



Newly Diagnosed HIV Cases in the Philippines

In April 2011, there were 171 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 11% increase compared to the same period last year (n=154 in 2010) [Figure 1].

Most of the cases (96%) were males. The median age was 27 years (age range:17-60 years). The 20-29 year (64%) age-group had the most number of cases. Fifty-five percent (94) of the reported cases were from the National Capital Region (NCR).

Reported mode of transmission was sexual contact (165) and re-using needles among injecting drug users (4). Two did not report mode of transmission [Table 2, page 3]. Males having sex with other Males (87%) were the predominant type of sexual transmission [Figure 2]. Most (98%) of the cases were still asymptomatic at the time of reporting [Figure 3].

AIDS Cases

Of the 171 HIV positive cases, three were reported as AIDS cases. All were males. The median age was 44 years (age range: 36-59 years old). All acquired the infection through homosexual contact. There was no reported death for this month.

Overseas Filipino Workers (OFW)

Eleven of the 171 (6%) reported cases were OFWs [Figure 9, page 3]. All were males. The median age was 31 years (age range: 24-40 years). All cases acquired the infection through sexual contact (4 heterosexual, 2 homosexual, and 5 bisexual).

Table 1. Quick Facts

Demographic Data	Apr 2011	Jan-Apr 2011	Cumulative Data: 1984–2011
Total Reported Cases	171	654	6,669
Asymptomatic Cases	168	644	5,802
AIDS Cases	3	10	867
Males	165	608	5,307*
Females	6	46	1,351*
Youth 15-24yo	46	180	1,393
Children <15yo	0	2	57
Reported Deaths due to AIDS	0	1	324

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

Figure 1. Number of New HIV Cases per Month (2008-2011)

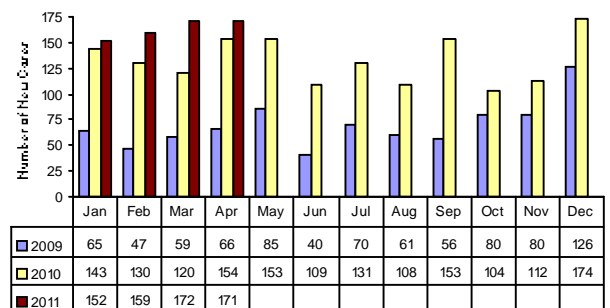


Figure 2. Comparison of the Proportion of Types of Sexual Transmission in 2011, 2010 & Cumulative Data (1984-2011)

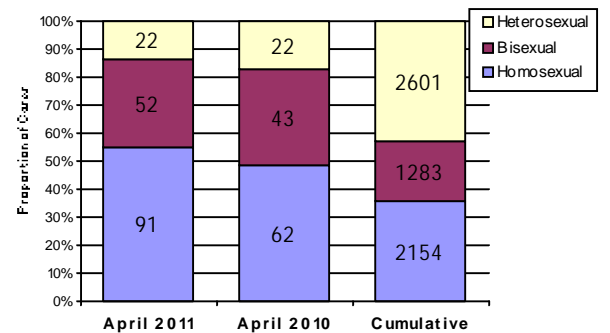
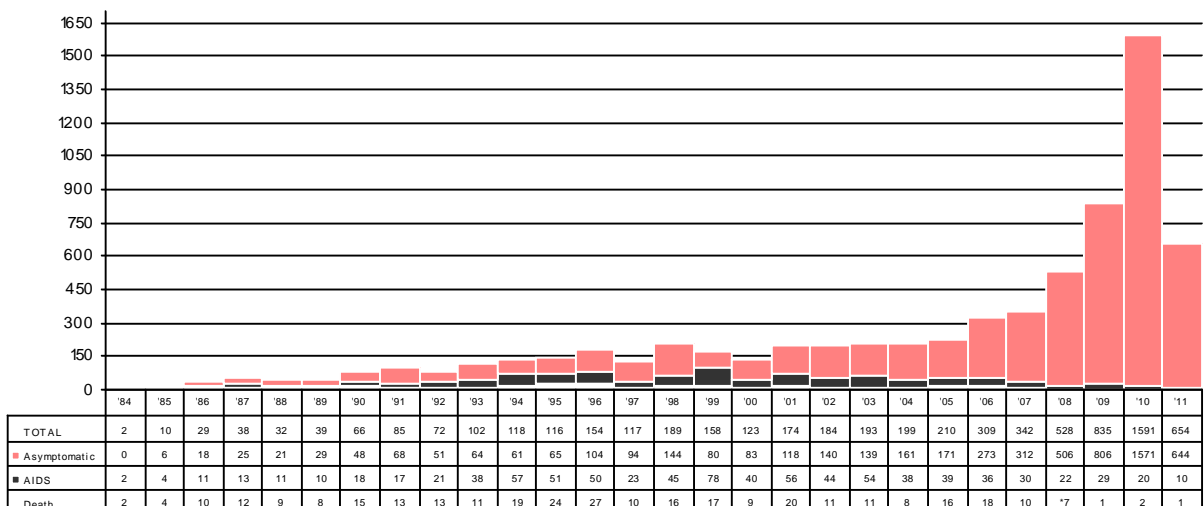


Figure 3. Number of HIV/AIDS Cases Reported in the Philippines by Year, Jan 1984 to April 2011 (N=6,669)



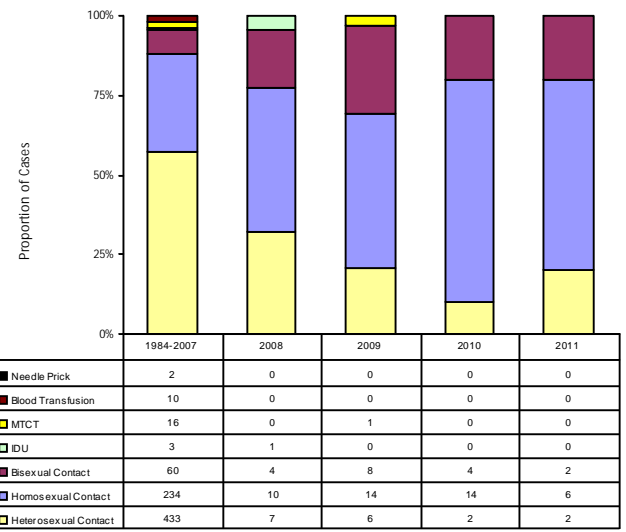
*Five initially asymptomatic cases reported in 2008, died due to AIDS that same year.

AIDS Cases (1984-2011)

Of the 654 HIV positive cases in 2011, ten were reported as AIDS cases. Ninety percent were males. Ages ranged from 22-59 years (median 36 years). All acquired the infection through sexual contact [heterosexual (2), homosexual (6), and bisexual contact (2)].

From 1984 to 2011, there were 867 AIDS cases reported, 71% (619) were males. Median age was 35 years (range 1-72 years). Of the AIDS cases, there were 324 (37%) deaths during the reported period. Sexual contact was the most common mode of HIV transmission, accounting for 93% (806) of all AIDS cases. More than half (450) of sexual transmission was through heterosexual contact, followed by homosexual contact (278) then bisexual contact (78). 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 (28) of the AIDS cases did not report mode of HIV transmission.

Fig 4. Proportion of Modes of Transmission of AIDS Cases by Year, Jan 1984–April 2011



Demographic Characteristics (1984-2011)

In 2011, there were a total of 654 cases reported. 93% of the cases reported were males (608). Ages ranged from 1-61 years old (median 28 years). The 20-29 year old age group (61%) had the most number of cases for 2011. For the male age group, the most number of cases were found among the 20-24 years old (27%), 25-29 years old (35%) and 30-34 years old (19%) [Figure 5].

From 1984 to 2011, there were 6,669 HIV Ab sero-positive cases reported (Table 1), of which 5,802 (87%) were asymptomatic and 867 (13%) were AIDS cases. As shown in Figure 6, there is a significant difference in the number of male and female cases reported. Eighty percent (5,307) were males. Ages ranged from 1-73 years (median 30 years). The age groups with the most number of cases were: 20-24 years (19%), 25-29 (26%) and 30-34 years (19%) [Figure 6].

Figure 5. Proportion of Sex & Age-Groups in Feb 2011 & Jan-April 2011

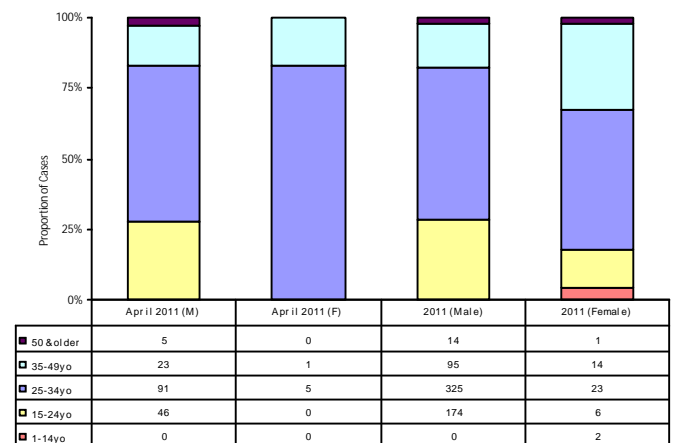
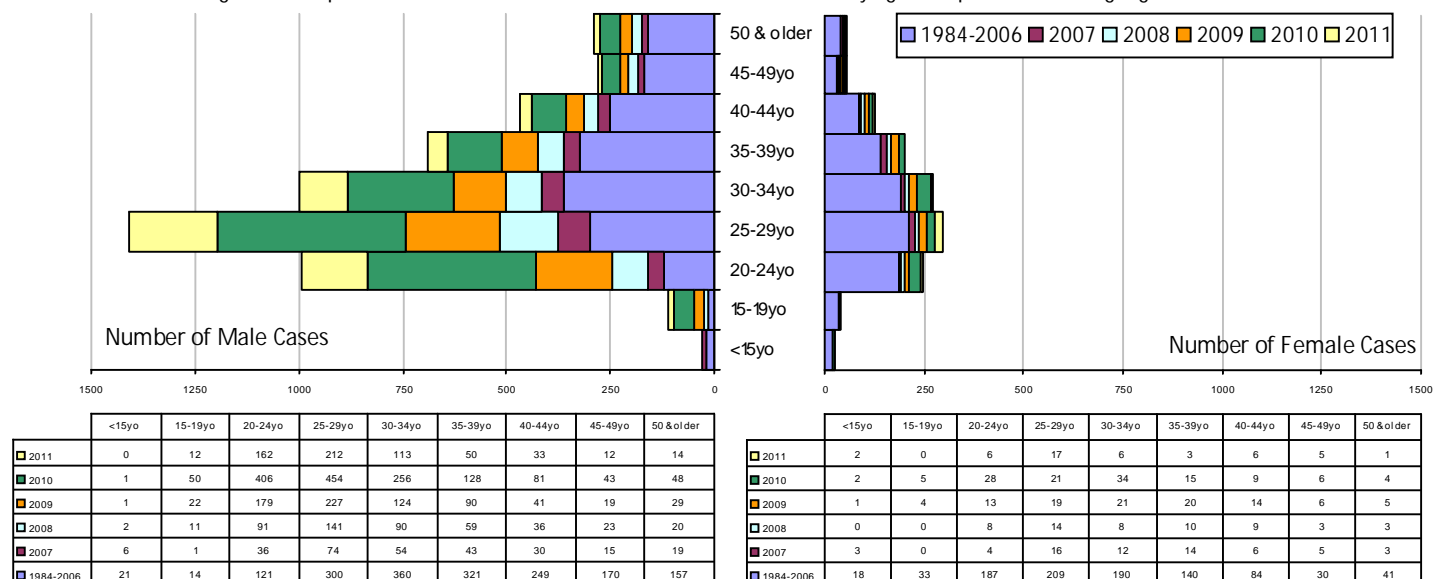


Figure 6. Comparison of the Distribution of Male and Female HIV Cases by Age-Group and Certain Highlighted Years



Modes of Transmission (1984-2011)

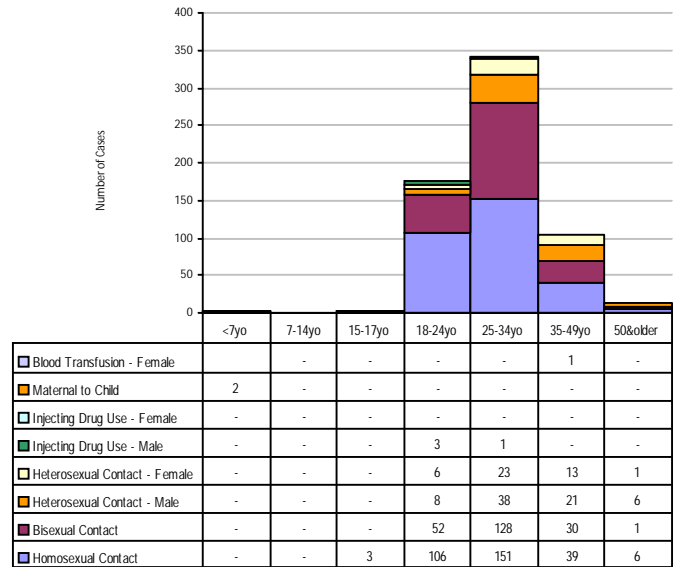
In 2011, 97% (632) were infected through sexual contact, 1% (4) through needle sharing among injecting drug users, <1% (2) through mother-to-child transmission and <1% (1) through blood transfusion; 2% (15) had no reported data on mode of transmission (Table 2). There were 589 males and 43 females infected through sexual transmission. The age range of those infected through sexual transmission was 15-61 years old (median 27 years). There were 4 males who were infected through sharing of unclean needles. Their ages range from 19-30 years old (median 21 years) [Figure 7].

Of the 6,669 with HIV from 1984 to 2011, 91% (6,038) were infected through sexual contact, 1% (54) through mother-to-child transmission and 2% (159) through needle sharing among injecting drug users. Other modes of transmission are listed in Table 2. No data is available for 6% (395) of the cases. Cumulative data shows 43% (2,601) were infected through heterosexual contact, 36% (2,154) through homosexual contact, and 21% (1,283) through bisexual contact. From 2007 there has been a shift in the predominant trend of sexual transmission from heterosexual contact (25%) to males having sex with other males (75%) [Figure 8].

Table 2. Reported Mode of HIV Transmission

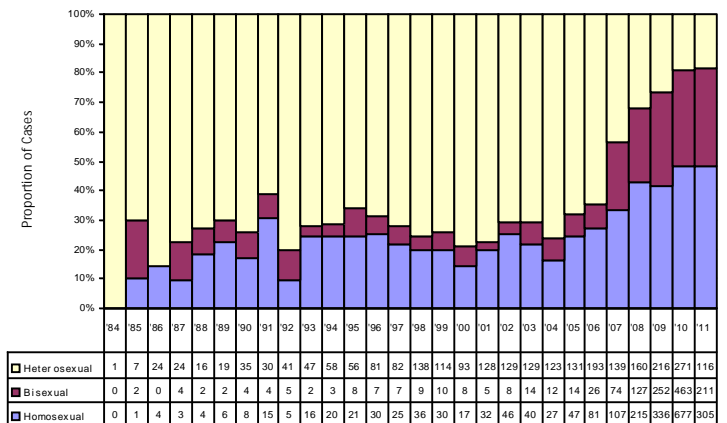
Mode of Transmission	Apr 2011 n=171	Jan-Apr 2011 n=654	Cumulative N=6,669
Sexual Contact	165	632	6,038
<i>Heterosexual contact</i>	22 (13%)	116 (18%)	2,601 (43%)
<i>Homosexual contact</i>	91 (55%)	305 (48%)	2,154 (36%)
<i>Bisexual contact</i>	52 (32%)	211 (33%)	1,283 (21%)
Blood/Blood Products	0	1	20
Injecting Drug Use	4	4	159
Needle Prick Injury	0	0	3
Mother-to-Child	0	2	54
No Data Available	2	15	395

Figure 7. Proportion of Modes of HIV Transmission by Age-Group, 2011 (n=654)



*No data available on Modes of Transmission for fifteen (15) cases

Figure 8. Proportion of Types of Sexual Transmission, Jan 1984–April 2011



Overseas Filipino Workers (OFW)

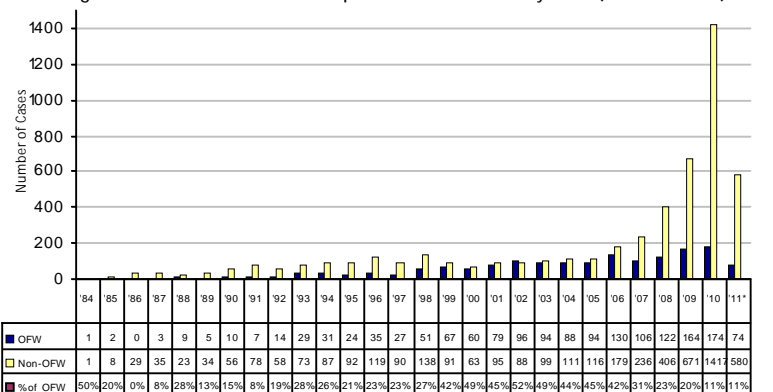
In 2011, there were 74 HIV positive OFWs, comprising 11% of cases reported for the year [Figure 9]. Of these, 65 (88%) were males and 9 (12%) were females; all infected through sexual contact.

There were 1,596 HIV positive OFWs since 1984, comprising 24% of all reported cases [Figure 9]. Seventy-six percent (1,210) were males. Ages ranged from 18 to 69 years (median 36 years). Sexual contact (96%) was the predominant mode of transmission (Table 3). Eighty-three percent (1,329) were asymptomatic while 17% (267) were AIDS cases.

Table 3. Reported Mode of HIV Transmission Among OFWs

Mode of Transmission	Apr 2011 n= 11	Jan-Apr 2011 n= 74	Cumulative N=1,596
Sexual Transmission	11	74	1,534
<i>Heterosexual contact</i>	4 (36%)	28 (38%)	1,029 (67%)
<i>Homosexual contact</i>	2 (18%)	22 (30%)	300 (20%)
<i>Bisexual contact</i>	5 (46%)	24 (32%)	205 (13%)
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 (1984-2011*)



*Data includes January to April 2011 only.

Program Related Information

Of the 171 HIV positive cases reported in April 2011, three were classified as AIDS. Seventy-six 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.

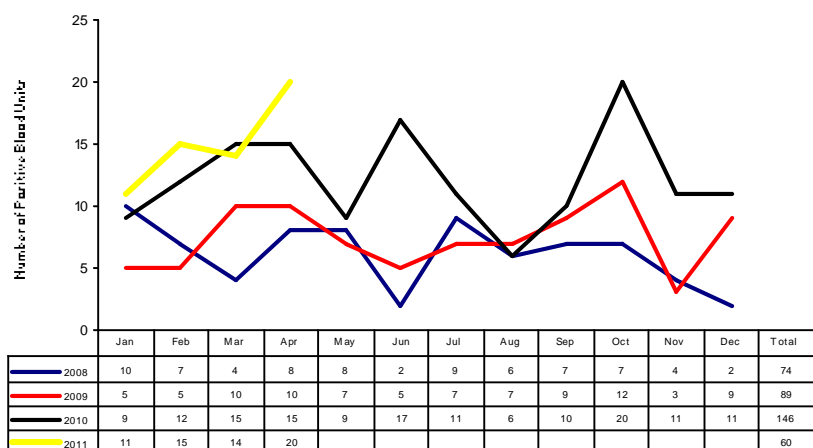
From January to April 2011, 60 blood units were confirmed to be positive for HIV by the RITM.

For April 2011, out of the 74 blood units referred for HIV confirmation, 20 units were positive for HIV and 53 units were negative for HIV; 1 unit had an indeterminate result [Table 4].

Table 4. Results of Blood Units Referred for HIV Confirmation

Monthly Report	2011		
	Blood units* referred	Positive	Indeterminate
January	85	11	0
February	67	15	2
March	76	14	1
April	74	20	1
May			
June			
July			
August			
September			
October			
November			
December			
Total for the year (Jan-April only)	302	60	4

Figure 10. HIV Positive Blood Units by Month & Year (2008-2011)



* One blood donor can donate more than one blood unit.
 ** These are HIV positive blood units, not donors. Donors of HIV positive blood units may or may not be in the HIV & AIDS Registry.



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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.