



Newly Diagnosed HIV Cases in the Philippines

In October 2010, there were 104 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 30% increase compared to the same period last year (n=80 in 2009) [Figure 1].

Most of the cases (93%) were males. The median age was 28 years (age range:19-61 years). The 20-29 year (57%) age-group had the most number of cases. Forty four percent (46) of the reported cases were from the National Capital Region (NCR).

Reported mode of transmission was sexual contact (100). Four did not report mode of transmission [Table 2, page 2]. Males having sex with other Males (78%) were the predominant type of sexual transmission [Figure 2]. All of the cases were still asymptomatic at the time of reporting [Figure 3].

AIDS Cases

There were no reported AIDS and deaths for this month.

Overseas Filipino Workers (OFW)

Twenty of the 104 (19%) reported cases were OFWs [Figure 9, page 3]. Most (75%) of the cases were males. The median age was 32 years (age range: 21-61 years). All cases acquired the HIV infection through sexual contact (11 heterosexual, 4 homosexual, and 5 bisexual).

Table 1. Quick Facts

Demographic Data	October 2010	Jan-Oct 2010	Cumulative Data: 1984–2010
Total Reported Cases	104	1,305	5,729
Asymptomatic Cases	104	1,290	4,877
AIDS Cases	0	15	852
Males	97	1,197	4,429*
Females	7	108	1,289*
Youth 15-24yo	27	399	1,123
Children <15yo	0	3	55
Reported Deaths due to AIDS	0	2	323

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

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

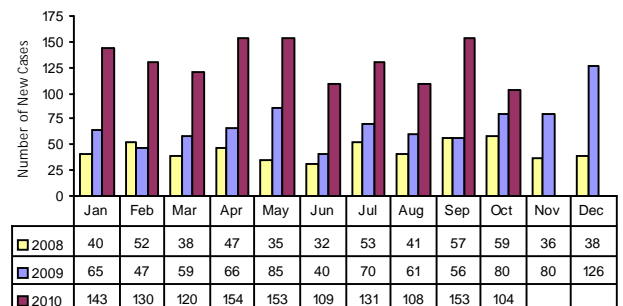


Figure 2. Comparison of the Proportion of Types of Sexual Transmission in 2010, 2009 & Cumulative Data (1984-2010)

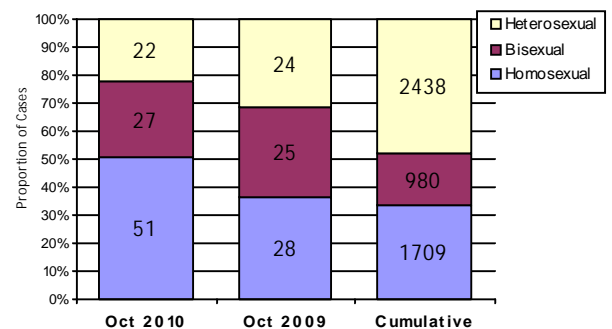
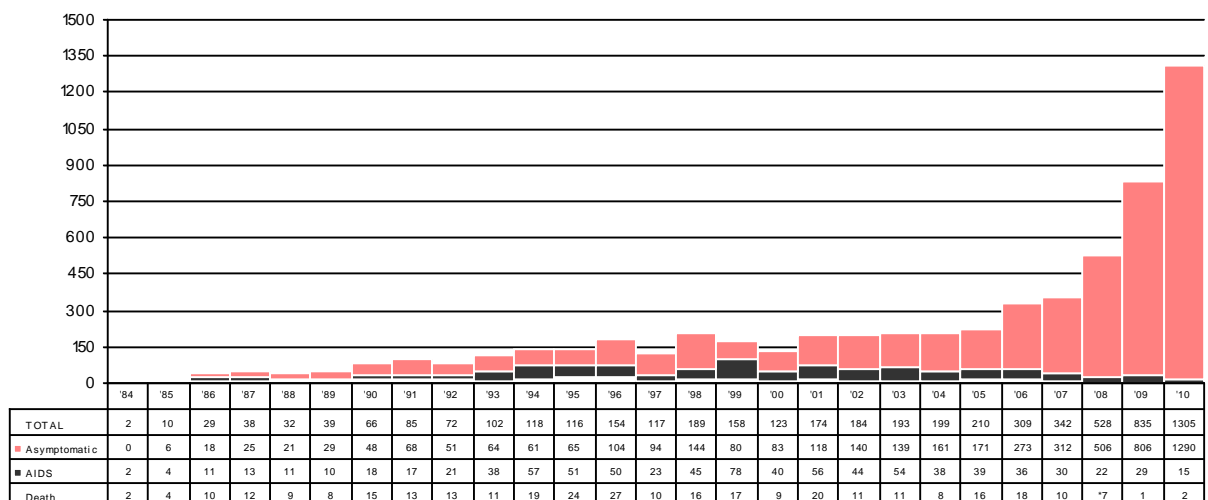


Figure 3. Number of HIV/AIDS Cases Reported in the Philippines by Year, Jan 1984 to October 2010 (N=5,729)



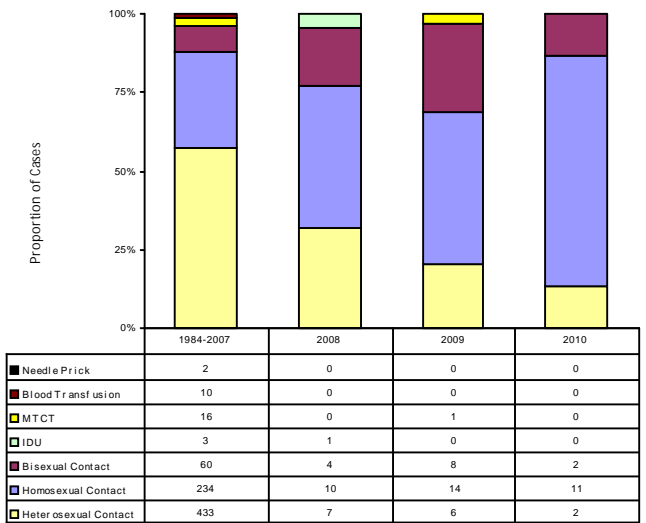
*Five initially asymptomatic cases reported in 2008, died due AIDS that same year.

AIDS Cases (1984-2010)

Of the 1,305 HIV positive cases in 2010, fifteen were reported as AIDS cases. Ninety-three percent were males. Ages ranged from 19-41 years (median 30 years). All acquired the infection through sexual contact [heterosexual (2), homosexual contact (11), and bisexual contact (2)].

From 1984 to 2010, there were 852 AIDS cases reported, 71% (605) were males. Median age was 35 years (range 1-72 years). Of the AIDS cases, there were 323 (38%) deaths during the reported period. Sexual contact was the most common mode of HIV transmission, accounting for 93% (791) of all AIDS cases. More than half (448) of sexual transmission was through heterosexual contact, followed by homosexual contact (269) then bisexual contact (74). 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–October 2010



Demographic Characteristics (1984-2010)

In 2010, there were a total of 1,305 cases reported. Ninety two percent of the cases reported were males (1,197). Ages ranged from 1-73 years old (median 28 years). 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 (27%), 25-29 years old (30%) and 30-34 years old (18%) age group [Figure 5].

From 1984 to 2010, there were 5,729 HIV Ab sero-positive cases reported (Table 1), of which 4,877 (85%) were asymptomatic and 852 (15%) were AIDS cases. As shown in Figure 6, there is a significant difference in the number of male and female cases reported. Seventy-seven percent (4,429) 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 (24%) and 30-34 years (20%) [Figure 6].

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

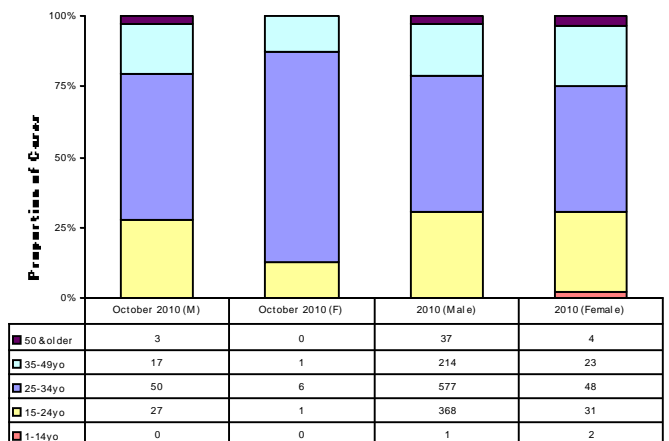
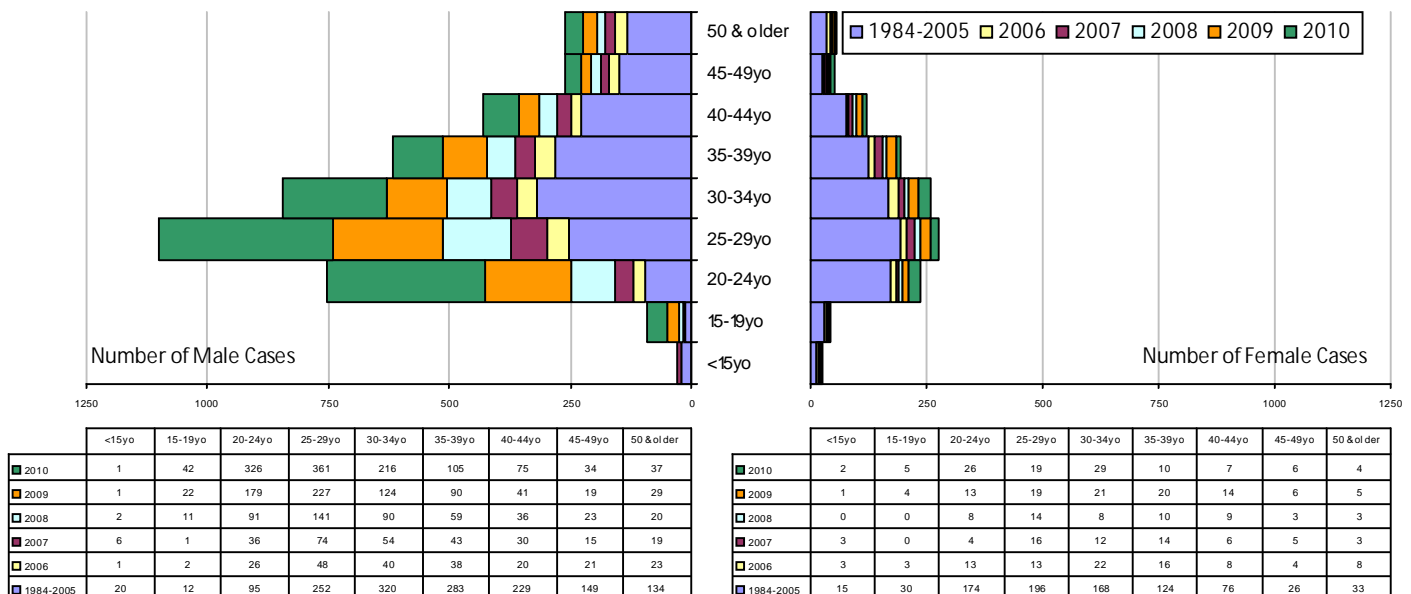


Figure 6. Comparison of the Distribution of Male and Female HIV Cases by Age-Group and Certain Highlighted Years



Modes of Transmission (1984-2010)

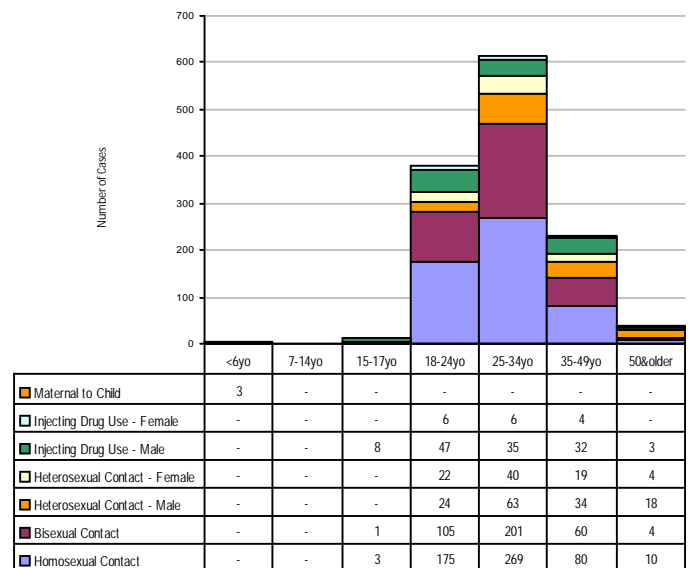
In 2010, 87% (1,132) were infected through sexual contact, 11% (141) through needle sharing among injecting drug users and <1% (3) was mother-to-child transmission; 2% (29) had no reported data on mode of transmission (Table 2). There were 1,047 males and 85 females infected through sexual transmission. Their ages ranged from 16-73 years old. There were 125 males and 16 females who were infected through sharing of unclean needles. Their ages ranged from 16-55 years old (median 27 years) [Figure 7].

Of the 5,729 with HIV from 1984 to 2010, 89% (5,127) were infected through sexual contact, 1% (52) through mother-to-child transmission and 3% (149) through needle sharing among injecting drug users. Other modes of transmission are listed in Table 2. No data is available for 7% (379) of the cases. Cumulative data shows 48% (2,438) were infected through heterosexual contact, 33% (1,709) through homosexual contact, and 19% (980) through bisexual contact. From 2007 there has been a shift in the predominant trend of sexual transmission from heterosexual contact (27%) to males having sex with males (73%) [Figure 8].

Table 2. Reported Mode of HIV Transmission

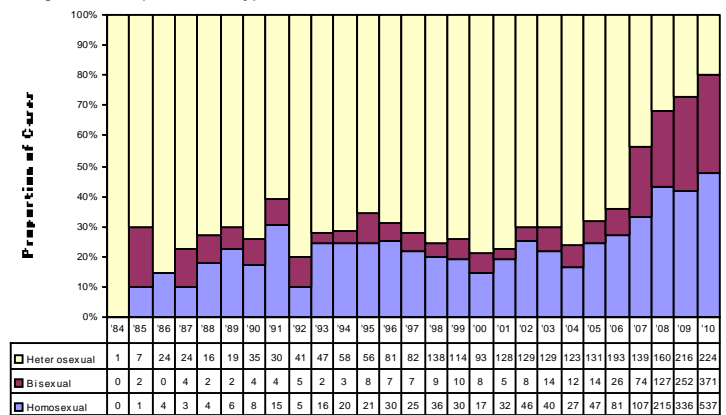
Mode of Transmission	Oct 2010 n=104	Jan–Oct 2010 n=1,305	Cumulative N=5,729
Sexual Contact	100	1,132	5,127
<i>Heterosexual contact</i>	22 (22%)	224 (20%)	2,438 (48%)
<i>Homosexual contact</i>	51 (51%)	537 (47%)	1,709(33%)
<i>Bisexual contact</i>	27 (27%)	371 (33%)	980 (19%)
Blood/Blood Products	0	0	19
Injecting Drug Use	0	141	149
Needle Prick Injury	0	0	3
Mother-to-Child	0	3	52
No Data Available	4	29	379

Figure 7. Proportion of Modes of HIV Transmission by Age-Group, 2010



*No data available on Modes of Transmission for twenty nine (29) cases

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



Overseas Filipino Workers (OFW)

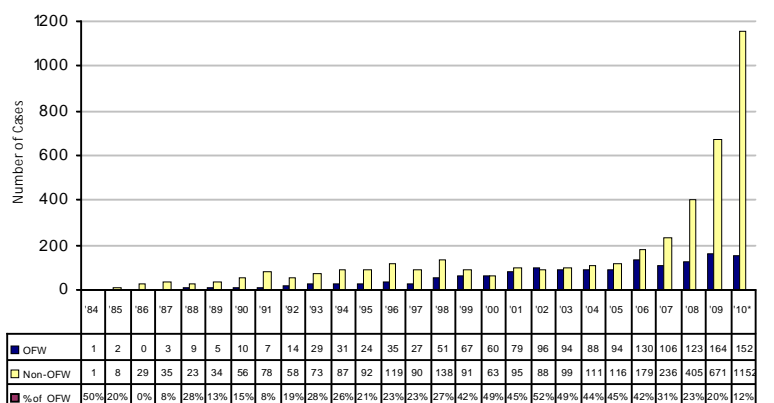
In 2010, there were 152 HIV positive OFWs, comprising 12% of cases reported for the year [Figure 9]. Of these, 127 (84%) were males and 25 (16%) females; all infected through sexual contact.

There were 1,501 HIV positive OFWs since 1984, comprising 26% of all reported cases [Figure 9]. Seventy-five percent (1,127) were males. Ages ranged from 18 to 69 years (median 36 years). Sexual contact (96%) was the predominant mode of transmission (Table 3). Eighty-two percent (1,235) were asymptomatic while 18% (266) were AIDS cases.

Table 3. Reported Mode of HIV Transmission Among OFWs

Mode of Transmission	Oct 2010 n= 20	Jan-Oct 2010 n= 152	Cumulative N=1,501
Sexual Transmission	20	152	1,439
<i>Heterosexual contact</i>	11 (55%)	64 (42%)	994 (69%)
<i>Homosexual contact</i>	4 (20%)	47 (31%)	272 (19%)
<i>Bisexual contact</i>	5 (25%)	41 (27%)	173 (12%)
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 October 2010 only.

Program Related Information

Of the 104 HIV positive cases reported in October 2010, none was classified as AIDS. Sixty-five 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 October 2010, 124 blood units were confirmed to be positive by the RITM.

For October 2010, out of the 88 blood units referred for HIV confirmation, 20 units were positive for HIV, and 30 units were negative for HIV, 2 units had indeterminate result [Table 4].

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

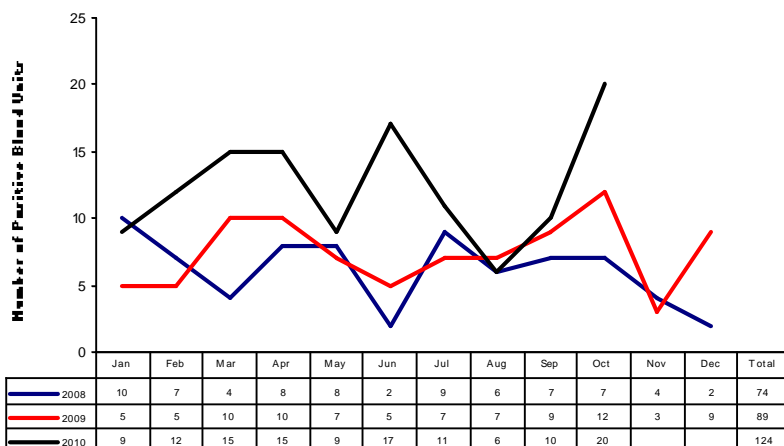


Table 4. Results of Blood Units Referred for HIV Confirmation

Monthly Report	2010		
	Blood units* referred	Positive	Indeterminate
January	52	9	1
February	89	12	3
March	72	15	1
April	79	15	5
May	43	9	0
June	80	17	2
July	62	11	1
August	46	6	0
September	40	10	0
October	88	20	2
November	-	-	-
December	-	-	-
Total for the year (Jan–October only)	651	124	15

* 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.