

News etter

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

MESSAGE FROM PRESIDENT

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It is my great pleasure and honor to serve as the President of the Hong Kong Society for HIV Medicine (HKSHM) for the term 2018-2020. Firstly, I would like to express my heartfelt thanks to our immediate past President Professor SS Lee for his great leadership, and the last council for making valuable contributions to the success of HKSHM in the past 2 years.

I would also like express my gratitude to the new council and subcommittees. Three subcommittees are newly formed including Education and Scientific Subcommittee, Newsletter and Website Subcommittee, and Nurse and Allied Health Professionals Subcommittee. I'm so glad to receive tremendous support from our committed and enthusiastic members. Term of reference of each subcommittee and reporting back procedures are laid down too.

I am also proud to announce that HKSHM has joined with over 800 leading organizations worldwide for signing up to support for undetectable equals un-transmittable (U=U). U=U consensus statement was launched by the Prevention Access Campaign in 2016. Clinical evidence confirmed that once sustained undetectable viral load has been achieved, the person living with HIV has no or zero risk of sexual transmission of the virus to other people. This is a very effective HIV prevention strategy and an important component of the comprehensive HIV prevention package. In supporting U=U can improve engagement to care and

antiretroviral drug adherence among people living with HIV. U=U is also a powerful message that can be used to dismantle stigma. Our society will continue our effort to convey and promote the message to the public and health care professionals.

In the past 2 years, our society has organized numerous successful educational activities including scientific meetings, symposia and workshops, which were well attended by members, health care professionals and staffs of non-governmental organizations. In the coming year, we will continue to organize educational and training activities to bring updated knowledge and latest insight in the management of HIV/AIDS and related problems, through sharing from overseas and local experts. Besides, our society will also support staff training from other medical fields and disciplines that have important roles in the HIV prevention and care continuum, such as primary care physicians, colleagues in emergency department, and elderly home staffs, etc.

Last but not least, we are determined to continue our best endeavor to advance knowledge and the practice of HIV medicine in Hong Kong. With your participation and unfailing supports, we look forward to achieving another successful and rewarding year.

Thank you very much!

Dr. M P Lee
President, HKSHM



Action

Since early 2000, there are growing evidence to show that people infected with HIV who are virally suppressed cannot sexually transmit the virus to others and this concept is now widely accepted in the HIV/AIDS community. In early 2016, the Undetectable = Untransmissible (U = U) slogan was launched by the Prevention Access Campaign to promote this finding. The campaign has been endorsed by more than 857 organizations from 97 countries since its launch. HKSHM also joined the movement as one of the community partner in 2018 to support the message of U=U as a major step in the fight against HIV.

Several large studies of sexual HIV transmission in thousands of serodiscordant couples including thousands of acts of sex done between 2009 and 2016 have demonstrated effectively no risk of sexually transmitting the virus to others as long as they are on effective antiretroviral treatment (ART). The HPTN 052 trial studied 1763 serodiscordant couples (both homosexual and heterosexual) from nine different countries and randomly assigned HIV-positive participants to either early or delayed ART. Over the entire course of the study, 78 infections were observed. Of these infections, viral phylogenetic linkage was determined in 72 (92%), with 6 analytic failures (the viral load was too low for amplification or amplification failed). 46 were linked to the HIV-positive partner, eight of which occurred after the partner commenced antiretroviral therapy. Among these eight cases,

four occurred before viral suppression and the other four occurred when ART failed to achieve viral suppression. In other words, not one virally suppressed HIV-positive patient transmitted their infection to their partner during the entire study.

Similar results were observed in the PARTNER study, which was an observational study of 1166 HIV-serodiscordant couples (both homosexual and heterosexual) from 14 countries across Europe with more than 58 000 instances of unprotected sex reported. Although 11 HIV-negative partners became HIV positive,

none of these transmissions were linked. In PARTNER 2, which was the extension of PARTNER study, studied men who have sex with men and it showed that

there were zero transmissions out of 77,000 condomless sex acts between people with HIV on ART with undetectable viral loads and their HIV negative partners. Similarly, the Opposites Attract study followed up 358 homosexual men with HIV from three different countries with about 17,000 condomless sex acts. Three new cases of HIV infection were observed but again none of these infections were linked.

The idea of U=U, which is an absolute game-changer, should be disseminated by medical providers to improve the lives of people living with HIV and to dismantle HIV stigma. It has far-reaching public health implications for engagement across each stage of the treatment cascade and for expanded access to treatment and care.



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Activities of the Society

2nd HKSHM Annual Scientific Meeting “Towards prevention and cure” cum Pre-exposure prophylaxis (PrEP) workshop (December 2018)

The 2nd HKSHM Annual Scientific Meeting (ASM) cum PrEP workshop was held successfully on 8 December 2018. In the morning PrEP workshop, Prof. Grace Lui introduced the pilot PrEP studies in Hong Kong.

Prof. Johnson Wang and Mr. Jason Lau then discussed the current situations of PrEP tourism in Hong Kong and the needs for local supporting services. Dr. Stephane Wen-Wei Ku from Taiwan and Mr. Prin Visavakum from Thailand also shared their experience on PrEP implementation. In the round table discussion, all the speakers shared their views on the opportunities and challenges of PrEP implementation in Hong Kong.



Mr. Jason Lau



Prof. Johnson Wang



Dr. Wen-Wei Ku



Mr. Prin Visavakum



Speakers of the workshop discussed the opportunities and challenges of PrEP implementation in Hong Kong in the round table discussion

The theme of the ASM in 2018 was “Towards prevention and cure”. Prof. Zhiwei Chen shared his research results on functional cure of HIV-1 infection. Dr. Montinee Vasantiuppapokakorn from Thailand and Prof. Chloe Orkin from United Kingdom then delivered lectures on PrEP policy in Thailand and the use of dual therapy for HIV infection respectively. The meeting ended with Dr. Daisy Wing-San Mak’s talk on HIV Infection and Malignancies.

Prof. Chloe Orkin



Prof. Zhiwei Chen



Dr. Daisy Wing-San Mak



Dr. Montinee Vasantiuppapokakorn



Speakers of the PrEP workshop and ASM, and Council members of the Society



AGM of the Society chaired by Prof. S S Lee

The Annual General Meeting (AGM) of the Society was held after the ASM. Dr. Man-Po Lee was elected as President of the Society for the term 2018-2020 in succession to Prof. Shui-Shan Lee. Dr. Kenny Chi-Wai Chan was elected as Vice President while Dr. Wilson Lam elected as Honorary Secretary and Dr. Bonnie Chun-Kwan Wong as Honorary Treasurer. The Society paid tribute to the immensely valuable contribution made by Dr. Susan Shui-Seng Chiu and Dr. Patrick Chung-Ki Li who were leaving the council at the AGM. At the same time, the Society is delighted to welcome four new members joining the council, Dr. Man-Chun Chan, Dr. Tsz-Shan Kwong, Dr. Heather Ki-Wai To and Dr. Yat-Sun Yau.

HIV meeting and symposium

Queen Elizabeth Hospital/ Centre for Health Protection Joint Clinical Meeting on HIV management (April 2019)

Dr. Tsz-Shan Kwong

The joint clinical meetings are held regularly in Queen Elizabeth Hospital and the last meeting on “Updates on Cervical Cancer Prevention and Screening” took place on 26 April 2019. Consultant Gynaecologist Dr. Wai-Hon Li from Queen Elizabeth Hospital gave an update on the screening strategies available for HIV-infected women, which include either pap smear (cytology) alone or pap smear with HPV co-testing, and unlike the general population, there is insufficient data to recommend HPV stand-alone testing in HIV-infected women. Dr. Li also highlighted the potential use of HPV vaccination to prevent HPV-related cervical diseases in this group of patients. In the same

meeting, Dr. Tsz-Shan Kwong from HIV Clinical Service, Queen Elizabeth Hospital presented data on the outcome of the Cervical Screening Program, initiated since June 2010 in the clinic, where nursing staffs who performed the Pap smear had attended training course and obtained the certificate of competency. Two hundred eighty-seven women were ever screened in the program, with 88 (30.7%) of them showing abnormal cytology result that required further investigation with colposcopy. In the end, 9 out of 88 (10.2%) were diagnosed to have high grade cervical intra-epithelial neoplasia (CIN, precancerous lesion) with treatment given subsequently, 24 (27.3%) were diagnosed to have low grade CIN, while none was diagnosed to have cervical carcinoma, indicating the effectiveness of the screening program in preventing cervical cancer in women patients.



Symposium on “Real World Evidence to enlighten the evolution of ART” (May 2019)

On 9th May 2019, at the symposium organized by HKSHM, Dr. Hung-Chin Tsai from Kaohsiung Veterans General Hospital presented the latest evidence on the use of two-drug regimens for HIV treatment.

Dr. Tsai shared his insightful thoughts on using dual antiretroviral therapy for HIV infection

HIV training workshop (May and June 2019)

HKSHM has co-organized a HIV/STI Primary Care Workshop with the Hong Kong College of Family Physicians, with the objectives to build network of primary care physicians in the delivery of HIV prevention, to support the integration of HIV and STI preventions in primary care practice and to dispel public misconceptions about HIV prophylaxis. The workshop held on four Saturdays in May and June 2019 covers topics on ‘HIV/STI diagnosis’, ‘Meeting the Needs of People at Risk’, ‘Clinical Management of HIV/STI in Primary Care’ and ‘PrEP and PEP – Who and How’. Each session comprises a presentation given by one/two local HIV/STI physician(s) or experienced practitioners followed by discussions to overcome challenges in practice.



Other upcoming HIV conferences ...

- **Asia Pacific HIV Clinic Forum 2019 on Integrase Inhibitors**, 26-27 June 2019 | Hong Kong SAR, China
- **4th Asia Pacific AIDS & Co-infections Conference (APACC) 2019**, 27-29 June 2019 | Hong Kong SAR, China
- **10th IAS Conference on HIV Science (IAS 2019)**, 21-24 July 2019 | Mexico City, Mexico
- **17th European AIDS Conference**, 6-9 November 2019 | Basel, Switzerland
- **3rd Annual Scientific Meeting, Hong Kong Society for HIV Medicine**, 7 December 2019 | Hong Kong SAR, China

Alliance

To provide comprehensive and holistic care for people living with HIV (PLHIV), health care professionals from different areas have to work together to formulate personalized management plan to meet the needs of individual patient. This session serves to explore the role of different health care professionals in the management of PLHIV.

The New Paradigm of HIV Nursing

Ms Shan Chan, HIV nurse

Nurse clinic is a structured healthcare service run by nurses who possess the clinical competence and ability to make patient care decisions, provide advance nursing therapeutics with counselling, and make appropriate referrals. Clinical Coordinating Committee in Nursing COC(N) of Hospital Authority (HA) has aligned the objectives of nurse clinics and developed an operational guideline for nurse clinics of different specialties since October 2000. HIV Nurse Clinic is one of the HA Nurse Clinics. HIV nurses work closely with multidisciplinary team and community partnership to provide physical and psychosocial care for PLHIV.

Center for Disease Control (CDC) and Health Resources and Services Administration (HRSA), first announced the publication of Recommendations for Case Management Collaboration and Coordination in Federally Funded HIV/AIDS Programs in 2008. Case Management Society of America (CMSA) offer

Standards of Practice for Case Management, 2016 revision, which provides practice guidelines.

The implementation of case management system was first initiated in January 2012 in HIV clinic of Queen Elizabeth Hospital. In view of longer life expectancy and increased co-morbidities of PLHIV, HIV nurses implement case management services with an emphasis on providing quality care and wellness promotion. Case management system in HIV clinic can be illustrated by using CCCFP model (Figure 1). Collaboration and coordination are essential components of case management system. The case manager is the facilitator of the process. Nurse, being a case manager, is uniquely positioned to assess patients' and family's health needs, to implement a comprehensive individualized care plan, to coordinate of available resources, to monitor the efficacy of the care plan, to evaluate and modify the care plan as necessary

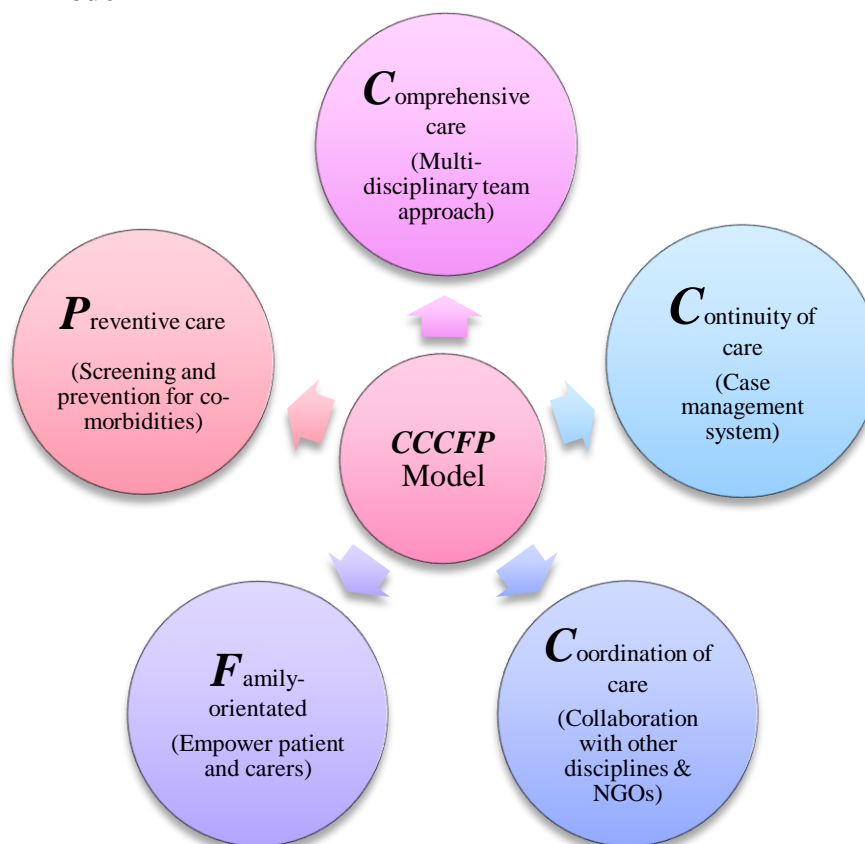


The prognosis of PLHIV has improved dramatically over the past 20 years, but rates of co-morbidities as well as geriatric syndromes increase significantly. The implementation of

case management system and integrated care in HIV clinic will be essential to the wellbeing of PLHIV.

“Case Management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual’s and family’s comprehensive health needs through communication and available resources to promote patient safety, quality of care, and cost effective outcomes.” (CMSA, 2016, p11)

Fig 1. CCCFP Model

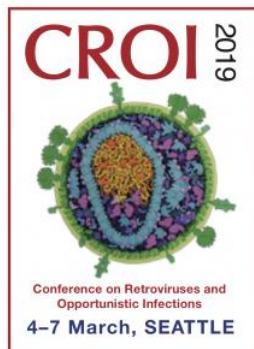


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Academic corner

Highlights from CROI 2019



Dr. Man-Chun CHAN

The Conference on Retroviruses and Opportunistic Infections (CROI) was held from 4 to 7 March 2019, at the Washington State Convention Centre in Seattle, Washington. This is an annual conference organized by

IAS-USA, with an aim to provide platforms for basic science, translational and clinical researchers to share latest HIV studies and development. New updates on clinical studies were revealed.

- **Pre-Exposure Prophylaxis (PrEP)**

Emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) prevents HIV infection when used daily. The DISCOVER is a randomised, double blind phase III trial to compare the use of tenofovir alafenamide fumarate (TAF) versus TDF as PrEP. 5387 adults were treated and 90% of participants completed more than 48 weeks on study. Across both arms, there were 21 HIV diagnoses with an infection rate of 0.26/100 person years, which is a significant lower rate compared to those who are not on PrEP. Both drugs were well tolerated and had low discontinuation rates. FTC/TAF had a significantly better bone and renal outcomes.

- **HIV-1 remission - the second patient**

During the conference, a case of sustained HIV-1 remission following homozygous CCR5 Delta32 allogenic HSCT was presented by Professor Ravindra Gupta. An HIV-infected male diagnosed with Hodgkin's Lymphoma in UK, underwent allogenic HSCT using a

homozygous CCR5d32 donor. Antiretroviral therapy was stopped 17 months post-HSCT and plasma HIV VL remained undetectable at 33 months. Absence of viral rebound was observed for 16 months and this is the longest adult HIV remission observed since the first patient in Berlin.

- **Long-acting injectable ART**

The ALTAS trial revealed non-inferiority from long-acting cabotegravir (CAB) and rilpivirine (RPV) to oral ART at 48 weeks. This is a phase 3, open-label study, designed to establish the efficacy of ART switching to monthly long-acting CAB and RPV in adults with virologically suppressed HIV-1 infection. The long-acting regimen was generally well tolerated and virologic failure was infrequent in both arms.

- **ART in late pregnancy**

Data showed that integrase inhibitors gave greater change of viral suppression at delivery in pregnant women. The Dolphin-2 study revealed that dolutegravir (DTG) was more effective in achieving virological suppression compared to efavirenz (EFV) when initiated in late pregnancy. NICHD P1081 study also showed that viral load reduction with raltegravir was faster in pregnant women, when compared with EFV-based ART. Both studies supported the use of integrase inhibitors, especially for women starting ART late in gestation

Application for membership of HKSHM

Membership registration form can be downloaded from the HKSHM website : <http://hivmed.hk/membership.php>. Please visit our website for more information.

