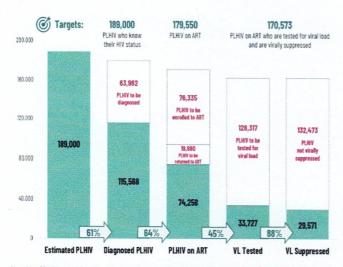
HIV & AIDS SURVEILLANCE OF THE PHILIPPINES

HIV & AIDS CONTINUUM OF CARE

The latest Philippine HIV estimates show that by the end of 2023, there will be 189,000 estimated People Living with HIV (PLHIV) in the country.

Of the estimated PLHIV, 115,568 (61%) cases have been diagnosed or laboratory-confirmed and currently living or not reported to have died, as of September 2023. Further, 74,258 PLHIV are currently on lifesaving Anti-retroviral Therapy (ART), of which, 33,727 (45%) PLHIV have been tested for viral load (VL) in the past 12 months. Among those tested for VL, 29,571 (88%) are virally suppressed [Figure 1].

Figure 1 : National HIV Care Cascade, as of September 2023



Note: List of facilities providing HIV services may be accessed through the following link: tinyurl.com/HIVFacilities

95-95-95 ACCOMPLISHMENT, as of September 2023





The 95-95-95 Targets

The 95-95-95 by 2025 is the global targets set by the Joint United Nations Programme on HIV and AIDS (UNAIDS). The Philippines, as one of the States who committed to the "Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030" adopted during the General Assembly in June 2021, integrated these high-level targets in the 7th AIDS Medium Term Plan – 2023 to 2028 Philippines: Fast Tracking to 2030. It aims that by 2030, 95% of people living with HIV know their HIV status or are diagnosed, 95% of PLHIV who know their status are receiving treatment (ART), and 95% of PLHIV on ART have a suppressed viral load so their immune system remains strong, and the likelihood of their infection being passed on is greatly reduced (Undetectable=Untransmissible).

The Philippine People Living with HIV (PLHIV) Estimates
The Philippines has been using the national PLHIV estimates to determine the state and trend of the epidemic in the country, to aid programmatic response and develop strategic plans, and to monitor progress towards the 95-95-95 targets. Annually, the National HIV/AIDS & STI Surveillance and Strategic Information Unit of the Department of Health-Epidemiology Bureau leads the process of developing the PLHIV estimates, which was modeled through the AIDS Epidemic Model (AEM) and Spectrum. The latest PLHIV estimates were updated in May 2023 with analyzed and triangulated data from the 2022 HIV/AIDS & ART Registry of the Philippines (HARP), 2018 Integrated HIV Behavioral and Serologic Surveillance (HaBSS), 2019 and 2020 Online Survey among Males having Sex with Males and Transgender Women (MSM & TGW), 2019 Facility-based Survey, 2022 Laboratory and Blood Bank Surveillance (LaBBS), 2020 Population Census, and other program data. Further, the development of PLHIV estimates underwent a comprehensive consultation, validation, and vetting process of PLHIV estimates underwent a comprehensive consultation, regional, and local program implementers and stakeholders. Previously released estimates in May 2022 were based on the IHBSS 2018, HARP December 2020, and Population Census 2015.

Diagnosed PLHIV
The total number of diagnosed or laboratory-confirmed HIV cases reported in the HIV/AIDS Registry who are currently alive or not yet reported to have died.

PLHIV on ART A PLHIV who is currently on ART defined as visited the facility for an ARV refill or accessed ARV refill, and has not run-out of pill for 30 days.

ppressed PLHIV

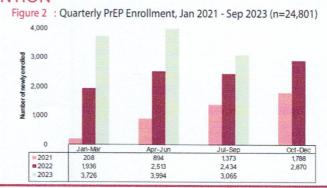
PLHIV on ART who have viral load of ≤50 copies/mL. Viral load refers to the amount of the Human Immunodeficiency virus (HIV) present in an infected person's blood.

PREVENTION

In July to September 2023, there were 3,065 clients newly enrolled to Pre-Exposure Prophylaxis (PrEP), which is a 26% increase in new enrollees compared to the same period in 2022. Of the enrollees in the $3^{\rm rd}$ quarter, two (1%) were less than 15 years old at the time of enrollment, 1,224 (40%) were 15-24 years old, 1,408 (46%) were 25-34 years old, 394 (13%) were 35-49 years old, and 35 (1%) were 50 years old and above1.2. Nearly half (1,458, 48%) of the newly enrolled to PrEP were from the National Capital Region (NCR).

Since the implementation of PrEP in March 2021, a total of 24,801 clients have been enrolled to PrEP, of which, 24,354 (98%) were males and more than half (12,614, 51%) were among 25-34 years old. Majority of clients ever enrolled to PrEP (22,410, 90%) were enrolled in facilities in NCR, CALABARZON (4A), and Central Luzon (3)3.

group5







Total Reported Cases, Jan 1984 - Jun 2023 122.640

In July to September 2023, there were 4,698 confirmed HIV-positive individuals reported to the One HIV/AIDS & STI Information System (OHASIS), of which, 1,247 (27%) had an advanced HIV infection^{5,6} at the time of diagnosis. Compared to the reported cases in the same period last year, July to September 2022 (4,031), there was a 17% increase in reported cases in the 3rd Quarter of this year, with an average of 52 cases reported daily.

Of the newly reported confirmed HIV-cases this period, 4,452 (95%) were males while 246 (5%) were females. The age of the newly reported cases ranged from 1 to 75 years old (median: 28 years). By age group, 29 (1%) were less than 15 years old at the time of diagnosis, 1,455 (31%) were 15-24 years old, 2,260 (48%) were 25-34 years old, 841 (18%) were 35-49 years old, and 113 (2%) were 50 years and older. Moreover, 3,192 (68%) were cisgender, 109 (2%) identified themselves as transgender women, 23 (<1%) identified as others, seven (<1%) as neither man nor woman, three (<1%) as transgender man and 1,364 (29%) had no data on gender identity8. Of the newly reported cases, 3,668 (78%) were confirmed in Certified rHIVda Confirming Laboratories (CrCLs)9 while 1,030 (22%) were confirmed through the National Reference Laboratory-San Lazaro Hospital/STD AIDS Cooperative

Age of the time of exrollment to PFEP, 2 clients had no data on age of exrollment and 2 had no data on aser Percentages were rounded off to the neverst whole number - som may not be equal to 100%, due to rounding of figures Based no the region of PFE facility.

Reported diagnosed HIV cases, including deaths

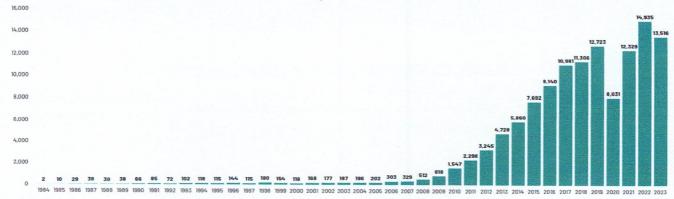
Age at diagnosis

Advanced HIV Disease (AHD) definition is based on clinical criteria of WHO staging 3 and 4 while immunologic criterian is based on baseline CD4 results (<200 cells/mm²

Of create had non-obscared by infection and 3.550 had no fact to the size as supply of ord's mine minimaging, the minimaging is made in our case of the minimaging is made in the minimaging is made in the case of control of the size of diagnosts. Gender identity is based on sex of birth and self-identity reported of the time of diagnosis. Those with unknown gender identity either had ut on self-identity and/or sex of birth.

Newly reporting CrCLs in 03 2023: Eastern Visayas Medical Center, Governor Celestina Gallares Memorial Haspital, Mariana Morcos Memorial Haspital & Medical Center & Region | Medical Center

Figure 3: Number of newly diagnosed HIV cases reported in the Philippines, by Year of Reporting, Jan 1984 - September 2023 (N=122,640)



Cumulatively, 122,640 confirmed HIV cases have been reported to the HIV/AIDS and ART Registry of the Philippines since the first reported HIV case in the Philippines in 1984 [Figure 3].

Since 2021, the number of newly diagnosed HIV cases reported monthly has been increasing [Figure 4]. From an average of 1,027 monthly cases reported in 2021, it has increased to 1,245 cases per month in 2022. As of the third quarter of 2023, the average number of cases newly reported per month increased further to 1,502 cases.

Moreover, the number of reporting Certified rHIVda Confirming Laboratories (CrCLs) increased from 26 facilities in 2021 to 47 facilities in 2023.

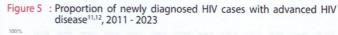
Figure 4: Number of monthly newly diagnosed HIV cases, 2021-2023

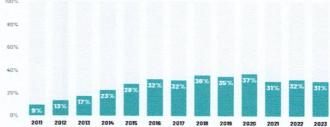


Advanced HIV Disease (AHD)

Of the total reported cases, 36,499 (30%) had Advanced HIV disease (AHD)10 while 2,446 (2%) had presented non-advanced HIV infection at the time of diagnosis. The remaining 83,695 (68%) cases had no reported data on immunologic and clinical criteria at the time of diagnosis.

From 2011 to 2020, the proportion of cases with AHD had been increasing, from 9% in 2011, with a median baseline CD4 count at 128 cells/mm3, to 37% in 2020, with median baseline CD4 at 198 cells/mm3. However, the trend slightly decreased to 31% in 2021, 32% in 2022 and back to 31% as of the third quarter of 2023. Meanwhile, the median baseline CD4 slightly increased from 228 cells/mm3 in 2021 to 231 cells/mm3 in 2023.



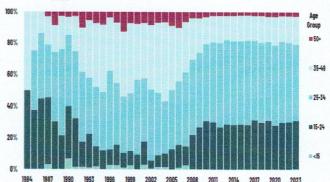


Sex and Age

Majority of the total reported cases (115,717, 94%) were males and 6,913 (6%) were females11. By age group, 400 (<1%) were below 15 years old, 35,869 (29%) were among the youth aged 15-24 years old, half (61,720, 50%) were 25-34 years old, 21,378 (17%) were 35-49 years old, and 3,200 (3%) were 50 years and older12. The age of diagnosed cases ranged from <1 to 81 years old (median: 28 years).

Since 2012, the proportion of males among the newly diagnosed cases has consistently been at least 95%. Moreover, diagnosed HIV cases are getting younger with the predominant age group shifting from among 35-49 years old in 2002 to 2005, to 25-34 years old starting 2006 [Figure 6]. Among age groups, the highest increase in the proportion of cases in the past five years were among those below 15 years old (+68%), followed by those aged 15-24 years (+56%).





Geographic Distribution

The regions with the most number of newly reported cases in July to September 2023 were NCR, CALABARZON (4A), Central Luzon (3), Central Visayas (7), Western Visayas (6), and Davao Region (11). These regions comprised 76% of the total number of cases in this period [Figure 7]13. Meanwhile, 1,124 (24%) were from the rest of the country, and one (<1%) reported an overseas permanent residence.

Consequently, the same regions reported the most number of cases from January to September 2023, altogether accounting for 10,081 (75%) of the

total reported cases, while 3,430 (25%) were from other regions, and three(<1%) reported an overseas permanent residence.

Cumulatively, of the total cases reported from January 1984 to September $2023, the \, regions \, with the \, most \, number \, of \, reported \, cases \, remain \, to \, be \, NCR,$ followed by CALABARZON (4A), Central Luzon (3), Central Visayas (7), and Western Visayas (6), altogether accounting for 98,729 (81%) of the total reported cases [Table 1]. Meanwhile, 22,815 (19%) were from the rest of the country, three(<1%) reported an overseas permanent residence, and 1,093 (1%) had no data on region of residence.

Classification of diagnosed cases with Advanced clinical manifestations based advanced RV cases were identified based solely on available clinical criteria. No data on sex for 10 cases

No data on age for 73 cases

Percentages were rounded off to the nearest whole number - sum may not be equal to 100% due to rounding of figures.
No data on region of residence for two cases.

Figure 7: Distribution of newly diagnosed HIV cases by region of residence^{14,15}, July-Sept 2023 (n= 4,968)

Region	Number of cases	%	wh25.
NCR	1,188	25%	8
44	871	19%	
3	458	10%	
7	433	9%	1 40
6	335	7%	A STATE OF THE STA
11	286	6%	
12	164	3%	
1	159	3%	* NA
10	156	3%	
2	120	3%	100
9	112	2%	
8	102	2%	N
5	97	2%	
4B	78	2%	A
CARAGA	78	2%	
CAR	38	1%	4
BARMM	20	<1%	

; Number of diagnosed HIV cases, by region of residence, Jan 1984 - Sep $2023^{14.15}$ Table 1

Region	January 2023 - September 2023 (n=13,516) ¹⁴		January 2018 - September 2023 (n=72,840) ¹⁴		January 1984 - September 2023 (N=122,640) ^{14,15}	
NCR	3,395	25%	21,085	29%	41,569	34%
4A	2,445	18%	12,892	18%	20,155	16%
3	1,437	11%	8,375	11%	12,795	10%
7	1,113	8%	5,504	8%	10,010	8%
6	868	6%	5,095	7%	7,341	6%
11	823	6%	3,961	5%	6,859	6%
12	458	3%	2,305	3%	3,327	3%
1	410	3%	2,150	3%	3,166	3%
10	497	4%	2,200	3%	3,155	3%
5	343	3%	1,779	2%	2,497	2%
2	299	2%	1,422	2%	1,961	2%
8	335	2%	1,396	2%	1,956	2%
9	327	2%	1,333	2%	1,954	2%
4B	312	2%	1,376	2%	1,870	2%
CARAGA	275	2%	1,022	1%	1,468	1%
CAR	111	1%	652	1%	1,046	1%
BARMM	63	<1%	288	<1%	415	<1%

Mode of Transmission (MOT)

In the 3rd quarter of this year, 3,913 (98%) newly reported cases reported having acquired HIV through sexual contact - 2,776 through male-male sex, 593 male - male /female18, and 328 male - female sex. Meanwhile, 23 (1%) reported sharing of infected needles, 21 (1%) through mother-tochild transmission, and 48 had no data on mode of transmission at the time of diagnosis [Table 2].

Table 2 : Number of diagnosed HIV cases, by mode of transmission and sex16, Jan 1984 - Jun 202317

Mode of Transmission	July 2023 - September 2023 (n=4,968)		January - September 2023 (n=13,516)		January 2018- September 2023 (n=72,840)		Jan 1984- September 2023 (N=122,640) ⁷⁷	
Hansinission	M (4,452)	F (246)	M (12,813)	F (703)	M (69,201)	F (3,639)	M (115,717)	F (6,913)
Sexual Contact	4,299	231	12,510	657	67,558	3,445	111,708	6,449
Male-male sex	3,348	-	9,499	-	46,335	-	70,772	-
Sex w/ males & females ²²	661		2,060	-	15,966		30,293	-
Male- female sex	290	231	951	657	5,257	3,445	10,643	6,449
Sharing of infected needles	37	3	75	8	603	45	2,408	154
Mother-to-child	6	1	20	14	68	71	118	105
Blood /blood products	0	0	0	0	0	0	5	14
Needlestick injury	0	0	0	0	0	0	2	1
No data	110	11	208	24	972	78	1,476	190

In the past five years, transmission through sexual contact among newly diagnosed cases remain predominant [Figure 8], however, a slight increase was observed in the number of diagnosed cases who acquired HIV through mother-to-child transmission from 23 cases in 2018 to 29 cases in 2022, and 46 newly reported cases as of the third quarter of 2023.

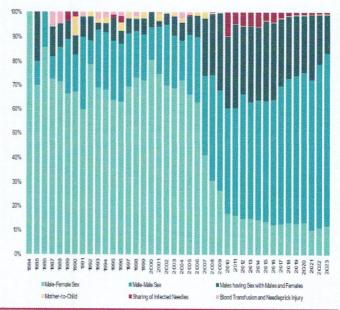
Cumulatively, among the 122,640 reported cases from January 1984 to September 2023, 118,157 (96%) acquired HIV through sexual contact -

70,772 male-male sex, 30,293 male-male/female, and 16,802 male-female sex18. Furthermore, 2,562 (2%) were infected through sharing of infected needles, 326 (<1%) were mother-to-child transmission, 22 (<1%) through blood/blood products & needlestick injury, while 1,573 (1%) had no data on mode of transmission [Table 2].

Of the diagnosed male cases, 101,065 (82%) acquired HIV through sex with another male, 10,643 (9%) through sex with a female, 2,562 (2%) through sharing of infected needles, 326 (<1%) through mother-to-child transmission. On the other hand, among diagnosed females, majority (6,449, 93%) acquired HIV through sexual contact with a male, 158 (2%) through mother-to-child transmission, and 154 (2%) through sharing of infected needles [Table 3].

MOT varies accross the regions- 39,366 (35%) of diagnosed males who have sex with males were from NCR; more than half (187, 57%) of those who have acquired HIV through mother-to-child transmission were from NCR, CALABARZON (4A), and Central Luzon (3); and almost all (2,555, >99%) who have acquired HIV through sharing of infected needles among people who inject drugs) were from Central Visayas (7).

Figure 8: Distribution of diagnosed HIV cases, by mode of transmission, Jan 1984 - September 2023



Three coses reported overseos as permonent residence and two cases had no data on region of residence
 No data on region of residence for 1,003 cases (1%)
 Ser at birth: M=Male, F=Female

Specific Populations²⁰

Pregnant Women with HIV

From July to September 2023, there were 39 HIV positive women aged 16 to 37 years old (median: 23 years) who were pregnant at the time of diagnosis. This was a 70% increase compared to the same reporting period last year (23).

Reporting of pregnancy status at the time of diagnosis was included in HARP in 2011 and since then, a total of 804 diagnosed women were reported pregnant at the time of diagnosis.

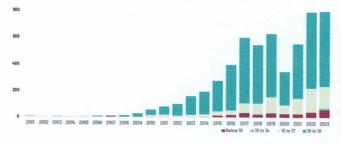
Children (<10) and Adolescents (10-19)

Among the newly reported cases from July to September 2023, there were 312 (7%) cases aged 19 and below. Among these, 22 were less than 10 years old and 290 were adolescents aged 10 - 19 years old (seven were 10-14 years old, 62 were 15-17 years old, and 221 were 18-19 years old at the time of diagnosis).

Nine (41%) among newly diagnosed children acquired HIV through mother-to-child transmission, seven (32%) through sexual contact (4 had history of sex with another male, 2 through sex with both male and female, and 1 through female-male sex), and six (27%) had no data on transmission. On the other hand, majority (276, 95%) of the newly reported adolescent cases were infected through sexual contact (228 males had history of sex with another male, 28 through male-female sex, and 20 through sex with both male and female)19, and 14 (5%) had no data on transmission.

From 2019 to the third quarter of 2023, the number of reported cases among 15-17 years old has increased by 112% (644) compared to 304 total cases reported aged 15 - 17 years old from 2018 or earlier. Cumulatively, of the diagnosed cases from January 1984 to September 2023, 5,725 (5%) were 19 years old or younger at the time of diagnosis, of which, 351 (4%) were less than 10 years old, 49 (1%) were 10-14 years old, 948 (17%) were 15-17 years old, and 4,377 (76%) were 18-19 years old.

Figure 8: Diagnosed HIV cases among children and adolescents, by age group, 2001-September 2023



Youth (15-24)

Further, 1,455 (31%) of the reported cases this quarter were among the youth aged 15-24 years old, of which, 1,383 (95%) were males and 72 (5%) were females. Two hundred sixty-three (18%) among the youth cases were reported to have advanced HIV infection26,27 at the time of diagnosis.

Almost all (1,421, 98%) acquired HIV through sexual contact (1,159 malemale sex, 161 through sex with both males & females19, and 101 through male-female sex). One (<1%) was through sharing of infected needles, and 33 (2%) had no data on mode of transmission at the time of diagnosis.

Cumulatively, a total of 35,869 youth cases have been reported, of which, 35,049 (98%) acquired HIV through sexual contact, 466 (1%) through sharing of infected needles, one (<1%) through mother-to-child transmission, and 353 (1%) had no data on transmission.

More males were diagnosed among the youth since 2004, however, the number of diagnosed HIV cases among female youth has been increasing in the past 10 years. From 493 female youth HIV cases reported from 2013 to 2017, the number of newly diagnosed female youth increased by 120% from 2018 to 2023 (1,083).

Transgender Women (TGW)

Of the 109 newly reported cases from July to September 2023 who identified as transgender women, 28 (26%) were 15 - 24 years old, 56 (51%) were 25 - 34 years old, 22 (20%) were 35-49 years old, and three(5%) were 50 years and older22. The age of diagnosis ranged from 19 to 60 years old (median: 29 years).

Of the 1,997 TGW diagnosed from January 201823 to June 2023, almost all (1,979, 99%) acquired HIV through sexual contact, four (<1%) through sharing of infected needles, and 14 (1%) had no data on MOT22. By age group, 553 (28%) were 15-24 years old at the time of diagnosis, half (998, 50%) were 25-34 years old, 395 (20%) were 35-49 years old, and 50 (3%) were 50 years and older, and one had no data on age. The age of diagnosis ranged from 15 to 63 years old (median: 28 years).

Migrant Workers²⁴

Two hundred fifteen (5%) of the cases reported in July to September 2023 were Filipinos aged 21 to 66 years old (median: 35 years) who worked overseas within the past five years, whether on land or at sea. Among them, 193 (90%) were males and 22 (10%) were females. Majority (204. 95%) of the new HIV-positive migrant workers acquired HIV through sexual contact - 104 (48%) through male-male sex, 50 (23%) through sex with both males & females 19, and 50 (23%) were through male-female sex, while one (<1%) through sharing of infected needles and 10 (5%) had no data on mode of transmission.

Since 1984, a total of 9,727 (9%) migrant workers among the diagnosed cases have been reported, of which, 9,556 (98%) acquired HIV through sexual contact, 19 (<1%) through sharing of infected needles, nine (<1%) through blood/blood products, three (1%) needlestick injury, and 140 (1%) had no data on transmission at the time of diagnosis.

People engaging in Transactional Sex²⁵

In July to September 2023, 543 (12%) of the newly diagnosed engaged in transactional sex within the past 12 months. Majority (531, 98%) were males and 12 (2%) were females, their age ranged from 14 to 73 years old (median: 30 years). Of the male cases, 244 (46%) reported paying for sex only, 208 (39%) reported accepting payment for sex only, and 79 (15%) engaged in both. On the other hand, two (17%) of the female cases reported paying for sex only, five (42%) accepted payment for sex, and five (42%) engaged in both.

A total of 13,357 cases reported to HARP from December 2012 to September 2023 engaged in transactional sex25. Majority (12,962, 97%) were males and 395 (3%) were females. There were 6,962 (52%) who paid for sex, 4,332 (32%) who accepted payment for sex, and 2,063 (15%) who engaged in both. The number of diagnosed HIV cases who engaged in transactional sex increased by 59% (7,170) from 2018 - 2022, compared to 4,513 cases reported from 2013 to 2017.

; Diagnosed HIV cases who engaged in transactional sex, by sex and age, Dec 2012 - Jun 2023 (n=12,794)

Type of Transactional Sex	July 2023 - September 2023 (n=543) ²⁶	January 2023- September 2023 (n=1,473) ²⁶	January 2018- September 2023 (n=4,579) ²⁶	December 2012 June 2023 (N=13,357) ²⁷
Accepted payment for sex only	213 (39%)	550 (37%)	2,002 (44%)	4,332 (32%)
Male	208	529	1,889	4,086
Female	5	21	113	246
Age Range (Median)	14-60 (26)	14-60 (26)	12-64 (26)	12-64 (26)
Paid for sex only	246 (45%)	647 (44%)	1,651 (36%)	6,962 (52%)
Male	244	640	1,641	6,921
Female	2	7	10	41
Age Range (Median)	16-66 (33)	16-69 (33)	16-80 (32)	13-80 (32)
Engaged in both	84 (15%)	276 (19%)	926 (20%)	2,063 (15%)
Male	79	269	898	1,955
Female	5	7	28	108
Age Range (Median)	15-73 (28)	15-73 (29)	15-73 (29)	15-73 (29)

^{*} Among males only

**Period covered July to September 2023

**Cisgender is based on gender identity which corresponds to their sex assigned at birth

Percentages were rounded of to the nearest whole number – sum may not be equal to 100% due to rounding of Figures Reporting of gender-identity in HARP started in 2018.

Reporting of gender-identity in HARP started in 2018.

Including Filiphon who worked overseas within the past five years, whether on land or at see

People who engage in transactional sex are those who reported that they either pay for sex, regularly accept payment for sex, or do both in the past 12 months. Reporting of transactional sex was included in the HARP starting December 2012.
Instructional sex within the past 12 months at the time of diagnosis.
Compatible number of cases reported regardless when the person engaged in transactional sex. Reporting of specific time period when the person last engaged in transactional sex started only in 2017 [Form version 2007]

TREATMENT

Anti-Retroviral Therapy (ART)

Newly Enrolled to ART, Jul- Sep 2023²⁸ 4.093

Median Baseline CD4 at enrollment (in cells/mm³) 29 215

PLHIV on ART as of Sep 2023

74,258

Current age (in years) 30		S
Age Range	1-81	N
Median Age	32	F

Sex assigned at birth	
Male	71,504
Female	2,754

In July to September 2023, there were 4,09328 people with HIV who were enrolled to treatment, of which, 4,049 were on the first line regimen, five were on second line regimen, and 39 were on other line of regimen. Among them, 30 (1%) were less than 15 years old, 1,227 (30%) were 15-24 years old, 2,010 (49%) were 25-34 years old, 736 (18%) were 35-49 years old, and 90 (2%) were 50 years and older30. The median CD429 of these patients upon enrollment was at 217 cells/mm3.

Among the 92,335 people living with HIV (PLHIV) ever enrolled to ART since 2002, a total of 74,258 PLHIV aged 1 to 81 years old (median: 32 years) were alive on ART as of September 2023, of which, 72,383 were on the first line regimen, 1,097 were on the second line, and 778 were on other line of regimen. Meanwhile, 18,077 (20%) were not on treatment as of September 2023 - 21,040 were lost to follow up, six refused to continue ART due to any reason, and seven reported to have migrated overseas [Table 3].

Tuberculosis Screening & Preventive Treatment³⁶

Of the 68,472 PLHIV on ART who have visited the treatment facility at least once from July to September 2023, 55,516 (81%) were screened for Tuberculosis (TB) within the period covered.

Meanwhile, among the 3,076 PLHIV who were newly enrolled to ART. have visited the facility at least once between July to September 2023, and have no active TB, 2,284 (74%) were enrolled to preventive treatment and have been reported to OHASIS36.

Table 3: Number of PLHIV by treatment outcome and region, as of Sep 2023

Region of	Treatment Outcome						
Treatment Facility ³¹	Alive on ART ³²	Lost to Follow-up ³³	Transout (Overseas) ³⁴	Stopped ³⁵			
1	1,244	329	-	-			
2	1,004	189	2	1			
3	6,521	1,629	-	-			
4A	7,432	1,939	1	1			
4B	866	218	-	-			
5	1,167	380	-	-			
6	4,427	818	-	-			
7	5,638	2,384	-	-			
8	789	272		-			
9	811	300	4	-			
10	1,193	1,047	-	-			
11	4,930	1,177	-	-			
12	2,281	531	-	-			
BARMM	49	21	-	-			
CARAGA	772	151	4	4			
CAR	594	244	-	-			
NCR	34,540	9,411	-	-			

Viral Load (VL) Testing and Suppression³⁸

Among the PLHIV on ART as of September 2023, there were 71,302 who have been enrolled to ART for at least 3 months and tagged as eligible for viral load testing.

Of the eligible, 33,727 PLHIV (39%) were tested for viral load in the past 12 months - 7,032 (21%) were tested in July to September 2023, 8,025 (24%) were tested between April and June 2023, 7,317 (22%) were tested between January to March 2023, and the remaining 11,353 PLHIV were tested between October to December 2022.

Further, among those who were tested in the past 12 months as of September 2023, 29,571 (87%) were virally suppressed35 while 4,156 (12%) were not virally suppressed.

MORTALITY³⁹

Newly reported deaths July-Sep 2023

154

Total reported deaths Jan 1984 - Sep 2023³

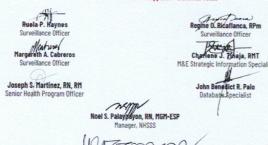
7.068

From July to September 2023, there were 154 reported deaths due to any cause among people diagnosed with HIV, of which, one (1%) were below <15 years old at the time of death, 22 (14%)were 15-24 years old at the time of death, 81 (53%) were 25-34 years old, 39 (25%) were 35-49 years old, and 11 (7%) were 50 years old and above.

From January 2018 to September 2023, there have been 3,062 deaths reported among diagnosed HIV cases in the Philippines, with more than 500 new deaths reported each year since 2018.

Since January 1984, a total of 7,242 deaths have been reported, of which, 3,305 (46%) had an advanced HIV disease at the time of diagnosis40. Among age groups, the largest proportion of reported deaths were among the 25-34 years old accounting for 3,520 (49%) of total deaths followed by 35-49 years old with 1,799 (25%), 15-24 years old with 1,500 (21%), 50 years old and older with 360 (5%), and <15 years old with 58 (1%). Five (<1%) of the reported deaths had no reported age at the time of death.

- Started on ART are those enrolled from July to September 2023 regardless of diagnosis date
 No data on baseline CD4 count for 1748 cases newly enrolled to ART from July to September 2023
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 PLHV is after on ART if the Arther visit the treatment facility for ARV refill within 30 days from expected day of bast (nun-out) pill
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- - HIV & AIDS Surveillance of the Philippines Editorial Team



- Clients who stopped due to refusal to treatment
 Based on data reported/encoded to the One HIV, AIDS, & STI Information System (OHASIS)
 PLHIV currently alive on ART with atleast 1 visit and screened within the reporting period
- Viral Suppression is defined as having less than 50 copies of HIV per militizer of blood, based on DOH AQ 2022-0024 Reported deaths due to any cause and not limited to AIDS-related causes. Based on reported date and actual date of death may not necessarily fall in this
- reporting period.

 4 55 (1%) of the total reported deaths had non-advanced HIV infection and 3,719 (51%) had no data on immunologic/clinical criteria at the time of diagnosis

HIV & AIDS Surveillance of the Philippines

HIV & AIDS Surveillance of the Philippines

The HIV & AIDS Surveillance of the Philippines (HSP) is the official record of total number of disposes liberody-confirmed. ART outcome status and deaths among people with HIV in the Philippines. All individuals in the regiotry are confirmed by the San Lazaro Hospital STD/AIDS Cooperative Central Laboratory (MSC), which is the Philippines. All individuals in the regiotry are confirmed by positive in the Philippines. All individuals in the confirmatory (MSC) and DIDI Centified Repol HIV Diagnostic Algorithm - HIVGS Confirmatory Laboratory (MSC), and DIDI Centified Repol HIV Diagnostic Algorithm - HIVGS Confirmatory Laboratory (MSC), and DIDI Centified Repol HIV Diagnostic Individuals were reported to the DIDI-Epidemiology Greened (ES) and recorded to DIASSS. ART figures are counts of HIV positive south and pediatory parieties correctly enrolled and accessing Antiertoviral (ARV) medication during the reporting period in 180 reasons to HIV positive south and pediator to follow-up and or opted not to take ARV. Lost to follow-up is considered once a person have failed to vital a reasoment facility in month after the expected date of ARV cell MSP) is a passive surveillance system. Except for HIV continuation by the NIR. & Cricia, all other data submitted to the HAPS are secondary and cannot be verified, Hence, it cannot determine if an individual's reported place of residence is where the person picturels for extension facility in the person lived after being infected, or where the person picturels for Readers are advised to interpret the data with causion and consider other sources of information before arriving at conclusions.



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