

## Voluntary Counseling and Testing with AIDS Outpatient: Hubei, China

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**Abstract:** The HIV/AIDS epidemic has affected the world over the past two decades reveals the significant role of socio-cultural beliefs and attitudes in the shaping of people's lifestyles and approaches to the control and prevention of epidemics. A descriptive analysis of Voluntary Counseling and Testing (VCT) in the 2005–2006 which is the key Hubei provincial science and technology project that studies about HIV status in Hubei province, investigates relevance among common STD and HIV regional population, explores about HIV from the STD patient to the general population's diffuse pattern and transfer rule, promulgates the epidemic status of AIDS in Hubei province, formulates the practical feasible strategies for the government to guard against AIDS and provide policy-making basis, further promotes the improvement and development of VCT services. To carry out statistical analysis for AIDS amongst Voluntary Counseling and Testing personnel, and HIV/AIDS patients epidemic and clinical data. Voluntary Counseling and Testing of the 1,553 cases detected 37 cases of HIV/AIDS patients in those volunteers, there is high proportion of unhealthy sexual contact, blood/blood products transfusion and the history intravenous drug abuse.

**Key words:** HIV/AIDS,STD, VCT

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### INTRODUCTION

The latest data indicate that between 540,000 and 760,000 people are infected with HIV in China, with 70,000 new HIV infections occurring in 2005 alone [1]. The estimated overall prevalence of HIV is 0.05%, and at the end of 2005, there were 75,000 people living with AIDS. At the global level, the number of people living with HIV continues to grow from 35 million in 2001 to 38 million in 2003. In 2003, almost 3 million were killed by AIDS; over 20 million have died since the first cases of AIDS were identified in 1981. Country data indicate that the number of people living with HIV continues to rise in all parts of the world despite the fact that effective prevention strategies.

Despite increased funding, political commitment and progress in expanding access to HIV treatment, the AIDS epidemic continues to outpace the global response. No region of the world has been spared. The epidemic remains extremely dynamic, growing and changing character as the virus exploits new opportunities for transmission. The epidemic varies in scale or impact within regions; some countries are more affected than others, and within countries there are usually wide variations in infection levels between different provinces, states or districts [2].

The addition of HIV testing to research on HIV/AIDS was an important advance because it provided population based estimates of HIV seroprevalence and helped overcome the limitations of research that relied upon self reported behavior [3-6]. Yet recent research that includes HIV testing has focused on associations between HIV status and risk behavior, and paid limited attention to the influence of contextual factors on HIV status. The goal of this study was to carry out statistical analysis for venereal disease and AIDS amongst VCT personnel, as well as on HIV/AIDS prevention approaches, and social, cultural and institutional factors that have contributed to the AIDS. The paper concludes with policy recommendations for future efforts towards prevention and control of the HIV/AIDS in the region.

### MATERIALS AND METHODS

**Procedure:** It include 1553 person representing the volunteers who came to Wuhan university, Zhongnan hospital, sexually transmitted diseases and AIDS unit, baseline data were collected between July 2005 and August 2006. Diagnostic interviews were conducted by researchers after interrater reliability had been established in Zhongnan hospital. On follow-up,

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patients were seen first by their treating physicians and there after interviewed by the same researchers who had conducted baseline assessment. Interviews lasting approximately 75 min were conducted in private.

We report on follow-up data that formed part of a prospective study. A full description of study methodology, recruitment procedures, and baseline health status of participants has been provided elsewhere.

**Measures:** Data collection followed the same procedures as those at baseline. In addition to obtaining demographic data from patients (e.g., age, sex, employment status ...), clinical data, including CD4 status, were collected. HIV staging was also determined, and patients were classified as symptomatic or asymptomatic. CD4 (helper/inducer) and CD8 (suppressor) T lymphocyte subsets were analyzed by staining peripheral blood specimens with flow cytometry enzyme-linked immunosorbent assay and Western blot analysis.

The volunteers came to sexually transmitted diseases and AIDS unit include; female sex workers ,brothel frequenter ,drug addicts ,gay , some one offer blood for money , blood donors , drivers ,waiter ,foreigners in China , pregnant , suspected aids patient , HIV close contacts.

**Data analyses:** Analyses were computed with SPSS software, version 11.5, for Windows. First, several univariate tests of association for categorical variables (chi-square tests) and continuous variables (Student's *t* tests) were performed to look for associations between demographic and clinical status. To examine changes in coping and disability scores between baseline and follow-up, a series of repeated paired *t* tests was performed. Variables identified as statistically significant in university analyses were then entered into two logistic regression models, with major depression and posttraumatic disorder (the two most prevalent psychiatric diagnoses on follow-up) as dependent variables. All statistical tests were two-tailed, with  $P < 0.05$  denoting significance and 95% confidence intervals (CIs).

### 1. Regional distribution of subjects

In the 1553 volunteer:

Foreigners and other provinces: 0.19% (3/1553)

Hubei province: 99.81% (1550/1553)

The main cities are: Wuhan, Shiyan, Yichang, Jingmen, Xiaogan, Xianning, Ezhou, Xiangfan, Suizhou, Enshi, and Badong.

These cities are suburban, undeveloped and people mobility

Male represent 60.21% (935/1553)

Female represent 39.79% (618/1553)

The rate between male and female 1.51:1

### 2. Age of subjects

younger than 20 years represent 2.96% (46/1553 )

between 20-30 years represent 55.05% (885/1553 )

between 30-40 years represent 27.56% (428/1553 )

between 40-50 years represent 10.37% (161/1553 )

older than 50 years represent 3.99% (62/1553 )

### 3. Occupation of subjects

In the 1553 worker is 8.34%, peasantry is 9.22%, office workers 12.37%, Waiters 3.21%, students 11.56%, pregnant women is 9.72%, small private businessmen 5.84%, seller 6.41%, accountant 1.32%, engineer 1.28%, doctors 0.77%, teachers 1.45%, drivers 1.32, cadre supervisor 1.47%, official businessmen and the workers from outside 5.1, unstrained jobs 2.0%, female sex workers 4.21% and the rest 14.31% refuse to tell their jobs.

## RESULTS

**Sociodemographic characteristics:** In the 37 real HIV/AIDS patients (HIV infected person 18, AIDS patients 19); male 28 ,female 9 .Their age is between one month and 56 years old .Their age average is  $35.11 \pm 10.50$ .

In the 37 HIV/AIDS patients, there are 19 patients (19/37) 51.35% get the illness through sex .There is 21.62% (8/37) through intravenous drugs. There is 16.22% (6/37) through blood transfusion or blood products .There is 5.40% (2/37) through mother-infant. Others are not quite clear 5.40% (2/37) .So sex and drugs are the main way to spread.

In these 37 real HIV/AIDS patients ;2 workers, 18 peasantry, 2 are family members of AIDS patient, 4 are foreign workers personnel, 1 is office worker, 3 are students ,1 is a small private businessman .1 person is teacher . 3 unrestrained jobs, other 2 is not clear.

Other province represent 8.11% (3/37). Hubei province patients represent 91.89% (34/37) .they are Xiangfan 23.53% (8/34), Suizhou 26.47% (19/34 ) Enshi 8.11 (3/34), Badong 32.35% (11/34) and other cities in the west part of Hubei which are undeveloped and the people high mobility.

### Clinical characteristics:

#### 1. Clinical manifestation

In the 37 the main clinical symptoms are: Fatigue 30 patient (81.08%), Fever (27 patient (72.97%), Weight

loss 18 patient (48.6%), diarrhea 15 patient (40.54%), itching, oral pathological changes 7 patient (18.92%) which include fungal infection, oral cavity soreness and gingivitis, lymph node enlargement 13.51% include neck 2 patient, axillary lymph node 1, groin lymph node 1. difficulties in swallowing 3 (8.10%).

## **2. Laboratory checking**

In 37 HIV/AIDS patents CD4 cell count is 25-485/mm<sup>3</sup> among this there are 2 (5.41%) CD4 cell count <50/mm<sup>3</sup>, 6(16.22%) CD4 cell count 51-100/mm<sup>3</sup>, 10 (27.03%) CD4 cell count 101-200/mm<sup>3</sup>, 19 (51.35%) CD4 cell count 201-485/mm<sup>3</sup>.

## **DISCUSSION**

This paper exploits the arrival of information about the existence and transmission modes of the HIV/AIDS epidemic and investigates how different education groups reacted to this new information. Using individual data from the General Population Cohort of the VCT Program on AIDS in Hubei, China.

AIDS area distribution in our province is unbalanced, benign more accumulative in the west region, because the economy is not so flourishing, low education and population mobility.

The results of this paper also have policy implications for future HIV prevention efforts. By showing that the very individuals that economic theory would predict to display the strongest behavioral response to the HIV/AIDS epidemic-educated individuals- are the ones who actually did, the analysis also reinforces the point that the declines in HIV prevalence and incidence observed in Hubei at the end of the 2000s are due to behavioral changes and therefore that information campaigns can be effective. On the other hand, the conclusion of this paper that the information campaigns were more effective among the educated population raises redistributive issues and indicates that other methods might have to be designed to reach the less educated group of the population.

One aspect of that critical scrutiny is the systematic and comparative analysis of HIV/AIDS global governance with the global governance of other infectious disease epidemics that have been successful. In sum, the findings on the HIV/AIDS experiences suggest that health authorities need to navigate effectively the local and global obstacles to prevention by:

(a) enhancing the public's understanding of the etiology of HIV/AIDS, its modes of transmission and effective preventive measures; and (b) correcting the lay public's

inaccurate perception of personal susceptibility and 'the punctuation of the event' or 'deviants', was expressed by nine out of every 10 of the respondents who believed HIV/AIDS was a incurable disease (high perceived severity) and believed that the disease is mostly linked to one's lifestyle choice. The challenge for health authorities is to enhance the population's perceived susceptibility to HIV/AIDS. The first step in this direction is the widespread distribution of accurate, clear and consistent information on the 'silent' nature of the disease in its early stages.

Furthermore, the mobilization of the community's endorsement and active participation in the control and prevention of the epidemics. I have discussed the elements involved including the community's punctuation of the crisis and the aspects of accountability, duty, and competence. In the case of epidemics, competence is typically found at the community level and this brings us to the question of governance: how does a government deal with the health crisis represented by an infectious disease epidemic? Much has been learned over the centuries around the world but each new epidemic brings new dangers. The HIV/AIDS outbreak tested the state's level of emergency preparedness and commitment to transparency particularly in Asian countries, but it also highlighted the need for global governance of health threats that cut across national boundaries. In contrast, the HIV/AIDS epidemic still represents a challenge in terms of public health, political ideology, human rights, and social discrimination. The lack of success in the control and prevention of the epidemic highlights the fact that after nearly three decades the global governance of HIV/AIDS is still a work-in-progress.

With regard to overall HIV sex risk behaviors, low income, and poor education, injection drug users IDUs and crack users seem to be similar. Nevertheless, IDUs still show much more risk for being HIV- positive, followed by men who have sex with men (MSM) and crack users. Widespread information on risks associated with unsterile injection equipment and unprotected sex might not have been available during that entire time period.

## **CONCLUSION**

By strengthening and implementing practical feasible sustainable VCT service under the existing medical health service condition may play a vital role in reducing HIV dissemination risk and play a positive role in HIV prevention.

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