Glossary of Terms

AFP	Armed Forces of the Philippines
AIDS	Acquired Immune Deficiency Syndrome
ASEP	AIDS Surveillance and Education Project
BSS	Behavioral Sentinel Surveillance
CFSW	Clients of Female Sex Workers
CHO	City Health Office
DOH	Department of Health
DSF	Deep Sea Fishermen
FLSW	Freelance Female Sex Worker
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
HRG	High Risk Group
HSS	HIV Serologic Surveillance
IDU	Injecting Drug User
LGU	Local Government Unit
LHO	Local Health Office
LQAS	Lot Quality Assurance Sampling
MAR	Men at Risk
MCSW	Male Commercial Sex Worker
MEE	Male Employed in Entertainment Establishment
MSM	Men having Sex with Men
MSTD	Men with Sexually Transmitted Disease
NEC	National Epidemiology Center
NGO	Non-Government Organization
NHSSS	National HIV/AIDS Sentinel Surveillance System
OFW	Overseas Filipino Worker
PA	Particle Agglutination
RFSW	Registered Female Sex Worker
RI	Research Institution
RITM	Research Institute for Tropical Medicine
RPR	Rapid Plasma Reagin
SACCL	STD/AIDS Cooperative Central Laboratory
SSESS	Sentinel STI Etiologic Surveillance System
SHC	Social Hygiene Clinic
STI	Sexually Transmitted Infection
SY	Syphilis
TPPA	*Treponema pallidum* Particle Agglutination
TRDR	Tricycle Driver
USAID	United States Agency for International Development
WB	Western Blot
WHO	World Health Organization

Foreword

It was in 1984 that the first AIDS case was reported in the Philippines. Since then, the Philippine Department of Health took an active part in monitoring the trend of the disease in the country. Both passive and active surveillance systems were set up to take note of the number of HIV/AIDS cases, track the progress of the disease and identify risk behaviors that predispose the population to HIV/AIDS.

The 2003 Technical Report provides the facts and figures gathered by the National HIV/AIDS Sentinel Surveillance System (NHSSS) from 1993. It includes data from the AIDS Registry, the Serologic Surveillance and the Behavioral Surveillance. This report also features the data from the newly setup Sentinel STI Etiologic Surveillance System.

Information from these systems still shows a low HIV prevalence. However, behaviors that predispose a person to HIV/AIDS and STI are high among the vulnerable groups. STI data also revealed some risk groups that could be vulnerable to the infection and therefore need intervention.

We encourage program managers and other stakeholders to plan their actions based on these information and start acting now, while HIV infection in the Philippines is still at a manageable level.

I commend the National Government, the Local Government Units and the Non-government agencies, which took an active part in fighting the disease. I continuously appeal to all our partner agencies, particularly the LGUs in supporting the operationalization of HIV/AIDS/STI Surveillance System.

MANUEL M. DAYRIT, MD, Msc
Secretary of Health

Executive Summary

To keep track of the epidemiology of HIV/AIDS in the Philippines, the Department of Health (DOH) established passive and active surveillance systems. The passive surveillance system, the HIV/AIDS Registry, was established in 1987. It continuously logged Western Blot-confirmed HIV cases reported by hospitals, laboratories, blood banks and clinics. A total of 2,001 HIV positive cases had been entered in the registry from January 1984 to December 2003. Before 1990, less than 50 cases were reported each year. Starting 1993, more than 100 cases were reported each year. Other information revealed by the HIV/AIDS Registry were: sexual intercourse remained to be the main mode of HIV transmission, the most economically productive age groups were most commonly infected and increasing numbers HIV positive Filipino migrant workers were reported through the years.

Considering the limitations inherent to passive surveillance such as under- and delayed reporting, the DOH established the HIV Serologic Surveillance (HSS) in 1993 with funding support from United States Agency for International Development through the *AIDS Surveillance and Education Project* and technical assistance from World Health Organization. This system consistently monitored the High Risk Groups (HRGs) for HIV --- the Registered Female Sex Workers (RFSWs), the Freelance Female Sex Workers (FLSWs), the Men having Sex with Men (MSM) and the Injecting Drug Users (IDUs). Its main objective was to serve as early warning for increases in HIV seroprevalence. The Local Government Unit (LGU) staff in two cities, Quezon and Cebu, initially implemented this active surveillance system. Each year, new sites were added and by 1996, eight other cities were conducting periodic HSS --- the cities of Angeles, Pasay, Iloilo, Davao, Cagayan de Oro, General Santos, Baguio and Zamboanga. The ten cities completed at least seven HSS rounds each by 2001. Based on the past nine years of HSS implementation, it could be concluded that HIV seroprevalence was ≥ 1% among RFSWs in all sites except in Zamboanga City where it is still < 1%. Likewise, HIV seroprevalence is ≥ 1% among FLSWs in the cities of Angeles, Pasay and Iloilo; among MSM in the cities of Quezon and Cebu and among the IDUs of Cebu City.

To track the behaviors of the HRGs that predispose them to acquiring HIV, another active surveillance system, the Behavioral Sentinel Surveillance (BSS) was established in 1997 in the ten HSS sites. Independent research institutions carried out the activities, except in the cities of Baguio and Cagayan de Oro where the BSS rounds were conducted by the local health units. The system monitored the same HRGs as in the HSS and other sub-population groups at risk of acquiring HIV. The BSS showed that consistent condom use among the HRGs was low, most IDUs still shared injecting equipment, only a small proportion of “sharers” used bleach and water to clean injecting equipment and the many HRGs’ health-seeking behavior when confronted with sexually transmitted infections was far from ideal, particularly the MSM.

The Sentinel STI Etiologic Surveillance System was set up in December 2001 and was operatonalized in 2003. This was established based on the fact that STI is a co-factor of HIV and that in a low prevalent country like the Philippines, monitoring STI trend could guide program intervention to prevent transmission of HIV. Data showed that most of the males who consult Social Hygiene Clinics were clients of sex workers. Moreover, housewives and children were also infected with STI.

Despite these, there had been no evidence of an explosive increase in HIV prevalence among the HRGs, more so, in the general population. The possible factors that inhibited the rapid spread of HIV in the Philippines were: the sex workers had fewer sex partners, few men engaged in anal sex, low ulcerative STI prevalence, small IDU population, the Philippine geography which limited travel and the early and accelerated multi-sectoral response of the Philippine government to prevent an HIV epidemic.

The Philippines' low prevalence status is not something that will remain so forever if the country lets its guard down and becomes complacent. Local governments in coordination with the national government should identify the reasons for non-adoption of best practices in HIV prevention, intensify HIV/AIDS education campaigns and provide proper treatment for STIs. Likewise, the LGUs should formulate plans to institutionalize HIV/AIDS surveillance systems to direct prevention and control initiatives and continually improve these systems for these to generate quality information.

Acknowledgment

We thank the following for their invaluable support to the Philippine HIV/AIDS surveillance activities.

- Mayors, City Health Officers and the HIV/AIDS Surveillance Teams of the following cities: Angeles, Baguio, Cagayan de Oro, Cebu, Davao, General Santos, Iloilo, Pasay, Quezon and Zamboanga
- National AIDS/STI Prevention and Control Program, DOH
- Program for Appropriate Technology in Health and its partner NGOs working in the AIDS Surveillance and Education Project sites.
- United States Agency for International Development
- Japanese International Cooperation Agency
- World Health Organization
- New Tropical Medicine Foundation, Inc.
- Armed Forces of the Philippines
- STD/AIDS Cooperative Central Laboratory
- Research Institute for Tropical Medicine
- Center for Education, Research and Development in Health, Davao Medical School Foundation
- ICOM Health Foundation
- Kabalaka Reproductive Health Center
- PLOMS Consultancies, Inc.
- Social Health Environment and Development Foundation, Inc.
- Tri-Dev Specialists Foundation, Inc.
- University of San Carlos Social Science Research Center
- Reporting hospitals, clinics, blood banks and laboratories

--- and ---

- The men and women who agreed to be subjects in the HSS and BSS implementation.

Monitoring HIV/AIDS In The Philippines

The first Acquired Immunodeficiency Syndrome (AIDS) case was detected in the Philippines in 1984. Since then, a wealth of information on the epidemiology of Human Immunodeficiency Virus (HIV)/AIDS had been accumulated. This report will be inherent in on the findings of the National HIV Sentinel Surveillance System of the National Epidemiology Center – Philippine Department of Health (NHSSS-NEC, DOH), the agency tasked to develop and implement surveillance systems for HIV/AIDS in the Philippines.

Whenever possible, the report will show trends. More importantly, it will present evidence-based conclusions and put forth recommendations that hopefully will aid program planners and decision-makers to arrive at informed decisions.

Background

The Philippine DOH classified HIV/AIDS as a notifiable disease in 1986. The following year, the HIV/AIDS Registry, a passive form of surveillance, was institutionalized in the DOH. Taking into consideration the limitations inherent to passive surveillance such as underreporting and delayed reporting, the DOH established in 1993 the NHSSS through the United States Agency for International Development (USAID)-funded AIDS Surveillance and Education Project (ASEP) with technical assistance from the World Health Organization (WHO). NHSSS initiated HIV Serologic Surveillance (HSS) in the cities of Quezon and Cebu and was implemented by their respective local government unit (LGU) staff under the supervision of NHSSS. This was the first attempt of the Philippine DOH for an active surveillance system for HIV. Its objective was to detect the emergence of HIV infection among High Risk Groups (HRG). Surveillance rounds were conducted every six months from 1993 to 1996. Other than HIV, syphilis (SY) testing was introduced to HSS in 1994.

In 1995, HSS included the regular members of the Armed Forces of the Philippines (AFP) for HIV and SY serosurveillance. The following year, annual HSS among military recruits instead of the regular AFP personnel were conducted. The military recruits were envisioned to be the surrogates for the general male population.

As recommended by a USAID-commissioned external evaluation team, the HSS rounds were reduced to once a year in 1997 and a limited number of HRGs were retained because of the small population of many groups in certain sites.

Instead of a second HSS round, NHSSS implemented the Behavioral Sentinel Surveillance (BSS) in 1997. Its main objective was to monitor the level of practices that put people at risk to acquiring HIV --- these were, engaging in unprotected sex and sharing of injecting equipment.
Currently, the above surveillance systems are regularly being implemented and/or supervised by the NHSSS-NEC, DOH.

Methods

Since the start of the different surveillance systems, many modifications were instituted to improve these systems. This report will concentrate on the current methodologies adhered to in implementing these systems. Likewise, the report will focus on the groups currently being monitored.

The HIV/AIDS Registry

All laboratories with DOH accreditation to perform HIV testing and all blood banks were instructed by the DOH to submit HIV reactive samples together with an accompanying Case Reporting Form (Appendix A) to the STD/AIDS Cooperative Central Laboratory (SACCL) for the former and to the Research Institute for Tropical Medicine (RITM) for the latter, for confirmatory Western-Blot (WB) testing. The Case Reporting Forms of WB confirmed HIV positive samples were then submitted to the NHSSS-NEC to be recorded. Likewise, doctors were enjoined to report to the NHSSS-NEC the moment they saw progression of HIV to AIDS in a patient or death of an AIDS case. Data gathered were analyzed in the NHSSS-NEC and monthly HIV/AIDS Registry Reports were generated and circulated to all those who needed to know.

The system caught only those cases tested for HIV in the Philippines. Other limitations of this system were incompleteness, delayed reporting and its inability to conclusively provide current modes of transmission since the reports reflected both recent and years old infections.

HIV Serologic Surveillance (HSS)

Researches showed that if HIV were to start, it would be in highly urbanized area where there were preponderant practices of unprotected sex and sharing of injecting equipment. Having this in mind, HSS was initiated in the cities of Quezon and Cebu in 1993.

The sub-populations identified by HSS to have the highest risk of acquiring HIV and thus, should be monitored were the:

- **Registered Female Sex Workers (RFSW):** Were women working in establishments who exchanged sex for money and had sex with regular or non-regular partners during the past week prior to enrollment as subjects. A non-regular partner refers to someone with whom the respondent had sex with within a period less than six months whether for a fee or not (except for spouses of less than 6 months). A regular partner referred to someone with whom the study participant had recurrent sex with for a period more than six months (e.g. spouse, live-in partner,("suki") whether for a fee or not.

- **Freelance Female Sex Workers (FLSW):** Were women who did not work in establishments but exchanged sex favors for money (e.g., streetwalkers, *akyat-barko*) and had sex with regular or non-regular partners during the past week prior to study participant enrollment.

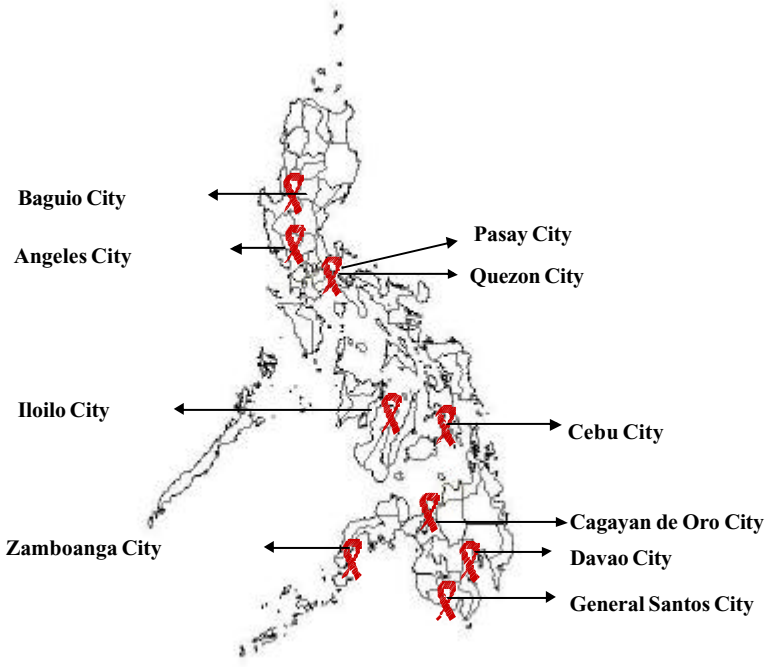
- **Men Having Sex with Men (MSM):** Were men who had sex with other men for pleasure and/or money regardless of sexual orientation and had regular or non-regular sex partners during the past month prior to enrollment as study participant.

- **Injecting Drug Users (IDU):** Were men or women who used injectable drugs for recreational purposes during the past 6 months prior to enrollment as study participant.

Note: Up to 1996, Male Clients of Sexually Transmitted Infection (STI) Clinics (MSTD) and exclusive Male Commercial Sex Workers (MCSW) were monitored.

Besides the cities of Quezon and Cebu, other sites were entertained to be HSS sites depending on their degree of urbanization, the presence of known commercial sex trade, geographical representativeness and the willingness of their LGU executives to collaborate with DOH. From 1996 to 2001, ten sites regularly conducted HSS --- these were the cities of Baguio, Angeles, Pasay and Quezon in Luzon; Cebu and Iloilo in the Visayas; and, Cagayan de Oro, Davao, General Santos and Zamboanga in Mindanao (Figure 1).

Figure 1. HIV Sentinel Surveillance Sites. 1993-2003.



All the sites included female sex workers (FSW), both registered and freelance, for HSS. Because of the difficulty of access and/or the small population of HRGs, serologic surveillance for MSM was limited to the cities of Quezon and Cebu. Despite this, the cities of Baguio, Zamboanga and General Santos initiated and funded serologic surveillance among the MSM in 2000, 2001 and 2002, respectively. Up to 2001, only Cebu City did serologic surveillance among IDUs. In 2000, General Santos City included the deep-sea fishermen (DSF) in HSS.

Using the modified Lot Quality Assurance Sampling (LQAS) method, a sample size of 300 for each HRG was calculated. This would detect with 95% confidence, HIV seroprevalence of $\geq$ 1% in each group. Local HIV surveillance teams composed of personnel from the Social Hygiene Clinics (SHC) and Non Government Organizations (NGO) implemented the HSS.

Subject selection was voluntary anonymous for the four core groups. Trained counselors from participating NGOs and/or city health offices (CHO) staff provided pre- and post-test counseling. Specimens were tested for HIV and SY. For HIV, Particle Agglutination (PA) was used as a screening test. Specimens that turned out to be reactive during the PA tests were submitted to SACCL for confirmation using the WB method. For SY, Rapid Plasma Reagin (RPR) test was used for screening and *Treponema pallidum* Particle Agglutination (TPPA) for confirmation. The HSS indicator is the prevalence of HIV among RFSWs and the target is <3% HIV prevalence among RFSWs by 2003.

Data were encoded and analyzed using EpiInfo version 6.0 software. Surveillance results were presented in frequency tables and graphs to portray trends. Regular surveillance implementation reviews and fora were held to disseminate HSS findings to guide program development and to alert the sites to intensify prevention and control measures the moment the 1% threshold for HIV was breached.

The same methodology was followed as in the other HRGs for the HSS among military recruits (male applicants to the Armed Forces of the Philippines. Active military service personnel were excluded from the study.) except that subject enrollment was unlinked anonymous, therefore, all identifiers were removed. This was carried out by the AFP staff in six military hospitals that were identified to have the bulk of consultations for physical examination among military recruits. Likewise, these hospitals had the medical technologists with HIV proficiency training.

Behavioral Sentinel Surveillance (BSS)

The BSS was established in the ten HSS sentinel sites to monitor the level of risk behaviors among HRGs. Local Research Institutions (RI) recommended by the health officers implemented BSS in eight sites from 1997 to 2001. In two sites, the cities of Baguio and Cagayan de Oro, BSS was implemented by the CHO staff.

In 2001, a composite team composed of RI and CHO personnel implemented BSS in view of its planned institutionalization in the eight LGUs. In 2002, the ten LGUs institutionalized the HIV BSS.

The same HRGs as in the HSS were monitored. However, the research teams were given leeway to include other special groups that they considered at risk for acquiring HIV in their respective sites. Table 1 shows the groups monitored in the ten surveillance sites.

Table 1. Sentinel groups monitored per surveillance site, BSS 1997-2003.

Surveillance Site	High Risk Groups Under Surveillance							
	RFSW	FLSW	MSM	IDU	Client*	MSTD^	MAR#	DSF@
Angeles	?	?	?				?	
Baguio	?	?	?				?	
Cagayan de Oro	?	?						
Cebu	?	?	?	?				
Davao	?	?	?		?			
General Santos	?	?	?					?
Iloilo	?	?	?					
Pasay	?	?	?				?	
Quezon	?	?	?			?		
Zamboanga	?	?	?					

Note: *? 's indicate the group monitored by the sentinel site up to 2003*
? 's indicate the group monitored by the sentinel site up to 2001
****Clients of FSWs.***
^MSTD: Men who consulted at select clinics for signs and symptoms of STIs.
#Men at Risk (MAR): Men who were ancillary personnel in registered establishments or those who were constantly exposed to FSWs (waiters, tricycle drivers, etc.) and engaged in penetrative sexual intercourse with other men and/or women than their spouses or live-in partners in the past 6 months.
@Deep Sea Fishermen (DSF): Men who worked in big fishing industries operating around Saranggani Bay and those who boarded fishing vessels plying the seas of Indonesia, Sabah, and Papua New Guinea.

The sample size needed to detect a 20% change in behavior over time was 120 subjects per HRG. Purposive sampling was used but, whenever possible, probability sampling was encouraged especially among the RFSWs.

The respondents were interviewed using a standard, pre-tested interview schedule provided by NHSSS-NEC (Appendix B). However, researchers were encouraged to add variables that were deemed relevant in their sites. Demographic variables included data on age, marital status and educational attainment of respondents. The key indicators monitored were:

- Knowledge indicator: The proportion of HRGs who knew of three correct ways to prevent HIV transmission. The three correct ways referred to here were being faithful to one faithful partner, consistent and correct condom use and non-sharing of injecting equipment.
- Median number of sex partners in the past week and the past month prior to interview for each HRG.
- Consistent condom use: The proportion of HRGs who always used condoms during sex in the last three months prior to interview.
- Condom use during last sex with a non-regular partner: The number of HRGs who used condom the last time they had sex with a non-regular partner over the total number of HRG participants who had sex with a non-regular partner.
- Condom use during last sex with regular-paying sex partner. The number of HRG participants who used condoms during the last time they had sex with regular-paying partner over the total number of HRG participants who had sex with a regular-paying partner.

- Condom use during last sex with regular-nonpaying sex partner. The number of HRG participants who used condoms during the last time they had sex with regular-nonpaying partner over the total number of HRG participants who had sex with a regular-non paying partner
- Sharing of injecting equipment: The number of IDU participants who reported sharing injecting equipment in the past six months over the total number of IDUparticipants.

Information about signs and symptoms of STIs, health seeking behavior, as well as the sources of HIV/AIDS information were likewise gathered.

After the interview, the data gatherers corrected misconceptions regarding HIV/AIDS as a form of health education. Likewise, the interviewers answered the respondents' queries pertaining to HIV/AIDS.

In the analysis, the targets set for the major indicators under study (Table 2) were used to put the key indicator results into perspective.

Table 2. Targets for major indicators for 2003.

Indicator	2003 Target
% RFSWs who can identify 3 correct ways to protect themselves from STI/HIV infection	> 79
% FLSWs who can identify 3 correct ways to protect themselves from STI/HIV infection	> 75
% MSM who can identify 3 correct ways to protect themselves from STI/HIV infection	> 88
% IDUs who can identify 3 correct ways to protect themselves from STI/HIV infection	> 73
% RFSWs who report consistent condom use in the past week*	> 50
% FLSWs who report consistent condom use in the past week*	> 40
% MSM who report consistent condom use in the past week*	> 30
% IDUs who report consistent condom use in the past week*	> 30
% RFSWs who used condoms during last sex with a non-regular partner	> 92
% FLSWs who used condoms during last sex with a non-regular partner	> 75
% MSM who used condoms during last sex with a non-regular partner	> 61
% IDUs who used condoms during last sex with a non-regular partner **	> 54
% IDUs who report sharing of injection equipment	< 40

In 2001, the time frame for consistency of condom use for all HRGs was changed to past three months by NHSSS-NEC.
***** In 2001, the variable on condom use during the last sex with a non-regular partner among IDUs was deleted***

Data were encoded and analyzed using EpiInfo version 6.0 software. For the core HRGs, comparison of results per site was done. Likewise, data were aggregated to give the national average for the indicators under study.

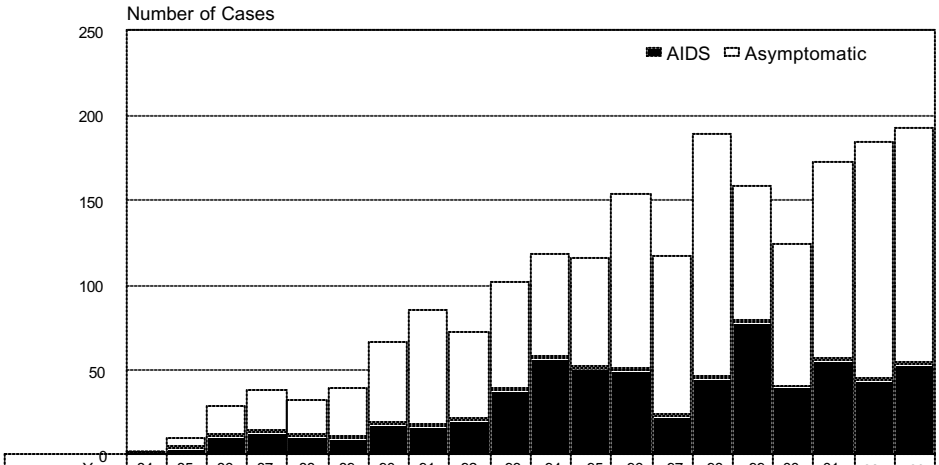
As in the HSS, regular BSS implementation reviews and fora were held to disseminate BSS findings, to assess program implementation and to guide the development of interventions.

Results

HIV/AIDS Registry

From January 1984 to December 2003, 2,001HIV Ab seropositive cases were reported (Figure 2). At the time of report, 642 (32%) were already symptomatic (AIDS cases). Of the 642 AIDS cases, 260 (44%) already died.

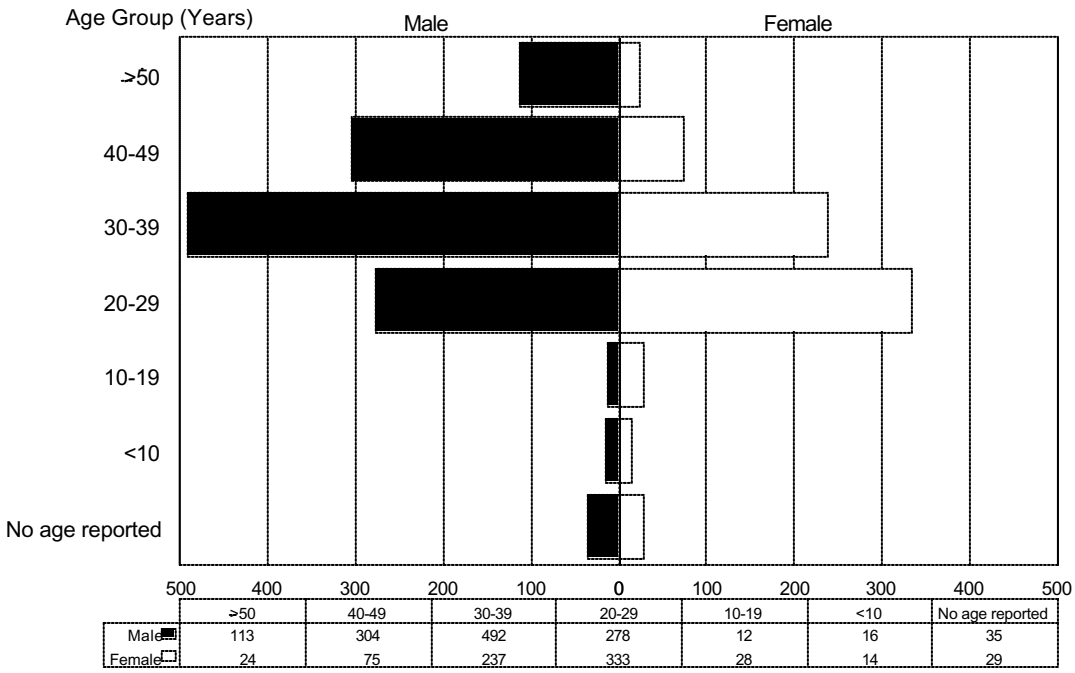
Figure 2. HIV Ab Seropositive Cases by Year HIV/AIDS Registry, January 1984-December 2003, N= 2,001



Year	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03
TOTAL	2	10	29	38	32	39	66	85	72	102	118	116	154	117	189	158	124	173	184	193
Asymptomatic	0	6	18	25	21	29	48	68	51	64	61	65	104	94	144	80	84	117	140	140
AIDS	2	4	11	13	11	10	18	17	21	38	57	51	50	23	45	78	40	56	44	53
Death	2	4	10	12	9	8	15	13	13	11	19	24	27	10	16	17	9	20	11	10

Majority (63%) of the HIV seropositive cases were male. Ninety percent were in the 20-49 year age group. Two percent were less than ten years old (Figure 3).

Figure 3. HIV Ab Seropositive Cases by Age Group and Gender HIV/AIDS Registry, January 1984-December 2003, N=2,001



	>50	40-49	30-39	20-29	10-19	<10	No age reported
Male	113	304	492	278	12	16	35
Female	24	75	237	333	28	14	29

Note: 10 cases had no reported age and gender (1 in 1991, 3 in 1993, 3 in 1994 and 3in 2000)
1 case had no reported gender (2003)

Half of the cases were single and most (43%) were married. Twelve percent of the HIV seropositive cases were seamen (Table 3).

Table 3. Occupation of HIV Ab Seropositive Cases HIV/AIDS Registry, January 1984-December 2003, N=2,001

Occupation	Frequency	Percentage
Seaman	242	12
Unemployed	239	12
Commercial Sex Worker	203	10
Employee	146	7
Domestic Helper	113	6
Housewife	89	4
Businessman	51	3
Unknown	275	14

Majority (85%) acquired HIV through sexual contact. Two percent acquired HIV from their mothers.

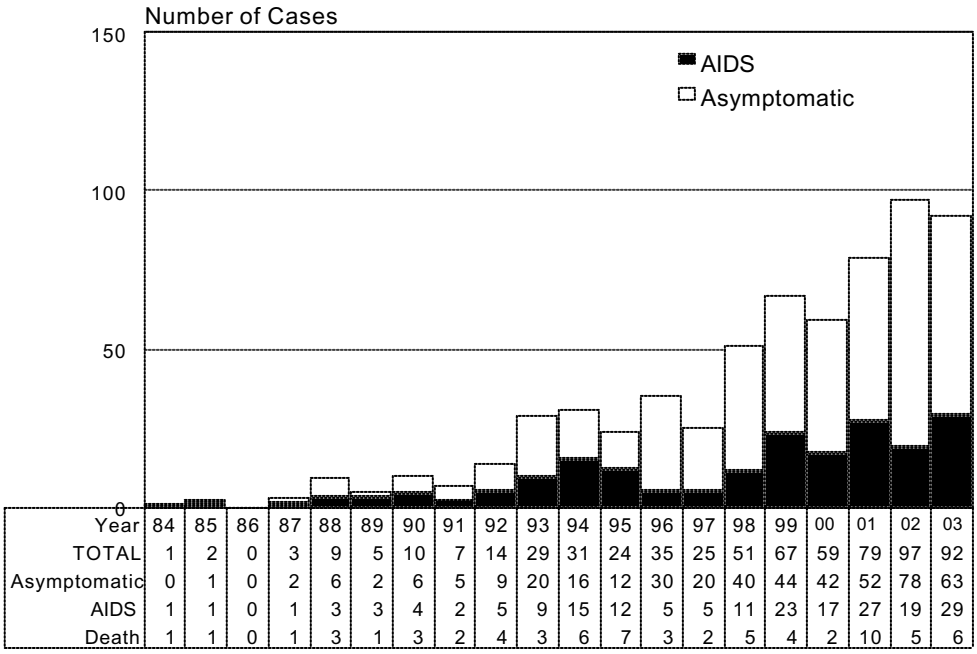
Figure 4. Reported Modes of Transmission of HIV/AIDS Cases HIV/AIDS Registry, January 1984-December 2003, N=2,001

Reported Modes of Transmission	Jan. 1984-Dec. 2003 N= 2,001	Jan-Dec 2003 n= 193
Sexual Transmission:		
Heterosexual contact	1242	122
Homosexual contact	359	41
Bisexual contact	104	14
Blood/blood product	13	0
Injecting Drug Use	6	0
Needle prick injuries	3	0
Perinatal	30	3
No exposure reported	244	13

HIV/AIDS Among Overseas Filipino Workers (OFW)

Of the 2,001 HIV Ab seropositive cases, 640 (32%) were OFW. Thirty percent (192) were already symptomatic (AIDS) at the time of report (Figure 5).

Figure 5. HIV Ab Seropositive Cases among OFWs HIV/AIDS Registry, January 1984-December 2003, N=2,001



Year	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03
TOTAL	1	2	0	3	9	5	10	7	14	29	31	24	35	25	51	67	59	79	97	92
Asymptomatic	0	1	0	2	6	2	6	5	9	20	16	12	30	20	40	44	42	52	78	63
AIDS	1	1	0	1	3	3	4	2	5	9	15	12	5	5	11	23	17	27	19	29
Death	1	1	0	1	3	1	3	2	4	3	6	7	3	2	5	4	2	10	5	6

Ages ranged from 20-69 (Median 37). Majority (75%) was male. Most (38%) of the OFW were seamen (Table 4).

Table 4. Occupation of HIV Seropositive OFW
HIV/AIDS Registry, December 1984-December 2003, n=640

Occupation	Frequency	Percentage
Seaman	242	38
Domestic Helper	112	18
Employee	66	10
Entertainer	36	6
Nurse	32	6
Waiter	13	2
Others	155	22

Majority (94%) acquired HIV through sexual contact (Table 5).

Table 5. Reported Modes of Transmission of HIV Among OFW
HIV/AIDS Registry, December 1984-December 2003, n=640

Mode of Transmission	Frequency	Percentage
Sexual	**600**	**94**
Heterosexual	463	77
Homosexual	102	17
Bisexual	35	6
Unknown	30	5
Blood Transfusion	6	1
Others	3	1
Needle Prick	1	0.2

Behavioral Sentinel Surveillance

Demographic Profile:

The 2003 surveillance rounds revealed that the median ages for all the risk groups were in the twenty's (Table 6). The male respondents (clients of female sex workers, deep sea fishermen and the injecting drug users) were older than the female respondents.

Table 6. High Risk Groups by Age
Behavioral Sentinel Surveillance, 1997-2003

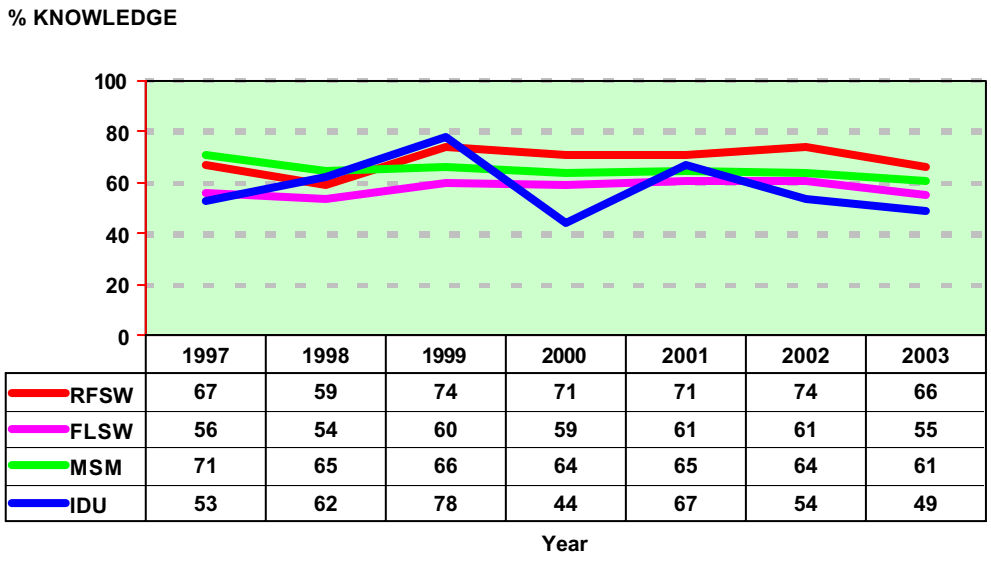
High Risk Group	Age	1997	1998	1999	2000	2001	2002	2003
RFSW	**Range**	16-54	14-50	17-50	14-57	14-60	15-55	17-59
	Median	23	23	23	23	23	23	23
FLSW	**Range**	14-46	13-47	13-56	13-55	13-49	13-57	13-51
	Median	21	22	21	22	21	21	21
MSM	**Range**	12-56	13-53	13-56	14-59	13-69	14-61	13-59
	Median	24	23	23	23	23	23	24
IDU	**Range**	17-42	17-43	18-47	17-42	14-41	15-46	19-47
	Median	25	25	28	26	26	28	27
CFSW	**Range**	20-60	16-66	18-60	14-60	17-59	18-66	15-59
	Median	34	30	28	30	26	35	29
DFSW	**Range**	15-45	17-57	19-50	18-55	17-49	15-56	16-53
	Median	27	28	27	28	28	27	28

Most of the respondents were single except for clients of female sex workers (CLFSW) and deep-sea fishermen (DSFW) who were mostly married. As regards the educational attainment, most of the female sex workers were high school graduate or have reached high school level, while MSM and CFSW were college graduates. Fifty nine percent of the DFSW were elementary graduates.

Knowledge on HIV Prevention:

The 1997 to 2003 BSS results revealed that most study participants knew of at least three correct ways of preventing HIV transmission. However, the aggregate results showed that no HRG posted significant improvement in knowledge over time and no HRG attained the ASEP target for this variable (Figure 6). MSM and IDU were far below the ASEP targets for these respective groups.

Figure 6. Proportion of HRGs who knew three correct ways of preventing HIV transmission, BSS 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	67	59	74	71	71	74	66
FLSW	56	54	60	59	61	61	55
MSM	71	65	66	64	65	64	61
IDU	53	62	78	44	67	54	49

Per site analysis, 2003 BSS showed that the proportion of study participants who knew of three correct ways of preventing HIV transmission in all cities decreased. Exemptions would include Angeles, Iloilo and Zamboanga for RFSW, Angeles, Baguio and Iloilo for FLSW and Zamboanga for MSM.

Tables 7. Proportion of HRG Per Site Who Knew of Three Correct Ways of Preventing HIV Transmission, BSS, 1997-2003

	RFSW							FLSW							MSM							IDU						
	97	98	99	00	01	02	03	97	98	99	00	01	02	03	97	98	99	00	01	02	03	97	98	99	00	01	02	03
AC	64	78	61	67	62	63		62	69	53	62	68	71		76	79	73	68	72	58								
BC	68	17	48	46	61	73	65	58	16	32	35	39	46	50	64	12	30	45	63	64	70							
CDO	81	67	83	86	74	83	68	65	49	47	53	52	55	52														
CC	57	48	68	69	45	78	67	71	41	58	38	58	50	56	73	67	72	40	52	40	35	53	62	78	44	67	54	49
DC	48	52	64	61	68	66	45	49	61	56	46	62	51	33			68	59	68	65	42							
GSC	98	47	96	92	98	86	64	37	57	73	94	96	60	58	88	86	86	88	98	76	57							
IC	38	72	92	66	63	56	74	45	64	75	54	64	45	62		56	40	66	58	32								
PC	74	97	96	92	98	88	68	82	96	89	86	94	81	82	60	73	73	79	59	89	71							
QC	82	66	75	80	92	84	67	56	53	60	86	44	78	52	65	82	73	77	52	78	75							
ZC	59	43	52	48	47	64	79	32	39	54	33	34	73	53			81	54	60	74	79							

Credible Sources of Information

Health workers were regarded as credible sources of information on HIV/AIDS by RFSW, FLSW and MSM. Also, television was also regarded by FLSW, MSM, IDU and CFSW as a credible source. Among the DFSW, radio topped their list. For Iloilo City, FLSW found that peer educators were their credible sources of information on HIV/AIDS. On the other hand, friends topped the list of sources of information among MSM in Cebu and Zamboanga Cities (Tables 8).

Tables 8. HRG's Credible Sources of Information, BSS, 2003

City	RFSW	FLSW	MSM	IDU
Angeles	Health Workers	Health Workers	Television	
Baguio	Health Workers	Television	Television	
Cagayan de Oro	Health Workers	Health Workers		
Cebu	Health Workers	Peer educators	Friends	Television
Davao	Television	Television	Television	
General Santos	Health Workers	Peer educators	Friends	
Iloilo	Health Workers	Peer educators	Television	
Pasay	Health Workers	Health Workers		
Quezon	Health Workers	Peer educators	Television	
Zamboanga	Health Workers	Health Workers	Health Workers	

Number of Sex Partners:

The number of sex partners of female sex workers vary from one to 80 per week, however, the median was two per week for RFSW and four per week for FLSW. Some MSM reported as many as 55 sex partners per month but the norm was two per month. Since 1998, the median number of sex partners per month for the IDU was one (Table 9).

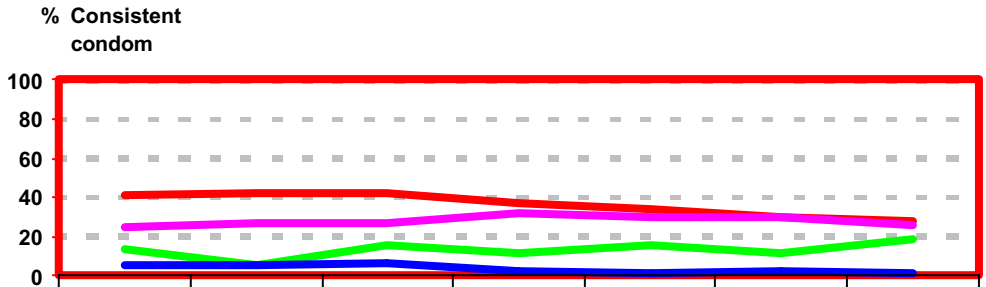
Table 9. Median Number of Sex Partners Per HRG Per Site BSS, 1997-2003

	RFSW							FLSW							MSM							IDU						
	97	98	99	00	01	02	03	97	98	99	00	01	02	03	97	98	99	00	01	02	03	97	98	99	00	01	02	03
AC	2	3	2	2	2	2	2	2	2	5	4	5	10	10	2	2	3	2	3	3								
BC	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	1	2	2	2	1							
CDO	1	1	1	1	1	1	1	1	4	4	3	4	4	3														
CC	2	2	2	1	1	1	1	7	6	4	4	3	7	6	3	5	6	2	2	2	6	2	1	1	1	1	1	1
DC	2	2	2	1	3	2	2	4	4	4	4	4	4	4			2	2	3	3	3							
GSC	4	3	3	3	3	5	4	5	3	3	4	4	5	5	3	3	3	2	5	4	3							
IC	1	1	1	1	1	1	1	4	3	4	4	3	3	3		2	2	4	2	2								
PC	2	2	2	2	2	2	2	5	5	4	3	4	4	3	3	2	2	2	2	3	1							
QC	5	5	5	6	5	6	3	4	5	5	7	6	5	6	3	4	4	3	4	5	5							
ZC	1	1	1	1	2	2	2	1	2	2	2	2	4	3			2	2	2	3	3							

Condom Use

Consistent condom use was generally low (<30%) among the HRG in 2003. The aggregate results showed that only MSM posted improvement from 2002 to 2003 (Figure 7).

Figure 7. Proportion of HRGs who consistently used condoms during sex BSS 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	41	42	42	37	34	30	28
FLSW	25	27	27	32	30	30	26
MSM	14	6	16	12	16	12	19
IDU	5	5	7	3	2	3	2

Table 10 showed that Pasay City and Cebu were able to attain the target for consistent condom use for RFSW , Davao City for FLSW and Cebu and Zamboanga Cities for MSM (Table 10).

Table 10. Proportion of HRG's per site who consistently used condom during sex, BSS, 1997-2003

	RFSW							FLSW							MSM							IDU						
	97	98	99	00	01	02	03	97	98	99	00	01	02	03	97	98	99	00	01	02	03	97	98	99	00	01	02	03
AC	68	76	53	69	55	40	37	25	35	20	39	18	21	26	20	18	49	30	16	6								
BC	12	6	16	11	6	11	11	4	1	2	2	3	2	1	8	2	7	6	9	10	10							
CDO	15	18	23	12	8	15	11	16	26	24	16	17	14	19														
CC	60	35	44	30	33	22	25	58	30	24	19	21	18	17	27	3	3	6	7	3	2	5	5	7	3	2	3	2
DC	22	17	21	25	33	24	25	12	26	21	39	43	64	48			27	13	23	18	11							
GSC	68	53	32	40	42	11	23	21	23	24	32	51	26	18	0	0	8	1	40	2	1							
IC	14	30	56	24	12	42	18	11	22	42	26	10	31	22		4	6	3	2	13								
PC	65	96	77	47	61	57	58	50	63	62	78	83	40	56	10	6	8	7	8	19	43							
QC	65	77	74	85	56	43	48	37	32	33	62	42	37	34	16	12	19	18	22	13	30							
ZC	21	12	19	25	30	32	24	12	11	16	00	12	47	15			22	22	19	21	38							

2003 BSS results showed that condom use by female sex workers with their non-regular partners were higher compared to condom use with their regular-paying and regular non-paying partners (Figure 8).

Figure 8. Proportion of FSWs who used condoms during sex with regular versus non-regular partners. BSS 2003

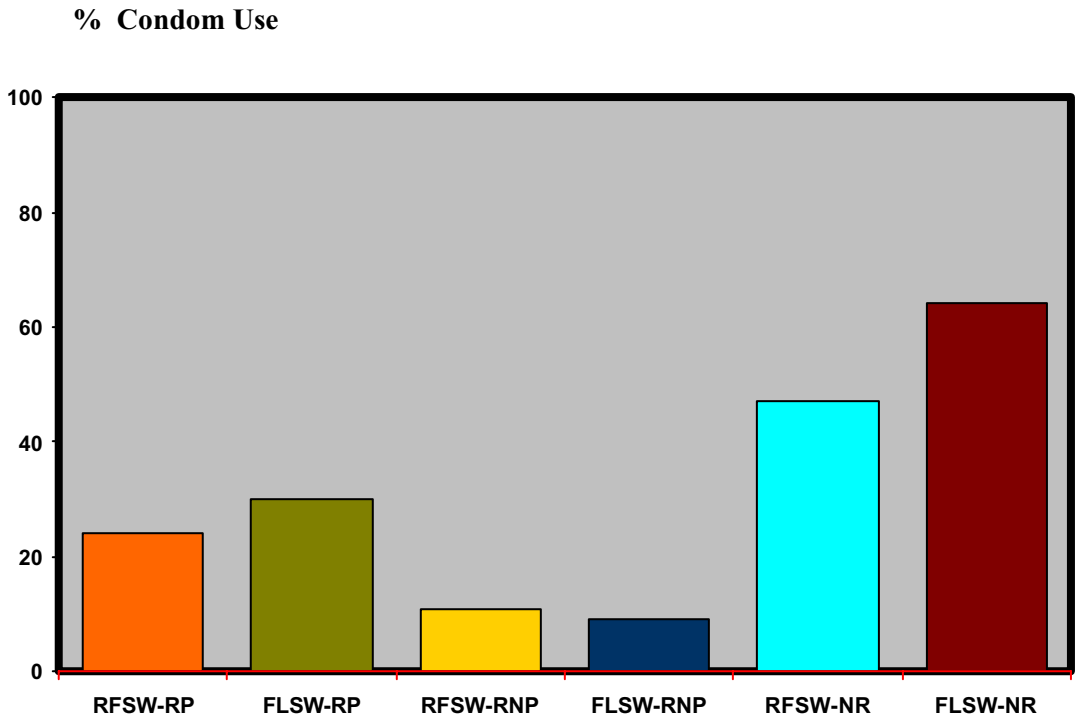


Table 11. Condom Use Among MSM During Sex with Non-Regular Partners, Regular Non-Paying and Regular Paying
BSS, 2003

Type of Sex	Non-Regular		Regular Non-Paying		Regular Paying	
	Number	%	Number	%	Number	%
Anal	136	**47**	75	**30**	75	**52**
Oral	113	**35**	45	**26**	65	**37**

MSM practiced anal sex more with their regular non-paying partners while they practiced oral sex more with their non-regular partners and regular paying partners (Table 12).

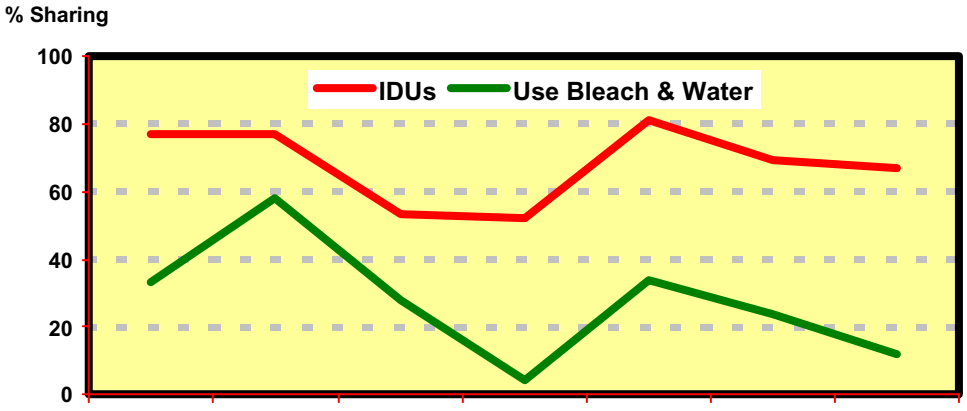
Table 12. Sexual Practices among MSM

Type of Sex	Non-Regular		Regular Non-Paying		Regular Paying	
	No.	%	No.	%	No.	%
Anal	290	**47**	250	**51**	145	**33**
Oral	323	**53**	173	**35**	176	**40**

Injecting Drug Use

Although the proportion of IDUs sharing injecting equipment has been decreasing, the use of bleach and water in cleansing these equipments has been decreasing since 2002 (Figure 9).

Figure 9. Proportion of IDUs Who Shared Injecting Equipments vs Use of Bleach and Water in Cleaning Injecting Equipments in Cebu City
BSS, 1997-2003

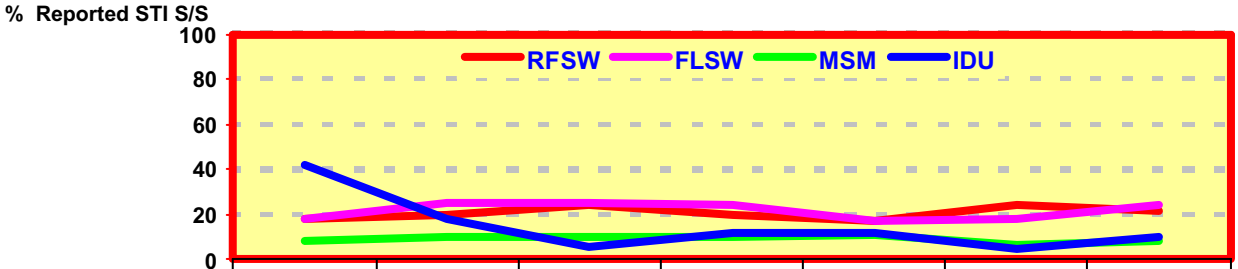


Signs and Symptoms of STI

Reported

The female sex workers (RFSW and FLSW) reported signs and symptoms of STI more often than MSM (Figure 10). On the other hand, there was a 50% increase of IDU who reported signs and symptoms of STI in 2003 compared to 2002. Among the deep sea fishermen in General Santos City, 37% reported the said signs and symptoms while among the clients of female sex workers in Davao City , 13% reported such.

Figure 10. Proportion of HRG Who Reported Signs and Symptoms of STI BSS, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	18	20	24	20	17	24	22
FLSW	18	25	25	24	17	18	24
MSM	8	10	10	10	11	7	8
IDU	42	18	6	12	12	5	10

Year

Per site analysis, Cebu City posted higher proportion of female sex workers who reported signs and symptoms of STI compared to other sites (Table 13). On the other hand, MSM in General Santos City topped the list , with 13% MSM reporting STI signs and symptoms.

Table 13. Proportion of HRG Per Site Who Reported Signs and Symptoms of STI BSS, 1997-2003

	RFSW							FLSW							MSM							IDU						
	97	98	99	00	01	02	03	97	98	99	00	01	02	03	97	98	99	00	01	02	03	97	98	99	00	01	02	03
AC	22	16	21	19	8	10	17	21	38	38	21	28	28	29	5	9	9	9	12	7								
BC	19	16	15	19	21	23	20	9	0	5	18	4	1	6	8	0	9	4	10	3	5							
CDO	16	3	42	33	22	37	32	18	17	29	40	19	25	38														
CC	8	23	13	13	7	30	64	29	48	24	34	22	14	38	10	20	12	15	7	7	2	42	18	6	12	12	5	10
DC	26	17	20	19	22	37	34	31	22	18	27	25	17	17			9	22	16	3	10							
GSC	16	39	75	49	22	24	36	8	41	48	44	22	13	17	6	2	18	8	32	16	13							
IC	21	14	7	9	7	16	25	13	20	21	14	16	31	28		8	11	3	5	13								
PC	31	13	16	12	32	23	13	14	13	25	16	12	18	10	8	16	14	7	8	3	3							
QC	11	22	22	12	17	13	7	27	34	32	17	13	25	5	15	15	5	13	4	3	7							
ZC	6	13	10	10	9	27	17	9	13	8	11	11	5	10			7	10	3	6	10							

Health-Seeking Behavior

Social Hygiene Clinic is still the clinic of choice for female sex workers, MSM and CFSW. However, MSM and CFSW also consulted the private clinics and government hospitals, respectively. IDUs consulted private hospitals while DFSW consulted their friends (Table 14).

Table 14. HRGs Health Seeking Behavior When Experiencing Signs and Symptoms of STI
BSS, 2003

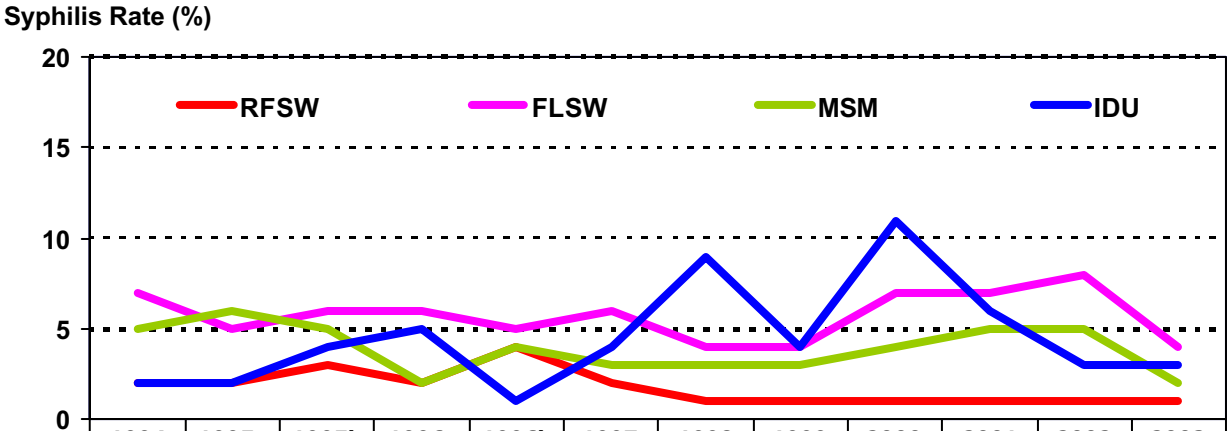
City	RFSW	FLSW	MSM	IDU
Angeles	SHC/Private MD/Clinic	SHC		
Baguio	SHC	Private MD/Clinic	Private MD/Clinic	
Cagayan de Oro	SHC	SHC		
Cebu	SHC	SHC	Private MD/Clinic	Private Hospital
Davao	SHC	SHC	Friend	
General Santos	SHC	SHC	Friend	
Iloilo	SHC	NGO		
Pasay	SHC	Private MD/Clinic	Private MD/Clinic	
Quezon	Private MD/Clinic	SHC/Gov't Clinic	SHC	
Zamboanga	SHC	SHC	SHC	

Serologic Surveillance

Syphilis Seroprevalence

The 2003 HSS revealed that syphilis rates among risk groups ranged from 1-4% (Figure 11). Syphilis rate was highest among the FLSW and lowest among the RFSW. There were rounds that FLSW and IDU had more than 5% syphilis rate.

Figure 11. Syphilis Seroprevalence by HRG HSS, 1994-2003



	1994	1995a	1995b	1996a	1996b	1997	1998	1999	2000	2001	2002	2003
RFSW	2	2	3	2	4	2	1	1	1	1	1	1
FLSW	7	5	6	6	5	6	4	4	7	7	8	4
MSM	5	6	5	2	4	3	3	3	4	5	5	2
IDU	2	2	4	5	1	4	9	4	11	6	3	3

Risk Group

HIV Seroprevalence

In 2003, the national aggregate showed that the HIV seroprevalence among the high risk groups in the sentinel sites is 0.03%. There was one RFSW (HIV Seroprevalence: 0.03%) and one MSM (HIV Seroprevalence: 0.1%) found to be HIV positive. They were both from Cebu City. Table 15 showed the risk groups found HIV positive in the different sentinel sites from 1993 to 2003.

Table 15. Sites With HIV Positive HRG By Round
HSS, 1993-2003

Round	QC	CC	DC	AC	PC	IC	CDO	GSC	BC	ZC
1993	1 RFSW									
1994A	1 RFSW									
1994B	1 RFSW				1 RFSW					
1995A	1 MSM		1 RFSW	2 RFSW						
1995B				2 RFSW 1 MSM	2 RFSW	1 RFSW				
1996A	1 MSTD			2 RFSW						
1996B	1 RFSW	1 IDU		4 RFSW	1 RFSW					
1997	1 RFSW 1 MCSW	1 MSM 1 MSTD		1 RFSW				2 RFSW		
1998			1 RFSW	2 RFSW 1 FLSW		1 RFSW		1 RFSW		
1999						1 FLSW	1 RFSW	1 RFSW		
2000	1 RFSW	1 RFSW		1 RFSW	1 FLSW				1 RFSW	
2001	1 RFSW 1 MSM			2 RFSW						
2002		1 RFSW	1FLSW	2 RFSW		1 FLSW			1 RFSW	
2003		1 RFSW 1 MSM								

Site-specific HIV surveillance findings:

Many of the findings presented from hereon were culled from the tables already cited in the other portions of the result section. These were reiterated here to emphasize the importance of per site analysis of HIV surveillance data. BSS results for the groups, other than the core groups for BSS, that the sites included for the monitoring were likewise included here

Angeles City

Angeles City HSS and BSS Team Composition:

Team Manager : Joven Esguerra, MD
Team Leader : Teresita Esguerra, MD
Team Members:

Winnie Antonio, RN	**Evanageline Cortez, RM**
Anita Delfin, RN	**Cora del Rosaario, RM**
Jane Perez, RN	**Eva Abad**
Rosalinda Velasco, RN	**Gina Cancio**
Rina Velasco, RN	**Angela Gomez**
Imelda Visperas, RMT	**Yolanda Tolentino**
Rachel Magalong, RMT	

Contact Details:
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In 1994, NHSSS selected Angeles City to be one of four sentinel sites for HSS in Luzon. The Angeles City HSS Team implemented one HSS round in 1994, twice a year rounds from 1995 to 1996 then annual serologic surveillance rounds from 1997 to 2003.

From 1997 to 2001, the TRI-DEV Specialists Foundation, Incorporated did the BSS for Angeles City. Aside from the FSWs and MSM, they likewise monitored other men at risk for HIV transmission---the clients of sex workers in 1997, the tricycle drivers (TRDR) in 1998, the jeepney drivers in 1999 and the men in entertainment establishments (MEE) in 2000. Because the TRDRs revealed riskier practices for HIV transmission compared to other MAR, the group was selected for continuous monitoring and was again included in the 2001 BSS. The TRDRs were individuals found in tricycle stations working as part/fulltime tricycle drivers and had penetrative penile-vaginal intercourse with someone other than their spouses or live-in partners in the past six months.

In 2002, the Angeles City government institutionalized HIV BSS and continued to monitor the FSWs and MSM. However in 2003, MSM were dropped from the list. From 1997 to 2003, most FSWs study participants were in their early 20s and reached or finished high school. Most of the study participants were never married. Likewise from 1997 to 2003 most MSM study participants were also in their early 20s and reached or finished high school majority of them were single.

Knowledge on three correct ways of preventing HIV transmission among FSWs has increased in 2003. These rates were the highest recorded for these groups in the duration of BSS implementation in Angeles City (Fig. 12). As to the most credible sources of information, FSWs cited health workers.

All FSWs had study participants who admitted to using prohibited drugs but among them only the FLSWs admitted to using injectable drugs (Fig. 13)

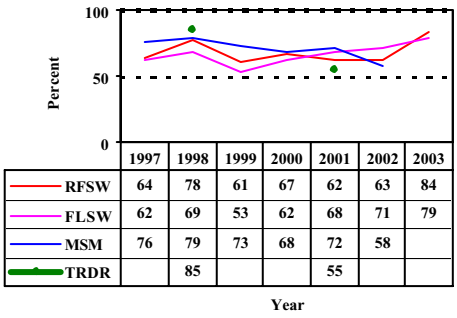
Of the FSWs in 2003, the FLSW had the most number of sex partners at ten per week but only 26% used condom consistently during sex. (Fig. 14). There was an increase in condom use during last sex with a non-regular partner among RFSWs and it is most evident among the FLSWs (Fig. 15).

When experiencing signs and symptoms of STIs, the FSWs usually go at the SHC but the RFSWs also visited private doctors. HSS in Angeles City since 1994 revealed that SY rates for the RFSWs had been low at ≤ 5% in the last six years. In contrast, a sudden increase in SY rate from about 3% to 13% was observed among FLSWs from 1999 to 2000 and the rate was increased to 16% in 2001. For 2002, the SY syphilis rate was pegged at 11% then became 16% again in 2003 (Fig. 16).

HIV positive subjects had been consistently detected among RFSWs and FLSWs and in one round among the MSM. Based on LQAS, therefore, HIV seroprevalence among these groups is already ≥ 1%.

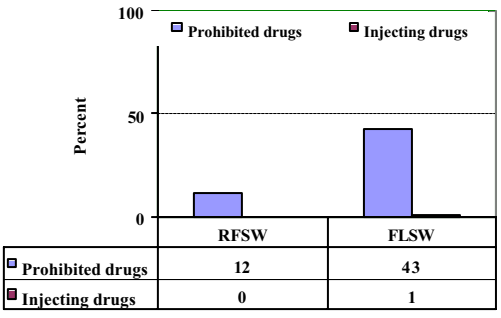
It was particularly alarming that in a sample of 20 MSM, one tested positively for HIV in 1995. Unfortunately, serologic surveillance for MSM in Angeles City was discontinued in 1998.

Figure 12 . Proportion of HRGs Who Knew of Three Correct Ways of Preventing HIV Transmission, BSS, Angeles City, 1997-2003



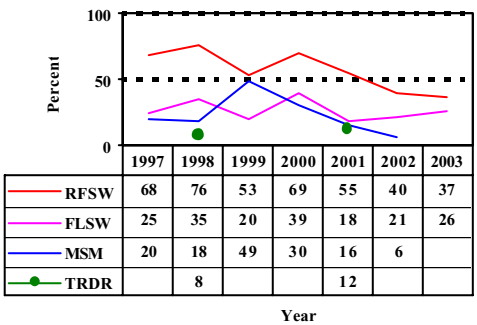
	1997	1998	1999	2000	2001	2002	2003
RFSW	64	78	61	67	62	63	84
FLSW	62	69	53	62	68	71	79
MSM	76	79	73	68	72	58	
TRDR		85			55		

Figure 13 . Drug Use Among FSWs in Angeles City, BSS, 2003



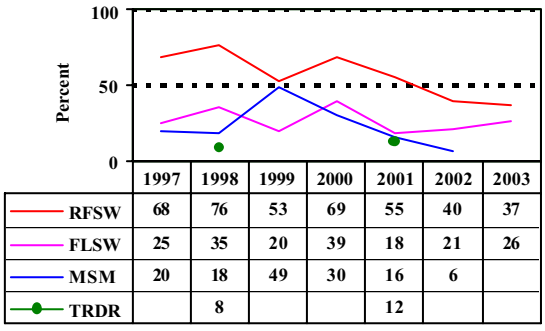
	RFSW	FLSW
Prohibited drugs	12	43
Injecting drugs	0	1

Figure 14 . Proportion of HRGs Who Consistently Used Condoms During Sex, BSS, Angeles City, 1997-2003



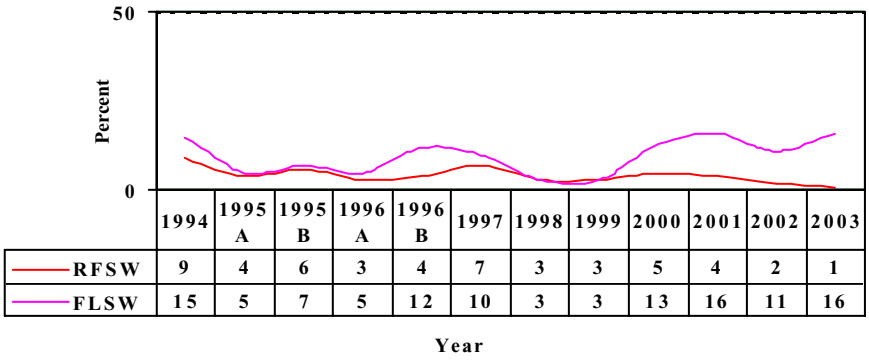
	1997	1998	1999	2000	2001	2002	2003
RFSW	68	76	53	69	55	40	37
FLSW	25	35	20	39	18	21	26
MSM	20	18	49	30	16	6	
TRDR		8			12		

Figure 14 . Proportion of HRGs Who Consistently Used Condoms During Sex, BSS, Angeles City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	68	76	53	69	55	40	37
FLSW	25	35	20	39	18	21	26
MSM	20	18	49	30	16	6	
TRDR		8			12		

Figure 16 . Syphilis Seropositive by HRG
Angeles City, 1995-2003



	1994	1995 A	1995 B	1996 A	1996 B	1997	1998	1999	2000	2001	2002	2003
RFSW	9	4	6	3	4	7	3	3	5	4	2	1
FLSW	15	5	7	5	12	10	3	3	13	16	11	16

Year

Baguio City

Baguio City HIV Surveillance Team Composition:

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Arsenio Avenido, MD	**Arnulfo Buccat**
Brenda Valdez, RN	**Antonio Albon**
Rebecca Guanzon, RN	**Hermonico Guanzon**
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Ricardo Bacayaan	**Christopher Hortaleza**

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In 1996, NHSSS selected Baguio City to be one of four sentinel sites for HSS in Luzon. The Baguio City HIV Surveillance Team implemented two serologic surveillance rounds in 1996 then annual serologic surveillance rounds from 1997 to 2003.

Since 1997, the Baguio City government conducted its own BSS and continually monitored the FSWs and MSM. Likewise, they monitored the waiters (men who served food in night establishments) in the BSS because the SHC detected syphilis-infected waiters during routine examination.

From 1997 to 2003, the FSW study participants were mostly in their early 20s, reached or finished high school and were never married. The MSM, were slightly older than the female study participants and were better educated having reached or finished college.

In the 1997 BSS, results for knowledge of three correct ways of preventing HIV was greater than 50% among all HRGs. There was an observable decline in the level of knowledge in 1998. From 1999 onwards, constant increases in the proportion of HRGs who knew of three correct ways of preventing HIV were noted with some increase greater than 60% except for the FLSWs. The same is true for all HRGs except for RFSWs where in the rate decreased from 73% in 2002 to 65% in 2003 (Figure 17). The health workers were credible sources of HIV/AIDS information among RFSWs and MSMs while FLSWs cited television. All HRGS had study participants who admitted to using prohibited drugs with proportion of less than 16% but no one admitted to using injectable drugs (Figure 18).

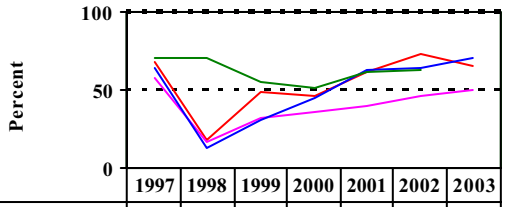
The FSWs had a median of 1 sex partner per week and MSMs had also one per month. Consistent condom use rates for all HRGs were very low since 1997 (Figure 19).

From 2002 to 2003, there was a decline in the proportions of RFSWs and MSMs who use condom during last sex with a non-regular partner while a slight increase was noted among FLSWs (Figure 20).

HSS in Baguio City since 1996 showed that SY rates for FSWs and MSMs had been at low. The highest SY rate was listed in 1996 among FLSWs. In 2003, SY rate for the FLSWs and MSMs were 1% (Figure 21).

HIV positive among RFSWs were detected in 2000 and 2002. Based on LQAS, therefore, HIV seroprevalence among RFSWs in Baguio City is already = 1%.

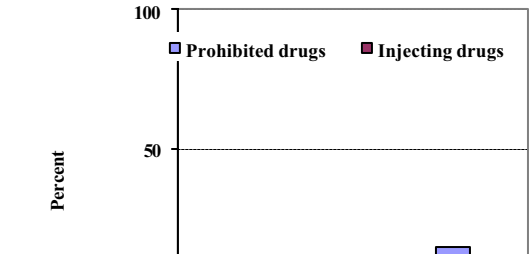
Figure 17 . Proportion of HRGs Who Knew of Three Correct Ways of Preventing HIV Transmission BSS, Baguio City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	68	17	48	46	61	73	65
FLSW	58	16	32	35	39	46	50
MSM	64	12	30	45	63	64	70
WAITERS	70	70	55	51	62	63	

Year

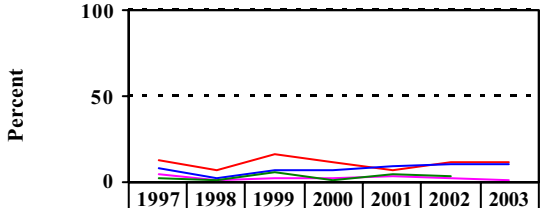
Figure 18 . Drug use among HRGs in Baguio City, BSS, 2003



	RFSW	FLSW	MSM
Prohibited drugs	7	9	15
Injecting drugs	0	0	0

Risk group

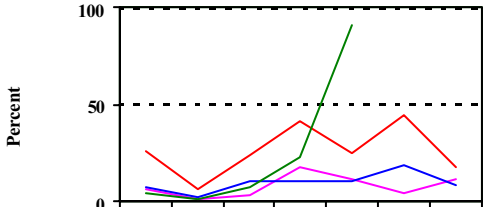
Figure 19. Proportion of HRGs Consistently Used Condoms During Sex BSS, Baguio City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	12	6	16	11	6	11	11
FLSW	4	1	2	2	3	2	1
MSM	8	2	7	6	9	10	10
WAITERS	2	1	5	1	4	3	

Year

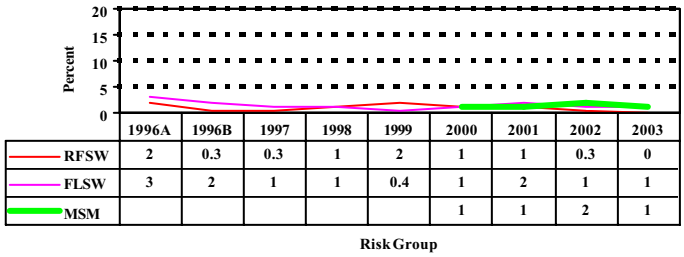
Figure 20. Proportion of HRGs Who Used Condoms During Last Sex with a Non-regular Sex Partner BSS, Baguio City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	26	7	24	42	25	45	18
FLSW	7	1	3	18	12	5	12
MSM	8	2	11	11	11	19	9
WAITERS	5	1	8	23	91		

Year

Figure 21 . Syphilis Seropositive by HRG
Baguio City, 1996-2003



	1996A	1996B	1997	1998	1999	2000	2001	2002	2003
RFSW	2	0.3	0.3	1	2	1	1	0.3	0
FLSW	3	2	1	1	0.4	1	2	1	1
MSM						1	1	2	1

Risk Group

Cagayan de Oro City

Cagayan de Oro City HIV Surveillance Team Composition:

Team Manager : Jerie Calingasan, MD
Team Leader : Joselito Teodulfo Retuya, MD
Team Members:
Melodee Zamora, MD **Vicente Orquiza, RMT**
Bernadine Ucab, RN **Lyra Ranes, RMT**
Jennifer Piloton, RMT **Antonio Artajo**

Contact Details:
Cagayan de Oro Social Hygiene Clinic
Telephone #: (08822) 721189

In 1995, NHSSS selected Cagayan de Oro City to be one of four sentinel sites for HSS in Mindanao. The Cagayan de Oro City HIV Surveillance Team implemented one HSS round in 1995, two rounds in 1996 then annual serologic surveillance rounds from 1997 to 2003 except in 1998 when the city was not able to conduct the HSS because of inadequate funds.

Since 1997, the Cagayan de Oro City government funded its own BSS and continually monitored the FSWs.

From the 1997 to the 2003 BSS, most of the FSWs were in their early 20s with the FLSWs being four years younger than the RFSWs, reached or finished high school and were never married.

BSS results from 2002 to 2003 showed a decrease in knowledge on three correct ways of preventing HIV among the FSWs, particularly among the RFSWs (Figure 22). Majority of FSWs mentioned the health workers in Cagayan de Oro City as their major source of HIV information.

Many FSWs admitted to using prohibited drugs in the past six months. No one admitted to using injectable drugs (Figure 23).

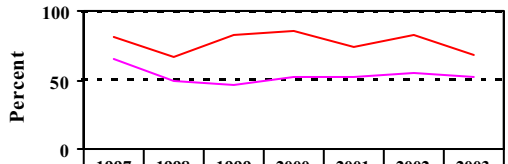
The FLSWs had more sex partners at three per week compared to one sex partner per week for the RFSWs. Consistent condom use rates from 1997 to 2003 were generally higher among FLSWs than among the RFSWs except for 2002 (Figure 24).

The steady increase in condom use during last sex with a non-regular partner among the RFSWs from 1997 to 1999 was halted by a slight decrease in 2000-2001. In 2002, the data showed that the FLSWs posted a bigger increase for this variable compared to the RFSWs. However, in 2003 the FSWs showed a decline in its rate with RFSWs who posted its lowest rate throughout the BSS implementation (Figure 25).

HSS in Cagayan de Oro City since 1995 revealed that SY rates for RFSWs had been low at = 1% in the last three years. The FLSWs posted higher SY rates at 4% in 2001 and 1% from 2002 to 2003 (Figure 26).

An HIV positive RFSW was detected in 1999. Based on LQAS, therefore, HIV seroprevalence among RFSWs in Cagayan de Oro City is already = 1%.

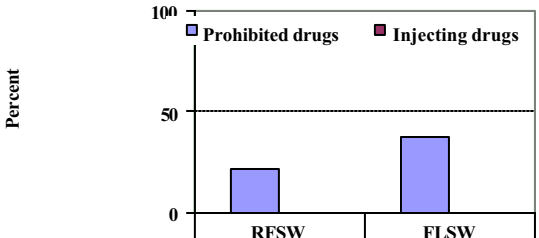
Figure 22 . Proportion of HRGs Who Knew of Three Correct Ways of Preventing HIV Transmission BSS, Cagayan de Oro City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	81	67	83	86	74	83	68
FLSW	65	49	47	53	52	55	52

Year

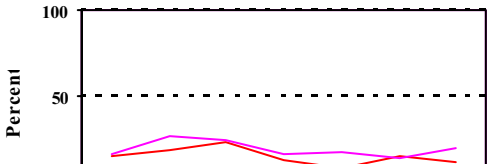
Figure 23 . Drug Use Among HRGs in Cagayan de Oro City, BSS, 2003



	RFSW	FLSW
Prohibited drugs	22	38
Injecting drugs	0	0

Risk group

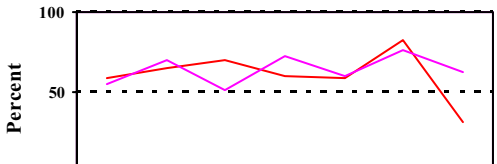
Figure 24 . Proportion of HRGs Who Consistently Used Condoms During Sex BSS, Cagayan de Oro City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	15	18	23	12	8	15	11
FLSW	16	26	24	16	17	14	19

Year

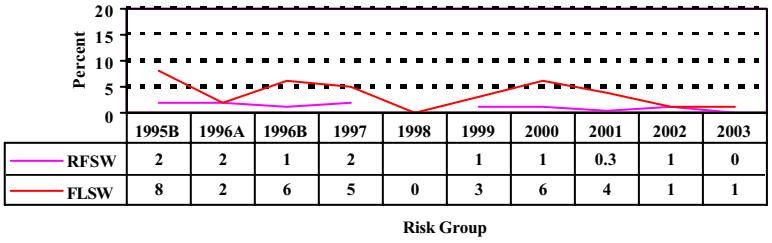
Figure 25 . Proportion of HRGs Who Used Condoms During Last Sex with a Non-regular Sex Partner BSS, Cagayan de Oro City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	58	64	70	60	58	82	31
FLSW	54	70	51	72	60	76	62

Year

Figure 26 . Syphilis Seropositive by HRG
Cagayan de Oro City, 1995-2003



	1995B	1996A	1996B	1997	1998	1999	2000	2001	2002	2003
RFSW	2	2	1	2		1	1	0.3	1	0
FLSW	8	2	6	5	0	3	6	4	1	1

Risk Group

Cebu City

Cebu City HSS Team Composition:

Team Manager : Dr. Estela Ygoña, MD
Team Leader : Ilya Abellanosa Tac-an, MD
Team Members:

Chona Loma, MD	**Jose Esma, RMT**
Ervyl Aballe, RN	**Ramon Alsula, RMT**
Edagar Pangue, RN	**May Mercado, RM**
Liliosa Batiancila	**Daylinda Tomines**
Dorotea Bacalso, RMT	**Rubisita Carloman**
Angelita Pulvera, RMT	**Elmer Quijano**
Marissa Gomez, RM	

Contact Details:
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Cebu City Health Office
Telephone #: (032) 2330987

In 1993, NHSSS selected Cebu City to be one of two sentinel sites for HSS in the Visayas. The Cebu City HSS Team implemented one HSS round in 1993 then twice a year rounds up to 1996 followed by an annual serologic surveillance rounds from 1997 to 2003.

Since its start in 1997, the University of San Carlos Social Science Research Center conducted the BSS for Cebu City. Aside from the FSWs and MSM, they likewise monitored the IDUs.

From the 1997 to the 2003 BSS, most of the FSWs were in their early 20s but the FLSWs were consistently younger at 20-22 years old compared to the 23-26 years old RFSWs. Likewise, the MSM were in their early 20s. In contrast, the IDUs were older at 25-28 years old. There were more single respondents especially among the MSM. The proportion of respondents with live-in partners was highest among the FSWs. College level education was most evident among the male study participants.

There was a significant increase in the knowledge of RFSWs who knew three correct ways of preventing HIV transmission in 2002 but this decrease slightly in 2003. The other three groups constantly decline from 2001 to 2003. For all the HRGs, no clear trend could be discerned for this variable since 1997 (Figure 27). Credible sources of information were health workers for FSWs, friends for MSM and television for IDUs.

All HRGs had study participants who admitted to using prohibited drugs in the past six months. The FLSWs has the highest rate (38%) recorded among the group. No one admitted to using injectable drugs (Figure 28).

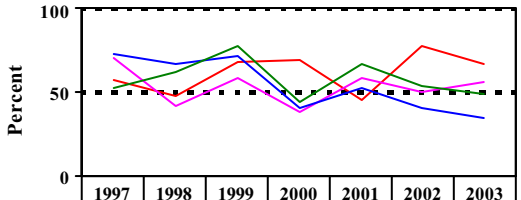
Among the four groups, the FLSWs and MSM had the most number of sex partners, however the latter had been consistently low in using condom during the sex except in 1997.The FSWs had more than 50% recorded for this variable in 1997 but a changing pattern was seen from 1998 to 2002. In 2003, there was a 12% increase in condom use among the RFSW while a 6% decrease was noted among FLSWs, MSM and IDUs (Figure 29).

In 2003, there was a decline in the proportion of HRGs who used condoms during last sex with a non-regular partner. The decline was most evident among RFSWs and MSMs (Figure 30).

When confronted with signs and symptoms of STIs, most of the FSWs consulted at the SHC. The MSM and IDUs consulted private doctors (private clinics and hospital). In 2003, SY rates for the FLSWs went down to 13% as well as the MSM and IDUs with 5% and 3%, respectively (Figure 31).

HIV positive subjects had been detected among RFSWs, MSM, IDUs and MSTDs. In 2003, 1 RFSW and 1 MSM were detected. Based on LQAS, therefore, HIV seroprevalence among these groups in Cebu City is already = 1%.

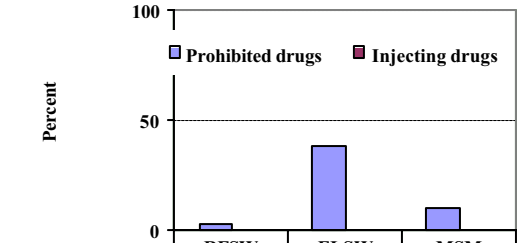
Figure 27 . Proportion of HRGs Who Knoew of Three Correct Ways of Preventing HIV Transmission BSS, Cebu City 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	57	48	68	69	45	78	67
FLSW	71	41	58	38	58	50	56
MSM	73	67	72	40	52	40	35
IDU	53	62	78	44	67	54	49

Year

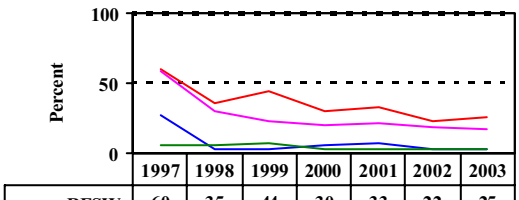
Figure 28 . Drug use among HRGs in Cebu City, BSS, 2003



	RFSW	FLSW	MSM
Prohibited drugs	2	38	10
Injecting drugs	0	0	0

Risk group

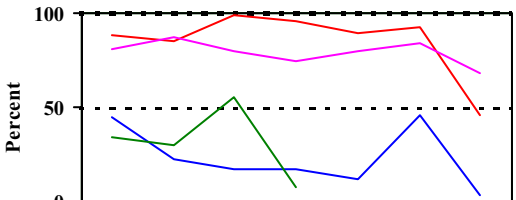
Figure 29. Proportion of HRGs Who Consistently Used Condoms During Sex BSS, Cebu City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	60	35	44	30	33	22	25
FLSW	58	30	22	19	21	18	17
MSM	27	3	3	6	7	3	2
IDU	5	5	7	3	2	3	2

Year

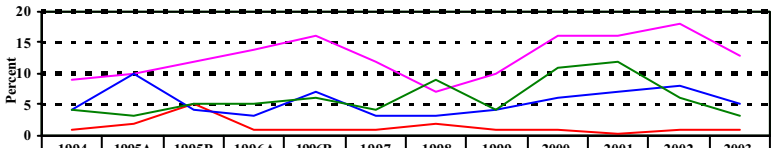
Figure 30 . Proportion of HRGs Who Used Condoms During Last Sex with a Non-regular Sex Partner BSS, Cebu City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	89	85	99	96	90	93	46
FLSW	81	87	80	75	80	84	68
MSM	45	23	18	18	12	46	4
IDU	34	30	56	8			

Year

Figure 31 . Syphilis Seropositive by HRG
Cebu City, 1994-2003



	1994	1995A	1995B	1996A	1996B	1997	1998	1999	2000	2001	2002	2003
RFSW	1	2	5	1	1	1	2	1	1	0.3	1	1
FLSW	9	10	12	14	16	12	7	10	16	16	18	13
MSM	4	10	4	3	7	3	3	4	6	7	8	5
IDU	4	3	5	5	6	4	9	4	11	12	6	3

Risk Group

Davao City

Davao City HSS Team Composition:

Team Manager : Josephine Villafuerte, MD
Team Leader : Rosita Cueto, MD
Team Members:

Gene Gulanes, MD	**Ma. Teresa Arcangel, RMT**
Violeta Nano, RMT	**Ma. Teresa Mataganas, RMT**
Leah Flor Suelan, RN	**Ernesto Jaylon, RMT**
Evelyn Papa, RN	**Ma. Lyn Abaceña**
Anabelle Bauzon	**Clarabel Braza**
Evangeline Dayrit	**Jeanette de Vera**
Mirasol Goseco	**Angelina Fuentes**
Daniel Paras	**Ma. Roselle Cueto**

Contact Details:
Davao City Social Hygiene Clinic
Telephone #: (082) 2224187

In 1994, NHSSS selected Davao City to be one of four sentinel sites for HSS in Mindanao. From 1994 to 1996, the Davao City HSS Team implemented two HSS rounds then annually from 1997 to 2001.

Since its start in 1997, the Center for Education, Research and Development in Health of the Davao Medical School Foundation conducted the BSS for Davao City. The groups monitored were the FSWs, both registered and freelance, and the Clients of Female Sex Workers (CFSW). The latter were men who engaged the services of FSWs. In 1999, the MSM were likewise included in the BSS.

From the 1997 to the 2003 BSS, most of the FSWs were in their early 20s but the FLSWs were consistently younger at 20-21 years except in 1998 when the FLSW median age noted was 24 years old. The MSM and RFSWs were usually 23-24 years old. In contrast, the CFSWs were much older with median ages of 26-34 years old noted in the five years that BSS was implemented in Davao City. Majority of FSWs reached or finished high school but notably more RFSWs reached or finished college. A big majority of the male study participants reached or finished high school or college. In the 2003 BSS, most of the FSWs and MSM were single while the highest percentage of CFSWs were married.

The 2003 BSS showed continuous decline in the proportion of HGRs who knew three correct ways of preventing HIV transmission especially among the FLSWs with only 33% (Figure 32). All HRGs gave the credit to television as credible source of information.

All HRGs had study participants who admitted to using prohibited drugs. The MSM had the highest proportion of 29% among all HRGs while the RFSWs had the lowest proportion. A small proportion of RFSWs admitted to using injectable drugs (Figure 33).

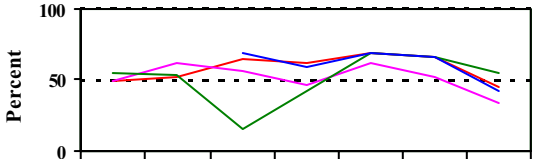
In 2003, the FLSWs had 4 sex partners while the RFSWs had two per week. For MSM and CSFWs, they had a median of three and two sex partners per month, respectively.
A decreasing trend for consistency in condom is noticeable among all HRGs, except for RFSWs who garnered 25% in 2003 from 24% in 2002 (Figure 34).

From 1997 to 2003, there was an erratic trend of condom use with non-regular partners among all the HRGs (Figure 35).

When confronted with signs and symptoms of STIs, most of the study participants consulted the SHC. MSM however consulted their friends. In 2003, SY rate for RFSWs was 0.3% while for FLSWs SY rate was 1% (from 3% in 2002) (Figure 36).

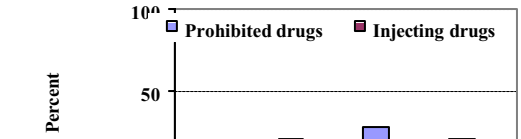
HIV positive RFSWs had been detected in 1995 and 1998 and 1 FLSW in 2002. Based on LQAS, therefore, HIV seroprevalence among these groups in Davao City is already = 1%.

Figure 32 . Proportion of HRGs Who Knew of Three Correct Ways of Preventing HIV Transmission BSS, Davao City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	48	52	64	61	68	66	45
FLSW	49	61	56	46	62	51	33
CFSW	54	53	15	42	68	66	55
MSM			68	59	68	65	42

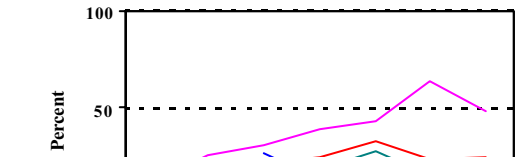
Figure 33 . Drug Use of HRGs in Davao City, BSS, 2003



	RFSW	FLSW	MSM	CFSW
Prohibited drugs	19	22	29	22
Injecting drugs	4	0	0	0

Risk group

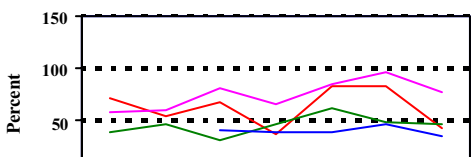
Figure 34 . Proportion of HRGs Who Consistently Used Condom During Sex BSS, Davao City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	22	17	21	25	33	24	25
FLSW	12	26	31	39	43	64	48
CFSW	1	12	6	18	28	15	11
MSM			27	13	23	18	11

Year

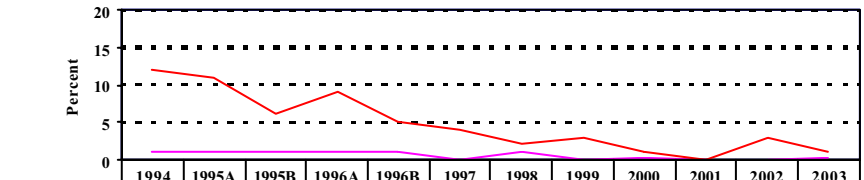
Figure 35 . Proportion of HRGs Who Wsed Condoms During Last Sex with a Non-regular Partner BSS, Davao City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	71	54	67	36	82	82	42
FLSW	58	59	80	66	85	96	77
CFSW	38	47	31	46	62	48	46
MSM			40	39	39	46	34

Year

Figure 36. Syphilis Seropositive by HRG
Davao City, 1994-2003



	1994	1995A	1995B	1996A	1996B	1997	1998	1999	2000	2001	2002	2003
RFSW	1	1	1	1	1	0	1	0	0.3	0	0	0.3
FLSW	12	11	6	9	5	4	2	3	1	0	3	1

Risk Group

General Santos City

General Santos City HSS Team Composition:

Team Manager : Virginia Ramirez, MD
Team Leader : Mely Lastimoso, MD
Team Members:

Edwin Alconcel, MD	**Emily Balaba**
Trinidad Sanchez, RN	**Evelyn Ginete**
Amelia Elioreg, RMT	**Ligaya Gulampaca**
Santiago Martinez Jr.	**Sheila Sampang**
Asuncion Rodriguez, RN	**Marylyn Soquita**
Josephine Fuentabella, RMT	**Magdalene Pairat**
Danilo Canencia	**Lucina Tapucar**

Contact Details:
General Santos City Integrated Health Services
Telephone #: (083) 5522811/3013127

In 1995, NHSSS selected General Santos City to be one of four sentinel sites for HSS in Mindanao. The General Santos City HIV Surveillance Team implemented one HSS round in 1995, two rounds in 1996 then annual serologic surveillance rounds from 1997 to 2003.

Since its start in 1997, the Social Health Environment and Development Foundation, Incorporated conducted the BSS for General Santos City. The groups monitored were the FSWs, both registered and freelance, the MSM and the DSF. The latter were included for behavioral surveillance because past studies showed that they engaged the services of FSWs quite often. Likewise, initial surveillance activities showed that the DSF used injectable drugs for recreational purposes usually while they were at sea.

Except in the 1997 BSS when the median age was recorded at 27 years old, most of the FSW and MSM were in their early 20s. In contrast, the DSF were much older with a median age of up to 28 years old. Majority of the FSWs reached or finished high school.

The 2003 BSS showed a decline in the level of knowledge on three correct ways of preventing HIV among all HRGs. The decrease was most noted among the DSF where the study participants registered 38% only in this variable (Figure 37). The health workers were cited by the FSWs as their major sources of HIV information while the MSM and DSF credited television and radio, respectively.

Approximately half of the MSM and approximately a third of other three groups admitted using prohibited drugs. Among these groups, only MSM and DSF admitted using injectable drugs (Figure 38).

In 2003 BSS, the RFSWs and FLSWs had a median of four and five sex partners per week, respectively. The MSM showed a drop from 4 in 2002 to 3 in 2003; in contrast, the DSF had increase from 2 to 3 sex partners per month. The consistent condom use rate among all HRGs showed sharp decrease (Figure 39).

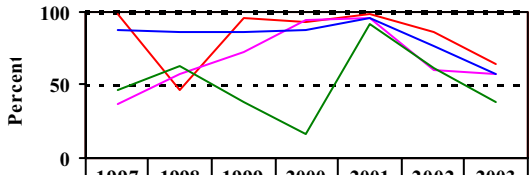
The FSWs condom use during last sex with a non-regular partner showed improvement from its previous level in 2002 while, the MSM greatly dropped from 45% in 2002 to 16% in 2003 (Figure 40).

The FSWs sought advice at the SHC when confronted with signs and symptoms of STIs while the MSM and DSF asked their friends.

SY rates for RFSWs had always been = 1% since 1998 in General Santos City while the FLSWs from a high of 14% SY rate in 1995, the 2003 rate was recorded at 2% (Figure 41).

HIV positive RFSWs had been consistently detected from 1997 to 1999. Based on LQAS, therefore, HIV seroprevalence among these groups in General Santos City is already = 1%.

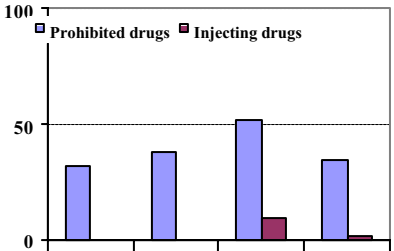
Figure 37. Proportion of HRGs Who Knew of Three Correct Ways of Preventing HIV Transmission BSS, General Santos City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	98	47	96	93	98	86	64
FLSW	37	57	73	94	96	60	58
MSM	88	86	86	88	96	76	57
DSF	46	63	38	16	91	62	38

Year

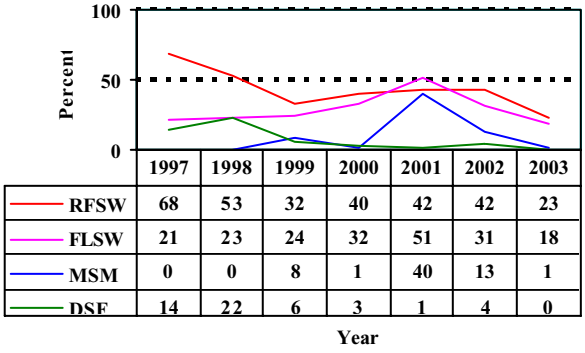
Figure 38 . Drug use among HRGs in General Santos City, BSS, 2003



	RFSW	FLSW	MSM	DSF
Prohibited drugs	32	38	52	35
Injecting drugs	0	0	10	2

Risk group

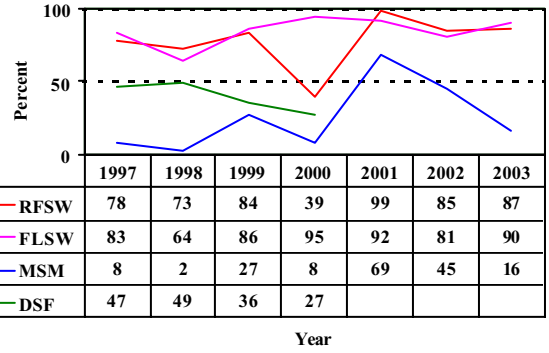
Figure 39. Proportion of HRGs Who Consistently Used Condoms During Sex BSS, General Santos City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	68	53	32	40	42	42	23
FLSW	21	23	24	32	51	31	18
MSM	0	0	8	1	40	13	1
DSF	14	22	6	3	1	4	0

Year

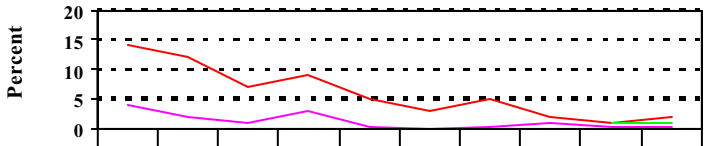
Figure 40. Proportion of HRGs Who Used Condoms During Last Sex with a Non-regular partner BSS, General Santos City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	78	73	84	39	99	85	87
FLSW	83	64	86	95	92	81	90
MSM	8	2	27	8	69	45	16
DSF	47	49	36	27			

Year

Figure 41 . Syphilis Seropositive by HRG General Santos City, 1995-2003



	1995B	1996A	1996B	1997	1998	1999	2000	2001	2002	2003
RFSW	4	2	1	3	0.3	0	0.3	1	0.3	0.3
FLSW	14	12	7	9	5	3	5	2	1	2
MSM									1	1
DSF									2	

Risk Group

Iloilo City

Iloilo City HSS Team Composition:

Team Manager : Urminico Baronda Jr., MD
Team Leader : Julie Baronda, MD
Team Members:

Ma. Odeta Villaruel, MD	**Emily Bugna, RMT**
Emmanuel Baltazar, RN	**Sonia Sason, RMT**
Dennis Cataluña, RN	**Mercedes Depra**
Susan Ganzon, RN	**Rosemarie Heular**
Adnilre Jover, RN	**Romeo Lustria**
Anna Marie Rivera, RN	**Norberto Pareño**
Razel Tamorite, RN	

Contact Details:
Iloilo City Health Department
Telephone #: (033) 3377505/3377506

In 1994, NHSSS selected Iloilo City to be one of two sentinel sites for HSS in the Visayas. The Iloilo City HSS Team, initially a composite group composed of health workers from the Center for Health Development-Western Visayas and the Iloilo City Health Office, implemented one HSS round in 1994 and twice a year rounds from 1995 to 1996 then annual serologic surveillance rounds from 1997 to 2001. Starting in 2000, the Iloilo City Health Office reconstituted the HSS Team with an all CHO membership.

Since its start in 1997, the Kabalaka Reproductive Health Center conducted the BSS for Iloilo City. Initially, they monitored the FSWs, both registered and freelance. In 1998, the MSM were included in the groups being monitored.

From 1997 to 2003, most of the BSS study participants were in their early 20s, were never married and reached or finished high school.

An increasing pattern in the proportion of FSWs regarding knowledge of three correct ways of preventing HIV could be discerned from 2002 to 2003 (Figure 42). The health workers were cited as the credible sources of HIV information by the RFSWs while peer educators were cited by the FLSWs.

There were FSWs who admitted using prohibited drugs but none of them used injectable drugs (Figure 43).

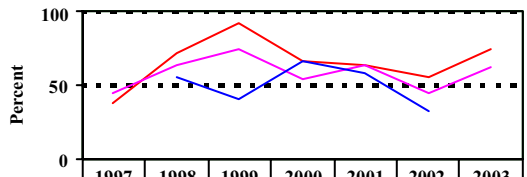
The median number of sex partner is constant since 2002 with RFSWs having one per week and FLSWs having three per week. Consistent condom use rate slightly increased among the RFSWs while among the FLSWs, the rate decreased (Figure 44).

Condom use during last sex with a non-regular partner had increasing pattern in the last two years while in 2003 the rate dropped apparently (Figure 45).

When confronted with signs and symptoms of STIs, the RFSWs usually went to SHC while the FLSWs consulted an NGO clinic. The SY rates for RFSWs remained low at 1% since 2001. However, the FLSWs SY rate, although decreasing remained at 75% (Figure 46).

HIV positive subjects had been detected among RFSWs in 1995 and 1998 and among FLSWs in 1999 and 2002. Based on LQAS, therefore, HIV seroprevalence among these groups is already = 1%.

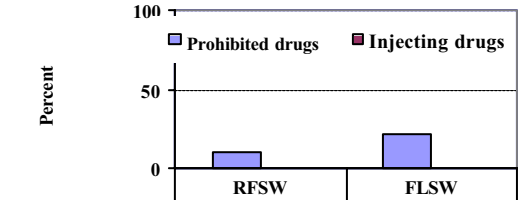
Figure 42 . Proportion of HRGs Who Knew of Three Correct Ways of Preventing HIV Transmission, BSS, Iloilo City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	38	72	92	66	63	56	74
FLSW	45	64	75	54	64	45	62
MSM		56	40	66	58	32	

Year

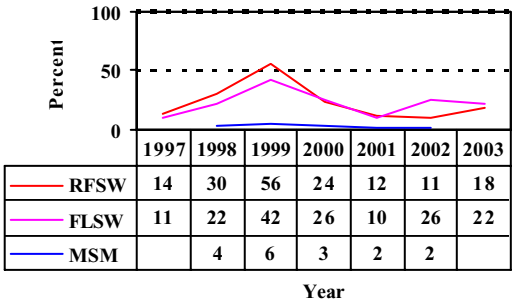
Figure 43 . Drug Use Among HRGs in Iloilo City, BSS, 2003



	RFSW	FLSW
Prohibited drugs	10	22
Injecting drugs	0	0

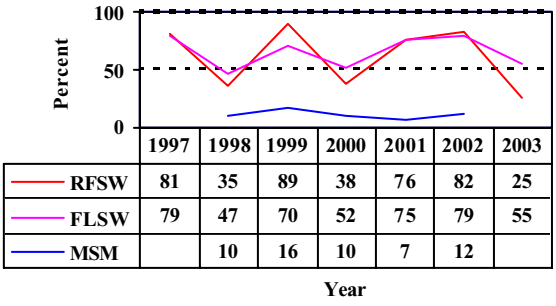
Risk group

Figure 44 . Proportion of HRGs Who Consistently Used Condoms During Sex BSS, Iloilo City, 1997-2003



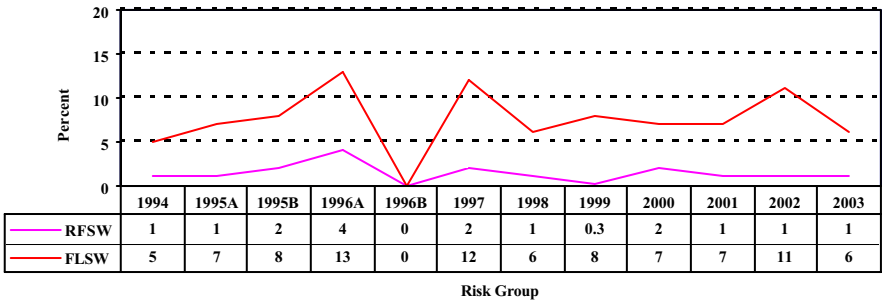
	1997	1998	1999	2000	2001	2002	2003
RFSW	14	30	56	24	12	11	18
FLSW	11	22	42	26	10	26	22
MSM		4	6	3	2	2	

Figure 45 . Proportion of HRGs Who Used Condoms Last Sex with a Non-regular Sex Partner, BSS, Iloilo City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	81	35	89	38	76	82	25
FLSW	79	47	70	52	75	79	55
MSM		10	16	10	7	12	

Figure 46 . Syphilis Seropositive by HRG Iloilo City, 1994-2003



	1994	1995A	1995B	1996A	1996B	1997	1998	1999	2000	2001	2002	2003
RFSW	1	1	2	4	0	2	1	0.3	2	1	1	1
FLSW	5	7	8	13	0	12	6	8	7	7	11	6

Pasay City

Pasay City HSS Team Composition:

Team Manager : Pilar Perez, MD
Team Leader : Rosalinda Mangonon, MD
Team Members:

Anthony San Juan, MD	**Beatriz Abrera, RMT**
Norma Sisperez, RN	**Renato Abad, RMT**
Restituto Cruz, RN	**Lilibeth Ortega, RM**
Julio Alejandro Vitug, RN	**William Logro**
Remilia Zapanta, RMT	**Michael Cosico**

Contact Details:
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Pasay City Epidemiology and Surveillance Unit
Pasay City Health Office
Telephone #: (02) 8318201/5514180

In 1994, NHSSS selected Pasay City to be one of four sentinel sites for HSS in Luzon. The Pasay City HSS Team implemented one HSS round in 1994, twice a year rounds from 1995 to 1996 then annual serologic surveillance rounds from 1997 to 2001.

Since its start in 1997, the TRI-DEV Specialists Foundation, Incorporated conducted the BSS for Pasay City. Aside from the FSWs and MSM, they likewise monitored other men at risk for HIV transmission --- the CFSWs in 1997, the Male Employed in Entertainment Establishments (MEE) in 1998, the TRDRs in 1999

and male members of the Philippine National Police in 2000. Because the MEE revealed riskier practices for HIV transmission compared to the other men at risk, the group was selected for continuous monitoring and again included in the 2001 BSS. The MEEs were ancilliary personnel in registered establishments who, in the past six months, had penetrative penile-vaginal intercourse with someone other than their spouses or live-in partners or with any female sex partner among MEEs who were single or widowed.

From 1997 to 2003, most of the FSWs and the MSM subjects for BSS were in their early 20s. Majority of the FSWs reached or finished high school while most of the MSM reached or finished college. In 2003, majority of the FSWs and MSM were single.

Knowledge of three correct ways of preventing HIV had increase among the FLSWs. The RFSWs and MSM had a seesaw pattern for this variable (Figure 47). For the credible sources of information, the RFSWs cited health workers while the FLSWs and MSM mentioned television.

All HRGs had study participants who used prohibited drugs in the past six months. The RFSWs ranked highest among the groups. No one admitted to using injectable drugs (Figure 48).

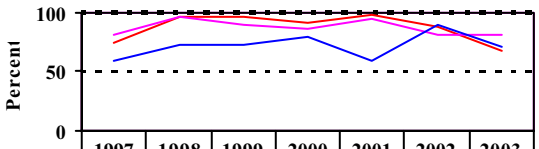
Among the FSWs, the RFSWs had lesser sex partners of two per week while the FLSWs had three per week. The MSM had only one sex partner per month. Consistent condom use rates among HRGS constantly increase since 2002, the increase was more visible among the MSM (Figure 49).

The use of condom during last sex with a non-regular partner among the RFSWs dropped from 97% in 2002 to 52% in 2003. The MSM garnered higher rate compared to the last year (Figure 50).

When confronted with signs and symptoms of STIs, the RFSWs sought consultation at the SHC while the FLSWs and MSM preferred private doctors.

HSS in Pasay City since 1994 revealed low SY rates among the FSWs. In 2003, no one tested positively for syphilis (Figure 51). HIV positive subjects had been consistently detected among RFSWs since 1994 up to 1996. In 2000 and 2002, the FLSWs tested positively for HIV. Based on LQAS, therefore, HIV seroprevalence among these groups is already = 1%.

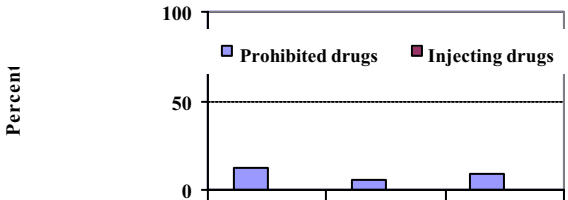
Figure 47 . Proportion of HRGs Who Knew of Three Correct Ways of Preventing HIV Transmission BSS, Pasay City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	74	97	96	92	98	88	68
FLSW	82	96	89	86	94	81	82
MSM	60	73	73	79	59	89	71

Year

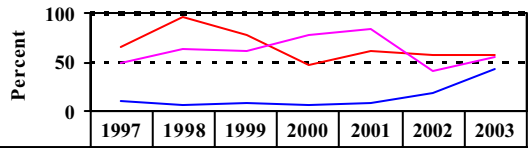
Figure 48. Drug Use Among HRGs in Pasay City, BSS, 2003



	RFSW	FLSW	MSM
Prohibited drugs	13	6	9
Injecting drugs	0	0	0

Risk group

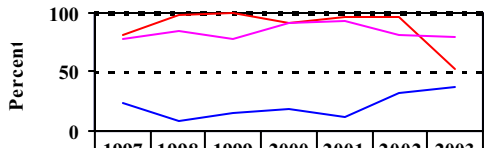
Figure 49. Proportion of HRGs Who Consistently Used Condoms BSS, Pasay City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	65	96	77	47	61	57	58
FLSW	50	63	62	78	83	40	56
MSM	10	6	8	7	8	19	43

Year

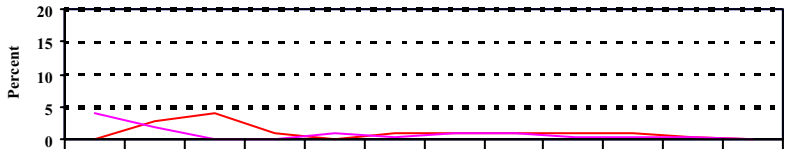
Figure 50 . Proportion of HRGs Who Used Condoms with a Non-regular Partner BSS, Pasay City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	82	98	100	91	97	97	52
FLSW	77	84	77	92	93	82	80
MSM	23	8	16	19	12	32	38

Year

Figure 51 . Syphilis Seropositive by HRG Pasay City, 1994-2003



	1994	1995A	1995B	1996A	1996B	1997	1998	1999	2000	2001	2002	2003
RFSW	0	3	4	1	0	1	1	1	1	1	0.3	0
FLSW	4	2	0	0	1	0.4	1	1	0.4	0.4	0.4	0

Risk Group

Quezon City

Quezon City HSS Team Composition:

Team Manager : Ma. Paz Ugalde, MD
Team Leader : Teresita Novera, MD
Team Members:

Yolanda Condenuevo, MD	**Zayda Sayson, RN**
Nancy Pareja, MD	**Rosario Samson, RMT**
Irene Grafil, MD	**Luna Montojo, RMT**
Laura Lizardo, RN	**Joselito Bartiana**

Contact Details:
Quezon City Health Department
Telephone #: (02) 9264237/9264201

In 1993, NHSSS selected Quezon City to be one of four sentinel sites for HSS in Luzon. The Quezon City HSS Team implemented one HSS round in 1993 then twice a year rounds up to 1996 then annual serologic surveillance rounds from 1997 to 2001.

Since its start in 1997, the PLOMS Consultancies, Incorporated conducted the BSS for Quezon City. Included in the BSS were the FSWs and MSM. In 1999, the MSTDs were included as subjects because they represented the clients of male and/or female sex workers and because one MSTD subject tested positively for HIV during one HSS round in Quezon City.

From 1997 to 2003 BSS rounds, most of the FSWs were in their early 20s but the FLSWs were relatively younger at 20-22 years old compared to the 22-25 years old RFSWs. Likewise, the MSM were in their early 20s except in 1998 when the median age for this group was 26 years. Most of the FSWs study participants reached or finished high school while the MSM study participants reached or finished college. There were more single respondents among the FSWs and MSM.

From 2002 to 2003 a decreasing level on the knowledge of three correct ways of preventing HIV was noted among all the HRGs (Figure 52). The RFSWs and MSM said that the health workers were their major sources of HIV information. The other group (FLSWs) credited mass media or television as the credible source of information.

All HRGs had study participants who admitted using prohibited drugs. No one admitted using injectable drugs (Figure 53).

In 2003, the RFSWs had 3 sex partners per week while the FLSWs had 6 per week. The MSM on the other hand had 5 sex partners per month. Despite having many sex partners, MSM showed increase in the proportion that consistently use condom during sex (Figure 54).

Condom use during last sex with a non-regular partner had decrease in its proportion from 2002 to 2003 among the FSWs while, MSM had increase in its proportion (Figure 55).

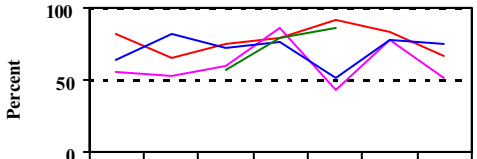
When confronted with signs and symptoms of STIs, the RFSWs usually visited the SHC; the FLSWs sought consultation at the SHC while the FLSWs went to the SHC

and private doctors. The latter was also consulted by the MSM when having sings and symptoms of STIs.

The HSS revealed that SY rates in QUEZON city among the RFSWs were remain at 0.3% since 2001 while the FLSWs showed statistically significant decrease in rate from 2002 to 2003 (Figure 56).

HIV positive subjects had been consistently detected among RFSWs. Likewise, MSM, MCSW and MSTD subjects had already tested positively for HIV in one or two HSS rounds. Based on LQAS, therefore, HIV seroprevalence among these groups in Quezon City is already = 1%.

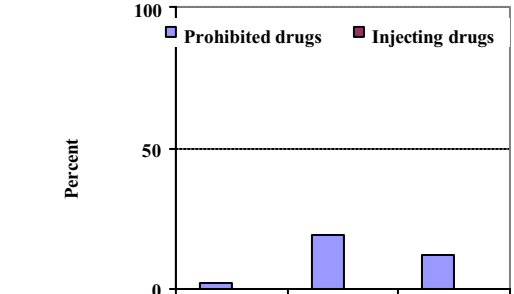
Figure 52. Proportion of HRGs Who Knew of Three Correct Ways of Preventing HIV Transmission BSS, Quezon City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	82	66	75	80	92	84	67
FLSW	56	53	60	86	44	78	52
MSM	65	82	73	77	52	78	75
MSTD			57	80	86		

Year

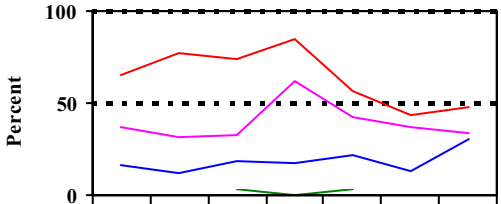
Figure 53 . Drug Use Among HRGs in Quezon City, BSS, 2003



	RFSW	FLSW	MSM
Prohibited drugs	2	19	12
Injecting drugs	0	0	0

Risk group

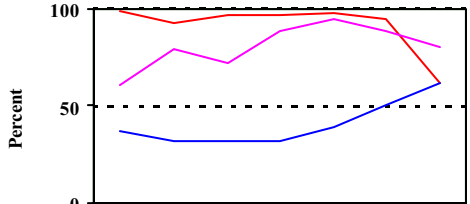
Figure 54. Proportion of HRGs Who Consistently Used Condoms During Sex BSS, Quezon City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	65	77	74	85	56	43	48
FLSW	37	32	33	62	42	37	34
MSM	16	12	19	18	22	13	30
MSTD			3	0	3		

Year

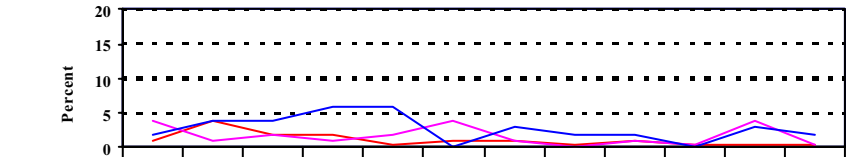
Figure 55 . Proportion of HRGs Who Used Condoms During Last Sex with a Non-regular Partner BSS, Quezon City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	98	92	96	96	97	94	62
FLSW	61	79	72	88	94	88	80
MSM	37	32	32	32	39	50	62

Year

Figure 56. Syphilis Seropositive by HRG
Quezon City, 1994-2003



	1994	1995A	1995B	1996A	1996B	1997	1998	1999	2000	2001	2002	2003
RFSW	1	4	2	2	0.3	1	1	0.3	1	0.3	0.3	0.3
FLSW	4	1	2	1	2	4	1	0	1	0.5	4	0.5
MSM	2	4	4	6	6	0	3	2	2	0	3	2

Risk Group

Zamboanga City

Zamboanga City HSS Team Composition:

Team Manager : Rodelin Agbulos, MD
Team Le ader : Carol Lourdes Carabaña, MD
Team Members:

Juliet Ruste, MD	**Joaquin Alberto, RMT**
Kibtiya Uddin, MD	**Genoveva de Goma, RMT**
Arlene Maratas, MD	**Ramon Fortuna**
Ma. Rosalie Mendoza, RN	**Roselle Obias**
Candelario Garcia Jr., RMT	**Reynaldo Bue**

Contact Details:
Zamboanga City Health Department
Telephone #: (062) 9913780/9915421

In 1996, NHSSS selected Zamboanga City to be one of four sentinel sites for HSS in Mindanao. The Zamboanga City HSS Team implemented two serologic surveillance rounds in 1996 then annual serologic surveillance rounds from 1997 to 2001.

Since its start in 1997, the ICOM Health Foundation conducted the BSS for Zamboanga City and monitored the FSWs, both registered and freelance. In 1999, the MSM were likewise included for surveillance.

The 2003 study participants were mostly in their 20s. The FLSW were younger than RFSWs with median of 22.Most FSWs reached or finished high school while most MSM reached or finished college. Majority of the FSWs and MSM were never married or single.

Knowledge of three correct ways of preventing HIV was consistently high among the RFSWs and MSM since 2001 to 2003. The FLSWs got low proportion in this variable for 2003 (Figure 57). Most RFSWs said that the health workers provided them with the most information regarding HIV while MSM gathered information from their friends.

Drug use among the HRGs was highest among the MSM at 36%. It was only among the FLSWs where injecting drug use was documented (Figure 58).

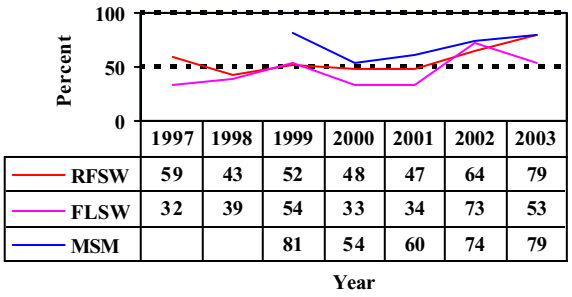
The 2003 BSS revealed that the FLSWs had more sex partners of three per week while the RFSWs had 2 per week. The MSM had three sex partners per month. For the FSWs, the consistent condom use rate decreased from 2002 to 2003 (RFSW:

32% 2002 and 24% 2003; FLSW: 47% 2002 and 15% 2003). Condom use rate among the MSM increased from 2002 of 21% to 38% in 2003 (Figure 59).

In 2003, a marked decrease in the level was noted among FSWs in the proportion of HRGS who used condom during last sex with a non-regular partner while the MSM had compensated from its low level in 2002 (Figure 60).

HSS in Zamboanga City showed improvement in SY rates compared to higher SY rates in 2002 (Figure 61). For HIV, no subject has yet tested positively for HIV. Based on LQAS, therefore, HIV seroprevalence among all HRGs in Zamboanga City is still < 1%.

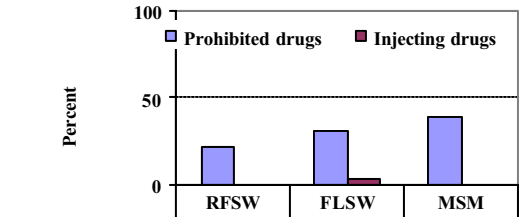
Figure 57 . Proportion of HRGs Who Knew of Three Correct Ways of Preventing HIV Transmission BSS, Zamboanga City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	59	43	52	48	47	64	79
FLSW	32	39	54	33	34	73	53
MSM			81	54	60	74	79

Year

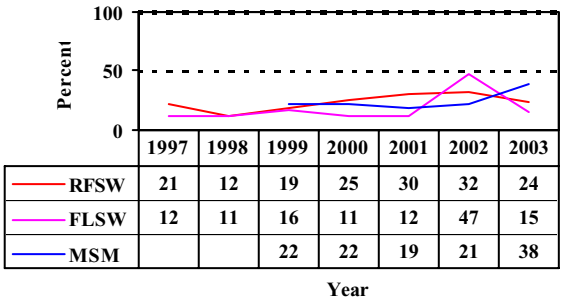
Figure 58. Drug Use Among HRGs in Zamboanga City, BSS, 2003



	RFSW	FLSW	MSM
Prohibited drugs	22	31	39
Injecting drugs	0	3	0

Risk group

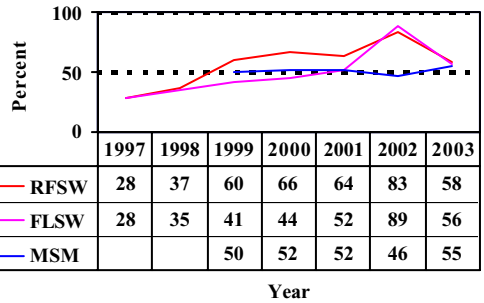
Figure 59 . Proportion of HRGs Who Consistently Used Condoms During Sex BSS, Zamboanga City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	21	12	19	25	30	32	24
FLSW	12	11	16	11	12	47	15
MSM			22	22	19	21	38

Year

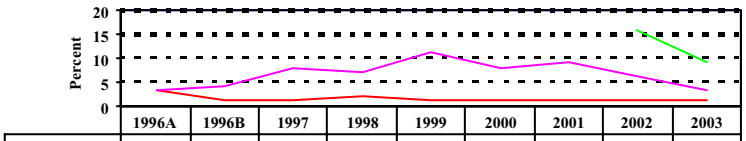
Figure 60 . Proportion of HRGs Who Used Condoms During Last Sex with a Non-regular Partner BSS, Zamboanga City, 1997-2003



	1997	1998	1999	2000	2001	2002	2003
RFSW	28	37	60	66	64	83	58
FLSW	28	35	41	44	52	89	56
MSM			50	52	52	46	55

Year

Figure 61 . Syphilis Seropositive by HRG Zamboanga City, 1996-2003



	1996A	1996B	1997	1998	1999	2000	2001	2002	2003
RFSW	3	1	1	2	1	1	1	1	1
FLSW	3	4	8	7	11	8	9	6	3
MSM								16	9

Risk Group

Sentinel STI Etiologic Surveillance System (SSESS)

Background

Sexually Transmitted Infections (STI) are a major cause of morbidity in the Philippines. Studies have shown a high prevalence of STI among sex workers, with the prevalence rate of selected infections reaching more than 40%. Gonococcal resistance to penicillin, tetracycline and ciprofloxacin is high. Behavioral surveillance data indicate high prevalence of risky sexual behavior (multiple sex partners and non-condom use) among high risk groups. Furthermore, STI can facilitate the transmission of HIV.

In a low prevalence country like the Philippines it is imperative that every effort is made to monitor trends of STI in order to direct activities aimed at reducing them to the lowest levels possible. This way, the risk of a rapid increase in HIV prevalence and an AIDS epidemic is diminished given the close inter-relationship between STI and HIV transmission.

To effectively direct an STI prevention and control program, two kinds of information are required: data on the frequency and distribution of STI among population groups, including the types and pathogens and their anti-microbial susceptibility and data on behaviors which put individuals at risk of acquiring STI and their health-seeking behavior when they experience signs and symptoms of STI.

However, data on STIs in the Philippines is currently limited due to various reasons: STI surveillance has traditionally relied on passive reports from Social Hygiene Clinics (SHC). These clinics serve a population of entertainers who, although prostitution is illegal, are in effect registered female sex workers (RFSW). The SHC are tasked to examine RFSW attending for evidence of STI at intervals decreed by the local government unit. Those found free of infection have their health cards stamped. Those diagnosed as infected have their cards withheld and may not work unless a test of cure has been carried out. Few other patients use the SHC. To ensure confidentiality, many patients with STI often seek care from private practitioners. This leads to underreporting of cases because private clinics are not part of the reporting system. Also, a significant proportion of those with STI signs and symptoms self-medicate and do not seek medical attention.

Diagnostic criteria vary across clinics. In recent years, reporting by syndrome has replaced clinical and etiologic reporting of diagnoses in some SHC.

Reports from SHC usually contain crude numbers of infections identified. The total number of RFSW attending, the number of infected RFSW and the numbers of repeat infections are not provided. Hence, the information that can be deduced is the minimum number of STI occurring in the population covered.

Even when reporting is ideal, many STI remain undetected and untreated because they are asymptomatic, particularly among women. Affordable screening tests may not be available.

A number of surveys and studies have been done which provided useful information on STI prevalence in vulnerable populations and antenatal patients. These studies have been initiated on an ad hoc basis rather than planned and prioritized.

The Research Institute for Tropical Medicine (RITM) has undertaken gonococcal antimicrobial susceptibility studies as part of its Antimicrobial Resistance Surveillance Program (AMRSP). Cultures from local SHC are continuously tested but the number of specimens is inadequate.

Since 1997, Behavioral surveillance among high risk groups has been incorporated in the HIV/AIDS surveillance system The behaviors associated with sexually transmitted HIV infection and conventional STI are the same, as are the groups at high risk due to their sexual behavior. Hence, the same behavioral information can be used for both HIV/AIDS and STI prevention and control.

A flexible cost-effective surveillance approach is necessary to meet the need for information on the STI situation in the Philippines. Various methods can be used. Various methods can be used. All these methods have their limitations and vary in terms of cost, feasibility and ability to produce useful outputs.

In order to rationalize the data collection and move towards well-coordinated data collection activities, the Sentinel STI Etiologic Surveillance System was set up in 2001 at the National Epidemiology Center. With support from Family Health International (FHI), guidelines were developed in December 2001, pre tested in September-November 2002 and finalized in December 2002 through a consensus process involving stakeholders. The goal is to institutionalize a national system for STI surveillance adequate enough to provide sufficient information for the planning and management of local STI programs and the national reproductive health program.

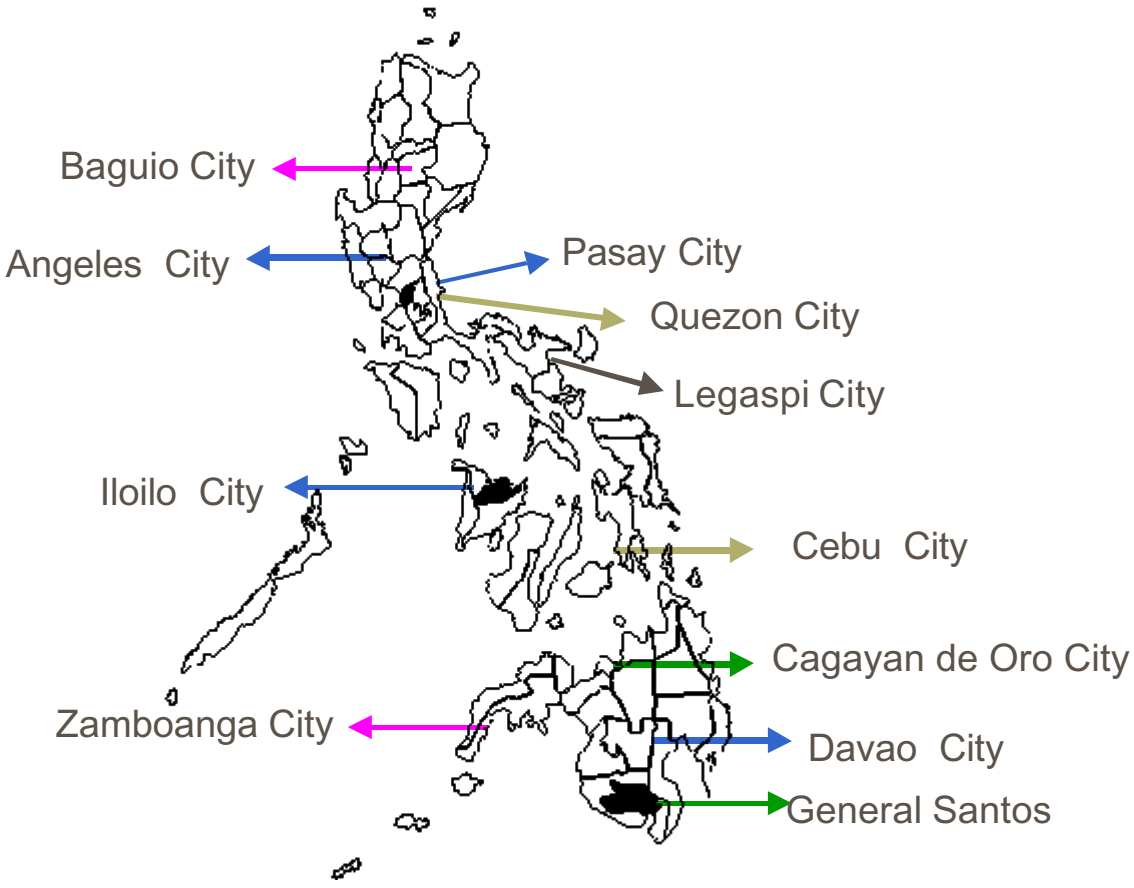
The Sentinel STI Etiologic Surveillance Systems

The strategy utilized by this system is a partnership between SHC and private clinics catering to STI patients. The rationale for this is that majority of STI patients reported come from the private clinics. This sentinel surveillance system is envisioned to provide participating local government units and regional and national STD program managers current and readily available data on the distribution and frequency of infections in reporting sites. Data generated will be used for monitoring STI trends and designing and implementing appropriate activities. Information from the system will also help in developing guidelines for case management and advocating for needed resources.

Participating facilities will be those with laboratory support in order to provide etiologic diagnoses, i.e. specific diseases entities, instead of just STD syndromes. Clinic staff were trained on STI diagnosis and treatment. They along with staff from city and Regional Epidemiology Surveillance Units were also trained on data collection, processing, analysis, report writing and dissemination.

Sentinel STI Surveillance Sites

Sentinel sites used are the sites where HIV/AIDS Serologic and Behavioral Surveillance are implemented plus Legaspi City in Region V. Additional two sites were added late in 2002: Tabaco and Naga City.



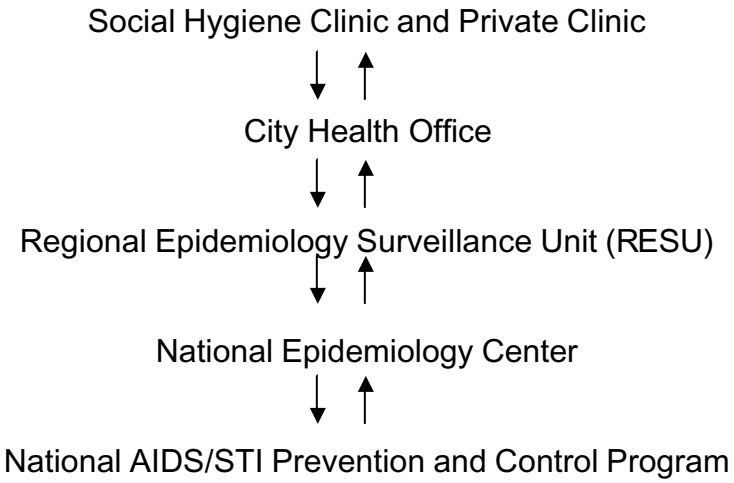
Group Monitored

Registered Female Sex Workers (RFSW)
Freelance Sex Workers (FLSW)
Male Sex Workers (MSW)
Men Having Sex with Men (MSM)
Client of Sex Workers (CLSW)
Others (include housewives, victims of rape and molestations)

Diseases Monitored

Infection	Diagnostic Test
Gonorrhea	Gram Stain
Non-gonococcal infection	Gram Stain
Trichomoniasis	Wet Mount
Bacterial Vaginosis	Gram Stain (Nugent Criteria)
Syphilis	RPR (Screening); TPHA or TPPA (Confirmation)
Genital Warts	Clinical
Genital Herpes	Clinical

Flow of Reporting and Feedback



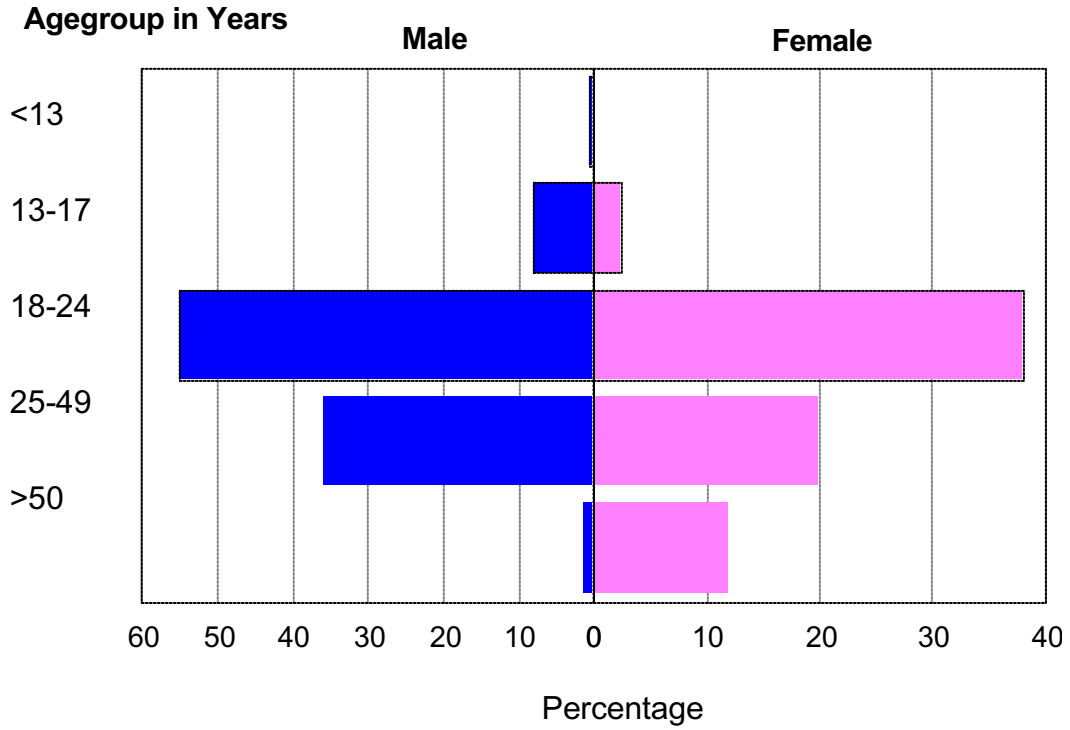
RESULTS

Sentinel STI Etiologic Surveillance System (SSESS)

Demographics:

There were 229,148 consultations that were recorded by the Social Hygiene Clinics (SHC) and their private clinic counterparts in the 12 sentinel sites. Majority (93%) was female. Most of the cases were in the 18-24 years age group (Figure 62).

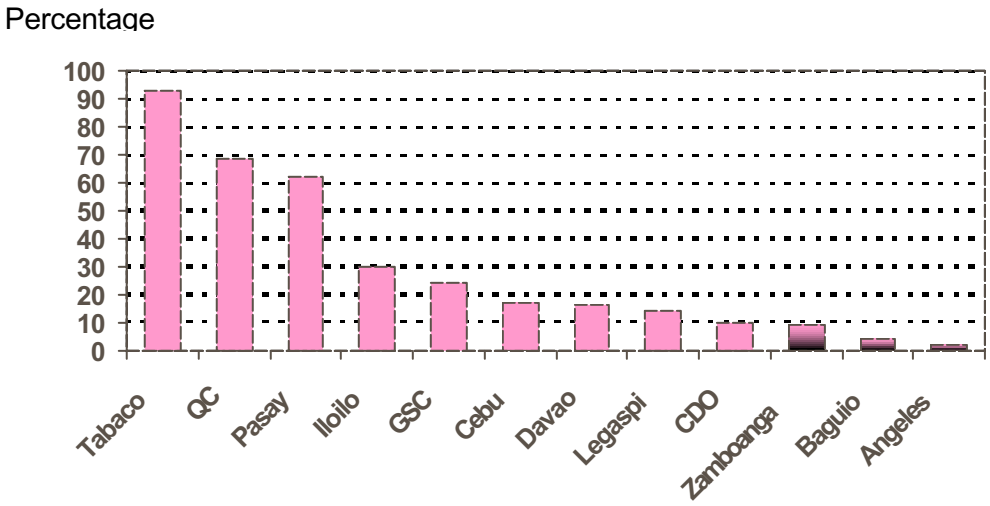
Figure 62. Proportion of STI Cases by Gender and Age Group SSESS, 2003



STI Cases by Sentinel Sites

Among the sentinel sites, Tabaco in Region V has the highest reported STI followed by Quezon City and Pasay City, both in the National Capital Region (Figure 63).

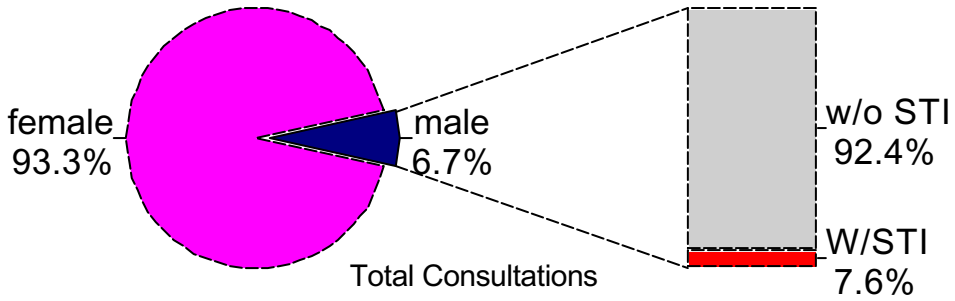
Figure 63. Proportion of STI Cases by Sentinel Sites SSESS, 2003



Male STI

Of the 229,148 total consultations, seven percent (15,284) were males. Fifteen percent (2,279) of these were initial visits. Of the 15,284 male consultations, 8% (1,154) were sexually transmitted infections (STI).

Figure 64. Proportion of STI Among Male Consultations SSESS, 2003

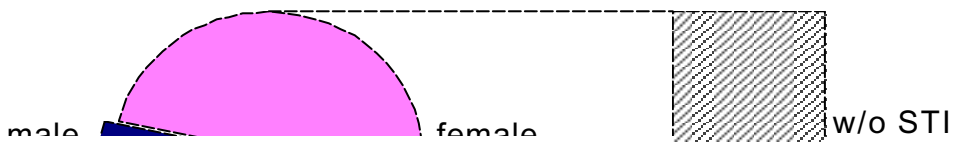


Most (41%) of the males with STI were clients of sex workers, 11% were sex workers and 6% were MSM. Twenty six percent belong to the risk group others.

Female STI

There were 213,864 (93%) female consultations. Nine percent (19,829) of these were STI.

Figure 65. Proportion of STI Cases Among Female Consultations SSESS, 2003



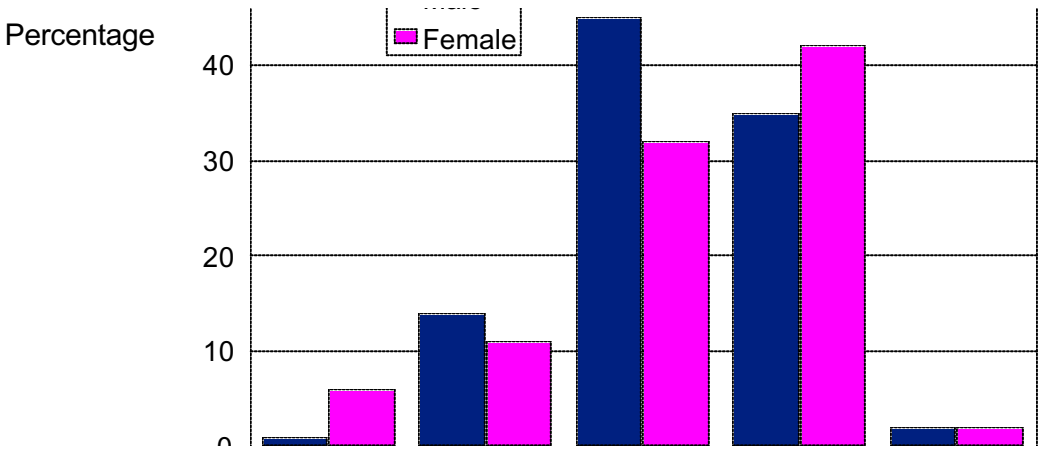
Total Consultations

Majority (86%) of the females with STI were RFSW. Ten percent were FLSW. Three percent belong to the risk group others.

Risk Group "Others"

For the risk group others belong the victims of rape, molestations, abuse, housewives. For males, 45% belong to 18-24 year age group and 35% belong to the 25-49 year age group. For females, 42% belong to 25-49 year age group (Figure 66).

Figure 66 . Proportion of STI Among the Risk Group "Others"



Positivity Rates

Among the STI being monitored, Gonorrhea has the highest positivity rate for males while Non-gonococcal infection topped the list among female clients (Table 16). Per site analysis showed that Quezon City has the highest Gonorrhea positivity rate in both male and female while for Non-gonococcal infection, Tabaco City has the highest positiivity rate for female and Davao City has the highest positivity rate for male.

Table 16. Positivity Rates of STI
SSESS, 2003

Site	Sexually Transmitted Infections			
	Gonorrhea	Non-gonococcal infection	Trichomoniasis	Bacterial Vaginosis
National Aggregate	**Male: 23% Female: 1%**	**Male: 17% Female: 7%**	**1%**	**2%**
Baguio City	Male: 3% Female: 0.2%	Male: 13% Female: 2%	6%	0.4%

Angeles	Male:11% Female: 0.2%	Male:1% Female: 1%	0.003%	0.2%
Legaspi	Male:31% Female: 3%	Male: 9% Female: 10%	0	0.3%
Tabaco	Male:67% Female: 6%	Male: 33% Female: 82%	5%	3%
Iloilo	Male: 12% Female: 1%	Male: 14% Female: 30%	0	0.1%
Cebu	Male: 34% Female: 1%	Male: 5% Female: 17%	0.01%	0.01%
Zamboanga	Male:79% Female: 1%	Male: 6% Female: 7%	1%	0.2%
Cagayan de Oro	Male: 78% Female: 6%	Male: 6% Female: 2%	0.2%	2%
Davao	Male:26% Female: 1%	Male:53% Female: 8%	0.3%	11%
General Santos	Male:51% Female: 3%	Male: 38% Female: 11%	0	4%
Pasay City	Male:36% Female: 6%	Male:14% Female: 2%	4%	24%
Quezon City	Male:82% Female:12%	Male:2% Female: 23%	6%	33%

Ulcerative STI

Aggregates showed that the prevalence of syphilis, genital warts and genital herpes were still below 1%. However, Quezon City has a prevalence of 4% for genital warts (Table 17).

Table 17. Prevalence of Ulcerative STI
SSESS 2003

	Ulcerative STI

Site	Syphilis (%)	Genital Herpes (%)	Genital Warts (%)
National Aggregate	**0.1**	**0.02**	**0.2**
Baguio	0.5	0.02	0.1
Angeles	0.2	0	0.1
Legaspi	0	0.05	0.5
Tabaco	0	0	0.5
Iloilo	0.5	0	0
Cebu	0.1	0.01	0.2
Zamboanga	0	0.2	0.3
Cagayan de Oro	0	0.02	0.2
Davao	0.1	0.01	0.1
General Santos	0.1	0.5	0
Pasay City	0.2	0	0.2
Quezon City	0	0	4

Summary and Conclusion:

The 2003 Serologic Surveillance was able to detect one MSM and one RFSW who were HIV positive in Cebu City. The number may be low but the risk of infecting an uninfected person by these risk groups is high.

2003 Sentinel STI Etiologic Surveillance System (SSESS) showed that although only eight percent of all consultations were males, seven percent of these males were diagnosed to have STI and most (40%) were clients of sex workers. Behavioral Surveillance done in 2003 showed that clients in Davao City and the deep sea fishermen in General Santos City were married. Groups that could be at risk from these men are housewives and children. SSESS showed that there were housewives diagnosed to have STI. The HIV Registry reflects what SSESS and BSS have been telling: most of the HIV positive males recorded in the Registry were married, housewives and children were also infected of HIV.

Another site where an infected person meets an uninfected partner is in the injecting drug network. Our surveillance shows a declining use of bleach and water among IDUs. We know for a fact that sharing needle while injecting drug poses the highest risk of body fluid exchange for the virus to be transmitted. Yet information to prevent this transmission could be ineffective, if ever available.

These data suggests that something has to be done with program interventions. Although our Social Hygiene Clinics have been instrumental in keeping the HIV prevalence low through education, diagnosis, treatment and counseling, strategies have to be reviewed, revised and strengthened. 2003 BSS revealed that knowledge on three correct ways of preventing HIV did not reach the ASEP target which could explain the low condom use rate among the vulnerable groups and the declining use of bleach and water among IDUs. Although our data suggests that males and freelance sex workers avail of the services of the SHC, STI consultations were still low. This could imply that advocacy has to be intensified to inform wider group of people about the services of the SHC and should be packaged in ways that will not cause stigma for those who would avail of these services. Private clinics, hospitals and tri-media have been important sources of information on HIV/AIDS/STI. The government could tap these agencies as partners to increase the awareness of the people about the disease, its transmission and prevention. NGOs have been effective in accessing the hard-to-reach groups like freelance sex workers, MSM and IDUs and they could maximize this opportunity to strategize an information dissemination that could lead to behavior change.

It is timely that all efforts have to be exerted to address the real problems that could eventually lead to an epidemic level of HIV. In the past, we have been attributing the low HIV prevalence to the small number of sex partners of these commercial sex workers but there has never been programs to tackle the vulnerability of the other sex partners of these clients, i.e., the housewives.

Moreover, there has never been a program to educate the clients of sex workers to facilitate condom negotiation between the two. Another group of men that renders the housewives and other female sex partners vulnerable to HIV are the MSM. Although 2003 BSS showed that our MSM practiced penile-anal sex only with their regular non-paying partner, these men could also have female sex partners where penile-vaginal sex takes place and where condom use is questionable.

The government has program for overseas workers leaving the country for employment, the PDOS or pre-departure orientation seminar, however, our monthly HIV Registry still records OFWs infected with HIV. This could imply that effectiveness of this intervention has yet to be established.

Also, 2003 SSESS shows other groups infected with STI: minors who were victims of rapes and molestations. Another question to raise is:"are we addressing this marginal group in terms of HIV/AIDS/STI prevention?"

HIV data shows a low prevalence level yet SSESS, BSS and even the Registry show a high risk of acquiring the disease. Data from our sentinel sites give us clue where the infection is found geographically and could be a basis to expand our surveillance sites. STI data show us other groups vulnerable to HIV/STI where we could put some resources for intervention. It is imperative to evaluate and come up with new strategies to fight the disease now that it is still manageable.

Recommendations:

PNAC

1. Evaluate IEC materials for HIV/AIDS/STI, develop new materials and tools based on evaluation and intensify IEC campaign

2. Collaborate with DSWD regarding minors infected with STI

3. Collaborate with DSWD regarding sex work involving minors

4. Conduct thorough and scientific mapping to identify other high risk areas in the Philippines

5. Consider data generated by surveillance in doing the mapping

NASPCP

1. Repackage the services of Social Hygiene Clinics to invite wider groups of clienteles like clients of sex workers, freelance sex workers, housewives, MSM and even IDU

2. Develop an intervention strategy for clients of sex workers particularly on educating them on HIV/AIDS/STI transmission and prevention

3. Provide direction on HIV/AIDS/STI intervention not only for the DOH but also for other government and non-government agencies

4. Conduct supervisory visits in collaboration with CHD to Social Hygiene Clinics to identify gaps in the delivery of its services

5. Strengthen Voluntary Counseling and Testing

NEC

1. Strengthen the Behavioral Surveillance and the Sentinel STI Etiologic Surveillance system

2. Coordinate with PNAC in mapping for the high risk groups

3. Do a population estimation to determine the magnitude of HIV among risk groups

4. Conduct a National Dissemination Forum to update stakeholders of the situation of HIV in the Philippines

LGU

1. Continue providing logistics for surveillance and program intervention

2. Conduct Local Dissemination Forum to lobby for more funds and more effective interventions

3. Encourage personnel, particularly SHC staff, to upgrade themselves in terms of training provided by the Central Office and CHD

4. Collaborate with private clinic counterparts particularly in reporting STI cases

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7. 2003 HSS and BSS Reports of the Baguio City Health Department

8. 2003 HSS and BSS Reports of the Cagayan de Oro City Health Office

9. 2003 HSS and BSS Reports of the Cebu City Health Department

10. 2003 HSS and BSS Reports of the Davao City Health Department

11. 2003 HSS and BSS Reports of the General Santos City Health Office

12. 2003 HSS and BSS Reports of the Iloilo City Health Office

13. 2003 HSS and BSS Reports of the Pasay City Health Office

14. 2003 HSS and BSS Reports of the Quezon City Health Department

15. 2003 HSS and BSS Reports of the Zamboanga City Health Office

National HIV Sentinel Surveillance System Directory

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Appendix A. HIV/AIDS Registry Case Reporting Form

Department of Health
National Epidemiology Center
San Lazaro Compound Sta. Cruz Manila
Tel. No. 743-19-37 Telefax: 743-60-76 E-mail Adds: nec_doh@yahoo.com

HIV/AIDS Case Reporting Form

The Law on Reporting Disease (R.A. 3573) requires physicians to report all diagnosed HIV infections (asymptomatic and symptomatic cases) to the **AIDS Registrar, National Epidemiology Center, Department of Health**. A written report must be submitted at the time of any of the following events: 1) time of diagnosis; 2) progression to AIDS; 3) death.

Patient's Code:_____ Lab. Code: _____
Address: _____ Birthdate_____ Age: _____
Nationality: _____Sex: _____ Civil Status_____Occupation: _____
Blood Unit: No ( ) Yes ( )
If yes, Where (Name of Blood Unit): _____

History of Travel (for the past 5 years): ( ) None ( ) Yes

Where	Inclusive Dates	Purpose

Have you been tested in other laboratories? ( ) No ( ) Yes, If yes:

Where	When	Result

Classification: ( ) HIV ( ) AIDS

Mode of Transmission:

Sexual intercourse:	( ) IV drug use (sharing needles and syringes)
( ) Heterosexual	( ) Transfusion with contaminated blood
( ) Homosexual	( ) Perinatal (mother to infant)
( ) Bisexual	( ) Unknown

Report Type: ( ) Initial ( ) Conversion to AIDS ( ) Death; date of death _____
HIV Related Death: No ( ) Yes ( )
Blood Unit No ( ) Yes ( )

Date Report: _____
ReferringAgency/Physicianssignature: _____
Address/Tel No. _____
Additional Information: _____
_____

Appendix B. BSS Interview Schedules

HIV Behavioral Surveillance Questionnaire For RFSW/FLSW

Introduction:

This survey is being conducted to learn more about behaviors that put people at risk of getting HIV. Your participation in this survey will greatly help in finding ways to prevent people from getting infected.

Most of the information I will be asking you are very personal in nature. Rest assured that whatever information you will share with me will be held in strictest confidence and will not be traced back to you. Your name and other information that can identify you will not be taken.

If any of my questions are not clear to you, please do not hesitate to ask for clarification before you give your answer. It is very important that you try to be as truthful and accurate as possible with your answers.

Thank you for your cooperation and participation in this survey.

A. Surveillance and Data Collection Sites

Surveillance Site (City) _____
Collection Site _____

B. Group Identification

Category: RFSW /__/FLSW /__/

Date of Interview: _____ Time started:_____ Time finished: _____

Interviewer: _____
Signature over printed name

Field Editor: _____
Signature over printed name

C. Background Information

Q 100 AGE AT LAST BIRTHDAY. /__/__/
(*Edad nuong nakaraang kaarawan?)*

Q 101 ARE YOU STILL IN SCHOOL? YES /__/ NO /__/
(Nag-aaral ka pa ba?)
WHAT IS YOUR HIGHEST EDUCATIONAL ATTAINMENT?
(Ano ang inabot mo sa pag-aaral?)

__ No formal education
__ Elementary level
__ Elementary graduate
__ High School level
__ High School graduate
__ Vocational
__ College level
__ College graduate
__ Post graduate

Q 102 WHAT IS YOUR CIVIL STATUS?
(Ano ang iyong status sibil?)

__ Single __ Living-in
__ Married __ Separated
__ Widow

D. Consistency of Condom Use

Q 103 How often were condoms used when you had sexual intercourse with your partners during the last 3 months?
(Gaano kadalas kayong gumamit ng condom sa pakikipagtalik nuong nakaraang tatlong buwan?)
/__/ Always /__/ Sometimes /__/ Never

E. Number of Sex Partners

Q 104 How many sex partners did you have sexual intercourse with last week? /__/__/
(Ilan ang nakatalik mong lalake nitong nakaraang linggo?)

Q 105 Of these sexual partners, how many were your regular sex partners? /__/__/
(Sa iyong mga lalakeng nakatalik, ilan ang regular na katalik/kapareha?)
Paying /__/__/ Non-paying /__/__/

Q 106 Of these sexual partners, how many were non-regular sex partners or customers? /__/__/
(Maliban sa iyong asawa, boyfriend o regular na kapareha, ilan ang iyong nakatalik?)

Q 107 The last time you had sex with your regular paying partner, was a condom used?
(Sa iyong pinakahuling pakikipagtalik sa iyong regular na partner na nagbabayad, kayo ba ay gumamit ng condom?)
Yes /__/ No /__/ N/A /__/

The last time you had sex with your regular non-paying partner, was a condom used?
(Sa iyong pinakahuling pakikipagtalik sa iyong regular na partner na di nagbabayad, kayo ba ay gumagamit ng condom?)
Yes /__/ No /__/ N/A /__/

Q 108 The last time you had sex with your non-regular partner, was a condom used?
(Sa iyong pinakahuling pakikipagtalik sa hindi mo regular na katalik/partner,kayo ba ay gumamit ng condom?)
Yes /__/ No /__/ N/A /__/

F. Signs and Symptoms of STD

- ***Ask straightforward.***
- ***The interviewer may have to provide a brief description of the sore,discharge or ulcer asked for here to be sure the respondent understands the question.***
- ***Check appropriate boxes.***

Q 109 Did you notice abnormal vaginal discharge(s) anytime during the past 6 months? *(Nitong nakaraang anim na buwan, mayroon ka bang napansin na di pangkaraniwang lumalabas sa iyong puwerta?)* *Yes* /__/ *No* /__/

Q 110 Did you notice sore(s) or ulcer(s) on your vaginal area at any time during the past 6 months?
(Nitong nakaraang anim na buwan, mayroon ka bang napansing kusang lumitaw na sugat sa iyong puwerta?) Yes/__/ No/__/

- ***Ask Q 111 if there is <u>yes</u> response to questions Q109 and/ or Q110, otherwise go to Q 112.***

G. Health Seeking Behavior

Q 111 Who did you consult/see or go to when you experienced any of these discomforts? *(Sino o sino-sino ang kinunsulta/kinausap/hiningan mo ng tulong nang maramdaman mo ang mga ito?)*

__ Social Hygiene Clinic
__ Gov't clinic
__ Private doctor/clinic
__ Gov't hospital
__ Private hospital
__ Family member
__ Friend
__ Pharmacy
__ Co-worker
__ Herbolario
Others specify:_____

- ***Multiple response question. Check all appropriate boxes***

H. Incidence of Injecting Drug Use/Sharing and Cleaning of Injecting Equipment

Q 112 Have you ever used prohibited drugs during the past 6 months?
(Nitong nakaraang anim na buwan, gumamit ka ba ng ipinagbabawal na gamot?)
Yes /__/ No /__/

Q 113 Did you ever inject drugs recreationally during the past six months?
(Ikaw ba ay nagturok/nagpaturok nang ipinagbabawal na gamot nitong nakaraang anim na buwan?) Yes /__/ No /__/, ***go to Q 117***

- ***Drugs injected for medical purposes or treatment of an illness do not count.***

Q 114 The last time you injected drugs, did anyone use the needle/syringe before you used it? *(May gumamit ba ng karayom/heringgilya bago mo ito ginamit?)*
Yes /__/ No/__/ D/K/__/

- ***If answer is NO or DON'T KNOW, go to Q 117.***

Q 115 Was the needle/syringe cleaned before you used it?
(Nilinis ba ang karayom/heringgilya bago mo ito ginamit?)
Yes /__/ No /__/ D/K/__/

- ***If response is NO or DON'T KNOW, go to Q 117.***

Q 116 How was the needle/syringe cleaned the last time?
(Paano nilinis ang karayom/heringgilya?)
__ Used bleach and water __ Used alcohol
__ Used soap and water __ by boiling
__ don't know
Others specify: _____

- ***Check all cleaning methods employed by respondent prior to needle/syringe use.***

I. Knowledge, Attitude and Exposure to HIV/AIDS Intervention

Q 117 I will enumerate to you statements about HIV/AIDS. Please tell me whether each statement is true or not?
(May mga babanggitin akong mga pangungusap ukol sa HIV/AIDS, paki sabi kung ito ay may katotohanan o wala.)

Statements	Responses		
	True	Not True	Don't Know
a. Having a good diet will not prevent you from getting HIV/AIDS. *(Ang pagkain ng wasto at masustansiyang pagkain ay hindi ka maiiwas sa HIV/AIDS?*			
b. Staying with one faithful partner prevents transmission of HIV/AIDS. *(Ang pakikipagtalik sa isang kapareha lamang na tapat din sa iyo ay paraan upang maiwasan ang pagkalat ng HIV/AIDS.)*			
c. One does not get HIV/AIDS if one uses public toilets. *(Ang isang tao ay hindi mahahawa ng HIV/AIDS sa pamamagitan ng paggamit ng pampublikong palikuran.)*			
d. Using condom during sexual intercourse prevents HIV transmission. *(Ang paggamit ng condom tuwing makikipagtalik ay paraan upang maiwasan ang pagkalat ng HIV/AIDS.)*			
e. One does not get HIV/AIDS by sharing food with a person who has HIV/AIDS. *(Hindi mahahawa ang isang tao ng HIV/AIDS sa pakikisalo sa pagkain sa isang taong may HIV/AIDS.)*			

f. Mosquitoes and other insect bites will not transmit HIV/AIDS. *(Ang kagat ng lamok at iba pang insekto ay hindi makapagdadala ng HIV/AIDS.)*			
g. One will not get HIV/AIDS if he always uses clean needles when injecting. *(Ang isang tao ay hindi mahahawa ng HIV/AIDS kung palagian siyang gagamit ng malinis na karayom tuwing magiineksyon.)*			
h. There is no cure for HIV/AIDS. *(Walang lunas sa sakit na HIV/AIDS)*			

Q 118 Were you able to get information regarding HIV/AIDS prevention?
(Mayroon ka bang naririnig na impormasyon tungkol sa pag-iwas sa HIV/AIDS?)

Yes /__/ No /__/

Most credible source of information on HIV/AIDS prevention
(Ano ang mas higit mong pinaniniwalaang pinanggalingan ng impormasyon tungkol sa pag- iwas sa HIV/AIDS?)

- ***Select credible source of information***

__ TV __ Friends __ Community meetings

__ Radio __ Schools/teachers __ Workplace
__ Newspapers/Magazines __ Health worker Others, specify:_____
__ Pamphlets/posters __ Peer educator

HIV Behavioral Surveillance Questionnaire For MSM

Introduction:

This survey is being conducted to learn more about behaviors that put people at risk of getting HIV. Your participation in this survey will greatly help in finding ways to prevent people from getting infected.

Most of the information I will be asking you are very personal in nature. Rest assured that whatever information you will share with me will be held in strictest confidence and will not be traced back to you. Your name and other information that can identify you will not be taken.

If any of my questions are not clear to you, please do not hesitate to ask for clarification before you give your answer. It is very important that you try to be as truthful and accurate as possible with your answers.

Thank you for your cooperation and participation in this survey.

A. Surveillance and Data Collection Sites

Surveillance Site (City) _____
Collection Site _____

Date of Interview: _____ Time started:_____ Time finished: _____

Interviewer: _____
Signature over printed name

Field Editor: _____
Signature over printed name

B. Background Information

Q 100 AGE AT LAST BIRTHDAY. /__/__/
(Edad nuong nakaraang kaarawan?)

Q 101 ARE YOU STILL IN SCHOOL? YES /__/ NO /__/
(Nag-aaral ka pa ba?)
WHAT IS YOUR HIGHEST EDUCATIONAL ATTAINMENT?
(Ano ang inabot mo sa pag-aaral?)

__ No formal education
__ Elementary level
__ Elementary graduate
__ High School level
__ High School graduate
__ Vocational
__ College level
__ College graduate
__ Post graduate

Q 102 WHAT IS YOUR CIVIL STATUS?
(Ano ang iyong status sibil?)

__ Single
__ Married
__ Living-in
__ Separated
__ Widow

C. Consistency of Condom Use

Q 103 How often were condoms used when you had sexual intercourse with your partners for the last 3 months?
(Gaano kadalas kayong gumamit ng condom sa pakikipagtalik nuong nakaraang tatlong buwan?)
/__/ Always /__/ Sometimes /__/ Never

D. Number of Sex Partners

Q 104 How many male sex partners did you have sexual intercourse with last month? /__/__/
(Ilan ang nakatalik mong lalake nitong nakaraang buwan?)

Q 105 Of these sexual partners, how many were your regular male sex partners? /__/__/
(Sa iyong mga nakatalik, ilan ang regular na lalaking kapareha?)
Paying /__/ Non-paying /__/

Q 106 Of these male sexual partners, how many were non-regular male sex partners
or customers? /__/__/
(Maliban sa iyong regular na katalik, ilan ang iyong di regular na lalaking kapareha?)

Q 107 The last time you had sex with your regular male paying partner; was it:
(Sa iyong pinakahuling pagtatalik, sa regular na nagbabayad na lalaking kapareha, ito bay sa pamamagitan ng puwet o bibig?)
Anal /__/ Oral /__/ N/A /__/

Was a condom used? Yes/__/ No/__/
(Gumamit ka ba ng condom?)

The last time you had sex with your regular male non-paying partner; was it:
(Sa iyong pinakahuling pagtatalik, sa regular na di-nagbabayad na lalaking kapareha, ito bay sa pamamagitan ng puwet o bibig?)
Anal /__/ Oral /__/ N/A /__/

Was a condom used? Yes/__/ No/__/
(Gumamit ka ba ng condom?)

Q 108 The last time you had sex with your non-regular male partner; was it:
(Sa iyong pinakahuling pagtatalik, sa di mo regular na lalaking kapareha, ito ba ay sa pamamagitan ng puwet o bibig?)
Anal /__/ Oral /__/ N/A /__/

Was a condom used? Yes/__/ No/__/
(Gumamit ka ba ng condom?)

Q 109 Did you have sex with female/s last month?
(Nakipagtalik ka ba sa babae nitong nakaraang buwan?)
Yes /__/ No /__/

Q 110 Were condoms used when you had sex with females last month?
(Gumagamit ka ba ng condom noong ika'y nakikipagtalik sa babae nuong nakaraang buwan?)
Always /__/ Sometimes /__/ Never /__/

E. Signs and Symptoms of STD

- ***Ask straight forward.***
- ***The interviewer may have to provide a brief description of the discharge, sore or ulcer asked for here to be sure the respondent understands the question.***
- ***Check appropriate boxes.***

Q 111 At any time during the past 6 months, did you feel pain/burning sensation during urination? Yes/__/ No/__/
(May naramdaman ka bang sakit o hapdi kapag ikaw ay umiihi, nitong nakaraang anim na buwan?)

Q 112 Did you notice abnormal discharge(s) from your penis anytime during the past 6 months? Yes/__/ No/__/
(Mayroon ka bang napansin na di-pangkaraniwang lumalabas sa iyong ari nitong nakaraang anim na buwan?)

Q 113 Did you notice sore(s) in your penile area at any time during the past 6 months? Yes/__/ No/__/
(Mayroon ka bang napansing kusang lumitaw na sugat sa iyong ari o sa paligid ng iyong ari, nitong nakaraang anim na buwan?)

F. Health Seeking Behavior

- ***Ask Q 114 if there is a <u>yes</u> response to any of questions Q111-Q113, if none, go to Q115.***

Q 114 Who did you consult/see or go to when you experienced any of these discomforts?
(Sino o sino-sino ang kinunsulta/kinausap/hiningan ng tulong nang maramdaman mo ang mga ito?)

__ Social Hygiene Clinic
__ Gov't clinic
__ Private doctor/clinic
__ Government hospital
__ Private hospital
__ Family member
__ Friend
__ Pharmacy
__ Co-worker
__ Herbolario
Others specify:_____

- ***Multiple response question. Check all appropriate boxes.***

G. Incidence of Injecting Drug Use/Sharing and Cleaning of Injecting Equipment

Q 115 Have you ever used prohibited drugs during the past 6 months?
(Nitong nakaraang anim na buwan, gumamit ka ba ng ipinagbabawal na gamot?) Yes /__/ No /__/

Q 116 Did you ever inject drugs recreationally during the past six months?
(Ikaw ba ay nagturok/nagpaturok nang ipinagbabawal na gamot nitong nakaraang anim na buwan?)
Yes /__/ No /__/, ***go to Q 120***

- ***Drugs injected for medical purposes or treatment of an illness do not count.***

Q 117 The last time you injected drugs, did anyone use needle/syringe before you used it? *(May gumamit ba ng karayom/heringgilya bago mo ito ginamit?)*
Yes /__/ No/__/ D/K/__/

- ***If response is NO or DON'T KNOW, got to Q 120.***

Q 118 Was the needle/syringe cleaned before you used it?
(Nilinis ba ang karayom/heringgilya bago mo ito ginamit?)
Yes /__/ No /__/ D/K/__/

- ***If response is NO or DON'T KNOW, go to Q 120.***

Q 119 How was the needle/syringe cleaned the last time?
(Paano nilinis ang karayom/heringgilya?)
__ Used bleach and water __ Used alcohol
__ Used soap and water __ by boiling
__ don't know Others,specify:
_____

- ***Check all cleaning methods employed by respondent prior to needle/syringe use.***

I. Knowledge, Attitude and Exposure to HIV/AIDS Interventions

Q 120 I will enumerate to you statements about HIV/AIDS. Please tell me whether each statement is true or not?
(May mga babanggitin akong mga pangungusap ukol sa HIV/AIDS, paki sabi kung ito ay may katotohanan o wala.)

Statements	Responses		
	True	Not True	Don't Know
a. Having a good diet will not prevent you from getting HIV/AIDS. *(Ang pagkain ng wasto at masustansiyang pagkain ay hindi ka maiiwas sa HIV/AIDS?*			
b. Staying with one faithful partner prevents transmission of HIV/AIDS. *(Ang pakikipagtalik sa isang kapareha lamang na tapat din sa iyo ay paraan upang maiwasan ang pagkalat ng HIV/AIDS.)*			

c. One does not get HIV/AIDS if one uses public toilets. *(Ang isang tao ay hindi mahahawa ng HIV/AIDS sa pamamagitan ng paggamit ng pampublikong palikuran.)*			
d. Using condom during sexual intercourse prevents HIV transmission. *(Ang paggamit ng condom tuwing makikipagtalik ay paraan upang maiwasan ang pagkalat ng HIV/AIDS.)*			
e. One does not get HIV/AIDS by sharing food with a person who has HIV/AIDS. *(Hindi mahahawa ang isang tao ng HIV/AIDS sa pakikisalo sa pagkain sa isang taong may HIV/AIDS.)*			
f. Mosquitoes and other insect bites will not transmit HIV/AIDS. *(Ang kagat ng lamok at iba pang insekto ay hindi makapagdadala ng HIV/AIDS.)*			
g. One will not get HIV/AIDS if he always uses clean needles when injecting. *(Ang isang tao ay hindi mahahawa ng HIV/AIDS kung palagian siyang gagamit ng malinis na karayom tuwing magiineksyon.)*			
h. There is no cure for HIV/AIDS. *(Walang lunas sa sakit na HIV/AIDS)*			

Q 121 Were you able to get information regarding HIV/AIDS prevention?
(Mayroon ka bang naririnig na impormasyon tungkol sa pag-iwas sa HIV/AIDS?)

Yes /__/ No /__/

Most credible source of information on HIV/AIDS prevention
(Ano ang mas higit mong pinaniniwalaang pinanggalingan ng impormasyon tungkol sa pag-iwas sa HIV/AIDS?)

- ***Select credible source of information***

__ TV __ Friends __ Community meetings

__ Radio __ Schools/teachers __ Workplace
__ Newspapers/Magazines __ Health worker Others,
specify:_____
__ Pamphlets/posters __ Peer educator

HIV Behavioral Surveillance Questionnaire For IDUs

Introduction:

This survey is being conducted to learn more about behaviors that put people at risk of getting HIV. Your participation in this survey will greatly help in finding ways to prevent people from getting infected.

Most of the information I will be asking you are very personal in nature. Rest assured that whatever information you will share with me will be held in strictest confidence and will not be traced back to you. Your name and other information that can identify you will not be taken.

If any of my questions are not clear to you, please do not hesitate to ask for clarification before you give your answer. It is very important that you try to be as truthful and accurate as possible with your answers.

Thank you for your cooperation and participation in this survey.

A. Surveillance and Data Collection Sites

Surveillance Site (City) _____
Collection Site _____

B. Group Identification

Mark Participant's gender before starting the interview: Male /__/
Female /__/

Date of Interview: _____ Time started:_____ Time finished: _____

Interviewer: _____
Signature over Printed Name

Field Editor: _____
Signature over Printed Name

C. Background Information

Q 100 AGE AT LAST BIRTHDAY. /__/__/
(Edad nuong nakaraang kaarawan?)

Q 101 ARE YOU STILL IN SCHOOL? YES /__/ NO /__/
(Nag-aaral ka pa ba?)
WHAT IS YOUR HIGHEST EDUCATIONAL ATTAINMENT?
(Ano ang inabot mo sa pag-aaral?)

__ No formal education
__ Elementary level
__ Elementary graduate
__ High School level
__ High School graduate
__ Vocational
__ College level
__ College graduate
__ Post graduate

Q 102 WHAT IS YOUR CIVIL STATUS?
(Ano ang iyong status sibil?)

__ Single
__ Married
__ Widow/Widower
__ Living-in
__ Separated

D. Consistency of Condom Use

Q 103 How often were condoms used when you had sexual intercourse with your partners during the last 3 months?
(Gaano kadalas kayong gumamit ng condom sa pakikipagtalik nuong nakaraang tatlong buwan?)
/__/ Always /__/ Sometimes /__/ Never

E. Number of Sex Partners

Q 104 How many sex partners did you have sexual intercourse with last month? /__/__/
(Ilan ang nakatalik mo nitong nakaraang buwan?)

- ***If response is 00, skip to Q 109***

Q 105 How often was condom used?
(Gaano kadalas kayong gumamit ng condom?)
/__/ Always /__/ Sometimes /__/ Never

F. Signs and Symptoms of STD

- ***Ask straightforward.***
- ***The interviewer may have to provide a brief description of the discharge, sore or ulcer asked for here to be sure the respondent understands the question.***
- ***Check appropriate boxes.***

Q 106 At any time during the past 6 months, did you feel pain/burning sensation during urination? ***(for males only)*** Yes/__/ No/__/
(May naramdaman ka bang sakit o hapdi kapag ikaw ay umiihi, nitong nakaraang anim na buwan?)

Q 107 Did you notice abnormal discharge(s) from your genitals anytime during the past 6 months? Yes/__/ No/__/
(Mayroon ka bang napansin na di-pangkaraniwang lumalabas sa iyong ari nitong nakaraang anim na buwan?)

Q 108 Did you notice sore(s) on your genital area at any time during the past 6 months? Yes/__/ No/__/
(Mayroon ka bang napansing kusang lumitaw na sugat sa iyong ari o sa paligid ng iyong ari, nitong nakaraang anim na buwan?)

G. Health Seeking Behavior

- **Ask Q 109 only when response to any of Q 106 to Q 108 is <u>yes</u>. If none is yes, go to Q110**

Q 109 Who did you consult/see or go to when you experienced any of these discomforts?
(Sino o sino-sino ang kinunsulta/kinausap/hiningan mo ng tulong nang maramdaman mo ang mga ito?)

__ Social Hygiene Clinic
__ Gov't clinic
__ Private doctor/clinic
__ Government hospital
__ Private hospital
__ Family member
__ Friend
__ Pharmacy
__ Co-worker
__ Herbolario
Others specify:_____

- ***Multiple response question. Check appropriate boxes.***

H. Incidence of Injecting Drug Use/Sharing and Cleaning of Injecting Equipment

Q 110 What drugs did you use during the past 6 months?
(Ano ang mga pinagbabawal na gamot na iyong ginamit nitong nakaraang anim na buwan?)

__ Marijuana
__ Shabu
__ Injectables
__ Cough syrup
__ Ecstasy
Others specify: _____

- ***If no injectable drug was used by respondent, thank the respondent and end the interview***.

Q 111 The last time you injected drugs, did anyone use needle/syringe before you used it? *(May gumamit ba ng heringgilya/karayom bago mo ito ginamit?)*
Yes /__/ No/__/ D/K/__/

- ***Drugs injected for medical purposes or treatment of an illness do not count.***
- ***If response is NO or DON'T KNOW, go to Q 117.***

Q 112 Was the needle/syringe cleaned before you used it?
(Nilinis ba ang heringgilya/karayom bago mo ito ginamit?)
Yes /__/ No /__/ D/K/__/

- ***If response is NO or DON'T KNOW, go to Q 117.***

Q 113 How was the needle/syringe cleaned the last time?

(Paano nilinis ang heringgilya/karayom?)
__ Used bleach and water __ Used alcohol __ don't know
__ Used soap and water __ by boiling Others specify: _____

- ***Check all cleaning methods employed by respondent prior to needle/syringe use.***

I. Knowledge, Attitude and Exposure to HIV/AIDS Interventions

Q 114 I will enumerate to you statements about HIV/AIDS. Please tell me whether each statement is true or not?
(May mga babanggitin akong mga pangungusap ukol sa HIV/AIDS, paki sabi kung ito ay may katotohanan o wala.)

Statements	Responses		
	True	Not True	Don't Know
a. Having a good diet will not prevent you from getting HIV/AIDS. *(Ang pagkain ng wasto at masustansiyang pagkain ay hindi ka maiiwas sa HIV/AIDS?*			
b. Staying with one faithful partner prevents transmission of HIV/AIDS. *(Ang pakikipagtalik sa isang kapareha lamang na tapat din sa iyo ay paraan upang maiwasan ang pagkalat ng HIV/AIDS.)*			
c. One does not get HIV/AIDS if one uses public toilets. *(Ang isang tao ay hindi mahahawa ng HIV/AIDS sa pamamagitan ng paggamit ng pampublikong palikuran.)*			
d. Using condom during sexual intercourse prevents HIV transmission. *(Ang paggamit ng condom tuwing makikipagtalik ay paraan upang maiwasan ang pagkalat ng HIV/AIDS.)*			
e. One does not get HIV/AIDS by sharing food with a person who has HIV/AIDS. *(Hindi mahahawa ang isang tao ng HIV/AIDS sa pakikisalo sa pagkain sa isang taong may HIV/AIDS.)*			
f. Mosquitoes and other insect bites will not transmit HIV/AIDS. *(Ang kagat ng lamok at iba pang insekto ay hindi makapagdadala ng HIV/AIDS.)*			
g. One will not get HIV/AIDS if he always uses clean needles when injecting. *(Ang isang tao ay hindi mahahawa ng HIV/AIDS kung palagian siyang gagamit ng malinis na karayom tuwing magiineksyon.)*			
h. There is no cure for HIV/AIDS. *(Walang lunas sa sakit na HIV/AIDS)*			

Q 115 Were you able to get information regarding HIV/AIDS prevention?
(Mayroon ka bang naririnig na impormasyon tungkol sa pag-iwas sa HIV/AIDS?)
Yes /__/ No /__/

Most credible source of information on HIV/AIDS prevention
(Ano ang mas higit mong pinaniniwalaang pinanggalingan ng impormasyon tungkol sa pag-iwas sa HIV/AIDS?)

- ***Select credible source of information***

__ TV __ Friends __ Community meetings

__ Radio __ Schools/teachers __ Workplace
__ Newspapers/Magazines __ Health worker Others, specify:_____
__ Pamphlets/posters __ Peer educator

Appendix C. Syphilis Seropositivity Rates by Site and Surveillance Round (1994-2003)

Sentinel Sites & Risk Groups	1994 Sept - Oct		1995 Mar - Apr		1995 Sept - Oct		1996 Mar - Apr		1996 Sept - Oct		1997 Mar - Apr		1998 Mar - Apr		1999 Mar - Apr		2000 Feb-Mar		2001 Feb-Mar		2002 Feb-Mar		2003 Mar-May	
	No. +	Percent	No. +	Percent	No. +	Percent	No. +	Percent	No. +	Percent	No. +	Percent	No. +	Percent	No. +	Percent	No. +	Percent	No+	Percent	No+	Percent	No+	Percent
Angeles City																								
RFSW	27	9	14	4.3	21	6	10	3.3	11	4	20	7	10	3.3	10	3.3	14	5	13	4	5	2	3	1
FLSW	9	15	5	5	4	7	5	5.1	8	12.3	9	9.5	8	3	8	2.6	38	13	47	16	34	11	24	16
MSM	7	12	1	20	2	10	0	0	0	0	-	-												
IDUs	0	0	0	0	2	11	1	6	0	0	-	-												
MCSW	2	3	0	0	2	4.5	0	0	3	9	0	0												
MSTD	-	-	5	8	8	10	3	10	2	4	2	4												
Baguio																								
RFSW							5	2	1	0.33	1	0.33	3	1	6	2	2	0.7	2	0.6	1	0.3	0	0
FLSW							4	3	5	2.2	3	1	3	1	1	0.4	3	1	7	2	3	1	3	1
MSM							0	0	1	1	0	0					4	1	3	1	5	1	4	1
IDUs							0	0	0	0	-	-												
MCSW							0	0	0	0	1	0.41												
MSTD							1	2	0	0	1	1.6												
Cagayan de Oro City																								
RFSW					6	2	7	2	3	0.7	7	2			2	0.7	2	0.7	1	0.3	2	1	0	0
FLSW					8	8	5	2	13	6	14	5			10	3.3	14	6	7	4	4	1	4	1.3
MSM					9	6	2	4	1	3	0	0												
IDUs					0	0	1	2	1	8	0	0												
MCSW					0	0	1	1.35	2	2	0	0												
MSTD					1	2	0	0	0	0	0	0												
Cebu City																								
RFSW	3	1	5	2	15	5	3	1	2	1	5	1	5	2	2	0.7	3	1	1	0.3	4	1	4	1
FLSW	16	9	12	10	21	12	27	14	32	16	27	12	22	7	29	10	49	16	41	16	47	16	39	13
MSM	9	4	10	10	5	4	4	3	12	7	5	3	9	3	12	4	19	6	20	7	24	8	16	5
IDUs	9	4	4	3	9	5	6	5	11	6	5	4	16	9	7	4	14	11	22	12	10	6	3	3
MCSW	6	6	1	1	2	2	6	6	5	6	4	5												
MSTD	1	1	1	0.5	2	1	2	1	4	1	2	1												
Davao City																								
RFSW	4	1.26	2	0.6	2	0.6	4	1.25	2	0.62	0	0	2	0.66	0	0	1	0.3	0	0	0	0	1	0.3
FLSW	13	11.8	11	11	7	6	10	9	9	5	11	4	6	2	8	2.6	2	0.7	0	0	9	3	4	1
MSM	2	5.1	1	5	3	4.3	1	3.2	2	3	8	13.1												
IDUs	-	-	0	0	0	0	0	0	0	0	-	-												
MCSW	0	0	0	0	0	0	12	5	1	3.3	0	0												
MSTD	1	4	2	5	4	2	0	0	3	3	3	2												
Gen. Santos City																								
RFSW					11	4.4	6	2.44	2	1	9	3	1	0.32	0	0	1	0.3	4	1	1	0.3	1	0.3
FLSW					12	14	13	12	10	7	10	9	16	5.2	8	2.6	14	5	5	2	2	1	6	2
MSM					5	5.4	5	7	2	5.5	1	3									2	2	0	0
IDUs					0	0	-	-	-	-	-	-							0	0	1	1	1	1
MCSW					-	-	-	-	-	-	0	0												
MSTD					0	0	1	0.52	4	2	4	3												

Iloilo City																								
RFSW	3	1	2	1	5	2	9	4	0	0	6	2	3	1.2	1	0.33	7	2.3	3	1	4	1	4	1
FLSW	6	5	12	7	14	8	22	13	0	0	18	12	10	6	25	8.3	22	7	20	7	32	11	18	6
MSM	9	12	1	2	4	8	2	4	1	2	1	4												
IDUs	-	-	0	0	0	0	1	33	0	0	1	100												
MCSW	-	-	0	0	2	22	0	0	0	0	0	0												
MSTD	3	5	2	3	5	8	2	3	3	4	7	6												
Pasay City																								
RFSW	0	0	10	3	12	4	3	1	0	0	2	1	2	1	4	1.3	3	1	2	0.7	1	0.3	0	0
FLSW	8	4	4	2	0	0	0	0	2	1	1	0.4	2	1	2	0.7	1	0.4	1	0.4	1	0.3	0	0
MSM	6	6	3	8	1	3	0	0	0	0	1	1												
IDUs	1	2	2	4	4	3	0	0	1	4?	0	0												
MCSW	1	2	0	0	1	1	2	3	3	4	0	0												
MSTD	5	2	4	2	0	0	3	1	0	0	2	1												
Quezon City																								
RFSW	3	1	13	4.3	6	2	5	2	1	0.33	2	0.66	3	1	1	0.3	2	0.7	1	0.3	1	0.3	1	0.3
FLSW	4	4	2	1.2	5	2	3	1.4	2	2	4	4	1	0.83	0	0	3	1	1	0.5	9	4	1	0.5
MSM	4	2	5	4	3	4	5	6	6	6	0	0	6	3.22	3	1.9	3	2	5	3	9	3	6	2
IDUs	2	1.3	3	3	6	4	5	8	3	4	1	4.3												
MCSW	4	4	1	2	3	5	5	5	3	3	0	0												
MSTD	3	1	3	1	5	3	9	3	1	0.33	1	0.33												
Zamboanga City																								
RFSW							8	3	4	1.4	2	0.7	7	2.3	2	0.7	4	1	3	1	2	0.7	3	1
FLSW							3	3	9	4	19	8	21	7	33	11	23	8	26	9	19	6	8	3
MSM							7	10	8	12	8	7.3							10	10	16	16	9	9
IDUs							3	4	1	3	2	10												
MCSW							1	2.2	0	0	0	0												
MSTD							1	2	1	2.4	1	3.4												

Appendix D. No. of Subjects and HIV Seropositives by Site and Surveillance Rounds (1993-2003)

el Sites & Groups	1993		1994				1995				1996				1997		1998		1999		2000		2001		2002		2003	
	Jun - Aug		Apr - May		Sept - Oct		Mar - Apr		Sept - Oct		Mar - Apr		Sept - Oct		Mar - Apr		Mar - Apr		Mar - Apr		Feb-Mar		Feb-Mar		Feb-Mar		Mar-May	
	No. tested	No. HIV+	No. tested	No. HIV+	No. tested	No. HIV+	No. teste	No. HIV+	No. tested	No. HIV+	No. tested	No. HIV+	No. tested	No. HIV+	No. tested	No. HIV+	No. teste	No. HIV+	No. tested	No. HIV+	No. tested	No. HIV+	No. tested	No. HIV+	No. teste	No. HIV+	No. tested	No. HIV+
eles City					299	0	321	2	339	2	300	2	300	4	300	1	300	2	300	0	300	1	300	2	300	2	300	0
					62	0	103	0	58	0	98	0	65	0	95	0	269	1	300	0	300	1	300	0	300	0	153	0
					61	0	5	0	20	1	4	0	6	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-
					5	0	13	0	18	0	17	0	3	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-
					69	0	25	0	44	0	24	0	34	0	69	0	-	-	-	-	-	-	-	-	-	-	-	-
					-	-	65	0	81	0	30	0	50	0	56	0	-	-	-	-	-	-	-	-	-	-	-	-
aguio											437	0	330	0	299	0	300	0	300	0	300	1	300	0	300	1	300	0
											129	0	221	0	271	0	300	0	271	0	300	0	300	0	300	0	300	0
											163	0	109	0	94	0	-	-	-	-	300	0	300	0	300	0	300	0
											1	0	2	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-
											73	0	125	0	211	0	-	-	-	-	-	-	-	-	-	-	-	-
											52	0	88	0	54	0	-	-	-	-	-	-	-	-	-	-	-	-
de Oro City									307	0	302	0	421	0	298	0	-	-	300	1	300	0	300	0	300	0	300	0
									100	0	229	0	231	0	295	0	-	-	137	0	246	0	172	0	300	0	300	0
									159	0	57	0	39	0	10	0	-	-	-	-	-	-	-	-	-	-	-	-
									29	0	60	0	12	0	1	0	-	-	-	-	-	-	-	-	-	-	-	-
									112	0	74	0	103	0	68	0	-	-	-	-	-	-	-	-	-	-	-	-
									46	0	12	0	29	0	10	0	-	-	-	-	-	-	-	-	-	-	-	-
ou City	310	0	303	0	309	0	306	0	332	0	306	0	302	0	348	0	327	0	300	0	300	1	300	0	300	1	300	1
	109	0	109	0	175	0	121	0	184	0	192	0	203	0	227	0	302	0	300	0	300	0	254	0	259	0	300	0
	302	0	192	0	216	0	103	0	128	0	133	0	165	0	168	1	332	0	300	0	300	0	300	0	300	0	300	1
	223	0	162	0	224	0	142	0	188	0	122	0	168	1	131	0	175	0	184	0	127	0	190	0	176	0	110	0
	105	0	106	0	105	0	186	0	281	0	266	0	286	0	197	0	-	-	-	-	-	-	-	-	-	-	-	-
	105	0	79	0	97	0	69	0	125	0	93	0	84	0	82	1	-	-	-	-	-	-	-	-	-	-	-	-
ao City			300	0	317	0	313	1	311	0	320	0	319	0	301	0	303	1	300	0	300	0	300	0	300	0	300	0
			103	0	110	0	104	0	121	0	114	0	171	0	273	0	301	0	300	0	300	0	300	0	300	1	300	0
			145	0	39	0	19	0	69	0	31	0	64	0	118	0	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	3	0	18	0	7	0	27	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			33	0	31	0	12	0	31	0	11	0	30	0	15	0	-	-	-	-	-	-	-	-	-	-	-	-
			6	0	271	0	41	0	228	0	261	0	98	0	137	0	-	-	-	-	-	-	-	-	-	-	-	-
antos City									250	0	245	0	220	0	305	2	307	1	300	1	300	0	300	0	300	0	300	0
									86	0	110	0	139	0	112	0	307	0	300	0	300	0	300	0	300	0	269	0
									92	0	70	0	36	0	63	0	-	-	-	-	-	-	-	-	120	0	-	0
									1	0	-	-	-	-	-	-	-	-	-	-	-	-	120	0	120	0	120	0
									-	-	-	-	-	-	6	0	-	-	-	-	-	-	-	-	-	-	-	-
									16	0	190	0	170	0	147	0	-	-	-	-	-	-	-	-	-	-	-	-

Appendix D. No. of Subjects and HIV Seropositives by Site and Surveillance Rounds (1993-2003)

Sentinel Sites & Risk Groups	1993 Jun - Aug		1994 Apr - May		1994 Sept - Oct		1995 Mar - Apr		1995 Sept - Oct		1996 Mar - Apr		1996 Sept - Oct		1997 Mar - Apr		1998 Mar - Apr		1999 Mar - Apr		2000 Feb-Mar		2001 Feb-Mar		2002 Feb-Mar		2003 Mar-May	
	No. tested	No. HIV+	No. tested	No. HIV+	No. tested	No. HIV+	No. teste	No. HIV+	No. tested	No. HIV+	No. tested	No. HIV+	No. tested	No. HIV+	No. teste	No. HIV+	No. teste	No. HIV+	No. tested	No. HIV+	No. tested	No. HIV+	No. teste	No. HIV+	No. teste	No. HIV+	No. teste	No. HIV+
Angeles City																												
RFSW					299	0	321	**2**	339	**2**	300	**2**	300	**4**	300	**1**	300	**2**	300	0	300	**1**	300	**2**	300	**2**	300	0
FLSW					62	0	103	0	58	0	98	0	65	0	95	0	269	**1**	300	0	300	**1**	300	0	300	0	153	0
MSM					61	0	5	0	20	1	4	0	6	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IDUs					5	0	13	0	18	0	17	0	3	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MCSW					69	0	25	0	44	0	24	0	34	0	69	0	-	-	-	-	-	-	-	-	-	-	-	-
MSTD					-	-	65	0	81	0	30	0	50	0	56	0	-	-	-	-	-	-	-	-	-	-	-	-
Baguio																												
RFSW											437	0	330	0	299	0	300	0	300	0	300	**1**	300	0	300	**1**	300	0
FLSW											129	0	221	0	271	0	300	0	271	0	300	0	300	0	300	0	300	0
MSM											163	0	109	0	94	0	-	-	-	-	300	0	300	0	300	0	300	0
IDUs											1	0	2	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MCSW											73	0	125	0	211	0	-	-	-	-	-	-	-	-	-	-	-	-
MSTD											52	0	88	0	54	0	-	-	-	-	-	-	-	-	-	-	-	-
Cagayan de Oro City																												
RFSW									307	0	302	0	421	0	298	0	-	-	300	**1**	300	0	300	0	300	0	300	0
FLSW									100	0	229	0	231	0	295	0	-	-	137	0	246	0	172	0	300	0	300	0
MSM									159	0	57	0	39	0	10	0	-	-	-	-	-	-	-	-	-	-	-	-
IDUs									29	0	60	0	12	0	1	0	-	-	-	-	-	-	-	-	-	-	-	-
MCSW									112	0	74	0	103	0	68	0	-	-	-	-	-	-	-	-	-	-	-	-
MSTD									46	0	12	0	29	0	10	0	-	-	-	-	-	-	-	-	-	-	-	-
Cebu City																												
RFSW	310	0	303	0	309	0	306	0	332	0	306	0	302	0	348	0	327	0	300	0	300	**1**	300	0	300	**1**	300	**1**
FLSW	109	0	109	0	175	0	121	0	184	0	192	0	203	0	227	0	302	0	300	0	300	0	254	0	259	0	300	0
MSM	302	0	192	0	216	0	103	0	128	0	133	0	165	0	168	**1**	332	0	300	0	300	0	300	0	300	0	300	**1**
IDUs	223	0	162	0	224	0	142	0	188	0	122	0	168	**1**	131	0	175	0	184	0	127	0	190	0	176	0	110	0
MCSW	105	0	106	0	105	0	186	0	281	0	266	0	286	0	197	0	-	-	-	-	-	-	-	-	-	-	-	-
MSTD	105	0	79	0	97	0	69	0	125	0	93	0	84	0	82	**1**	-	-	-	-	-	-	-	-	-	-	-	-
Davao City																												
RFSW			300	0	317	0	313	**1**	311	0	320	0	319	0	301	0	303	**1**	300	0	300	0	300	0	300	0	300	0
FLSW			103	0	110	0	104	0	121	0	114	0	171	0	273	0	301	0	300	0	300	0	300	0	300	**1**	300	0
MSM			145	0	39	0	19	0	69	0	31	0	64	0	118	0	-	-	-	-	-	-	-	-	-	-	-	-
IDUs			-	-	3	0	18	0	7	0	27	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MCSW			33	0	31	0	12	0	31	0	11	0	30	0	15	0	-	-	-	-	-	-	-	-	-	-	-	-
MSTD			6	0	271	0	41	0	228	0	261	0	98	0	137	0	-	-	-	-	-	-	-	-	-	-	-	-
Gen. Santos City																												
RFSW									250	0	245	0	220	0	305	**2**	307	**1**	300	**1**	300	0	300	0	300	0	300	0
FLSW									86	0	110	0	139	0	112	0	307	0	300	0	300	0	300	0	300	0	269	0
MSM									92	0	70	0	36	0	63	0	-	-	-	-	-	-	-	-	120	0	-	0
IDUs									1	0	-	-	-	-	-	-	-	-	-	-	-	-	120	0	120	0	120	0
MCSW									-	-	-	-	-	-	6	0	-	-	-	-	-	-	-	-	-	-	-	-
MSTD									16	0	190	0	170	0	147	0	-	-	-	-	-	-	-	-	-	-	-	-

Appendix E. 95% Confidence Intervals^ for HIV Seroprevalence by Site and Surveillance Round (1993 - 2003)

Sentinel Sites & Risk Groups	1993	1994		1995		1996		1997	1998	1999	2000	2001	2002	2003
	Jun - Aug	Apr - May	Sept - Oct	Mar - Apr	Sept - Oct	Mar - Apr	Sept - Oct	Mar - Apr	Mar - Apr	Mar - Apr	Feb-Mar	Feb-Mar	Feb-Mar	Mar-May
Angeles City														
SW			0 - 1.23	0.76 - 2.23	0.72 - 2.11	0.08 - 2.39	0.36 - 3.39	<0.1 - 1.84	0.81 - 2.39	0-1.22	<0-1.84	0.1-2.3	0.1-2.3	0-1.22
SW			*	0 - 3.52	*	*	*	*	<0.1 - 2.05	0-1.22	<0-1.84	0-1.22	0-1.22	0-2.38
SM			*	*	*	*	*	-						
Js			*	*	*	*	*	-						
CSW			*	*	*	*	*	*						
STD			0	*	*	*	*	*						
Baguio City														
SW						0 - 0.84	0 - 1.11	0 - 1.22	0 - 1.22	0 - 1.22	<0-1.84	0-1.22	<0-1.84	0-1.22
SW						0 - 2.82	0 - 1.66	0 - 1.35	0 - 1.22	0 - 1.30	0-1.22	0-1.22	0-1.22	0-1.22
SM						0 - 2.24	0 - 3.33	*			0-1.22	0-1.22	0-1.22	0-1.22
Js						*	*							
CSW						*	0 - 2.91	0 - 1.73						
STD						*	*	*						
agayan de Oro City														
SW					0 - 1.19	0 - 1.21	0 - 0.87	0 - 1.23		<0.1-1.84	0-1.22	0-1.22	0-1.22	0-1.22
SW					0 - 3.62	0 - 1.60	0 - 1.58	0 - 1.24		0 - 2.70	0-1.22	0-1.22	0-1.22	0-1.22
SM					0 - 2.29	*	*	*						
Js					*	*	*	*						
CSW					0 - 3.24	*	0 - 3.52	*						
STD					*	*	*	*						
Cebu City														
SW	0 - 1.18	0 - 1.21	0 - 1.19	0 - 1.20	0 - 1.11	0 - 1.20	0 - 1.21	0 - 1.05	0 - 1.12	0-1.22	<0-1.84	0-1.22	<0-1.84	0-1.84
SW	0 - 0.33	0 - 3.33	0 - 2.09	0 - 3.00	0 - 1.98	0 - 1.90	0 - 1.80	0 - 1.61	0 - 1.21	0-1.22	0-1.22	0-1.46	0-1.41	0-1.22
SM	0 - 1.21	0 - 1.90	0 - 1.69	0 - 3.52	0 - 2.84	0 - 2.73	0 - 2.21	<0.1-2.17	0 - 1.11	0-1.22	0-1.22	0-1.22	0-1.22	0-1.84
Js	0 - 1.64	0 - 2.25	0 - 1.63	0 - 2.56	0 - 1.94	0 - 2.98	<0.1-3.27	0 - 2.78	0 - 2.09	0-1.96	0-2.93	0-1.92	0-2.07	0-3.30
CSW	0 - 3.45	0 - 3.42	0 - 3.45	0 - 1.96	0 - 1.30	0 - 1.38	0 - 1.28	0 - 1.86						
STD	0 - 3.45	*	*	*	0 - 2.91	*	*	*						
Davao City														
SW		0 - 1.22	0 - 1.15	<0.1-1.77	0 - 1.18	0 - 1.15	0 - 1.15	0 - 1.21	<0.1-1.82	0-1.22	0-1.22	0-1.22	0-1.22	0-1.22
SW		0 - 3.52	0 - 3.30	0 - 3.48	0 - 3.00	0 - 3.18	0 - 2.13	0 - 1.34	0 - 1.22	0-1.22	0-1.22	0-1.22	<0-1.84	0-1.22
SM		0 - 2.51	*	*	*	*	*	0 - 3.08						
Js		-	*	*	*	*	-	-						
CSW		*	*	*	*	*	*	*						
STD		*	0 - 1.35	*	0 - 1.60	0 - 1.14	*	0 - 2.66						
Gen. Santos City														
SW					0 - 1.46	0 - 1.49	0 - 1.66	0.08 - 2.35	<0.1-1.80	<0.1-1.80	0-1.22	0-1.22	0-1.22	0-1.22
SW					*	0 - 3.30	0 - 2.62	0 - 3.24	0 - 1.19	0 - 1.22	0-1.22	0-1.22	0-1.22	0-1.36
SM					*	*	*	*					0-3.03	-
Js					*	-	-	-				0-3.03	0-3.03	0-3.03
CSW					-	-	-	*						
STD					*	0 - 1.92	0 - 2.15	0 - 2.48						

Iloilo City													
:SW			0 - 1.49	0 - 1.53	<0.1-2.15	0 - 1.41	0 - 1.48	0 - 1.32	<0.1-2.38	0-1.22	0-1.22	0-1.22	0-1.22	0-1.22
SW			0 - 2.98	0 - 2.11	0 - 2.03	0 - 2.17	0 - 2.41	0 - 2.50	0 - 2.16	0-1.84	0-1.22	0-1.22	<0-1.84	0-1.22
SM			*	*	*	*	*	*						
Us			-	*	*	*	*	*						
CSW			-	*	*	*	*	*						
STD			*	*	*	*	*	0 - 3.16						
Pasay City													
:SW			.006 - 1.78	0 - 1.16	.0793 - 2.34	<0.1-1.23	.006 - 1.87	0 - 1.20	0 - 1.22	0-1.22	0-1.22	0-1.22	0-1.22	0-1.22
SW			0 - 1.74	0 - 1.83	0 - 1.64	0 - 1.43	0 - 1.53	0 - 1.54	0 - 1.31	0-1.22	<0-2.02	0-1.46	0-1.22	0-1.22
SM			*	*	*	*	*	*						
Us			*	*	0 - 3.13	*	*	*						
CSW			*	*	*	*	*	*						
STD			0 - 1.49	0 - 1.94	0 - 1.82	0 - 1.38	0 - 1.42	0 - 1.79						
Quezon City														
FSW	<0.1-1.81	<0.1-1.83	<0.1-1.83	0 - 1.08	0 - 1.18	0 -1.22	<0.1-1.89	<0.1-1.81	0 - 1.22	0-1.22	<0-1.84	0.1-1.8	0-1.22	0-1.22
.SW	0 - 3.62	0 - 3.59	0 - 3.59	0 - 2.27	0 - 1.42	0 - 1.75	0 - 2.93	0 - 3.45	0 - 3.02	0-2.93	0-1.73	0-1.93	0-1.78	0-1.97
SM	0 - 1.19	0 - 1.16	0 - 1.85	0.02 - 4.09	*	*	0 - 3.48	*	0 - 1.96	0-2.27	0-1.96	0.1-3.0	0-1.22	0-1.22
Us	*	*	0 - 2.40	0 - 3.55	*	*	*							
CSW	0 - 3.36		*	*	*	0 - 3.42	0 - 3.08							
STD	0 - 1.12	0 - 1.08	0 - 1.12	0 - 1.21	0 - 1.44	<0.1-1.84	0 - 1.22	0 - 1.18						
Zamboanga City														
FSW						0 - 1.22	0 - 1.26	0 - 1.22	0 - 1.22	0 - 1.22	0-1.22	0-1.22	0-1.22	0-1.22
.SW						0 - 3.48	0 - 1.69	0 - 1.54	0 - 1.22	0 - 1.22	0-1.22	0-1.22	0-1.22	0-1.22
SM						*	*	0 - 3.33				0-3.62	0-3.62	0-3.62
Us						*		*						
CSW						*								
STD						*								

)btained using formula for simple random sampling (for sample size ≥100) *sample size <100