Report to UNAIDS—HIV/AIDS TRENDS IN JAPAN
March 2015

I. Status at a glance

The AIDS Surveillance Committee holds quarterly meetings to compile the annual report on the trends of new reported cases of HIV infection and AIDS in Japan based on anonymous reports from all prefectures. Physicians who diagnosed HIV infection (without AIDS symptoms) or AIDS are obliged to submit a case report to the prefectural government. The case report includes the result of HIV testing, major symptoms and diagnosis, gender, age, nationality, residential area, possible transmission route including place and the date of diagnosis.

According to the Annual Report on AIDS Trends, AIDS Surveillance Committee, Ministry of Health, Labour and Welfare, a total of 15,812 cases of HIV infection and 7,203 AIDS cases have been reported as of the end of 2013. In addition, 1,439 cases were identified to be infected with HIV through contaminated blood products used in the treatment of hemophilia in 1980s. The epidemic reveals the following features:

- The number of reported cases of both HIV infection and AIDS continued to increase but has largely leveled off during the last several years (Figure 1).
- Dominant route of transmission is sexual contact. Homosexual contact accounts for 56.3% of all cases of HIV infection and 37.6% of AIDS cases, while heterosexual contact accounts for 28.0% and 36.3%, respectively. Infections through injecting drug use or mother-to-child transmission are few, both accounting for less than 1% among all cases of HIV infection and AIDS reported to date (Figure 2).
- By age, approximately 70% of all cases of HIV infection are in their twenties or thirties.
- By region, the largest numbers of cases of HIV infection are reported from Tokyo, Kanto-Koshinetsu (excluding Tokyo), Tokai and Kinki areas. The numbers of the cases of both HIV infection and AIDS have largely leveled off during the past several years except for Kanto-Koshinetsu (excluding Tokyo).

These findings highlight the necessity for extensive campaigns to raise public awareness on sexual transmission of HIV and the expansion of early detection and treatment programs since no decline has yet been observed in the number of AIDS cases.

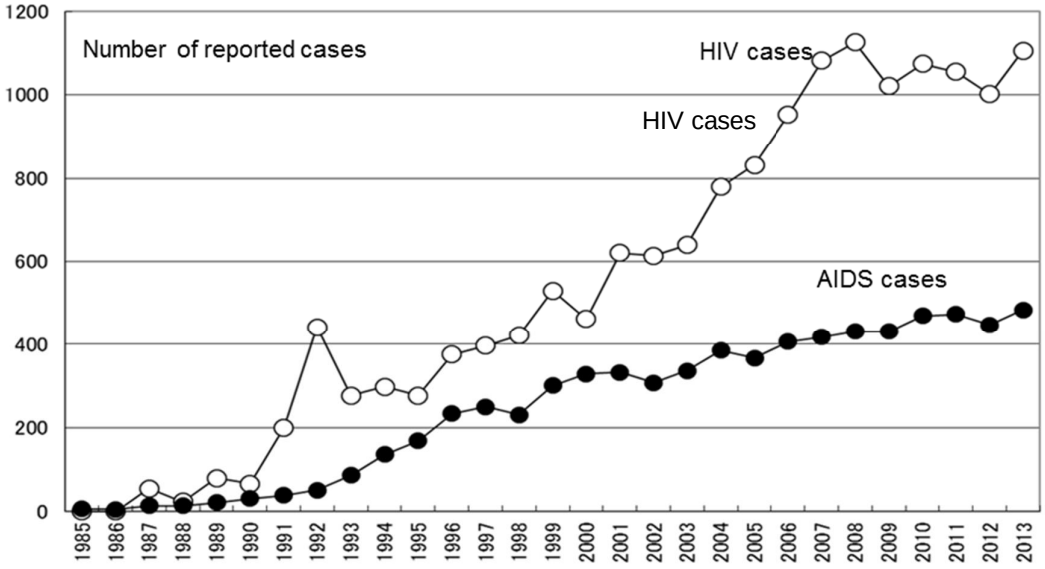

Figure 1. Number of reported HIV/AIDS cases, 1985-2013
(Including all nationalities living in Japan, as of Dec. 31, 2013)

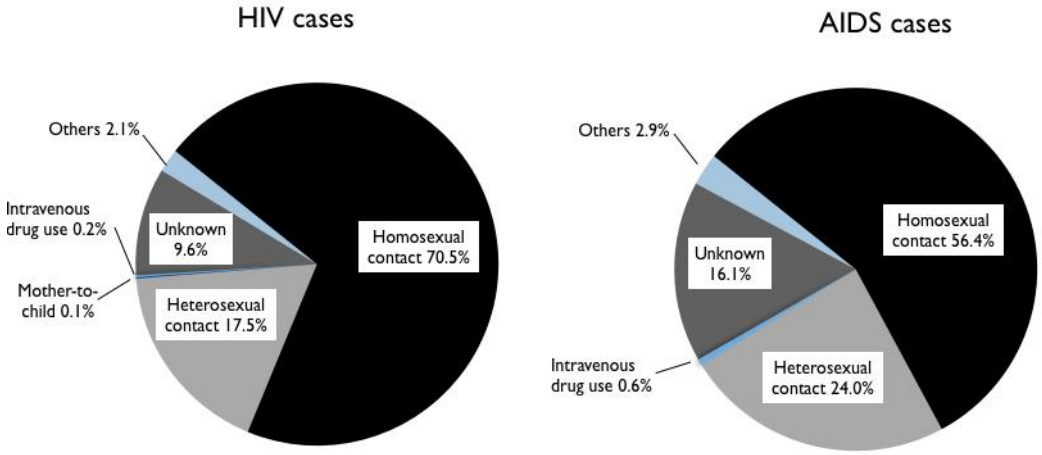

Figure 2. Transmission routes of reported HIV and AIDS cases (As of Dec. 31, 2013)

II. Overview of the HIV/AIDS epidemic

(1) The reported cases of HIV infection and AIDS in 2013

In 2013, 1,106 HIV infection cases and 484 AIDS cases were reported, an increase of 104 and 37 cases over the previous year, respectively.

Among reported cases of HIV infection in 2013, 996 cases (90.1%) were Japanese and 110 cases (9.9%) were non-Japanese. By route of transmission, 88.1% were infected through sexual contact; 780 cases (70.5%) through homosexual

contact and 194 cases (17.5%) through heterosexual contact. Two cases were infected through injecting drug use, one case of mother-to-child transmission, and 106 cases (9.6%) were of unknown exposure. By age, the majority of newly reported cases were in the age of 20-44 years (77.5%) irrespective of nationality or gender. Of those infected, 939 cases (84.9%) reported to have been infected in Japan, while 54 cases (4.9%) were infected abroad and 113 cases (10.2%) were unspecified.

Among reported AIDS cases in 2013, 449 cases (92.8 %) were Japanese and 35 cases (7.2%) were non-Japanese. In terms of transmission route, 80.4% were infected through sexual contact; 273 cases (56.4%) through homosexual contact and 116 cases (24.0%) through heterosexual contact. Three cases were infected through injecting drug use, no reported case of mother-to-child transmission, and 78 cases (16.1%) were of unknown route. By age, reported cases distributed broadly among the age groups over 25 years, irrespective of nationality and gender. Of all cases, 381 cases (78.7%) reported to have been infected in Japan and 32 cases (6.6%) acquired their infection abroad.

(2) Trends of the number of reported cases of HIV infection and AIDS

The number of reported cases of HIV infection has leveled off since its peak in 2008 (Figure 1), reflecting the trend of male Japanese cases that comprise most of the reported cases of HIV infection. Cases of female Japanese increased gradually up to 2001 and steadied at around 40 cases per year. Among non-Japanese cases female cases are slowly declining to less than 20 cases per year, while male cases remain largely stable at around 70 cases per year from 2006 to 2012 but increased to 97 cases in 2013. Among the Japanese cases, following a continuous increase until 2008, infection both through homosexual contact and through heterosexual contact have leveled off at around 700 and 150 cases per year, respectively (Figure 3). Infections through heterosexual contact have been stable among females at around 30 cases per year since 1996, and also among males at around 140 cases per year since 2009. Among the non-Japanese cases, the number of cases of infection through homosexual contact was stable at around 15 cases per year until 2005, and at around 35 cases per year until 2011 but started to increase since 2012.

Although the number of reported AIDS cases continued to increase until 2010, it has leveled off thereafter. The decline was mainly due to a change in male Japanese cases, while female Japanese cases remained stable at around 15 cases per year. The number of non-Japanese AIDS cases leveled off at around 20-30 cases per year in males, while it gradually decreased since the peak in 1999 to around 10 cases per year since 2009 except for 2011 when 17 cases were reported.

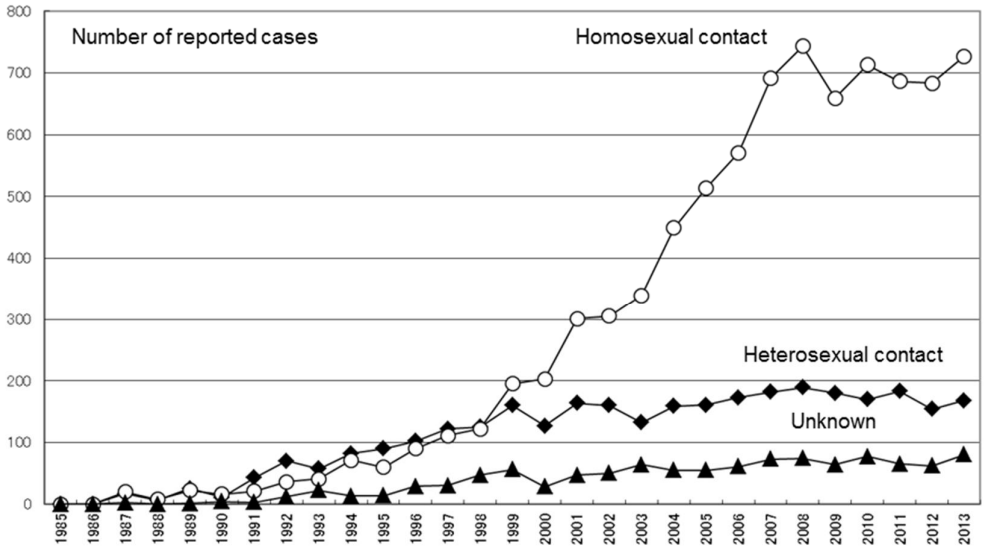

Figure 3 Japanese HIV cases by exposure category, 1985-2013 (As of Dec. 31, 2013)

(3) Trend of the non-Japanese cases by region of origin

Most cases of reported HIV infection and AIDS with identified nationality (1839 and 806 cases, respectively) were from Southeast Asia (56.6% of cases of HIV infection and 50.1% of AIDS cases), followed by Latin America and Sub-Saharan Africa.

(4) Residential area

By residential area, although the reported cases of HIV infection and AIDS were mostly concentrated in Kanto/Koshinetsu area including Tokyo since the beginning of epidemic, they started to be increasingly reported also from other areas, especially from Tokai and Kinki areas since 2000. In 2013, among the cases of HIV infection 578 cases (52.1%) were reported from Kanto/Koshinetsu area including Tokyo and 528 (47.7%) cases were from other areas (71.9% and 28.1%, respectively in 2000), while for AIDS cases 216 cases (44.6%) were from Kanto/Koshinetsu area including Tokyo and 268 cases (55.4%) were from other areas (72.6% and 27.4%, respectively in 2000).

III. National response to the AIDS epidemic (IV. Best practice, V. Major challenges and remedial action)

In the past, Japan has experienced a very harsh lesson during the early epidemic when there were HIV transmissions through contaminated blood products that were used for treating hemophiliacs.

(1) Revision of AIDS prevention guidelines

A working group on AIDS and STIs at the Infectious Diseases Division of the Infectious Diseases Sub-Committee of the Health Science Council, carried out a review of the original AIDS Prevention Guidelines based on the report by the "AIDS Prevention Guidelines Review Commission," which consists of academic experts, patient groups, and NGOs.

Key points of the review are: 1) Improving HIV counseling and testing; 2) Setting quantitative and qualitative goals in regard to HIV testing for specific populations; 3) Collaborating with NGOs and other relevant organizations regarding measures for specific populations; and 4) Improving medical care collaboration in community-centered core hospitals.

The revised AIDS Prevention Guidelines were approved at a meeting of the Infectious Diseases Division of the Infectious Diseases Sub-Committee of the Health Science Council, and went into effect on January 19, 2012.

Moreover, article IX of the "AIDS Prevention Guidelines" stipulates "the assessment of AIDS measures and collaboration with related institutions," and the Assessment and Review Committee on AIDS Measures has been monitoring the implementation of national and local government measures with the Committee on AIDS Trends. Then, the evaluation result of the monitoring will be reflected in the next revision of AIDS Prevention Guidelines.

(2) Campaigns to raise public awareness

The head of the operation "Stop AIDS Strategy", run by the Minister of Health, Labour, and Welfare, was established in 2005, and has launched various public relations activities including government campaigns.

1) General activities

The Ministry of Health, Labour and Welfare promoted activities to increase awareness, facts on HIV/AIDS and to reduce HIV/AIDS-related discrimination and stigma, especially during the World AIDS Day on December 1st.

Based on the fact that reported number of HIV infection is increasing among young people, campaign aiming to reinforce awareness has been carried out including a live concert and a talk featuring artists popular to young people, which

was also broadcasted over the Internet. A temporary HIV testing center was also set up close by to the event site to offer testing.

2) Measures for specific populations such as men who have sex with men (MSM) and young people

Seven accessible community centers were established in 2011 and are in operation nationwide to promote HIV/AIDS prevention campaigns and to reduce HIV/AIDS-related discrimination and stigma. Operated by NGOs, they were established for the MSM group as a part of support and outreach services. Moreover, similar efforts were also made targeting junior and senior high school students through school education that includes research projects against AIDS.

(3) Improving access to voluntary HIV counseling and testing

More than 30% of people newly diagnosed with HIV infection had already progressed with advanced stages of AIDS (people who know their HIV status after developing AIDS). To address this issue, the following steps have been implemented.

1) Improving access to free and anonymous counseling and testing at public health centers

There is already an established scheme for free and anonymous testing at public health centers throughout Japan. In addition, in order to maximize users' confidentiality, individual counseling rooms are available at every public health center so that visitors are able to comfortably receive counseling in private.

Other measures have also been promoted, such as out-of-working-hours voluntary HIV testing services at public health centers, the introduction of rapid tests, and conducting voluntary HIV tests by collaborating with NGOs in accessible areas like urban centers. It is expected that these efforts will increase convenience and access to testing.

2) Facilitating and disseminating HIV testing services through HIV testing awareness week

June 1st –7th is the HIV testing awareness week. Its purpose is to complement the system of voluntary HIV counseling and testing (VCT) that is operated by national and prefectural governments as well as to draw the public's attention to HIV/AIDS. Throughout the week, national and prefectural governments facilitate out-of-working-hours HIV testing services, and provide rapid tests at public health centers.

3) Maternal health check-ups

Under the Maternal and Child Health Act, pregnant women are recommended to undergo prenatal health check-up and an HIV antibody test is carried out as one of the early pregnancy blood screening tests. Researches show that 99.8% of pregnant women receive the HIV screening tests. For those who are diagnosed as HIV-positive, the program to prevent mother-to-child transmission is commenced including initiation of antiretroviral drugs, delivery though the method of caesarian section, and cessation of breastfeeding.

(4) Medical care system and patient support

1) Core hospital system

As part of the HIV/AIDS medical treatment services, the AIDS Clinical Center (ACC) has been established as a national center for treating HIV, together with 14 regional core hospitals throughout 8 regional blocks, and about 380 core hospitals (including the regional core hospitals). The ACC and regional core hospitals have been working in close coordination; however, the ACC and both regional core and core hospitals have encountered problems such as a high concentration of AIDS patients in a subset of core hospitals. In response, each prefecture was requested to select a single key core hospital from the hospitals that provided AIDS treatment within their jurisdiction in order to improve medical standards, reduce regional differences, and develop a comprehensive medical care system. Under the supervision of the regional core hospital of each block, key core hospitals provide advanced AIDS medical treatment, training, and medical information to core hospitals by collaborating with regional core hospitals.

2) Acknowledging people living with HIV (PLHIV) as persons with a disability

A policy was established in 1998 to acknowledge PLHIV as persons with a disability, and as such, to issue them the relevant identification booklet. Under the policy, measures have been taken to reduce their medical expenses related to HIV treatment, since treatment is very expensive even when partially covered by medical insurance.

Furthermore, officers are trained to strictly optimize patients' confidentiality when conducting various procedures including the application for delivery of identification booklets to persons with disability in social welfare centers.

(5) Promoting research

Although HIV and AIDS can be controlled after the development of highly active antiretroviral therapy (HAART), there is still no cure or absolute prophylaxis.

We are comprehensively promoting fundamental, clinical, epidemiological HIV/AIDS research fully attentive in regard to human rights, social, and medical perspectives.

(6) Other measures

1) Interagency Liaison Committee Session about AIDS

Since the cases of HIV infection and AIDS patients have increased in broader areas and age groups, the Interagency Liaison Committee was established in 2000. The Ministry of Justice, Ministry of Foreign Affairs, Ministry of Education, Culture, Sports, Science and Technology, and bureaus of the Ministry of Health, Labour and Welfare participated in a session held based on Article IX-I of the "AIDS Prevention Guidelines," with the purpose of promoting more comprehensive and effective measures for AIDS control.

2) Liaison Council of Managers of AIDS Prevention Measures in Key Prefectures

The Liaison Council meets to discuss with local authorities of those prefectures with large reported numbers of cases of HIV infection and AIDS patients since 2006. The purpose of the council is to share pioneering initiatives, provide the latest expert knowledge, and provide technical support on AIDS prevention measures. It is an opportunity to exchange ideas and share information for the enhancement of effective AIDS prevention measures.

VI. Support from country's development partners

Not available.

VII. Monitoring and evaluation

(1) The AIDS Surveillance Committee

Through quarterly meeting, the AIDS Surveillance Committee monitors the trend of reported cases of both HIV infection and AIDS, numbers of voluntary HIV counseling and testing, as well as the HIV positive rate among blood donations. The report is compiled by the committee annually.

(2) Liaison Council of Managers of AIDS Measures in Key Prefectures

Some prefectures were selected as intensified cooperation local authorities according to HIV epidemics. Regular support for these prefectures has been provided.