

## **Surveillance of HIV infection through unlinked anonymous screening in different populations 1997 to 2004**

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### **Introduction**

Unlinked anonymous screening has been introduced as an integral component of the HIV surveillance system in Hong Kong since 1990. It supplemented the reporting system and provided population-specific prevalence data. A report on findings for 1990-1996 had been published.

### **Method**

Blood, urine or saliva samples had been collected, following the local guideline on UAS, in the following groups: (a) drug user attending methadone clinics, (b) drug users attending inpatient drug treatment centres, (c) street drug users, (d) pregnant woman, (e) elderly, (f) correctional institutes' inmates and (g) tuberculosis patient. Specimens were collected at different settings mostly for another clinical indication. An aliquot of the specimen was sent to the Government Virus Unit for HIV testing. Enzyme linked immunosorbent assay (ELISA) and particle agglutination test were employed for HIV antibody screening. Western blotting (WB) was used for confirmation of positive result from screening.

### **Result**

From 1997 to 2004, a total of 65288 tests were performed under various UAS programmes, including 15872 blood samples, 48848 urine samples and 568 saliva samples. 148 samples were found to be HIV positive. The annual prevalence found ranged from 0% to 0.87% in different populations, similar to the previous report.

Individuals with defined HIV behavioural risk: The annual prevalence in drug users, from three sampled settings, has remained low at  $\leq 0.6\%$ .

Individuals with no additional HIV risk: The annual prevalence in women giving birth was stable at around 0.03% and the prevalence in senior citizens attending Elderly Health centre was 0.03% too.

Individuals with undefined HIV behavioural risk: The annual prevalence in newly admitted prison inmates ranged from 0.2% to 0.6%. The prevalence in patients with

tuberculosis fluctuated between 0.2% and 0.9%.

**Conclusion**

The HIV prevalence in Hong Kong is relatively low, without concentrated epidemics. UAS can be employed in various settings using different samples.

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