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Communicable Diseases Watch



Review of Acute Hepatitis C Infection in Hong Kong

Review of Shiga toxin-producing *E. coli* infection in Hong Kong (2016–2025)

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Feature in focus



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Review of Acute Hepatitis C Infection in Hong Kong

Reported by Ms WONG On-kei, Anna, Scientific Officer, Vaccine Preventable Disease Section, Dr Cynthis LAM, Senior Medical and Health Officer, Epidemiology Division, Communicable Disease Branch, CHP

Key Points

- As of October 31, 2026, the Centre for Health Protection (CHP) has recorded 33 confirmed cases of acute hepatitis C virus (HCV) infection in 2026.
- Most cases were reported by public human immunodeficiency virus (HIV) clinics and occurred among men who have sex with men (MSM), people living with HIV (PLHIV), or both.
- Epidemiological investigation did not identify any common healthcare-associated exposure or any direct linkage in sexual exposure among the cases.
- Genotype analysis of the acute HCV cases suggests that the predominant genotype has shifted from genotype 3 to genotype 1a in the past few years.

Overview

Hepatitis C is a viral infection of the liver that can cause both acute and chronic illness and can be life-threatening. Approximately 30% of infected individuals spontaneously clear the virus within six months without treatment, while the remaining 70% develop chronic infection. Among those with chronic hepatitis C infection, the risk of cirrhosis ranges from 15% to 30% within 20 years[1].

HCV is a blood-borne virus. In Hong Kong, the predominate route of transmission among notified acute HCV cases in recent years is through unsafe sexual practices, especially sexual practices that lead to exposure to blood. Globally, other common routes of transmission include contact with infected blood, such as via unsafe healthcare injections and procedures, unscreened blood transfusions, or sharing of needles and syringes among people who inject drugs. The risk of sexual transmission is higher among MSM, PLHIV and those who have pre-existing sexually transmitted infection. HCV can also be transmitted from an infected mother to her baby during labour.

Acute HCV infections are often asymptomatic. Patients with symptoms usually present with fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine and jaundice.

While there is no vaccine currently available for hepatitis C, direct-acting antiviral (DAA) medications can cure over 95% of chronic infections. Early detection and treatment can prevent serious liver damage and liver cancer, thereby improving long-term health outcomes.

Global Epidemiology

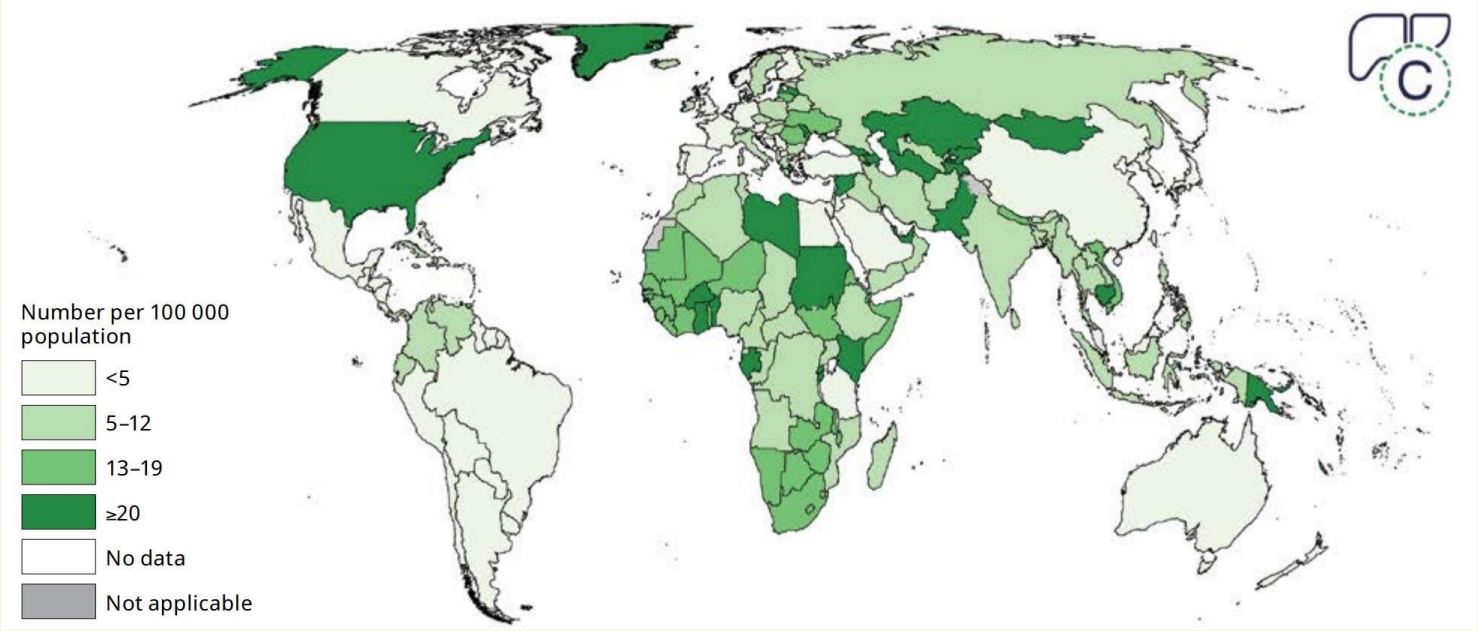


Figure 1 – HCV incidence rates (new infections per 100 000 population) at country level, 2024.

Source: WHO Global Hepatitis Report 2026. Available at: https://www.who.int/publications/i/item/9789240122383

According to the World Health Organization (WHO) Global Hepatitis Report 2026, an estimated 47 million people worldwide were living with chronic HCV infection in 2024, representing approximately 0.6% of the global population[2]. Other key findings are as follows:

- **New Infections:** An estimated 0.9 million new HCV infections occurred globally in 2024, an 8.1% reduction compared with 2015. The estimated HCV incidence varied widely across countries, ranging from 0.1 to 121 new infections per 100,000 population per year. High incidence rates were observed in at least one country in each of the six WHO regions (Figure 1).
- **Mortality:** HCV-attributable mortality continued to decline, with approximately 240,000 deaths due to HCV-related cirrhosis and liver cancer estimated in 2024, a 12% decrease from 2015.
- **Treatment Coverage:** Between 2015 and 2024, a cumulative total of 13 million people received antiviral treatment, accounting for only about 20% of the 68 million people estimated to have chronic HCV infection during that timeframe.

Local Situation

Viral hepatitis, including acute HCV infection, is a statutory notifiable disease in Hong Kong. From 2018 to October 2026, the CHP recorded 206 confirmed cases of acute HCV infection, an average of around 23 cases per year. The annual number of reported HCV cases has fluctuated over the years. It decreased rapidly from 35 cases in 2020 to eight in 2023 and has rebounded since then. There were 19 cases in 2024 and 25 cases in 2025, and as of October 31, 2026, 33 cases have been recorded this year (Figure 2).

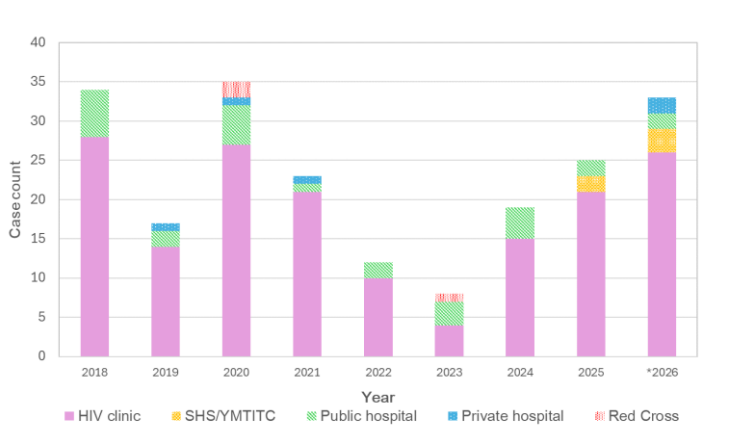


*Figure 2 – Notification source of acute HCV cases from 2018 to 2026, *as of October 31.*

The vast majority of reported cases affected men (95%), with a male-to-female ratio of 15:1. Their ages ranged from 3 months to 86 years, with a median age of 38 years. The majority (85%) were aged 18 to 50 years. Epidemiological investigations revealed that 82% of cases occurred among men self-identified as MSM, and 95% of these MSM were also PLHIV (Figure 3).

From 2021 to 2023, the number of cases among MSM declined, with only four cases reported in 2023. It then rebounded sharply to 14 cases in 2024 and 22 in 2025. In the first ten months of 2026, the 29 cases reported among MSM have already exceeded the previous full-year peak of 28 cases, recorded in 2018 and 2020. In contrast, cases among non-MSM males remained low (three to five cases annually from 2024 to 2026), and no cases among females have been notified since 2024 (Figure 4). This suggests that the resurgence of acute HCV infection in the past few years is likely due to sexual transmission among MSM.

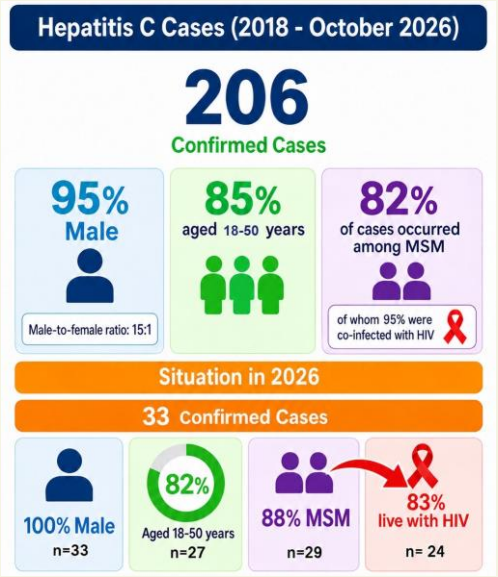


Figure 3 – Local situation of acute hepatitis C infection from 2018 to October 2026.

All 33 cases recorded so far in 2026 were male. The majority (82%) were young to middle-aged men aged 18–50 years. Twenty-nine cases (88%) reported that they were MSM, and most of them (83%) were PLHIV (Figure 3). Epidemiological investigations did not reveal any common sources of infection or institutional outbreaks.

A breakdown by notification source shows that the vast majority of cases (80%) reported during 2020 – October 2026 were detected by public HIV clinics, which run a regular HCV screening programme for patients living with HIV all along. The increase in cases in recent years was mainly attributable to cases reported by these clinics Except in 2023, when the number of reported cases dropped markedly, the annual number of cases reported by public HIV clinics ranged from 10 to 28 cases, with a median of 21 cases per year. From 2023 to 2025, notifications from public HIV clinics rose from four cases to 21 cases, approaching the level recorded before the COVID-19 pandemic.

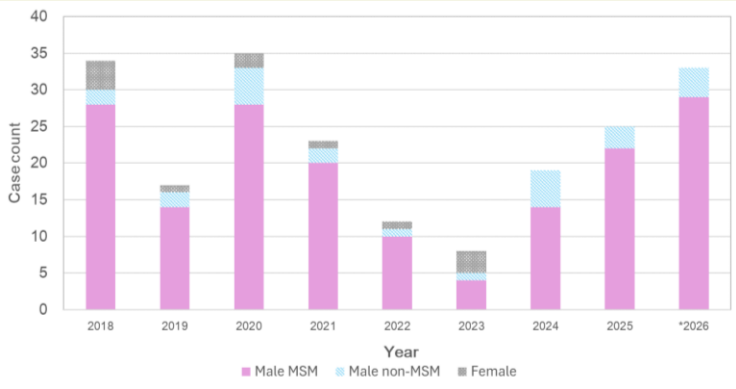


*Figure 4 – Number of acute HCV cases by sex and MSM status from 2018 to 2026, *as of October 31.*

This upward trend has continued into 2026, with 26 cases already reported by public HIV clinics as of October 31, 2026 (Figure 2). In contrast, notifications from other sources have remained consistently low over the years, ranging from two to eight cases annually, with a median of four cases per year.

According to figures from the Hospital Authority and the Kowloon Bay Integrated Treatment Centre, the number of HIV-infected MSM patients being followed up in public HIV clinics has been increasing steadily in the past few years. This may partially account for the increase in absolute number of acute HCV cases detected via active screening of these PLHIV. On the other hand, there is a real increase in incidence rate of acute HCV infection among MSM who were PLHIV under follow-up and HCV regular screening in public HIV clinics in the past few years, alongside the growing number of this specific group of patients. The annual incidence declined steeply from 0.59% (i.e. cases per 100 followed up PLHIV who were MSM) in 2020 to a low of 0.08% in 2023, and then rose markedly to 0.29% in 2024 and 0.38% in 2025. Up to July 31, 2026, the rate has reached 0.38%. This is a major driver for the increase in number of cases detected, indirectly indicating a rebound of high-risk sexual behaviour among PLHIV who were MSM after 2023.

Genotype analysis of the notified HCV cases shows that the predominant genotype has shifted in the past few years (Figure 5). Genotype 3 was the most common genotype from 2018 to 2021, with a peak of 18 cases in 2020. The number of acute HCV cases has declined markedly in 2022 and 2023. Since 2023, genotype 1a has become increasingly prominent, rising from three cases in 2023 to nine in 2024 and 15 in 2025. Although six different genotypes were identified among the cases notified so far in 2026, genotype 1a remains the most common, accounting for nine cases.

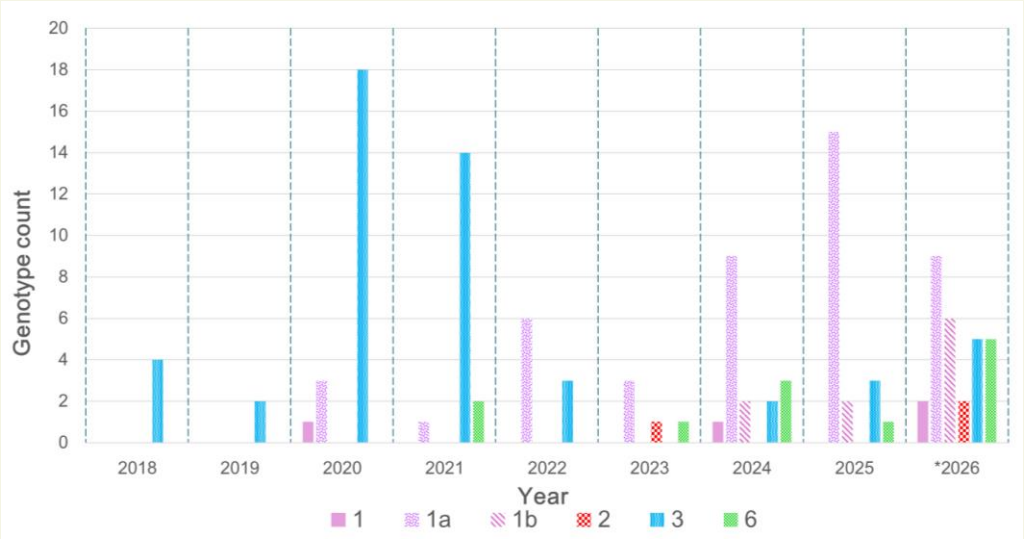


*Figure 5 – Genotype of acute HCV cases from 2018 to 2026, *as of October 31.*

Further genetic sequencing of these eight genotype 1a cases revealed that six cases were closely related. All six cases were MSM and five of them were PLHIV. Three cases had documented previous episodes of HCV infection which was treated, showing this latest episode might be reinfection. Four had concomitant rectal gonococcal or chlamydial infection around the time of HCV diagnosis. Epidemiological investigation revealed no apparent linkage in their sexual exposure. However, the close genetic relatedness suggests that these cases might possibly belong to the same transmission network.

These findings should be interpreted with caution. Acute HCV infection is often asymptomatic, and public HIV clinics screen their patients for HCV regularly. Infections among people living with HIV are therefore more likely to be detected and notified than infections in other groups.

Conclusion

Epidemiological evidence available so far suggests that the rebound in acute hepatitis C cases in Hong Kong since 2023 is likely driven by an increasing HCV incidence among MSM attending public HIV clinics, together with a growing number of PLHIV under HCV screening. This indicates ongoing sexual transmission among them and potentially the wider MSM community.

Although HIV infection can be treated effectively with highly active antiretroviral therapy (HAART), and PLHIV who maintain an undetectable viral load do not transmit HIV through sex, HAART does not prevent HCV infection or other sexually transmissible infections (such as syphilis, gonorrhea, hepatitis A, mpox, etc.). PLHIV are therefore strongly advised to continue to use condoms consistently, even when their HIV viral load is undetectable, to protect themselves and their partners from these infections. Similarly, pre-exposure prophylaxis (PrEP) protects against HIV only but not other sexually transmissible infections, hence people taking PrEP should use condoms consistently.

Alongside these individual preventive measures, the increasing trend of hepatitis C cases underscores the need for targeted interventions among high-risk groups, increased frequency of routine serological screening, and early DAA treatment. The CHP will continue to monitor the situation closely.



Prevention of HCV Infection



Although no vaccine against HCV infection is currently available, direct-acting antiviral (DAA) medications can cure over 95% of infections. Hence, early detection and treatment are crucial, as they can prevent serious liver damage and improve long-term health outcomes. The following measures should be taken to prevent hepatitis C infection[3]:



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Feature in focus



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Review of Shiga toxin-producing *E. coli* infection in Hong Kong (2016–2025)

Reported by Dr LUI Siu-yee, Shirley, Medical and Health Officer, Enteric and Vector-borne Disease Section, Communicable Disease Branch, CHP

Key Points

- Hong Kong recorded 37 cases of Shiga toxin-producing *E. coli* infection from 2016 to 2025, with a very low incidence of 0.01–0.08 per 100 000 population and no identified clusters.
- Young children were disproportionately affected with nearly half of the reported cases aged under five years, consistent with higher paediatric burden and haemolytic uraemic syndrome (HUS) risk seen internationally.
- Most patients presented with diarrhoea (including bloody diarrhoea in about a quarter) and three-quarters required hospitalisation, but only one HUS case occurred and there were no deaths.
- O157 was the most common identified serogroup, though nearly half of isolates were non-typeable and non-O157 types are rising globally with improved diagnostics.

Background

Escherichia coli (E. coli) is a bacterium commonly found in the gut of humans and warm-blooded animals. While most strains of *E. coli* are harmless, certain strains, such as Shiga toxin-producing *E. coli* (STEC), can produce potent toxins and cause severe foodborne disease. *E. coli* O157:H7 is the most important STEC serotype of public health concern, although non-O157 serotypes have also frequently been implicated in sporadic cases and outbreaks worldwide. Cattle are the primary reservoir of STEC while other ruminants (e.g. sheep, goats and deer) are considered significant reservoirs. Transmission of STEC to humans occurs primarily through consumption of contaminated food or water, direct contact with animals or their environment, or person-to-person spread via the faecal-oral route[1].

The incubation period is usually three to four days, ranging up to 14 days. Clinical manifestations range from abdominal cramps and watery diarrhoea to bloody diarrhoea, while fever and vomiting may also occur. Young children and the elderly may develop life-threatening complications such as haemolytic uraemic syndrome (HUS), characterised by acute renal failure, haemolytic anaemia and thrombocytopenia. Management is mainly supportive, and antibiotics are not recommended as they may increase the risk of HUS.

Global epidemiology

International surveillance indicates an increasingly recognised burden of STEC infection and a changing serogroup distribution, with non-O157 STEC accounting for a growing proportion of reported infections. In England, a shift in the burden of disease from STEC O157 to non-O157 STEC cases has been observed in recent years. While the notifications of STEC O157 in 2025 have returned to pre-pandemic levels, notifications of STEC non-O157 have increased nearly 3-fold (184.4%) from 2019 to 2025, resulting in an overall increase in STEC notification[2]. In Canada, the overall incidence rate of STEC notification increased from 1.83 per 100 000 population in 2020 to 3.67 per 100 000 population in 2024[3]. According to Canada's National Enteric Surveillance Program Annual Summary 2024, the incidence rate of reported non-O157 STEC isolates reached a record high of 1.94 cases per 100 000 population in 2024, marking the eighth consecutive year in which non-O157 isolates exceeded O157 isolates[4]. In New Zealand, the STEC notification has rebounded to pre-pandemic levels, reaching 22.4 per 100 000 population in 2025[5]. Non-O157 STEC also predominated among isolates typed in 2025, accounting for 581 (78.4%) of 741 isolates[6]. The increased recognition of non-O157 STEC infection may partly reflect wider use of molecular diagnostic methods in these countries.

Young children experienced a disproportionate burden of STEC infection and its severe complications in several jurisdictions. In the European Union/European Economic Area in 2023, children aged under five years had the highest notification rates, reaching about 13 cases per 100 000 population, compared with 3.2 per 100,000 population overall. They also accounted for 60% of the 522 reported HUS cases in 2023[7]. Similarly, in England in 2025, children aged one to four years had the highest incidence of O157 STEC infection while children under one year showed the highest incidence of non-O157 STEC infection, at 3.60 and 12.55 per 100 000 population respectively[2]. In Japan, where STEC infection is reported under the term enterohaemorrhagic *E. coli* (EHEC) infection, the proportions of symptomatic cases developing HUS were highest among children aged under five years (7.4%) and those aged five to nine years (6.3%) in 2025[8]. These observations demonstrate both a higher incidence of reported infection and an increased risk of severe outcomes among young children.

Local epidemiology from 2016 to 2025

In Hong Kong, *E. coli* O157:H7 infection became statutorily notifiable on July 14, 2008 under the Prevention and Control of Disease Ordinance (Cap. 599), and statutory notification was expanded to cover all STEC infections on June 10, 2011. The Centre for Health Protection (CHP) of the Department of Health (DH) recorded 37 cases of STEC from 2016 to 2025. The annual number of cases ranged from one to six with six cases recorded in 2016 and 2023 (Figure 1). Twenty-five cases (67.6%) were locally acquired and 12 (32.4%) were imported. The imported cases had travelled to the Chinese Mainland (3), Indonesia (2),

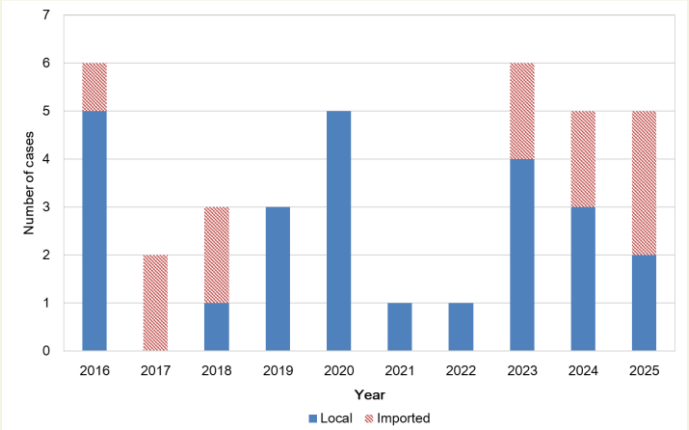


Figure 1 – Annual number of confirmed STEC cases by notification year and importation status, Hong Kong, 2016–2025 (n = 37).

India (1), Japan (1), Malaysia (1), Nepal (1), Taiwan (1), Thailand (1) and the United States of America (1) during the incubation period. No imported cases were recorded from 2019 to 2022. All cases were sporadic with no epidemiological linkage identified.

The cases comprised 21 males and 16 females, giving a male-to-female ratio of 1.3:1. Their ages ranged from 16 days to 65 years, with a median of five years. Children aged under 18 years accounted for 24 cases (64.9%), including 17 cases (45.9%) aged under five years, showing that recorded cases were concentrated among young children. Among the 37 recorded cases, one child and two adults had significant underlying medical illness.

Cases occurred throughout the year, with no distinct seasonal pattern (Figure 2). Monthly case numbers ranged from zero to five. The small number of cases precluded firm conclusions about seasonality.

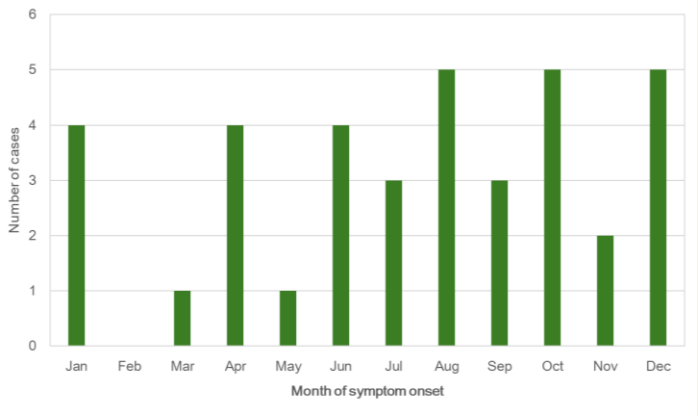


Figure 2 – Distribution by month of symptom onset among confirmed STEC cases notified in Hong Kong from 2016 to 2025 (n = 37).

Most patients clinically presented with diarrhoea (34 cases, 91.9%) including nine (24.3%) presenting with bloody diarrhoea. Fever, abdominal pain and vomiting were reported in 20 (54.1%), 19 (51.4%) and 14 (37.8%) cases, respectively. Twenty-seven patients (73%) required hospitalisation. Excluding one patient who had a prolonged hospital stay due to an unrelated acute neurological condition to STEC infection, the duration of stay among the remaining 26 hospitalised patients ranged from one to 15 days (median: two days). One previously healthy five-year-old child infected with STEC O157:H7 developed HUS and recovered after a 15-day hospital stay. No deaths were recorded in the past decade (Figure 3).

A definitive source of infection could not be ascertained for all the recorded cases. Reported high-risk food exposures during the incubation period included fresh fruit juice (4), raw vegetables (2), minced beef congee (1), ground beef (1) and ice cream (1). Other reported exposures included animal contact at a local petting farm (1), feeding wild monkeys (1) and river rafting (1).

Among the 37 cases, the most frequently detected O-serogroup was O157 (12 cases, 32.4%). Seven cases (18.9%) were caused by non-O157 serogroups including O26 (2), O18 (1), O25 (1), O55 (1), O124 (1) and O128 (1). The remaining 18 cases (48.6%) were non-typeable.

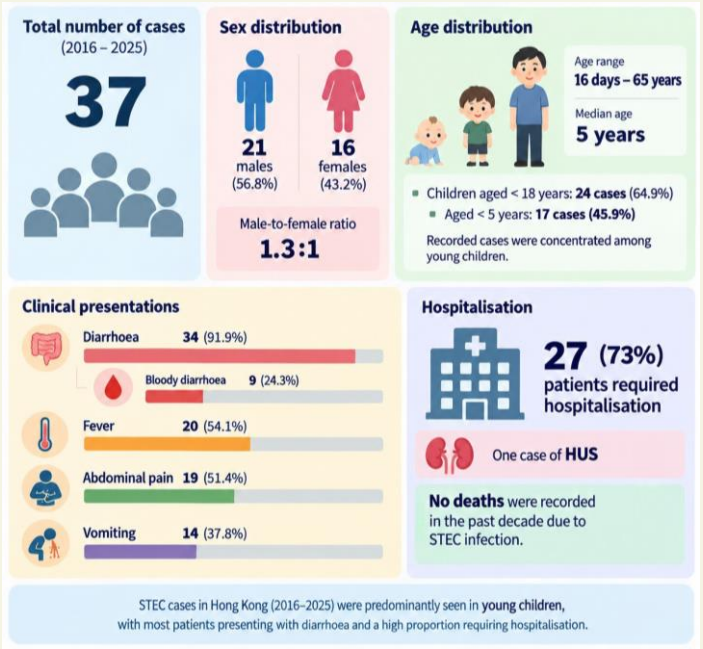


Figure 3 – Epidemiology of STEC cases in Hong Kong, 2016-2025.

Situation in the first 10 months of 2026

The CHP recorded four cases of STEC infection in the first 10 months of 2026, involving two males and two females, aged between 14 months and 24 years. None had known underlying medical conditions. Reported exposures during the incubation period included drinking unboiled tap water (2) and consuming pre-cut fruits (1), street foods (1), hamburger (1), raw salads (1) and inadequately cooked hotpot ingredients (1). Three patients required hospitalisation. No complications or deaths were recorded.

Discussion

Despite the low incidence rate of STEC infection in Hong Kong over the past 10 years (0.01 - 0.08 per 100 000 population), young children accounted for a substantial proportion of cases, consistent with the epidemiological pattern reported internationally. The occurrence of HUS in a young child underscores that serious complications may occur even when the overall case number is low. Continued vigilance for STEC infections, prompt notification and epidemiological investigation remain important for detecting possible clusters and facilitating timely control measures.



Prevention of STEC



Prevention depends on good food, personal and environmental hygiene. Members of the public should take the following preventive measures:



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Global Disease Snapshot

Major Outbreaks and Emerging Infections



By week 44 of 2026, **Venezuelan** authorities reported 17 confirmed human yellow fever cases and 8 deaths, resulting in a case fatality rate (CFR) of 47% across 7 states.

As of November 21, 2026, **Bangladesh** had recorded 165 864 dengue hospital admissions and 516 deaths since January. Dhaka, the capital of Bangladesh, reported the highest number of admissions at 70 658, followed by Chattogram with 25 510 and Khulna with 25 038.

As of November 23, 2026, the Region of the Americas has reported 59,412 confirmed measles cases and 84 deaths this year, far exceeded last year's total of 14,975 cases. **Bolivia**, **Mexico** and **the United States** have lost their measles elimination status following continuous transmission with the same measles genotype for more than 12 months.

As of November 20, 2026, **Italy** has reported 783 locally acquired human cases of West Nile virus infection across 70 affected areas since the onset of the first recorded case in May 2026, which is the highest case count in Europe, accounting for approximately 38% of the 2 057 cases reported across 20 countries.

Sources of information

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News in Brief



A local case of listeriosis

On November 18, the Centre for Health Protection (CHP) of the Department of Health (DH) recorded a case of listeriosis affecting an 86-year-old male with underlying medical conditions residing in Tsuen Wan. He presented with fever and generalised weakness since November 14, and had a sudden collapse on the street on November 15. He was sent to the Accident and Emergency Department of a public hospital and was admitted on the same day. A blood specimen collected on November 15 yielded *Listeria monocytogenes*. He was treated with antibiotics, and his condition remained stable. According to his family, he was not known to have consumed high-risk or raw/undercooked food during the incubation period. All household contacts have remained asymptomatic. Investigation is ongoing.

The 23rd Tripartite Meeting on Prevention and Control of Communicable Diseases

The 23rd Tripartite Meeting on Prevention and Control of Communicable Diseases was held in Macao on November 24, bringing together approximately 80 representatives from the health authorities of Guangdong, Hong Kong, and Macao.

The participants engaged in in-depth discussions on the overall situation of communicable diseases in the three regions; the prevention and control of mosquito-borne diseases; the integration of medical treatment and prevention for tuberculosis and health promotion; and the prevention and control of vaccine-preventable diseases. They unanimously agreed to continue deepening regional collaboration to jointly address the risks and challenges posed by cross-boundary transmission of communicable diseases, as well as to build a resilient public health defence system in the Greater Bay Area and contribute to the national "Healthy China" initiative.



Photo 1 – The Deputy Director-General of the Guangdong Provincial Health Commission and Director of the Guangdong Provincial Disease Control and Prevention Administration, Dr Song Tie (left); the Director of Health, Dr Ronald Lam (right); and the Director of the Health Bureau of the Macao Special Administrative Region, Dr Lo Iek-long (centre), after signing the meeting minutes.

Representatives from the three places jointly signed the meeting minutes and reached a consensus on various areas, covering scientific research collaboration on communicable diseases, notification mechanisms, joint risk assessments and emergency response exercises.

Interdepartmental Exercise "Quartz" to enhance response capability of novel infectious diseases

The CHP, in collaboration with multiple government departments and auxiliary services, conducted an interdepartmental public health exercise, codenamed "Quartz" (白水晶) in November 2026, to strengthen stakeholders' response and co-ordination capabilities in handling novel infectious diseases.

The exercise comprised two parts. The first part was a table-top exercise, simulating the emergence of a cluster of cases of a novel infectious disease in Hong Kong, with relevant government departments and the Hospital Authority (HA) discussing and co-ordinating response measures.

The second part of the exercise was a ground movement exercise at the Police College in Wong Chuk Hang. Under the scenario, the CHP was notified by the HA of four cases of a novel infectious disease, with the four patients residing on three different floors of the same building respectively but with the same orientation. The DH co-ordinated actions with the relevant government departments organisations including activating the Multi-disciplinary Response Team to investigate environmental factors that might have contributed to transmission and conduct risk assessment. The Director of Health, acting on the CHP's recommendation, issued an isolation order for the affected building. The CHP arranged an orderly evacuation of residents to quarantine facilities as a control measure to contain the spread of the disease.

Approximately 110 representatives from relevant government departments and organisations, including the DH, the Drainage Services Department, the Housing Department, the Hong Kong Police Force, the Buildings Department, the Electrical and Mechanical Services Department, the Environmental Protection Department, the Civil Aid Service, the Agriculture, Fisheries and Conservation Department, the Auxiliary Medical Service and the Food and Environmental Hygiene Department participated in the ground exercise.





Photo 1 (left) – The CHP of DH conducted a public health exercise codenamed "Quartz" on November 17, 2026, in collaboration with multiple government departments and auxiliary services.
Photo 2 (right) – Dr Ronald Lam (second right), and the Controller of the CHP, Dr Edwin Tsui (third left), inspecting the exercise, during which officers from the Drainage Services Department were taking a sewage sample outside a building.

The exercise invited 36 experts from the National Health Commission, the National Disease Control and Prevention Administration, and health authorities of Beijing Municipality, Shanghai Municipality, Guangdong Province, Shaanxi Province, Hainan Province, the nine Chinese Mainland cities in the Guangdong-Hong Kong-Macao Greater Bay Area, the Macao Special Administrative Region and Singapore to attend as observers to deepen exchanges with the Chinese Mainland and the international community.





Photo 3 (left) – Members of the Multi-disciplinary Response Team discussing the investigation findings at scene.
Photo 4 (right) – Various observers from the National Health Commission, the National Disease Control and Prevention Administration, Beijing Municipality, Shanghai Municipality, Guangdong Province, Shaanxi Province, Hainan Province, the nine Chinese Mainland cities in the Guangdong-Hong Kong-Macao Greater Bay Area, the Macao Special Administrative Region and Singapore health authorities participating in a simulated press briefing.

The exercise has successfully completed and provided opportunities to test the emergency response capabilities and interdepartmental collaboration when clusters of novel infectious disease of public health significance first emerge. It comprehensively covered the mechanisms and operational arrangements for investigating environmental transmission factors, epidemiological assessment, risk management, information dissemination, and infection control.

World Antimicrobial Resistance Awareness Week 2026



The Infection Control Branch (ICB) of the CHP concluded its publicity campaign for World Antimicrobial Resistance (AMR) Awareness Week (WAAW) 2026, held from November 18 to 24 under the global theme "One Health, One action: Prevent AMR now". The campaign aimed to raise public and professional awareness of AMR and promote the responsible use of antibiotics.

Every appropriate prescription, every handwash and every infection prevented helps protect life-saving medicines. The ICB will continue to work with healthcare partners and the community under the One Health approach to reduce the emergence and spread of AMR.

To reach the community, WAAW 2026 messages were disseminated through radio interviews, newspaper and online articles, social-media and digital advertising campaigns, and public transport advertisements. Members of the public were reminded of proper use of antibiotics and practical measures to prevent the spread of AMR.





Photos – AMR promotion materials.

To strengthen healthcare professionals' engagement, the ICB issued a Letter to Doctors, reminding them the importance of appropriate antibiotic prescribing and urging them to follow established guidelines. These resources support clinicians in making evidence-based prescribing decisions and preserving the effectiveness of antimicrobials.

To sustain public awareness beyond WAAW, healthcare professionals are encouraged to display and distribute health education materials at clinics and hospitals. These materials, including posters and electronic resources, are available on the WAAW thematic webpage at https://www.chp.gov.hk/en/features/110467.html.

World AIDS Campaign 2026: "The City's Heartbeat" art exhibition and HIV Testing Month

The year 2026 marks 30 years of highly active antiretroviral therapy (HAART) has turned HIV infection from a once-fatal diagnosis into a manageable chronic condition. With treatment and care, people living with HIV (PLHIV) can achieve and maintain an undetectable viral load, and do not transmit HIV sexually (Undetectable = Untransmittable, U=U).



The City's Heartbeat" art exhibition

To mark World AIDS Day on December 1, the Red Ribbon Centre (RRC) of the Department of Health will stage an outdoor art exhibition themed "**The City's Heartbeat: 30 Years of Science. A Lifetime of Living**" at AquaBeat 03, Kwun Tong Promenade (86 Hoi Bun Road, Kwun Tong) on November 28 and 29, 2026 (Saturday and Sunday). The exhibition takes visitors through Hong Kong's journey in HIV prevention and care. Crystal prisms run throughout, replacing the "dark pyramid" of fear from the 1980s, and invite visitors to see H-I-V in a new light: **Harmonious, Inclusive and Vibrant** – a community that accepts PLHIV and sees HIV testing as part of routine health care.

HIV Testing Month 2026

HIV Testing Month 2026 will run from **November 28 to December 31**, 2026. Organised with community organisations, HIV Testing Month offers easy and convenient HIV testing through a range of channels. For details, please visit www.hivtest.gov.hk or call the AIDS Hotline at 2780 2211.

Know your status. Take a step further for your health.