NATIONAL EPIDEMIOLOGY CENTER

Newly Diagnosed HIV Cases in the Philippines

In September 2013, there were 427 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=316 in 2012) [Figure 1].

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

Region	% of
	Cases
I	1%
II	1%
III	7%
IVA	14%
IVB	1%
V	2%
VI	4%
VII	7%
VIII	1%
IX	1%
X	3%
XI	5%
XII	2%
CAR	<1%
CARAGA	1%
ARMM	0%
NCR	52%

Philippine HIV and AIDS Regist

Most of the cases (94%) were male. The median age was 28 years (age range: 17-67 years). The 20-29 year (57%) age group had the most number of cases.

Reported mode of transmission were sexual contact (413) and needle sharing among injecting drug users (14) [Table 3, page 2]. Males having sex with other males (84%) were the predominant type of sexual transmission [Figure 2]. Most (90%) of the cases were still asymptomatic at the time of reporting [Figure 3].

In September 2013, bulk of the new HIV cases came from NCR, Region 3, Region 4A, Region 7, and Region 11 [Table 2]. However, the three highest reporting regions were NCR, 4A and 7.

Table 1. Quick Facts

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Demographic Data	September 2013	Jan-Sep 2013	Cumulative 1984–2013
Total Reported Cases	427	3,581	15,283
Asymptomatic Cases	386	3,347	13,880
AIDS Cases	41	234	1,403
Males	402	3,413	13,489*
Females	25	168	1,783*
Youth 15-24yo	112	995	3,809
Children <15yo	0	2	64

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

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

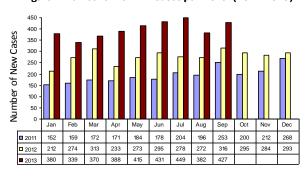


Figure 2. Comparison of the Proportion of Types of Sexual Transmission in 2013, 2012 & Cumulative Data (1984-2013)

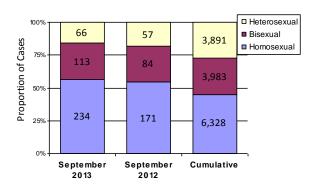
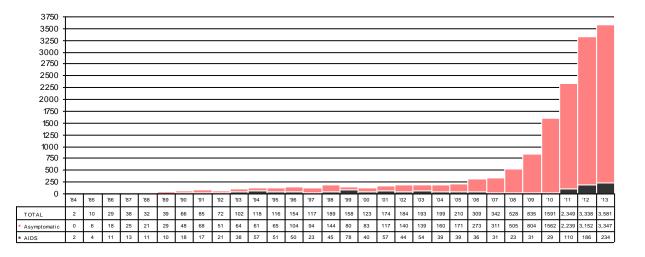


Figure 3. Number of HIV/AIDS Cases Reported in the Philippines by Year, Jan 1984 to September 2013 (N=15,283)



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Demographic Characteristics (1984-2013)

Ninety-five percent of the 3,581 cases in 2013 were male (3,413). Ages ranged from 4 to 79 years old (median 28 years). The 20-29 year old age group had the most (58%) 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 (21%) [Figure 4].

From 1984 to 2013, there were 15,283 HIV Ab sero-positive cases reported (Table 1), of which 13,880 (91%) were asymptomatic and 1,403 (9%) were AIDS cases. As shown in Figure 4, there is a significant difference in the number of male and female cases reported. Eighty-eight percent (13,489) 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 45-49vo 40-44yo 35-39yo 30-34vo 25-29yo 20-24vo 15-19vo **Number of Male Cases** Number of Female Cases <15yo 1000 1250 1500 1750 2000 2250 2500 2750 3000 3250 3500 3750 4000 4250 750 2750 2500 2250 1750 1250 15-19vo 20-24yo 25-29yo 30-34yo 35-39yo 40-44yo 45-49vo 15-19yo 20-24yo 25-29yo 30-34yo 35-39yo 40-44yo 45-49yo 50 & older 2013 2012 **2**013 103 852 1,155 706 269 144 85 39 23 24 13 12 95 289 153 ■ 2012 1,090 622 23 **2**011 76 589 739 378 193 117 51 49 28 21 34 15 2010 50 81 179 124 18 29 2009 227 41 **1984-2008**

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

Modes of Transmission (1984-2013)

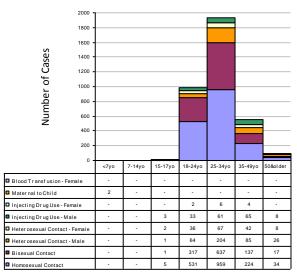
In 2013, ninety-five percent (3,397) were infected through sexual contact, 5% (182) through needle sharing among injecting drug users and <1% (2) through mother to child transmission (Table 3). There were 3,242 male and 155 female infected through sexual transmission. The age range of those infected through sexual transmission was 15-79 years old (median 27 years).

Of the 15,283 HIV positive cases reported from 1984 to 2013, 93% (14,202) were infected through sexual contact, 4% (622) through needle sharing among injecting drug users, <1% (61) 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	September 2013 n=427	Jan-Sep 2013 n=3,581	Cumulative N=15,283
Sexual Contact	413	3,397	14,202
Heterosexual contact	66(16%)	535(16%)	3,891(27%)
Homosexual contact	234(57%)	1,753(52%)	6,328(45%)
Bisexual contact	113(27%)	1,109(33%)	3,983(28%)
Blood/Blood Products	0	0	20
Injecting Drug Use	14	182	622
Needle Prick Injury	0	0	3
Mother-to-Child	0	2	61
No Data Available	0	0	375

Figure 6. HIV Transmission by Age-Group, 2013 (n=3,581)

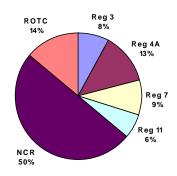


Geographic Distribution (1984-2013)

Since 1984 to present, there were 15,283 cases reported. Half (7,116) came from the National Capital Region. [Figure 7]. Thirteen percent (1,811) came from region 4A, followed by 9% (1,266) from Region 7, 8% (1,167) from Region 3, 6% (842) from Region 11 and the rest of the country comprises 13% (1,943) of all the cases.

*Note: 1,138 cases had no reported data on their address at the time of diagnosis

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



AIDS Cases (1984-2013)

Of the 3,581 HIV positive cases in 2013, two hundred thirty-four were reported as AIDS cases. Of these, 224 were male and 10 were female. Ages ranged from 17-59 years (median 30 years). Ninety-seven percent (228) acquired the infection through sexual contact (117 homosexual, 58 bisexual and 53 heterosexual) and 3% (6) through injecting drug use.

From 1984 to 2013, there were 1,403 AIDS cases reported. Eighty percent (1,125) 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% (1,330) of all reported AIDS cases. Almost half (561) of sexual transmission was through heterosexual contact, followed by homosexual contact (546) then bisexual contact (223).

Other modes of transmission include: mother-to-child transmission (20), injecting drug use (13), 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)

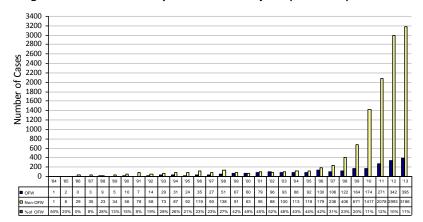
In 2013, there were 395 HIV positive OFWs, comprising 11% of cases reported for the year [Figure 8]. Of these, 355 (90%) were male and 40 (10%) were female. Ninety-nine percent (393) acquired the infection through sexual contact (112 heterosexual, 147 homosexual and 134 bisexual) and 1% (2) through injecting drug use.

There were 2,525 HIV positive OFWs since 1984, comprising 17% of all reported cases [Figure 8]. Eighty percent (2,026) were males. Ages ranged from 18 to 71 years (median 34 years). Sexual contact (97%) was the predominant mode of transmission (Table 4). Eighty-seven percent (2,209) were asymptomatic while 13% (316) were AIDS cases.

Table 4. Mode of HIV Transmission Among OFWs

Mode of Transmission	September 2013 n=41	Jan-Sep 2013 n=395	Cumulative N=2,525
Sexual Transmission	41	393	2,461
Heterosexual contact	14(34%)	112(28%)	1,318(54%)
Homosexual contact	15(37%)	147(37%)	638(26%)
Bisexual contact	12(29%)	134(34%)	505(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 September 2013, there were 847 reported deaths among people with HIV [Table 5]. Seventy eight percent (660) were male. In total, there has been 89 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 139 deaths from January to September 2013. Ninety five percent (132) were male while 5% (7) were female [Table 5]. The highest number of deaths occurred in the 25-29 (29%) and 30-34 (29%) age group [Figure 9]. This was followed by the 35-39 (12%) and the 20-24 (8%) age groups. For the month of September 2013, there were 14 deaths [Table 5].

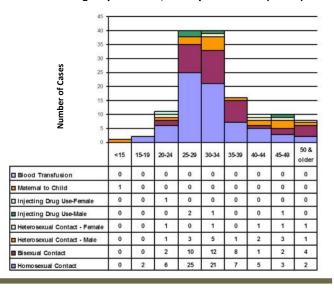
Among the reported deaths in 2013, sexual contact (96%) was the most common mode of HIV transmission (72 homosexual, 39 bisexual, 22 heterosexual). There were five cases who got infected through injecting drug use (4%) and one case from maternal to child transmission (1%) [Figure 9].

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

Demographic Data	Sep 2013	Jan-Sep 2013	Jan-Dec 2012	Cumulative* (1984-2013)
Total Reported Deaths	14	139	177	847
Males	14	132	159	660
Females	0	7	18	187
Youth 15-24yo	0	13	27	89
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-September 2013 (n=139)



PLHIV on Anti-Retroviral Therapy (ART)

As of September 2013, there are 4,950* 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.

Correction: The ART count for the month of August 2013 is 4, 729 and not 4,645 as previously reported.

Treatment Hubs in the Philippines

- 1. Ilocos Training and Regional Medical Center
- 2. Cagayan Valley Medical Center
- 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 September 2013, 220 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

22 21 28 30 22 23
28 30 22
30
22
23
28
17
29
220



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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.

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