NATIONAL EPIDEMIOLOGY CENTER

Newly Diagnosed HIV Cases in the Philippines

In October 2013, there were 491 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 is 66% higher compared to the same period last year (n=295 in 2012) [Figure 1].

Table 2. Percentage of HIV Cases per Region (October 2013)

% of Cases
2%
1%
7%
15%
<1%
1%
4%
14%
1%
1%
1%
7%
2%
1%
1%
<1%
41%

Philippine HIV and AIDS Regist

Most of the cases (94%) were male. The median age was 27 years (age range: 4-76 years). The 20-29 year (60%) age group had the most number of cases.

Reported mode of transmission were sexual contact (445), needle sharing among injecting drug users (45), and mother-to-child transmission (1) [Table 3, page 2]. Males having sex with other males (86%) were the predominant type of sexual transmission [Figure 2]. Most (92%) of the cases were still asymptomatic at the time of reporting [Figure 3].

In October 2013, bulk of the new HIV cases came from NCR, Region 3, Region 4A, Region 7, and Region 11 [Table 2]. However, the three highest reporting regions were NCR, 4A and 7.

Table 1. Quick Facts

Demographic Data	October 2013	Jan-Oct 2013	Cumulative 1984—2013
Total Reported Cases	491	4,072	15,774
Asymptomatic Cases	453	3,800	14,333
AIDS Cases	38	272	1,441
Male	461	3,874	13,950*
Female	30	198	1,813*
Youth 15-24yo	151	1,146	3,960
Children <15yo	1	3	65

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

Figure 1. Number of New HIV Cases per Month (2011-2013)

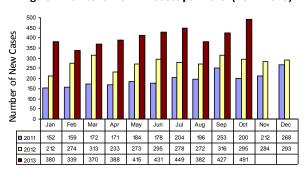


Figure 2. Comparison of the Proportion of Types of Sexual Transmission in 2013, 2012 & Cumulative Data (1984-2013)

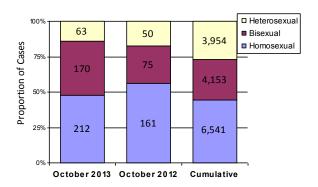
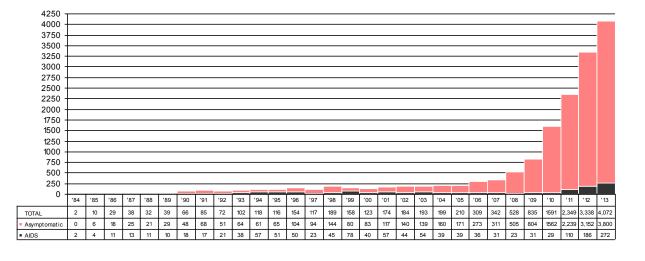


Figure 3. Number of HIV/AIDS Cases Reported in the Philippines by Year, Jan 1984 to October 2013 (N=15,774)



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Demographic Characteristics (1984-2013)

Ninety-five percent of the 4,072 cases in 2013 were male (3,874). Ages ranged from 4 to 79 years old (median 28 years). The 20-29 year old age group had the most (58%) number of cases for 2013. For the male age group, the most number of cases were found among the 20-24 years old (25%), 25-29 years old (34%), and 30-34 years old (20%) [Figure 4].

From 1984 to 2013, there were 15,774 HIV Ab sero-positive cases reported (Table 1). Of these, 14,333 (91%) were asymptomatic and 1,441 (9%) were AIDS cases. As shown in Figure 4, there is a significant difference in the number of male and female cases reported. Eighty-eight percent (13,950) were male. Ages ranged from 1-81 years (median 28 years). The age groups with the most number of cases were: 20-24 years (22%), 25-29 (30%), and 30-34 years (19%) [Figure 4].

Figure 4. Comparison of the Distribution of Male and Female HIV Cases by Age-Group and Certain Highlighted Years 50 & older ■ 1984-2008 ■ 2009 □ 2010 ■ 2011 ■ 2012 □ 2013 45-49yo 40-44yo 35-39yo 30-34vo 25-29yo 20-24vo 15-19vo **Number of Female Cases** Number of Male Cases <15yo 3750 3500 3250 3000 2750 2500 2250 2000 1750 1250 25-29yo 30-34yo 40-44yo <15yo 15-19 yo 20-24yo 35-39yo 45-49yo 50 & olde 15-19yo 20-24yo 25-29yo 30-34yo 35-39yo 40-44yo **2**013 120 978 1,314 785 306 167 110 2013 95 289 153 ■ 2012 1,090 622 **2012** 36 44 23 10 9 2 3 21 **2**011 76 589 739 378 193 117 51 49 **2**011 28 34 2010 50 81 2010 21 20 179 124 18 29 2009 227 41 2009 **1984-2008**

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

Modes of Transmission (1984-2013)

In 2013, ninety-four percent (3,843) were infected through sexual contact, 6% (226) through needle sharing among injecting drug users and <1% (3) through mother to child transmission (Table 3). There were 3,661 male and 182 female infected through sexual transmission. The age range of those infected through sexual transmission was 15-79 years old (median 27 years).

Of the 15,774 HIV positive cases reported from 1984 to 2013, 93% (14,648) were infected through sexual contact, 4% (666) through needle sharing among injecting drug users, <1% (62) through mother-to-child transmission, <1% (20) through blood transfusion and needle prick injury <1% (3) [Table 3]. No data is available for 2% (375) of the cases.

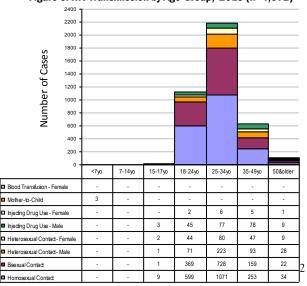
Figure 5. Proportion of Types of Sexual Transmission, Jan 1984—October 2013

100%
90% 80% 80% 80% 10%
90% 10%
90% 10%
90% 10%
90% 10%
90% 10%
90% 10

Table 3. Reported Mode of HIV Transmission

Mode of Transmission	October 2013 n=491	Jan-Oct 2013 n=4,072	Cumulative N=15,774
Sexual Contact	445	3,843	14,648
Heterosexual contact	63(14%)	598(16%)	3,954(27%)
Homosexual contact	212(48%)	1,966(51%)	6,541(45%)
Bisexual contact	<i>170(38%)</i>	1,279(33%)	4,153(28%)
Blood/Blood Products	0	0	20
Injecting Drug Use	45	226	666
Needle Prick Injury	0	0	3
Mother-to-Child	1	3	62
No Data Available	0	0	375

Figure 6. HIV Transmission by Age-Group, 2013 (n=4,072)

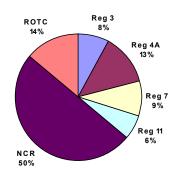


Geographic Distribution (1984-2013)

Since 1984 to present, there were 15,774 cases reported. Half (7,318) came from the National Capital Region. [Figure 7]. Thirteen percent (1,887) came from region 4A, followed by 9% (1,334) from Region 7, 8% (1,201) from Region 3, 6% (876) from Region 11 and the rest of the country comprises 14% (2,021) of all the cases.

*Note: 1,137 cases had no reported data on their address at the time of diagnosis

Figure 7. Percentage of HIV Cases by Region, Jan 1984- October 2013



AIDS Cases (1984-2013)

Of the 4,072 HIV positive cases in 2013, two hundred seventy-two were reported as AIDS cases. Of these, 260 were male and 12 were female. Ages ranged from 17-59 years (median 30 years). Ninety-seven percent (265) acquired the infection through sexual contact (134 homosexual, 74 bisexual and 57 heterosexual) and 3% (7) through injecting drug use.

From 1984 to 2013, there were 1,441 AIDS cases reported. Eighty-one percent (1,161) were male. Median age is 33 years (age range: 1-81 years). Sexual contact was the most common mode of HIV transmission, accounting for 95% (1,367) of all reported AIDS cases. Forty-one percent (565) of sexual transmission was through heterosexual contact, 41% was through homosexual contact (563), and 17% was through bisexual contact (239).

Other modes of transmission include: mother-to-child transmission (20), injecting drug use (14), blood transfusion (10), and needle prick injuries (2). Two percent (28) of the AIDS cases did not report mode of HIV transmission.

Overseas Filipino Workers (OFW)

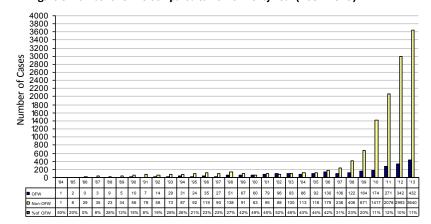
In 2013, there were 432 HIV positive OFWs, comprising 11% of cases reported for the year [Figure 8]. Of these, 385 (89%) were male and 47 (11%) were female. Ninety-nine percent (430) acquired the infection through sexual contact (122 heterosexual, 162 homosexual and 146 bisexual) and <1% (2) through injecting drug use.

There were 2,562 HIV positive OFWs since 1984, comprising 16% of all reported cases [Figure 8]. Eighty percent (2,056) were male. Ages ranged from 18 to 76 years (median 34 years). Sexual contact (98%) was the predominant mode of transmission (Table 4). Eighty-eight percent (2,245) were asymptomatic while 12% (317) were AIDS cases.

Table 4. Mode of HIV Transmission Among OFWs

Mode of Transmission	October 2013 n=37	Jan-Oct 2013 n=432	Cumulative N=2,562
Sexual Transmission	37	430	2,498
Heterosexual contact	10(27%)	122(28%)	1,328(53%)
Homosexual contact	15(41%)	162(38%)	653(26%)
Bisexual contact	12(32%)	146(34%)	517(21%)
Blood/Blood Products	0	0	10
Injecting Drug Use	0	2	3
Needle Prick Injury	0	0	3
No Data Available	0	0	48

Figure 8. Number of OFWs Compared to Non-OFWs by Year (1984-2013)



Deaths among People with HIV

From January 1984 to October 2013, there were 856 reported deaths among people with HIV [Table 5]. Seventy-eight percent (669) were male. In total, there has been 90 deaths among youth (15-24 years old) and 15 deaths among children (<15 years old).

The annual number of deaths from 1984-2010 ranges from 2 to 36 cases with an average of 14 deaths per year. Beginning 2011, there has been an increase in the number of recorded deaths. There were 69 in 2011, and 177 in 2012. The DOH-NEC established an official reporting form in 2012.

Based on submitted reports, there were a total of 148 deaths from January to October 2013. Ninety-five percent (141) were male while 5% (7) were female [Table 5]. The highest number of deaths occurred in the 25-29 (30%) age group [Figure 9]. This was followed by the 30-34 (28%) and the 35-39 (11%) age groups. For the month of October 2013, there were 5 deaths [Table 5].

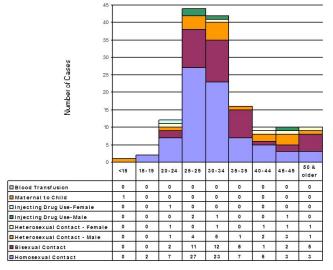
Among the reported deaths in 2013, sexual contact (96%) was the most common mode of HIV transmission (78 homosexual, 41 bisexual, 23 heterosexual). There were five cases who got infected through injecting drug use (3%) and one case from maternal to child transmission (1%) [Figure 9].

Table 5. Demographic data of reported deaths among People with HIV

Demographic Data	Oct 2013	Jan-Oct 2013	Jan-Dec 2012	Cumulative* (1984-2013)
Total Reported Deaths	5	148	177	856
Male	5	141	159	669
Female	0	7	18	187
Youth 15-24yo	0	14	27	90
Children <15yo	0	1	3	15

*Note: No year of death reported for 44 cases

Figure 9. HIV Transmission by Age-Group of Reported Deaths*



*Note: No age reported for 2 cases.

PLHIV on Anti-Retroviral Therapy (ART)

As of October 2013, there are 5,141* People Living with HIV presently on Anti-Retroviral Therapy. These are the combined numbers of adult and pediatric patients currently enrolled and accessing Anti-Retroviral drugs in the 17 treatment hubs listed on the right.

Treatment Hubs in the Philippines

- 1. Ilocos Training and Regional Medical Center
- 2. Cagayan Valley Medical Center
- 3. Baguio General Hospital and Medical Center
- 4. Jose B. Lingad Medical Center
- 5. James L. Gordon Memorial Hospital
- 6. Makati Medical Center
- 7. Philippine General Hospital
- Research Institute for Tropical Medicine
- 9. San Lazaro Hospital
- 10. The Medical City
- 11. Bicol Regional Training and Teaching Hospital
- 12. Corazon Locsin Montelibano Memorial Regional Hospital
- 13. Western Visayas Medical Center
- 14. Gov. Celestino Gallares Memorial Hospital
- 15. Vicente Sotto Memorial Medical Center
- 16. Zamboanga City Medical Center
- 17. Southern Philippines Medical Center
- * This is not a cumulative number. It does not include those who have already died, left the country, or decided to stop taking ART.

Blood Units Confirmed for HIV

As of October 2013, 245 blood units were confirmed positive for HIV by RITM. 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 6. Number of Confirmed HIV Positive Blood Units

2013 Month January 22 February 21 March 28 30 April 22 23 July 28 August 17 29 October November December Total 245



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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.