

出國報告（出國類別：開會）

參加「第 139 屆美國公共衛生年會」

出國報告

服務機關：衛生署疾病管制局

姓名職稱：楊靖慧 組長

派赴國家：美國華盛頓特區

出國期間：100 年 10 月 27 日至 11 月 2 日

報告日期：101 年 1 月 20 日

摘 要

美國公共衛生協會（American Public Health Association，APHA）係由美國公共衛生專業人士組成之專業組織，該協會於 1872 年由 Stephen Smith 博士創立，目前全世界有超過 3 萬名會員。APHA 年會係國際公共衛生界年度最大盛事和最重要之會議，每年皆吸引來自全球數超過 1 萬 3,000 名之公共衛生和醫療界之人士和專業團體聚集於此，藉由近 600 個攤位展示、1,000 餘場討論會及 5,000 餘篇論文海報之發表，分享橫跨科學與實務領域之專業新知與趨勢，並討論各項公共衛生議題。2011 年 APHA 年會的主題是「健康的社區能提升身心的健康（Healthy Communities Promote Healthy Minds and Bodies）」。

本次 APHA 年會我國承租攤位，並製作 7 幅海報，於大會期間向各國與會人士展示台灣公共衛生成就，並由本署各單位提供年報、各類文宣、宣導品共計 30 餘項，於攤位發送及展示，行銷台灣促進全民健康之形象。此外，本署將於 2011 年 10 月 31 日 APHA 第 139 屆年會中，專題報告台灣健康照護經驗，分享台灣之全民健保改革、兒童預防保健、癌症防治、愛滋病防治及長期照護發展，層面涵蓋出生至老年之相關健康政策。

疾病管制局由本人代表參加，協助本署承租攤位之運作，參與台灣論壇發表口頭論報告，並代表本局發表一篇海報論文。希望透過發表相關政策及研究成果，與全球專家學者進一步交流，可供我國未來施政參考。

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壹、背景說明與開會目的

美國公共衛生協會（American Public Health Association，APHA）係由美國公共衛生專業人士組成之專業組織，位於華盛頓特區。該協會於 1872 年由 Stephen Smith 博士創立，目前全世界有超過 3 萬名會員。該協會將自己定義為「世界最悠久且最多元化之公共衛生專業組織」。該協會之使命為「保護所有美國人民及其社區，免於可預防的嚴重健康威脅，並努力確保以社區為基礎的健康促進、疾病預防活動與預防保健服務，在美國可以普遍地提供」。

APHA 年會係國際公共衛生界年度最大盛事和最重要之會議，每年皆吸引來自全球數超過 1 萬 3,000 名之公共衛生和醫療界之人士和專業團體聚集於此，藉由近 600 個攤位展示、1,000 餘場討論會及 5,000 餘篇論文海報之發表，分享橫跨科學與實務領域之專業新知與趨勢，並討論各項公共衛生議題。2011 年 APHA 年會的主題是「健康的社區能提升身心的健康（Healthy Communities Promote Healthy Minds and Bodies）」。

衛生署於 2011 年 10 月 31 日 APHA 第 139 屆年會中，專題報告台灣健康照護經驗，分享台灣之全民健保改革、兒童預防保健、癌症防治、愛滋病防治及長期照護發展，層面涵蓋出生至老年之相關健康政策。

我國繼 2008 年組團參加 APHA 年會後，2011 年由本署前署長楊志良教授代表因立法院會期不克出席之邱文達署長，率本署人員 15 人及國內學者專家 15 人共同參加，並於年會中承辦一場論壇「Promoting Health from Cradle to Grave: Case Studies of Taiwan's Reform and Comprehensive Approach to Care」，將我國重要衛生政策成果與世界各國分享。本次 APHA 年會獲大會接受來自台灣之投稿篇數達 85 篇，有效提升台灣之國際能見度。疾病管制局由本人代表參加，協助本署承租攤位之運作，參與台灣論壇發表口頭論報告，並代表本局發表一篇海報論文。希望透過發表相關政策及研究成果，與全球專家學者進一步交流，可供我國未來施政參考。

貳、行程表

日期	時間	內容
10/27(四)	下午	台北-洛杉磯
10/28(五)	早上	洛杉磯-華盛頓特區
	下午	APHA 會場路線及攤位展示場地探勘
10/29(六)	早上	APHA 攤位展示進場布置
	下午	確認台灣論壇場地設備
10/30(日)	全日	APHA 開幕演講
10/31(一)	08:30-10:00	Session: 3012.0 Reinventing Population Health: Lessons From Across the Globe (楊志良前署長 Universal Coverage in Taiwan: Effect on Population Health)
	10:30-12:00	Taiwan Forum 3115.0 Promoting Health from Cradle to Grave: Case Studies of Taiwan's Reform and Comprehensive Approach to Care Organizer: Chih-Liang Yaung, PhD Moderator: Shu-Ti Chiou, MD, PhD 1. Taiwan's National Health Insurance Program: The Experience and Reform of a Single-payer System -- Yi-Ren Wang 2. Universal coverage of preventative services to reduce child mortality: Taiwan's experiences -- Yu-Hsuan Lin 3. Healthcare reform with payment incentives to increase cancer screening coverage in Taiwan -- Shu-Ti Chiou, M.D., PhD 4. Taiwan's experience in fighting HIV/AIDS in vulnerable populations- -- Chin Hui Yang, M.D. 5. Policy and Strategies of Community-Based Long-Term Care in Taiwan -- Su-Wen Teng

	下午	發表海報論文 HIV+ individuals with high-risk sexual behavior in the post-HAART eras
11/1(二)	早上	<u>回程：華盛頓特區-洛杉磯</u>
11/2(三)	晚上	<u>洛杉磯-台北</u>

參、會議過程介紹

(一) 10月28日：APHA 會場路線及攤位展示場地探勘

1. 因大會主要場地分佈在 Washington Convention Center (WCC)、Renaissance Hotel 及 Grand Hyatt Hotel 等 3 處，為使台灣團成員抵達順利找到各相關場地，由本人陪同國健局同仁先至各會場探勘，確認報到流程、集合地點、各場次會議地點與攤位地點。
2. 因我方有承租展示攤位（編號 6035、6037），故由本人隨同國健局同仁先行至攤位現場瞭解布置情形；抵達後發現會場廠商（Global Experience Specialists, GES）並未收到我方攤位承租地毯、桌椅等設備之傳真刷卡單，隨即出示傳真刷卡單並 GES 進行溝通協調，GES 承諾會於隔日將我方承租之設備裝設完畢。

(二) 10月29日：APHA 攤位展示進場布置及確認台灣論壇場地設備

1. 監督及確認 GES 完成我方承租地毯、桌椅等設備之裝設。
2. 本次攤位展示之海報係由本署各單位出席同仁自行攜帶至會場，配合各單位同仁後進入會場佈置架設海報。



3. 確認楊前署長演講及台灣論壇場地設備：10月31日上午楊前署長演講之場地位於 WCC 151 AB、台灣論壇舉辦之場地位於 Renaissance Hotel 地下 1 樓之 Meeting Room 16，由本人隨同國健局同仁於下午至會場熟悉路線，並確認場地設備。



(三) 10月30日：參加大會開幕式

於 11:30 集合台灣團員（含本署人員及受補助之專家學者），提早進入會場 WCC Hall A 參加開幕式。大會執行長（Executive Director）Georges C. Benjamin 致辭時，特別向全體 APHA 會員介紹，本屆年會台灣代表團有多達 40 人以上熱烈參與，肯定台灣與在公共衛生的努力；本次開幕式並邀請多位重量級貴賓演講，如美國衛生部物質濫用與精神衛生服務署（Substance Abuse and Mental Health Administration，SAMHSA）Pamela Hyde 女士以「Healthy communities promote healthy minds」為題發表演講，強調心理健康對維持健康的重要性，以及 SAMHSA 對於確保個人和家庭的健康行為服務上所扮演的重要角色；美國國家公園管理處（National Park Service）主任 Jonathan Jarvis 以「Healthy communities promote healthy bodies」發表演講，說明如何在健康社區中尋求新的夥伴關係，以強化公有土地與尋求更佳健康之機會的連結；最後是美國參議院前多數黨領袖 Tom Daschle，以「Advocacy promotes healthy communities, minds and bodies」發表演講，他以振奮人心的語調和肢體語言，強調良

好的健康應該是一種權利，不是一種選擇，預防、保健與健康是否成功，取決於彈性、創新、參與宣傳和協作等 5 個重要因素。他希望與會者都能站起來，堅持過去認為是不可能的事情，要求立即實現自由、和平與正義。會後全體台灣會員一起合影留念。



(四) 10 月 31 日：楊志良前署長演講與台灣論壇

3012.0 Reinventing Population Health: Lessons From Across the Globe

250674 Universal Coverage in Taiwan: Effect on Population Health

Monday, October 31, 2011: 9:10 AM

Chih-Liang Yaung, PhD , Asia University, Taichung, Taiwan

楊志良前署長演講：楊前署長代表邱署長於 8:30 在 WCC 151 AB 室舉行的 3012.0 場次發表演講。楊前署長向與會者報告台灣如何以健康資訊系統（Health Information Technology）搭配全民健康保險之創新作法，使全體民眾享受高品質之醫療服務。現場約有 100 人出席，討論相當熱烈。



3115.0 Promoting Health from Cradle to Grave: Case Studies of Taiwan's Reform and Comprehensive Approach to Care

Monday, October 31, 2011: 10:30 AM

台灣論壇於 10:30 至 12:00 在 Renaissance Hotel Meeting Room 16 辦理。論壇總標題為「Promoting Health from Cradle to Grave: Case Studies of Taiwan's Reform and Comprehensive Approach to Care」，將我國重要衛生政策成果與世界各國公衛專家分享。專題報告包括癌症防治、兒童預防保健、愛滋病防治、全民健保改革及長期照護政策等重要衛生政策成果。共有約 70 人出席與會，來賓對台灣健保、HIV 防治及癌症防治等主題皆相當有興趣，發問及討論相當熱烈。

本人代表疾病管制局發表有關台灣針對兩大易感族群(靜脈注射藥癮者與男男間性行為者)的愛滋防治政策，包括免費高效能抗反轉錄病毒療法(Highly Active Antiretroviral Therapy)政策與減害計畫(Harm Reduction Program)的成果。報告內容如附件一。



下午時代表本局張貼海報論文，題目為「**HIV+ individuals with high-risk sexual behavior in the post-HAART eras**」〈附件二〉，並且和與會之外國學者討論相關HIV防治問題。

這次研討會所涵蓋的領域包羅萬象，由於我的工作職責是愛滋病與結核病防治，因此利用中午去聆聽幾個相關的議題，摘錄如下說明：

3249.0 Focusing on Young MSM: Research and Interventions

Moderator: *Paul A. Gilbert, MSPH* 12:30-2:00

Demographic Differences in Sexual Risk-taking Behaviors of Gay, Bisexual, and other YMSM Ages 13-29

Perry Halkitis, PhD, MS, Daniel Siconolfi, MPH and Robert W. Moeller

利用問卷調查紐約市 540 位 13-29 歲的年輕男性間性行為者，詢問其危險性行為的相關問題。再針對其中 94 位進行深入訪談。結果發現在 25-29 歲的年輕族群其終生性伴侶數較多，但是青少年（13-17 歲）與 18-24 歲的年輕人第一次與另一名男子發生性關係的年齡較低。而在民族差異上，黑人和拉美裔人從事各種性行為，包括接受肛交，的年齡低於亞洲 / 太平洋島民或白人。不管哪個民族，YMSM 多會選擇的同種族與年齡接近的性伴侶。所以結論為黑人和拉美裔 YMSM 的高 HIV 感染率的主要原因是其選擇的伴侶有較高的 HIV 盛行率，而非其有較高比例的危險性行為。這些對 YMSM 的發現，應嵌入到愛滋防治的政策上。

Association between gay-related development and experiences of external and internal discrimination among Black young MSM

Mary Milnamow, BA, Jennifer L. Lauby, PhD and Heather Batson, BA

我們招募了 254 位年齡在 18 至 29 歲間的男性間性行為者進行問卷調查。我們使用同性吸引力的年齡，性別認同和同性性行為的年齡此三種同志發展指標(gay-related development, GRD)來做評估。結果發現同志的的確認年齡比雙性戀早，確認是男性間性行為的年齡較晚者，對自我的認同度較低，不過其外部歧視也較少。瞭解同志發展指標可以發展策略來減少 YMSM 的負面信念和經驗。

(五) 11 月 1 日：

早上 6:30 即啓程返回台灣。

肆、心得與建議

本屆年會我國承租攤位，並製作 7 幅海報，於大會期間向各國與會人士展示台灣公共衛生成就，並由本署各單位提供年報、各類文宣、宣導品共計 30 餘項，於攤位發送及展示；攤位本署人員及我國專家學者輪值駐守，對參訪來賓解說及回答相關問題，並蒐集來賓名片及通訊資料等，共計近 400 人次造訪，成功行銷台灣促進全民健康之形象。而在台灣論壇的部份，亦成功的展現近年來我國在公共衛生與國民健康等議題的成就，讓各國代表均熱烈討論。

本人此次代表本局參加此國際性會議，在會議中得以參與討論一些現今熱門的公共衛生相關議題，在與國際專家交流的過程有很多的收穫，尤其是與承辦業務相關的愛滋病與結核病防治議題，將把這些經驗與國內專家與同仁分享，作為未來政策制定與研究發展的參考。建議應繼續派人員參與此盛會，除了可以參觀其他國家的經驗外，也可進行國際衛生外交，拓展視野。

衛生署疾病管制局

Taiwan's experience in fighting HIV/AIDS in vulnerable populations



Chin-Hui Yang, M.D.
 Third Division(TB/HIV/STD)
 Centers for Disease Control,
 Department of Health
 Taiwan, R.O.C.



Taiwan CDC
<http://www.cdc.gov.tw>

衛生署疾病管制局

Presenter Disclosures

< Chin-Hui Yang >

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months :

No relationships to disclose

Taiwan CDC
<http://www.cdc.gov.tw>

衛生署疾病管制局

HIV/AIDS Surveillance in Taiwan

- Both HIV infection and AIDS were mandatory reportable diseases in Taiwan since 1984. All physicians are required to report all identified cases to Taiwan CDC within 24 hours.

Name-based reporting Surveillance

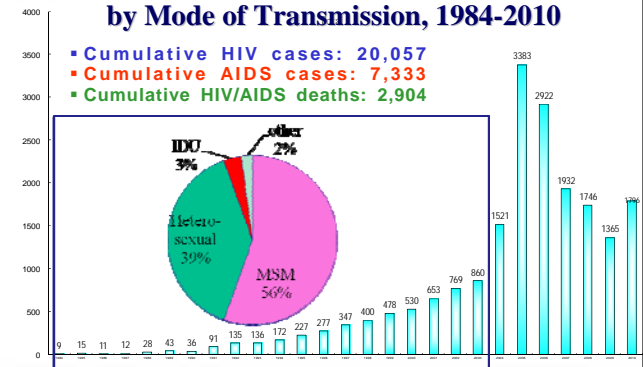
HIV exposure (Children)	HIV infection 1 st confirm test	1 st CD4 count <200 or AIDS defined illness	Death
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Taiwan CDC
<http://www.cdc.gov.tw>

衛生署疾病管制局

Annual Numbers of Newly Reported HIV Cases by Mode of Transmission, 1984-2010

■ Cumulative HIV cases: 20,057
 ■ Cumulative AIDS cases: 7,333
 ■ Cumulative HIV/AIDS deaths: 2,904



HIV prevalence among adults(15- 49 yrs) was 0.16%

Taiwan CDC
<http://www.cdc.gov.tw>

衛生署疾病管制局

The AIDS Prevention and Control Act

- proclaimed in December 1990 serves as the legal basis for HIV/AIDS control policy.
- The Act stipulates :
 - enhancing the **human rights** and the protection of **confidentiality** for HIV/AIDS cases;
 - asking doctors to report HIV/AIDS cases to health authorities;
 - encouraging people to accept testing by means other than blood donation;
 - penalizing people who intentionally infect others;
 - providing free treatment for PLWHAs.**

Taiwan CDC
<http://www.cdc.gov.tw>

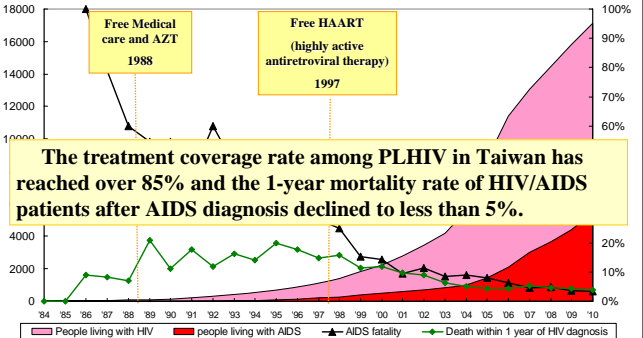
衛生署疾病管制局

Program Achievements: Free Care and Treatment

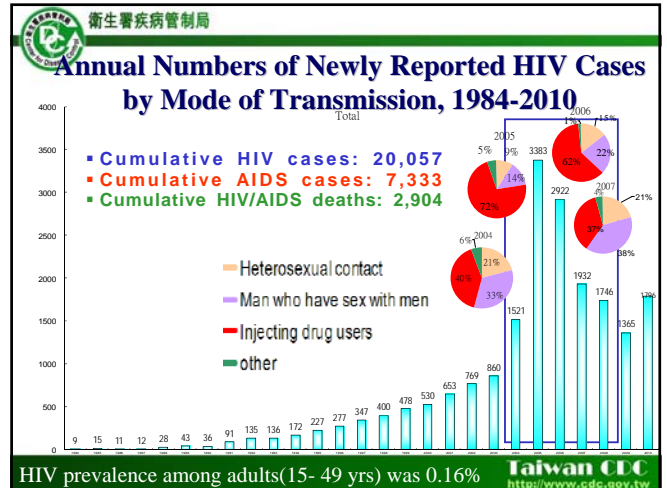
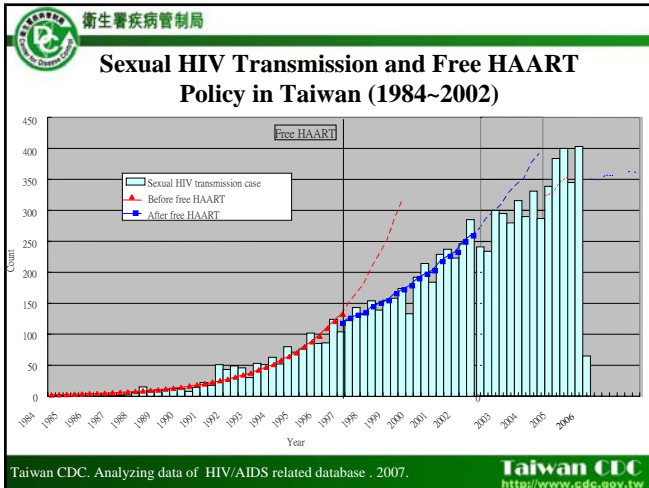
Free Medical care and AZT 1988

Free HAART (highly active antiretroviral therapy) 1997

The treatment coverage rate among PLHIV in Taiwan has reached over 85% and the 1-year mortality rate of HIV/AIDS patients after AIDS diagnosis declined to less than 5%.



Taiwan CDC
<http://www.cdc.gov.tw>



衛生署疾病管制局

Harm Reduction Program in Taiwan

- 2004/6 Awareness & inspiration
- 2005/1 Action plan completed
- 2005/3 Plan approve by Premier
- Start pilot projects in one city and 4 counties
 - Information, education and communication (IEC)
 - Needle-syringe program (NSP) 2005/11 2006/7
 - Drug substitution treatment

Taiwan CDC
http://www.cdc.gov.tw

衛生署疾病管制局

Information, education and communication

- Use media and Campaign Banner to evoke awareness among general population
- Education and counseling by local health NGOs to persons on probation and inmates in correctional facilities.--406,000 (education)

Campaign Banner Inject Drug, Infect HIV

2 behavior survey period, we found the "Awareness behaviors would infect HIV" increased from 2005¹ to 96% in 2009²

- In a prison inmates survey conducted in 2009², the "Awareness of harm reduction program" reached 92%

¹Tsai Tzu-L, et al. Evaluation of Harm Reduction Project in Taiwan" study, 2007
²Chen YM, et al. "A program Assessment of Harm Reduction Among IDUs" study, 2009

Taiwan CDC
http://www.cdc.gov.tw

衛生署疾病管制局

Needle-Syringe Program Stations

76 (Nov. 2005) 427 (Jul. 2006) 1,103 (Oct. 2008) 1,330 (Dec. 2010)

Dispatch 300,000 needles/month, Reclaimed rate : 93%
Around 20,000 IDUs visited our NSP sites per month

The Sharps Collectors of the NSP ↓

According to a survey of IDUs, the needle sharing behavior decreased dramatically from 73.5% in 2003-2006 to 16.2% in 2007. And, the diluents' container sharing behavior also decreased from 69% to 38.8%.

Taiwan CDC
http://www.cdc.gov.tw

衛生署疾病管制局

Substitution Treatment Program Sites

6 (Feb. 2006) 33 (Aug. 2006) 78 (Oct. 2008) 100 (Dec. 2010)

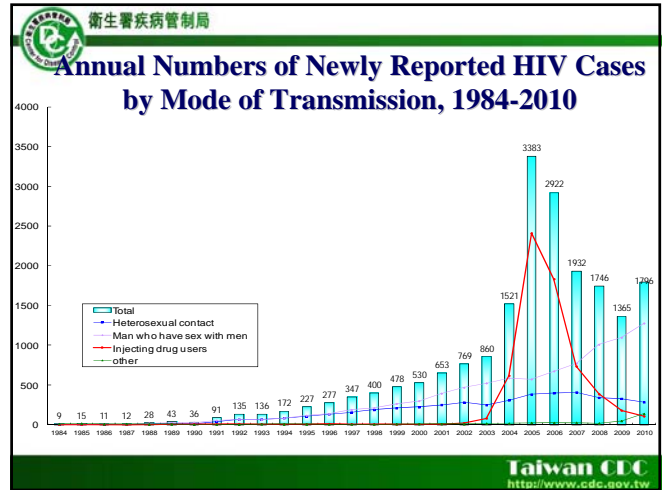
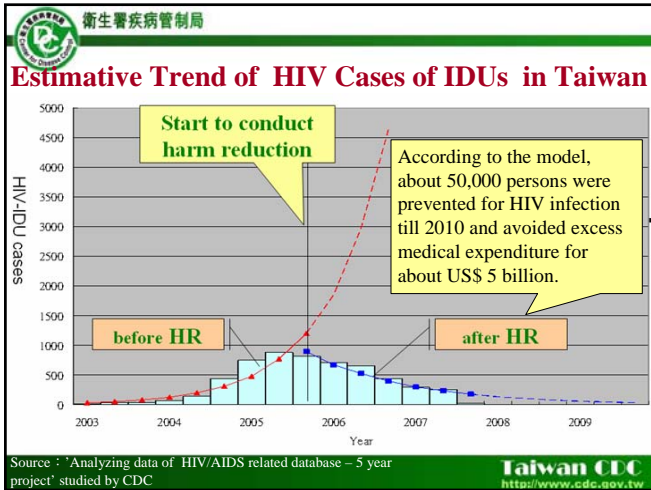
On treatment case number 13,000/day

The employment rate and average monthly wages of the IDUs had significantly increase after participating MMT. The quality of life among IDUs also had significant improvement. —data from TaoyuanMental Hospital

The risk of death for IDUs not on MMT is 13.7 times higher in comparison with they are on MMT.

Source: "Evaluation of the Control of HIV after a Prison Amnesty in Taiwan" study by Taiwan CDC

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Future Challenges

- The effective HAART significantly reduce the mortality rate of HIV-infected persons, the accumulative number of persons living with HIV increased annually accompanied with the growth of medical expenditure.
- Furthermore, the belief that HAART makes HIV less serious had linked with increasing unsafe sex in MSM population, thus would deteriorate the HIV epidemics.
- As to IDUs, continuing and enhancing the Harm Reduciton program is necessary in order to prevent new HIV-infected IDUs.

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Thank You for Your Attention!!

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Correlation between syphilis incidence and awareness of HIV status among the HIV+ individuals with high-risk sexual behavior in the post-HAART eras

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Background

Although reference from meta-analysis had showed that HIV+ people who knew their HIV status would reduce their risky sexual behavior in USA. Moreover, data from these selected papers were all collected in the pre-HAART period. However, in the post-HAART period, studies indicated an increasing tendency of risky sexual behavior among the HIV+. It is the purpose of the study to describe the syphilis incidence between HIV+ persons are aware and unaware their HIV status among HIV+ with highly risk sexual behavior group in Taiwan for evaluating the effectiveness of HIV testing in post-HAART period.

Methods

The cohort collected 129 HIV+ subjects who ever attended "home party" (means people used drug and have sex) between 2004 and 2009. We got their blood for HIV and syphilis test on the date of home party and linked the HIV/AIDS reporting system to separate two groups. Associations of syphilis incidence and the aware of HIV status were calculated using logistic regression.

Results

A total of 39 syphilis cases were reported. The syphilis positive rate was 30.23%. Multivariate logistic regression showed the syphilis positive rate among those who aware HIV positive was lower than those who didn't aware (OR, 0.27; P=0.0346), but the syphilis positive rate increased over time accounted the distance from party to HIV diagnosis date (P=0.0354).

Conclusions

Our results supported HIV counseling and testing as important strategy to reduce exposure of HIV from persons who are unaware that they are infected. However, Only HIV testing for MSM are not enough to reduce risk behavior for their whole life after HIV diagnosis in those countries that provide free HAART such as Taiwan, ongoing positive prevention program and other strategies are necessary.

Table 1 Characteristics of 129 HIV positive individuals who attended gay party according to whether they were syphilis positive or not on the date of the party

Age at home party#	Total		Syphilis positive		Syphilis negative	
	n	%	n	%	n	%
<25	33	25.6	9	22.5	24	27.0
25-29	35	27.1	6	15.0	29	32.6
30-34	35	27.1	13	32.5	22	24.7
>34	26	20.2	12	30.0	14	15.7
Median(QR)			29.2(25.0-34.0)		31.3(25.3-36.0)	
HIV diagnosis year			31.3(25.3-36.0)		29.0(24.7-33.1)	
≤1997	9	7.0	3	7.5	6	6.7
1998-2003	42	32.5	12	30.0	30	33.7
≥2004	78	60.5	25	62.5	53	59.6
Aware HIV positive & HAART*	52	40.3	21	52.5	31	34.8
unaware HIV positive	10	7.8	1	2.5	9	10.1
<3 year & on HAART	27	20.9	4	10.0	23	25.8
≥3 year & on HAART	20	15.5	5	12.5	15	16.9
≥3 year & no on HAART	20	15.5	9	22.5	11	12.4

p<0.1 in X² test comparing syphilis positive group and syphilis negative group.
* p<0.05 in X² test comparing syphilis positive group and syphilis negative group.

Table 2 Odds ratio of syphilis and aware HIV status by logistic regressions

Age at home party	Total		Cases with syphilis		Cases without syphilis		Unadjusted OR (95%CI)	adjusted OR (95%CI)	P value
	n	%	n	%	n	%			
Number	129		40	31	89	69			
Aware HIV status									
Unaware	52	40	21	53	31	35	1	1	
Aware <3year*	37	29	5	12	32	36	0.23 (0.08-0.66)	0.24 (0.08-0.73)	0.01
Aware ≥3year	40	31	14	35	26	29	0.80 (0.34-1.87)	0.73 (0.30-1.73)	0.47