hilippine HIV and AIDS Registr

NATIONAL EPIDEMIOLOGY CENTER

Newly Diagnosed HIV Cases in the Philippines

In August 2010, there were 108 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 77% increase compared to the same period last year (n=61 in 2009) [Figure 1]. Of the 108 individuals reported, 4 were detected from voluntary counseling and testing (VCT) as part of ongoing community outreach activities.

Most of the cases (93%) were males. The median age was 27 years (age range:16-73 years). The 20-29 year (57%) age-group had the most number of cases. Fifty-two percent (56) of the reported cases were from the National Capital Region (NCR).

Reported mode of transmission was sexual contact (104) and re-using needles among injecting drug users (4) [Table 2, page 2]. Males having sex with other Males (80%) were the predominant type of sexual transmission [Figure 2]. All of the cases were still asymptomatic at the time of reporting [Figure 3].

There were no reported AIDS cases and deaths for this month.

Overseas Filipino Workers (OFW)

Fifteen of the 108 (14%) reported cases were OFWs [Figure 9, page 3]. All of the cases were males. The median age was 29 years (age range: 23-55 years). All cases acquired the HIV infection through sexual contact (3 heterosexual, 7 homosexual, and 5 bisexual).

Table 1. Quick Facts

Demographic Data	August 2010	Jan-Aug 2010	Cumulative Data: 1984—2010
Total Reported Cases	108	1,048	5,472
Asymptomatic Cases	108	1,036	4,623
AIDS Cases	0	12	849
Males	100	955	4,187*
Females	8	93	1,274*
Youth 15-24yo	35	327	1,051
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)

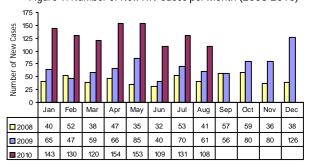


Figure 2. Comparison of the Proportion of Types of Sexual Transmission in 2010, 2009 & Cumulative Data (1984-2010)

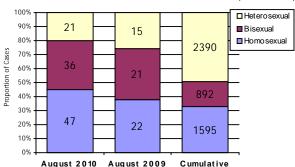
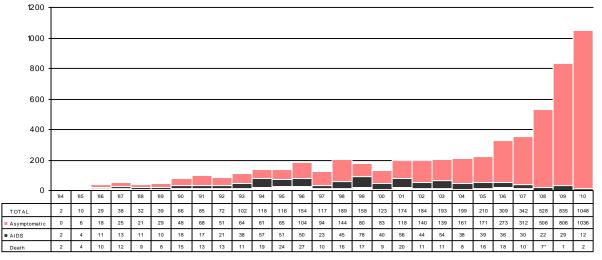


Figure 3. Number of HIV/AIDS Cases Reported in the Philippines by Year, Jan 1984 to August 2010 (N=5,472)

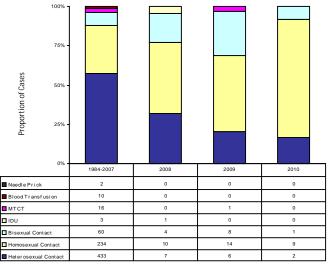


AIDS Cases (1984-2010)

Of the 1,048 HIV positive cases in 2010, twelve were reported as AIDS cases. Ninety-two percent were males. Ages ranged from 22-41 years (median 31 years). All acquired the infection through sexual contact [heterosexual (2), homosexual contact (9), and bisexual contact (1)].

From 1984 to 2010, there were 849 AIDS cases reported, 71% (602) 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% (788) of all AIDS cases. More than half (448) of sexual transmission was through heterosexual contact, followed by homosexual contact (267) 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 (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—August 2010



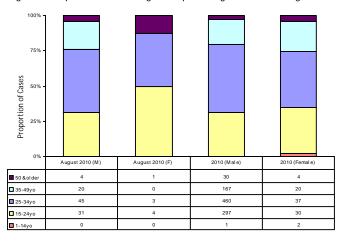
*Note: 28 did not report mode of transmission

Demographic Characteristics (1984-2010)

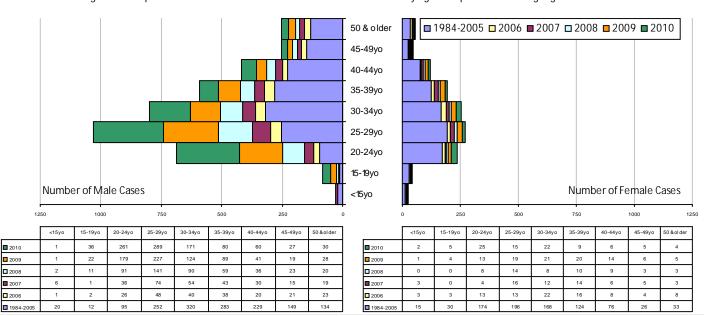
In 2010, there were a total of 1,048 cases reported. 91% of the cases reported were males (955). Ages ranged from 1-73 years old (median 28 years). The 20-29 year old age group (56%) had the most number of cases for 2010. For the male age group, the most number of cases were found among the 20-24 years old (27%) and 25-29 years old (30%) [Figure 5].

From 1984 to 2010, there were 5,472 HIV Ab sero-positive cases reported (Table 1), of which 4,623 (84%) were asymptomatic and 849 (16%) 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 (4,187) were males. Ages ranged from 1-73 years (median 31 years). The age groups with the most number of cases were: 20-24 years (17%), 25-29 (24%) and 30-34 years (20%) [Figure 6].

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







Modes of Transmission (1984-2010)

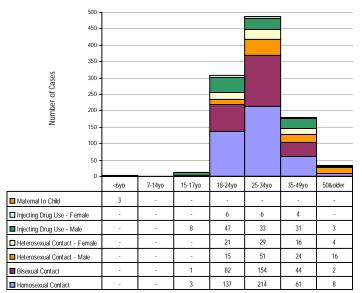
In 2010, 84% (882) were infected through sexual contact, 13% (138) through needle sharing among injecting drug users and <1% (3) was mother-to-child transmission; 2% (25) had no reported data on mode of transmission (Table 2). There were 812 males and 70 females infected through sexual transmission. Their ages ranged from 16-73 years old. There were 122 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 5,472 with HIV from 1984 to 2010, 89% (4,877) were infected through sexual contact, 1% (52) through mother-to-child transmission and 3% (146) through needle sharing among injecting drug users. Other modes of transmission are listed in Table 2. No data is available for 7% (375) of the cases. Cumulative data shows 49% (2,390) were infected through heterosexual contact, 33% (1,595) through homosexual contact, and 18% (892) through bisexual contact. From 2007 there has been a shift in the predominant trend of sexual transmission from heterosexual contact (28%) to males having sex with males (72%) [Figure 8].

Table 2. Reported Mode of HIV Transmission

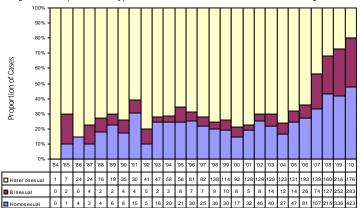
Mode of Transmission	August 2010 n=108	Jan—Aug 2010 n=1,048	Cumulative N=5,472
Sexual Contact	104	882	4,877
Heterosexual contact	21 (20%)	176 (20%)	2, 390 (49%)
Homosexual contact	47 (45%)	423 (48%)	1,595 (33%)
Bisexual contact	36 (35%)	283 (32%)	892 (18%)
Blood/Blood Products	0	0	19
Injecting Drug Use	4	138	146
Needle Prick Injury	0	0	3
Mother-to-Child	0	3	52
No Data Available	0	25	375

In 2010, 84% (882) were infected through sexual contact, Figure 7. Proportion of Modes of HIV Transmission by Age-Group, 2010 (n=1,048)



^{*}No data available on Modes of Transmission for twenty five (25) cases

Figure 8. Proportion of Types of Sexual Transmission, Jan 1984—Aug 2010



Overseas Filipino Workers (OFW)

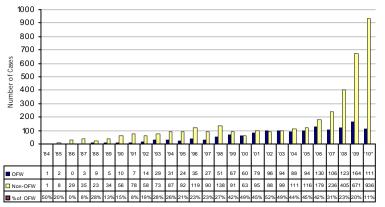
In 2010, there were 111 HIV positive OFWs, comprising 11% of cases reported for the year [Figure 9]. Of these, 93 (84%) were males and 18 (16%) females; all infected through sexual contact.

There were 1,460 HIV positive OFWs since 1984, comprising 27% of all reported cases [Figure 9]. Seventy-five percent (1,093) 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 (1,194) were asymptomatic while 18% (266) were AIDS cases.

Table 3. Reported Mode of HIV Transmission Among OFWs

Mode of Transmission	Aug 2010 n= 15	Jan-Aug 2010 n= 111	Cumulative N=1,460
Sexual Transmission	15	111	1,398
Heterosexual contact	3 (20%)	47 (42%)	977 (70%)
Homosexual contact	7 (47%)	35 (32%)	260 (19%)
Bisexual contact	5 (33%)	29 (26%)	161 (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*)



Program Related Information

Of the 108 HIV positive cases reported in August 2010, none was classified as AIDS. Seventy 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 August 2010, 94 blood units were confirmed to be positive by the RITM.

For August 2010, out of the 46 blood units referred for HIV confirmation, 6 units were positive for HIV, and 40 units were negative for HIV [Table 4].

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

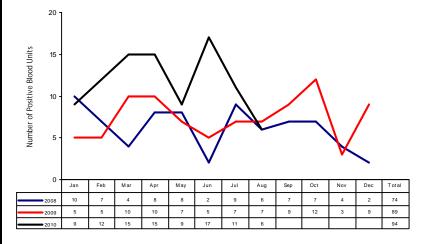


Table 4. Results of Blood Units Referred for HIV Confirmation

Monthly Report	2010		
	Blood units* referred	Positive	Indeterminate
January	52	9	1
February	89	12	3
March	72	15	1
April	79	15	5
May	43	9	0
June	80	17	2
July	62	11	1
August	46	6	0
September	-	-	-
October	-	-	-
November	-	-	-
December	-	-	-
Total for the year (Jan -August only)	523	94	13

- * 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.