HIV/AIDS in China
-A Potential epidemic?

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HIV epidemic in Asia

Source Population
- Drug Users
- Sex workers

Bridging Population
- General Population

Family
- Children
HIV epidemic in China

Source Population

- Drug Users
- Sex workers
- commercial blood and plasma donors
- Family
- Children

Bridging Population

General Population
By the end of October 2007, the cumulative number of reported HIV positive cases was 223,501 in China, with 62,838 AIDS cases and 22,205 deaths.
Characteristics of epidemic

- In general, HIV prevalence for the whole nation remains **LOW** 0.54/1000 (700,000/1.3 billion), but clusters of high prevalence exist, both geographically and among specific sub-group populations.
- However, the situation is **CRITICAL**:
  - The epidemic is developing among sex workers, pregnant women, drug users and MSM to different extent.
  - The number of AIDS-related deaths is increasing with the proportion of female HIV cases as well.
Estimation of HIV/AIDS cases

The latest estimation results also indicated that as of the end of 2007, there were approximately 700,000 people currently living with HIV/AIDS in the whole country which was less than expected.

An estimation of 85,000 people living with AIDS.

In the year of 2007, there were an estimated number of 50,000 new HIV infections identified, with estimated 20,000 deaths.
Annual reported HIV positives and cases in China 1985-2007.10

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Geographic distribution of cumulative reported HIV positives in China (as of October 2007)
Sentinel surveillance data on IDUs, sex workers and pregnant women 1995 - 2007

The graph shows the HIV prevalence (%) over the years from 1995 to 2007 for IDUs, sex workers (SWs), and pregnant women. The prevalence for IDUs shows a significant increase, while the prevalence for SWs and pregnant women remains relatively low but fluctuates slightly over the years.
Distribution of sexual and IDU transmissions of HIV from web-based reporting
The epidemic is expanding as a result of the screening program

The number of reported HIV cases showed a significant increase in reported HIV infections as the results of more rigorous HIV screening program (testing) conducted among former commercial blood and plasma donors in Henan province and IDUs in Yunnan province and elsewhere, as well as the real ongoing expansion of the epidemic.
Modes of transmission among cumulative reported HIV/AIDS cases by the end of December, 2006

- IDU: 40.5%
- Homosex: 0.6%
- Heterosex: 13.2%
- Former illegal blood donor: 22.0%
- Blood Transfusion: 3.8%
- Blood products: 0.5%
- MTCT: 1.1%
- Other: 18.3%
Prevalence of HIV infection in general population

The HIV prevalence of pregnant women had been around 1% in Yining, Xinjiang province and some areas of the boarding province to Myanmar—Yunnan, but at one sentinel surveillance site in Kashi, Xinjiang province the rate had reached striking level of 5.3%.
The proportion of female HIV cases is increasing

According to case reports, the proportion of female to total HIV cases has increased rapidly in the recent years reflecting the fact that the increase was related to: A) the spouses of former blood and plasma donors are under high risk, B) mass HIV screening programs conducted on CSWs, conducted in provinces with higher prevalence and higher numbers of HIV infection identified.
With the increasing number of PLWHA among females, both with high-risk or in general populations, the risk of mother-to-child transmission (MTCT) is increasing-- a sign that the number of AIDS orphans would grow in the near future, if the prevention of MTCT is not fully in place.

The number of orphans aged 15 or younger, infected or affected by AIDS was around 76,000 by July 20th, 2005, and expected to reach 260,000 by the year 2010 if the intervention program is not active.

From one report, there were 1,259 children tested positive for HIV in 2004.
Possible trends of HIV epidemic in China

- Number of HIV cases is increasing as a result of cumulative cases and people practicing high risk behaviors.
- With the decrease of the proportion of IDU-related infections, the proportion of HIV infections via sexual transmission is increasing.
- MSM becomes visible. Many of them are practicing high risk behavior.
- Families of the HIV cases are under high risk.
- Increasing of HIV infections and AIDS-related deaths.
Risk factors

- Drug users
- Sex workers
- Former commercial blood and plasma donors
- Men who have sex with men (MSM)
- Floating population
- In General population
Around 1 million drug users by the end of December, 2005, reported by MPS.

Policy: Illegal, Mandatory detoxification, punishment when relapse occurs.

Prevalence rates of HIV among IDUs varied geographically. However, by 2002, HIV cases were found among drug users in all 31 provinces, autonomous regions and municipalities, with an average prevalence rate of 5-8 per cent, according to data from national sentinel sites, over the years until 2007.

- In Yili, Xinjiang it has reached 89 per cent, while some sites in Yunnan and Guangxi, it was over 20 per cent.

Results from the 2003 epidemiological survey showed a prevalence rate among IDUs of 7 per cent in 16 provinces.
Sex workers

- Millions of number.
- Policy from the Public Security: Illegal, Crack down from time to time but Getting flexible—blessing on 100 condom promotion in the recreational settings.
- According to data from national sentinel surveillance sites, the average prevalence rate among sex workers across the whole country had been 0.5-1.0 per cent.
- Data from behavioral surveys showed that unprotected sexual behavior was still common among this group but the proportion of condom use during sex for sex workers increased from 20.5 per cent in 2002 to 24.5 per cent in 2003. In a survey on sex workers in 2003, 62 percent of the respondents claimed that they used a condom in their last commercial sex, but figures from similar studies varied from 8 to over 90 per cent.
- Some sex workers were on drugs-- another factor fueling the risk of HIV among this population.
Former illegal blood and plasma donors

- Data from an epidemiological survey which covering 30 areas of 14 provinces/autonomous regions in 2003 showed an overall prevalence of 2.7 per cent among people who had been related to former commercial blood and plasma donation or use.

- There were wide variations on HIV prevalence between areas:
  - more than 40 per cent in some areas of Henan province,
  - 33.7 per cent in Shuizhou, Hubei province
  - 8.9 per cent in Heze city, Shandong province
  - 5.8 per cent Jilin city, Jilin province.
  - prevalence was relatively low in other regions.

- It is estimated that around half of these HIV cases had developed to AIDS as most of the infections occurred between 1992 and 1996.
Men who have sex with men (MSM)

- The scale of MSM population in China is between 5.6~11.2 million estimated through one rapid appraisal investigation. MSM include exclusive gay men, bisexuals, MBs ('money boys'--potentially at very high risk) or situational homosexual activities etc..

- One-off survey results suggested that HIV prevalence among this group was over 1 per cent in some big cities as Beijing, Harbin, Guangzhou and Shenyang, however, higher in pockets.

- Data from the 2003 national epidemiological survey showed that the proportion of non-condom use by MSM was relatively high with 43 and 38.5 per cent of MSM in the cities of Changde and Xi’an respectively.

- Given the estimated large size of this group, the number of infected MSM and their continuing level of high risk behavior, they represent a high potential for an HIV epidemic.
Floating population

Currently, it is estimated that the number of this population has been between 130--150 million in the country as there is NO limitation for people to move around within the country. High risk behavior is common and inevitable.

It should be highlighted that the awareness on HIV/AIDS, sexual behavior and the chance of accessing to medical care in this population all call for special attention.
HIV cases are now found among the general population in regions where the HIV epidemic commenced early and the situation has become serious. HIV cases were found at the antenatal clinics in eight of the 18 sentinel surveillance sites in 2003. The percentages of HIV positive cases ranged from 0.3 to 5.3%. The 2003 national epidemiological survey also included anonymous testing in 13 provinces/autonomous regions on the said population, with the HIV positive rate was still less than 1%.

Infections with HIV through normal blood transfusion remain a matter of concern. A number of HIV infections via blood transfusion were reported during 2004 in areas where former commercial blood and plasma donation was common in the 1990s.
Future trends of the epidemic

Based on the observed patterns and trends, the future course of the epidemic may continue to increase over the coming years.

Currently, NOT serious---prevalence-wise, BUT critical---given the number of people with high risk behavior plus ignorance of the situation, both in general population and some policy makers at the provincial level.
Overall, the relative proportion of HIV cases infected through IDU and former commercial blood and plasma donation is expected to decrease.

Corresponding increase in the proportion of HIV cases infected through sexual transmission.

MSM may become a high prevalence group due to the large number and continued high-risk behavior among them.
Achievements since December 1, 2003

1. Strengthened leadership and clarifying responsibilities;
2. Strengthened surveillance and information systems;
3. Comprehensive HIV/AIDS prevention responses;
4. Providing treatment, care and support for AIDS patients; and
5. Strengthened investment in HIV/AIDS and international cooperation.
“Three Ones” principles established

- "Three Ones" principles, to achieve the most effective and efficient use of resources, and to ensure rapid action and results-based management:
  - One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners.
  - One National AIDS Coordinating Authority, with a broad-based multi-sectored mandate.
  - One agreed country-level Monitoring and Evaluation System.
HIV/AIDS Prevention and Care Regulations

HIV/AIDS Prevention and Care Regulations had be issued in March 1st, 2006. These regulations detail the responsibilities of each level of government as well as the rights and responsibilities of people living with HIV/AIDS.
Expanded intervention and education

- All counties in the country have conducted intervention among CSWs in 2007.
- BSS data shows that the rate of persistent condom use increase from 14.7% in 2001 to 41.4% in 2006, rate of never use decrease from 37.4% to 7.5%.
Condom use among sex workers, 1995-2006 (National Behaviour Surveillance Surveillance Survey Data)
Improved IDU intervention

- Methadone Maintenance Treatment (MMT) program expanded steadily
- 397 MMT clinics established in 22 provinces before Oct 2007, and accumulative 88313 IDUs participated treatment.
Participant response to MMT

- **Injecting drug use in last one month**: Baseline (N0=10657) 76.8%, One-year (N1=2199) 12.3%, Two-year (N2=811) 11.6%
- **Drug-related illegal offences in last three months**: Baseline (N0=10657) 23.5%, One-year (N1=2199) 7.9%, Two-year (N2=811) 7.6%
- **Employment opportunity**: Baseline (N0=10657) 27.1%, One-year (N1=2199) 33.5%, Two-year (N2=811) 37.9%
- **Positive change in family relations**: Baseline (N0=10657) 41.5%, One-year (N1=2199) 60.0%, Two-year (N2=811) 74.3%
- **Satisfied with the treatment**: Baseline (N0=10657) 96.2%, One-year (N1=2199) 94.7%
Unsafe blood donation eliminated

Proportion of voluntary blood donation in clinic increased from 22% in 1998 to above 98% in 2007
“Four Frees and One Care” Policy

1. Free ARV drugs to AIDS patients who are rural residents or people with financial difficulties living in urban areas;
2. Free Voluntary Counseling and Testing (VCT);
3. Free drugs to HIV infected pregnant women to prevent mother-to-child transmission, and HIV testing of newborn babies;
4. Free schooling for children orphaned by AIDS;
5. Care and economic assistance to the households of people living with HIV/AIDS.
Providing Treatment, Care and Support

- Free HAART covered 1190 counties in 31 provinces
- 39298 People living with HIV and AIDS (PLWHA) received ART by the end of Oct 2007
Increased recognition has been given to the plight of children who have become orphans as a consequence of AIDS. The Ministry of Civil Affairs issued the Notice on Strengthening Assistance to Poor People Living with HIV/AIDS (PLWHA), Families of PLWHA and Orphans in August 2004, which provides grants to families having or caring for children orphaned by AIDS. Several local governments have taken direct action to support these orphans, including adoption, family arrangements for taking care of orphans, schooling support and establishment of new orphanages.
Cumulative number of AIDS patients receiving ART
Increased prevention of mother-to-child transmission initiatives

- A national prevention of mother-to-child transmission experts' team was set up to finalize national guidelines on the prevention of MTCT of HIV.
- 4293 VCT clinics were set up all over the county, one million people received VCT service.
Challenges

- Mobilization at the provincial level
- Public awareness
- Discrimination and stigmatization
THANKS