## The HIV epidemic in Heilongjiang province of China

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#### **Content**

- ✓ The HIV epidemic in the world and China
- ✓ The HIV epidemic in Heilongjiang province of China
- ✓ Subtype and sequence analysis of HIV-1 strains in Heilongjiang Province

## The HIV epidemic in the world

### Global estimates for adults and children 2012

People living with HIV	35.3 million [32.2 million – 38.8 million]					
New HIV infections in 2012	2.3 million [1.9 million – 2.7 million]					
Deaths due to AIDS in 2012	1.6 million [1.4 million – 1.9 million]					

## The HIV epidemic in China

- ✓ At the end of 2011, the cumulative number of reported people living with HIV(PLHIV) stood at close to 445,000 cases.
- ✓ Epidemic estimates show that at the end of 2011, a total of 780,000 people were living with HIV in China, accounting for 0.058% of the total population. China therefore remains a low-prevalence country.



Fig 1.Geographical distribution of cumulative reported HIV/AIDS cases (as of 31st December 2011)

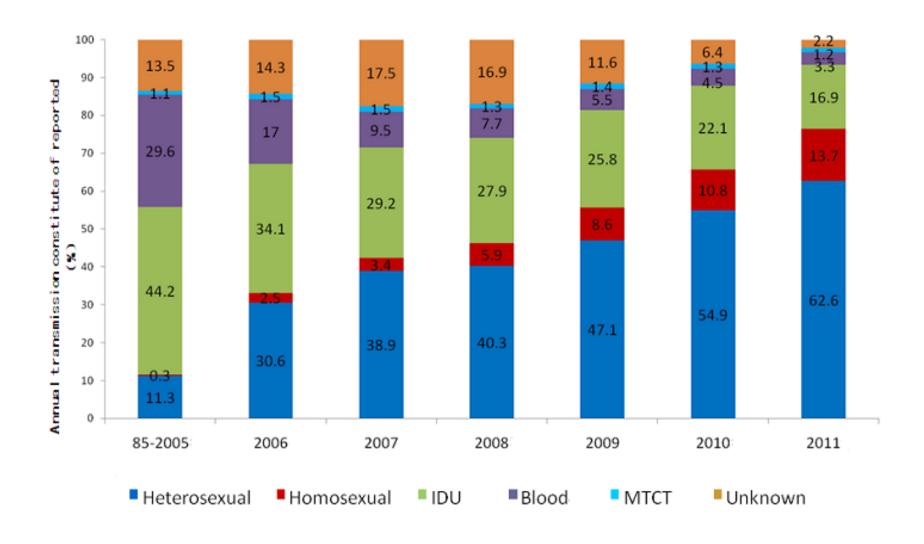


Fig 2.Breakdown of newly reported cases of HIV in past years

# The HIV epidemic in Heilongjiang province of China



Fig 3.Geographical distribution of cumulative reported HIV/AIDS cases (as of 31st December 2011)

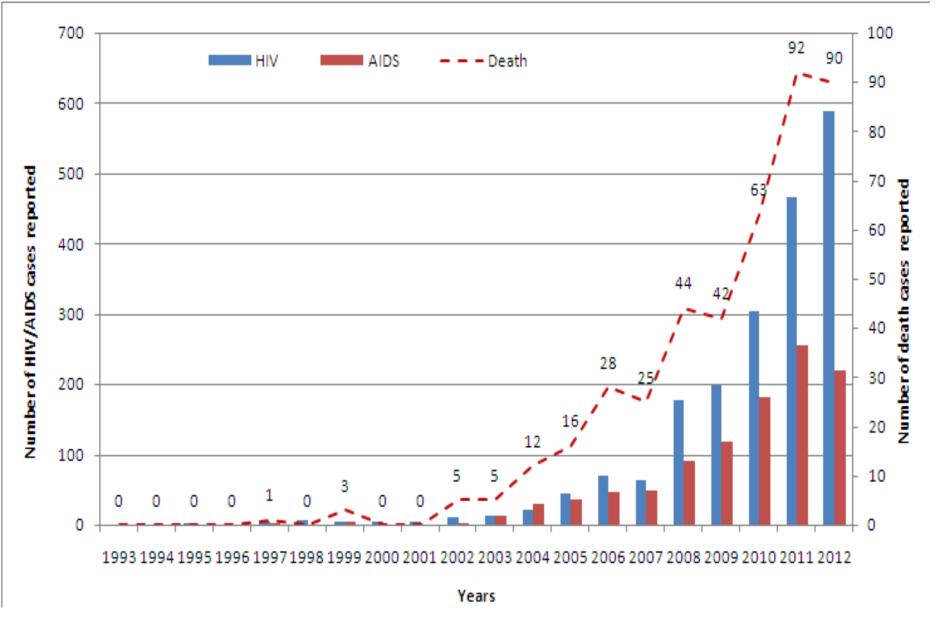


Figure 3. The number of reported HIV/AIDS and deaths annually in Heilongjiang province from 1993 when the first HIV was detected to 2012

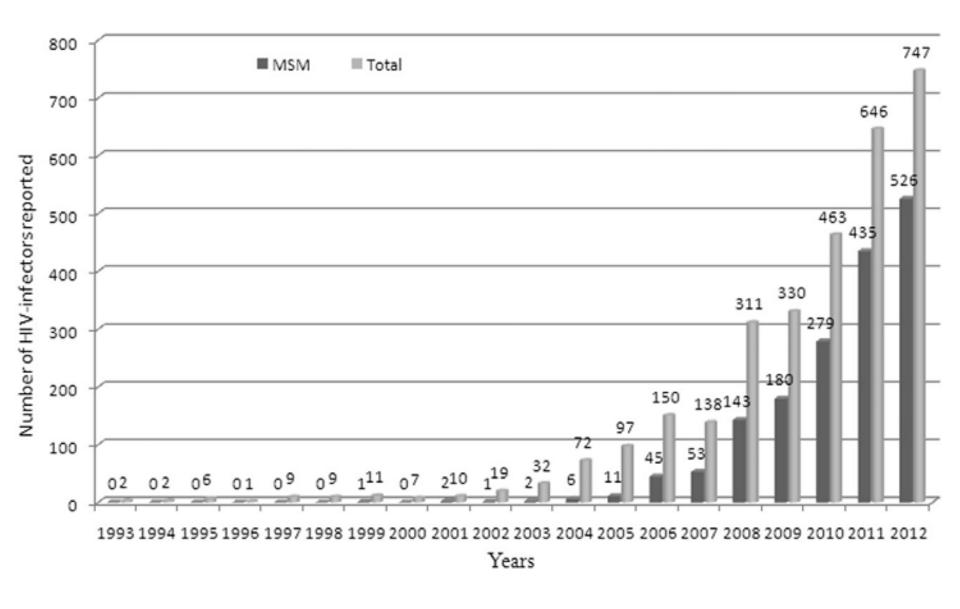


Figure 4. The number of HIV-infections through homosexual contact and the total number of reported HIV cases annually in Heilongjiang province (1993-2012).

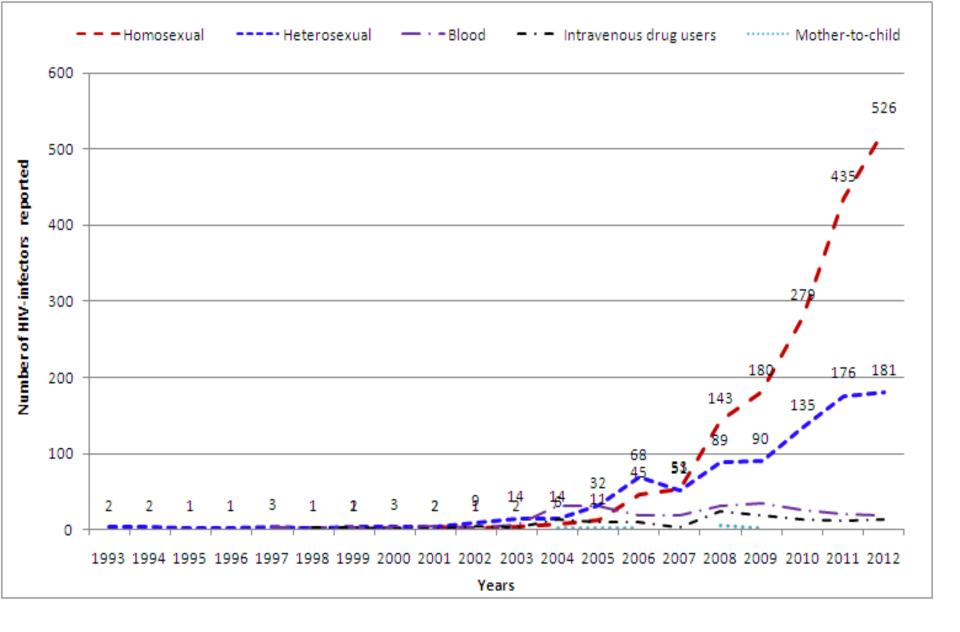


Figure 5. The distribution of HIV transmitted routes in Heilongjiang province (1993-2012).

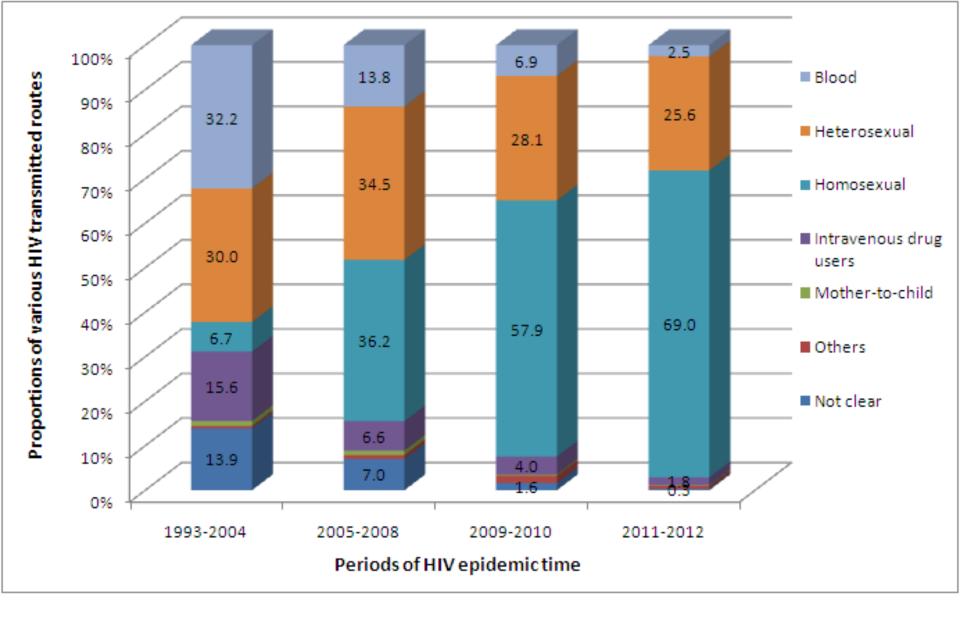


Figure 6. The proportion of various routes of HIV transmission in Heilongjiang province during four time periods:1993-2004; 2005-2008; 2009-2010; and 2011-2012.

**Table 1.** Demographic characteristics and changes in trend of the HIV epidemic among MSM stratified by the time period of the HIV epidemic in Heilongiang province. China (1993-2012)

by the time p		otal	_	3-2004	ongjiang provinc 2005-2008		2009-2010		2011-2012		
Periods#	(n=1684)			(n=12)		(n=252)		(n=459)		(n=961)	
	N	%	N.	%	N	%	N	%	N	%	
Age groups *											
≤20	134	8.0	1	8.3	19	7.5	33	7.2	81	8.4	
21-30	714	42.4	2	16.7	104	41.3	196	42.7	412	42.9	
31-40	439	26.1	7	58.3	74	29.4	113	24.6	245	25.5	
41-50	275	16.3	2	16.7	30	11.9	83	18.1	160	16.7	
≥51	122	7.2	_	_	25	9.9	34	7.4	63	6.6	
Disease status \$											
HIV	1151	68.4	5	71.4	126	67.7	279	61.6	741	71.4	
AIDS	533	31.7	2	28.6	60	32.3	174	38.4	297	28.6	
Census register											
Rural	554	32.9	1	8.3	53	20.0	115	25.1	385	40.1	
Urban	786	46.7	11	91.7	146	57.9	183	39.9	446	46.4	
Not clear	344	20.4	_	_	53	21.0	161	35.1	130	13.5	
Ethnicity											
Others	56	3.3	1	8.3	8	3.2	14	3.1	33	3.4	
Han	1628	96.7	11	91.7	244	96.8	445	97.0	928	96.6	
Education level											
Primary school or below	84	5.0	2	16.7	22	8.7	20	4.4	40	4.2	
Junior high school	498	29.6	4	33.3	59	23.4	108	23.5	327	34.0	
Senior high school	479	28.4	3	25.0	76	30.2	151	32.9	249	25.9	
College or higher	620	36.8	3	25.0	92	36.5	180	39.2	345	35.9	
Not clear	3	0.2	_		3	1.2	_		_		
Marital status\$											
Unmarried	1037	61.6	3	25.0	156	61.9	292	63.6	586	61.0	
Divorced or widowed	460	27.3	5	41.7	68	27.0	131	28.5	256	26.6	
Married or cohabiting	179	10.6	3	25.0	25	9.9	32	7.0	119	12.4	
Not clear	8	0.5	1	8.3	3	1.2	4	0.9		_	
Floating population											
No	1512	89.8	12	100.0	223	88.5	423	92.2	854	88.9	
Yes	172	10.2	_	100.0	29	11.5	36	7.8	107	11.1	
	1/2	10.2	_	_	29	11.5	30	7.0	107	11.1	
Death&											
No	1433	92.6	4	44.4	174	87.9	355	88.5	900	95.7	
Yes	115	7.4	5	55.6	24	12.1	46	11.5	40	4.3	
Treatment											
No	1101	65.4	7	50.2	137	54.4	280	61.0	677	70.5	
				58.3		54.4					
Yes	583	34.6	5	41.7	115	45.6	179	39.0	284	29.6	
CD4+ detection											
No	198	11.8	5	41.7	42	16.7	64	13.9	87	9.1	
										91.0	
	198 1486	11.8 88.2	5 7	41.7 58.3	42 210	16.7 83.3	64 395	13.9 86.1	87 874		

#Periods and \*age groups were determined based on the age when MSM first had HIV detected

\$Disease status was determined based on the time when MSM first had HIV detected or the time of AIDS diagnosis.

<sup>&</sup>amp;136 MSM were lost to follow-up. Disease status, floating population, treatment status, and CD4+ detection were counted based on the observational information during the follow-up period.

**Table 2.** Demographic characteristics stratified by the age when MSM first had HIV detected in Heilongijang provinces, China (1993-2012)

A ca groupe #		≤20		21-30		31-40		41-50		>51	
Age groups #		(n=134)		(n=714)		(n=439)		(n=275)		(n=122)	
		N	%	N	%	N	%	N	%	N	%
Disease status *											
	HIV	136	90.7	530	75.4	277	60.0	154	56.4	54	45.8
	AIDS	14	9.3	173	24.6	163	37.1	119	43.6	64	54.2
Census register											
,	Rural	47	35.1	257	36.0	153	34.9	72	26.2	25	20.5
τ	Jrban	62	46.3	288	40.3	208	47.4	148	53.2	80	65.6
Not	clear	25	18.7	169	23.7	78	17.8	55	20.0	17	13.9
Ethnicity											
C	Others	3	2.2	30	4.2	10	2.3	8	2.9	5	4.1
	Han	131	97.8	684	95.8	429	97.7	267	97.1	117	95.9
Education level											
Primary school or b		3	2.2	15	2.1	30	6.8	17	6.2	19	15.6
Junior high s		44	32.8	170	23.8	147	33.5	96	34.9	41	33.6
Senior high s		50	37.3	173	24.2	130	29.6	91	33.1	35	28.7
College or h		37	27.6	355	49.7	131	29.8	71	25.8	26	21.3
	clear	_	_	1	0.1	1	0.2	_	_	1	0.8
Marital status											
	arried	133	99.3	659	92.3	198	45.1	41	14.9	6	4.9
Divorced or wid		_	_	30	4.2	167	38.0	171	62.2	92	75.4
Married or cohal		_		21	2.9	72	16.4	63	22.9	23	18.9
	clear	1	0.8	4	0.6	2	0.5	_	_	1	0.8
Floating population											
	No	119	88.8	633	88.7	391	89.1	252	91.6	117	95.0
<	Y es	15	11.2	81	11.3	48	10.9	23	8.4	5	4.1
Death&											
	No	117	97.5	620	95.7	384	94.4	223	87.1	89	76.1
	Yes	3	2.5	28	4.3	23	5.6	33	12.9	28	23.9
Treatment											
	No	103	76.9	508	71.2	266	60.6	150	54.6	74	60.7
	Yes	31	23.1	206	28.9	173	39.4	125	45.5	48	39.3
CD4+ detection											
	No	18	13.4	77	10.8	46	10.5	33	12.0	24	19.7
	Yes	116	86.6	637	89.2	393	89.5	242	88.0	98	80.3

#Number in each age group was determined based on the age when MSM first had HIV detected.

&136 MSM were lost to follow-up. Disease status, floating population, treatment status, and CD4+ detection were counted based on the observational information during the follow-up period.

<sup>\*</sup>Disease status was determined based on the age when MSM first had HIV detected or the age of AIDS diagnosis.

## Subtype and sequence analysis of HIV-1 strains in Heilongjiang Province

The subtype of 19 HIV-1 seropositive individuals in Heilongjiang Province is B', and it is introduced from He'nan Province.

(WANG Fu-xiang, ZHOU Hui, LING Hong, etc. Subtype and sequence analysis of HIV-1 strains in Heilongjiang Province. Chin Med J 2007;120(22):2006-2010.)

- ✓ There are 12 B subtypes, 3 CRF07\_BC subtypes, 1 CRF01\_AE subtype among 16 HIV-1-positive inmates from prisons in Heilongjiang Province.
  - (Sheng-Yuan Liu,Fang-Fang Zeng,Guo-Feng Huang,Hui Zhou, Yan-Mei Shi,Hong Ling,Fu-Xiang Wang,Bin-You Wang,and Jin Zhou. Analysis of Human Immunodeficiency Virus Type 1 nef Gene Sequences among Inmates from Prisons in China. AIDS Res Hum Retroviruses. 2009;25(5):525-9.)

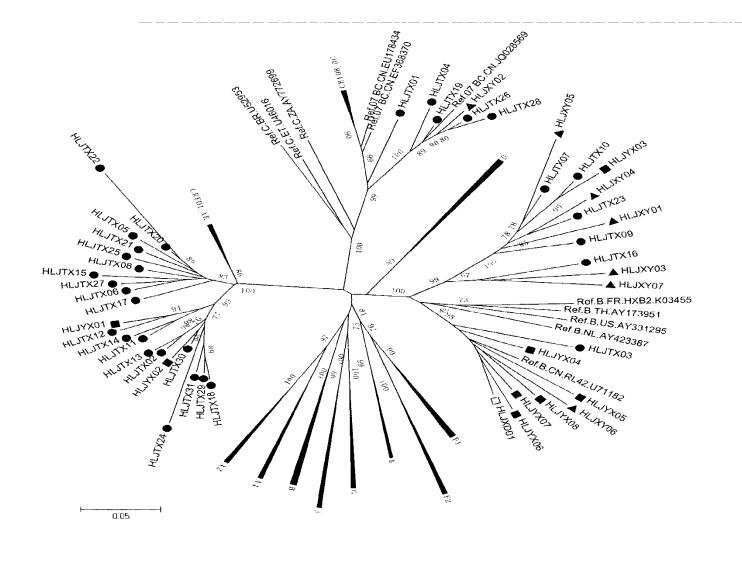


FIG 8. Phylogenetic analysis of the V3-V4 region of the env gene in HIV-1 strains from infections in Harbin city.

Table 3. Distribution of HIV-1 Subtypes Identified Based on the V3-V4 Region of the env Gene in Each Risk Group

	CRF01_AE	CRF07_BC	В	Total
Homosexuals	20	5	6	31
Heterosexuals	2		6	8
Former plasma	_	1	6	7
donors/blood				
transfusion recipients				
Injection drug users	_	_	1	1
Total	22	6	19	47

#### Conclusion

✓ The HIV/AIDS epidemic has been continuing to increase in Heilongjiang province, and has shown explosive growth after 2008;MSM have made a tremendous contribution to the incidence of HIV infections. Homosexual contact has become the dominant route of HIV transmission. Urgent intervention needs to target this population, especially those  $\leq 30$  years of age, unmarried, a high educational background, and urban MSM.

#### Conclusion

✓Our study showed that CRF01\_AE was the dominant strain circulating in MSM. However, other than the MSM population, subtypes of B were the principal strains in Heilongjiang province







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