



## Newly Diagnosed HIV Cases in the Philippines

In July 2010, there were 131 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 87% increase compared to the same period last year (n=70 in 2009) [Figure 1]. Of the 131 individuals reported, 6 were detected from voluntary counseling and testing (VCT) as part of ongoing community outreach activities. Most of the cases (90%) were males. The median age was 28 years (age range: 16-58 years). The 20-29 year (52%) age-group had the most number of cases. Forty-eight percent (63) of the reported cases were from the National Capital Region (NCR).

Reported mode of transmission was sexual contact (122) and re-using needles among injecting drug users (5) [Table 2, page 2]. Four did not mention mode of transmission. Males having sex with other Males (75%) 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 was no reported death for this month.

### AIDS Cases

Of the 131 HIV positive cases, two were reported as AIDS cases; both were males (34 and 41 years) one acquired the infection through heterosexual contact, and the other through homosexual contact.

### Overseas Filipino Workers (OFW)

Twenty-two of the 131 (17%) reported cases were OFWs [Figure 9, page 3]. Nineteen (86%) were males. The median age was 37 years (age range: 23-58 years). All cases acquired the HIV infection through sexual contact (12 heterosexual, 6 homosexual, and 4 bisexual).

Table 1. Quick Facts

Demographic Data	July 2010	Jan-July 2010	Cumulative Data: 1984-2010
Total Reported Cases	131	940	5,364
Asymptomatic Cases	129	928	4,515
AIDS Cases	2	12	849
Males	118	855	4,087*
Females	13	85	1,266*
Youth 15-24yo	34	291	1,015
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)

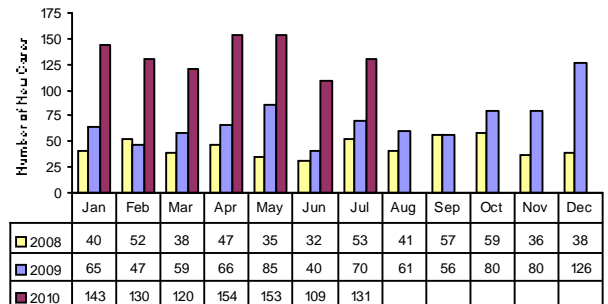


Figure 2. Comparison of the Proportion of Types of Sexual Transmission in 2010, 2009 & Cumulative Data (1984-2010)

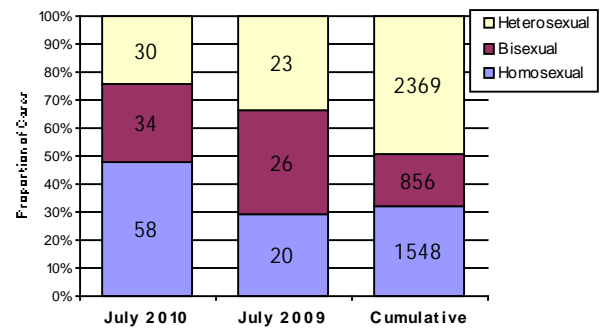
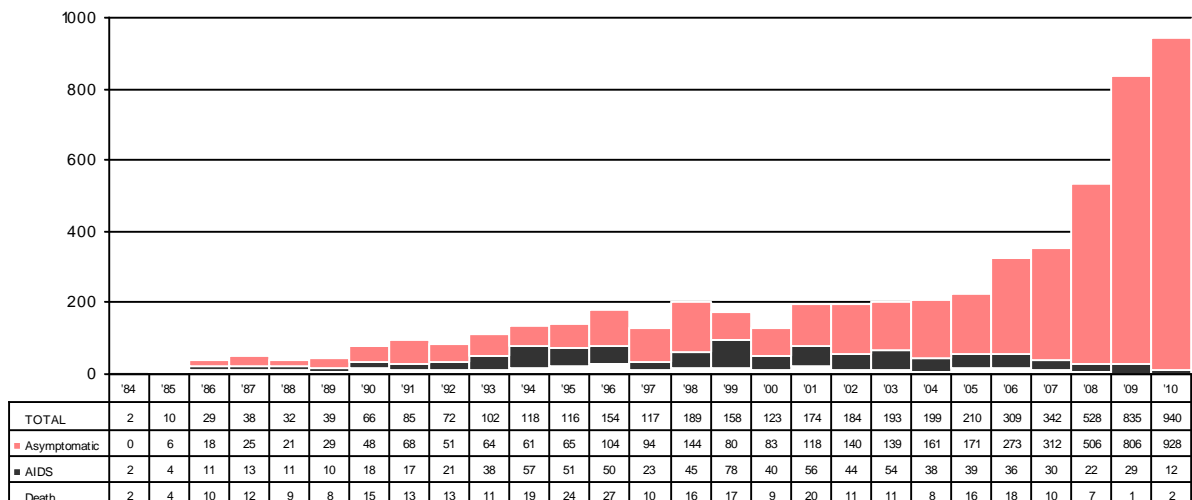


Figure 3. Number of HIV/AIDS Cases Reported in the Philippines by Year, Jan 1984 to July 2010 (N=5,364)

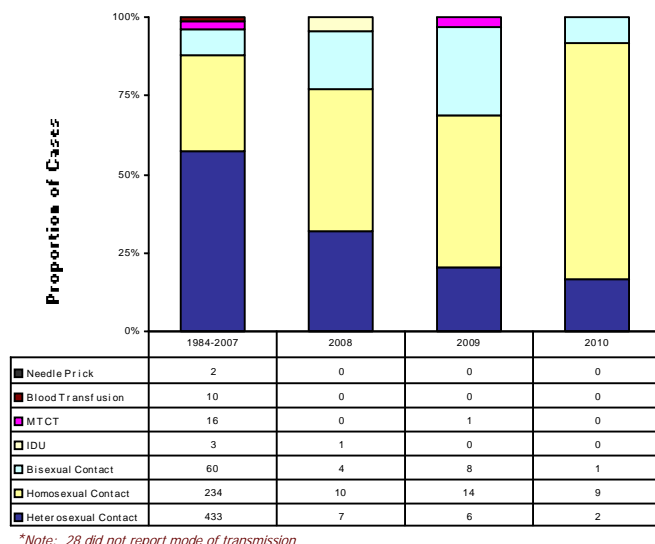


### AIDS Cases (1984-2010)

Of the 940 HIV positive cases in 2010, twelve were reported as AIDS cases. Ninety-two percent were males. Ages ranged from 22-41 years (median 31 years). All acquired the infection through sexual contact [heterosexual (2), homosexual contact (9), and bisexual contact (1)].

From 1984 to 2010, there were 849 AIDS cases reported, 71% (602) 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% (788) of all AIDS cases. More than half (448) of sexual transmission was through heterosexual contact, followed by homosexual contact (267) then bisexual contact (73). 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–July 2010



### Demographic Characteristics (1984-2010)

In 2010, there were a total of 940 cases reported. 91% of the cases reported were males (855). Ages ranged from 1-72 years old (median 28 years). The 20-29 year old age group (56%) 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 (27%) and 25-29 years old (29%) [Figure 5].

From 1984 to 2010, there were 5,364 HIV Ab sero-positive cases reported (Table 1), of which 4,515 (84%) were asymptomatic and 849 (16%) were AIDS cases. As shown in Figure 6, there is a significant difference in the number of male and female cases reported. Seventy-six percent (4,087) were males. Ages ranged from 1-72 years (median 31 years). The age groups with the most number of cases were: 20-24 years (17%), 25-29 (24%) and 30-34 years (20%) [Figure 6].

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

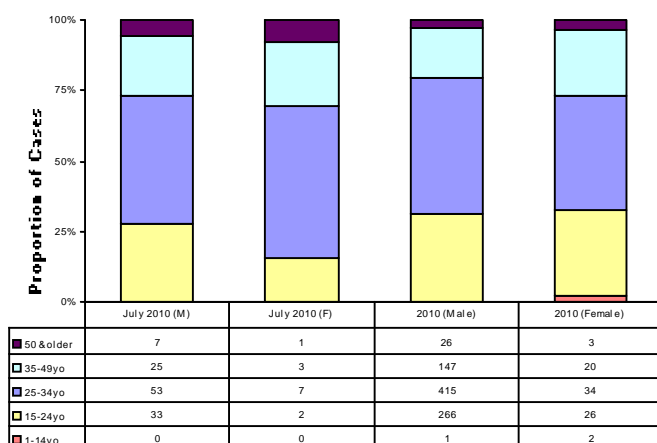
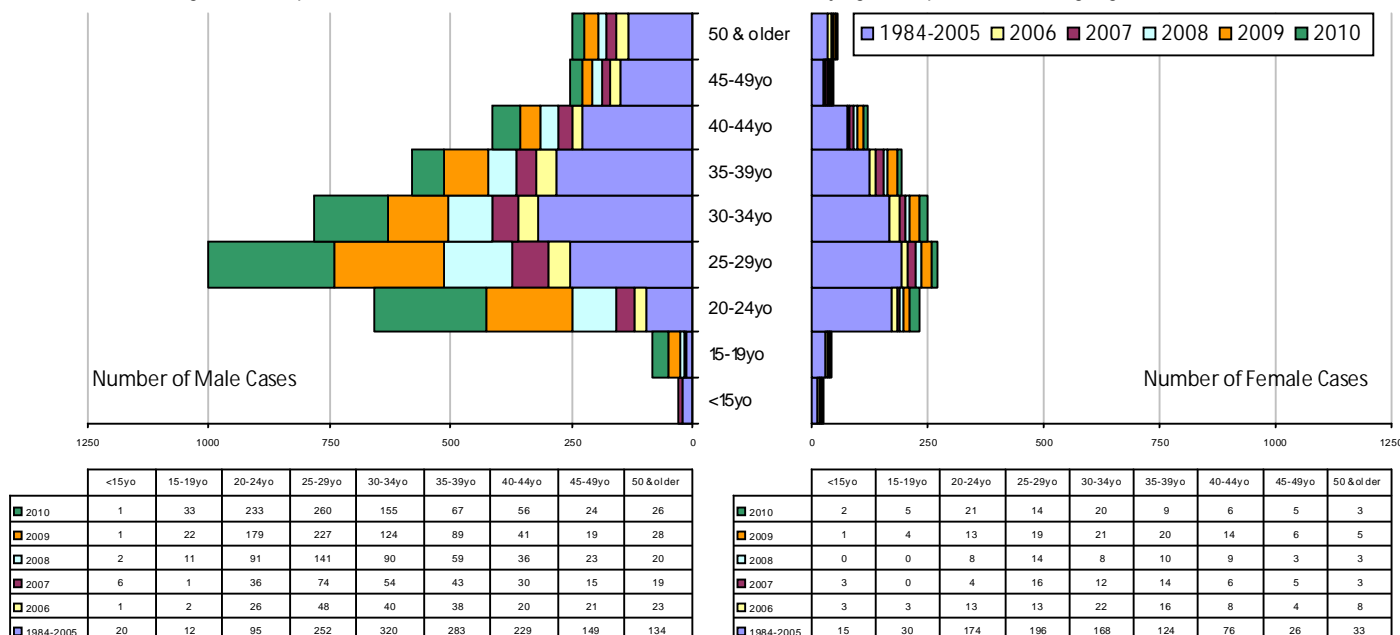


Figure 6. Comparison of the Distribution of Male and Female HIV Cases by Age-Group and Certain Highlighted Years



### Modes of Transmission (1984-2010)

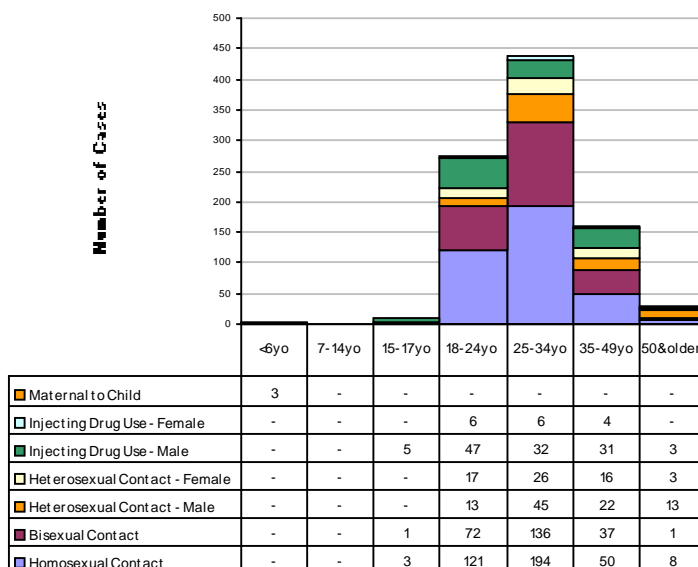
In 2010, 83% (778) were infected through sexual contact, 14% (134) through needle sharing among injecting drug users and <1% (3) was mother-to-child transmission; 3% (25) had no data on mode of transmission (Table 2). There were 716 males and 62 females infected through sexual transmission. Their ages ranged from 16-71 years old. There were 118 males and 16 females who were infected through sharing of unclean needles. Their ages ranged from 16-55 years old. [Figure 7].

Of the 5,364 with HIV from 1984 to 2010, 89% (4,773) were infected through sexual contact, 1% (52) through mother-to-child transmission and 3% (142) through needle sharing among injecting drug users. Other modes of transmission are listed in Table 2. No data is available for 7% (375) of the cases. Cumulative data shows 50% (2,369) were infected through heterosexual contact, 32% (1,548) through homosexual contact, and 18% (856) through bisexual contact. From 2007 there has been a shift in the predominant trend of sexual transmission from heterosexual contact (28%) to males having sex with males (72%) [Figure 8].

Table 2. Reported Mode of HIV Transmission

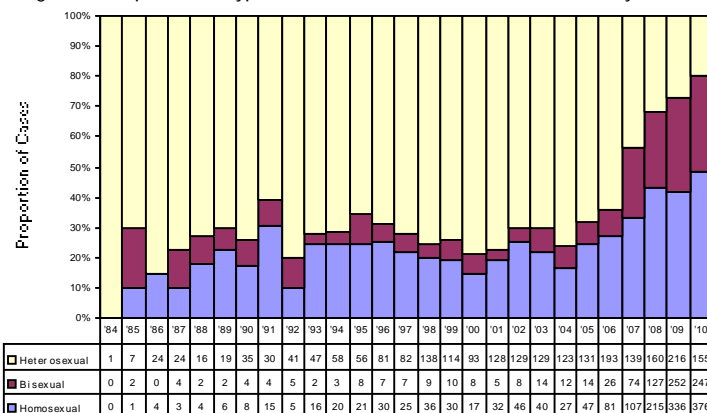
Mode of Transmission	July 2010 n=131	Jan–July 2010 n=940	Cumulative N=5,364
Sexual Contact	122	778	4,773
<i>Heterosexual contact</i>	30 (25%)	155 (20%)	2,369 (50%)
<i>Homosexual contact</i>	58 (48%)	376 (48%)	1,548 (32%)
<i>Bisexual contact</i>	34 (28%)	247 (32%)	856 (18%)
Blood/Blood Products	0	0	19
Injecting Drug Use	5	134	142
Needle Prick Injury	0	0	3
Mother-to-Child	0	3	52
No Data Available	4	25	375

Figure 7. Proportion of Modes of HIV Transmission by Age-Group, 2010 (n=940)



\*No data available on Modes of Transmission for twenty five (25) cases

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



### Overseas Filipino Workers (OFW)

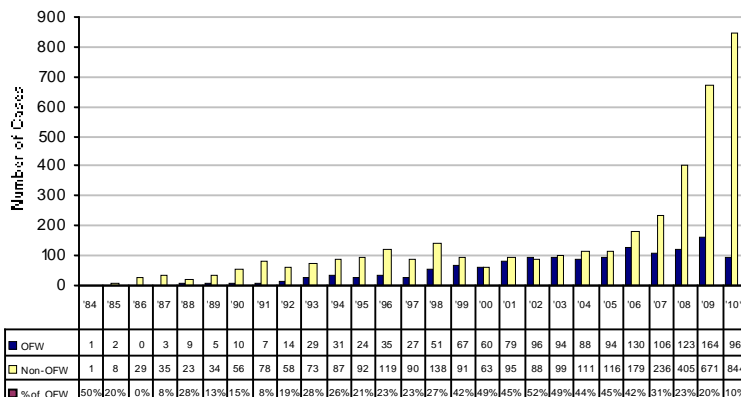
In 2010, there were 96 HIV positive OFWs, comprising 10% of cases reported for the year [Figure 9]. Of these, 78 (81%) were males and 18 (19%) females; all infected through sexual contact.

There were 1,445 HIV positive OFWs since 1984, comprising 27% of all reported cases [Figure 9]. Seventy-five percent (1,078) were males. Ages ranged from 18 to 69 years (median 36 years). Sexual contact (96%) was the predominant mode of transmission (Table 3). Eighty-two percent (1,179) were asymptomatic while 18% (266) were AIDS cases.

Table 3. Reported Mode of HIV Transmission Among OFWs

Mode of Transmission	July 2010 n= 22	Jan-July 2010 n= 96	Cumulative N=1,445
Sexual Transmission	22	96	1,383
<i>Heterosexual contact</i>	12 (56%)	44 (46%)	974 (70%)
<i>Homosexual contact</i>	6 (27%)	28 (29%)	253 (18%)
<i>Bisexual contact</i>	4 (18%)	24 (25%)	156 (11%)
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\*)



\*Data includes January to July 2010 only.

## Program Related Information

Of the 131 HIV positive cases reported in July 2010, two were classified as AIDS. Fifty-nine 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.

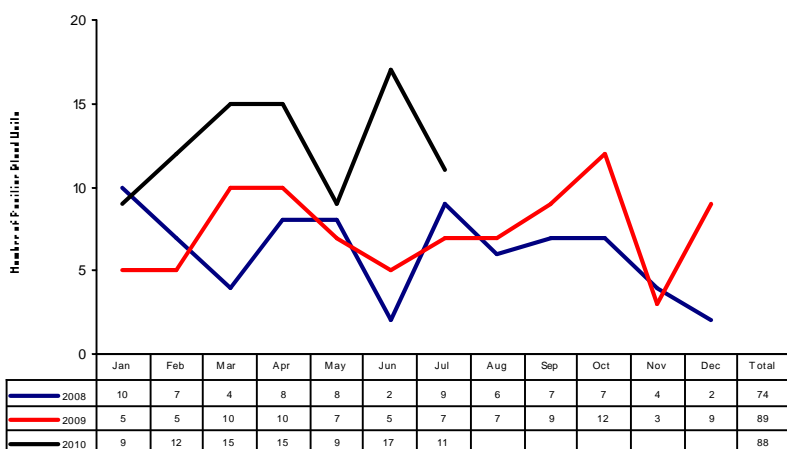
From January to July 2010, 88 blood units were confirmed to be positive by the RITM.

For July 2010, out of the 62 blood units referred for HIV confirmation, 11 units were positive for HIV, and 50 units were negative for HIV, 1 unit had indeterminate result [Table 4].

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	-	-	-
September	-	-	-
October	-	-	-
November	-	-	-
December	-	-	-
<b>Total for the year (Jan-July only)</b>	<b>477</b>	<b>88</b>	<b>13</b>

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



\* 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.