



Newly Diagnosed HIV Cases in the Philippines

In March 2010, there were 120 new HIV Ab seropositive individuals confirmed by the STD/AIDS Cooperative Central Laboratory (SACCL) and reported to the HIV and AIDS Registry (Table 1). This was a 103% increase compared to the same period last year (n=59 in 2009) [Figure 1]. Of the 120 individuals reported, 13 were detected from voluntary counseling and testing (VCT) as part of ongoing community outreach activities. Most of the cases (87%) were males. The median age was 28 years (age range: 20-64 years). The 20-24 year (29%) and 25-29 year (28%) age-groups had the most cases. Forty-eight percent (58) of the reported cases were from the National Capital Region (NCR).

Reported mode of transmission was sexual contact (102) and re-using needles among injecting drug users (13), [Table 2, page 2]. Five did not mention mode of transmission. Homosexual contact was 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 120 HIV positive cases, three were reported as AIDS cases. All were males. The median age was 30 years (age range: 25-40 years) and acquired the infection through (1) bisexual contact and (2) homosexual contact. There were no reported deaths for this month.

Overseas Filipino Workers (OFW)

Nine of the 120 (8%) reported cases were OFWs [Figure 9, page 3]. Eight (89%) were males. The median age was 34 years (age range: 25-64 years). All cases acquired the HIV infection through sexual contact (4 heterosexual, 2 homosexual, and 3 bisexual).

Table 1. Quick Facts

Demographic Data	Mach 2010	Jan-Mar 2010	Cumulative Data: 1984-2010
Total Reported Cases	120	393	4,817
Asymptomatic Cases	117	387	3,979
AIDS Cases	3	6	838
Males	104	349	3,581*
Females	16	44	1,225*
Youth 15-24yo	35	126	850
Children <15yo	0	1	53
Reported Deaths due to AIDS	0	0	318

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

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

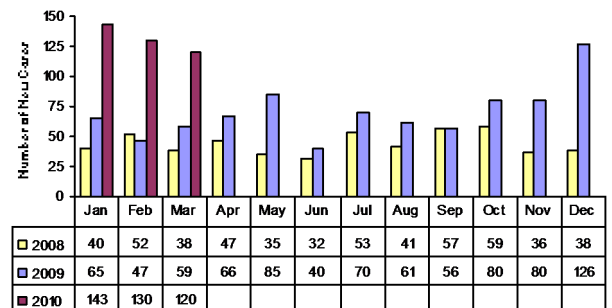


Figure 2. Comparison of the Proportion of Types of Sexual Transmission in 2010, 2009 & Cumulative Data (1984-2010)

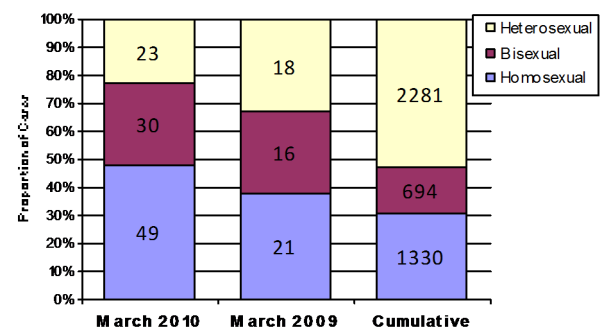
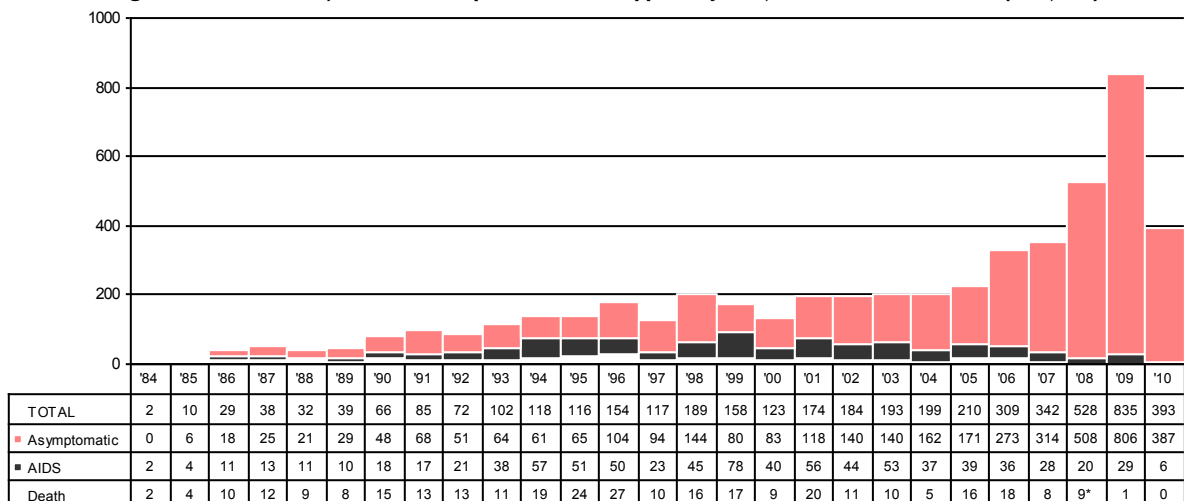


Figure 3. Number of HIV/AIDS Cases Reported in the Philippines by Year, Jan 1984 to March 2010 (N=4,817)



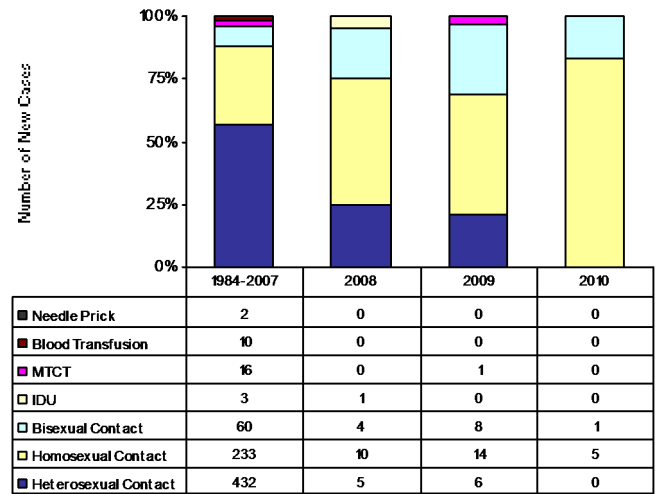
*Five initially asymptomatic cases reported in 2008 died due to AIDS in same year.

AIDS Cases (1984-2010)

Of the 393 HIV positive cases in 2010, six were reported as AIDS. All were males. Ages ranged from 23-40 years. All acquired the infection through sexual contact [homosexual contact (5) and bisexual contact (1)].

From 1984 to 2010, there were 838 AIDS cases reported, 71% (594) were males. Median age was 35 years (range 1-72 years). Thirty-eight percent (314) had already died. Sexual contact was the most common mode of HIV transmission, accounting for 93% (778) of all AIDS cases. More than half (443) of sexual transmission was through heterosexual contact, followed by homosexual contact (262) 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.

Fig 4. Proportion of Modes of Transmission of AIDS Cases by Year, Jan 1984–Mar 2010



Demographic Characteristics (1984-2010)

In 2010, there were a total of 393 cases reported. 89% of the cases reported were males (349). The 25-34 year old age group (57%) had the most number of cases for 2010. For the male age group, the most number of cases were found among the 15-24 years old (31%) and 25-34 years old (51%) [Figure 5].

From 1984 to 2010, there were 4,817 HIV Ab seropositive cases reported (Table 1), of which 3,979 (83%) were asymptomatic and 838 (17%) were AIDS cases. As evident in Figure 6, there is a significant difference in the number of male and female cases reported. Seventy-five percent (3,581) were males. The age groups with the most number of cases were: 20-24 years (16%), 25-29 (23%) and 30-34 years (20%) [Figure 6].

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

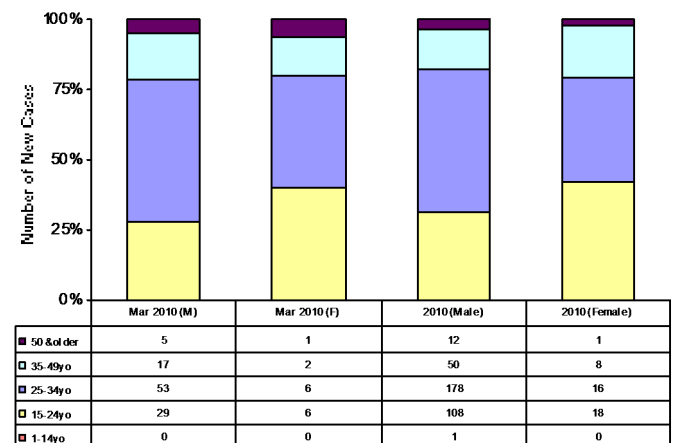
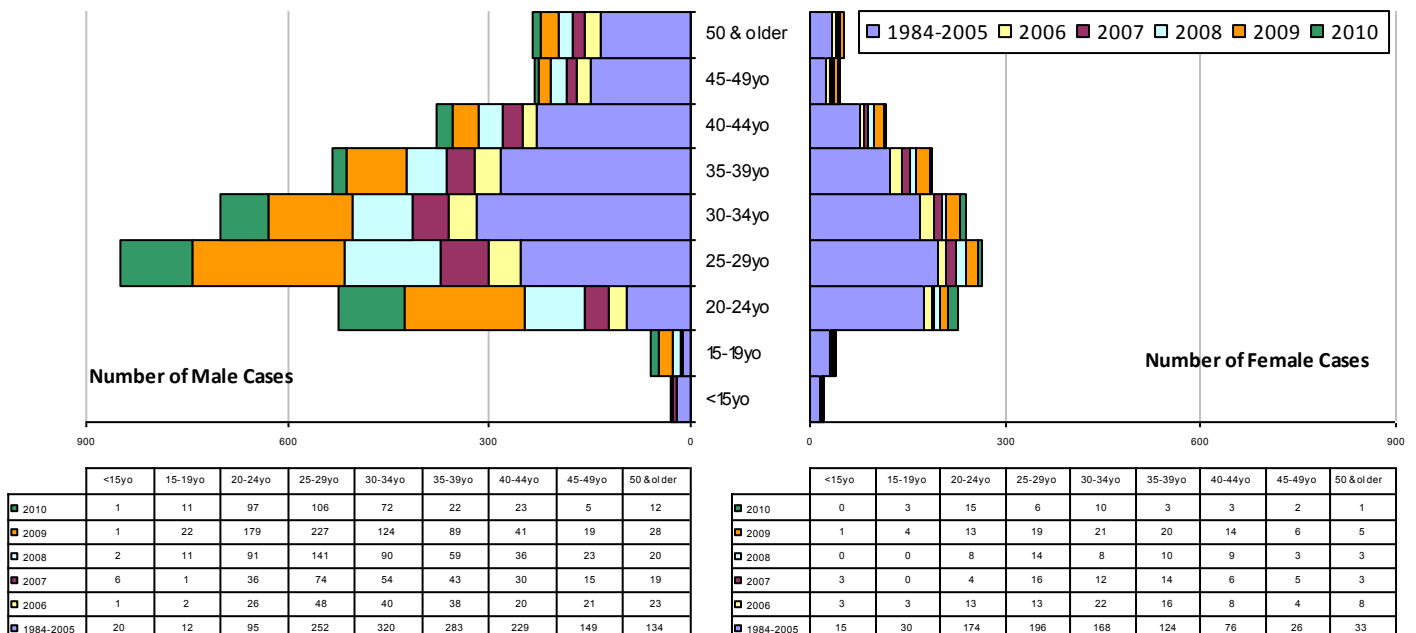


Figure 6. Comparison of the Distribution of Male and Female HIV Cases by Age-Group and Certain Highlighted Years



Modes of Transmission (1984-2010)

In 2010, 79% (311) were infected through sexual contact, 17% (68) through needle sharing among injecting drug users and 0.3% (1) was mother-to-child transmission; 13 had no data on mode of transmission (Table 2). There were 283 males and 28 females infected through sexual transmission. Their ages ranged from 18-71 years old. There were 56 males and 12 females who were infected through sharing of unclean needles. Their ages ranged from 16-55 years old. [Figure 7].

Of the 4,817 with HIV from 1984 to 2010, 89% (4,305) were infected through sexual contact, 1% (50) through mother-to-child transmission and 2% (76) through needle sharing among injecting drug users. Other modes of transmission are listed in Table 2. No data is available for 8% (364) of the cases. Cumulative data shows 53% (2,281) were infected through heterosexual contact, 31% (1,330) through homosexual contact, and 16% (694) through bisexual contact. From 2007 there has been a shift in the predominant trend of sexual transmission from heterosexual contact (30%) to males having sex with males (70%) [Figure 8].

Table 2. Reported Mode of HIV Transmission

Mode of Transmission	Mar 2010 n=120	Jan-Mar 2010 n=393	Cumulative N=4,817
Sexual Contact	102	311	4,305
<i>Heterosexual contact</i>	<i>23 (23%)</i>	<i>67 (22%)</i>	<i>2,281 (53%)</i>
<i>Homosexual contact</i>	<i>49 (48%)</i>	<i>159 (51%)</i>	<i>1,330 (31%)</i>
<i>Bisexual contact</i>	<i>30 (29%)</i>	<i>85 (27%)</i>	<i>694 (16%)</i>
Blood/Blood Products	0	0	19
Injecting Drug Use	13	68	76
Needle Prick Injury	0	0	3
Mother-to-Child	0	1	50
No Data Available	5	13	364

Figure 7. Proportion of Types of Mode of Transmission by Age-Group, Jan-Mar 2010 (n=311)

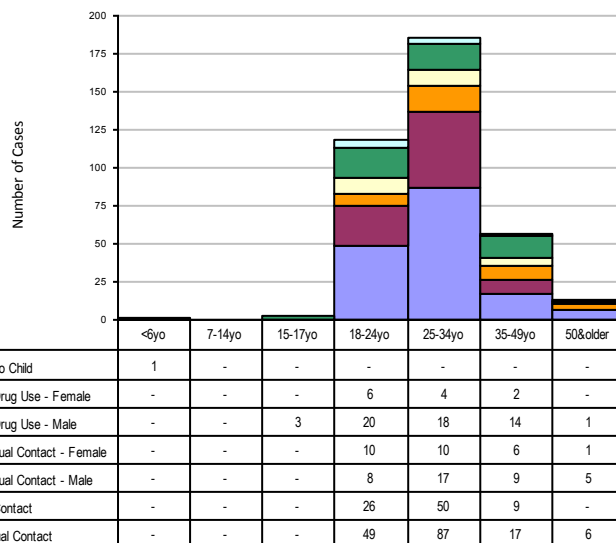
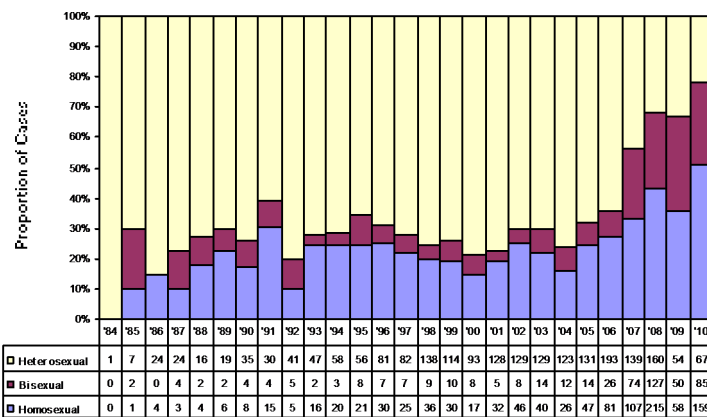


Figure 8. Proportion of Types of Sexual Transmission, Jan 1984–March 2010



Overseas Filipino Workers (OFW)

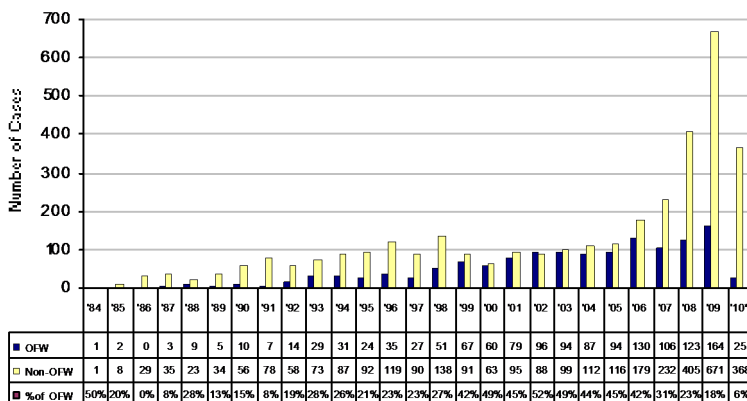
In 2010, there were 25 HIV positive OFWs, comprising 6% of cases reported for the year [Figure 9]. Of these, 20 (80%) were males and 5 (20%) females; all infected through sexual contact.

There were 1,373 HIV positive OFWs since 1984, comprising 29% of all reported cases [Figure 9]. Seventy-four percent (1,020) 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 (1,108) were asymptomatic while 19% (265) were AIDS cases.

Table 3. Reported Mode of HIV Transmission Among OFWs

Mode of Transmission	Mar 2010 n=9	Jan-Mar 2010 n=25	Cumulative N=1,373
Sexual Transmission	9	25	1,311
<i>Heterosexual contact</i>	<i>4 (44%)</i>	<i>12 (48%)</i>	<i>941 (72%)</i>
<i>Homosexual contact</i>	<i>2 (22%)</i>	<i>7 (28%)</i>	<i>232 (18%)</i>
<i>Bisexual contact</i>	<i>3 (33%)</i>	<i>6 (24%)</i>	<i>138 (11%)</i>
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 March 2010 only.

Program Related Information

Of the 120 HIV cases reported in March 2010, three were classified as AIDS. Forty 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 March 2010, 36 blood units were confirmed to be positive by the RITM.

For March 2010, out of the 72 blood units referred for HIV confirmation, 15 units were positive for HIV, 1 unit had indeterminate result, and 56 units were negative for HIV [Table 4].

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

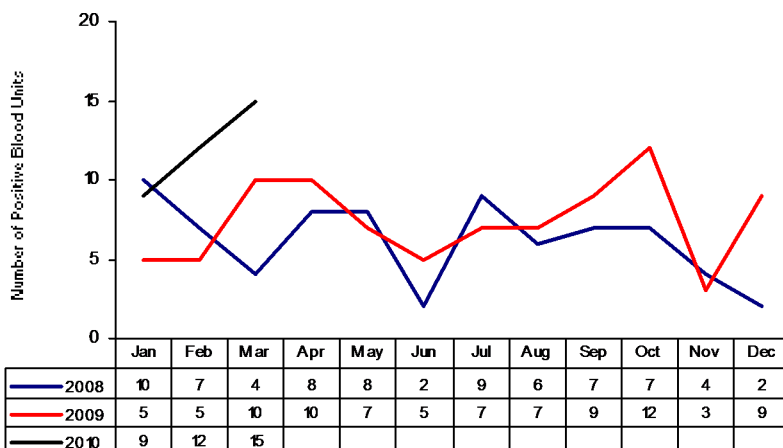


Table 4. Results of Blood Units Referred for HIV Confirmation

Monthly Report	2010		
	Blood units* referred	Positive	Indeterminate
January	52	9	1
February	89	12	3
March	72	15	1
April	-	-	-
May	-	-	-
June	-	-	-
July	-	-	-
August	-	-	-
September	-	-	-
October	-	-	-
November	-	-	-
December	-	-	-
Total for the year (Jan -Feb only)	213	36	5

* 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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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.