

Epidemiology Bureau

Number of Newly Diagnosed with HIV per day:

NEWLY DIAGNOSED HIV CASES IN THE PHILIPPINES

Table 1. Quick Facts

Demographic Data	Mar 2015	Jan-Mar 2015	Jan 2010 - Mar 2015	Cumulative Jan1984 - Mar 2015
Total Reported Cases	667	1,849	19,952	24,376
Asymptomatic Cases	643	1,721	18,618	22,199
AIDS Cases	24	128	1,334	2,177
Male	643	1,770	18,957	22,188ª
Female	24	79	995	2,177ª
Age Range (Median)	2-61 (28)	1-73 (28)	1-82 (28)	1-82 (28)
Less than 15 y/o	3	5	23	75⋼
15-24 у/о	172	484	5,638	6,363 ^b
25-34 у/о	373	991	10,468	12,326 ^b
35-49 у/о	110	325	3,324	4,762 ^b
50 y/o & above	9	44	499	776 ^b
Newly Started on ART	404			
Total PLHIV on ART				9,475
Reported Deaths	18	49	730	1,167

were 667 new HIV Ab sero-positive individuals (Table 1). This was 34% higher compared to the same period last year (498) [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).

In March 2015, there

2008

1

2010

2012

2014

17

Figure 2. Percentage of Newly Diagnosed Cases

per Region (March 2015)

Most of the cases (96%) were male. The median age was 28 years old (age range: 2 year-61 years). More than half (56%) belong to the



^bNo data available on age for (74) cases

No data available on sex for (11) case

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



25-34 year age group while 26% were youth aged 15-24 years old.

The regions with the highest number of reported cases for March 2015 were NCR with 293 (44%) cases, Region 4A with 92 (14%) cases, Region 7 with 68 (10%) cases & Region 3 with 57 (9%) cases. One hundred fifty-seven (24%) cases came from the rest of the country (Figure 2).

Reported modes of transmission (MOT) were sexual contact (630), needle sharing among injecting drug users (IDU) [34], and mother to child transmission (3). Eighty-five percent of the sexually transmitted cases were among males who have sex with males (MSM).





2015

21

PLHIV on Anti-Retroviral Therapy (ART)

As of March 2015, there were 9,475 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 20 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
- 2. Cagavan Valley Medical Center
- Baguio General Hospital and Medical Center 3.
- Jose B. Lingad Medical Center 4. James L. Gordon Memorial Hospital 5.
- Makati Medical Center
- 7. Philippine General Hospital
- Research Institute for Tropical Medicine

reported 19,952 cases.

28% in 2009.

- San Lazaro Hospital 10. The Medical City
- 12. Bicol Regional Training and Teaching Hospital 13. Corazon Locsin Montelibano Memorial Regional Hospital
- 14. Western Visayas Medical Center
- 15. Gov. Celestino Gallares Memorial Hospital
- 16. Vicente Sotto Memorial Medical Center
- 17. Zamboanga City Medical Center
- 18. Southern Philippines Medical Center 19. Northern Mindanao Medical Center
- 20. Eastern Visayas Regional Medical Center
- 11. Marikina City Satellite Treatment Hub

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% (18,957) of the

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 20-24 years (Figure 4). Notably, the proportion of PLHIV

in the 15-24 year age group increased from 20% in 2005 to

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

The first case of HIV infection in the Philippines was reported in 1984. From January 1984 to March 2015, there has been 24,376 HIV Ab sero-positive cases reported to the HARP (Table 1). Ninety-one percent (22,199) of the total reported cases were asymptomatic at the time of reporting. Most (22,188 or 91%) were male*. The median age* was 28 years old (age range: 1 year-82 years). Half (12,326 or 51%) were from the 25-34 year age group while 6,363 (26%) were youth aged 15-24 years old (Figure 4).

Eighty-two percent (19,952) of all the 24,376 diagnosed cases in the Philippines were reported in the past five years, from January 2010 to March 2015 (Table 1). Most (93%) of these cases were still asymptomatic at the time of reporting.

Figure 4. Distribution of PLHIV by Age Group, Jan 1984-Mar 2015 100% 80% 60% 40% 20% <15 y/o 15-24 y/o 25-34 y/o 35-49 y/o 50 y/o & older</p>

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





Geographical Distribution

From January 1984 to March 2015, the regions with the most number of reported cases were NCR with 10,872 (45%) cases, Region 4A with 3,128 (13%) cases, Region 7 with 2,220 (9%) cases, Region 3 with 1,977 (8%) cases, and Region 11 with 1,423 (6%) cases. Fifteen percent (3,610) of the cases came from the rest of the country (ROTC) while 1,146 (5%) had no data on region (Table 2).

Of the 2,177 females reported with HIV, 517 (24%) were from NCR, 393 (18%) were from Region 3, 230 (11%) were from Region 7, 187 (9%) were from Region 4A and 850 (39%) were from other regions.

The regions with the most number of Overseas Filipino Workers reported to the HARP were NCR with 1,262 cases, Region 4A with 560 cases, Region 3 with 350 cases, and Region 6 with 182 cases.

Table 2. Percentage of HIV Cases per Region

Region	Mar 2015 (N=667)	Jan-Mar 2015 (N=1,849) ²	Jan 2010 - Mar 2015 (N=19,952) ^b	Cumulative Jan1984– Mar 2015 (N=24,376) ^c
NCR	293 (44%)	780 (42%)	9,196 (46%)	10,872 (45%)
4A	92 (14%)	266 (14%)	2,672 (13%)	3,128 (13%)
7	68 (10%)	192 (10%)	2,040 (10%)	2,220 (9%)
3	57 (9%)	158 (9%)	1,515 (8%)	1,977 (8%)
11	32 (5%)	94 (5%)	1,306 (7%)	1,423 (6%)
ROTC	125 (19%)	357 (19%)	3,056 (15%)	3,610 (15%)

¹2 with no particular region reported ¹167 with no particular region reported ¹1,146 with no particular region reported

Table 3. Reported Modes of HIV Transmission

Mode of Transmission	March 2015 (N=667)	Jan-Mar 2015 (N=1,849)	Jan 2010- Mar 2015 (N=19,952)	Cumulative Jan1984– Mar 2015 (N=24,376)
Sexual Contact	630	1,750	18,749	22,744
Heterosexual	96 (15%)	264 (15%)	2,984 (16%)	5,198 (23%)
Homosexual	333 (53%)	922 (53%)	9,556 (51%)	<i>10,728 (47%)</i>
Bisexual	201(32%)	564 (32%)	6,209 (33%)	6,818 (30%)
Blood/Blood Products	0	0	1	20
Sharing of Needles	34	94	1,154	1,162
Needle Prick Injury	0	0	0	3
Mother-to-Child	3	5	23	72
No Data Available	0	0	25	375

Modes of Transmission (MOT)

From January 1984 to March 2015, MSM (homosexual and bisexual) was the predominant (17,546 or 79%) type of sexual transmission among males, followed by male-female sex (3,225 or 15%), and sharing of needles (1,084 or 5%) [Figure 6]. More than half (54% of 9,417) of cases among MSM belong to the 25-34 year age group while 5,120 (29%) were youth 15-24 years old. Among females, male-female sex was the most common MOT (1,973 or 91%) followed by sharing of needles (78 or 4%). A total of 70 children (<10 years old) and 2 adolescents were reported to have acquired HIV through mother-to-child transmission, while 20 people were infected through blood transfusion (Table 3).

From January 2010 to March 2015, 84% (15,765) of infections through sexual contact were among MSM. From 2005 to 2009, MSM comprised 60% (1,279) of sexual transmissions. Fifty-four percent (8,572) of the MSM cases from 2010 to 2015 were among the 25-34 years age group while 4,737 (30%) were among youth aged 15-24 years old. Meanwhile, cases among IDU also increased from <1% in 2005 to 2009 to 6% within the past five years.

Different modes of transmission are predominant in different regions. More than half (52%) of the MSM ever reported were from NCR; while 99% of the IDUs were from Region 7; and 48% of females who engaged in transactional sex were from Region 3.

Figure 6. Cumulative Number of HIV Transmission by Year, January 1984-March 2015 (N=24,376)



REPORT ON SPECIAL POPULATIONS

Youth (15-24 years old)

In March 2015, 172 (26%) cases were among youth aged 15-24 years. Most (98%) were male. Ninety-four percent (162) were infected through sexual contact (9 heterosexual, 100 homosexual, 53 bisexual) and 10 (6%) through needle sharing among IDUs.

From January 1984–March 2015, 6,363 (26%) of the reported cases were 15-24 years old. Eighty-nine percent (5,638) 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-three percent (5,947) were infected through sexual contact (827 heterosexual, 3,193 homosexual, 1,927 bisexual); and 356 were infected through sharing of infected needles.

Note: From January 1984—March 2015, 60 did not report mode of transmission

REPORT ON SPECIAL POPULATIONS (continuation)

Children (<10 years old) and Adolescents (10-19 years old)

In March 2015, three of the reported cases to HARP were children, infected through mother to child transmission while 21 were adolescents aged 17-19 years old; all adolescents were male. Ninety-five percent of the adolescents were infected through sexual contact (1 heterosexual, 13 homosexual, 6 bisexual) and 1 through sharing of infected needles.

From January 1984 to March 2015, 810 (3%) of the reported cases were 19 years old and below. Of these, 73 (<1%) were children. Eighty-three percent of these children and adolescents were reported in the past five years (2010 to 2015). Seventy children were infected through mother-to-child transmission, 1 through blood transfusion and 2 did not specify MOT. Among the adolescents,





658 (89%) were male and majority (88%) were infected through sexual contact (99 heterosexual, 386 homosexual, 161 bisexual); 82 (11%) were through sharing of needles and 2 through mother-to-child transmission (Figure 7).

Overseas Filipino Workers (OFW)

Fifty-nine OFWs were reported to the HARP in March 2015, comprising 9% of the total newly diagnosed cases for the month (Figure 8). Most (92%) were male. All were infected through sexual contact (22 heterosexual, 26 homosexual, 11 bisexual) (Figure 9). The ages of male OFWs ranged from 22 years-53 years (median: 30 years) and more than half (61%) belonged to the 25-34 year age group. Among female OFWs, ages ranged from 23 years-50 years (median: 38 years).

From January 1984 to March 2015, out of the 24,376 cases, 3,459 (14%) were HIV positive OFWs. Of these, 2,849 (82%) were male. More than half (51%) were MSM (1,007 homosexual contact and 755 bisexual contact). The ages of male OFWs ranged from 18 years-80 years (median: 33 years). Among female OFWs, ages ranged from 20 years-73 years (median: 34 years old).

Figure 8. Number of Reported OFW diagnosed with HIV, Jan 1984-Mar 2015 (N=3,459)



Figure 9. Modes of Transmission among OFW, Jan 1984–Mar 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 March 2015, 11% (76) of the reported cases engaged in transactional sex. Most (97% or 74) were male (Table 4) whose ages ranged from 18 years-61 years (median: 30 years). Fifty-one percent of males who engaged in transactional sex were the ones who paid for sex. On the other hand, 2 HIV-positive females with ages 25 years and 29 years were reported to have accepted payment for sex.

A total of 1,871 cases reported in HARP from October 2012 to March 2015 were people who engaged in transactional sex. Ninety-five percent were male. Of the 1,871 cases, 1,027 (55%) paid for sex, 551 (29%) accepted payment for sex, and 293 (16%) engaged in both.

Type of Transactional Sex	Mar 2015 (N=76)	Jan-Mar 2015 (N=261)	Cumulative : Oct 2012—Mar 2015 (N=1,871)
Accepted payment for sex only:	20 (26%)	79 (30%)	551 (29%)
Male	18	67	499
Female	2	12	52
Age Range (Median) in Years	18-36 (26)	17-56 (27)	15-67 (25)
Paid for sex only:	38 (50%)	137 (52%)	1,027 (55%)
Male	38	136	1,018
Female	0	1	9
Age Range (Median) in Years	20-61 (30)	18-73 (33)	17-79 (31)
Engaged in both:	18 (24%)	45 (17%)	293 (16%)
Male	18	42	262
Female	0	3	31
Age Range (Median) in Years	19-43 (30)	19-50 (30)	18-59 (29)

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

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

DEATHS AMONG PEOPLE WITH HIV

The 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 March 2015, there were 18 reported deaths. Of the 18 reported deaths, 17 (94%) were male. (Table 5). The highest number of deaths occurred in the 25-34 years (39%) age group. This was followed by the 15-24 years (33%) and the 35-49 years (28%) age groups. Sexual contact was the mode of HIV transmission (4 bisexual, 11 homosexual, 3 heterosexual) [Figure 10].

From January 1984 to March 2015, there were a total of 1,167 reported deaths. Nine hundred seventy-two (83%) were male (Table 5). In total, there has been 15 (1%) reported deaths among children less than 10 years old, 13 (1%) reported deaths in adolescents (10-19 years old) and 144 (12%) reported deaths among youth (15-24 years old). The highest number of deaths occurred in the 25-34 years (44%) and was followed by the 35-49 years (31%) age groups. Sexual contact (94%) was the most common mode of HIV transmission (356 heterosexual, 493 homosexual,

244 bisexual). There were 20 deaths among IDU (Figure 10).

Jan-Mar 2015

49

45

4

0

0

6

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



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

BLOOD UNITS CONFIRMED FOR HIV

Table 5. Demographic data of reported deaths among PHIV

March

2015

18

17

1

٥

0

6

Demographic Data

Total Reported

Children <10vo

Youth 15-24yo

Adolescents 10-19yo

Male

Female

In of March 2015, 41 blood units were confirmed positive for HIV by RITM. There is no available data yet on the total number of blood units donated.

Cumulative* Jan 1984- Mar 2015

1,167

972

195

15

13

144

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.



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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.