

Number of Newly Diagnosed with HIV per day:

2008

1

2010

4

2012

9

2014

17

2015

22

NEWLY DIAGNOSED HIV CASES IN THE PHILIPPINES

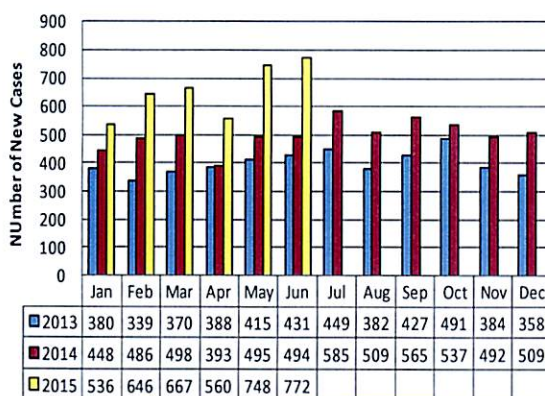
Table 1. Quick Facts

Demographic Data	June 2015	Jan-June 2015	Jan 2010 - June 2015	Cumulative Jan1984 - June 2015
Total Reported Cases	772	3,929	22,032	26,456
Asymptomatic Cases	739	3,691	20,588	24,169
AIDS Cases	33	238	1,444	2,287
Male	745	3,770	20,957	24,188 ^a
Female	27	159	1,075	2,257 ^a
Age Range (Median)	13-64(27)	1-73 (28)	1-82 (28)	1-82 (28)
Less than 15 y/o	2	9	27	79 ^b
15-24 y/o	227	1,084	6,238	6,963 ^b
25-34 y/o	416	2,106	11,583	13,441 ^b
35-49 y/o	118	647	3,646	5,084 ^b
50 y/o & above	9	83	538	815 ^b
Newly Started on ART	447			
Total PLHIV on ART				10,629
Reported Deaths	62	156	836	1,274

^aNo data available on sex for (11) cases

^bNo data available on age for (74) cases

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



In June 2015, there were 772 new HIV Ab sero-positive individuals (Table 1). This was 56% higher compared to the same period last year (494) [Figure 1] and was the highest number of cases reported since 1984. Most (96%) of the cases were still asymptomatic at the time of reporting (Figure 3).

Ninety-seven percent were male. The median age was 27 years old (age range: 13 years-64 years). More than half (54%) belong to the 25-34 year age group while 29% were youth aged 15-24 years old.

The regions with the highest number of reported cases for June 2015 were: NCR with 294 (38%) cases, Region 4A with 124 (16%) cases, Region 11 with 62 (8%) cases, Region 3 with 61 (8%) cases and Region 6 with 43 (6%) cases. One hundred eighty-eight (24%) cases came from the rest of the country (Figure 2).

Reported modes of transmission (MOT) were sexual contact (764) and needle sharing among injecting drug users (IDU) [8]. Eighty-seven percent of the sexually transmitted cases were among males who have sex with males (MSM^a).

^amale-male sex and sex with both males & females

Figure 2. Percentage of Newly Diagnosed Cases per

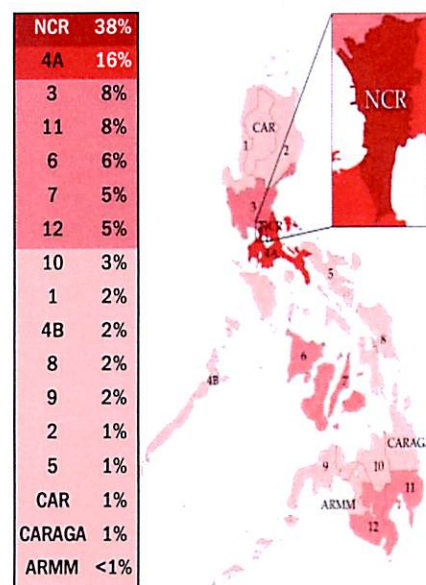


Figure 3. Number of HIV Cases Reported in the Philippines by Year, January 1984 to June 2015 (N=26,456)



PLHIV on Anti-Retroviral Therapy (ART)

As of June 2015, there were 10,629 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 | 13. Corazon Locsin Montelibano Memorial Regional Hospital |
| 2. Cagayan Valley Medical Center | 14. Western Visayas Medical Center |
| 3. Baguio General Hospital and Medical Center | 15. Gov. Celestino Gallares Memorial Hospital |
| 4. Jose B. Lingad Medical Center | 16. Vicente Sotto Memorial Medical Center |
| 5. James L. Gordon Memorial Hospital | 17. Zamboanga City Medical Center |
| 6. Makati Medical Center | 18. Southern Philippines Medical Center |
| 7. Philippine General Hospital | 19. Northern Mindanao Medical Center |
| 8. Research Institute for Tropical Medicine | 20. Eastern Visayas Regional Medical Center |
| 9. San Lazaro Hospital | 21. Butuan Medical Center |
| 10. The Medical City | 22. CARAGA Regional Hospital |
| 11. Marikina City Satellite Treatment Hub | |
| 12. Bicol Regional Training and Teaching Hospital | |

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

The first case of HIV infection in the Philippines was reported in 1984. From January 1984 to June 2015, there has been 26,456 HIV Ab sero-positive cases reported to the HARP (Table 1). Ninety-one percent (24,169) of the total reported cases were asymptomatic at the time of reporting. Most (24,188 or 91%) were male*. The median age* was 28 years old (age range: 1 year-82 years). More than half (13,441 or 51%) were from the 25-34 year age group while 6,963 (26%) were youth aged 15-24 years old (Figure 4).

Eighty-three percent (22,032) of all the 26,456 diagnosed cases in the Philippines were reported in the past five years, from January 2010 to June 2015 (Table 1). Most (93%) of these cases were still asymptomatic at the time of reporting.

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

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% (20,957) of the reported 22,032 cases.

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.

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

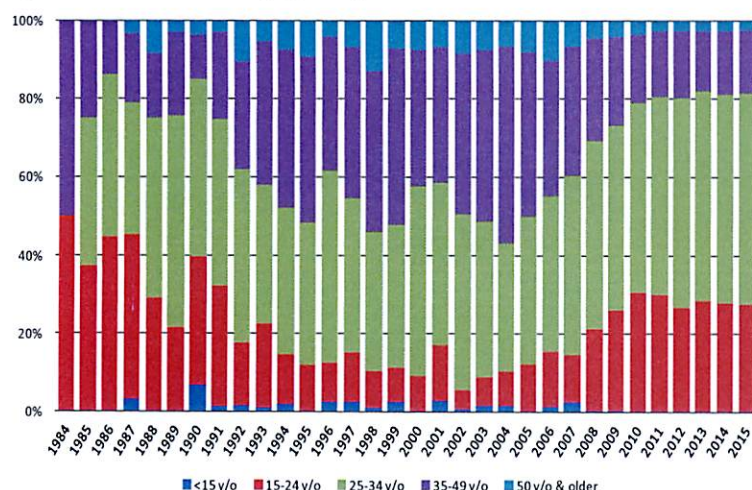
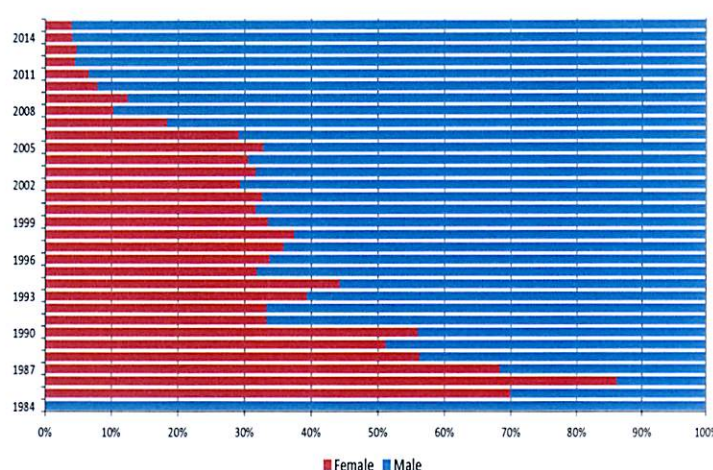


Figure 5. Distribution of PLHIV by Sex, Jan 1984-June 2015



Geographical Distribution

From January 1984 to June 2015, the regions with the most number of reported cases were NCR with 11,648 (44%) cases, Region 4A with 3,496 (13%) cases, Region 7 with 2,359 (9%) cases, Region 3 with 2,136 (8%) cases, and Region 11 with 1,569 (6%) cases. Sixteen percent (4,102) of the cases came from the rest of the country (ROTC) while 1,146 (4%) had no data on region (Table 2).

Of the 2,257 females reported with HIV, 545 (24%) were from NCR, 403 (18%) were from Region 3, 237 (10%) were from Region 7, 193 (9%) were from Region 4A and 879 (39%) were from other regions.

The regions with the most number of Overseas Filipino Workers (OFW) reported to the HARP were NCR with 1,327 cases, Region 4A with 598 cases, Region 3 with 360 cases, and Region 6 with 190 cases.

Table 2. Percentage of HIV Cases per Region

Region	June 2015 (N=772)	Jan-June 2015 (N=3,929) ^a	Jan 2010 - June 2015 (N=22,032) ^b	Cumulative Jan 1984 - June 2015 (N=26,456) ^c
NCR	294 (38%)	1,556 (40%)	9,972 (45%)	11,648 (44%)
4A	124 (16%)	634 (16%)	3,040 (14%)	3,496 (13%)
7	41 (5%)	331 (8%)	2,179 (10%)	2,359 (9%)
3	61 (8%)	317 (8%)	1,674 (8%)	2,136 (8%)
11	62 (8%)	240 (6%)	1,452 (7%)	1,569 (6%)
ROTC	190 (25%)	849 (22%)	3,548 (16%)	4,102 (16%)

^aFrom January-June 2015, no particular region were reported for 2 cases

^bFrom January 2010-June 2015, no particular region were reported for 167 cases

^cFrom January 1984-June 2015, no particular region were reported for 1,146 cases

Table 3. Reported Modes of HIV Transmission

Mode of Transmission	June 2015 (N=772)		Jan-June 2015 (N=3,929)		Jan 2010-June 2015 (N=22,032)		Cumulative Jan1984-June 2015 (N=26,456)*	
	M	F	M	F	M	F	M	F
Sexual Contact	737	27	3,639	150	19,805	983	22,730	2,053
Male-Female Sex ^b	76	27	390	150	2,277	983	3,421	2,053
Male-Male Sex ^c	393	0	1,974	0	10,608	0	11,780	0
Sex with Males & Females ^d	268	0	1,275	0	6,920	0	7,529	0
Blood/Blood Products	0	0	0	0	0	1	5	15
Sharing of Needles	8	0	128	6	1,118	76	1,124	78
Needle Prick Injury	0	0	0	0	0	0	2	1
Mother-to-Child	0	0	3	3	13	11	40	33
No Data Available	0	0	0	0	21	4	287	77

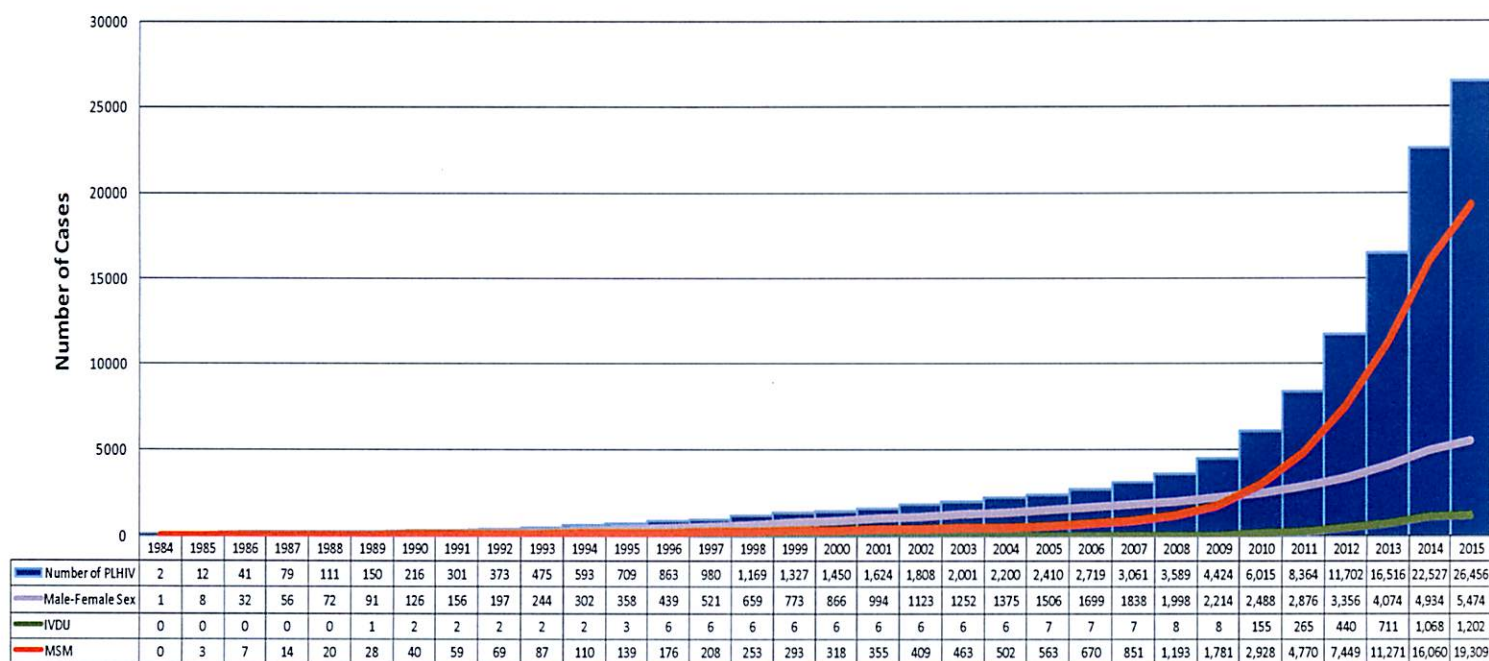
*From January 1984-June 2015, 11 did not report sex

^bSame as heterosexual in previous reports^cSame as homosexual in previous reports^dSame as bisexual in previous reports

through sexual contact were among MSM. From 2005 to 2009, MSM comprised 60% (1,279) of sexual transmissions. Fifty-four percent (9,532) of the MSM cases from 2010 to 2015 were among the 25-34 years age group while 5,271 (30%) were among youth aged 15-24 years old. Meanwhile, cases among IDU also increased from <1% in 2005 to 2009 to 5% within the past five years.

Different modes of transmission are predominant in different regions. Half 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-June 2015 (N=26,456)



REPORT ON SPECIAL POPULATIONS

Youth (15-24 years old)

In June 2015, 227 (29%) cases were among youth aged 15-24 years. Most (96%) were male. Ninety-eight percent (222) were infected through sexual contact (21 male-female sex, 124 male-male sex, 77 sex with both males & females) and 5 (2%) through needle sharing among IDUs.

From January 1984-June 2015, 6,963 (26%) of the reported cases were 15-24 years old. Ninety percent (6,238) 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 (6,540) were infected through sexual contact (886 male-female sex, 3,519 male-male sex, 2,135 sex with both males & females); and 363 were infected through sharing of infected needles among IDUs.

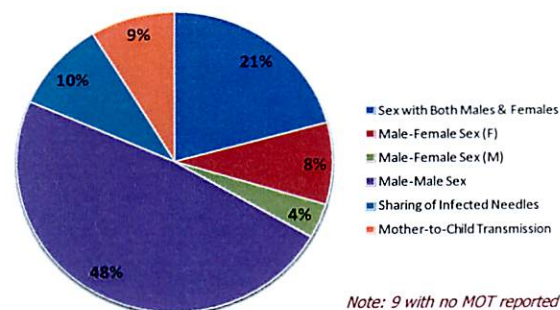
Note: From January 1984-June 2015, 60 did not report mode of transmission

REPORT ON SPECIAL POPULATIONS (continuation)**Children (<10 years old) and Adolescents (10-19 years old)**

In June 2015, 31 adolescents aged 13-19 years old were reported to HARP; among these adolescents, 27 were male. All adolescents were infected through sexual contact (4 male-female sex, 17 male-male sex, 10 sex with both males & females).

From January 1984 to June 2015, 882 (3%) of the reported cases were 19 years old and below. Of these, 74 (8%) were children. Eighty-four 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, 722 (89%) were male and majority (89%) were infected through sexual contact (108 male-female sex, 423 male-male sex, 186 sex with both males & females); 82 (10%) 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–June 2015 (N=882)

**Overseas Filipino Workers (OFW)**

Sixty-four OFWs were reported to the HARP in June 2015, comprising 8% of the total newly diagnosed cases for the month (Figure 8). Ninety-four percent were male. Most (98%) were infected through sexual contact while 1 was infected through needle sharing among IDUs (Figure 9). The ages of male OFWs ranged from 23 years-55 years (median: 31 years) and more than half (65%) belonged to the 25-34 year age group. Among female OFWs, ages ranged from 27 years-47 years (median: 40 years).

From January 1984 to June 2015, out of the 26,456 cases, 3,629 (14%) were HIV positive OFWs. Of these, 3,002 (83%) were male. More than half (52%) were MSM (1,068 male-male sex and 814 sex with both males & females). 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–June 2015 (N=3,629)

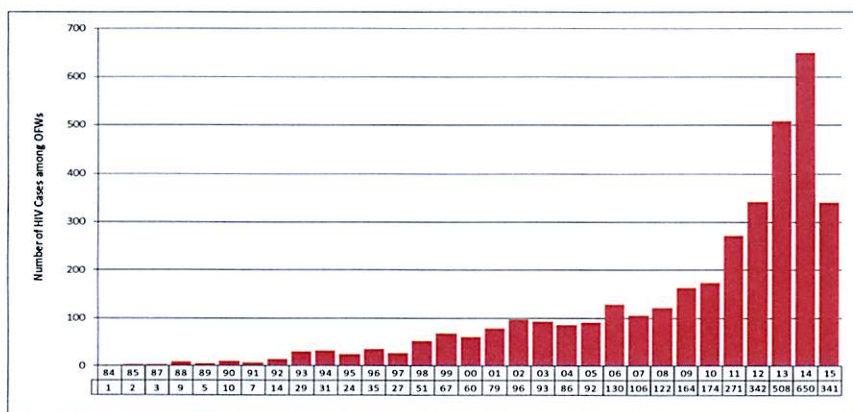
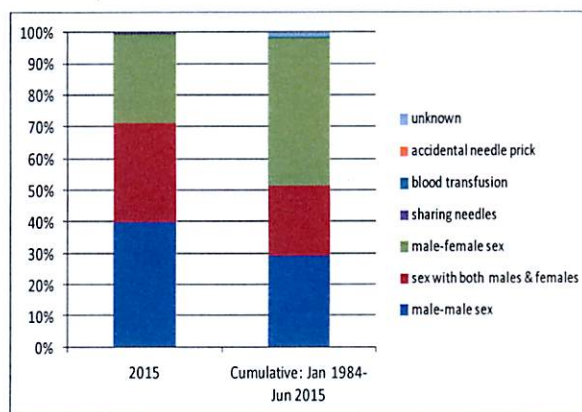


Figure 9. Modes of Transmission among OFW, Jan 1984–June 2015

**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 June 2015, 10% (79) of the reported cases engaged in transactional sex. Most (97%) were male (Table 4) whose ages ranged from 18 years-55 years (median: 28 years) while 2 were female aged 21 years-34 years (median: 28 years). Fifty-three percent of males who engaged in transactional sex were the ones who paid for sex.

A total of 2,101 cases reported in HARP from October 2012 to June 2015 were people who engaged in transactional sex. Ninety-five percent were male. Of the 2,022 cases, 1,147 (55%) paid for sex, 619 (29%) accepted payment for sex, and 335 (16%) engaged in both.

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

Type of Transactional Sex	June 2015 (N=79)	Jan-June 2015 (N=491)	Cumulative : Oct 2012–June 2015 (N=2,101)
Accepted payment for sex only:	22 (28%)	147 (30%)	619 (29%)
Male	21	132	564
Female	1	15	55
Age Range (Median) in Years	18-38 (25)	17-56 (26)	15-67 (25)
Paid for sex only:	41 (52%)	257 (52%)	1,147 (55%)
Male	41	256	1,138
Female	0	1	9
Age Range (Median) in Years	19-55 (30)	18-73 (32)	17-79 (31)
Engaged in both:	16 (20%)	87 (18%)	335 (16%)
Male	15	83	303
Female	1	4	32
Age Range (Median) in Years	20-44 (28)	19-59 (29)	18-59 (28)

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

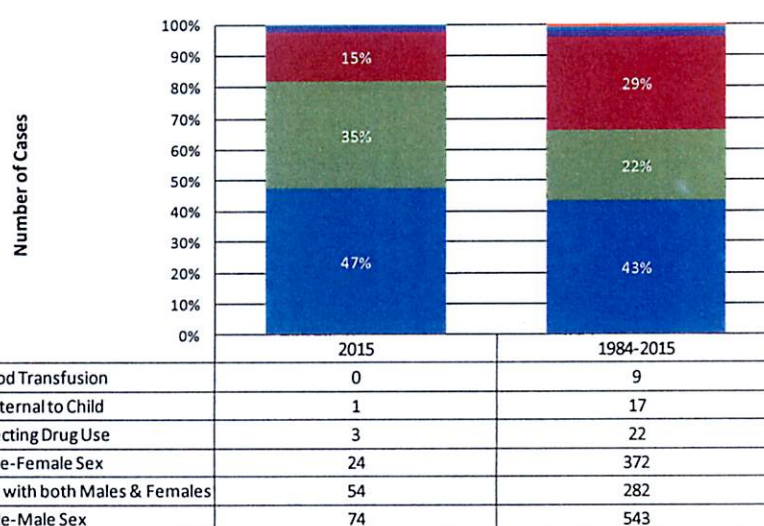
DEATHS AMONG PEOPLE WITH HIV

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 June 2015, there were 62 reported deaths. Of the 62 reported deaths, 61 (98%) were male. (Table 5). The highest number of deaths occurred in the 25-34 years (56%) age group. This was followed by the 35-49 years (23%) and the 15-24 years (18%) age groups. Almost all (97%) were infected through sexual contact (7 male-female sex, 31 male-male sex, 22 sex with both males & females) [Figure 10].

From January 1984 to June 2015, there were a total of 1,274 reported deaths. One thousand seventy-four (84%) were male (Table 5). In total, there has been 16 (1%) reported deaths among children less than 10 years old, 13 (1%) reported deaths in adolescents (10-19 years old) and 160 (13%) reported deaths among youth (15-24 years old). The highest number of deaths occurred in the 25-34 years (46%) and was followed by the 35-49 years (30%) age group. Sexual contact (94%) was the most common mode of HIV transmission (372 male-female sex, 543 male-male sex, 282 sex with both males & females). There were 22 reported deaths among IDU (Figure 10).

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



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

Table 5. Demographic data of reported deaths among PHIV

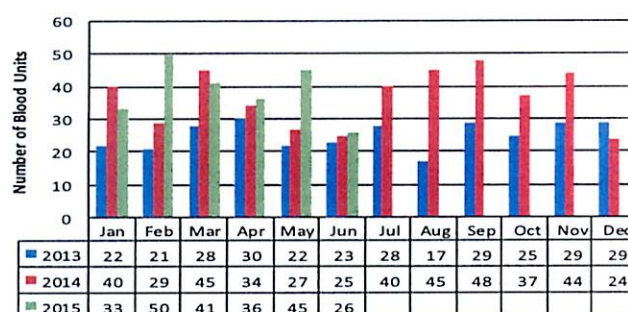
Demographic Data	June 2015	Jan-June 2015	Cumulative* Jan 1984- June 2015
Total Reported Deaths	62	156	1,274
Male	61	147	1,074
Female	1	9	200
Children <10yo	1	1	16
Adolescents 10-19yo	0	0	13
Youth 15-24yo	11	22	160

BLOOD UNITS CONFIRMED FOR HIV

In June 2015, 26 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)

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.