



Newly Diagnosed HIV Cases in the Philippines

In October 2011, there were 200 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 92% higher compared to the same period last year (n=104 in 2010) [Figure 1].

Most of the cases (97%) were males. The median age was 27 years (age range:15-65 years). The 20-29 year (60%) age-group had the most number of cases. Fifty-four percent (108) of the reported cases were from the National Capital Region (NCR).

Reported mode of transmission was sexual contact (183), and needle sharing among injecting drug users (17) [Table 2, page 3]. Males having sex with other Males (85%) were the predominant type of sexual transmission [Figure 2]. Most (199) of the cases were still asymptomatic at the time of reporting [Figure 3].

AIDS Cases

Of the 200 HIV positive cases, only one was reported as an AIDS case, a 27-year-old male. The infection was acquired through bisexual contact. No AIDS-related death was reported for this month.

Overseas Filipino Workers (OFW)

Twenty-one of the 200 (10%) reported cases were OFWs [Figure 9, page 3]. There were 19 males and 2 females. The median age was 31 years (age range: 19-44 years). All cases acquired the infection through sexual contact (9 heterosexual, 7 homosexual, and 5 bisexual).

Table 1. Quick Facts

Demographic Data	October 2011	Jan-Oct 2011	Cumulative Data: 1984-2011
Total Reported Cases	200	1,869	7,884
Asymptomatic Cases	199	1,797	6,947
AIDS Cases	1	72	937
Males	194	1,743	6,440*
Females	6	126	1,433*
Youth 15-24yo	65	560	1,774
Children <15yo	0	3	58
Reported Deaths due to AIDS	0	15	339

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

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

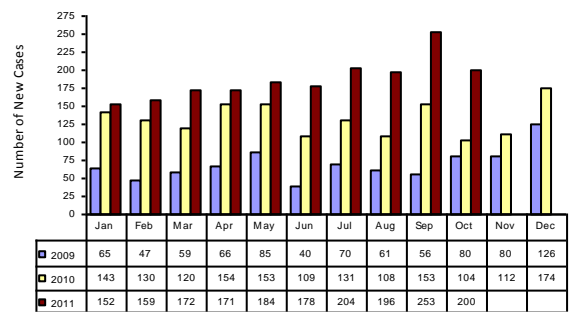


Figure 2. Comparison of the Proportion of Types of Sexual Transmission in 2011, 2010 & Cumulative Data (1984-2011)

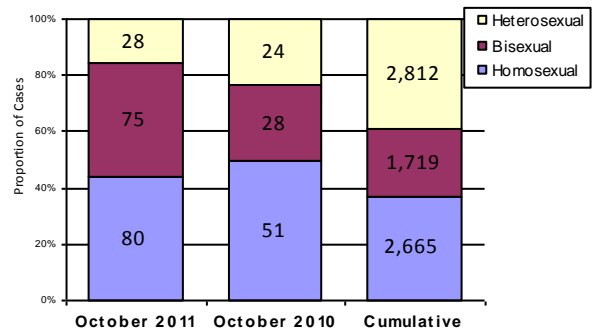
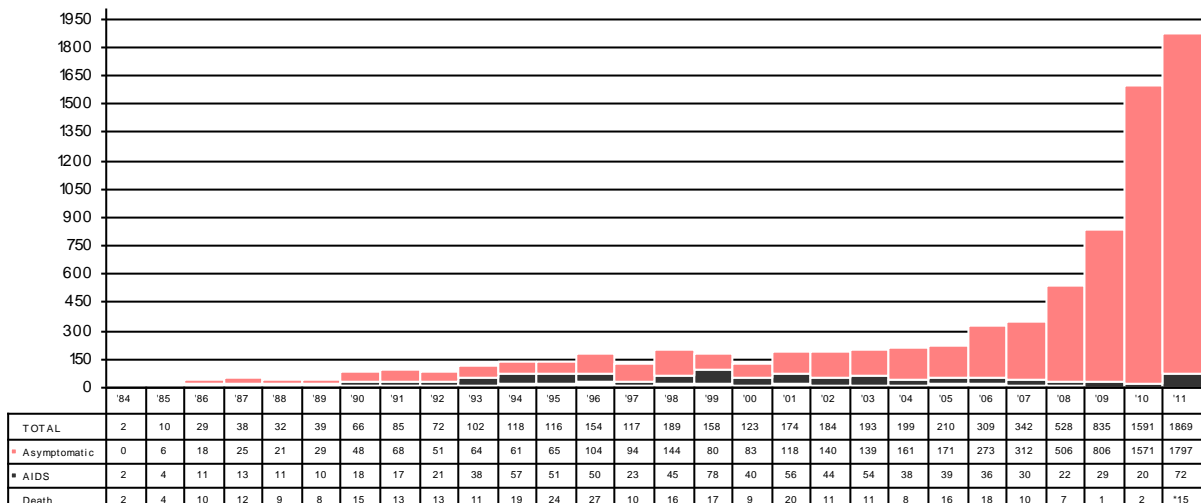


Figure 3. Number of HIV/AIDS Cases Reported in the Philippines by Year, Jan 1984 to October 2011 (N=7,884)



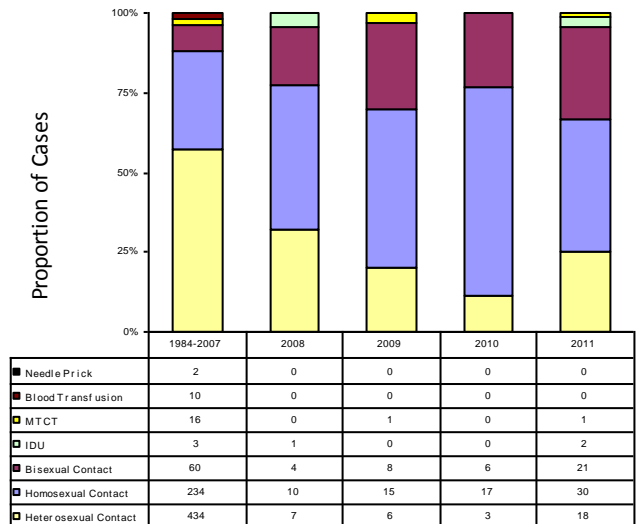
*Nine initially asymptomatic cases reported in 2011, died due to AIDS that same year.

AIDS Cases (1984-2011)

Of the 1,869 HIV positive cases in 2011, seventy-two were reported as AIDS cases. Eighty-eight percent were males. Ages ranged from 1-59 years (median 31 years). 96% (69) acquired the infection through sexual contact [heterosexual (18), homosexual (30), and bisexual contact (21)]. Other modes of transmission include: (1) mother-to-child transmission and (2) needle sharing among injecting drug users.

From 1984 to 2011, there were 937 AIDS cases reported, 73% (680) were males. Median age was 35 years (range 1-72 years). Of the reported AIDS cases, there were 339 (36%) deaths. Sexual contact was the most common mode of HIV transmission, accounting for 93% (873) of all AIDS cases. More than half (468) of sexual transmission was through heterosexual contact, followed by homosexual contact (306) then bisexual contact (99). Other modes of transmission include: mother-to-child transmission (18), blood transfusion (10), injecting drug use (6), 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–October 2011



*Note: 28 did not report mode of transmission

Demographic Characteristics (1984-2011)

In 2011, there were a total of 1,869 cases reported. 93% of the cases reported were males (1,743). Ages ranged from 1-67 years old (median 27 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 (33%) and 30-34 years old (17%) [Figure 5].

From 1984 to 2011, there were 7,884 HIV Ab sero-positive cases reported (Table 1), of which 6,947 (88%) were asymptomatic and 937 (12%) were AIDS cases. As shown in Figure 6, there is a significant difference in the number of male and female cases reported. Eighty-two percent (6,440) were males. Ages ranged from 1-73 years (median 29 years). The age groups with the most number of cases were: 20-24 years (20%), 25-29 (27%) and 30-34 years (19%) [Figure 6].

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

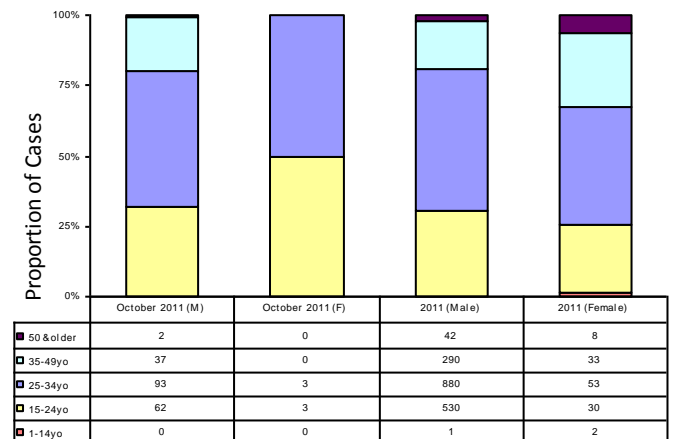
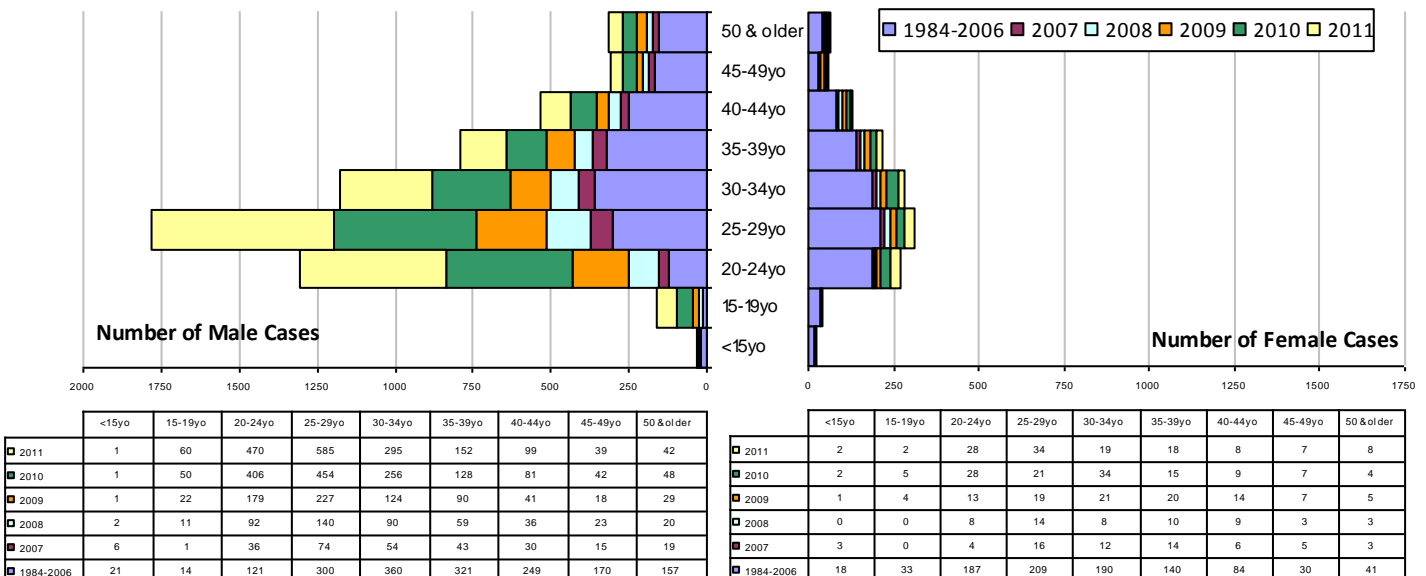


Figure 6. Comparison of the Distribution of Male and Female HIV Cases by Age-Group and Certain Highlighted Years



*Note: 74 did not report age, 11 did not report sex, 10 did not report age and sex

Modes of Transmission (1984-2011)

In 2011, 95% (1,780) were infected through sexual contact, 4% (80) through needle sharing among injecting drug users, <1% (3) through mother-to-child transmission and <1% (1) through blood transfusion; 5 had no reported data on mode of transmission (Table 2). There were 1,660 males and 120 females infected through sexual transmission. The age range of those infected through sexual transmission was 15-67 years old (median 27 years).

Of the 7,884 with HIV from 1984 to 2011, 91% (7,196) were infected through sexual contact, 3% (235) through needle sharing among injecting drug users, 1% (55) 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 5% (375) of the cases. Cumulative data shows 39% (2,812) were infected through heterosexual contact, 37% (2,665) through homosexual contact, and 24% (1,719) through bisexual contact. From 2007 there has been a shift in the predominant trend of sexual transmission from heterosexual contact (23%) to males having sex with other males (77%) [Figure 8].

Table 2. Reported Mode of HIV Transmission

Mode of Transmission	Oct 2011 n=200	Jan–Oct 2011 n=1,869	Cumulative N=7,884
Sexual Contact	183	1,780	7,196
<i>Heterosexual contact</i>	<i>28(15%)</i>	<i>324(18%)</i>	<i>2,812(39%)</i>
<i>Homosexual contact</i>	<i>80(44%)</i>	<i>813(46%)</i>	<i>2,665(37%)</i>
<i>Bisexual contact</i>	<i>75(41%)</i>	<i>643(36%)</i>	<i>1,719(24%)</i>
Blood/Blood Products	0	1	20
Injecting Drug Use	17	80	235
Needle Prick Injury	0	0	3
Mother-to-Child	0	3	55
No Data Available	0	5	375

Overseas Filipino Workers (OFW)

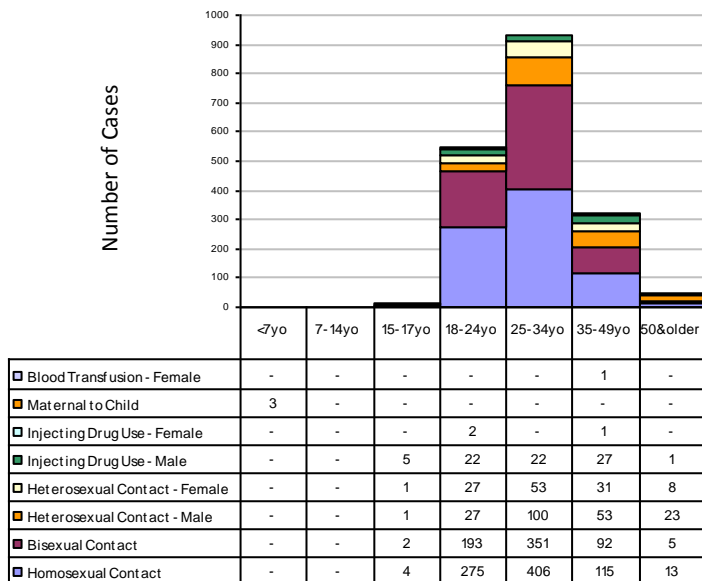
In 2011, there were 227 HIV positive OFWs, comprising 12% of cases reported for the year [Figure 9]. Of these, 190 (84%) were males and 37 (16%) were females; all infected through sexual contact.

There were 1,750 HIV positive OFWs since 1984, comprising 22% of all reported cases [Figure 9]. Seventy-six percent (1,336) 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 (1,475) were asymptomatic while 16% (275) were AIDS cases.

Table 3. Reported Mode of HIV Transmission Among OFWs

Mode of Transmission	Oct 2011 n= 21	Jan- Oct 2011 n= 227	Cumulative N=1,750
Sexual Transmission	21	227	1,688
<i>Heterosexual contact</i>	<i>9(43%)</i>	<i>94(41%)</i>	<i>1,096(65%)</i>
<i>Homosexual contact</i>	<i>7(33%)</i>	<i>62(27%)</i>	<i>340(20%)</i>
<i>Bisexual contact</i>	<i>5(24%)</i>	<i>71(31%)</i>	<i>252(15%)</i>
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=1,869)



*No data available on Modes of Transmission for five (5) cases

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

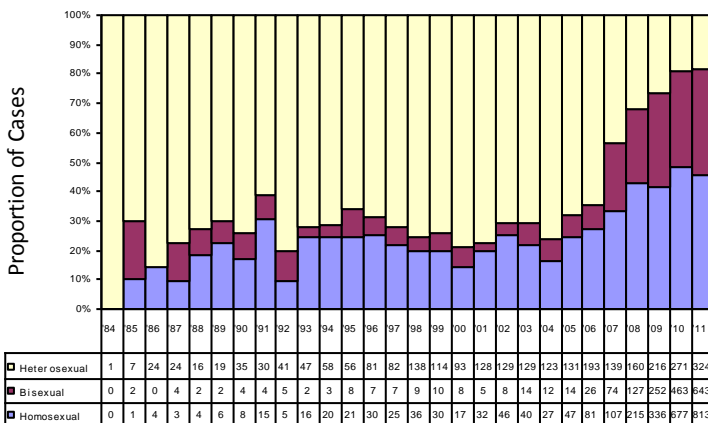
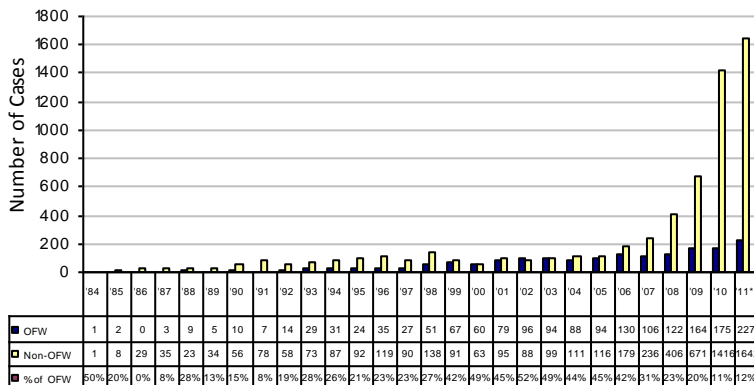


Figure 9. Number of OFWs Compared to Non-OFWs by Year (1984-2011*)



*Data includes January to October 2011 only.

Program Related Information

Of the 200 HIV positive cases reported in October 2011, one was 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.

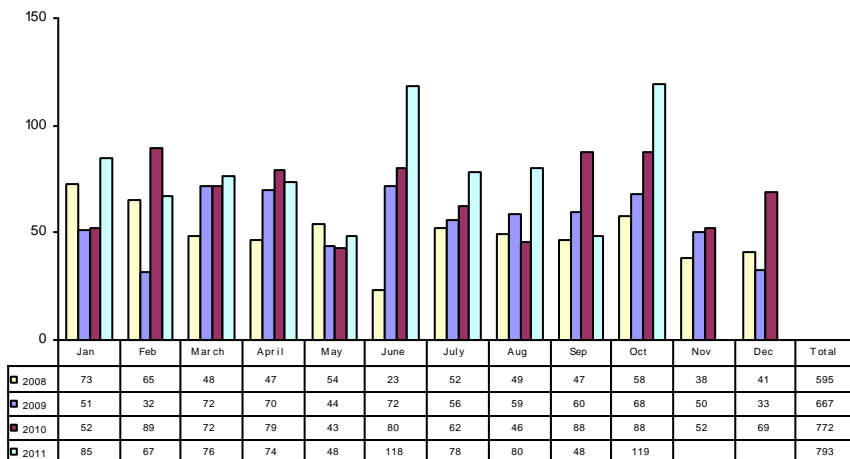
From January to October 2011, 793 blood units were screened reactive for HIV and referred to RITM for confirmation. All these HIV reactive blood units were immediately sent to RITM and not transfused to anyone.

For October 2011, out of 119 screened HIV reactive blood units referred for confirmation, 22 units were confirmed positive for HIV by RITM, 87 were negative for HIV, and 10 were indeterminate results [Table 4].

Table 4. Results of screened HIV reactive Blood Units

Monthly Report	2011		
	Blood units* referred for confirmation	Confirmed 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	78	22	1
August	80	18	2
September	48	10	0
October	119	22	10
November			
December			
Total for the year (Jan –Oct only)	793	174	21

Figure 10. Blood Units Screened Reactive for HIV by 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.