

# News etter

Hong Kong Society for HIV Medicine  
香港愛滋病醫學會

## MESSAGE FROM PRESIDENT

**Issue 1 May 2017**

**Editor:**

Dr Wai-Shing LEUNG



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*Please send comments to:*

Dr. Wai-Shing LEUNG (*Editor*),



*E-mail:*

leungws4@ha.org.hk

### TasP is not new

TasP (Treatment as Prevention) is now a catchword in HIV medicine. In 2011, TasP was number one winner for “Breakthrough of the Year” selected by the Science magazine (<http://www.sciencemag.org/content/334/6063.cover-expansion>), following release of preliminary results from the HPTN052 study. It was concluded that effective virus suppression resulting from combination antiretroviral therapy (cART) could significantly minimize the transmission potential of HIV...the rest was history.

When the term TasP first appeared and was promoted as a new concept, I was a bit puzzled, as I thought we have been using it for decades, despite our adoption of a slightly different context. I remembered my early days with Department of Health, when one of the key HIV control strategies then was to ensure that HIV diagnosis and treatment continued to be part of the HIV/AIDS prevention programme. It was 1991, when cART wasn't born yet and viral load testing remained experimental. But my colleagues and I were all aware of the importance of HIV diagnosis and linkage to care. The “care” in those days comprised the prescription of zidovudine or its brother compound(s), plus the introduction of PCP prophylaxis, LTBI treatment...etc. Unless one presented very late, these interventions often led to improved wellbeing

(though temporarily) and reduced morbidity in the HIV positives. What's more important: the linkage to care allowed risk reduction counselling to be offered, and peer and professional support to be provided. My assessment was that those in care must have had a lower HIV transmission risk resulting from behavioural modifications, even before cART. This should have made a good research project to confirm the relationship.

Looking back, if the HIV/AIDS programme in Hong Kong had made impacts, it must have been due to the bundling of prevention (including diagnosis) and care (including cART). This in fact was one of my recommended strategies whenever I was doing consultancy work with international organisations. In the late 1990s, scientific evidences on the clinical effectiveness of cART steadily accumulated. Almost universally, the single most important demand from health authorities in developing countries was making cART available and accessible. That's quite understandable, but often beyond control of one person, one service or even one country. My usual response was that HIV care services should be started as soon as possible, as even without cART, linkage to care could lead to HIV/AIDS prevention. Even if cART was the ultimate strategy, having an effective HIV care system in place would ensure that treatment outcome is optimized when



antiretroviral compounds became accessible. In retrospect, countries with pre-existing care systems tend to do better in the cART era. Some HIV patients' lives might have been saved because the care system managed to keep them alive so that they could eventually benefit from cART.

Now that TasP is a standard strategy that needs not be debated. What next? The achievability of TasP depends on the capacity of the health system to make timely diagnosis for those HIV-infected. It is again the bundled prevention-and-care programme

that could reduce HIV transmission. Imagine a country where cART can be offered instantaneously once a diagnosis is made, but if this is not directly linked with expanded HIV testing, the number of undiagnosed patients would cumulate, cancelling off the benefits of population viral load reduction. Our future generations would rate our current programmes by the efforts we make today to identify each and every infection in time for effective therapy to exert its effects. Treatment as prevention therefore literally means treatment efforts bundled with prevention efforts.

*Prof S S Lee*

## Activities of the Society

### Inaugural meeting of the Hong Kong Society for HIV Medicine (HKSHM)

The inaugural meeting of the HKSHM, held on 3 December 2016, marked the beginning of a new professional body dedicated to HIV medicine in Hong Kong. We are very honored to have invited Prof. Eng-Kiong Yeoh, Hong Kong's first HIV physician, officiating this meeting.

In this meeting, four eminent speakers in the field of HIV medicine, including Prof. Fujie Zhang from China, Dr. Philip Lo from Taiwan, Prof. Mark Boyd from Australia and Dr. Patrick Li from Hong Kong, shared their expertise and valuable experience in the management and control of HIV infection. More than 50 participants working in different areas of HIV services have joined this memorable event.



*Display board showing the development of HIV service in Hong Kong in the inaugural meeting*



*Group photo of officiating guest, invited speakers and council members of HKSHM*



## Luncheon symposium at the 21st Annual Scientific Meeting of the Hong Kong Society for Infectious Diseases (HKSID)

In collaboration with the HKSID, HKSHM co-organized a luncheon symposium at the 21st Annual Scientific Meeting of the HKSID on 11 March 2017. Over 100 participants attended the lecture entitled "Update on HIV Management" given by Dr. Anton Pozniak from United Kingdom at the symposium. The lecture, highlighting the recent advances in HIV management, was insightful and well received.



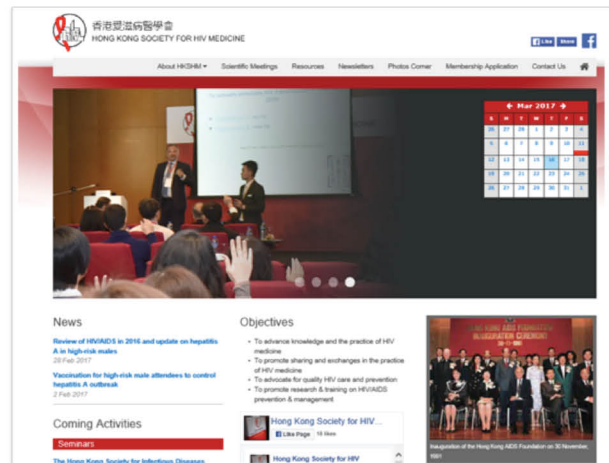
*Dr. Pozniak gave presentation at the luncheon symposium*

## Launch of our website

We are pleased to announce the launch of our website in March 2017. At the same time, we have created our Facebook page. We wish to establish these portals to foster communication with our members and build up a source of HIV related information. Please visit our website at <http://hivmed.hk/>



*Our Facebook Page*



*Website of HKSHM at <http://hivmed.hk/>*

## What's coming up in Hong Kong?

- Symposium on 'Practical Strategies for Enhancing HIV Treatment', 15 May 2017
- Asia Pacific AIDS & Co-infections conference (APACC) 2017 (HKSHM as supporting organization), 1-3 June 2017  
<http://www.virology-education.com/event/upcoming/apacc2017/>
- Symposium on 'Challenges in managing HIV patients with CNS and renal comorbidities, holistic approach from multidiscipline', 1 June 2017
- 1st Annual Scientific Meeting, Hong Kong Society for HIV Medicine, watch out for further announcements

## More HIV conferences...

- 9th IAS Conference on HIV Science, 23-26 July 2017 | Paris, France
- 16th European AIDS Conference, 25-27 October 2017 | Milan, Italy

# Action

## HKSHM responded to the Police staff associations' proposals to Hospital Authority for setting up notification mechanism on HIV status

In January 2017, as reported in the news by local media, four staff associations of the Hong Kong Police have urged the Hospital Authority (HA) to establish notification system and guidelines to protect public officers who were bound by duty to come into contact with people at risk of carrying highly fatal infection. This happened after the incident of a sexual assault case, in which police officers arrested a suspect in a public hospital without knowing that he may be an HIV carrier.

In response to the police's concern on the risk of HIV infection while carrying their duty and their proposals to HA suggesting a notification mechanism to disclose the HIV status of infected patients, HKSHM has issued a letter to HA on 20 January 2017 to reaffirm the effectiveness of the current evidence-based standard infection control practices and the fact that social contacts including arrest of individuals with HIV infection do not pose additional risk to the staff. HA then replied to the Society that they will uphold the prevailing infection control measures and safeguard to protect patient data privacy and confidentiality without stigmatizing HIV patients.

20 Jan 2017

Dr PY Leung  
Hong Kong Hospital Authority  
147B Argyle Street, Kowloon  
Hong Kong

Dear Dr Leung

### Proposals of 4 Staff Associations of the Hong Kong Police as regards HIV

On behalf of the Hong Kong Society for HIV Medicine, I wish to express our concern regarding the Hospital Authority's standpoint of 'considering' proposals of 4 staff associations of the Hong Kong Police in disclosing identity of arrested citizens with suspected HIV status, as reported in the news covered by local media on 18 January 2017.

While we appreciate the anxiety experienced by frontline police officers when handling individuals with an infection that they may not be familiar with, the proposal of disclosing the HIV status of patients violates standard infection control principles, and breaches the trusting relationship between the medical service and patients implicated. Scientific evidence cumulated in the past 3 decades did support our conclusion that HIV is NOT a highly transmissible pathogenic virus, and that social contacts, including the arrest of individuals with infection, do not pose additional risk to staff. Knowingly, virus transmission goes by specific contact routes, and that the main ones for HIV being sexual intercourse and needlesharing in injection drug users, both of which are unlikely to occur during police operations.

The demand for "balancing patients' privacy and risk of infection", as reported in the news has certainly been put in a wrong context. I am sure that the medical profession in Hong Kong is committed to protecting the safety of not just patients but also their carers. The disclosure of HIV+ patients' idea would not enhance safety of staff as no additional precautionary measures are needed. Such proposal, if endorsed, would send a wrong signal to members of the public about how HIV can and cannot be transmitted in the society.

Over the years, Hong Kong has been serving as a good example in infection control practice for professionals and the community in neighbouring cities and internationally. Our relatively low HIV prevalence in Hong Kong testifies to the effectiveness of existing policy in HIV prevention, treatment and control. Unfortunately, however, the low HIV prevalence here may have reduced the opportunity of exposure to correct HIV-related information, which could in turn predispose to misconceptions. I look forward to your reaffirmation of current infection control principles in the management of HIV infection, your clarification to the police force as regards the unacceptability of their proposed changes, and your continued efforts of strengthening HIV prevention through evidence-based practices.

Thank you for your attention.



S S Lee, MD, FRCPA, FRCP  
President  
Hong Kong Society for HIV Medicine



# Alert

## Vigilance against hepatitis A among MSM

An unusual increase in the number of hepatitis A virus (HAV) infection among HIV positive men who have sex with men (MSM) was observed by Centre for Health Protection since August 2016. There were only sporadic cases of up to two a year diagnosed in the Department of Health's Integrated Treatment Centre between 2006 and 2015, but the number of HAV infection increased to 0-3 cases every month since August last year. Molecular sequencing studies revealed that those cases recorded from September 2015 to January 2017 belonged to two genetically distinguishable groups within genotype 1A and all those HAV infections occurred in MSM. Epidemiology and laboratory investigations suggested that male person-to-person sexual transmission might have accounted for this outbreak. The recent increase in HAV infection was also observed in the other Hospital Authority HIV centres. A one-off hepatitis A vaccination programme targeting the MSM group was thus started in February 2017 in the 3 HIV centres and also the Social Hygiene Clinics in Hong Kong. Similar hepatitis A outbreaks have also been recorded in the MSM communities in overseas areas such as Taiwan and Europe in recent years. The trend of HAV infection among HIV MSM needs to be monitored after the implementation of hepatitis A vaccination programme.

### Reference:

Letter to doctors on 'Unusual increase in number of hepatitis A infection among men who have sex with men who were positive for Human Immunodeficiency Virus', Centre for Health Protection, Hong Kong. Available at [http://www.chp.gov.hk/files/pdf/letters\\_to\\_doctors\\_20170202.pdf](http://www.chp.gov.hk/files/pdf/letters_to_doctors_20170202.pdf)



# Academic corner

## Highlight of CROI 2017 on potential novel agents for HIV treatment

Wai-Shing Leung



The 24th Conference on Retroviruses and Opportunistic Infections (CROI 2017) was held in Seattle from 13-16 February 2017. Results of many late breaking studies on novel agents for treatment of HIV infection were presented in



this conference. Some of them are highlighted below.

- **Doravirine**, a next-generation non-nucleoside reverse transcriptase inhibitor (NNRTI) which is active against HIV with common NNRTI-resistance mutations including K103N, demonstrated non-inferiority to boosted darunavir in HIV viral load reduction in a phase 3 trial comparing doravirine against ritonavir-boosted darunavir for first-line therapy. The two drugs were combined with either tenofovir disoproxil fumarate (TDF)/emtricitabine (Truvada) or abacavir/lamivudine (Kivexa or Epzicom). The major advantage of doravirine over darunavir/ritonavir was its favourable effect on lipid levels. A fixed-dose co-formulation of doravirine, TDF and lamivudine, has been developed and is being evaluated in ongoing studies.
- **Bictegravir**, an investigational integrase inhibitor that can be taken once daily and does not require a booster, was demonstrated to be highly potent, well tolerated and worked as well as dolutegravir (Tivicay) in a phase 2 clinical trial comparing 75mg bictegravir and 50mg dolutegravir. Both drugs were combined with 25mg tenofovir alafenamide (TAF) and 200mg emtricitabine. The results of this phase 2 study were promising enough to proceed with phase 3 trials using a single-tablet regimen of bictegravir, TAF and emtricitabine. Optimising the formulation allowed for a lower 50mg bictegravir dose in the co-formulation and phase 3 studies are now fully enrolled.
- **Long-acting monoclonal antibodies** such as PRO 140 and ibalizumab may offer new treatment options for people with highly resistant virus and few treatment options. PRO 140 acts by blocking CCR5 co-receptor in patient infected with CCR5-

tropic HIV virus. PRO 140 administered by weekly injection maintained viral suppression for more than two years in a majority of responders. On the other hand, ibalizumab binds to the CD4 receptor on the surface of T-cells and prevents the virus from entering them. Although ibalizumab is not as potent as many other antiretrovirals, it may provide the added activity needed to suppress HIV in people with limited treatment options. Ibalizumab infusions every two weeks in combination with optimised background antiretroviral therapy (ART) demonstrated modest antiviral activity at 24 weeks.

- **Capsid inhibitor**, a novel type of antiretroviral drug that interferes with the assembly and disassembly of the HIV capsid, may become a potent drug candidate of HIV treatment. GS-CA1 is the first capsid inhibitor to enter pre-clinical studies. GS-CA1 binds to a highly conserved site at the interface of two adjacent molecules within a capsid hexamer. Researchers found that the inhibitor acts at multiple steps in the viral replication cycle, interfering with capsid assembly necessary for late-stage virion (viral particle) maturation, as well as functions that occur after entry into a host cell such as capsid disassembly and moving viral genetic material into the cell nucleus. GS-CA1 was found to be a highly potent inhibitor of HIV-1 replication in human peripheral blood mononuclear cells. It maintained full activity against viral mutants resistant to all approved antiretroviral classes. Its long half-life makes it a potential candidate for slow-release parenteral administration, or long-acting injections. The drug will be further evaluated in toxicology studies and phase 1 clinical trials in 2018.





# Application – become a member of Hong Kong Society for HIV Medicine

## Objectives of the Society

- To advance knowledge and the practice of HIV medicine
- To promote sharing and exchanges in the practice of HIV medicine
- To advocate for quality HIV care and prevention
- To disseminate research & training on HIV/AIDS prevention & management

## Membership

### Ordinary member

**Fee** : HKD200 per year or HKD2000 life membership

**Eligibility** : Medical practitioners who practices or are interested in HIV medicine

**Privilege** : entitlement to vote, to hold office and to take part in all Society functions

### Associate member

**Fee** : HKD150 per year (no life membership)

**Eligibility** : Healthcare professionals other than doctors including nurses, pharmacists, medical laboratory technologists, occupational therapists, physiotherapists, clinical psychologists, dietitians who are involved or are interested in HIV medicine

**Privilege** : entitlement to take part in all Society functions

### Affiliate member

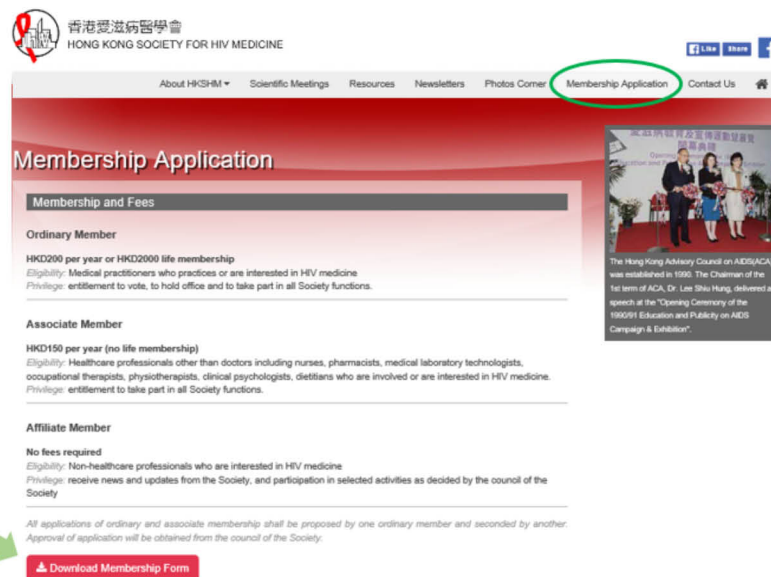
**Fee** : No fees required

**Eligibility** : Non-healthcare professionals who are interested in HIV medicine.

**Privilege** : receive news and updates from the Society, and participation in selected activities as decided by the council of the Society

## Application

If you are interested to become a member of the Society, please fill in the application form (available on our website at <http://hivmed.hk/>) and return to us with a cheque, if applicable. All applications of ordinary and associate membership shall be proposed by one ordinary member and seconded by another. Approval of applications will be obtained from the council of the Society. We are looking forward to receiving your application!





香港愛滋病醫學會

HONG KONG SOCIETY FOR HIV MEDICINE

## Membership registration form

## Personal details

Prof/Dr/Mr/Mrs/Miss/Ms Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Present appointment: \_\_\_\_\_

Institution: \_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_@\_\_\_\_\_ Phone number: \_\_\_\_\_

Relevant HIV experience or work: \_\_\_\_\_  
\_\_\_\_\_

## Membership category

Ordinary member: HKD200 per year or HKD2000 life membership ☐

Eligibility: Medical practitioners who practices or are interested in HIV medicine.

Privilege: entitlement to vote, to hold office and to take part in all Society functions.

Associate member: HKD150 per year (no life membership) ☐

Eligibility: Healthcare professionals other than doctors including nurses, pharmacists, medical laboratory technologists, occupational therapists, physiotherapists, clinical psychologists, dietitians who are involved or are interested in HIV medicine.

Privilege: entitlement to take part in all Society functions.

Affiliate member: no fees required ☐

Eligibility: Non-healthcare professionals who are interested in HIV medicine

Privilege: receive news and updates from the Society, and participation in selected activities as decided by the council of the Society

Application proposed by HKSHM member: Name \_\_\_\_\_ Signature \_\_\_\_\_

Application seconded by HKSHM member: Name \_\_\_\_\_ Signature \_\_\_\_\_

## Comments and suggestions

What do you expect from the Society (e.g. benefits, meetings, courses, education fund)?

Any other comments or suggestions for us to work on?

Date: \_\_\_\_\_

Please email the completed form to Dr Wilson Lam, Hon, Secretary, HKSHM at lwzz04@ha.org.hk

**Data protection:** Personal data provided by you will be used by the Hong Kong Society for HIV Medicine (HKSHM) only for the purposes of handling your application and activities related to HKSHM. Personal data in the application form, or copies of which, will be disclosed or transferred to parties relevant and necessary for the purposes as stated above only.

