Letters to the Editor

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HIV Infection and AIDS in China

HIV infection in developing countries represents a major global public health challenge, as more than 90% of HIV infections are estimated to occur in such countries.1

The article by Yu et al.2 describing HIV infection and AIDS in China from 1985 through 1994 is a much-needed addition to the HIV/AIDS literature. As is the case in many African and South Asian countries, HIV infections are on the rise in China. In 1995, China reported 1567 new HIV infections and 52 new AIDS cases, representing threefold and twofold increases, respectively, over the number reported during the previous year. As of September 1, 1996, another 964 new HIV infections and 14 new AIDS cases had been reported. Although such increases may partly be due to increased surveillance and reporting, it should be recognized that these numbers represent only a minimum estimate of the number of people infected with HIV.

In light of the rapid spread of HIV infection in China, a good understanding of transmission modes is important. Interpreting the data and drawing inferences from the report by Yu et al.2 require some cautions. It is not surprising to see that the current approach of selected testing yielded most of the HIV cases from drug-using populations, because the HIV epidemic started in China among injection drug users. However, as illustrated by the consistent decline in recent years in the proportion of HIV patients who are injection drug users,2 other modes of transmission are becoming increasingly prevalent and may even have greater public health effects.

First, heterosexual contact may indeed be the most important transmission mode. The rapid rise of sexually transmitted diseases in recent years2 sheds light on potential implications of the spread of HIV infection. Fear of and discrimination toward HIV infection, low awareness of AIDS in the general population, and a lack of efficient education on HIV/AIDS and on the safe sex campaign further worsen the situation.

Second, contamination of medical devices and the blood supply remains a serious problem. The recent report4 on HIV infection in commercial plasma donors with no known risk factors in a rural village of Anhui Province highlights the underrecognized risk of medical equipment contamination. We suspect that this may also have contributed to the high proportion of HIV cases among hospital or clinic patients reported by Yu et al.2 Although HIV screening is mandatory for blood donations in China, a brand of albumin was recently banned because some of the product vials were found to contain HIV antibodies. These cases underscore the serious deficiencies of China’s current system of paid blood donations, which may attract high-risk individuals, and the weakness in implementing HIV screening policy. The extent to which HIV may be transmitted by blood supply and use of blood products is largely unknown and is probably underestimated, in part because of the sensitive nature of the issue.

Third, because of social attitudes and cultural traditions and constraints, identifying homosexuality is a tremendous challenge. Therefore, misclassification of homosexual persons may have occurred. Although we do not know the magnitude of the misclassification, the relative importance of homosexual contact is likely to be greater than currently reported.

We agree with Yu et al.2 that a standardized surveillance system is needed to provide nationwide epidemic information on which a disease control and prevention strategy may be based. More epidemiological studies are needed to characterize the epidemic in China. Most important, given China’s huge size in terms of both population and territory, a persistent, long-term, massive public campaign against HIV/AIDS and rigorous prevention and control measures should be implemented.

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References

Breast Cancer Mortality Declining but Screening among Subpopulations Lags

Recent reports indicate that breast cancer statistics for 1992 (the most recent year...