



Newly Diagnosed HIV Cases in the Philippines

In January 2011, there were 152 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 6% increase compared to the same period last year (n=143 in 2010) [Figure 1].

Most of the cases (93%) were males. The median age was 27 years (age range:17-61 years). The 20-29 year (65%) age-group had the most number of cases. Forty-seven percent (71) of the reported cases were from the National Capital Region (NCR).

Reported mode of transmission was sexual contact (151). One did not report mode of transmission [Table 2, page 3]. Males having sex with other males (81%) [homosexual and bisexual] was the predominant type of sexual transmission [Figure 2]. Most (98%) of the cases were still asymptomatic at the time of reporting [Figure 3]. There were no reported deaths for this month.

AIDS Cases

Of the 152 HIV positive cases, three were reported as AIDS cases. All were males. The median age was 40 years (age range: 36-51 years). One acquired infection through heterosexual contact and the other two through homosexual contact. There were no reported deaths for this month.

Overseas Filipino Workers (OFW)

Eleven percent (17/152) of the reported cases were OFWs [Figure 7, page 3]. Most (88%) of the cases were males. The median age was 30 years (age range: 21-52 years). All cases acquired the HIV infection through sexual contact (6 heterosexual, 4 homosexual, and 7 bisexual).

Table 1. Quick Facts

Demographic Data	Jan 2011	Cumulative Data: 1984-2011
Total Reported Cases	152	6,167
Asymptomatic Cases	149	5,307
AIDS Cases	3	860
Males	141	4,840*
Females	11	1,316*
Youth 15-24yo	45	1,258
Children <15yo	0	55
Reported Deaths due to AIDS	0	323

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

Figure 1. Number of New HIV Cases per Month (2009-2011)

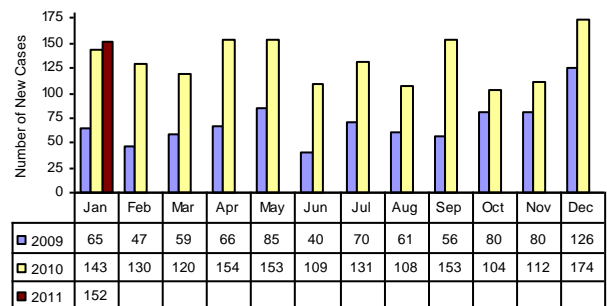


Figure 2. Comparison of the Proportion of Types of Sexual Transmission in 2010, 2011 & Cumulative Data (1984-2011)

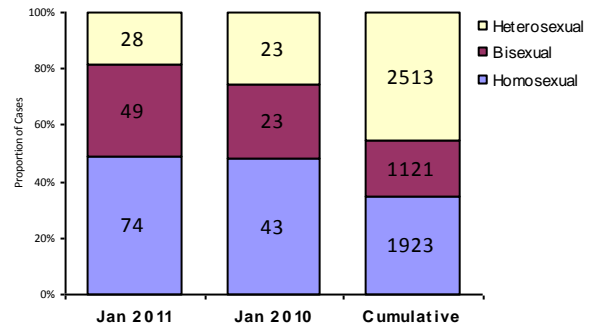
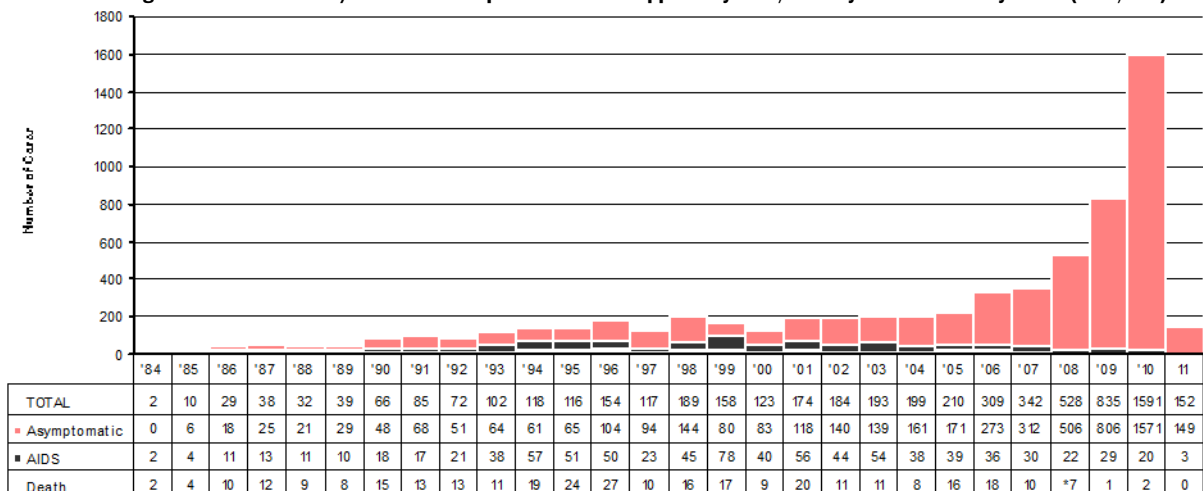


Figure 3. Number of HIV/AIDS Cases Reported in the Philippines by Year, January 1984 to January 2011 (N=6,167)



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

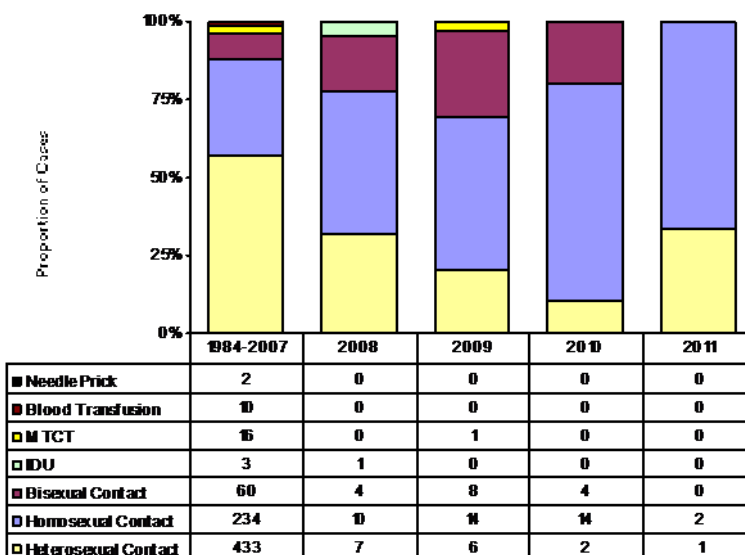
AIDS Cases (1984-2011)

From 1984 to 2011, there were 860 AIDS cases reported, 71% (613) were males. Median age was 35 years (range 1-72 years). Of the reported AIDS cases, 323 (38%) had already died at the time of case reporting. Sexual contact was the most common mode of HIV transmission, accounting for 93% (799) of all reported AIDS cases.

More than half (449) of sexual transmission was through heterosexual contact, followed by homosexual contact (274) then bisexual contact (76).

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.

Figure 4. Proportion of Modes of Transmission* of AIDS Cases by Year, Jan 1984– Jan 2011



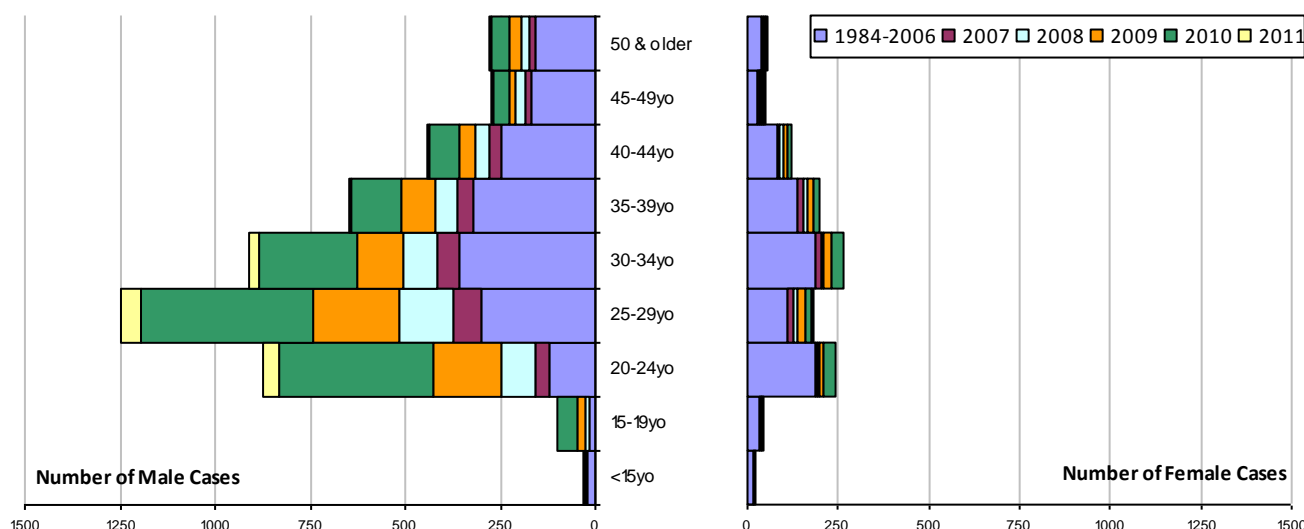
*Note: 28 did not report mode of transmission

Demographic Characteristics (1984-2011)

From 1984 to 2011, there were 6,167 HIV Ab sero-positive cases reported (Table 1), of which 5,307 (86%) were asymptomatic and 860 (14%) were AIDS cases. As shown in Figure 5, there is a significant difference in the number of male and female cases reported. Seventy-nine percent (4,840) were males. Ages ranged from 1-73 years (median 30 years). The age groups with the most number of cases were: 20-24 years (18%), 25-29 years (25%) and 30-34 years (19%).

From 1984 to 2006, the most number of cases reported among males was in the 30-34 years age-group. In 2007, it shifted to 25-29 years. Beginning in 2008, the most number of cases were 25-29 years of age, followed by 20-24 years. For females, the most number of cases has consistently been between 30 to 34 years, followed by 20-24 years.

Figure 5. Comparison of the Distribution of Male and Female HIV Cases by Age-Group and Certain Highlighted Years



	<15yo	15-19yo	20-24yo	25-29yo	30-34yo	35-39yo	40-44yo	45-49yo	50 & older
2011	0	2	41	52	25	6	6	4	5
2010	1	50	406	454	256	128	81	43	48
2009	1	22	179	227	124	90	41	19	29
2008	2	11	91	141	90	59	36	23	20
2007	6	1	36	74	54	43	30	15	19
1984-2006	21	14	121	300	360	321	249	170	157

	<15yo	15-19yo	20-24yo	25-29yo	30-34yo	35-39yo	40-44yo	45-49yo	50 & older
2011	0	0	2	4	0	1	2	2	0
2010	2	5	28	21	34	15	9	6	4
2009	1	4	13	19	21	20	14	6	5
2008	0	0	8	14	8	10	9	3	3
2007	3	0	4	16	12	14	6	5	3
1984-2006	18	33	187	109	190	140	84	30	41

Modes of Transmission (1984-2011)

In 2011, 99% (151) were infected through sexual contact, one (1) male had no reported data on mode of transmission (Table 2). Of those infected through sexual contact, 140 were males and 11 were females. Their ages ranged from 17-61 years old. (median 27 years) [Fig 6].

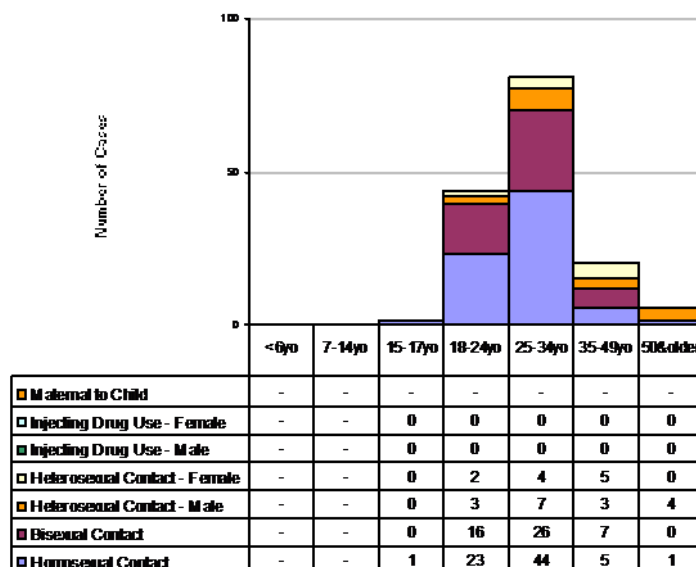
Of the 6,167 with HIV from 1984 to 2011, 90% (5,557) were infected through sexual contact, 1% (52) through mother-to-child transmission and 3% (155) through needle sharing among injecting drug users. Other modes of transmission are listed in Table 2. No data is available for 6% (381) of the cases.

Cumulative data shows 45% (2,513) were infected through heterosexual contact, 35% (1,923) through homosexual contact, and 20% (1,121) through bisexual contact. From 2007 there has been a shift in the predominant trend of sexual transmission from heterosexual contact (26%) to males having sex with males (75%) [Figure 7].

Table 2. Reported Mode of HIV Transmission

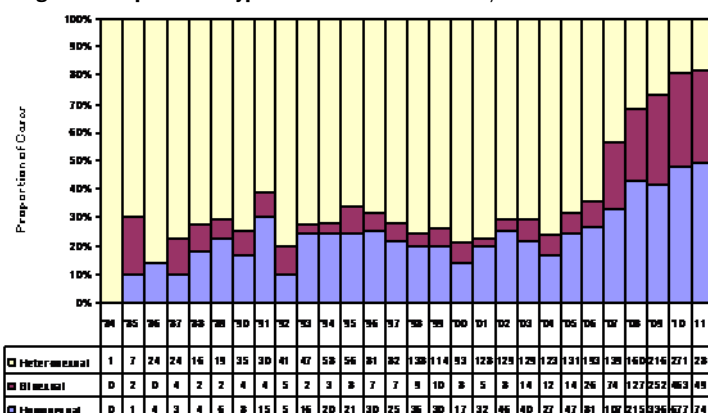
Mode of Transmission	Jan 2011 n=152	Cumulative N=6,167
Sexual Contact	151	5,557
Heterosexual contact	28 (19%)	2,513 (45%)
Homosexual contact	74 (49%)	1,923 (35%)
Bisexual contact	49 (32%)	1,121 (20%)
Blood/Blood Products	0	19
Injecting Drug Use	0	155
Needle Prick Injury	0	3
Mother-to-Child	0	52
No Data Available	1	381

Figure 6. Modes of HIV Transmission by Age-Group, 2011 (n=152)



*No data available on Mode of Transmission for one (1) case

Figure 7. Proportion of Types of Sexual Transmission, Jan 1984–Jan 2011



Overseas Filipino Workers (OFW)

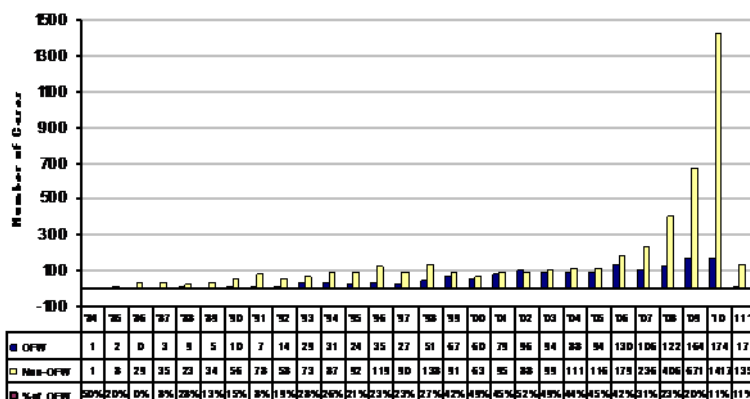
In 2011, there were 17 HIV positive OFWs, comprising 11% of cases reported for the year [Figure 8]. Of these, 15 (88%) were males and 2 (12%) were females; all infected through sexual contact.

There were 1,539 HIV positive OFWs since 1984, comprising 25% of all reported cases [Figure 8]. Seventy-five percent (1,160) 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 (1,272) were asymptomatic while 17% (267) were AIDS cases.

Table 3. Reported Mode of HIV Transmission Among OFWs

Mode of Transmission	Jan 2011 n= 17	Cumulative N=1,539
Sexual Transmission	17	1,477
Heterosexual contact	6 (35%)	1,007 (68%)
Homosexual contact	4 (24%)	282 (19%)
Bisexual contact	7 (41%)	188 (13%)
Blood/Blood Products	0	10
Injecting Drug Use	0	1
Needle Prick Injury	0	3
No Data Available	0	48

Figure 8. Number of OFWs Compared to Non-OFWs by Year (1984-2011*)



*Data includes January 2011 only.

Program Related Information

Of the 152 HIV positive cases reported in January 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 December 2010, 146 blood units were confirmed to be positive by the RITM.

For January 2011, out of the 85 blood units referred for HIV confirmation, 11 units were positive for HIV, and 73 units were negative for HIV (Table 4). The sample of one (1) blood unit was insufficient and could not be confirmed.

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

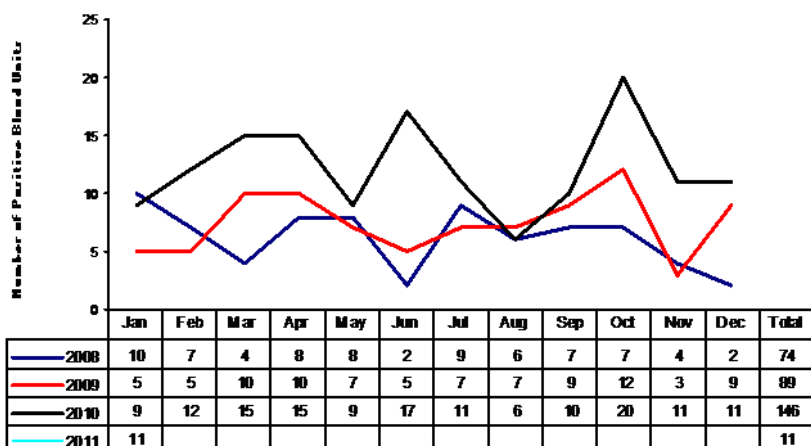


Table 4. Results of Blood Units Referred for HIV Confirmation

Monthly Report	2011		
	Blood units* referred	Positive	Indeterminate
January	85	11	0
February	-	-	-
March	-	-	-
April	-	-	-
May	-	-	-
June	-	-	-
July	-	-	-
August	-	-	-
September	-	-	-
October	-	-	-
November	-	-	-
December	-	-	-
Total for the year (January only)	85	11	0

* 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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What is the 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.