



## Newly Diagnosed HIV Cases in the Philippines

In June 2011, there were 178 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 63% increase compared to the same period last year (n=109 in 2010) [Figure 1].

Most of the cases (94%) were males. The median age was 28 years (age range:15-58 years). The 20-29 year (60%) age-group had the most number of cases. Sixty-two percent (111) of the reported cases were from the National Capital Region (NCR).

Reported mode of transmission was sexual contact (173). Five did not report mode of transmission [Table 2, page 3]. Males having sex with other Males (83%) were the predominant type of sexual transmission [Figure 2]. Most (99%) of the cases were still asymptomatic at the time of reporting [Figure 3]. There were no reported deaths for this month.

### AIDS Cases

Of the 178 HIV positive cases, one was reported as AIDS case. A single, 38 year old male who acquired the infection through homosexual contact.

### Overseas Filipino Workers (OFW)

Twenty-two of the 178 (12%) reported cases were OFWs [Figure 9, page 3]. There were 18 males and 4 females. The median age was 34 years (age range: 24-57 years). All cases acquired the infection through sexual contact (10 heterosexual, 5 homosexual, and 7 bisexual).

Table 1. Quick Facts

Demographic Data	June 2011	Jan-June 2011	Cumulative Data: 1984-2011
Total Reported Cases	178	1,016	7,031
Asymptomatic Cases	177	998	6,156
AIDS Cases	1	18	875
Males	167	944	5,643*
Females	11	72	1,377*
Youth 15-24yo	59	290	1,504
Children <15yo	0	2	57
Reported Deaths due to AIDS	0	2	325

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

Figure 1. Number of New HIV Cases per Month (2009-2011)

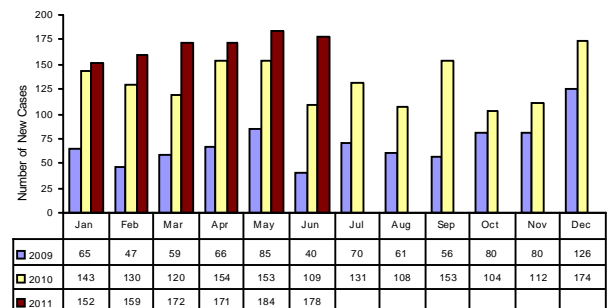


Figure 2. Comparison of the Proportion of Types of Sexual Transmission in 2011, 2010 & Cumulative Data (1984-2011)

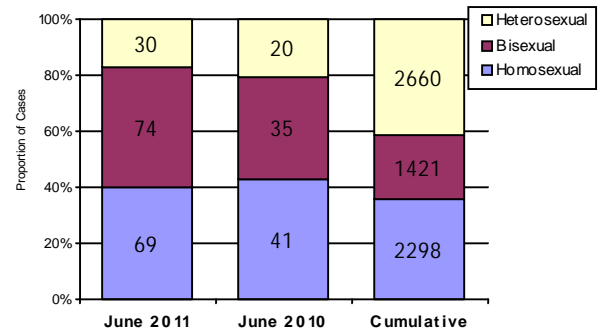
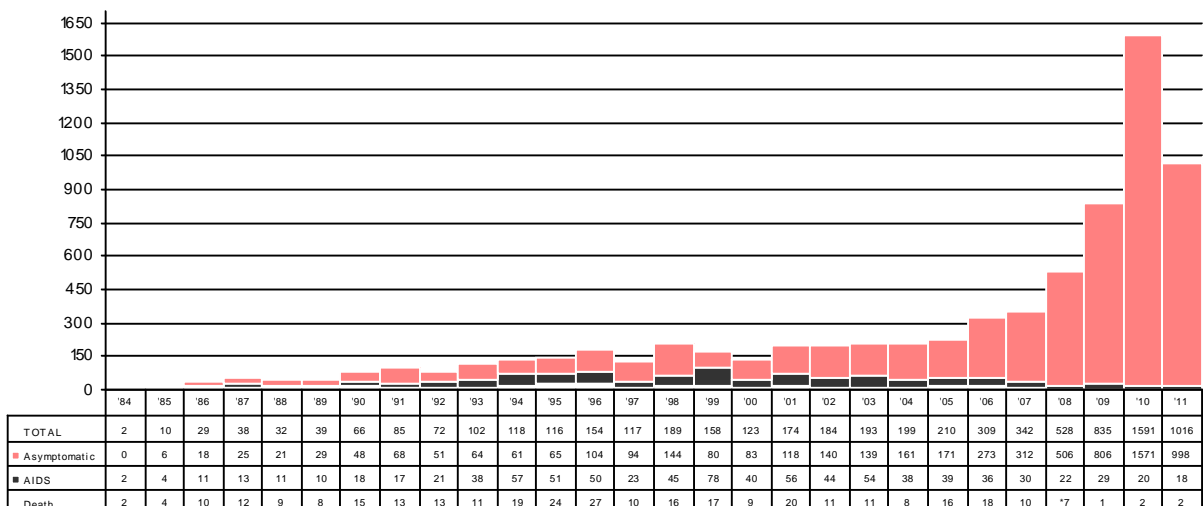


Figure 3. Number of HIV/AIDS Cases Reported in the Philippines by Year, Jan 1984 to June 2011 (N=7,031)



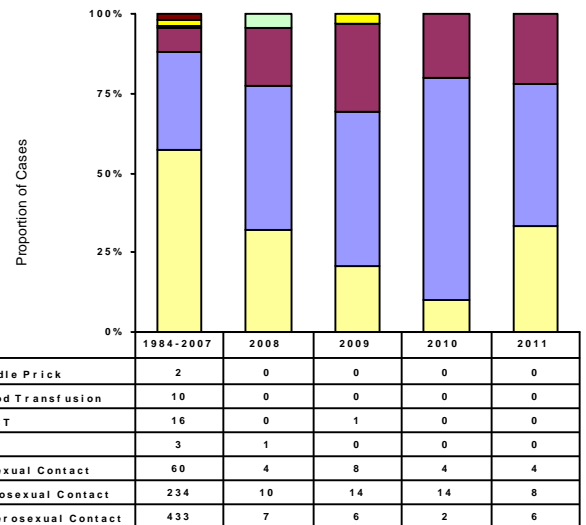
\*Five initially asymptomatic cases reported in 2008, died due to AIDS that same year.

### AIDS Cases (1984-2011)

Of the 1,016 HIV positive cases in 2011, eighteen were reported as AIDS cases. Eighty-three percent were males. Ages ranged from 22-59 years (median 36 years). All acquired the infection through sexual contact [heterosexual (6), homosexual (8), and bisexual contact (4)].

From 1984 to 2011, there were 875 AIDS cases reported, 71% (625) were males. Median age was 35 years (range 1-72 years). Of the AIDS cases, there were 325 (37%) deaths during the reported period. Sexual contact was the most common mode of HIV transmission, accounting for 93% (814) of all AIDS cases. More than half (454) of sexual transmission was through heterosexual contact, followed by homosexual contact (280) then bisexual contact (80). 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.

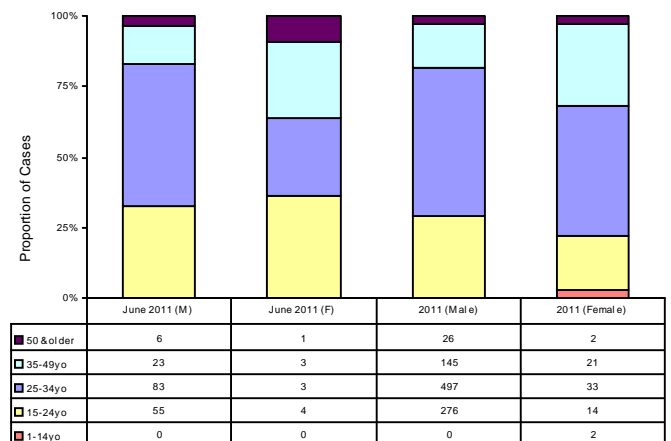
Fig 4. Proportion of Modes of Transmission of AIDS Cases by Year, Jan 1984–June 2011



### Demographic Characteristics (1984-2011)

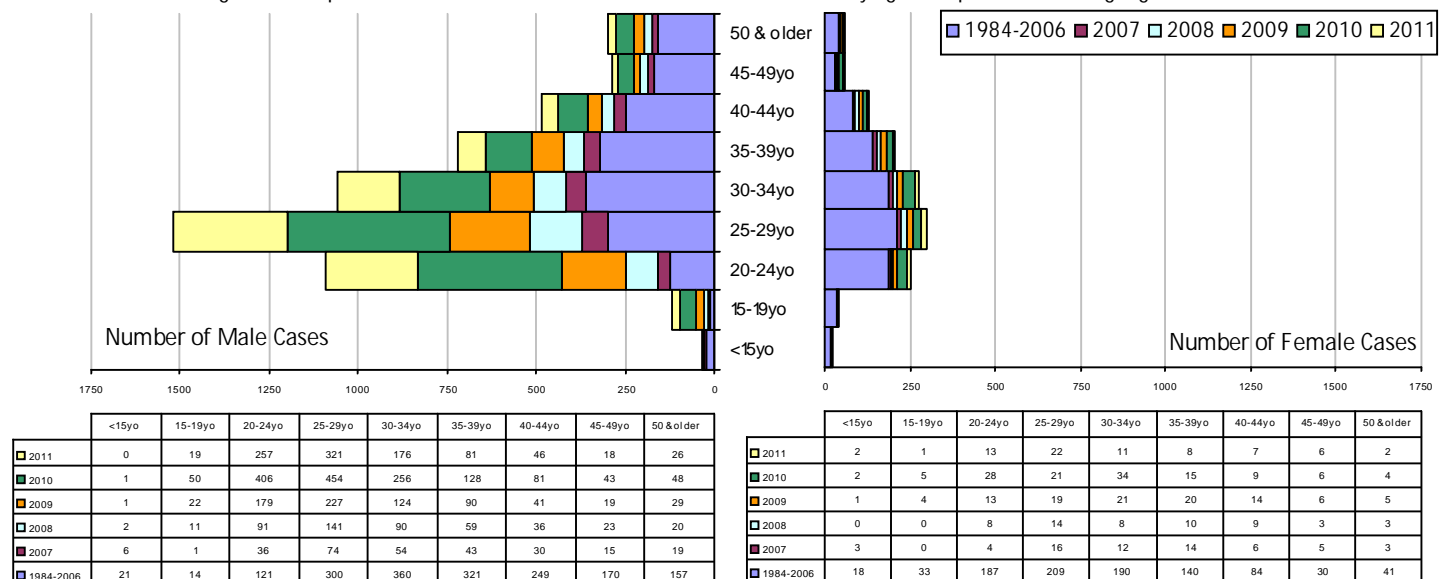
In 2011, there were a total of 1,016 cases reported. 93% of the cases reported were males (944). Ages ranged from 1-67 years old (median 28 years). The 20-29 year old age group (60%) had the most number of cases for 2011. For the male age group, the most number of cases were found among the 20-24 years old (27%), 25-29 years old (34%) and 30-34 years old (19%) [Figure 5].

Figure 5. Proportion of Sex & Age-Groups in June 2011 & Jan-June 2011



From 1984 to 2011, there were 7,031 HIV Ab sero-positive cases reported (Table 1), of which 6,156 (88%) were asymptomatic and 875 (12%) were AIDS cases. As shown in Figure 6, there is a significant difference in the number of male and female cases reported. Eighty percent (5,643) were males. Ages ranged from 1-73 years (median 30 years). The age groups with the most number of cases were: 20-24 years (19%), 25-29 (26%) and 30-34 years (19%) [Figure 6].

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



### Modes of Transmission (1984-2011)

In 2011, 96% (973) were infected through sexual contact, 2% (17) through needle sharing among injecting drug users, <1% (2) through mother-to-child transmission and <1% (1) through blood transfusion; 2% (23) had no reported data on mode of transmission (Table 2). There were 906 males and 67 females infected through sexual transmission. The age range of those infected through sexual transmission was 15-67 years old (median 27 years).

Of the 7,031 with HIV from 1984 to 2011, 91% (6,379) were infected through sexual contact, 2% (172) through needle sharing among injecting drug users, 1% (54) through mother-to-child transmission and <1% (20) through blood transfusion. Other modes of transmission are listed in Table 2. No data is available for 6% (403) of the cases. Cumulative data shows 42% (2,660) were infected through heterosexual contact, 36% (2,298) through homosexual contact, and 22% (1,421) through bisexual contact. From 2007 there has been a shift in the predominant trend of sexual transmission from heterosexual contact (24%) to males having sex with other males (76%) [Figure 8].

Table 2. Reported Mode of HIV Transmission

Mode of Transmission	June 2011 n=178	Jan–June 2011 n=1,016	Cumulative N=7,031
Sexual Contact	173	973	6,379
<i>Heterosexual contact</i>	30 (17%)	175 (18%)	2,660 (42%)
<i>Homosexual contact</i>	69 (40%)	449 (46%)	2,298 (36%)
<i>Bisexual contact</i>	74 (43%)	349 (36%)	1,421 (22%)
Blood/Blood Products	0	1	20
Injecting Drug Use	0	17	172
Needle Prick Injury	0	0	3
Mother-to-Child	0	2	54
No Data Available	5	23	403

### Overseas Filipino Workers (OFW)

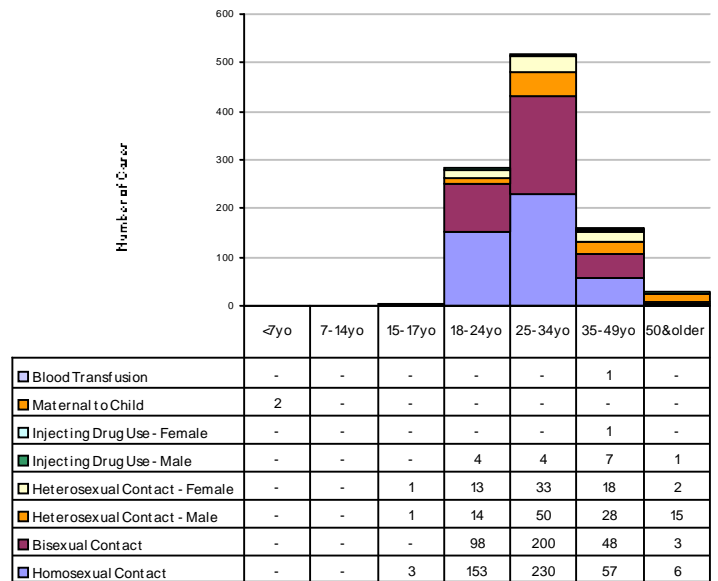
In 2011, there were 126 HIV positive OFWs, comprising 12% of cases reported for the year [Figure 9]. Of these, 109 (87%) were males and 17 (13%) were females; all infected through sexual contact.

There were 1,648 HIV positive OFWs since 1984, comprising 23% of all reported cases [Figure 9]. Seventy-six percent (1,254) were males. Ages ranged from 18 to 69 years (median 35 years). Sexual contact (96%) was the predominant mode of transmission (Table 3). Eighty-four percent (1,379) were asymptomatic while 16% (269) were AIDS cases.

Table 3. Reported Mode of HIV Transmission Among OFWs

Mode of Transmission	June 2011 n=22	Jan– June 2011 n= 126	Cumulative N=1,648
Sexual Transmission	22	126	1,586
<i>Heterosexual contact</i>	10 (45%)	49 (39%)	1,050 (66%)
<i>Homosexual contact</i>	5 (23%)	33 (26%)	311 (20%)
<i>Bisexual contact</i>	7 (32%)	44 (35%)	225 (14%)
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 7. Proportion of Modes of HIV Transmission by Age-Group, 2011 (n=1,016)



\*No data available on Modes of Transmission for Twenty-three (23) cases

Figure 8. Proportion of Types of Sexual Transmission, Jan 1984–June 2011

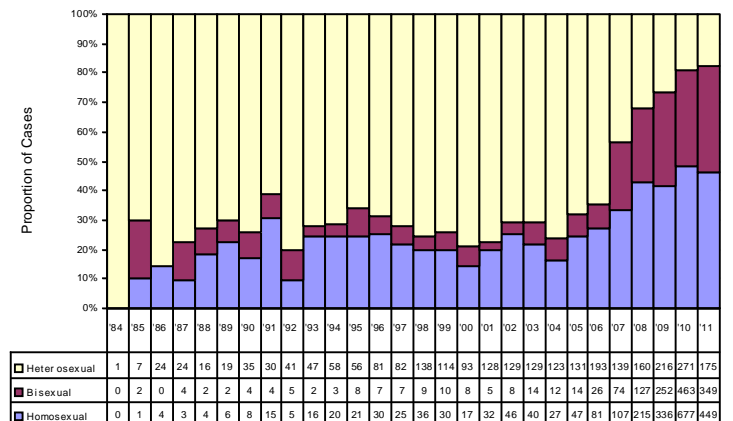
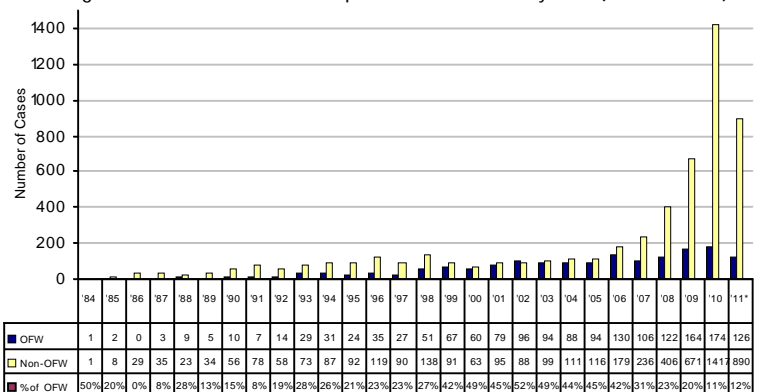


Figure 9. Number of OFWs Compared to Non-OFWs by Year (1984-2011\*)



\*Data includes January to June 2011 only.

## Program Related Information

Of the 178 HIV positive cases reported in June 2011, one was classified as AIDS. Fifty-eight 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.

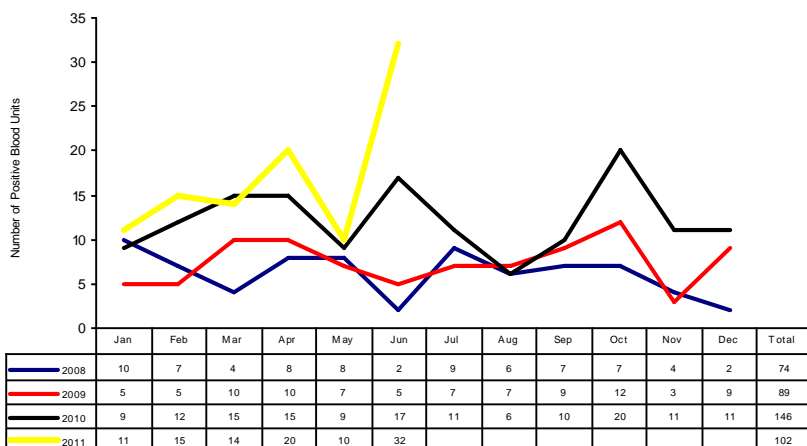
From January to June 2011, 102 blood units were confirmed to be positive for HIV by the RITM.

For June 2011, out of the 118 blood units referred for HIV confirmation, 32 units were positive for HIV, 4 units had indeterminate results and 82 were negative for HIV [Table 4].

Table 4. Results of Blood Units Referred for HIV Confirmation

Monthly Report	2011		
	Blood units* referred	Positive	Indeterminate
January	85	11	0
February	67	15	2
March	76	14	1
April	74	20	1
May	48	10	0
June	118	32	4
July			
August			
September			
October			
November			
December			
<b>Total for the year (Jan – June only)</b>	<b>468</b>	<b>102</b>	<b>8</b>

Figure 10. HIV Positive Blood Units by Month & Year (2008-2011)



\* 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.