

2006 Update



**EPIDEMIOLOGICAL FACT SHEETS**  
**ON HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS**

**China**

December 2006



## HIV/AIDS estimates

The estimates and data provided in the following tables relate to 2005 unless stated otherwise. These estimates have been produced and compiled by UNAIDS/WHO. They have been shared with national AIDS programmes for review and comments, but are not necessarily the official estimates used by national governments. In order to calculate regional totals, older data or regional models were used to produce minimum estimates for these countries. The estimates are given in rounded numbers. However, unrounded numbers were used in the calculation of rates and regional totals, so there may be minor discrepancies between the regional/global totals and the sum of the country figures. The new estimates in this report are presented together with ranges, called 'plausibility bounds'. These bounds reflect the certainty associated with each of the estimates. The wider the bounds, the greater the uncertainty surrounding an estimate. The extent of uncertainty depends mainly on the type of epidemic, and the quality, coverage and consistency of a country's surveillance system. The general methodology and tools used to produce the country-specific estimates in the table have been described in a series of papers in *Sexually Transmitted Infections* 2006, 82 (Suppl x). The estimates produced by UNAIDS/WHO are based on methods and on parameters that are informed by advice given by the UNAIDS Reference Group on HIV/AIDS Estimates, Modelling and Projections.

### Estimated number of adults and children living with HIV/AIDS, end of 2003 and 2005

These estimates include all people with HIV infection, whether or not they have developed symptoms of AIDS.

	2003	2005
Adults (15+) and children	530 000	650 000
Low estimate	320 000	390 000
High estimate	880 000	1 100 000
Adults (15+)	530 000	650 000
Low estimate	320 000	390 000
High estimate	880 000	1 100 000
Children (0-14)	N/A	N/A
Low estimate	N/A	N/A
High estimate	N/A	N/A
Adult rate (15-49) (%)	0.1	0.1
Low estimate	N/A	N/A
High estimate	<0.2	<0.2
Women (15+)	130 000	180 000
Low estimate	65 000	90 000
High estimate	230 000	310 000

Source: 2006 Report on the global AIDS epidemic

Estimates 2005	Men	Women
Prevalence among 15-24 year olds	N/A	N/A
Low estimate		
High estimate		

Source: 2006 Report on the global AIDS epidemic

### HIV prevalence among young people

	2000	2001	2002	2003	2004	2005
Prevalence among 15-24 year olds						
Prevalence among 15-24 pregnant women						

Source: 2006 Report on the global AIDS epidemic

## Estimated number of deaths due to AIDS

Estimated number of adults and children who died of AIDS:

	2003	2005
Adults and children	26 000	31 000
Low estimate	16 000	18 000
High estimate	40 000	46 000

*Source: 2006 Report on the global AIDS epidemic*

## Estimated number of orphans due to AIDS

*Nb: only for generalized epidemics*

Estimated number of children who have lost their mother or father or both parents to AIDS and who were alive and under age 17 at the end of 2005:

Estimated number of orphans	2003	2005
Current living orphans	N/A	N/A
Low estimate	N/A	N/A
High estimate	N/A	N/A

*Source: 2006 Report on the global AIDS epidemic*

	2003	2005
Maternal orphans		
Low estimate		
High estimate		
Paternal orphans		
Low estimate		
High estimate		
Dual orphans		
Low estimate		
High estimate		

*Source:*

	Year	Total
Education ratio		
External support for OVC		

*Source:*

# The UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance

Global surveillance of HIV/AIDS and sexually transmitted infections (STIs) is a joint effort of WHO and UNAIDS. The UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance, initiated in November 1996, is the coordination and implementation mechanism for UNAIDS and WHO to compile and improve the quality of data needed for informed decision-making and planning at national, regional and global levels. The primary objective of the working group is to strengthen national, regional and global structures and networks for improved monitoring and surveillance of HIV/AIDS and STIs. For this purpose, the working group collaborates closely with WHO Regional Offices, national AIDS programmes and a number of national and international institutions. The goal of this collaboration is to compile the best information available and to improve the quality of data needed for informed decision-making and planning at national, regional, and global levels. The Epidemiological Fact Sheets are one of the products of this close collaboration across the globe.

Within this framework, the Fact Sheets collate the most recent country specific data on HIV/AIDS prevalence and incidence, together with information on behaviour (e.g.; casual sex and condom use) which can spur or stem the transmission of HIV.

Not unexpectedly, information on all of the agreed upon indicators was not available for many countries in 2005. However these updated Fact Sheets do contain a wealth of information which allows identification of strengths in currently existing programmes and comparisons between countries and regions. The fact Sheets may also be instrumental in identifying potential partners when planning and implementing surveillance systems.

The Fact Sheets can be only as good as information made available to the UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance. Therefore, the Working Group would like to encourage all programme managers as well as national and international experts to communicate additional information to them whenever such information becomes available. The Working Group also welcomes any suggestions for additional indicators or information proven to be useful in national or international decision-making and planning.

## Assessment of the epidemiological situation 2006

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## Basic indicators

For consistency reasons the data in the table below are taken from official UN publications.

DEMOGRAPHIC DATA	YEAR	ESTIMATE	SOURCE
Total population (thousands)	2005	1 323 345	UN Population Division
Population aged 15-49 (thousands)	2005	746 267	UN Population Division
Female population aged 15-24 (thousands)	2005	103 825	UN Population Division
Annual population growth rate (%)	1995-2004	0.7	UN Population Division
% of population in urban areas	2005	40.5	UN Population Division
Crude birth rate (births per 1000 pop.)	2005	13.1	UN Population Division
Crude death rate (deaths per 1000 pop.)	2005	6.9	UN Population Division
Maternal mortality rate (per 100 000 live births)	2000	56	World Health Report 2006, WHO
Life expectancy at birth (years)	2004	72	World Health Report 2006, WHO
Total fertility rate (per woman)	2004	1.7	World Health Report 2006, WHO
Infant mortality rate (per 1000 live births)	2004	26	UNICEF / WHO
Under 5 mortality rate (per 1000 live births)	2004	31	World Health Report 2006, WHO

SOCIO-ECONOMIC DATA	YEAR	ESTIMATE	SOURCE
Gross national income, ppp, per capita (Int.\$)	2004	5530	World Bank
Per capita total expenditure on health (Int.\$)	2003	278	WHO
UN Human Development Index (ranking)	2005	85	UNDP Human Development Report 2005
General government expenditure on health as % of total expenditure on health	2003	36.2	WHO
Adult literacy rate (%)	2000-2004	90.9	UNESCO
Male literacy rate (%)	2000-2004	95.1	UNESCO
Female literacy rate (%)	2000-2004	86.5	UNESCO
Net primary school enrolment ratio, male (%)	1998-2004	N/A	World Bank
Net primary school enrolment ratio, female (%)	1998-2004	N/A	World Bank
Human Poverty Index (ranking)	2005	27	UNDP Human Development Report 2005

	2001	2002	2003	2004	2005
National funds spent by governments on HIV/AIDS from domestic sources (US\$)					

*Source:*

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## HIV prevalence in different populations

This section contains information about HIV prevalence in different populations. The data reported in the tables below are mainly based on the HIV database maintained by the United States Bureau of the Census where data from different sources, including national reports, scientific publications and international conferences are compiled. To provide a simple overview of the current situation and trends over time, summary data are given by population group, geographical area (Major Urban Areas versus Outside Major Urban Areas), and year of survey. Studies conducted in the same year are aggregated and the median prevalence rates (in percentages) are given for each of the categories. The maximum and minimum prevalence rates observed, as well as the total number of surveys/sentinel sites, are provided with the median, to give an overview of the diversity of HIV-prevalence results in a given population within the country. Data by sentinel site or specific study from which the medians were calculated are printed at the end of this fact sheet. The differentiation between the two geographical areas Major Urban Areas and Outside Major Urban Areas is not based on strict criteria, such as the number of inhabitants. For most countries, Major Urban Areas were considered to be the capital city and - where applicable - other metropolitan areas with similar socio-economic patterns. The term Outside Major Urban Areas considers that most sentinel sites are not located in strictly rural areas, even if they are located in somewhat rural districts.

### HIV sentinel surveillance prevalence

Group	Area		1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	
Pregnant women	Major urban areas	N-Sites							1	1	2	2	2						
		Minimum							0	0	0	0	0						
		Median							0	0	0	0	0						
		Maximum							0	0	0	0	0						
	Outside major urban areas	N-Sites		1	1	1					1	9	11	3	2	1	1		
		Minimum		0.2	0	0					0	0	0	0	0	0	0		
		Median		0.2	0	0					0	0.1	0.2	0.2	0	0	0		
		Maximum		0.2	0	0					0	0.5	1.6	0.5	0	0	0		
Sex workers	Major urban areas	N-Sites						15	15	17	19	19	19	1					
		Minimum						0	0	0	0	0	0	10.3					
		Median						0	0	0	0	0	0	10.3					
		Maximum						0	0.7	0.7	2.5	6.2	10.3	10.3					
	Outside major urban areas	N-Sites	1	1	1	1	1	3	3	4	4	5	4	2	1				
		Minimum	0	0.4	0	0	0	0	0	0	0	0	0	0	0	0			
		Median	0	0.4	0	0	0	0.2	0	0	0.2	0.4	0.1	0.2	0				
		Maximum	0	0.4	0	0	0	0.5	1.5	2.7	23.1	2.7	2.9	0.4	0				
Injecting drug users	Major urban areas	N-Sites		2	2	1	1	8	10	10	13	11	15						
		Minimum		0	0	0	0	0	0	0	0	0	0	0					
		Median		0	0	0	0	0	0	0.6	3.9	1.1	0.4						
		Maximum		0	0	0	0	0.7	9.3	27.5	40.5	24.4	20.5						
	Outside major urban areas	N-Sites	2	1	8	9	9	12	19	11	21	21	9			3			
		Minimum	26.6	3.7	0	0	0	0.2	0	0	0.6	0	0			17			
		Median	47.3	3.7	3.7	2.7	1.5	6.5	16.7	22	19	17	1.9			80			
		Maximum	68	3.7	81.8	56.3	47.1	73.2	76.8	70.3	85.1	81.8	82.5			80			
STI patients	Major urban areas	N-Sites			1	1		22	22	26	28	35	36						
		Minimum			0	0		0	0	0	0	0	0						
		Median			0	0		0	0	0	0	0	0						
		Maximum			0	0		0.3	0.4	0.4	0.4	1.5	2.1						
	Outside major urban areas	N-Sites	1	1	1		1	5	8	4	16	18	5	1					
		Minimum	0	0	0		1.4	0	0	0	0	0	0	0					

Group	Area	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	
STI patients	Outside major urban areas	Median	0	0	0		1.4	0	0.9	0	0.4	0.4	0	0				
		Maximum	0	0	0		1.4	6.7	15.3	0	11.3	11.3	0.6	0				
Men having sex with men																		
Tuberculosis patients																		

## Maps & charts

Mapping the geographical distribution of HIV prevalence among different population groups may assist in interpreting both the national coverage of the HIV surveillance system as well in explaining differences in levels of prevalence. The UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance, in collaboration with the WHO Public Health Mapping and GIS Team, Communicable Diseases, is producing maps showing the location and HIV prevalence in relation to population density, major urban areas and communication routes. For generalized epidemics, these maps show the location of prevalence of antenatal surveillance sites. Trends in antenatal sentinel surveillance for higher prevalence countries, or in prevalence among selected populations for countries with concentrated epidemics, are a new addition. These are presented for those countries where sufficient data exist.

**MAP IS NOT AVAILABLE FOR THIS COUNTRY.**



## Reported HIV/AIDS cases

### Reported AIDS cases

Following WHO and UNAIDS recommendations, AIDS case reporting is carried out in most countries. Data from individual AIDS cases are aggregated at the national level and sent to WHO. However, case reports come from surveillance systems of varying quality. Reporting rates vary substantially from country to country and low reporting rates are common in developing countries due to weaknesses in the health care and epidemiological systems. In addition, countries use different AIDS case definitions. A main disadvantage of AIDS case reporting is that it only provides information on transmission patterns and levels of infection approximately 5-10 years in the past, limiting its usefulness for monitoring recent HIV infections. Despite these caveats, AIDS case reporting remains an important advocacy tool and is useful in estimating the burden of HIV-related morbidity as well as for short-term planning of health care services. AIDS case reports also provide information on the demographic and geographic characteristics of the affected population and on the relative importance of the various exposure risks. In some situations, AIDS reports can be used to estimate earlier HIV infection patterns using back-calculation. AIDS case reports and AIDS deaths have been dramatically reduced in industrialized countries with the introduction of Anti-Retroviral Therapy (ART).

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Total
Males															6903	4706	18 900
Females															5747	2840	13 929
Total															12 652	7550	32 886

### Reported HIV cases

A case of HIV infection is defined as an individual with HIV infection irrespective of clinical stage (including severe or stage 4 clinical disease) confirmed by laboratory criteria according to country definitions and requirements.

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Total
Males									32 152	26 725	103 349
Females									15 382	9861	39 838
Total									470 006	36 614	144 089

*Source:*

Note: In some instances, the number in the total column is not the sum of the individual years due to differing reporting, estimation processes or available data.

## Sexually transmitted infections (STIs)

The predominant mode of transmission of both HIV and other STIs is sexual intercourse. Measures for preventing sexual transmission of HIV and STIs are the same, as are the target audiences for interventions. In addition, strong evidence supports several biological mechanisms through which STIs facilitate HIV transmission by increasing both HIV infectiousness and HIV susceptibility. Thus, detection and treatment of individuals with STIs is an important part of an HIV control strategy. In summary, if the incidence/prevalence of STIs is high in a country, then there is the possibility of high rates of sexual transmission of HIV. Monitoring trends in STIs provides valuable insight into the likelihood of the importance of sexual transmission of HIV within a country, and is part of second generation surveillance. These trends also assist in assessing the impact of behavioural interventions, such as delaying sexual debut, reducing the number of sex partners and promoting condom use. Clinical services offering STI care are an important access point for people at high risk for both STIs and HIV. Identifying people with STIs allows for not only the benefit of treating the STI, but for prevention education, HIV testing, identifying HIV-infected persons in need of care, and partner notification for STIs or HIV infection. Consequently, monitoring different components of STI prevention and control can also provide information on HIV prevention and control activities within a country.

### STI syndromatic reporting

#### Genital discharge

Reported cases	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Males											

Source:

#### Genital ulcers

Reported cases	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Males											
Females											
Total											

Source:

### STI etiological reporting

#### Chlamydia

Reported cases	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Males	34 110	40 764	50 262	67 078	101 193	133 981	139 571	136 172	129 147	132 439	103 449
Females	22 085	26 065	35 743	54 486	81 792	107 065	113 546	125 627	126 716	158 506	156 087
Total	56 195	68 849	86 005	121 564	162 985	241 016	263 116	260 799	255 863	290 944	258 536

Source: National center for STD control CDC China

#### Gonorrhoea

Reported cases	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Males	120 240	126 987	141 791	188 495	224 662	192 204	164 299	161 053	160 435	177 053	131 183
Females	45 569	75 949	93 074	110 979	116 298	93 457	70 263	55 680	52 763	51 241	38 532
Total	204 809	202 918	224 866	299 473	340 900	2 000 061	234 561	209 713	213 208	228 294	169 715

Source: National center for STD control CDC China

## Syphilis

Reported cases	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Males	658	11 055	18 085	28 251	41 517	40 515	38 155	37 055	36 045	44 421	56 546
Females	4876	9760	15 588	25 607	38 889	39 666	39 090	37 274	36 508	43 880	57 100
Total	11 336	20 765	33 673	53 858	80 405	80 181	77 245	47 320	72 553	88 311	113 688

Source:

## Herpes simplex

Reported cases	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Males	4679	7423	9222	12 088	18 631	28 776	28 775	26 689	24 401	24 829	19 831
Females	1422	1993	2411	3124	5220	8498	8498	8990	8354	8787	7855
Total	6101	9416	11 633	15 212	23 851	35 273	35 879	35 679	32 755	33 726	27 686

Source:

## Syphilis prevalence, women

Percent of blood samples taken from pregnant women aged 15-49 that test positive for syphilis - positive reaginic and treponema test-during routine screening at selected antenatal clinics.

## Syphilis prevalence, ANC women

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Total								0.2		0.85	1.44

## Prevalence of curable STIs among specific populations

## Prevalence of curable STIs among female sex workers

	Year	Area	Rate	Range
Chlamydia				
	1997-1999	Urban	32.2	
	2000-2001	Urban	56.6	
<i>Source: Ministry of Health of the People's Republic of China, WHO Regional Office for the Western Pacific. Prevalence Survey of Sexually Transmitted Infections among Sex Workers and Truck Drivers in China 1999-2000.</i>				

	Year	Area	Rate	Range
Gonorrhoea				
	1997-1999	Urban	8.8	
	2000-2001	Urban	37.8	
<i>Source: Ministry of Health of the People's Republic of China, WHO Regional Office for the Western Pacific. Prevalence Survey of Sexually Transmitted Infections among Sex Workers and Truck Drivers in China 1999-2000.</i>				

	Year	Area	Rate	Range
Syphilis				
	1997-1999	Urban	5.4	
	2000-2001	Urban	10	
<i>Source: Ministry of Health of the People's Republic of China, WHO Regional Office for the Western Pacific. Prevalence Survey of Sexually Transmitted Infections among Sex Workers and Truck Drivers in China 1999-2000.</i>				

	Year	Area	Rate	Range
Trichomoniasis				
	1997-1999	Urban	12.5	

	2000-2001	Urban	43.2	
<i>Source: Ministry of Health of the People's Republic of China, WHO Regional Office for the Western Pacific. Prevalence Survey of Sexually Transmitted Infections among Sex Workers and Truck Drivers in China 1999-2000.</i>				

## Prevalence of curable STIs among other specific populations

Specific populations according to the epidemic pattern of the country

	Year	Area	Rate	Range
Chlamydia				
	2000	urban	10.2	7.7-12.7
	2003	urban	8	
	2004	urban	8.04	
<i>Source: National center for STD control CDC China</i>				

	Year	Area	Rate	Range
Gonorrhoea				
	2000	urban	7.8	5.6-10.0
	2003	urban	2.7	
<i>Source: National center for STD control CDC China</i>				

	Year	Area	Rate	Range
Syphilis				
	2000	urban	0.7	0.0-1.4
	2003	urban	6.9	
	2004	urban	16.67	
<i>Source:</i>				

	Year	Area	Rate	Range
Trichomoniasis				
<i>Source:</i>				

## Health service and care indicators

HIV prevention strategies depend on the twin efforts of care and support for those living with HIV or AIDS, and targeted prevention for all people at risk or vulnerable to the infection. It is difficult to capture such a large range of activities with one or just a few indicators. However, a set of well-established health care indicators may help to identify general strengths and weaknesses of health systems. Specific indicators, such as access to testing and blood screening for HIV, help to measure the capacity of health services to respond to HIV/AIDS - related issues.

Access to health care			
Indicators	Year	Estimate	Source
% of population with access to health services - total			
% of population with access to health services - urban			
% of population with access to health services - rural			
Contraceptive prevalence rate (%)	1997	83.8	UNPOP
Percentage of contraceptive users using condoms			
% of births attended by skilled health personnel	2004	83	UNICEF
% of 1-yr-old children fully immunized - DPT	2004	91	UNICEF / WHO, WHO/UNICEF
% of 1-yr-old children fully immunized - Measles	2004	84	UNICEF / WHO, WHO/UNICEF
% of ANC clinics where HIV testing is available			

## Estimated number of adults (15+) in need of treatment

Total number of adults needing antiretroviral therapy

	2003	2005
Both sexes	68 000	92 000
Low estimate	41 000	56 000
High estimate	100 000	140 000

Source: WHO and UNAIDS, March 2006

## Estimated number of people receiving antiretroviral therapy

Total number of people receiving antiretroviral therapy at end of each year

	2003	2005
Males		
Females		
Both sexes	7011	20 453

Source: Based on the most recent calculated ART need estimates by WHO and UNAIDS, as of March 2006.

Coverage	2003	2005
Both sexes	5	20

Source: Based on the most recent calculated ART need estimates by WHO and UNAIDS, as of March 2006.

Comments: See also the paediatrics estimates section on the next page, as the ART need among children should also be taken into account for estimating ART coverage.

## Services providing antiretroviral therapy

Reported number of sites that are providing antiretroviral therapy

	2003	2005
Public	76	447
Private		
Total	76	447

Source: (total 2005) Annex 3: Progress on Global Access to HIV Antiretroviral Therapy, A Report on "3 by 5" and Beyond. Geneva, WHO and UNAIDS, March 2006.

Comments:

## Paediatrics estimates, 2005

	Total	Source
Children living with HIV	1820	
Low estimate		
High estimate		<i>WHO and UNAIDS, March 2006</i>
Children in need of ART	351	
Low estimate	N/A	
High estimate	N/A	<i>WHO and UNAIDS, March 2006</i>
Children receiving ART	151	<i>WHO and UNAIDS, March 2006</i>
Children in need of cotrimoxazole	N/A	
Low estimate	N/A	
High estimate	N/A	<i>WHO and UNAIDS, March 2006</i>
Children receiving cotrimoxazole		

*Comments:*

## Coverage of HIV testing and counselling

Number of public, private and NGO sites providing testing and counselling services.

	Year	Area	Total number of sites
Public sector	2006	4	3037
Private sector			
NGOs			
Total			3037

*Source:*

## Number of people counselled and tested over time

Number of people who have been tested and counselled in the country.

	2003	2004	2005
Males			
Females			
Both sexes			448 445

*Source:*

## Knowledge and behaviour

In most countries the HIV epidemic is driven by behaviours (e.g.: multiple sexual partners, injecting drug use) that expose individuals to the risk of infection. Information on knowledge and on the level and intensity of risk behaviour related to HIV/AIDS is essential in identifying populations most at risk for HIV infection and in better understanding the dynamics of the epidemic. It is also critical information in assessing changes over time as a result of prevention efforts. One of the main goals of the 2nd generation HIV surveillance systems is the promotion of a standard set of indicators defined in the National Guide (Source: National AIDS Programmes, A Guide to Monitoring and Evaluation, UNAIDS/00.17) and regular behavioural surveys in order to monitor trends in behaviours and to target interventions. The indicators on knowledge and misconceptions are an important prerequisite for prevention programmes to focus on increasing people's knowledge about sexual transmission, and, to overcome the misconceptions that act as a disincentive to behaviour change. Indicators on sexual behaviour and the promotion of safer sexual behaviour are at the core of AIDS programmes, particularly with young people who are not yet sexually active or are embarking on their sexual lives, and who are more amenable to behavioural change than adults. Finally, higher risk male-male sex reports on unprotected anal intercourse, the highest risk behaviour for HIV among men who have sex with men.

### Knowledge of HIV prevention methods

Prevention indicator: Percentage of young people 15-24 who both correctly identify two ways of preventing the sexual transmission of HIV and who reject three misconceptions about HIV transmission.

	Total	Urban	Rural	Year
Males				
Females				

*Source:*

### Reported condom use at last higher risk sex (young people 15-24)

Prevention indicator: Proportion of young people reporting the use of a condom during sex with a non-regular partner.

	Total	Urban	Rural	Year
Males				
Females				

*Source:*

### Age-mixing in sexual partnerships among young women

The proportion of young women who have sex in the last 12 months with a partner who is 10 or more years older than themselves.

	Total	Urban	Rural	Year
Females				

*Source:*



## Reported non regular sexual partnerships

Prevention indicator: Proportion of young people 15-24 having at least one sex partner other than a regular partner in the last 12 months.

Year	Males	Females

*Source:*

## Ever used a condom

Percentage of people who ever used a condom.

	Age	Total	Urban	Rural	Year
Males					
Females					

*Source:*

## Adolescent pregnancy

Percentage of teenagers 15-19 who are mothers or pregnant with their first child.

	Year	Percentage

*Source:*

## Age at first sexual experience

Percentage of 15-19 year olds who have had sex before age 15.

	Year	Males	Females

*Source:*

## Prevention indicators

### Prevention of mother-to-child transmission (PMTCT) nationwide

Infection of HIV from an HIV-positive mother to her child during pregnancy, labour, delivery of breastfeeding is called mother-to-child transmission (MTCT). An estimated 530 000 (410 000 - 660 000) children were newly infected in 2006, mainly through mother-to-child transmission. The vast majority of these infections are preventable, yet coverage levels are remarkably low in most resource-limited countries.

#### Prevention mother-to-child transmission

	Total	Year	Comment
Antenatal care coverage (%), 1997--2005*	90	2005	
Number of pregnant women counselled on PMTCT services	144 934	2005	
Estimated number of HIV-infected pregnant women	7500	2005	
Number of HIV-infected pregnant women who received ARVs for PMTCT	135	2005	
% of HIV-infected pregnant women who received ARVs for PMTCT	2	2005	

\* Data refer to the most recent year available during the period specified.

Source: UNAIDS/Unicef/WHO. *Children and AIDS: A stocktaking report, Actions and progress during the first year of "Unite for Children, Unite against AIDS". New York, 2007.*

### Prevention indicators among injecting drugs users

Availability of harm reduction services	Number of centers	Number of people attending services	Estimation of coverage	Year
Needle exchange programs		58 059		2006
Opioid substitute therapy	128	11 798		2006

Source:

	Estimated number of IDUs aged 15-65	IDU prevalence(%)	Year
Needle exchange programs			

Source:

### Screening of blood transfusions nationwide

Blood safety programs aim to ensure that the majority of blood units are screened for HIV and other infectious agents. This indicator gives an idea of the overall percentage of blood units that have been screened to high enough standards that they can confidently be declared free of HIV.

	Percentage
Percentage of blood units transfused in the last 12 months that have been adequately screened for HIV according to national or WHO guidelines.	

## Sources

Data presented in this Epidemiological Fact Sheet come from several sources, including global, regional and country reports, published documents and articles, posters and presentations at international conferences, and estimates produced by UNAIDS, WHO and other United Nations agencies. This section contains a list of the more relevant sources used for the preparation of the Fact Sheet. Where available, it also lists selected national Web sites where additional information on HIV/AIDS and STI are presented and regularly updated. However, UNAIDS and WHO do not warrant that the information in these sites is complete and correct and shall not be liable whatsoever for any damages incurred as a result of their use.

- Annex 3: Progress on Global Access to HIV Antiretroviral Therapy, A Report on "3 by 5" and Beyond. Geneva, WHO and UNAIDS, March 2006.
- 2006 Report on the global AIDS epidemic
- Based on the most recent calculated ART need estimates by WHO and UNAIDS, as of March 2006.
- Coverage Survey
- National center for STD control CDC China
- National center for STD control CDC China:: surveys results from Jiamngmen and Huizhou cities
- United Nations Population Division
- UNAIDS/Unicef/WHO. Children and AIDS; A stocktaking report, Actions and progress during the first year of "Unite for Children, Unite against AIDS". New York, 2007.
- UNDP Human Development Report 2005
- United Nations Educational, Scientific and Cultural Organization
- UNGASS CR
- UNICEF Global Database on Skilled Attendant at Delivery. The United Nations Children's Fund. (<http://www.childinfo.org/areas/deliverycare/countrydata.php>)
- UNICEF / WHO
- World Contraceptive Use 2005 database. Population Division, Department of Economic and Social Affairs, United Nations.
- UNPOP Dept. Of Economic and Social Affairs
- World Health Organization
- World Health Organization, 3 by 5
- WHO and UNAIDS, March 2006
- WHO/UNICEF estimates of national coverage for year 2004 (as of September 2005). ([http://www.who.int/immunization\\_monitoring/routine/immunization\\_coverage/en/index4.html](http://www.who.int/immunization_monitoring/routine/immunization_coverage/en/index4.html))
- World Bank
- World Health Report 2006, WHO
- Ministry of Health of the People's Republic of China, WHO Regional Office for the Western Pacific. Prevalence Survey of Sexually Transmitted Infections among Sex Workers and Truck Drivers in China 1999-2000.
- National center for STD control CDC China
- van den HA. High prevalence of syphilis and other sexually transmitted diseases among sex workers in China: potential for fast spread of HIV. AIDS 2001, 15:753-759.
- Hehe, C., Z. Jiapeng, P. Songfeng, et al. 2000 Analysis and Prediction on the Trends of HIV Infection Epidemic in Yunnan Province Journal of China AIDS/STD Prevention and Control, vol. 6, no. 5, pp. 257-260.
- Haiping, Z., Z. Wei, L. Yanchun, et al. 2001 Detection of STD in 971 of High Risk Women in Beijing Chin J. STD/AIDS Prev Cont, vol. 7, no. 6, pp. 364-365.
- Liao, S. S. 1997 HIV/AIDS in China Presented at Monitoring the AIDS Pandemic (MAP) in Asia Symposium, Network Consultative Meeting, 10/21-23, Manila, Philippines.
- Li, L., Z. Guoying, M. Xiaoying, et al. 2000 Summary of HIV Sentinel Surveillance for 1995 tp 1999 in Sichuan Province Journal of China AIDS/STD Prevention and Control, vol. 6, no. 5, pp. 280-281.
- Qu, S., X. H. Sun, X. Zheng, et al. 1998 HIV Sentinel Surveillance in China in 1997 12th World AIDS Conference, Geneva, 6/28 - 7/3, Poster 13145.
- Qu, S., X. H. Sun, X. Zheng, et al. 1998 HIV Sentinel Surveillance in China in 1997 Chinese Journal for STD and AIDS Prevention and Control, vol. 4, no. 4, pp. 178-185.
- Tiejian, F., C. Lin, Z. Dan, et al. 2003 HIV/AIDS Epidemic Situation in Pregnant Women and Prevention of Mother-to-Child Transmission in Shenzhen Chinese Journal of AIDS and STD, vol. 9, no. 5, pp. 270-272.
- Xinhua, S., N. Junhua, G. Qili 1994 AIDS and HIV Infection in China AIDS, vol. 8, suppl. 2, pp. S55-S59.
- Xianzhao, X., Z. Qiaoli, L. Zuhai, et al. 2003 A Study on Epidemic of HIV/AIDS and the Strategies for Prevention and Control in Dongguan City, Guangdong Province Chin J STD/AIDS Prev Cont, vol. 9., no. 1, pp. 30-32.
- Yun, X., Z. Hongbo, W. Xing, et al. 2002 A Survey on HIV Awareness and Characteristics of Sexual Behavior among 201 Women Engaging in Clandestine Prostitution Chin J STD/AIDS Prev Cont, vol. 8, no. 5, pp. 296-298.
- Zhang, J. P., H. H. Cheng, S. D. Zhao, et al. 1994 Research on the Epidemic of HIV Infection in Yunnan Province China Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Abstract P.C.0066.

- Zheng, X., J. Zhang, X. Qu., et al. 1996 The Sero-Prevalence and Incidence Rates of HIV Infection among IDU by Cohort Study from 1992 to 1995 in Ruili and Other ... XI International Conference on AIDS, Vancouver, 7/7-14, Abstract Tu.C.2515.
- Zheng, X. 1997 HIV/AIDS in China Workshop on HIV, AIDS, and STD Epidemiology in Western Pacific Region, Manila, Philippines, 9/8-10, document no. 1.
- Zhang, Y., F. Sun, M. Zhou, et al. 2000 HIV Testing among Pregnant Women in Xinjiang, China XIII International AIDS Conference, Durban, South Africa, 7/9-14, Poster MoPeC2424.
- Cheng, H., J. P. Zhang, S. D. Zhao, et al. 1994 Epidemiological Pattern of HIV Infection in Yunnan Province, China Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Session 042C.
- Choi, K. H., C. Tian, X. Zheng, et al. 1994 Are STD Patients at Risk for HIV Infection in China? Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0067.
- Cheng, H., J. P. Zhang, J. D. Kou, et al. 1996 The HIV Epidemic in Yunnan Province, 1995 XI International Conference on AIDS, Vancouver, 7/7-14, Poster Mo.C.1504.
- Choi, K. H., X. Zheng, H. Zhou, et al. 1999 Treatment Delay and Reliance on Private Physicians among Patients with Sexually Transmitted Diseases in China International Journal of STD and AIDS, vol. 10, no. 5, pp. 309-315.
- China Ministry of Health 1999 UNAIDS Country Profile Update: April 1999 Report
- China National AIDS Program 1999 Update UNAIDS Epidemiological Fact Sheet UNAIDS.
- Chen, J., S. Lai, W. Liu, et al. 2000 Epidemiological Characteristics of HIV Infection among IDUs in Guangxi, China 1996-1999 XIII International AIDS Conference, Durban, South Africa, 7/9-14, Abstract MoPeC2400.
- Chen, X. S., Y. P. Yin, G. J. Liang, et al. 2001 Prevalence and Risk Factors for Gonococcal and HIV Infections among Female Sex Workers in China Presented at International Congress of Sexually Transmitted Infections, ISSTD/JUSTI, Berlin, Germany, 24-27 June 2001, Abstract in International Journal of STD & AIDS, vol. 12, suppl. 2, pp. 179-180.
- Chen, Z. D., X. H. Liu, B. Yu, et al. 2002 HIV Infection and Condom Use among Sex Workers in Wuhan, China XIV International AIDS Conference, Barcelona, Spain, 7/7-12, Abstract MoPeC3490.
- Huifen, Y., A. Xiaojing, J. Manhong, et al. 2001 Report on HIV/AIDS Surveillance in Yunnan Province in 1994 Journal of China AIDS/STD Prevention and Control, vol. 7, no. 2, pp. 74-76.
- Hammett, T. M., Johnston, M. Math, et al. 2005 Correlates of HIV Status among Injection Drug Users in a Border Region of Southern China and Northern Vietnam Journal of Acquired Immune Deficiency Syndromes, 38(2): 228-235.
- Hammett, T. M., Johnston, M. Math, et al. 2005 Correlates of HIV Status among Injection Drug Users in a Border Region of Southern China and Northern Vietnam Journal of Acquired Immune Deficiency Syndromes, 38(2): 228-235.
- Jianguo, L., X. Yunzhen, W. Huixi 2000 Analysis on HIV Antibody Test of 54537 Sera Journal of China AIDS/STD Prevention and Control, vol. 6, no. 5, pp. 286-287.
- Laeyendecker, O. 2002 Molecular Epidemiology of HIV-1 Circulating Recombinant Forms CRF01\_AE and CRF08\_BC in Guangxi Province, China 9th Conference on Retroviruses and Opportunistic Infections, Foundation for Retrovirology and Human Health, Seattle, WA., 2/24-28, online abstract, Poster Session 100, #761-W.
- Mao, L., L. Peng, L. Hui, et al. 2001 Epidemiological Study on HIV/AIDS in Guangdong Province Journal of China AIDS/STD Prevention and Control, vol. 7, no. 1, pp. 11-13.
- Qu, S., X. H. Sun, X. Zheng, et al. 1996 Establishment of HIV Sentinel Surveillance System in China and Report of Surveillance in 1995 Chinese Journal for STD and AIDS Prevention and Control, vol. 2, no. 5, pp. 193-197.
- Qu, S., X. H. Sun, X. Zheng, et al. 1997 The Report of HIV Sentinel Surveillance in China: 1996 Chinese Journal for STD and AIDS Prevention and Control, vol. 3, no. 5, pp. 193-197.
- Qu, S., X. Sun, X. Zheng 2000 National Sentinel Surveillance of HIV Infection in China from 1995 to 1998 XIII International AIDS Conference, Durban, South Africa, 7/9-14, Poster MoPeC2379.
- Qu, S., et al. 2001 National HIV/AIDS Sentinel Surveillance Report in China, 2000 Department of Diseases Control, Ministry of Health, National Center for AIDS Prevention and Control, National Coordination Group for HIV Sentinel Surveillance, unpublished report.
- Wei, L., J. Chen. R. Li, et al. 2000 Peer Education for HIV/STD Prevention among Community-Based Drug Users in Guangxi Province, Southern China XIII International AIDS Conference, Durban, South Africa, 7/9-14, Abstract WeOrC500.
- Yurong, M., Reziyan, Z. Xiwen, et al. 2002 HIV Prevalence and KABP Survey among Pregnant Women in Yining, Xinjiang Chin J STD/AIDS Prev Cont, vol. 8, no. 2, pp. 91-93.
- Zhang, L., G. M. Qing, G. Liu, et al. 1993 HIV/AIDS Trends in Sichuan Province IX International Conference on AIDS, Berlin, 6/6-11, Abstract PO-C08-2781.
- Zheng, X. W., J. P. Zhang, C. Q. Tian, et al. 1993 Cohort Study of HIV Infection among Drug Users in Ruili, Longchuan and Luxi of Yunnan Province, China Biomedical and Environmental Sciences, vol. 6, pp. 348-351.
- Zhang, K. L., H. Li, J. Chen, et al. 1998 Intervention/Awareness among Long-Distance Lorry Drivers and Inn Girls Working along Highways Connecting China and Vietnam 12th World AIDS Conference, Geneva, 6/28 - 7/3, Poster 43281.
- Zhang, J., B. Xiuqiong, C. Hehe, et al. 1998 HIV Prevalence Trends among Intravenous Drug Users in Yunnan Province between 1992-1997 12th World AIDS Conference, Geneva, 6/28 - 7/3, Poster 43459.
- Zheng, X., Z. Jiapeng, Q. Shuquan, et al. 1998 A Cohort of HIV Infection among IDU's and Natural History of HIV Infection in Ruili, China, 1992-1997 12th World AIDS Conference, Geneva, 6/28 - 7/3, Poster 23244.
- Zhu, O. Y., W. Liu, J. Chen, et al. 2002 Very Rapid Spread of HIV Infection among Persons at Risk in Guangxi, China, 1996-2000 XIV International AIDS Conference, Barcelona, Spain, 7/7-12, Abstract TuPpC2055.
- Zhang, K. L., S. J. Ma, D. Y. Xia 2004 Epidemiology of HIV and Sexually Transmitted Infections in China Sexual Health, vol. 16, pp. 39-46.

## Websites

- Joint United Nations Programme on HIV/AIDS: <http://www.unchina.org/un aids/>

## Annex: HIV surveillance prevalence by site

Group	Area	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005		
Pregnant women	Major urban areas	Guangdong Province								0	0								
		Guangxi Province (1)						0	0	0	0	0							
		Guangxi Province (2)											0						
	Outside major urban areas	Baoshan									0	0.5							
		Dali									0	1.6					0.9	0.6	
		Dongguan city												0			0.1	0	
		Kaiyuan									0.5	0.1					0.4	0.9	
		Kunming									0.1	0.4					0.3	0	
		Longchuan									0.4	0.1							
		Quijing									0	0.1					0.3	0.6	
		Shenzhen												0	0	0			
		Sichuan Province											0				0.3	0.8	
		Ximao										0.2	0				0.4		
		Xinjiang Province												0.5			0	0.1	
		Yingjiang										0.1	0.1						
		Yining									0	0.4	0.9						
		Yining Women's & Children's Hospital											0.6	0.2			1	2.7	
		Yunnan Province		0.2	0	0							0.2				0.3	0.4	
		Sex workers	Major urban areas	Anhui Province						0	0.2	0.2	0.5	0	0.2			0.2	1.8
				Beijing						0		0.2	0	0	0.2				
Beijing													0.1						
Fujian Province								0	0	0	0	0	0				0	0	
Fushun													0				0.2	0	
Guangdong Province									0	0	0.1	0.3					0	0	
Guangxi Province (1)									0	0	2.5	6.2	10.3				0.5	0.5	
Guangzhou Province								0	0	0	0.3	0.8	2.2				0	0	
Guizhou Province								0	0	0	0	0.5	0.2				0.2	0	
Henan Province								0	0	0.6	0	0	0				0	0	
Hubei Province								0	0	0.2	0	0	0				0	0	
Hunan Province								0	0	0	0	0.2	0.3				2.2	2.6	
Jiangsu Province													0						
Kunming									0.7			2.2		10.3			2.6	0	
Liaoning Province								0	0	0	0	0.5					0	0	
Masanjia													0						
Mianyang											0	0	0						
Nanning									0		0.7	2.3					12.5	0	
Shaanxi Province									0	0	0	0	0				0	0	

Group	Area	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	
Sex workers	Major urban areas	Shandong Province					0	0	0	0	0	0				0	0	
		Shanghai Province						0	0	0								
		Shanxi Province						0			0	0	0				0	0
		Shenzhen								0	0	0	0				0	0
		Tianjin Province						0	0	0	0	0.2	0				0	0
		Zigong									0	0						
	Outside major urban areas	Chengdu						0.1	0	0	0.2	0.4	0					
		Dongguan city												0				
		Hainan Province						0.2	0	0	0	0	0				0	0.5
		Jiujiang city													0			
		Wuhan City								0.2		0	0.2	0.4			0	0
		Xinjiang Province									23.1	0.8					0.2	0.3
		Yunnan Province	0	0.4	0	0	0	0.5	1.5	2.7	0.9	2.7	2.9				2.5	1.4
Injecting drug users	Major urban areas	Beijing										0					4.2	
		Changsha											0.6				7.2	0.8
		ChongQing Province									0	0.4	0.8				2.7	0.8
		Fujian Province										0	0				1.4	0.4
		Gansu Province		0				0	0	0	0	1.9					0.6	0.2
		Guangdong Province						0	0.2	1.1	3.9	21.9	20.5				2	0.3
		Guangxi Province (1)						0	0	2.3	11	12.9	16.4					
		Guiyang									1.6	2.9	0.7				3.1	0.6
		Guizhou Province						0	0.2	0.2							1.2	0.2
		Hubei Province								0.2	0	0	0				0.5	0
		Hunan Province									0.3	0.8					4.3	2.6
		Inner Mongolia Province		0	0			0	0	0.2							0.2	0
		Jiangsu Province												0.3			1.2	4
		Jiangxi Province										0	0.2	8.9			0	1.2
		Kunming			0	0	0	0.7	9.3	27.5	23.4	24.4					20.9	36
		Liaoning Province												0			0	0
		Liuzhou								0	2	7						
		Nanning								0		6.3					12.5	12.2
		Pan'shi										7.1						
		Panzhihua											1.1	4.3			4.2	10.7
		Shaanxi Province						0	0	0				0			2	4
		Shanxi Province												0			0.5	0
		Sichuan Province							0	0	4.2						2.5	0.2
		Urumqi										40.5					29.5	31.1
		Zhejiang Province												0			0.8	0
	Outside major urban areas			0	0	0.6	0.5	2.4	9.6	5.9	6.8					2.8	3.5	

Group	Area	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005		
Injecting drug users	Outside major urban areas	Binchuan						51.8											
		Binyang											18.8						
		Binyang county							0	0		17							
		Cangling							23.1		13.8	17.6							
		Changlu											0.4						
		Dali			0	0	0	4.7	47.5		57.4	48.9							
		Dehong									63.4	69.8					40.5	40.5	
		Dujun									1.7	1	0						
		Geju								8.6									
		Gengma								49.6									
		Jinghong										1.7	0.9					3.6	4
		Kaiyuan			0	0	0	0.4	25.7	70.3	70.6	58.2						60.4	54
		Lancang							2.3	27.9									
		Lijiang											2.6					8	6.3
		Lincang county						4.9	50	75	66.7	52.9	57.1					54	46.2
		Longchuan			43	40	39.7	43.2	45.5										
		Longchuan county				46	47.1	60			56.7								
		Luxi			3.7					15.3								36.3	33
		Luxi county				0	1.5	8.3				20.9	47.1						
		Ning Ming county														17			
		Ningxia Province										2.1	0	0.7				0	0.7
		Pingxiang								16	22	19		15.4				0.8	1.2
		Qinghai Province									0	0.6	0.3	0.5				0.1	0.2
		Ruili		68		81.5	36.5		50	76.8									
		Ruili county					56.3		73.2										
		Simao										7.9	13.2					17	11.5
		Tiandong county								0	0								
		Tianyang county								0	0	23							
		Urumchi							0.2			28.8							
		Weishan								12.2									
		Weishan county						0			59.5							11.5	43.3
		Wenshanpanlong										65	75						
		Wulumuqi											37.9					23.7	31.3
		Wushi												38.7					
Xichang										6.7	0	3				0.9	0.4		
Xinjiang Province							0.2	12.6	24.1					80		22.7	24.3		
Yingjiang county				17.4		35.3											44		
Yining										85.1	81.8	82.5				76.3	54		
Yunnan Province		26.6	3.7	1.7	2.7					24.4	27.8			80		20	11.5		



Group	Area	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005					
Injecting drug users	Outside major urban areas	Yuxi						16.7		13.7	12.9					19.7	11.7					
		Zhaotong city								5.7	3.5						4.5	5.5				
STI patients	Major urban areas	Anhui Province					0	0	0	0	0.1	0					0	0				
		Beijing				0					0											
												0.9	1									
									0.3		0.2		0.2	0.2								
		Changzhou									0	0.1	0					0	0.8			
		Dalian						0	0	0	0	0	0					0	0.4			
		Dandong										0	0	0					0	0		
		Fujian Province							0.1	0	0	0.4	0	0								
		Guangdong Province							0	0	0	0	0						0.2	0		
		Guangxi Province (1)								0	0	0.3	0.3	0.4					0.5	0.9		
		Guangzhou Province							0	0	0.1	0.2	0	0.4					0.2	0		
		Guizhou Province											0	0								
		Hangzhou							0	0	0	0										
		Hebei Province									0	0								0	0	
		Heilongjiang Province										0	0	0						0	0	
		Henan Province							0	0	0.2	0	0.8	0.8						0	0	
		Hubei Province							0	0	0	0	0	0						0	0	
		Hunan Province							0	0	0	0	0	0						0.2	0	
		Inner Mongolia Province											0	0							0	0
		Jiangsu Province							0	0.1	0.1		0					0.2	0.3			
		Jiangxi Province							0	0	0	0	0	0								
		Jilin Province									0	0	0	0							0	0
		Jinan							0	0	0	0									0.2	0.3
		Kunming								0.4		0.3	0.5								0.5	0.3
		Liaoning Province							0	0	0										0.3	0.3
		Liuzhou										0	0.5	1.3							0	0
		Maoming											0.2	1							0	0
		Nanjing												0							0	0
		Nanning							0	0	0	0.4	0.2	0							0	0
		Ningbo										0	0	0							0	0
		Qingdao												0								
		Qinghai Province												0								
Shaanxi Province												0										
Shandong Province							0	0	0			0										
											0											
Shanghai Province							0	0	0	0	0	0										
Shanxi Province										0	0	0										

Group	Area	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	
STI patients	Major urban areas	Shenzhen					0		0	0	0	0						
		Shenzhen Province							0		0	0						
		Shijazhuang										0	0				0	0
		Sichuan Province			0			0	0	0	0	0	0					
		Suzhou						0	0.1	0.3	0.2	0.1	0.1				0.4	0
		Tianjin Province						0	0	0	0	0	0				0.4	0
		Zhejiang Province						0	0								0	0
											0.4		0.1	0				
	Zhongshan											0.4	0				0	0
	Outside major urban areas	Baise									0.3	0.2	0				0.5	1
		Baoshan						6.7	1		1	4.1						
		Binchuan							15.3		1.4	0.6					1.1	1.7
		Chengdu						0				0.1					0.4	2.4
		Chuxiong							0.8		0	0.4					1.4	1.5
		Dandong											0				0	0
		Dehong									2.1	1					0	0
		Dongguan city												0				
		Gejiu							0.2		2.4	6.3					2.7	2.8
		Gengma										0					0.2	0.8
		Hainan Province						0	0	0	0	0	0					
		Jinghong										0	0				0.2	0.4
		Lancang								0.7		5.1	11.3					
		Lijiang										11.3	6.3					
		Luxi					1.4	0	1.4								1	0.5
		Pingxian Province									0							
		Pingxiang									0	0.3	0.5	0.1				
		Quijing										0.4	0					
		Ruli							1.9	2.3		6.5	5.9				1	6.7
		Wenshan										0.4	2.3					
		Yunnan Province	0	0	0						0	0.4	0.2	0.3			0.1	0.5
		Zhaotong										0.4	0.5				1.4	0.5
		Men having sex with men Tuberculosis patients																