To the Editor:

In his letter, Dr Amon states that our article should clarify the ethical protections and recruitment process of the patients and whether our study conformed to the tenets of the Declaration of Helsinki. We felt that we had nothing to declare as we had stated all the ethical issues clearly in the text. Our research is a genetic association study based on case–control approach, and we followed the standard protocol in the field. In our study, intravenous drug users (IDUs) were recruited from communities, including participants in free HIV voluntary counseling and testing, needle and syringe programs, or methadone maintenance treatment programs of 6 districts (Yingjiang, Lincang, Zhaotong, Baoshan, Qujing, and Dehong) with the help of local Centers for Disease Control and Prevention. Readers of the Journal may refer to Yin et al2 for the recent development of the national methadone maintenance treatment in China.

In our study, written informed consents and a standard questionnaire about history of intravenous drug usage and other risk factors were obtained from each volunteer before the study. Volunteers could end the interview at any time or refuse to answer any question(s) and decline to donate blood without any negative consequence. After HIV-1 status test, we informed the result of test to each participant in a confidential way regardless of HIV-1 infection. For HIV-1–positive IDUs, we strongly recommended they went to voluntary counseling and testing to further assure their HIV-1–infected status. In summary, we conducted the research following...
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The most serious limitation was from 2 studies, which were published in Chinese. These 2 Chinese articles might have been misunderstood by these authors during their citations, possibly due to the language problem. For example, the retrospective study about swallowing foreign bodies was carried out from January 1999 to January 2002 by Su et al with objectives to learn more about the reasons and the incidence of swallowing foreign bodies before and during the detoxification and rehabilitation. Su et al reported that 272 of 3213 Chinese drug users had history of swallowing various foreign bodies, including coins, clips, rings, and pins. Only 2 of these 272 clients (0.7%) had incidence of swallowing glass. More importantly, 96.7% of the incidences (263 of 272) of swallowing foreign bodies occurred “outside” the detoxification center. In Amon’s letter, the number of incidence of swallowing glasses was wrongly quoted as 272 and 9% of the total investigated 3213 subjects, whereas the correct figure should be 2 incidences (0.06% of the 3213 subjects).

Through scientific research, many effective prevention and treatment strategies have been identified for treatment of HIV/AIDS patients and drug users. Political officials, policymakers, administrators, service providers, and patients are increasingly working together to achieve these goals. In the article by Wu et al, they had clearly presented the overview of the evolution of China’s response to HIV/AIDS, in particular about the impressive progress in the development and implementation of effective intervention strategies including the legislation to control HIV/AIDS, implementing interventions to reduce HIV transmission and free antiretroviral therapy. The recent initiation and rapid expansion of the national methadone maintenance treatment program in China have made a considerable impact on drug use and HIV infection among drug users. We strongly believe that human rights, ethics, and the protection of intravenous drug users and HIV/AIDS patients are and will continue to be improved in China, especially under these programs which are the results of collaboration between government and NGOs, researchers, service providers, and policymakers.

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