NATIONAL EPIDEMIOLOGY CENTER

Newly Diagnosed HIV Cases in the Philippines

In April 2010, there were 154 new HIV Ab sero-positive individuals confirmed by the STD/AIDS Cooperative Central Laboratory (SACCL) and reported to the HIV and AIDS Registry (Table 1). This was a 133% increase compared to the same period last year (n=66 in 2009) [Figure 1]. Of the 154 individuals reported, 23 were detected from voluntary counseling and testing (VCT) as part of ongoing community outreach activities. Most of the cases (94%) were males. The median age was 28 years (age range: 18-54 years). The 25-29 year (34%) age-group had the most number cases. Forty-four percent (67) of the reported cases were from the National Capital Region (NCR).

Reported mode of transmission was sexual contact (127) and re-using needles among injecting drug users (24), [Table 2, page 2]. Three did not mention mode of transmission. Homosexual contact was the predominant type of sexual transmission [Figure 2]. Most (99%) of the cases were still asymptomatic at the time of reporting [Figure 3].

AIDS CASES

Philippine HIV and AIDS Regist

Of the 154 HIV positive cases, two (male and female) were reported as AIDS cases: a male (32 years) and a female (26 years). Mode of transmission was homosexual and heterosexual contact. The 26 years old female was reported dead at the time of reporting.

Overseas Filipino Workers (OFW)

Sixteen of the 154 (10%) reported cases were OFWs [Figure 9, page 3]. Fourteen (88%) were males. The median age was 36 years (age range: 25-54 years). All cases acquired the HIV infection through sexual contact (7 heterosexual, 5 homosexual, and 4 bisexual).

Table 1. Quick Facts

Demographic Data	April 2010	Jan-Apr 2010	Cumulative Data: 1984—2010
Total Reported Cases	154	547	4,971
Asymptomatic Cases	152	539	4131
AIDS Cases	2	8	840
Males	144	493	3725*
Females	10	54	1235*
Youth 15-24yo	36	162	886
Children <15yo	0	1	53
Reported Deaths due to AIDS	1	1	319

*Note: No data available on sex for eleven (11) cases.

Figure 1. Number of New HIV Cases per Month (2008-2010)

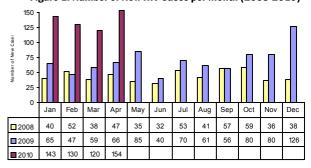


Figure 2. Comparison of the Proportion of Types of Sexual Transmission in 2010, 2009 & Cumulative Data (1984-2010)

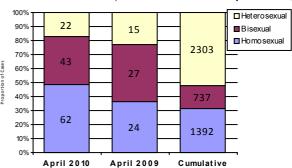
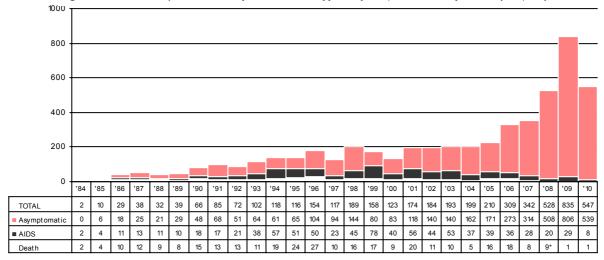


Figure 3. Number of HIV/AIDS Cases Reported in the Philippines by Year, Jan 1984 to April 2010 (N=4,971)



^{*}Five initially asymptomatic cases reported in 2008 died due to AIDS in same year.

AIDS Cases (1984-2010)

Of the 547 HIV positive cases in 2010, eight were reported as AIDS. Eighty-seven percent were males. Ages ranged from 23 -40 years. All acquired the infection through sexual contact [heterosexual (1), homosexual contact (6), and bisexual contact (1)].

From 1984 to 2010, there were 840 AIDS cases reported, 71% (595) were males. Median age was 35 years (range 1-72 years). Thirty-eight percent (315) had already died. Sexual contact was the most common mode of HIV transmission, accounting for 93% (780) of all AIDS cases. More than half (444) of sexual transmission was through heterosexual contact, followed by homosexual contact (263) then bisexual contact (73). Other modes of transmission include: mother-to-child transmission (17), blood transfusion (10), injecting drug use (4), and needle prick injuries (2) [Figure 4]. Three percent (27) of the AIDS cases did not report mode of HIV transmission.

Jan 1984-April 2010 100% 75% 50% 25% 0% 1984-2007 ■ Needle Prick ■ Blood Transfusion □ мтст nou 🗖 ☐ Bisexual Contact ☐ Homosexual Contact ■ Heterosexual Contact

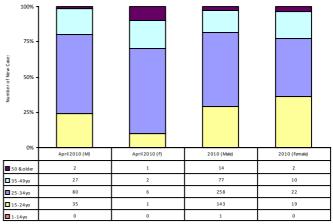
Fig 4. Proportion of Modes of Transmission of AIDS Cases by Year,

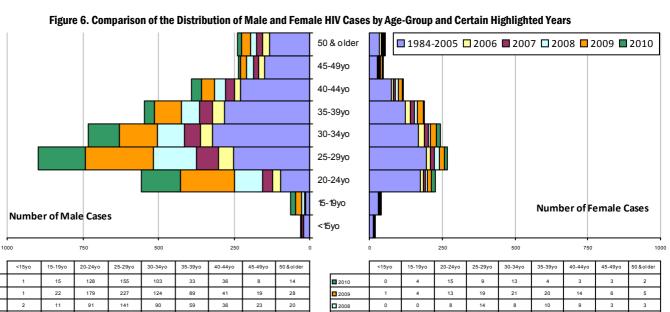
Demographic Characteristics (1984-2010)

In 2010, there were a total of 547 cases reported. 90% of the cases reported were males (493). The 20-29 year old age group (56%) had the most number of cases for 2010. For the male age group, the most number of cases were found among the 20-24 years old (26%) and 25-34 years old (52%) [Figure 5].

From 1984 to 2010, there were 4,971 HIV Ab seropositive cases reported (Table 1), of which 4,131 (83%) were asymptomatic and 840 (17%) were AIDS cases. As shown in Figure 6, there is a significant difference in the number of male and female cases reported. Seventy-five percent (3,725) were males. The age groups with the most number of cases were: 20-24 years (16%), 25-29 (24%) and 30-34 years (20%) [Figure 6].

Figure 5. Proportion of Sex & Age-Groups in April 2010 & Jan-April 2010





Modes of Transmission (1984-2010)

In 2010, 80% (438) were infected through sexual contact, 17% (92) through needle sharing among injecting drug users and 0.2% (1) was mother-to-child transmission; 3% (16) had no data on mode of transmission (Table 2). There were 401 males and 37 females infected through sexual transmission. Their ages ranged from 18-71 years old. There were 79 males and 13 females who were infected through sharing of unclean needles. Their ages ranged from 16-55 years old. [Figure 7].

Of the 4,971 with HIV from 1984 to 2010, 89% (4,432) were infected through sexual contact, 1% (50) through mother-to-child transmission and 2% (100) through needle sharing among injecting drug users. Other modes of transmission are listed in Table 2. No data is available for 7% (367) of the cases. Cumulative data shows 52% (2,303) were infected through heterosexual contact, 31% (1,392) through homosexual contact, and 17% (737) through bisexual contact. From 2007 there has been a shift in the predominant trend of sexual transmission from heterosexual contact (29%) to males having sex with males (71%) [Figure 8].

Table 2. Reported Mode of HIV Transmission

Mode of Transmission	Apr 2010 n=154	Jan-Apr 2010 n=547	N=4,971
Sexual Contact	127	438	4,432
Heterosexual contact	22 (17%)	89 (20%)	2, 303 (52%)
Homosexual contact	62 (49%)	221 (51%)	1,392 (31%)
Bisexual contact	43 (34%)	128 (29%)	737 (17%)
Blood/Blood Products	0	0	19
Injecting Drug Use	24	92	100
Needle Prick Injury	0	0	3
Mother-to-Child	0	1	50
No Data Available	3	16	367

Figure 7. Proportion of Types of Mode of Transmission by Age-Group,

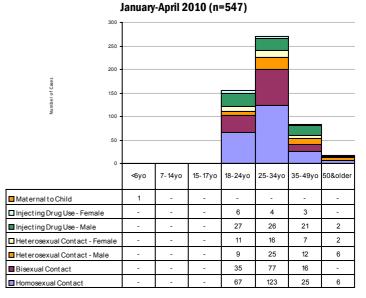
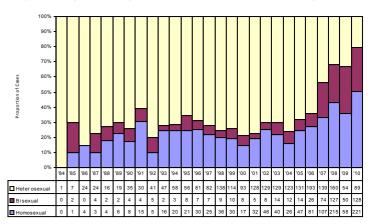


Figure 8. Proportion of Types of Sexual Transmission, Jan 1984—April 2010



Overseas Filipino Workers (OFW)

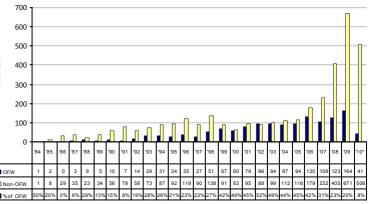
In 2010, there were 41 HIV positive OFWs, comprising 7% of cases reported for the year [Figure 9]. Of these, 34 (83%) were males and 7 (17%) females; all infected through sexual contact.

There were 1,389 HIV positive OFWs since 1984, comprising 28% of all reported cases [Figure 9]. Seventy-four percent (1,034) were males. Ages ranged from 18 to 69 years (median 36 years). Sexual contact (96%) was the predominant mode of transmission (Table 3). Eighty-one percent (1,124) were asymptomatic while 19% (265) were AIDS cases.

Table 3. Reported Mode of HIV Transmission Among OFWs

Mode of Transmission	Apr 2010 n= 16	Jan-Apr 2010 n= 41	Cumulative N=1,389
Sexual Transmission	16	41	1,327
Heterosexual contact	7 (44%)	19 (46%)	948 (71%)
Homosexual contact	5 (31%)	12 (29%)	237 (18%)
Bisexual contact	4 (25%)	10 (24%)	142 (11%)
Blood/Blood Products	0	0	10
Injecting Drug Use	0	0	1
Needle Prick Injury	0	0	3
No Data Available	0	0	48

Figure 9. Number of OFWs Compared to Non-OFWs by Year (1984-2010*)



*Data includes January to April 2010 only.

Program Related Information

Of the 154 HIV cases reported in April 2010, two were classified as AIDS. Forty-nine percent of the cases received information on HIV prevention, services available for HIV cases, implications of an HIV positive result from screening and confirmation. Their sources of information were one-on-one counseling, group counseling, pre-departure orientation seminar (PDOS), pamphlets, videos, internet and seminars.

Blood Units Screened for HIV

Note: The following information is from the National Voluntary Blood Safety Program (NVBSP) which monitors blood safety of donated blood. HIV reactive blood units are referred to the Research Institute for Tropical Medicine (RITM) for confirmation. RITM is the National Reference Laboratory for the NVBSP.

From January to April 2010, 51 blood units were confirmed to be positive by the RITM.

For April 2010, out of the 79 blood units referred for HIV confirmation, 15 units were positive for HIV, 5 units had indeterminate result, and 59 units were negative for HIV [Table 4].

Figure 10. HIV Positive Blood Units by Month & Year (2008-2010)

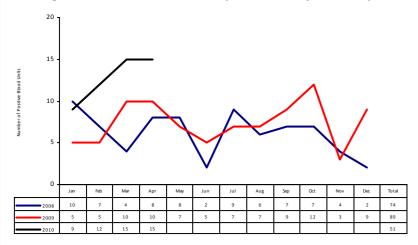


Table 4. Results of Blood Units Referred for HIV Confirmation

Monthly Report	2010			
	Blood units* referred	Positive	Indeterminate	
January	52	9	1	
February	89	12	3	
March	72	15	1	
April	79	15	5	
Мау	-	-	-	
June	-	-	-	
July	-	-	-	
August	-	-	-	
September	-	-	-	
October	-	-	-	
November	-	-	-	
December	-	-	-	
Total for the year (Jan –April only)	292	51	10	

^{**} These are HIV positive blood units, not donors. Donors of HIV positive blood units



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Philippine HIV & AIDS Registry

The Philippine HIV & AIDS Registry is the official record of the total number of laboratory-confirmed HIV positive individuals, AIDS cases and deaths, and HIV positive blood units in the Philippines. All individuals in the registry are confirmed by the STD/AIDS Cooperative Central Laboratory (SACCL) at San Lazaro Hospital. While all blood units are confirmed by the Research Institute for Tropical Medicine (RITM). Both are National Reference Laboratories (NRL) of the Department of Health (DOH).

Mandatory HIV testing is unlawful in the Philippines (RA 8504). The process of reporting to the Registry is as follows: All blood samples from accredited HIV testing facilities that are screened HIV reactive are sent to SACCL (individuals) or RITM (blood units) for confirmation. Confirmed HIV positive individuals and blood units are reported to the DOH-National Epidemiology Center (NEC), and are recorded in the Registry.

The Registry is a passive surveillance system. Except for HIV confirmation by the NRL, all other data submitted to the Registry are secondary and cannot be verified. An example would be an individual's reported place of residence. The Registry is unable to determine if this reported address is where the person got infected, or where the person lived after being infected, or where the person is presently living, or whether the address is valid. This limitation has major implications to data interpretation. Thus, readers are cautioned to carefully weigh the data and consider other sources of information prior to arriving at conclusions.