



Newly Diagnosed HIV Cases in the Philippines

In March 2012, there were 313 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 82% higher compared to the same period last year (n=172 in 2011), and the highest number of cases ever reported in the registry [Figure 1].

Most of the cases (93%) were males. The median age was 29 years (age range: 2-81 years). The 20-29 year (52%) age-group had the most number of cases. Forty-seven percent (146) of the reported cases were from the National Capital Region (NCR).

Reported mode of transmission were sexual contact (280), needle sharing among injecting drug users (31) and mother to child transmission (2). [Table 2, page 3]. Males having sex with other males (83%) were the predominant type of sexual transmission [Figure 2]. Most (95%) of the cases were still asymptomatic at the time of reporting [Figure 3].

AIDS Cases

Of the 313 HIV positive cases, seventeen were reported as AIDS cases, 16 males and 1 female. The median age is 31 years (age range: 24-42 years). All cases acquired the infection through sexual contact (7 homosexual, 7 bisexual and 3 heterosexual). Of the AIDS cases, there were three reported death for this month; two were males and one was female, median age was 33 years (age range: 25-42 years).

Overseas Filipino Workers (OFW)

Thirty-seven of the 313 (12%) reported cases were OFWs [Figure 11, page 4]. There were 31 males and 6 females. The median age was 35 years (age range: 20-56 years). All acquired the infection through sexual contact (17 heterosexual, 13 homosexual, and 7 bisexual).

Table 1. Quick Facts

Demographic Data	March 2012	Jan-March 2012	Cumulative 1984-2012
Total Reported Cases	313	799	9,163
Asymptomatic Cases	296	769	8,158
AIDS Cases	17	30	1,005
Males	290	757	7,647*
Females	23	42	1,505*
Youth 15-24yo	82	215	2,132
Children <15yo	2	3	61
Reported Deaths due to AIDS	3	5	348

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

Figure 1. Number of New HIV Cases per Month (2010-2012)

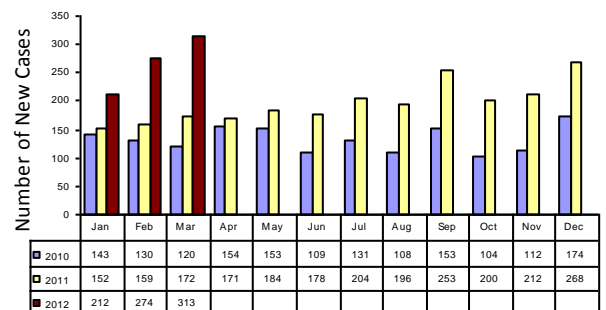


Figure 2. Comparison of the Proportion of Types of Sexual Transmission in 2012, 2011 & Cumulative Data (1984-2012)

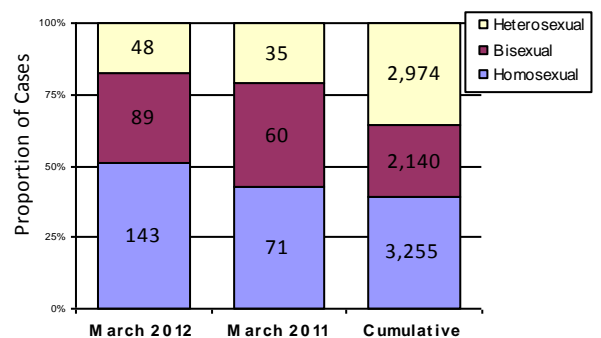
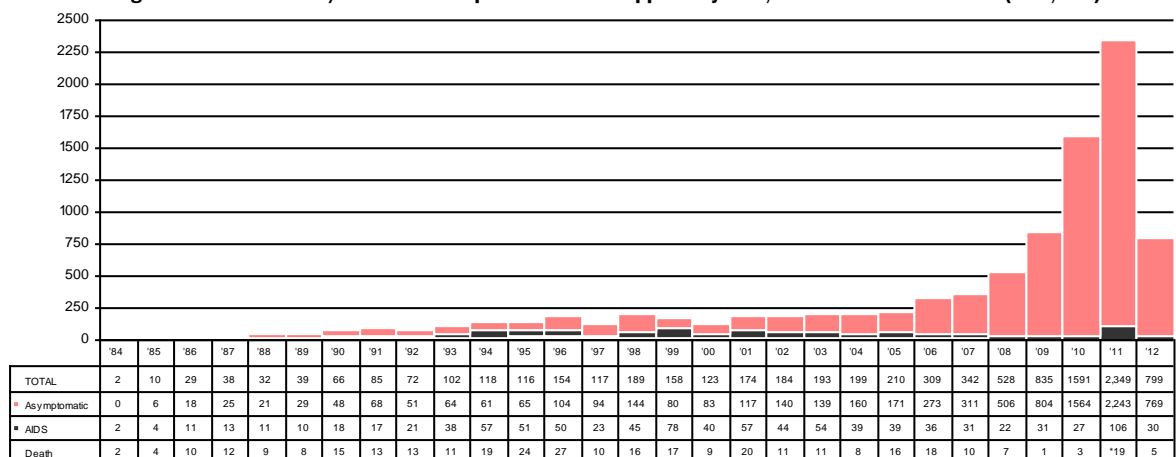


Figure 3. Number of HIV/AIDS Cases Reported in the Philippines by Year, Jan 1984 to March 2012 (N=9,163)



*Nine initially asymptomatic cases reported in 2011, died due to AIDS that same year.

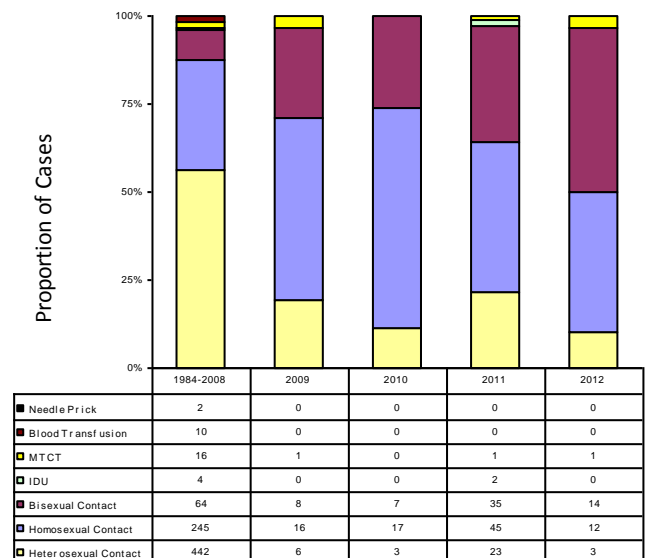
AIDS Cases (1984-2012)

Of the 799 HIV positive cases in 2012, thirty were reported as AIDS cases. Of these, 29 were males and 1 was female. Ages ranged from 7-47 years (median 33 years). Ninety-seven percent (29) acquired the infection through sexual contact (12 homosexual, 14 bisexual and 3 heterosexual) and 3% (1) mother-to-child transmission.

From 1984 to 2012, there were 1,005 AIDS cases reported. Seventy-four percent (744) were males. Median age is 35 years (age range: 1-72 years). Of the reported AIDS cases, 348 (35%) had already died at the time of reporting. Sexual contact was the most common mode of HIV transmission, accounting for 94% (940) of all reported AIDS cases. More than half (477) of sexual transmission was through heterosexual contact, followed by homosexual contact (335) then bisexual contact (128).

Other modes of transmission include: mother-to-child transmission (19), blood transfusion (10), injecting drug use (6), 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–March 2012



*Note: 28 did not report mode of transmission

Demographic Characteristics (1984-2012)

In 2012, there were a total of 799 cases reported. 95% of the cases reported were males (757). Ages ranged from 2-81 years old (median 28 years). The 20-29 year old age group (57%) had the most number of cases for 2012. For the male age group, the most number of cases were found among the 20-24 years old (25%), 25-29 years old (32%), and 30-34 years old (21%) [Figure 6].

From 1984 to 2012, there were 9,163 HIV Ab sero-positive cases reported (Table 1), of which 8,158 (89%) were asymptomatic and 1,005 (11%) were AIDS cases. As shown in Figure 6, there is a significant difference in the number of male and female cases reported. Eighty-four percent (7,647) were males. Ages ranged from 1-81 years (median 29 years). The age groups with the most number of cases were: 20-24 years (21%), 25-29 (28%) and 30-34 years (19%) [Figure 6].

Figure 5. Proportion of Sex & Age-Groups in March 2012 & Jan-March 2012

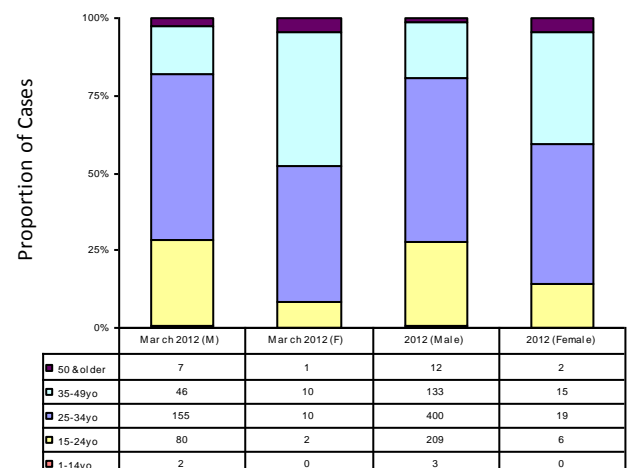
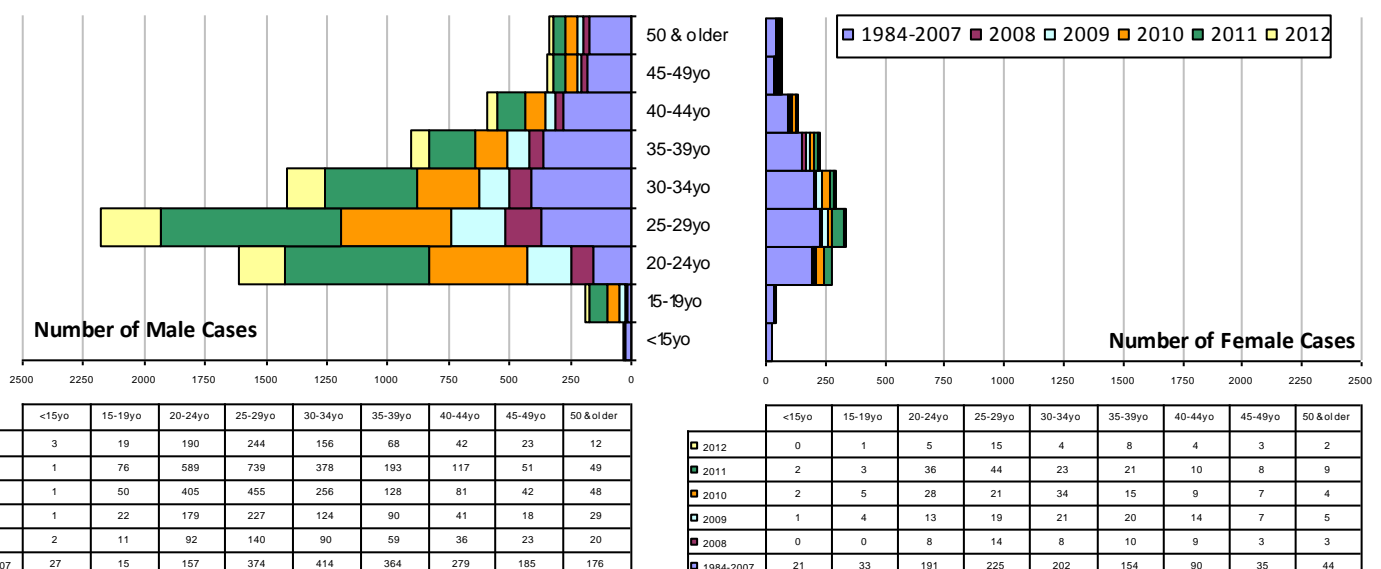


Figure 6. Comparison of the Distribution of Male and Female HIV Cases by Age-Group and Certain Highlighted Years



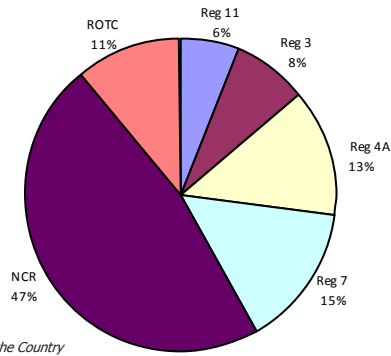
*Note: 74 did not report age, 11 did not report sex, 10 did not report age and sex

Geographic Distribution

Region	% of Cases
I	2%
II	0
III	8%
IVA	13%
IVB	<1%
V	2%
VI	2%
VII	15%
VIII	0
IX	2%
X	2%
XI	6%
XII	1%
CAR	<1%
CARAGA	1%
ARMM	0
NCR	47%

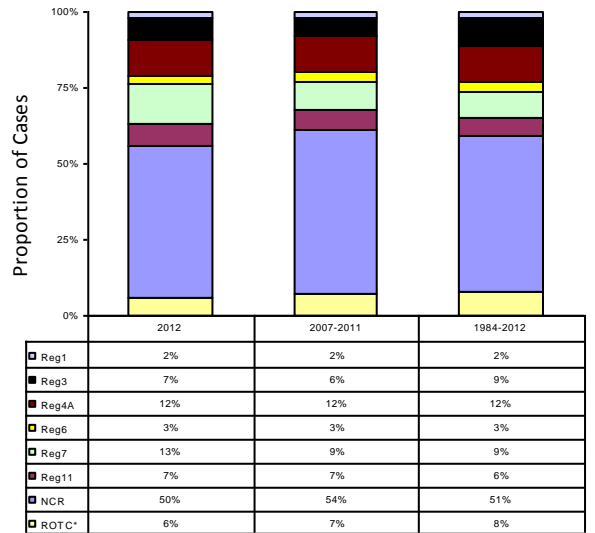
In March 2012, bulk of the new HIV cases came from NCR, Region 7, Region 4A, Region 3, Region 11, and Region 1 [Fig 7]. The three highest reporting regions were NCR, Region 4A, and Region 7.

Figure 7. New HIV Cases by Region, March 2012



*ROTC: Rest of the Country

Fig 8. Comparison of Proportion of HIV Cases by Region & Year



Modes of Transmission (1984-2012)

In 2012, 90% (723) were infected through sexual contact, 9% (73) through needle sharing among injecting drug users, and <1% (3) through mother-to-child transmission (Table 2). There were 688 males and 35 females infected through sexual transmission. The age range of those infected through sexual transmission was 17-81 years old (median 28 years).

Of the 9,163 HIV positive cases reported from 1984 to 2012, 91% (8,369) were infected through sexual contact, 4% (338) through needle sharing among injecting drug users, 1% (58) through mother-to-child transmission, <1% (20) through blood transfusion and needle prick injury <1% (3) [Table 2]. Other modes of transmission are listed in Table 2. No data is available for 4% (375) of the cases.

Table 2. Reported Mode of HIV Transmission

Mode of Transmission	March 2012 n=313	Jan-Mar 2012 n=799	Cumulative N=9,163
Sexual Contact	280	723	8,369
<i>Heterosexual contact</i>	<i>48(17%)</i>	<i>98(14%)</i>	<i>2,974(36%)</i>
<i>Homosexual contact</i>	<i>143(51%)</i>	<i>367(51%)</i>	<i>3,255(39%)</i>
<i>Bisexual contact</i>	<i>89(32%)</i>	<i>258(36%)</i>	<i>2,140(26%)</i>
Blood/Blood Products	0	0	20
Injecting Drug Use	31	73	338
Needle Prick Injury	0	0	3
Mother-to-Child	2	3	58
No Data Available	0	0	375

Cumulative data shows 36% (2,974) were infected through heterosexual contact, 39% (3,255) through homosexual contact, and 26% (2,140) through bisexual contact. From 2007 there has been a shift in the predominant trend of sexual transmission from heterosexual contact (21%) to males having sex with other males (79%) [Figure 9].

Figure 9. Proportion of Types of Sexual Transmission, Jan 1984–March 2012

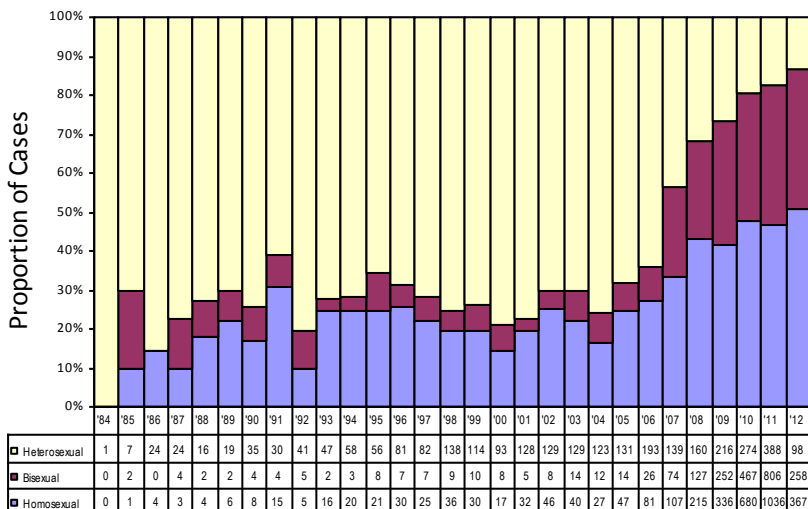
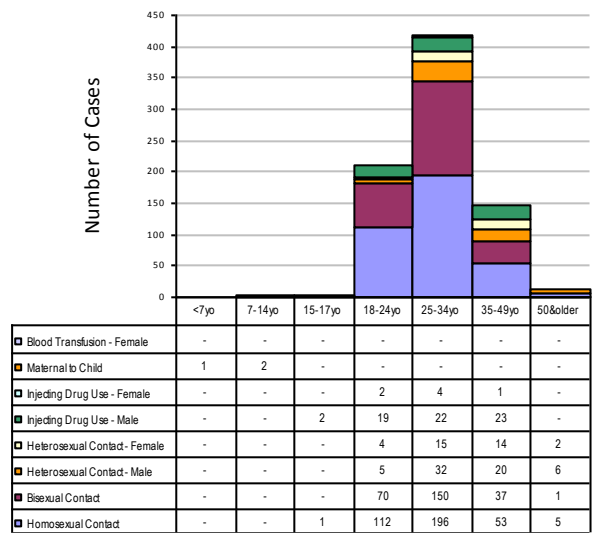


Figure 10. HIV Transmission by Age-Group, 2012 (n=799)



Overseas Filipino Workers (OFW)

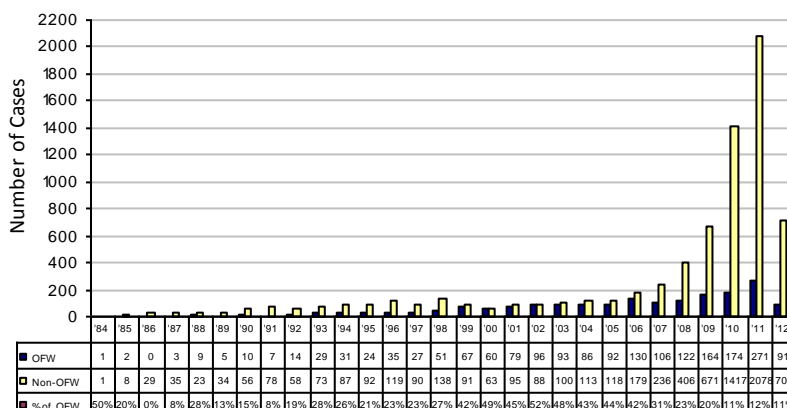
In 2012, there were 91 HIV positive OFWs, comprising 11% of cases reported for the year [Figure 11]. Of these, 81 (89%) were males and 10 (11%) were females. All were infected through sexual contact.

There were 1,879 HIV positive OFWs since 1984, comprising 21% of all reported cases [Figure 11]. Seventy-seven percent (1,451) were males. Ages ranged from 18 to 69 years (median 35 years). Sexual contact (97%) was the predominant mode of transmission (Table 3). Eighty-five percent (1,596) were asymptomatic while 15% (283) were AIDS cases.

Table 3. Mode of HIV Transmission Among OFWs

Mode of Transmission	Mar 2012 n=37	Jan-Mar 2012 n=91	Cumulative N=1,879
Sexual Transmission	37	91	1,817
Heterosexual contact	17(46%)	26(29%)	1,124(62%)
Homosexual contact	13(35%)	32(35%)	387(21%)
Bisexual contact	7(19%)	33(36%)	306(17%)
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 11. Number of OFWs Compared to Non-OFWs by Year (1984-2012)



Blood Units Confirmed for HIV

In March 2012, 34 blood units were confirmed positive for HIV by RITM. This was 143% higher compared to the same period last year (Table 4). There is no available data yet on the total number of blood units donated.

These are confirmed positive blood units, not blood donors. One donor can donate more than one blood unit. HIV positive blood donors may not be in the HIV & AIDS Registry unless they underwent voluntary counseling and testing as individuals.

Table 4. Number of Confirmed HIV Positive Blood Units

Month	2012	2011
January	17	11
February	18	15
March	34	14
April		20
May		10
June		32
July		22
August		18
September		10
October		22
November		17
December		18
Total	69	209

PLHIV on Anti-Retroviral Therapy

As of January 2012, there are 2,087* People Living with HIV presently on Anti-Retroviral Therapy (ART). Data for March is not yet available.

Table 5. Number of PLHIV on ART

Month	2012
January	2,087
February	Data not yet available
March	Data not yet available
April	
May	
June	
July	
August	
September	
October	
November	
December	

Treatment Hubs in the Philippines

1. Baguio General Hospital and Medical Center
2. Ilocos Training and Regional Medical Center
3. Cagayan Valley Medical Center
4. Jose B. Lingad Medical Center
5. San Lazaro Hospital
6. Philippine General Hospital
7. Research Institute for Tropical Medicine
8. Makati Medical Center
9. The Medical City
10. Bicol Regional Training and Teaching Hospital
11. Western Visayas Medical Center
12. Corazon Locsin Montelibano Memorial Regional Hospital
13. Vicente Sotto Memorial Medical Center
14. Gov. Celestino Gallares Memorial Hospital
15. Zamboanga City Medical Center
16. Southern Philippines Medical Center

* This is not a cumulative number. It does not include those who already have died, left the country, or decided to stop taking ART.

NEC National HIV/AIDS & STI Strategic Information and Surveillance Unit

National Epidemiology Center, Department of Health, Bldg. 19, San Lazaro Compound, Sta. Cruz, Manila 1003 Philippines

Tel: +632 651-7800 local 2926, 2952
Fax: +632 495-0513
Email: HIVepicenter@gmail.com
Website: http://www.doh.gov.ph

Philippine HIV & AIDS Registry Report Editorial Team:

María Lourdes Ann D.J. Zambo
HIV Surveillance Assistant, HIV Unit
Krizelle Ann G. Ronquillo
Asst. HIV Surveillance Officer, HIV Unit
Noel S. Palaypich, RN, MGM
HIV Surveillance Officer, HIV Unit

Genesis M. J. Sarmiento, MD, PHSAE
Epidemiologist, HIV Unit

Agnes B. Sagarra, MD, PHSAE
Chief, SRM, NEC

Enrique A. Tanyag, MD, PHSAE, FPSMID
Director IV, NEC

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.