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HIV/AIDS in China

Xia Guomei



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Introduction

HIV/AIDS has been waging war on humankind for more than two decades. Humans, who today take so much pride in their modern civilization and advanced technology, have proved extremely vulnerable and incompetent in the face of this challenge. This is despite the fact that scientists decoded the pathogenic mechanism of the human immunodeficiency virus and its epidemiological pattern as early as in 1984, the fact that it has been widely publicized that HIV is transmitted via blood, sexual contact and mother-to-child transmission and that the ways to prevent infection have also been widely publicized, and the fact that most countries in the world have done their utmost to address the HIV/AIDS issue. By the end of 2002, some 69.8 million people worldwide had been infected with HIV/AIDS, of whom more than 20 million had died.

Information from countless sources have shown that the reason why HIV/AIDS has challenged the very existence of humankind so wantonly is the strength and stubbornness of the virus itself on the one hand and the numerous flaws, both societal and human, on the other that have provided the environment and conditions for its spread. Ultimate victory over the disease will, of course, come with triumph over the virus as such but, before medical science can achieve this, human beings will first of all have to conquer their own flaws.

Scientists the world over have concluded, firstly, that a person does not necessarily contract HIV because of immoral behavior, as in the case of its transmission between a husband and wife, transmission by blood transfusion and other iatrogenic transmissions, and

mother-to-child transmission; secondly, that from a humanitarian standpoint, a person who has become infected with HIV is a victim of the virus regardless of the infection route and that, even if the infection was the result of immoral behavior, the punishment for that behavior should not be so severe as to cost that person's very life; and thirdly, that discrimination against and exclusion of HIV/AIDS sufferers will only serve to force them to go underground and hide their condition, so that they can then spread the disease to those who are unaware of their condition. At the same time, discrimination and rejection will also drive HIV/AIDS sufferers into feelings of helpless despair, breeding hostility and the desire for vengeance against society among them, which is unhelpful to the formation of a social environment in which healthy people and HIV/AIDS sufferers cooperate to prevent HIV/AIDS.

China did not record any HIV/AIDS cases until 1985. In the 31 provinces, autonomous regions and municipalities directly under China's Central Government, there are now 840,000 people with HIV infection, approximately 80,000 of whom have AIDS (acquired immunodeficiency syndrome). The pattern through which HIV/AIDS spreads shows that the initial stages are the period in which the virus is introduced from foreign countries and the period in which it starts being spread. Once a country goes beyond these stages, there will be a tendency toward rapid growth in the number of infections. If no effective prevention and control measures involving the participation of the whole population are undertaken at this stage, the country in question will quickly enter the stage of rampant prevalence. In recent years, the prevalence in some parts of China has been increasing at an annual rate exceeding 60 percent, marking the entry into the stage of fast growth. This shows that China does not have much time left to contain HIV/AIDS, nor are there many opportunities still available to it. Therefore, keeping in check the spread of HIV/AIDS is one of the most urgent tasks of the Chinese government at present.

The prevention and treatment of HIV/AIDS are not limited to

the medical community alone because HIV and AIDS have posed a direct threat to human civilization since their very beginning. Even if, in years to come, scientists are able to come up with medication to fundamentally cure or vaccines to prevent HIV/AIDS, the mental trauma of catastrophic proportions initiated by this disease in the human body will remain valuable material for a very long period of time to come in the study of human civilization. Today the gigantic catastrophe of HIV/AIDS is weighing down on people so heavily that, so preoccupied with exaggerated fears, they have little time to think about this question: that the cleansing of human minds by this catastrophe is in fact a solemn rejuvenation.

The emergence of HIV/AIDS today is a challenge not only to medical science but also to existing social norms and moral principles. It is above all a challenge to the awareness of human nature and people's standard of civilization. This challenge directly points to the need for changes in human nature at an even deeper level. Rather than theoretical arguments being used to try to persuade people, the disease — which poses a great threat to the lives and health of hundreds of millions of people — has been used to force them to overturn their irrational values, change their concepts and free themselves from the prejudices they have accumulated from social mores in order to bring in a new type of harmonious relationship between individuals and between individuals and society overall.

Winning this challenge will be no easy task. This has been proved by the fact that humankind has already paid an immense price and will continue to do so in responding to it.

Today, the ever more startling figures on HIV/AIDS coming from various countries around the world sound like an order to act from the universe: humankind will either develop by advancing its civilization or perish because it has preserved its old weaknesses. Whether the challenge of HIV/AIDS to humankind in general and to China in particular will continue to be a catastrophe for the foreseeable future or whether it will become a starting point for a new civilization will depend entirely on the decision we make. Advancing

human civilization and overcoming human weaknesses will constitute the first and most important path that China should take in order to triumph over HIV/AIDS.

Chapter I

The Current HIV/AIDS Situation in China

1. The Process and Scale of the Spread of HIV/AIDS in China

Ever since the first AIDS patient, a foreign tourist, was discovered in China in 1985, the number of people with HIV/AIDS has risen persistently. By the end of June 2003, a cumulative total of 45,092 cases of HIV infection had been reported throughout the Chinese mainland. Of those people, 3,532 had AIDS, and there were around 1,800 deaths. The main infection route was through the blood, chiefly via the sharing of needles among heroin addicts, accounting for 63.7 percent of all cases. Infections by blood or plasma collection and transfusion accounted for 9.3 percent, and infections by sexual contact accounted for 8.1 percent.

With regard to geographical distribution, the western and southern areas of the country experienced mostly infections caused by the sharing of needles among drug users. Most infections in central areas were caused by contaminated blood and in eastern areas by sexual contact. In terms of the number of people infected, Yunnan tops the list, followed by Guangxi, Guangdong, Xinjiang, Henan, Sichuan, Beijing, Anhui, Hubei and Shanghai.

The spread of HIV/AIDS in China can be roughly divided into three phases:

The first phase (1985-88): the period during which the virus began to be introduced to China from other countries. During this pe-

riod, the reported cases of HIV/AIDS infection were mainly foreigners and overseas Chinese coming to China, scattered in tiny numbers in some coastal cities. Only four cases of HIV infection caused by the factor VIII protein in imported frozen blood were discovered in Zhejiang Province.

The second phase (1989-94): the diffusion period. In October 1989, 146 cases of HIV infection were identified from among drug users in border areas in Yunnan, marking the beginning of this phase. Located in the Mekong River valley facing Southeast Asia, Yunnan Province has a long border and is under serious threat from the HIV/AIDS epidemic in neighboring countries. Another reason for the drug problem in Yunnan is that the climate there and in the neighboring countries is suitable for growing the opium poppy (from which opium and heroin are extracted) and, as a result, drugs are available at cheap prices. The spread of the virus in Yunnan represents the geographical extension of the HIV/AIDS epidemic in the Golden Triangle area. During this period, most reports of HIV infection were from injecting drug users in Yunnan. (The rate of HIV infection among injecting drug users in Ruili was estimated to be between 70 and 80 percent; the rate in Longchuan 40 percent; and that in Luxi between 0 and 5 percent.) The rate tapered off as the distance from the border between China and Myanmar increased. During this period, a few cases of infection were reported among Chinese workers returning from abroad, patients with sexually transmitted infections (STI), and prostitutes.

The third phase (1995 to the present): the growth period. Until 1995, no mainland province but Yunnan had reported the spread of HIV/AIDS among drug users but, after 1995, other provinces and autonomous regions began to report large numbers of infection cases among drug users (Sichuan in 1995, Xinjiang in 1996, and Guangxi in 1997). Since 1996 in particular, the HIV/AIDS situation in Yunnan has grown worse, with the disease spreading to 107 counties and cities in 16 prefectures and autonomous prefectures.

In 1996, the national network of HIV/AIDS monitoring stations

in Xinjiang began to report cases of HIV infection, with the infection rate among injecting drug users being 76 percent in the city of Yining and 38 percent in the city of Urumqi. By the end of 1996, the number of HIV carriers as reported by various localities throughout the country to the Ministry of Health had reached 5,990, including 155 AIDS cases. The provinces and autonomous regions that reported the most cases were Yunnan, Henan, Xinjiang, Hebei, Guangdong and Sichuan. In 1997, Pingxiang, Dongxing and Baise in Guangxi also reported HIV-positive cases, with the report from Baise revealing that 61 of the 79 drug users tested were HIV positive.

In 1998, Qinghai, the Chinese mainland's last HIV-free province, reported cases of HIV infection, meaning that all the provinces, autonomous regions and municipalities directly under the Central Government, without exception, had discovered cases of HIV infection. In 1999, East China's Zhejiang Province, where the main route of HIV infection had been unrelated to drugs, reported nine HIV-positive cases out of 1,712 drug users.¹

In some areas of Central China, unhygienic and illegal blood collection and transfusion in the early 1990s led to the spread of HIV/AIDS, with a large-scale outbreak of HIV infection and AIDS patients in 1995. According to statistics compiled in 2002 by the public health department of Henan Province, there had been a total of 183,000 paid blood donors up to 1995 and, since the first case of HIV infection was discovered in March 1995, a cumulative total of 1,928 cases of HIV infection had been discovered and reported up to June 2002, including 335 people who had developed AIDS symptoms and 238 deaths. It is estimated that the actual number of people with HIV in Henan number around 30,000, with the cases being highly concentrated and focused on villages. Major blood-donor villages generally have an infection rate of between 10 and 20 percent among donors, with the highest rate reaching 60 percent. Due to the concentration with regard to the time and geographical distribution of infection, the peak outbreaks and deaths of AIDS patients in these areas have already become established, mainly involving young adults.

In 1999, the Inner Mongolia Autonomous Region reported that 15 cases of HIV infection had been identified, including eight blood donors and three recipients of blood donations. Heilongjiang Province had identified 47 people with HIV/AIDS by 1999, including 37 blood donors and two recipients of blood. By 2000, Shanxi Province had reported the deaths of 17 AIDS patients, including 12 paid blood donors (one of whom had also been a prostitute) and four recipients of blood. By 1999, Shandong Province had identified 52 HIV carriers, including 32 paid blood donors.²

In addition, reports of HIV infection by sexual contact have been on the increase since 1995.

Data provided by Yunnan Province shows that the infection rate among the spouses of HIV-positive people has also risen year after year, from 3 percent in 1990 to 12 percent in 1996.

Along China's southeast coast, the persistently rising rate of sexually transmitted infections has made the risk of HIV infection through sexual contact especially prominent. Since 1979, reports of STI cases in China have increased by 15 to 20 percent every year. The recent years have seen somewhat fewer reported cases, with 744,848 cases in 2002, showing a decrease of 6.17 percent from the 793,786 cases in 2001. But experts say this drop may have been related to the decline in the number of STI reporting stations and to the fact that some STI clinics ceased to report after being contracted out to individuals. At present, the reported incidence rate in each of the Yangtze River Delta (covering Shanghai, Zhejiang and Jiangsu), the Pearl River Delta (including Guangdong and Hainan), and the Beijing area exceeds 100 per 100,000.³ Surveys on unreported cases in some areas indicate that the actual number of STI cases is 20 times the reported figure.⁴ Calculated on this basis, the actual number of STI cases nationwide exceeds 10 million a year. At the same time, the proportion of HIV infection cases caused by sexual contact has also been rising, the increase being 2.9 percent in 2002 compared to 2001. Cases classified under the category "unclear mode of infection" (usually regarded as infection by sexual contact) increased by

7.3 percent.

Evidence shows that the rate of HIV infection by sexual contact (mainly commercial sexual transactions) in China will continue to rise. Epidemiological surveys conducted in some areas point to a high STI prevalence rate among people engaged in commercial sexual transactions.

A survey of 719 prostitutes and clients conducted by Shanghai Municipality showed a 13.21 percent STI incidence rate among them, with a rate of 10.66 percent for males (37 out of 347) and 15.59 percent for females (58 out of 372). In order of prevalence, the main types of infections were syphilis, gonorrhea and genital warts. Five of the females with an STI were found to be suffering from syphilis and gonorrhea at the same time.⁵

A survey conducted by the Kunming city authorities in Yunnan Province of 2,000 prostitutes and clients showed an HIV infection rate of 2.2 percent, with 0.5 percent for males and 3.6 percent for females. An analysis of HIV infection risk factors showed that 7.2 percent of those with an STI also had HIV, while the HIV infection rate of those without an STI was 0.4 percent, showing a much higher HIV infection rate for those living with an STI compared to those with no STI.⁶

Another survey conducted by Xinjiang of 850 prostitutes and clients showed an STI infection rate of 54.71 percent, with 45.04 percent for males and a much higher rate of 70.25 percent for females.⁷

Zhejiang Province tested 832 sex criminals and offenders who had been detained by public security departments between 1992 and 2000, reporting an average STI infection rate of 30.5 percent, with 1994 being the peak year with a rate of 90.2 percent.⁸

Continuous monitoring by Henan Province of 18,732 high-risk people for HIV antibodies put the HIV/AIDS infection rate at approximately 0.14 percent, detecting a tendency to increase year on year, with the annual increase reaching 0.4 percent in the year 2000. The people covered were STI patients, prostitutes, drug users, women

undergoing reeducation through labor, long-distance truck drivers and young women working in entertainment venues. Additional statistics released by the province's public security department showed that there were 11,305 registered drug users throughout the province, with the actual number being even higher. A rapid increase in HIV transmission was detected. In particular, the province's STI incidence rate grew by 15 percent in one year.

A survey conducted by Shandong Province of long-distance truck drivers found that 7 percent of them had an STI. A study by Jiangsu Province found that 4 percent of migrant construction workers had an STI and 2 percent of prisoners had an STI. A study by the city of Harbin in Heilongjiang Province showed a very high STI infection rate of 10 to 80 percent among prostitutes and their clients held in detention centers and correction centers for women.

Chongqing Municipality detected 439 STI cases and six HIV cases among 2,080 prostitutes, prostitutes' clients and drug users who were detained in 1999 and 2000.⁹

The above data are significant for an understanding of the current HIV/AIDS situation and future HIV/AIDS trends in China because people with an STI are more vulnerable to HIV infection, for two reasons: first, STI patients are often prone to high-risk behavior, such as prostitution and the using of prostitutes; and second, from a physiological point of view, they are more vulnerable to HIV because the ulcers on their sexual organs as a result of the STI make it easier for the HIV and STI viruses to enter their bodies.

At present, there are eight types of HIV in China: A, B, B', C, D, E, F and G. This makes China one of the countries with the most numerous and most complete range of HIV types.

A molecular epidemiological study conducted by the AIDS Prevention and Control Center laboratory under the Ministry of Health in collaboration with the health and epidemic stations of thirty provinces, autonomous regions and municipalities directly under the Central Government concluded that the HIV/AIDS epidemic in China entered the growth phase in 1995, with the number of infections de-

tected that year almost equaling the combined total of the previous ten years. There was also a rapid geographical expansion. Between 1996 and 1998, the center randomly collected blood samples from 600 HIV carriers from thirty provinces, autonomous regions and municipalities directly under the Central Government (excluding Tibet) and gained a basic picture of the HIV/AIDS epidemic throughout the country after conducting HIV gene magnification and sequencing, as well as whole-gene cloning and sequence analyses of HIV strains representative of those in circulation. Tests showed that, of the eight types of strains in circulation, the B' subgroup accounted for 47.5 percent; the C subgroup for 34.3 percent; and the E subgroup for 9.6 percent. In terms of geographical distribution, the viruses of the different subgroups were distributed unevenly in the various areas. The B' subgroup, originating from drug users in Thailand, was more extensively distributed, covering almost all the areas surveyed. The C subgroup, originating from drug users in India, was mainly distributed in Yunnan, Guizhou, Sichuan and Northwest China (Gansu, Ningxia, Qinghai, Shaanxi and Xinjiang), where there were more drug users, and spread to East China and South China by the migrant population from Xinjiang. The E subgroup, originating in Southeast Asia, was found mainly in southwestern border areas and southeastern coastal areas. The A, D and G subgroups, contracted by a small number of laborers returning from Africa, were scattered in inland provinces with sizable exports of labor services. The F subgroup, mainly found in South America, was limited to Guangdong only. In terms of the distribution of infected groups, drug users carried mainly the B' and C subgroups; those infected through the blood carried mainly the B' subgroup; and all subgroups were found among those infected by sexual contact, with the E subgroup being predominant.

For the first time in China, this study also discovered the HIV-1 recombinant virus. Researchers discovered the recombinant form of the genes of that hybrid virus after whole-gene cloning and sequence analysis of that recombinant virus, and they observed its gradual superseding of its paternal and maternal viruses as it spread from Yun-