

Report to UNAIDS—HIV/AIDS TRENDS IN JAPAN

February 2012

I. Status at a glance

The AIDS Surveillance Committee holds a quarterly meeting on the trends in new cases of HIV infection and AIDS cases in Japan, and a report is published annually that compiles data on new cases based on anonymous reports from all prefectures. Physicians who diagnose HIV infection (without AIDS symptoms) or AIDS patients have to submit the case report to the prefectures. The case report include the result of HIV testing, major symptoms and diagnosis, gender, age, nationality, resident area, transmission route and place, date of diagnosis.

As of the end of 2010, a total of 12,648 cases of HIV infection and 5,799 AIDS cases were reported. In addition, a documented 1,439 people were infected with HIV through contaminated blood products for treating hemophiliacs. The epidemic reveals the following features:

-The number of reported cases of both HIV infection and AIDS cases has increased almost continuously (Figure 1).

-Sexual intercourse is the major route of transmission including homosexual contact, which accounts for 52.3% of the reported cases of HIV infection and 33.4% of reported AIDS cases as of the end of 2010. Infection through injecting drug use and mother-to-child transmission were very rare, which accounts for less than 1% both among the cases of HIV infection and AIDS cases (Figure 2).

-Approximately 70% of newly reported cases of HIV infection were in their twenties or thirties.

At a regional level, the increase is more rapid in the regions other than Tokyo and Kanto/Koshinetsu, both in the cases of HIV infection and AIDS cases.

These findings highlight the necessity for an expansion of early detection and early treatment programs via extensive awareness campaigns. (Source: 2010 Annual Report on AIDS Trends, AIDS Surveillance Committee, Ministry of Health, Labour and Welfare).

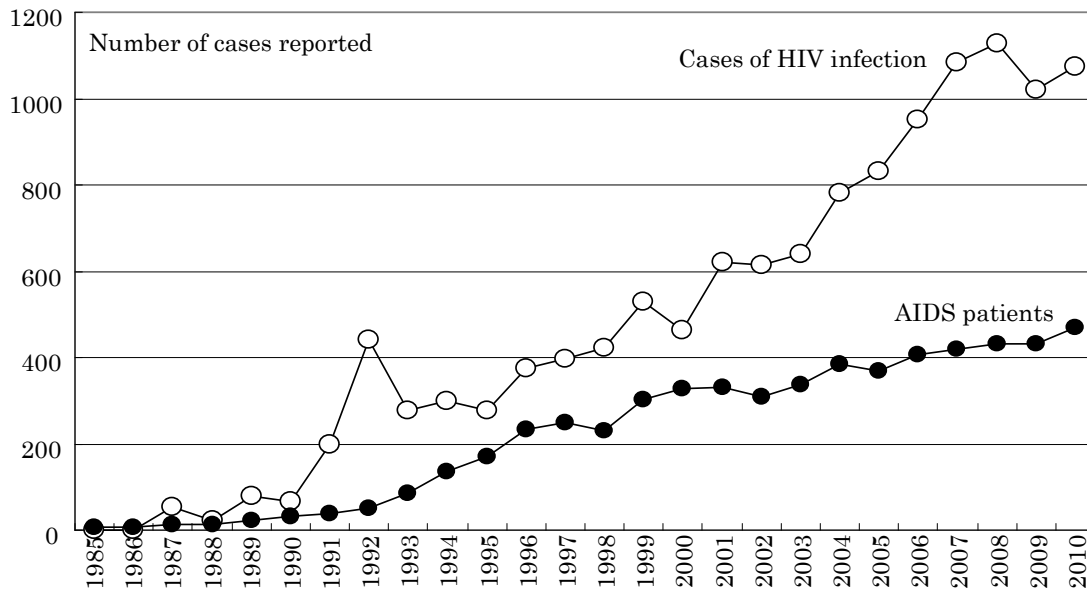


Figure 1. Number of reported cases of HIV infection and AIDS cases, 1985-2010 (Including all nationalities living in Japan, as of Dec. 31, 2010)

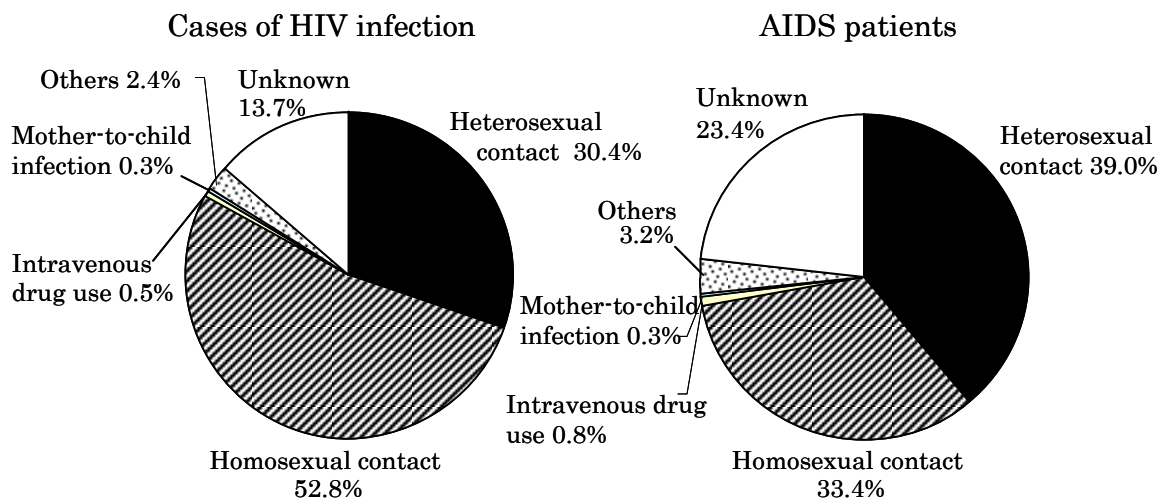


Figure 2. Transmission routes of reported cases of HIV infection and AIDS cases (as of Dec. 31, 2010)

II. Overview of the AIDS epidemic

(1) The reported cases of HIV infection and AIDS cases in 2010

In 2010, 1,075 HIV infection cases and 469 AIDS cases were reported, an increase of 54 and 38 cases over the previous year, respectively.

Among reported cases of HIV infection in 2010, 997 cases (92.7%) were Japanese and 78 cases (7.3%) were non-Japanese. In terms of transmission route, 744 cases (69.2%) were homosexual contact and 195 cases (18.1%) were heterosexual contact, making a total of 87.3% occurring through sexual contact. Only three cases were injection drug use, three cases were mother-to-child transmission, and 92 cases (8.6%) were unknown exposure. 67.5% of them were in their twenties or thirties. Many of male cases were 25-39 year-old and many of female cases were in 25-34 year-old, among both Japanese and non-Japanese. Of those infected, 914 cases (85.0%) were reported to have been infected in Japan, while 52 cases (4.8%) were in abroad.

Among reported AIDS cases in 2010, 436 cases (93.0%) were Japanese and 33 cases (7.6%) were non-Japanese. In terms of transmission route, 224 cases (47.8%) were homosexual contact and 115 cases (24.5%) heterosexual contact, making a total of 72.3% through sexual transmission. Only four cases were injecting drug use, no cases were mother-to-child transmission, and 91 cases (19.4%) were unknown routes. 49.5% of them were 35-49 year-old, including Japanese and non-Japanese. Many of male cases were 35-49 year-old but there is no specific trend in female cases. Of those infected, 354 cases (75.5%) were reported to have been infected in Japan and 37 cases (7.9%) were in abroad.

(2) Trends of the number of reported cases of HIV infection and AIDS

The number of reported cases of HIV infection has increased until 2008, and remain at around 1,000 cases thereafter (Figure 1). Transition of the number of cases was mainly due to an increase in male Japanese cases that comprise most of the reported cases of HIV infection. Cases of female Japanese gradually increased up to 2001 and then leveled off at around 40 cases per year. Non-Japanese cases in both females and males have been on the decrease since the peak in 2006. Among those Japanese cases, infection through homosexual and heterosexual contact has increased until 2008, where the infection through homosexual contact has been most prominent during the last decade (Figure 3). Infection through heterosexual contact has been stable among female at around 30 cases per year since 1996, and has been gradually increasing among male since 2003. Among those non-Japanese cases, infection through homosexual contact were stable at around 35 cases per year, and infection through heterosexual contact had been on the decrease since the peak in 2006.

The number of reported AIDS cases has been continuously increasing since

the introduction of AIDS surveillance, standing at a record high in 2010. Transition of the number of cases was mainly due to an increase in male Japanese cases, , while female Japanese cases remained stable at around 20 cases per year and male non-Japanese cases gradually decreased since the peak in 2004. Female non-Japanese cases also gradually decreased since the peak in 1999.

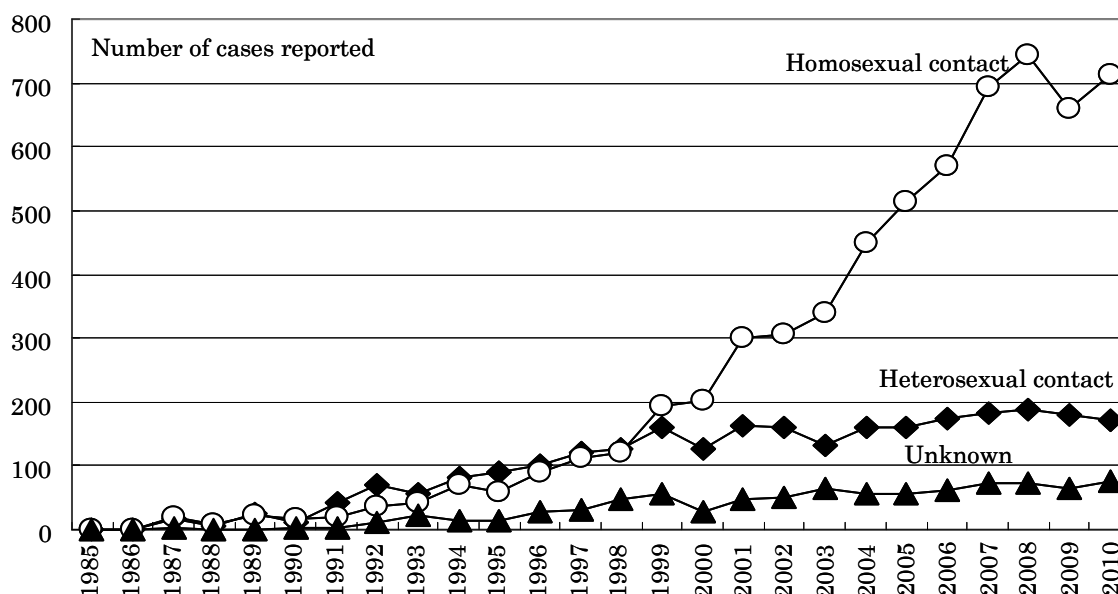


Figure 3 Japanese cases of HIV infection by exposure category, 1985-2010
(As of Dec. 31, 2010)

(3) The trend of the non-Japanese cases by the region of origin

Most cases of reported HIV infection and reported AIDS patients were from South East Asia (42.2% of cases of HIV infection and 39.2% of AIDS patients), followed by Latin America and sub-Saharan Africa. The reported number of non-Japanese cases has been decreasing to less than ten cases in each region in 2008. On the other hand, the number of unidentified nationality cases have tended to increase.

(4) Residential area

Looking at residential area of reported cases, the Kanto/ Koshinetsu area (containing Tokyo metropolitan city) remained area with high levels of infection, representing 544 cases (50.6%) of HIV infection and 193 cases (41.2%) of AIDS patients in 2010. However, the reported numbers from the Kinki area (containing Osaka and Kyoto) have been increasing rapidly, representing 248 cases (23.1%) of

HIV infection and 100 cases (21.3%) of AIDS patients in 2010 (11.5% of HIV cases and 9.7% of AIDS cases were reported from Osaka area in 2000). Tokai, Chugoku, Shikoku, and Kyushu areas also experience the increase of both the cases of HIV infection and AIDS cases, therefore increase of both the cases of HIV infection and AIDS cases were observed all over the country.

III. National response to the AIDS epidemic (IV. Best practice, V. Major challenges and remedial action)

In the past, Japan learned a bitter lesson about HIV infections caused by contaminated blood products used for treating hemophiliacs. In order to prevent similar HIV infections in other countries, we will provide any necessary information as requested.

1. Revision of AIDS prevention guidelines

A working group on AIDS and STIs at the Infectious Diseases Division of the Infectious Diseases Sub-Committee of the Health Science Council, carried out a review of the original AIDS Prevention Guidelines based on a report by the “AIDS Prevention Guidelines Review Commission,” which consists of academic experts, patient groups, and NGOs.

Key points of the review are: 1) Improving HIV counseling and testing; 2) Making quantitative and qualitative goal setting about the testing for specific populations; 3) collaborating with NGOs and other relevant organizations regarding measures for specific populations; and 4) Improving medical care collaboration in community-centered core hospitals.

The revised AIDS Prevention Guidelines were approved at a meeting of the Infectious Diseases Division of the Infectious Diseases Sub-Committee of the Health Science Council, and went into effect on January 19, 2012.

Moreover, article IX of the “AIDS Prevention Guidelines” stipulates “the assessment of AIDS measures and collaboration with related institutions,” and the Assessment and Review Committee on AIDS Measures has been monitoring the implementation of national and local government measures with the Committee on AIDS Trends. Then, the evaluation result of such monitoring will be reflected in the next revision of AIDS Prevention Guidelines.

2. Awareness campaigns

Head of operation of the Stop AIDS Strategy, which run by the Minister of Health, Labour, and Welfare, was established in 2005, , and has launched various public relations activities including government campaigns. The Japan Foundation for AIDS Prevention has launched a nationwide prevention campaign and raises awareness through television commercial with the Advertising Council Japan.

1) General activities

The Ministry of Health, Labour and Welfare promoted activities to encourage awareness of facts about HIV/AIDS and reducing HIV/AIDS-related discrimination and stigma, especially during the world AIDS day on December 1st

Several events were organized for World AIDS Day in 2010 and 2011, based on the continued growth in young people affected. Events included a live concert and talk featuring artists popular with young people, which was broadcast over the Internet. A temporary HIV testing center was set up near the event site to offer testing and take the AIDS awareness campaign to the streets.

2) Measures for specific populations such as men who have sex with men (MSM) and young people

Seven accessible community centers were opened nationwide to aware the campaign on the prevention of HIV/AIDS and reduce HIV/AIDS-related discrimination and stigma. Run by NGOs, they were established for the MSM group as part of support services and include providing outreach. Moreover, similar efforts were also made targeting junior and senior high school students through an education that includes research projects against AIDS.

3. Improving access to voluntary HIV counseling and testing

More than 30% of people who newly diagnosed HIV infection had already progressed to AIDS (People who knows their HIV status after developed AIDS). To address this issue, the following steps have been implemented.

1) Improving access to free and anonymous counseling and testing at public health centers

There is already an established system for free and anonymous testing at public health centers throughout Japan. In addition, in order to protect privacy, every public health center has individual counseling rooms available so that people are able to receive counseling in comfort.

Other measures have been promoted, such as out-of-working-hours voluntary HIV testing services at public health centers, the introduction of quick tests, and conducting voluntary HIV tests by collaborating with NGOs in accessible areas like urban centers. It is expected that these will increase the convenience and access to testing.

2) Facilitating and disseminating HIV testing services through HIV testing awareness week

June 1–7 is HIV testing awareness week. Its purpose is to complement the system of voluntary HIV counseling and testing (VCT) that is operated by national government and prefectures as well as to draw public attention to HIV/AIDS. Throughout the week, national and local governments facilitate out-of-working-hours HIV testing services, and provide quick tests at public health centers.

3) Maternal health check-ups

Under the Maternal and Child Health Act, pregnant women are recommended to have a prenatal health check-up, and an HIV antibody test is carried out as one of the early pregnancy blood screening tests. Research group studies show that 98.3% of pregnant women receive the HIV antibody test. For those who diagnosed as HIV-positive, a program of prevention of mother-to-child transmission is undertaken including taking antiretroviral drugs, caesarian section, and cessation of breastfeeding.

4. Medical care system and patient support

1) Core hospital system

As part of the HIV/AIDS medical treatment services, the AIDS Clinical Center (ACC) has been established as a national center for treating HIV, together with 14 regional core hospitals throughout eight regional blocks, and 380 core hospitals (including the regional core hospitals). The ACC and regional core hospitals have been working in close coordination; however, the ACC and both regional core and core hospitals have encountered such problems as a high concentration of AIDS patients in a subset of core hospitals. In response, each prefecture was requested to select a single key core hospital from the hospitals that provided AIDS treatment within their jurisdiction in order to improve medical standards, redress regional differences, and develop a comprehensive medical care

system. Under the supervision of the regional core hospital for each block, key core hospitals provide advanced AIDS medical treatment, training, and medical information to core hospitals by collaborating with regional core hospitals.

2) Acknowledging people living with HIV (PLHVI) as persons with a disability

A policy was established in 1998 to acknowledge PLHIV as persons with a disability, and as such, to issue them the relevant identification booklet. Under the policy, measures have been taken to reduce their medical payments related to HIV treatment, since treatment is very expensive even when partially covered by medical insurance.

Further, officers are trained to give full consideration to privacy when conducting procedures including application for delivery of identification booklets to persons with disabilities in social welfare centers.

5. Promoting research

Although HIV and AIDS can be controlled after development of highly active antiretroviral therapy (HAART), there is still no curable or prophylactic medicine. We are promoting broad research in the clinical medicine, basic medicine, and public health in order to inhibit the spread of infection and to improve providing good quality and appropriate medical care.

For example, initiatives are being implemented to develop the latest treatment methods and prepare treatment guidelines. Additionally, measures are being undertaken to research overcoming complications in HIV infections, research the structure, multiplication, and mutation of HIV, and research improving the medical care system for HIV and infection prevention measures for specific populations such as the MSM group. We are comprehensively promoting fundamental, clinical, epidemiological HIV/AIDS research with human rights, social, and medical perspectives.

6. Other Measures

1) Interagency Liaison Committee Session about AIDS

Since the cases of HIV infection and AIDS patients has spread in wider area and age group, , the Interagency Liaison Committee was established in 2000. The Ministry of Justice, Ministry of Foreign Affairs, Ministry of Education, Culture, Sports, Science and Technology, and bureaus of the Ministry of Health, Labour and Welfare participated in a session held based on Article IX-I of the “AIDS Prevention

Guidelines,” with the purpose of promoting more comprehensive and effective AIDS measures..

2) Liaison Council of Managers of AIDS Prevention Measures in Key Prefectures

The Liaison Council meets to discuss local authorities that have been selected as prefectures with large reported numbers of cases of HIV infection and AIDS patients since 2006. The purpose of the council is to share pioneering initiatives, provide the latest expert knowledge, and provide technical support on AIDS prevention measures. It is an opportunity for the exchange of ideas and sharing of information for the enhancement of effective AIDS prevention measures.

VI. Support from country’s development partners

Not available.

VII. Monitoring and evaluation

1. The AIDS Surveillance Committee

The AIDS Surveillance Committee, which held quarterly meeting, monitor the trend of reported cases of both HIV infection and AIDS, numbers of voluntary HIV counseling and testing, as well as the HIV positive rate among blood donations. They compiled the annual report.

2. AIDS Prevention Guidelines working group

A working group on the AIDS Prevention Guideline has taken place since 2011. It evaluates the effort to major measures that are conducted by national government and prefectures, and reviews the Guidelines accordingly.

3. Liaison Council of Managers of AIDS Measures in Key Prefectures

Some prefectures were selected as intensified cooperation local authorities according to HIV epidemics. Regular support for these prefectures has been provided.