



Newly Diagnosed HIV Cases in the Philippines

In December 2010, there were 174 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 38% increase compared to the same period last year (n=126 in 2009), and the highest number of cases reported in a month since 1984 [Figure 1].

Most of the cases (96%) were males. The median age was 28 years (age range: 15-69 years). The 20-29 year (62%) age-group had the most number of cases. Fifty-seven percent (98) of the reported cases were from the National Capital Region (NCR).

Reported mode of transmission was sexual contact (168) and re-using needles among injecting drug users (5). One did not report mode of transmission [Table 2, page 2]. Males having sex with other Males (84%) [homosexual and bisexual] was the predominant type of sexual transmission [Figure 2]. Most (98%) 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 174 HIV positive cases, three were reported as AIDS cases. All were males. The median age was 25 years (age range: 25-28 years). One acquired infection through bisexual contact and the other two through homosexual contact. There were no reported deaths for this month.

Overseas Filipino Workers (OFW)

Fourteen of the 174 (8%) reported cases were OFWs [Figure 9, page 3]. All of the cases were males. The median age was 31 years (age range: 24-52 years). All cases acquired the infection through sexual contact [heterosexual (4), homosexual (4), and bisexual (6)].

Table 1. Quick Facts

Demographic Data	Dec 2010	Jan-Dec 2010	Cumulative Data: 1984–2010
Total Reported Cases	174	1,591	6,015
Asymptomatic Cases	171	1,571	5,158
AIDS Cases	3	20	857
Males	167	1,467	4,699*
Females	7	124	1,305*
Youth 15-24yo	59	489	1,213
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)

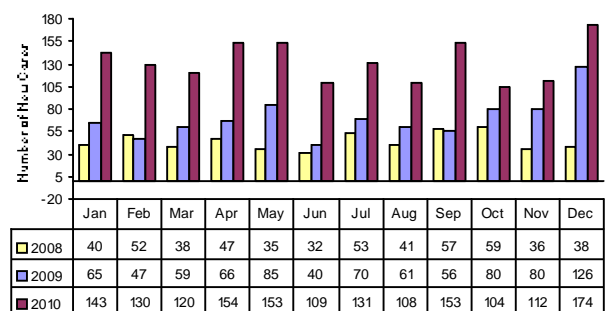


Figure 2. Comparison of the Proportion of Types of Sexual Transmission in 2010, 2009 & Cumulative Data (1984-2010)

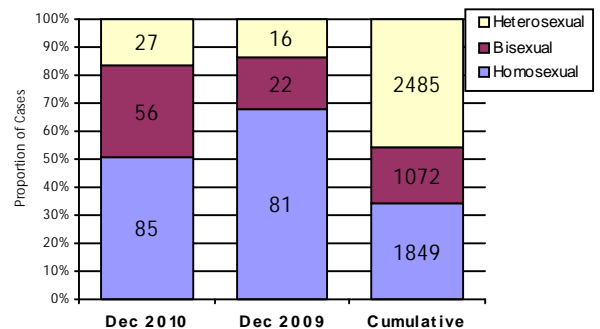
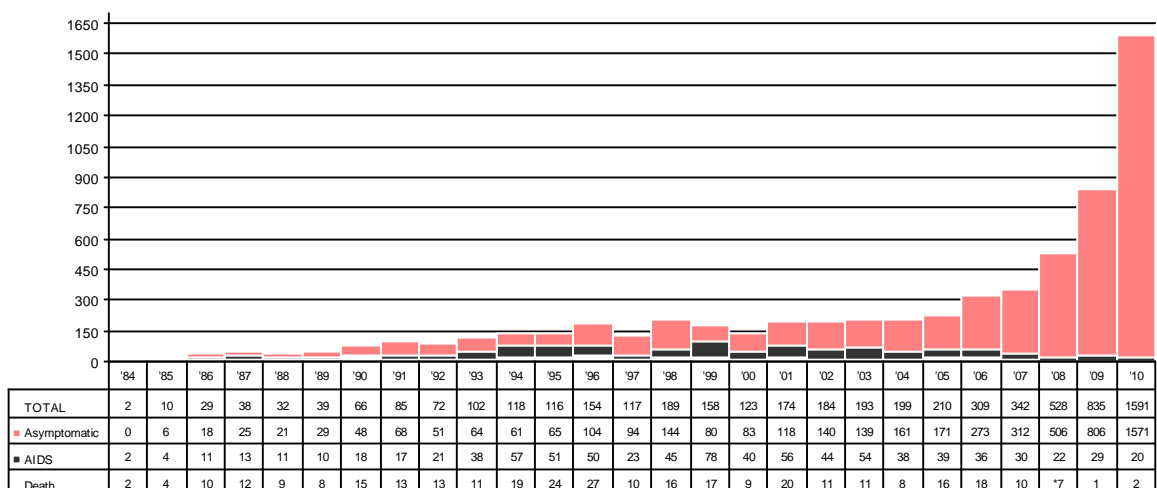


Figure 3. Number of HIV/AIDS Cases Reported in the Philippines by Year, Jan 1984 to December 2010 (N=6,015)



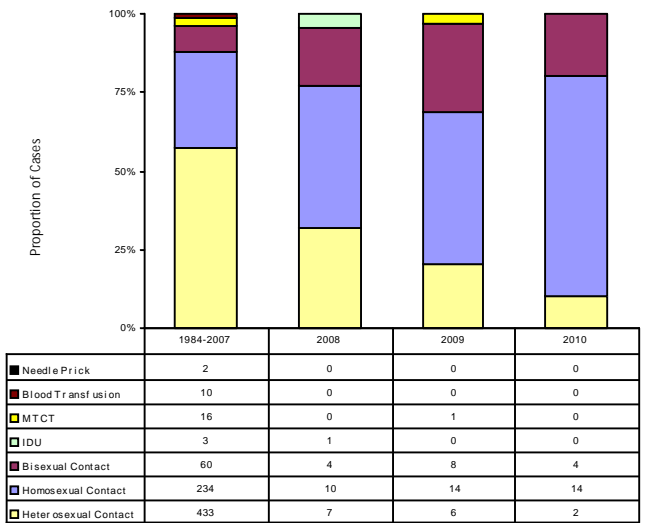
*Five initially asymptomatic cases reported in 2008, died due AIDS that same year.

AIDS Cases (1984-2010)

Of the 1,591 HIV positive cases in 2010, twenty were reported as AIDS cases. Ninety-five percent were males. Ages ranged from 19-41 years (median 28 years). All acquired the infection through sexual contact [heterosexual (2), homosexual contact (14), and bisexual contact (4)].

From 1984 to 2010, there were 857 AIDS cases reported, 71% (610) 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% (796) of all AIDS cases. More than half (448) of sexual transmission was through heterosexual contact, followed by homosexual contact (272) then bisexual contact (76). 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–December 2010



*Note: 28 did not report mode of transmission

Demographic Characteristics (1984-2010)

In 2010, there were a total of 1,591 cases reported. 92% of the cases reported were males (1,467). Ages ranged from 1-73 years old (median 28 years). The 20-29 year old age group (57%) 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 (28%), 25-29 years old (30%) and 30-34 years old (18%) [Figure 5].

From 1984 to 2010, there were 6,015 HIV Ab sero-positive cases reported (Table 1), of which 5,158 (86%) were asymptomatic and 857 (14%) were AIDS cases. As shown in Figure 6, there is a significant difference in the number of male and female cases reported. Seventy-eight percent (4,699) were males. Ages ranged from 1-73 years (median 30 years). The age groups with the most number of cases were: 20-24 years (18%), 25-29 (25%) and 30-34 years (19%) [Figure 6].

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

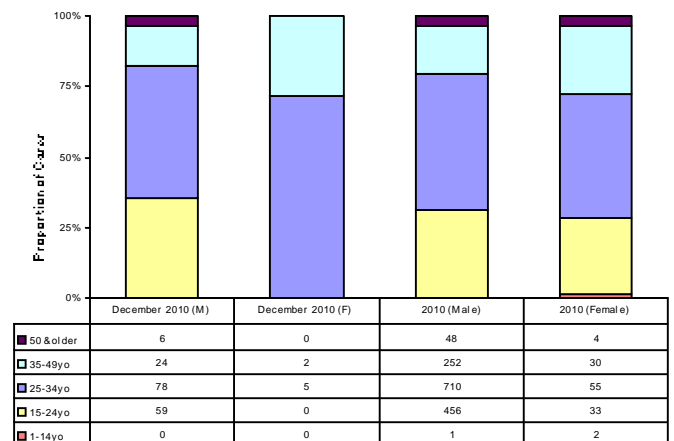
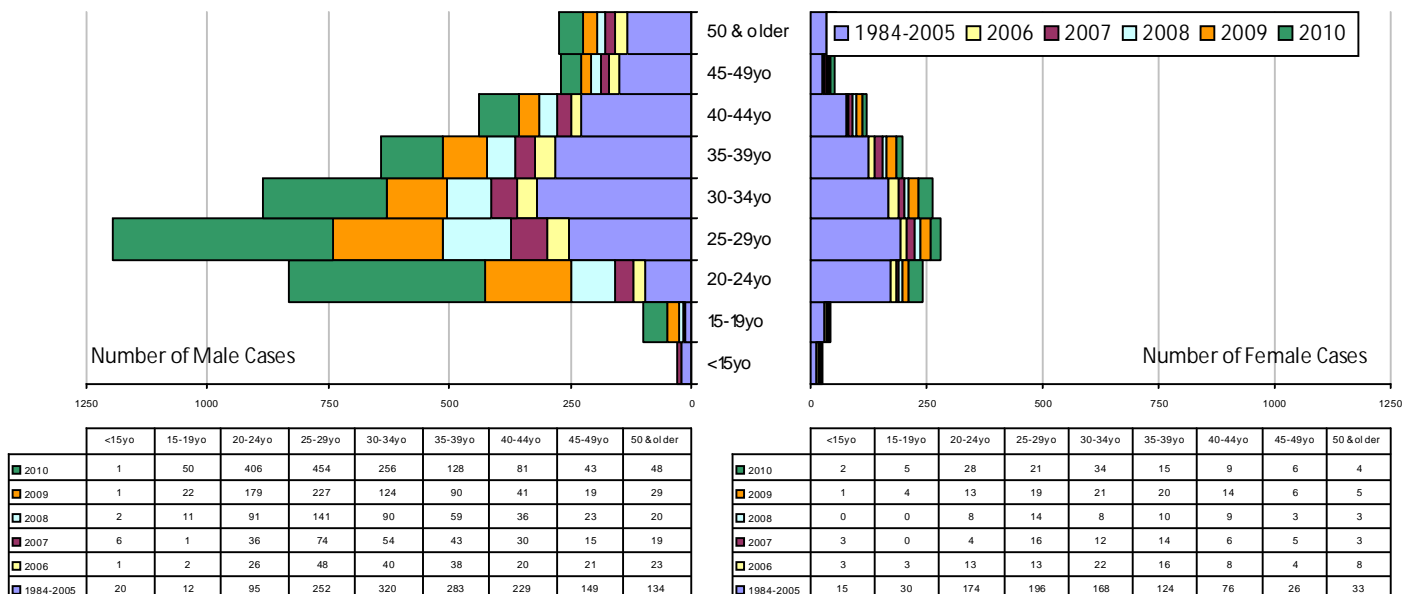


Figure 6. Comparison of the Distribution of Male and Female HIV Cases by Age-Group and Certain Highlighted Years



Modes of Transmission (1984-2010)

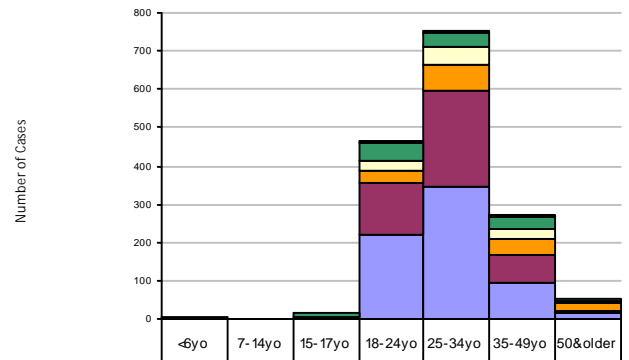
In 2010, 89% (1,411) were infected through sexual contact, 9% (147) through needle sharing among injecting drug users and <1% (3) was mother-to-child transmission; 2% (30) had no reported data on mode of transmission (Table 2). There were 1,310 males and 101 females infected through sexual transmission. Their ages ranged from 16-73 years old. There were 131 males and 16 females who were infected through sharing of unclean needles. Their ages ranged from 15-55 years old (median 27 years) [Figure 7].

Of the 6,015 with HIV from 1984 to 2010, 90% (5,406) were infected through sexual contact, 1% (52) through mother-to-child transmission and 3% (155) through needle sharing among injecting drug users. Other modes of transmission are listed in Table 2. No data is available for 6% (380) of the cases. Cumulative data shows 46% (2,485) were infected through heterosexual contact, 34% (1,849) through homosexual contact, and 20% (1,072) through bisexual contact. From 2007 there has been a shift in the predominant trend of sexual transmission from heterosexual contact (26%) to males having sex with males (74%) [Figure 8].

Table 2. Reported Mode of HIV Transmission

Mode of Transmission	Dec 2010 n=174	Jan-Dec 2010 n=1,591	Cumulative N=6,015
Sexual Contact	168	1,411	5,406
<i>Heterosexual contact</i>	27 (16%)	271 (19%)	2,485 (46%)
<i>Homosexual contact</i>	84 (51%)	677 (48%)	1,849 (34%)
<i>Bisexual contact</i>	56 (33%)	463 (33%)	1,072 (20%)
Blood/Blood Products	0	0	19
Injecting Drug Use	5	147	155
Needle Prick Injury	0	0	3
Mother-to-Child	0	3	52
No Data Available	1	30	380

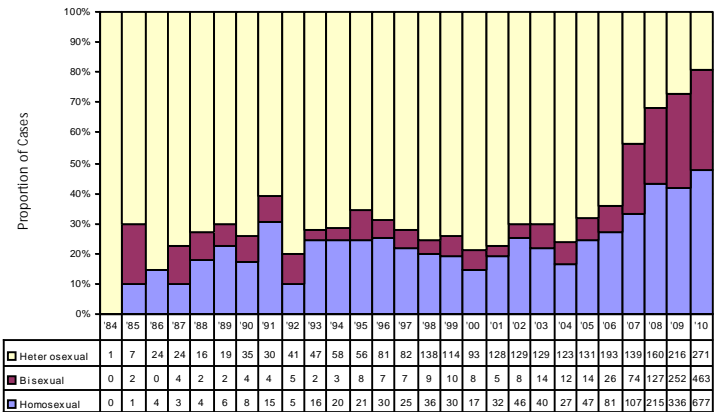
Figure 7. Proportion of Modes of HIV Transmission by Age-Group, 2010



	<6yo	7-14yo	15-17yo	18-24yo	25-34yo	35-49yo	50&older
Maternal to Child	3	-	-	-	-	-	-
Injecting Drug Use - Female	-	-	-	6	6	4	-
Injecting Drug Use - Male	-	-	10	50	36	32	3
Heterosexual Contact - Female	-	-	-	24	47	26	4
Heterosexual Contact - Male	-	-	-	33	71	44	22
Bisexual Contact	-	-	1	134	251	71	6
Homosexual Contact	-	-	3	220	343	96	15

*No data available on Modes of Transmission for thirty (30) cases

Figure 8. Proportion of Types of Sexual Transmission, Jan 1984–Dec 2010



Overseas Filipino Workers (OFW)

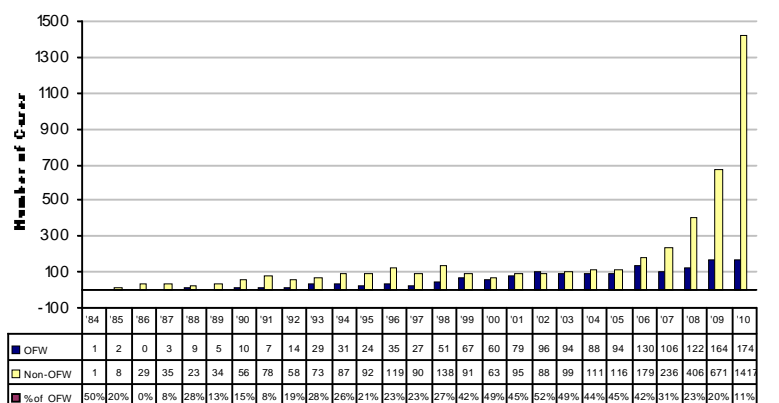
In 2010, there were 174 HIV positive OFWs, comprising 11% of cases reported for the year [Figure 9]. Of these, 146 (84%) were males and 28 (16%) females; all infected through sexual contact.

There were 1,522 HIV positive OFWs since 1984, comprising 25% of all reported cases [Figure 9]. Seventy-five percent (1,145) were males. Ages ranged from 18 to 69 years (median 36 years). Sexual contact (96%) was the predominant mode of transmission (Table 3). Eighty-three percent (1,255) were asymptomatic while 18% (267) were AIDS cases.

Table 3. Reported Mode of HIV Transmission Among OFWs

Mode of Transmission	Dec 2010 n= 14	Jan-Dec 2010 n= 174	Cumulative N=1,522
Sexual Transmission	14	174	1,460
<i>Heterosexual contact</i>	4 (29%)	72 (41%)	1,001 (69%)
<i>Homosexual contact</i>	4 (29%)	53 (31%)	278 (19%)
<i>Bisexual contact</i>	6 (43%)	49 (28%)	181 (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)



	'84	'85	'86	'87	'88	'89	'90	'91	'92	'93	'94	'95	'96	'97	'98	'99	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09	'10
OFW	1	2	0	3	9	5	10	7	14	29	31	24	35	27	51	67	60	79	98	94	88	94	130	106	122	164	174
Non-OFW	1	8	29	35	23	34	56	78	58	73	87	92	119	90	138	91	63	95	88	99	111	116	179	236	406	671	1417
% of OFW	50%	20%	0%	8%	28%	13%	15%	8%	19%	28%	26%	21%	23%	23%	42%	49%	45%	52%	49%	44%	45%	42%	31%	23%	20%	11%	

Program Related Information

Of the 174 HIV positive cases reported in December 2010, three were classified as AIDS. Seventy five 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 December 2010, 146 blood units were confirmed to be positive by the RITM.

For December 2010, out of the 69 blood units referred for HIV confirmation, 11 units were positive for HIV, and 57 units were negative for HIV, 1 unit had indeterminate result [Table 4].

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

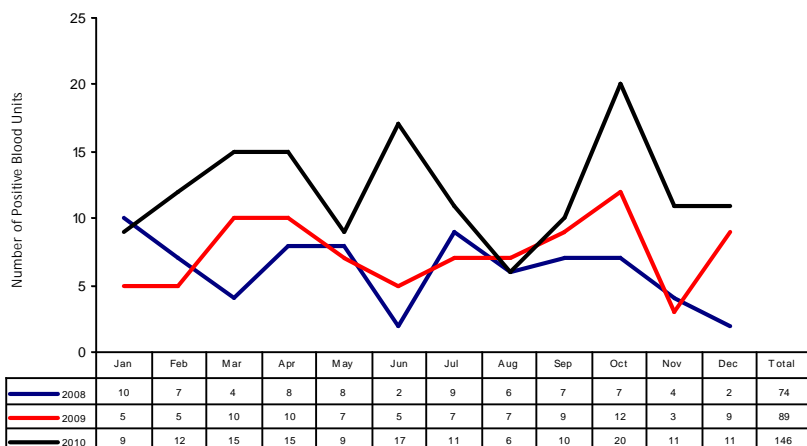


Table 4. Results of Blood Units Referred for HIV Confirmation

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	88	10	2
October	88	20	2
November	52	11	0
December	69	11	1
Total for the year	772	146	16

* 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.



National HIV/AIDS & STI Strategic Information and Surveillance Unit

National Epidemiology Center,
Department of Health, Bldg. 9,
San Lazaro Compound,
Sta. Cruz, Manila 1003 Philippines

Tel: +632 743 8301 local 1900 to 1907
Fax: +632 743 6076 / 743 1937
Email: HIVepicenter@gmail.com
Website: <http://www.doh.gov.ph>

Philippine HIV & AIDS Registry Report Editorial Team:

Ma. Lourdes S. Macapanpan
Ma. Lourdes S. Macapanpan
HIV Surveillance Assistant, HIV Unit

Noel S. Pineda
Noel S. Pineda, RN
HIV Surveillance Officer, HIV Unit

Genesis J. Samonte
Genesis J. Samonte, MD, PHSAE
Epidemiologist, HIV Unit

Agnes B. Segarra
Agnes B. Segarra, MD, PHSAE
Chief, SRAE, NEC

Enrique A. Tayag
Enrique A. Tayag, MD, PHSAE, FPSMID
Director IV, NEC

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.