Health Research Symposium 2007: Building bridges between research, practice & policy

Abstract Submission Form

Please complete and return this form to the Symposium Secretariat by 30 June 2007

Fax: 2871 8898

Email: HRS@hkam.org.hk.

Address: c/o Hong Kong Academy of Medicine

10/F HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Abstract Title

(If the project is funded by the Health, Welfare and Food Bureau (i.e. HCPF, HSRF, HHSRF, RFCID), please state the project reference number and title)

Improving HIV surveillance in Hong Kong through molecular characterization with a regional perspective

Author(s)

¹WL Lim, ¹T Leung, ¹D Mak, ²GL Zhao, ³ZG Han, ⁴D Tsang, ⁵P K Ip, ⁶BJ Zheng, ²TJ Feng, ³HF Xu, ¹C Wong, ¹KH Wong

Institution and affiliation

¹Centre for Health Protection, Department of Health, ²Shenzhen Centers for Disease Control and Prevention, ³Guangzhou Centers for Disease Control and Prevention, ⁴Queen Elizabeth Hospital, ⁵Macau Department of Health, ⁶Department of Microbiology, the University of Hong Kong.

Correspondence to Dr. WL Lim, wllim@pacific.net.hk

Abstract (not more than 1 page with font Time New Roman size 12) Background

Hong Kong has remained a low HIV prevalence locality since report of the first cases in mid 1980s. However, the influence of external factors, in particular those of neighbouring Mainland China and other places with different HIV prevalence cannot be underestimated.

Method

In 2006, with funding support by the RFCID, the Centre for Health Protection, Department of Health of Hong Kong (HK) embarked on a collaborative study with Shenzhen (SZ), Guangzhou (GZ) and Macau (MC) to examine the pattern of HIV-1 subtypes in Pearl River Delta region (PRDR).

Results

A total of 482 samples from patients reported in year 2006 were successfully genotyped – 333 (HK), 105 (SZ), 21 (GZ) and 23 (MC). Overall, CRF01_AE and B subtypes were the most common subtypes found – 46.5%, 38.1% (HK); 60.9%, 15.2% (SZ) 47.6%, 4.8% (GZ); 52.5%, 30.4% (MC). These were followed by CRF07_BC (4.2, 12.4, 33.3%) and CRF08_BC (4.5, 9.5, 14.3%) in HK, SZ and GZ respectively while CRF12_BF was prevalent in MC (13.0%). CRF01_AE was more common in female, heterosexuals and injecting drug users while B was commoner in men who have sex with men. One case from MC fell under a big B subtype cluster involving 42 reported patients in Hong Kong as of 2006.

Discussion

There were commonalities as well as differences in the distribution of HIV-1 subtypes in the four cities in PRDR. Clustering of infections indicating common sources was rare across cities. Impact of human mobility on the evolution of HIV epidemic in Hong Kong has to be continually monitored.