

NEWLY DIAGNOSED HIV CASES IN THE PHILIPPINES

Table 1. Quick Facts

Demographic Data	April 2015	Jan-Apr 2015	Jan 2010 - Apr 2015	Cumulative Jan 1984 - Apr 2015
Total Reported Cases	560	2,409	20,512	24,936
Asymptomatic Cases	524	2,245	19,142	22,723
AIDS Cases	36	164	1,370	2,213
Male	538	2,308	19,495	22,726 ^a
Female	22	101	1,017	2,199 ^a
Age Range (Median)	2-66 (27)	1-73 (28)	1-82 (28)	1-82 (28)
Less than 15 y/o	2	7	25	77 ^b
15-24 y/o	166	650	5,804	6,529 ^b
25-34 y/o	290	1,281	10,758	12,616 ^b
35-49 y/o	83	408	3,407	4,845 ^b
50 y/o & above	19	63	518	795 ^b
Newly Started on ART	355			
Total PLHIV on ART				9,838
Reported Deaths	16	65	746	1,183

^aNo data available on sex for (11) cases
^bNo data available on age for (74) cases

In April 2015, there were 560 new HIV Ab seropositive individuals (Table 1). This was 42% higher compared to the same period last year (393) [Figure 1]. Most (94%) of the cases were still asymptomatic at the time of reporting (Figure 3).

Ninety-six percent were male. The median age was 27 years old (age range: 2 year-66 years). More than half (52%) belong to the 25-34 year age group while 30% were youth aged 15-24 years old.

Figure 2. Percentage of Newly Diagnosed Cases per Region (April 2015)

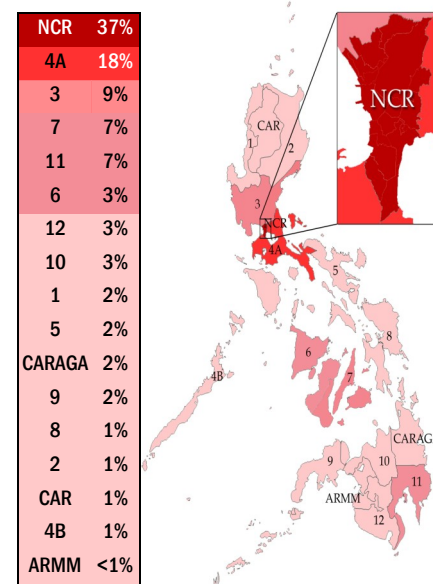
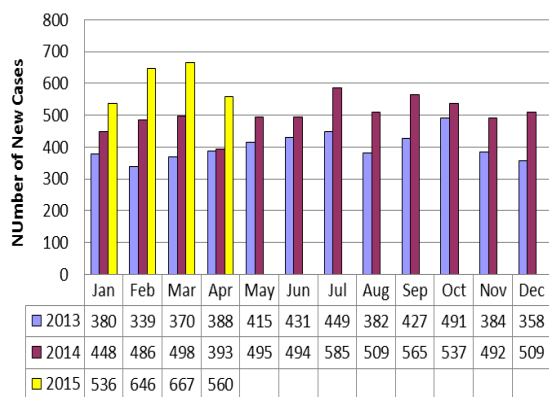


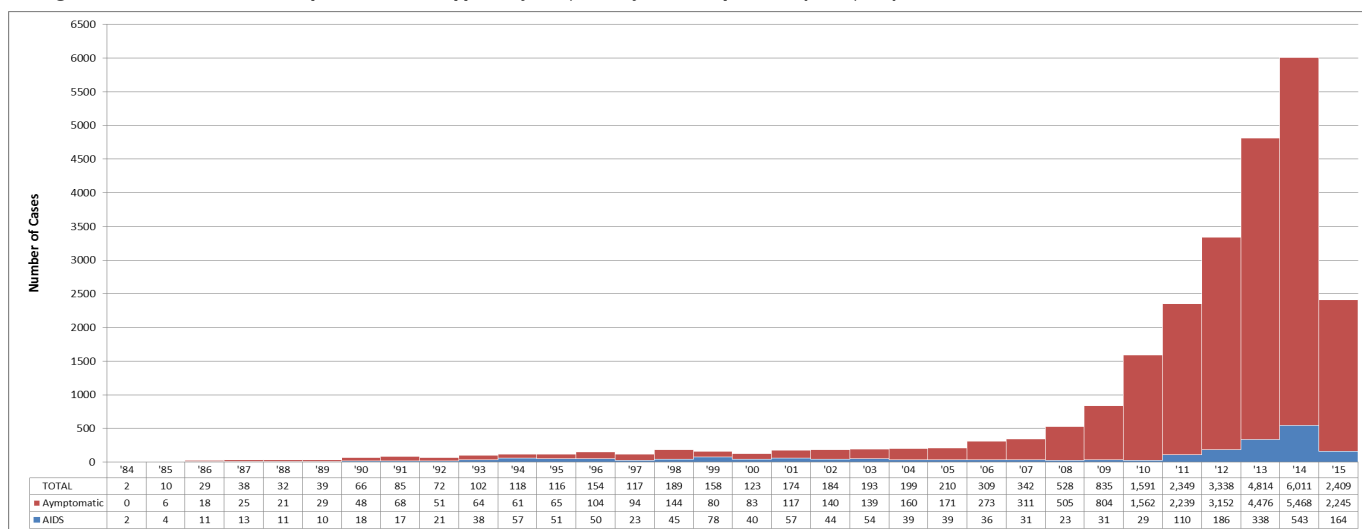
Figure 1. Number of New HIV Cases by Month (2013-2015)



The regions with the highest number of reported cases for April 2015 were: NCR with 209 (37%) cases, Region 4A with 102 (18%) cases, Region 3 with 48 (9%) cases, Region 7 with 40 (7%) cases and Region 11 with 37 (7%) cases. One hundred twenty-four (22%) cases came from the rest of the country (Figure 2).

Reported modes of transmission (MOT) were sexual contact (547), needle sharing among injecting drug users (IDU) [12], and mother-to-child transmission (1). Eighty-seven percent of the sexually transmitted cases were among males who have sex with males (MSM).

Figure 3. Number of HIV Cases Reported in the Philippines by Year, January 1984 to April 2015 (N=24,936)



PLHIV on Anti-Retroviral Therapy (ART)

As of April 2015, there were 9,838 People Living with HIV (PLHIV) presently on ART. This is the total number of adult and pediatric patients currently enrolled and accessing antiretroviral drugs (ARV) in the 22 treatment hubs. It does not include patients who were previously taking ARV but have already died, have left the country, or opted not to take ARV anymore.

List of Treatment Hubs in the Philippines

- | | |
|--|---|
| 1. Ilocos Training and Regional Medical Center | 12. Bicol Regional Training and Teaching Hospital |
| 2. Cagayan Valley Medical Center | 13. Corazon Locsin Montelibano Memorial Regional Hospital |
| 3. Baguio General Hospital and Medical Center | 14. Western Visayas Medical Center |
| 4. Jose B. Lingad Medical Center | 15. Gov. Celestino Gallares Memorial Hospital |
| 5. James L. Gordon Memorial Hospital | 16. Vicente Sotto Memorial Medical Center |
| 6. Makati Medical Center | 17. Zamboanga City Medical Center |
| 7. Philippine General Hospital | 18. Southern Philippines Medical Center |
| 8. Research Institute for Tropical Medicine | 19. Northern Mindanao Medical Center |
| 9. San Lazaro Hospital | 20. Eastern Visayas Regional Medical Center |
| 10. The Medical City | 21. Butuan Medical Center |
| 11. Marikina City Satellite Treatment Hub | 22. CARAGA Regional Hospital |

HIV/AIDS EPIDEMIC TRENDS IN THE PHILIPPINES (Jan 1984–Apr 2015)

The first case of HIV infection in the Philippines was reported in 1984. From January 1984 to April 2015, there has been 24,936 HIV Ab sero-positive cases reported to the HARP (Table 1). Ninety-one percent (22,723) of the total reported cases were asymptomatic at the time of reporting. Most (22,726 or 91%) were male*. The median age* was 28 years old (age range: 1 year-82 years). More than half (12,616 or 51%) were from the 25-34 year age group while 6,529 (26%) were youth aged 15-24 years old (Figure 4).

In the early years of the epidemic (1984-1990), 62% (133 of 216 cases) were female. Beginning in 1991, more males were reported to be infected with HIV in the Philippines (Figure 5). From 2010 to 2015, males comprised 95% (19,495) of the reported 20,512 cases.

Eighty-two percent (20,512) of all the 24,936 diagnosed cases in the Philippines were reported in the past five years, from January 2010 to April 2015 (Table 1). Most (93%) of these cases were still asymptomatic at the time of reporting.

The age group with the biggest proportion of cases has become younger: from 2000 to 2004, it was 30-39 years; from 2005 to 2009, it was 25-34 years; and from 2010 to 2015, it was 20-29 years (Figure 4). Notably, the proportion of PLHIV in the 15-24 year age group increased from 12% in 2005-2009 to 26% in 2010-2015.

*Note: From 1984–April 2015, 74 did not report AGE, 11 did not report SEX while 10 did not report both AGE and SEX

Figure 4. Distribution of PLHIV by Age Group, Jan 1984-Apr 2015

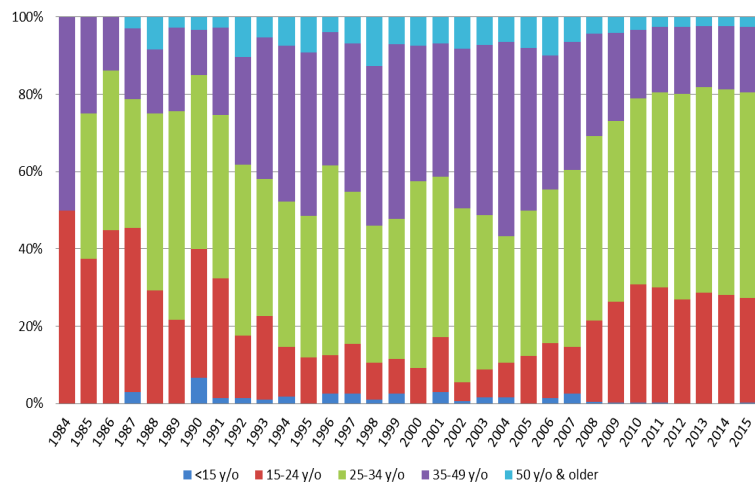
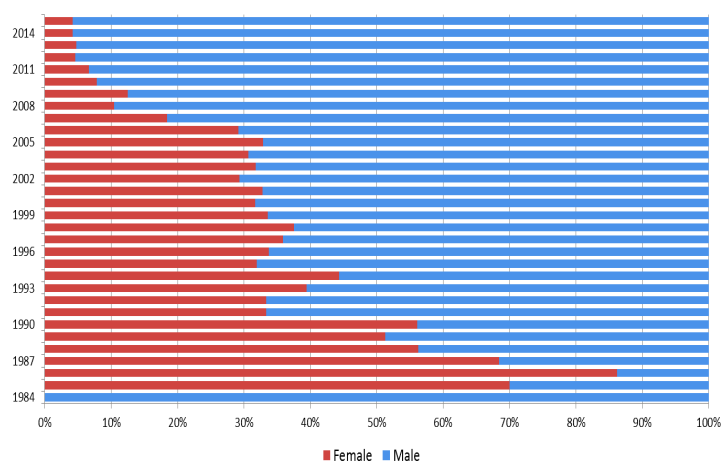


Figure 5. Distribution of PLHIV by Sex, Jan 1984-Apr 2015



Geographical Distribution

From January 1984 to April 2015, the regions with the most number of reported cases were NCR with 11,081 (44%) cases, Region 4A with 3,230 (13%) cases, Region 7 with 2,260 (9%) cases, Region 3 with 2,025 (8%) cases, and Region 11 with 1,460 (6%) cases. Fifteen percent (3,734) of the cases came from the rest of the country (ROTC) while 1,146 (5%) had no data on region (Table 2).

Table 2. Percentage of HIV Cases per Region

Region	Apr 2015 (N=560)	Jan-Apr 2015 (N=2,409) ^a	Jan 2010 - Apr 2015 (N=20,512) ^b	Cumulative Jan 1984–Apr 2015 (N=24,936) ^c
NCR	209 (37%)	989 (41%)	9,405 (46%)	11,081 (44%)
4A	102 (18%)	368 (15%)	2,774 (14%)	3,230 (13%)
7	40 (7%)	232 (10%)	2,080 (10%)	2,260 (9%)
3	48 (9%)	206 (9%)	1,563 (8%)	2,025 (8%)
11	37 (7%)	131 (5%)	1,343 (7%)	1,460 (6%)
ROTC	124 (22%)	481 (20%)	3,180 (16%)	3,734 (15%)

Of the 2,199 females reported with HIV, 524 (24%) were from NCR, 396 (18%) were from Region 3, 234 (11%) were from Region 7, 189 (9%) were from Region 4A and 856 (39%) were from other regions.

The regions with the most number of Overseas Filipino Workers (OFW) reported to the HARP were NCR with 1,278 cases, Region 4A with 575 cases, Region 3 with 353 cases, and Region 6 with 182 cases.

^aFrom January-April 2015, no particular region were reported for 2 cases
^bFrom January 2010-April 2015, no particular region were reported for 167 cases
^cFrom January 1984-April 2015, no particular region were reported for 1,146 cases

Table 3. Reported Modes of HIV Transmission

Mode of Transmission	April 2015 (N=560)	Jan-Apr 2015 (N=2,409)	Jan 2010-Apr 2015 (N=20,512)	Cumulative Jan 1984-Apr 2015 (N=24,936)
Sexual Contact	547	2,297	19,296	23,291
<i>Heterosexual</i>	70 (13%)	334 (15%)	3,054 (16%)	5,268 (23%)
<i>Homosexual</i>	295 (54%)	1,217 (53%)	9,851 (51%)	11,023 (47%)
<i>Bisexual</i>	182 (33%)	746 (32%)	6,391 (33%)	7,000 (30%)
Blood/Blood Products	0	0	1	20
Sharing of Needles	12	106	1,166	1,174
Needle Prick Injury	0	0	0	3
Mother-to-Child	1	6	24	73
No Data Available	0	0	25	375

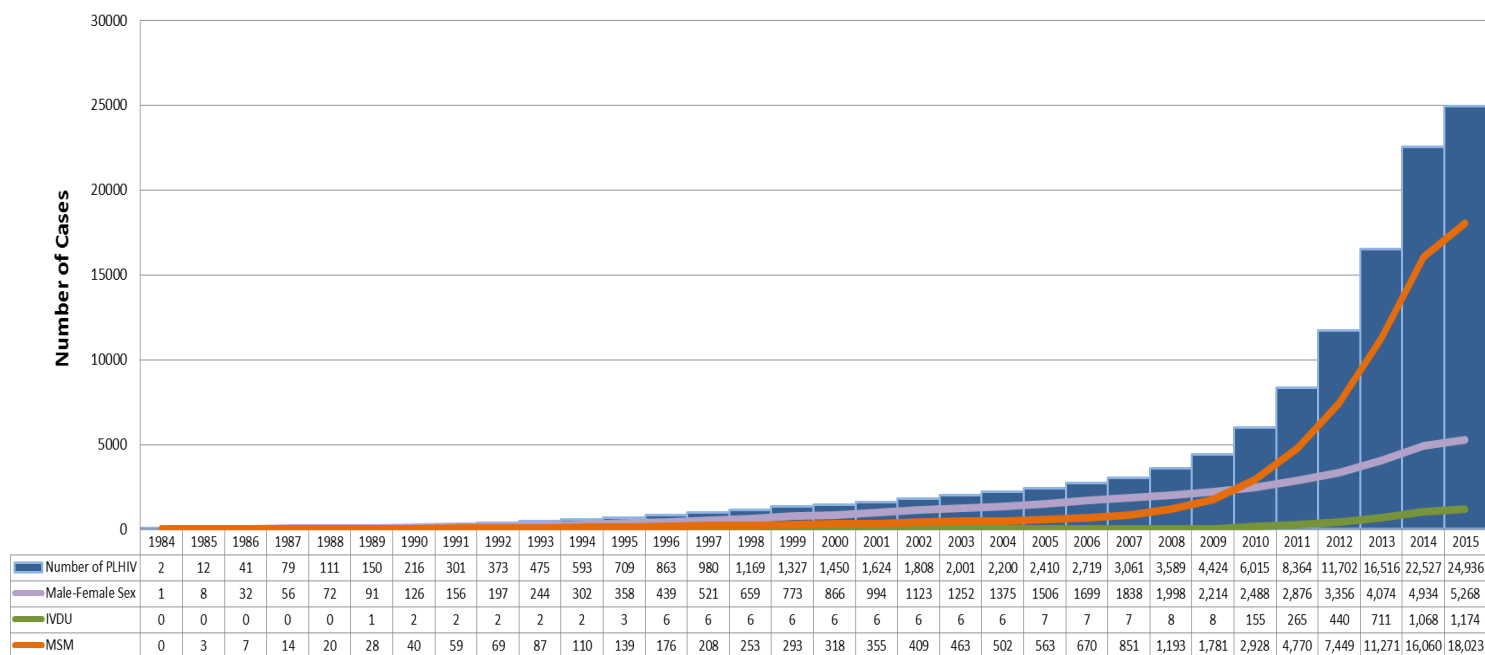
Modes of Transmission (MOT)

From January 1984 to April 2015, MSM (homosexual and bisexual contact) was the predominant (18,023 or 79%) mode of transmission among males, followed by male-female sex (3,273 or 14%), and sharing of needles (1,096 or 5%). More than half (54% of 9,670) of cases among MSM belong to the 25-34 year age group while 5,268 (29%) were youth 15-24 years old. Among females, male-female sex was the most common MOT (1,995 or 91%) followed by sharing of needles (78 or 4%). A total of 71 children (<10 years old) and 2 adolescents were reported to have acquired HIV through mother-to-child transmission, while 20 people were infected through blood transfusion (Table 3).

From January 2010 to April 2015, 84% (16,242) of infections through sexual contact were among MSM. From 2005 to 2009, MSM comprised 60% (1,279) of sexual transmissions. Fifty-four percent (8,825) of the MSM cases from 2010 to 2015 were among the 25-34 years age group while 4,885 (30%) were among youth aged 15-24 years old. Meanwhile, cases among IDU also increased from <1% in 2005 to 2009 to 6% within the past five years.

Different modes of transmission are predominant in different regions. More than half (51%) of the MSM ever reported were from NCR; while 99% of the IDUs were from Region 7; and 49% of females who engaged in transactional sex were from Region 3.

Figure 6. Cumulative Number of HIV Transmission by Year, January 1984-April 2015 (N=24,936)



REPORT ON SPECIAL POPULATIONS

Youth (15-24 years old)

In April 2015, 166 (30%) cases were among youth aged 15-24 years. Most (96%) were male. Ninety-nine percent (165) were infected through sexual contact (17 heterosexual, 99 homosexual, 49 bisexual) and 1 (1%) through needle sharing among IDUs.

From January 1984-April 2015, 6,529 (26%) of the reported cases were 15-24 years old. Eighty-nine percent (5,804) of all the youth were reported in the last five years (2010-2015). A steep increase in cases among youth was seen in 2008, wherein the total number of cases (111) is 171% higher than that in 2007 (41). From 1984 to 2002, more than half of the cases among the youth were females (179 or 71%). However, in 2003, there was an equal number of males and females reported. Since then, the trend reversed to male predominance. Ninety-four percent (6,112) were infected through sexual contact (844 heterosexual, 3,292 homosexual, 1,976 bisexual); and 357 were infected through sharing of infected needles.

Note: From January 1984-April 2015, 60 did not report mode of transmission

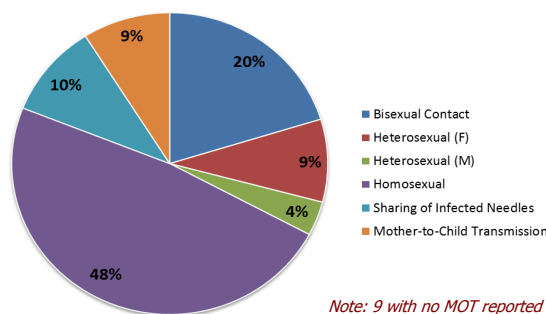
REPORT ON SPECIAL POPULATIONS (continuation)

Children (<10 years old) and Adolescents (10-19 years old)

In April 2015, one child infected through mother to child transmission was reported to HARP, while 14 were adolescents aged 14-19 years old; among these adolescents, 12 were male. All adolescents were infected through sexual contact (3 heterosexual, 7 homosexual, 4 bisexual).

From January 1984 to April 2015, 825 (3%) of the reported cases were 19 years old and below. Of these, 74 (9%) were children. Eighty-three percent of these children and adolescents were reported in the past five years (2010 to 2015). Seventy-one children were infected through mother-to-child transmission, 1 through blood transfusion and 2 did not specify MOT. Among the adolescents, 670 (89%) were male and majority (88%) were infected through sexual contact (102 heterosexual, 393 homosexual, 165 bisexual); 82 (11%) were through sharing of needles and 2 through mother-to-child transmission (Figure 7).

Figure 7. Modes of Transmission Among Children and Adolescents, Jan 1984–April 2015 (N=825)



Overseas Filipino Workers (OFW)

Fifty OFWs were reported to the HARP in April 2015, comprising 9% of the total newly diagnosed cases for the month (Figure 8). Majority (86%) were male. All were infected through sexual contact (13 heterosexual, 20 homosexual, 17 bisexual) (Figure 9). The ages of male OFWs ranged from 21 years-58 years (median: 31 years) and more than half (77%) belonged to the 25-34 year age group. Among female OFWs, ages ranged from 14 years-55 years (median: 41 years).

From January 1984 to April 2015, out of the 24,936 cases, 3,509 (14%) were HIV positive OFWs. Of these, 2,892 (82%) were male. More than half (51%) were MSM (1,027 homosexual contact and 772 bisexual contact). The ages of male OFWs ranged from 18 years-80 years (median: 33 years). Among female OFWs, ages ranged from 14 years-73 years (median: 34 years old).

Figure 8. Number of Reported OFW diagnosed with HIV, Jan 1984–Apr 2015 (N=3,509)

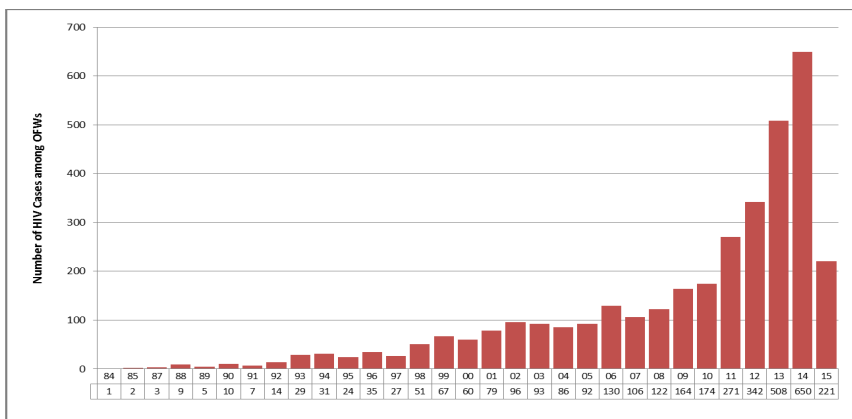
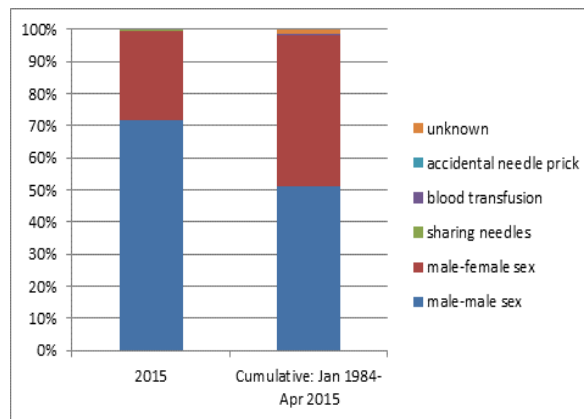


Figure 9. Modes of Transmission among OFW, Jan 1984–Apr 2015



People who Engage in Transactional Sex

People who engage in transactional sex are those who report that they regularly accept payment for sex, pay for sex, or do both.

In April 2015, 12% (69) of the reported cases engaged in transactional sex. Most (97% or 67) were male (Table 4) whose ages ranged from 20 years-59 years (median: 30 years). Fifty-one percent of males who engaged in transactional sex were the ones who paid for sex. On the other hand, 2 HIV-positive females with ages 22 years and 28 years were reported to have accepted payment for sex.

A total of 1,940 cases reported in HARP from October 2012 to April 2015 were people who engaged in transactional sex. Ninety-five percent were male. Of the 1,940 cases, 1,061 (55%) paid for sex, 574 (30%) accepted payment for sex, and 305 (16%) engaged in both.

Table 4. HIV Cases Among People who Engage in Transactional Sex

Type of Transactional Sex	Apr 2015 (N=69)	Jan-Apr 2015 (N=330)	Cumulative : Oct 2012–Apr 2015 (N=1,940)
Accepted payment for sex only:	23 (33%)	102 (31%)	574 (30%)
Male	21	88	520
Female	2	14	54
Age Range (Median) in Years	20-53 (26)	17-56 (26)	15-67 (25)
Paid for sex only:	34 (49%)	171 (52%)	1,061 (55%)
Male	34	170	1,052
Female	0	1	9
Age Range (Median) in Years	20-56 (34)	18-73 (33)	17-79 (31)
Engaged in both:	12 (17%)	57 (17%)	305 (16%)
Male	12	54	274
Female	0	3	31
Age Range (Median) in Years	20-59 (28)	19-59 (30)	18-59 (28)

*Inclusion of transactional sex in the HARP database was initiated in October 2012

DEATHS AMONG PEOPLE WITH HIV

The Department of Health (DOH) established a separate reporting mechanism for deaths in 2012. Prior to this, deaths were infrequently reported to the HIV/AIDS Registry. It is likely that the number reflected here is an underestimate of the total number of deaths among people with HIV in the Philippines.

For the month of April 2015, there were 16 reported deaths. Of the 16 reported deaths, 13 (81%) were male. (Table 5). The highest number of deaths occurred in the 25-34 years (75%) age group. This was followed by the 15-24 years (12%) and the 35-49 years (12%) age groups. All were infected through sexual contact (6 bisexual, 5 homosexual, 5 heterosexual) [Figure 10].

From January 1984 to April 2015, there were a total of 1,183 reported deaths. Nine hundred eighty-five (83%) were male (Table 5). In total, there has been 15 (1%) reported deaths among children less than 10 years old, 13 (1%) reported deaths in adolescents (10-19 years old) and 146 (12%) reported deaths among youth (15-24 years old). The highest number of deaths occurred in the 25-34 years (45%) and was followed by the 35-49 years (31%) age group. Sexual contact (94%) was the most common mode of HIV transmission (361 heterosexual, 498 homosexual, 250 bisexual). There were 20 reported deaths among IDU (Figure 10).

Figure 10. Modes of transmission of reported deaths among PHIV**

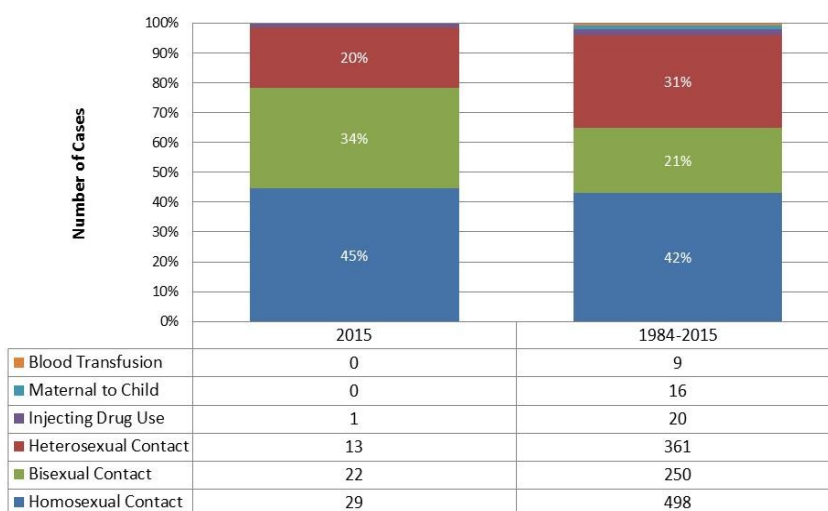


Table 5. Demographic data of reported deaths among PHIV

Demographic Data	April 2015	Jan-Apr 2015	Cumulative* Jan 1984- Apr 2015
Total Reported	16	65	1,183
Male	13	58	985
Female	3	7	198
Children <10yo	0	0	15
Adolescents 10-19yo	0	0	13
Youth 15-24yo	2	8	146

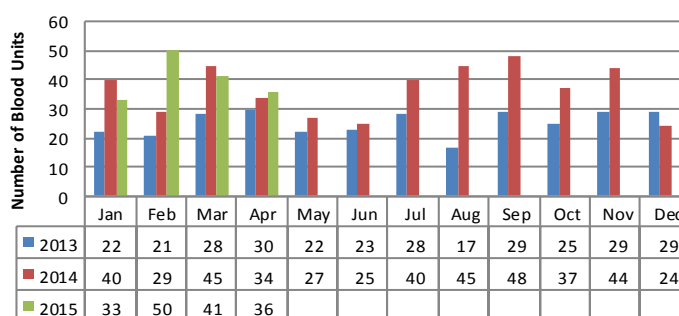
**Note: No mode of transmission reported for 29 cases.

BLOOD UNITS CONFIRMED FOR HIV

In April 2015, 36 blood units were confirmed positive for HIV by RITM. There is no available data yet on the total number of blood units donated.

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

Figure 11. Number of Confirmed HIV Positive Blood Units by Month (2013-2015)



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HIV/AIDS & ART Registry of the Philippines (HARP) Report

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HIV/AIDS & ART Registry of the Philippines (HARP)

The Philippine HIV/AIDS & ART Registry of the Philippines (HARP) 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 HARP 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-Epidemiology Bureau (EB), and are recorded in the HARP.

The HARP is a passive surveillance system. Except for HIV confirmation by the NRL, all other data submitted to the HARP are secondary and cannot be verified. An example would be an individual's reported place of residence. The HARP 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.