Philippine HIV and AIDS Regist

Newly Diagnosed HIV Cases in the Philippines

In May 2014, there were 495 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 19% higher compared to the same period last year (n=415)

Table 2. Percentage of HIV Cases per Region (May 2014)

Region	% of Cases		
I	3%		
II	1%		
III	8%		
IVA	14%		
IVB	1%		
V	2%		
VI	4%		
VII	9%		
VIII	1%		
IX	1%		
X	2%		
XI	7%		
XII	3%		
CAR	1%		
CARAGA	1%		
ARMM	1%		
NCR	43%		

Most of the cases (96%) were male. The median age was 28 years (age range: 17-69 years). The 20-29 year (57%) age group had the most number of cases.

Reported modes of transmission were sexual contact (465) and needle sharing among injecting drug users (30) [Table 3, page 2]. Males having sex with other males (85%) was the predominant type of sexual transmission [Figure 2]. Most (91%) of the cases were still asymptomatic at the time of reporting [Figure 3].

In May 2014, 81% of the new HIV cases came from NCR, Region 4A, Region 7, Region 3 and Region 11 [Table 2].

Table 1. Quick Facts

Demographic Data	May 2014	Jan-May 2014	Cumulative 1984—2014
Total Reported Cases	495	2,320	18,836
Asymptomatic Cases	451	2,102	17,112
AIDS Cases	44	218	1,724
Males	473	2,225	16,885*
Females	22	95	1,940*
Youth 15-24yo	140	648	4,837
Children <15yo	0	1	66

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

Figure 1. Number of New HIV Cases per Month (2012-2014)

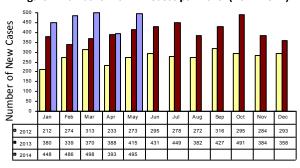


Figure 2. Comparison of the Proportion of Types of Sexual Transmission in 2014, 2013 & Cumulative Data (1984-2014)

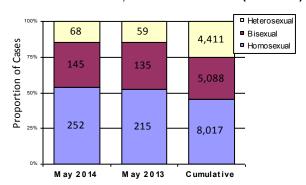
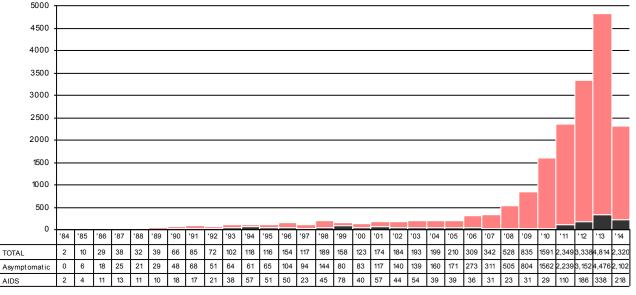


Figure 3. Number of HIV/AIDS Cases Reported in the Philippines by Year, January 1984 to May 2014 (N=18,836)



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Demographic Characteristics (1984-2014)

Ninety-six percent of the 2,320 cases in 2014 were male (2,225). Ages ranged from 1 to 80 years old (median 28 years). The 20-29 year old age group had the most (58%) number of cases for 2014. For the male age group, the most number of cases were found among the 20-24 years old (25%), 25-29 years old (34%), and 30-34 years old (19%) [Figure 4].

From 1984 to 2014, there were 18,836 HIV Ab sero-positive cases reported (Table 1), of which 17,112 (91%) were asymptomatic and 1,724 (9%) were AIDS cases. As shown in Figure 4, there is a significant difference in the number of male and female cases reported. Ninety percent (16,885) were male. Ages ranged from 1-81 years (median 28 years). The age groups with the most number of cases were: 20-24 years (23%), 25-29 (31%), and 30-34 years (19%) [Figure 4].

□ 1984-2009 □ 2010 □ 2011 □ 2012 □ 2013 ■ 2014 50 & older 45-49yo 40-44yo 35-39yo 30-34vo 25-29yo 20-24yo 15-19vo Number of Female Cases <15yo Number of Male Cases 5500 5250 5000 4750 4500 4250 4000 3750 3500 3250 3000 2750 2500 2250 2000 1750 1500 1250 1000 750 500 250 250 500 750 1000 1250 1500 1750 2000 2250 2500 2750 3000 3250 3500 3750 4000 4250 4500 4750 5000 5250 5500 20-24yo 25-29yo 30-34yo 35-39yo 40-44yo 20-24yo 25-29yo 30-34yo 35-39yo 40-44yo

Figure 4. Comparison of the Distribution of Male and Female HIV Cases by Age-Group and Certain Highlighted Years

 2012
 3
 95
 774
 1,090
 622
 289
 153
 89
 71

 2011
 1
 76
 589
 739
 378
 193
 117
 51
 49

 2010
 1
 50
 405
 455
 256
 128
 81
 42
 48

 1984-2009
 30
 48
 428
 741
 628
 513
 356
 226
 225

906

363

209

127

103

2014 11 48 57 43 29 16 11 13 2013 12 2012 23 24 13 2011 34 2010 21

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

1,169

147

2014

2013

Modes of Transmission (1984-2014)

1,559

In 2014, ninety-four percent (2,171) were infected through sexual contact, 6% (148) through needle sharing among injecting drug users and 1 infected through mother to child transmission (Table 3). There were 2,083 males and 88 females infected through sexual transmission. The age range of those infected through sexual transmission was 17-80 years old (median 28 years).

Of the 18,836 HIV positive cases reported from 1984 to 2014, 93% (17,516) were infected through sexual contact, 5% (859) through needle sharing among injecting drug users, <1% (63) through mother-to-child transmission, <1% (20) through blood transfusion and needle prick injury <1% (3) [Table 3]. No data is available for 2% (375) of the cases.

Figure 5. Proportion of Types of Sexual Transmission, January 1984—May 2014

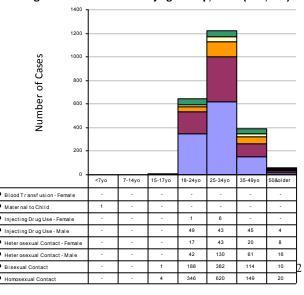
100%

90% 80% 80% 80% 10% 80% 10% 80% 10% 80% 10% 80% 10% 8

Table 3. Reported Modes of HIV Transmission

Mode of Transmission	May 2014 n=495	Jan-May 2014 n=2,320	Cumulative N=18,836
Sexual Contact	465	2,171	17,516
Heterosexual contact	68(15%)	337(16%)	4,411(25%)
Homosexual contact	252(54%)	1,139(52%)	8,017(46%)
Bisexual contact	145(31%)	695(32%)	5,088(29%)
Blood/Blood Products	0	0	20
Injecting Drug Use	30	148	859
Needle Prick Injury	0	0	3
Mother-to-Child	0	1	63
No Data Available	0	0	375

Figure 6. HIV Transmission by Age-Group, 2014 (n=2,320)

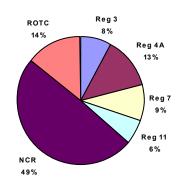


Geographic Distribution (1984-2014)

Since 1984 to present, there were 18,836 cases reported. Almost half (8,613) came from the National Capital Region. [Figure 7]. Thirteen percent (2,313) came from region 4A, followed by 9% (1,654) from Region 7, 8% (1,467) from Region 3, 6% (1,073) from Region 11 and the rest of the country comprises 14% (2,579) of all the cases.

*Note: 1,137 or 6% of the cases had no reported data on their address at the time of diagnosis

Figure 7. Percentage of HIV Cases by Region, January 1984- May 2014



AIDS Cases (1984-2014)

Of the 2,320 HIV positive cases in 2014, two hundred eighteen were reported as AIDS cases. Ninety eight percent (213) were male and 2% (5) were female. Ages ranged from 18-69 years (median 30 years). Two hundred fifteen acquired the infection through sexual contact (109 homosexual, 78 bisexual and 28 heterosexual) and 3 acquired through injecting drug use.

From 1984 to 2014, there were 1,724 AIDS cases reported. Eighty-three percent (1,434) were male and 17% (290) were female. Median age is 32 years (age range: 1-81 years). Sexual contact was the most common mode of HIV transmission, accounting for 96% (1,647) of all reported AIDS cases. Forty-three percent (709) of sexual transmission was through homosexual contact, followed by heterosexual contact (604) then bisexual contact (334).

Overseas Filipino Workers (1984-2014)

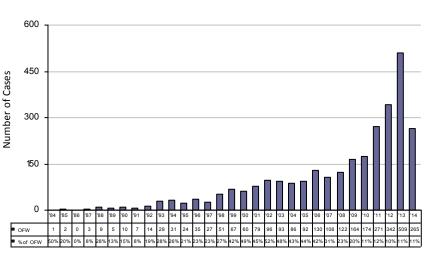
In 2014, there were 265 HIV positive OFWs, comprising 11% of cases reported for the year [Figure 8]. Of these, 232 (88%) were male and 33 (12%) were female. All acquired the infection through sexual contact (95 heterosexual, 106 homosexual and 64 bisexual).

There were 2,903 HIV positive OFWs since 1984, comprising 15% of all reported cases [Figure 8]. Eighty-one percent (2,354) were males. Ages ranged from 18 to 80 years (median 34 years). Sexual contact (98%) was the predominant mode of transmission (Table 4). Eighty-eight percent (2,559) were asymptomatic while 12% (344) were AIDS cases.

Table 4. Mode of HIV Transmission Among OFWs

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Mode of Transmission	May 2014 n=56	Jan-May 2014 n=265	Cumulative N=2,903	
Sexual Transmission	56	265	2,782	
Heterosexual contact	18(32%)	95(36%)	1,450(51%)	
Homosexual contact	24(43%)	106(36%)	788(28%)	
Bisexual contact	14(25%)	64(24%)	600(21%)	
Blood/Blood Products	0	0	10	
Injecting Drug Use	0	0	4	
Needle Prick Injury	0	0	3	
No Data Available	0	0	48	

Figure 8. Number of OFWs and the Proportion of OFWs among the Total HIV Cases by Year



Deaths among People with HIV

From January 1984 to May 2014, there were 992 reported deaths among people with HIV [Table 5]. Eighty-one percent (804) were male. In total, there has been 117 deaths among youth (15-24 years old) and 15 deaths among children (<15 years old).

The annual number of deaths from 1984-2010 ranges from 2 to 36 cases with a median of 14 deaths per year. Beginning 2011, there has been an increase in the number of recorded deaths. There were 68 in 2011, and 176 in 2012. The DOH-NEC established an official reporting form in 2012.

From January to May 2014, there were a total of 55 deaths. Ninety-six percent (53) were male [Table 5]. The highest number of deaths occurred in the 25-29 (42%) age group [Figure 9]. This was followed by the 35-39 (15%) and the 20-24 (13%) and 30-34 (13%) age groups. For the month of May 2014, there were 6 deaths* [Table 5].

Among the reported deaths in 2014, sexual contact (93%) was the most common mode of HIV transmission (30 homosexual, 15 bisexual, 6 heterosexual). There were 4 cases who got infected through injecting drug use (7%) [Figure 9].

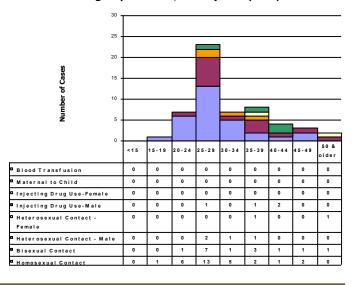
*This include deaths that fall under the reporting month only.

Table 5. Demographic data of reported deaths among People with HIV

Demographic Data	May 2014	Jan-May 2014	Cumulative* (1984-2014)
Total Reported Deaths	6	55	992
Males	6	53	804
Females	0	2	188
Youth 15-24yo	1	8	117
Children <15yo	0	0	15

*Note: No year of death reported for 44 cases

Figure 9. HIV Transmission by Age-Group of Reported Deaths among People with HIV, Jan-May 2014 (n=55)



PLHIV on Anti-Retroviral Therapy (ART)

As of May 2014, there were 6,704* People Living with HIV presently on Anti Retroviral Therapy. These are the combined numbers of adult and pediatric patients currently enrolled and accessing Anti-Retroviral drugs in the 18 treatment hubs listed on the right.

* This is not a cumulative number. It does not include those who already have died, left the country, lost to follow up or decided to stop taking ART.

Treatment Hubs in the Philippines

- 1. Ilocos Training and Regional Medical Center
- 2. Cagayan Valley Medical Center
- 3. Baguio General Hospital and Medical Center
- 4. Jose B. Lingad Medical Center
- 5. James L. Gordon Memorial Hospital
- 6. Makati Medical Center
- 7. Philippine General Hospital
- Research Institute for Tropical Medicine
- 9. San Lazaro Hospital
- 10. The Medical City
- 11. Bicol Regional Training and Teaching Hospital

12. Corazon Locsin Montelibano Memorial Regional Hospital

- 13. Western Visayas Medical Center
- 14. Gov. Celestino Gallares Memorial Hospital
- 15. Vicente Sotto Memorial Medical Center
- 16. Zamboanga City Medical Center
- 17. Southern Philippines Medical Center 18. Northern Mindanao Medical Center

Blood Units Confirmed for HIV

As of May 2014, 175 blood units were confirmed positive for HIV by RITM. There is no available data yet on the total number of blood units donated.

These are confirmed positive blood units, not blood donors. One donor can donate more than one blood unit. HIV positive blood donors may not be in the HIV & AIDS Registry unless they underwent voluntary counseling and testing as individuals.

Table 6. Number of Confirmed HIV Positive Blood Units

Month 2014 January 40 **February** 29 March 45 34 27 July August September October November December 175 Total



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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 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.