Philippine HIV and AIDS Regist

Newly Diagnosed HIV Cases in the Philippines

In November 2013, there were 384 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 is 35% higher compared to the same period last year (n=284 in 2012) [Figure 1].

Table 2. Percentage of HIV Cases per Region (November 2013)

Region	% of		
	Cases		
I	2%		
II	1%		
III	9%		
IVA	17%		
IVB	1%		
V	3%		
VI	5%		
VII	3%		
VIII	1%		
IX	1%		
X	3%		
XI	9%		
XII	1%		
CAR	1%		
CARAGA	1%		
ARMM	0		
NCR	43%		

Most of the cases (96%) were male. The median age was 27 years (age range: 17-59 years). The 20-29 year (63%) age group had the most number of cases.

Reported mode of transmission were sexual contact (379) and needle sharing among injecting drug users (5) [Table 3, page 2]. Males having sex with other males (83%) were the predominant type of sexual transmission [Figure 2]. Most (91%) of the cases were still asymptomatic at the time of reporting [Figure 3].

In November 2013, bulk of the new HIV cases came from NCR, Region 4A, Region 3, Region 11, and Region 6 [Table 2]. However, the three highest reporting regions were NCR, 4A and 3.

Table 1. Quick Facts

Demographic Data	November 2013	Jan-Nov 2013	Cumulative 1984–2013
Total Reported Cases	384	4,456	16,158
Asymptomatic Cases	349	4,149	14,682
AIDS Cases	35	307	1,476
Males	370	4,244	14,320*
Females	14	212	1,827*
Youth 15-24yo	104	1,250	4,064
Children <15yo	0	3	65

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

Figure 1. Number of New HIV Cases per Month (2011-2013)

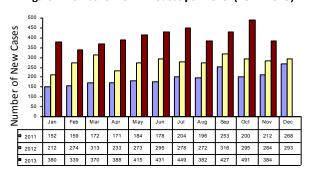


Figure 2. Comparison of the Proportion of Types of Sexual Transmission in 2013, 2012 & Cumulative Data (1984-2013)

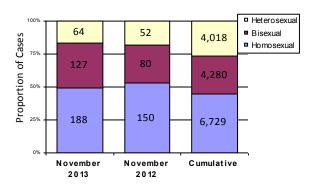
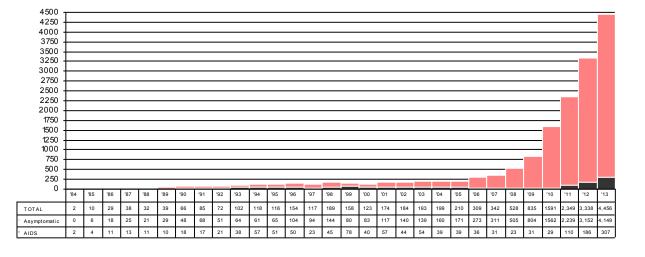


Figure 3. Number of HIV/AIDS Cases Reported in the Philippines by Year, Jan 1984 to November 2013 (N=16,158)



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Demographic Characteristics (1984-2013)

Ninety-five percent of the 4,456 cases in 2013 were male (4,244). Ages ranged from 4 to 79 years old (median 27 years). The 20-29 year old age group had the most (59%) number of cases for 2013. 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 (20%) [Figure 4].

From 1984 to 2013, there were 16,158 HIV Ab sero-positive cases reported (Table 1), of which 14,682 (91%) were asymptomatic and 1,476 (9%) were AIDS cases. As shown in Figure 4, there is a significant difference in the number of male and female cases reported. Eighty-nine percent (14,320) were male. Ages ranged from 1-81 years (median 28 years). The age groups with the most number of cases were: 20-24 years (22%), 25-29 (30%), and 30-34 years (19%) [Figure 4].

■ 1984-2008 ■ 2009 ■ 2010 ■ 2011 ■ 2012 ■ 2013 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 4500 4250 4000 3750 3500 3250 3000 2750 2500 2250 2000 1750 1500 1250 1000 750 750 1000 1250 1500 1750 2000 2250 2500 2750 3000 3250 3500 3750 4000 4250 4500 25-29yo 30-34yo 35-39yo 40-44yo 15-19vo 20-24yo 25-29yo 30-34yo 35-39yo 40-44yo 1,071 1,458 128 2013 95 774 1,090 622 289 153 89 2012 39 23 24 13 12 76 589 378 193 117 49 36 44 23 21 10 9 739 51 2011 34 50 256 48 2010 28 21 15

Figure 4. 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

2013

2012

2011

2010

Modes of Transmission (1984-2013)

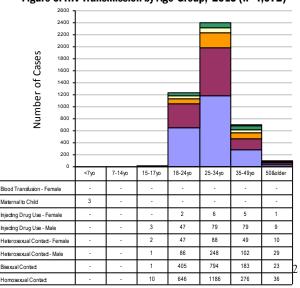
In 2013, ninety-five percent (4,222) were infected through sexual contact, 5% (231) through needle sharing among injecting drug users and <1% (3) through mother to child transmission (Table 3). There were 4,026 male and 196 female infected through sexual transmission. The age range of those infected through sexual transmission was 15-79 years old (median 27 years).

Of the 16,158 HIV positive cases reported from 1984 to 2013, 93% (15,027) were infected through sexual contact, 4% (671) through needle sharing among injecting drug users, <1% (62) 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.

Table 3. Reported Mode of HIV Transmission

Mode of Transmission	November 2013 n=384	Jan-Nov 2013 n=4,456	Cumulative N=16,158
Sexual Contact	379	4,222	15,027
Heterosexual contact	64(17%)	662(16%)	4,018(27%)
Homosexual contact	188(50%)	2,154(51%)	6,729(45%)
Bisexual contact	127(34%)	1,406(33%)	4,280(28%)
Blood/Blood Products	0	0	20
Injecting Drug Use	5	231	671
Needle Prick Injury	0	0	3
Mother-to-Child	0	3	62
No Data Available	0	0	375

Figure 6. HIV Transmission by Age-Group, 2013 (n=4,072)

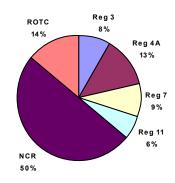


Geographic Distribution (1984-2013)

Since 1984 to present, there were 16,158 cases reported. Almost half (7,485) came from the National Capital Region. [Figure 7]. Twelve percent (1,952) came from region 4A, followed by 8% (1,345) from Region 7, 8% (1,237) from Region 3, 6% (912) from Region 11 and the rest of the country comprises 13% (2,090) of all the cases.

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

Figure 7. Percentage of HIV Cases by Region, Jan 1984- November 2013



AIDS Cases (1984-2013)

Of the 4,456 HIV positive cases in 2013, three hundred seven were reported as AIDS cases. Of these, 291 were male and 16 were female. Ages ranged from 17-59 years (median 30 years). Ninety-eight percent (300) acquired the infection through sexual contact (154 homosexual, 83 bisexual and 63 heterosexual) and 2% (7) through injecting drug use.

From 1984 to 2013, there were 1,476 AIDS cases reported. Eighty-one percent (1,192) were male. Median age is 33 years (age range: 1-81 years). Sexual contact was the most common mode of HIV transmission, accounting for 95% (1,402) of all reported AIDS cases. Forty-one percent (571) of sexual transmission was through heterosexual contact, followed by homosexual contact (583) then bisexual contact (248).

Other modes of transmission include: mother-to-child transmission (20), injecting drug use (14), blood transfusion (10), and needle prick injuries (2). Two percent (28) of the AIDS cases did not report mode of HIV transmission.

Overseas Filipino Workers (OFW)

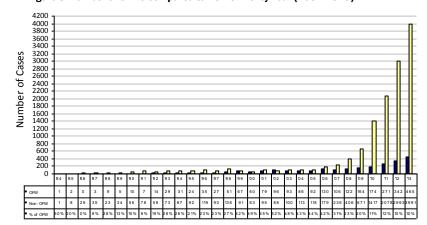
In 2013, there were 465 HIV positive OFWs, comprising 10% of cases reported for the year [Figure 8]. Of these, 412 (89%) were male and 53 (11%) were female. Ninety-nine percent (463) acquired the infection through sexual contact (136 heterosexual, 173 homosexual and 154 bisexual) and <1% (2) through injecting drug use.

There were 2,595 HIV positive OFWs since 1984, comprising 16% of all reported cases [Figure 8]. Eighty percent (2,083) were males. Ages ranged from 18 to 76 years (median 34 years). Sexual contact (98%) was the predominant mode of transmission (Table 4). Eighty-eight percent (2,275) were asymptomatic while 12% (320) were AIDS cases.

Table 4. Mode of HIV Transmission Among OFWs

Mode of Transmission	November 2013 n=33	Jan-Nov 2013 n=465	Cumulative N=2,595
Sexual Transmission	33	463	2,531
Heterosexual contact	14(42%)	136(29%)	1,342(53%)
Homosexual contact	11(33%)	173(37%)	664(26%)
Bisexual contact	8(24%)	154(33%)	525(21%)
Blood/Blood Products	0	0	10
Injecting Drug Use	0	2	3
Needle Prick Injury	0	0	3
No Data Available	0	0	48

Figure 8. Number of OFWs Compared to Non-OFWs by Year (1984-2013)



Deaths among People with HIV

From January 1984 to November 2013, there were 861 reported deaths among people with HIV [Table 5]. Seventy-eight percent (674) were male. In total, there has been 91 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 an average of 14 deaths per year. Beginning 2011, there has been an increase in the number of recorded deaths. There were 69 in 2011, and 177 in 2012. The DOH-NEC established an official reporting form in 2012.

Based on submitted reports, there were a total of 153 deaths from January to November 2013. Ninety-five percent (146) were male while 5% (7) were female [Table 5]. The highest number of deaths occurred in the 25-29 (29%) age group [Figure 9]. This was followed by the 30-34 (27%) and the 35-39 (12%) age groups. For the month of November 2013, there were 3 deaths [Table 5].

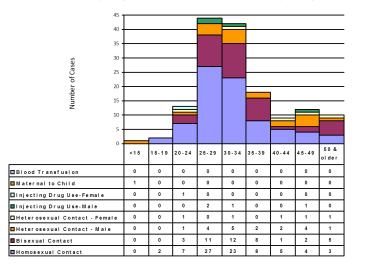
Among the reported deaths in 2013, sexual contact (96%) was the most common mode of HIV transmission (80 homosexual, 42 bisexual, 25 heterosexual). There were five cases who got infected through injecting drug use (3%) and one case from maternal to child transmission (1%) [Figure 9].

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

Demographic Data	Nov 2013	Jan-Nov 2013	Jan-Dec 2012	Cumulative* (1984-2013)
Total Reported Deaths	3	153	177	861
Males	3	146	159	674
Females	0	7	18	187
Youth 15-24yo	0	15	27	91
Children <15yo	0	1	3	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-November 2013 (n=153)



PLHIV on Anti-Retroviral Therapy (ART)

As of November 2013, there are 5,355 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 17 treatment hubs listed on the right.

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
- 8. 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

Blood Units Confirmed for HIV

As of November 2013, 274 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	2013
January	22
February	21
March	28
April	30
Мау	22
June	23
July	28
August	17
November	29
November	25
November	29
December	
Total	274



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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, White all Mood units are confirmed by the Research Institute for Tropical Medicine (RITM). Both are National Reference Laboratories (NRIL) 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 Mood samples from accredited HIV fasting facilities that are soreened HIV reactive are sent to SACCL (individuals) or RITM (blood units) for confirmation. Confirmed HIV positive individuals and blood units are reported to the DOM-National Epidemiology Center (NEC), and are recorded in the Registry.

The Registry is a pessive 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 detarmine 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 earefully weight the data and consider other sources of information prote to artifug at conclusions.

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