their national guidelines. Further, 10 countries reported that their national guidelines do not recommend any PrEP modalities or products. A further breakdown on modalities is available for 95 countries: 73 countries recommend both daily oral PrEP and event-driven (on-demand) PrEP, and 22 countries recommend daily oral PrEP only.
- A total of 107 countries reported national policies supporting HIV self-testing, and 71 implemented routinely. Another 25 countries are in the process of developing policies. This represents a 2.7-fold increase in the number of countries withnational policies and five-fold increase in routine implementation compared with 2017. Of the countries implementing HIV self-testing, most are in eastern and southern Africa and western and central Europe.
- WHO recommends using dual HIV and syphilis rapid diagnostic tests for pregnant women in antenatal care and for key populations, with 78 countries adopting dual HIV and syphilis rapid diagnostic tests in national policies. More than half of the countries reporting dual HIV and syphilis rapid diagnostic tests policies (62%, 48 of 78) adopted them for both pregnant women and key populations, with the remainder for pregnant women only (31%, 24 of 78) or for key populations only (8%, 6 of 78).
- The number of countries adopting dolutegravir (DTG) as part of preferred first-line antiretroviral therapy has steadily increased over the years, with 118 countries (92% of 128 reporting countries) adopting DTG as part of the preferred first-line antiretroviral therapy for adults and adolescents, a 97% increase from 60 countries in 2020, when this indicator was first introduced. However, further progress is required, since 2% of the reporting countries (3 of 128) have adopted DTG only as an alternative first-line therapy, and a further 5% (7 of 128) have yet to adopt DTG.
- Of 117 reporting countries, 96 (82%) reported adopting DTG as part of second-line antiretroviral therapy for adults and adolescents. This represents a 108% increase from the 46 countries in 2020. Of the 96 adopting countries, 64 (67%) reported DTG as the preferred option in second-line regimens, and 32 (33%) reported DTG as an alternative option.
- DTG-containing regimens have been adopted as the preferred treatment initiation option for infants and children in 75% (86 of 115) of reporting countries; of these, 27% have adopted DTG-containing regimens only for children weighing more than 20 kg (23 of 86), and the rest recommend DTG as the preferred treatment initiation option for all children older than four weeks and weighing more than 3 kg (63 of 86). These 86 countries represent a 146% increase from 35 countries in 2020.

World Health Organization

1

THAILAND

- Treat-all since 2014; with same-day ART recommended in the 2020/21 national guidelines
- Under the Universal Health Coverage programme; across the country there is a gradual increase in PLHIV initiated ART within 7 days; from 20% in 2014-16; to 32% in 2021-22
- 81.3% of PLHIV in Bangkok who consented to same-day ART were started on treatment, with 96.9% within 7 days

Hung CC, et al. Same-day and rapid initiation of antiretroviral therapy in people living with HIV in Asia. How far have we come? HIV Med. 2022 Oct;23 Suppl 4:3-14
Teeraananchai S, Boettiger DC, Lertpiriyasuwat C, Triamwichanon R, Benjarattanaporn P, Phanuphak N. The impact of same-day and rapid ART initiation under the Universal Health Coverage programme on HIV outcomes in Thailand: a retrospective real-life cohort study. J Int AIDS Soc. 2025 Jan;28(1):e26406.

CHINESE MAINLAND

- Treat-all since 2018 with specific emphasis on rapid initiation of ART
- Uptake is variable across different regions but with sustained increase; e.g. from 22.7% in 2018 to 44.9% in 2021 in Jiulongpo, Chongqiinq; from 38.8% in 2016 to 48.0% in 2018 in Yunnan, Southwest China

Acquired Immunodeficiency Syndrome Professional Group, Society of Infectious Diseases, Chinese Medical Association; Chinese Center for Disease Control and Prevention. Chinese guidelines for the diagnosis and treatment of human immunodeficiency virus infection/acquired immunodeficiency syndrome (2024 edition). Chin Med J (Engl). 2024 Nov 20;137(22):2654-2680.
代丽丽，陈仁芳，陈耀凯等。快速启动艾滋病抗病毒治疗专家共识。Chin J AIDS STD. 2023 Jul; 29(7): 737-744
Chen C et al. Factors influencing rapid antiretroviral therapy initiation in Jiulongpo, Chongqing, China: a retrospective cohort from 2018 to 2022. AIDS Res Ther. 2024 Mar 17;21(1):15
Wu X, et al. Immediate and long-term outcomes after treat-all among people living with HIV in China: an interrupted time series analysis. Infect Dis Poverty. 2023 Aug 14;12(1):73

TAIWAN AREA

- Includes rapid initiation of ART in the treatment recommendations since 2018; with same-day ART introduced in 2021
- Nearly 60% of newly diagnosed HIV was initiated with ART within first 2 days of diagnosis by 2023

Huang SH, et al.. Forty years of HIV infection and AIDS in Taiwan: Reflection on the past and looking toward the future. J Microbiol Immunol Infect. 2025 Feb;58(1):7-16

BARRIERS TO RAPID INITIATION OF ART

Kiyingi M, Nankabirwa JI, Wiltshire CS, Nangendo J, Kiweewa JM, Katahoire AR, Semitala FC. Perspectives of people living with HIV on barriers to timely ART initiation following referral for antiretroviral therapy: A qualitative study at an urban HIV clinic in Kampala, Uganda. PLOS Glob Public Health. 2023 Jul 26;3(7):e0001483

	Potential Barriers	Means to overcome
Individual	• Emotional and psychological distress with the diagnosis • Immediate denial and disease acceptance • Concerns about treatment; e.g. side effects, pill size	• Individualised counselling on disease understanding and treatment effectiveness
Interpersonal	• Anticipated stigma from others e.g. family and friends	• Public health education

GAPS AND CHALLENGES

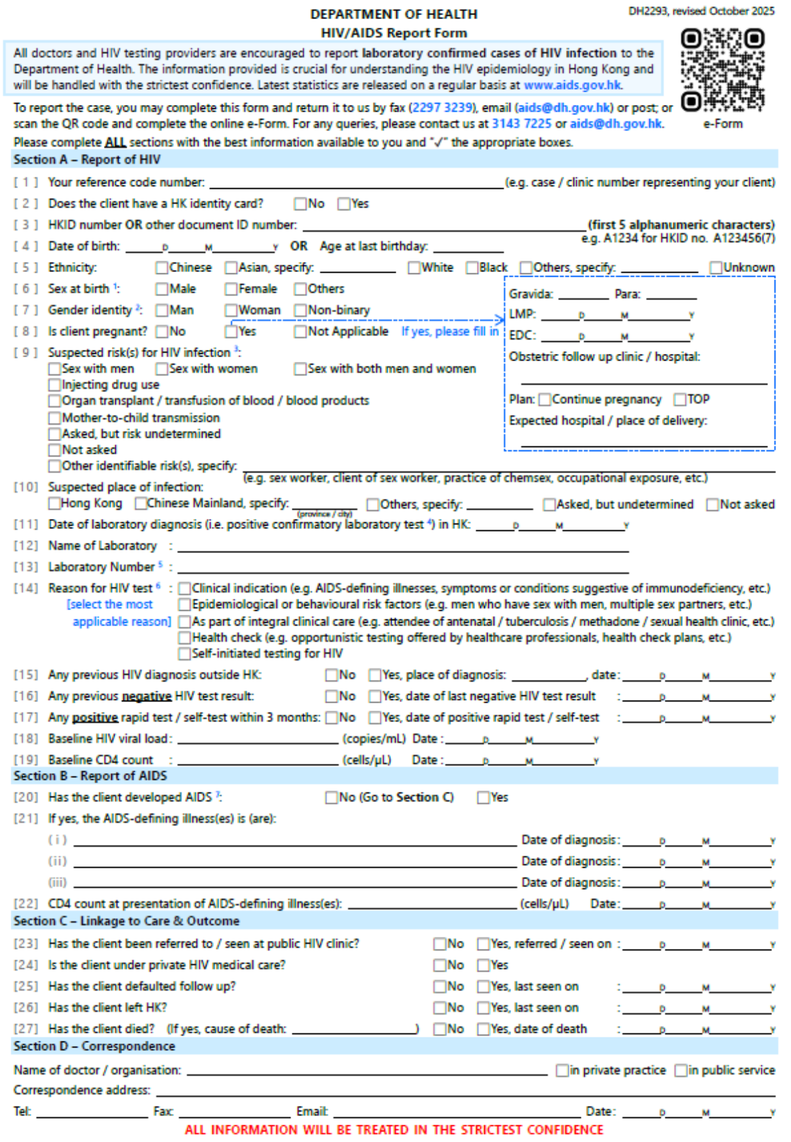
The number of newly diagnosed HIV has been decreasing consecutively for nine years, but with an increasing proportion of late presenters

Normalisation of HIV testing can reduce barrier to tests and facilitates early diagnosis

Rapid initiation of ART can further improve treatment outcome through earlier virological suppression and better linkage to care

WHAT CAN WE DO?

- Offer HIV testing as indicated
- Encourage linkage to care through disease counselling
- Support and facilitate ongoing monitoring of local HIV Epidemiology through completion of the HIV/AIDS Report Form (DH2293)
- Provide an inclusive environment of PLHIV seeking medical care under various settings



DEPARTMENT OF HEALTH
HIV/AIDS Report Form

DH2293, revised October 2025

All doctors and HIV testing providers are encouraged to report **laboratory confirmed cases of HIV infection** to the Department of Health. The information provided is crucial for understanding the HIV epidemiology in Hong Kong and will be handled with the strictest confidence. Latest statistics are released on a regular basis at www.aids.gov.hk.

To report the case, you may complete this form and return it to us by fax (2297 3239), email (aids@dh.gov.hk) or post; or scan the QR code and complete the online e-Form. For any queries, please contact us at 3143 7225 or aids@dh.gov.hk.

e-Form

Please complete **ALL** sections with the best information available to you and "√" the appropriate boxes.

Section A – Report of HIV

[1] Your reference code number: _____ (e.g. case / clinic number representing your client)

[2] Does the client have a HK identity card? ☐No ☐Yes

[3] HKID number **OR** other document ID number: _____ **(first 5 alphanumeric characters)** e.g. A1234 for HKID no. A1234567(7)

[4] Date of birth: ____D____M____Y **OR** Age at last birthday: _____

[5] Ethnicity: ☐Chinese ☐Asian, specify: _____ ☐White ☐Black ☐Others, specify: _____ ☐Unknown

[6] Sex at birth [1]: ☐Male ☐Female ☐Others

[7] Gender identity [2]: ☐Man ☐Woman ☐Non-binary

[8] Is client pregnant? ☐No ☐Yes ☐Not Applicable If yes, please fill in
Gravida: _____ Para: _____
LMP: ____D____M____Y
EDC: ____D____M____Y
Obstetric follow up clinic / hospital: _____
Plan: ☐Continue pregnancy ☐TOP
Expected hospital / place of delivery: _____

[9] Suspected risk(s) for HIV infection [3]:
☐Sex with men ☐Sex with women ☐Sex with both men and women
☐Injecting drug use
☐Organ transplant / transfusion of blood / blood products
☐Mother-to-child transmission
☐Asked, but risk undetermined
☐Not asked
☐Other identifiable risk(s), specify: _____ (e.g. sex worker, client of sex worker, practice of chemsex, occupational exposure, etc.)

[10] Suspected place of infection:
☐Hong Kong ☐Chinese Mainland, specify: _____ (province / city) ☐Others, specify: _____ ☐Asked, but undetermined ☐Not asked

[11] Date of laboratory diagnosis (i.e. positive confirmatory laboratory test [4]) in HK: ____D____M____Y

[12] Name of Laboratory : _____

[13] Laboratory Number [5] : _____

[14] Reason for HIV test [6] : [select the most applicable reason]
☐Clinical indication (e.g. AIDS-defining illnesses, symptoms or conditions suggestive of immunodeficiency, etc.)
☐Epidemiological or behavioural risk factors (e.g. men who have sex with men, multiple sex partners, etc.)
☐As part of integral clinical care (e.g. attendee of antenatal / tuberculosis / methadone / sexual health clinic, etc.)
☐Health check (e.g. opportunistic testing offered by healthcare professionals, health check plans, etc.)
☐Self-initiated testing for HIV

[15] Any previous HIV diagnosis outside HK: ☐No ☐Yes, place of diagnosis: _____, date: ____D____M____Y

[16] Any previous **negative** HIV test result: ☐No ☐Yes, date of last negative HIV test result : ____D____M____Y

[17] Any **positive** rapid test / self-test within 3 months: ☐No ☐Yes, date of positive rapid test / self-test : ____D____M____Y

[18] Baseline HIV viral load: _____ (copies/mL) Date : ____D____M____Y

[19] Baseline CD4 count : _____ (cells/μL) Date : ____D____M____Y

Section B – Report of AIDS

[20] Has the client developed AIDS [7]: ☐No (Go to **Section C**) ☐Yes

[21] If yes, the AIDS-defining illness(es) is (are):
(i) _____ Date of diagnosis: ____D____M____Y
(ii) _____ Date of diagnosis: ____D____M____Y
(iii) _____ Date of diagnosis: ____D____M____Y

[22] CD4 count at presentation of AIDS-defining illness(es): _____ (cells/μL) Date: ____D____M____Y

Section C – Linkage to Care & Outcome

[23] Has the client been referred to / seen at public HIV clinic? ☐No ☐Yes, referred / seen on : ____D____M____Y

[24] Is the client under private HIV medical care? ☐No ☐Yes

[25] Has the client defaulted follow up? ☐No ☐Yes, last seen on : ____D____M____Y

[26] Has the client left HK? ☐No ☐Yes, last seen on : ____D____M____Y

[27] Has the client died? (If yes, cause of death: _____) ☐No ☐Yes, date of death : ____D____M____Y

Section D – Correspondence

Name of doctor / organisation: _____ ☐in private practice ☐in public service

Correspondence address: _____

Tel: _____ Fax: _____ Email: _____ Date: ____D____M____Y

ALL INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE

THANK YOU