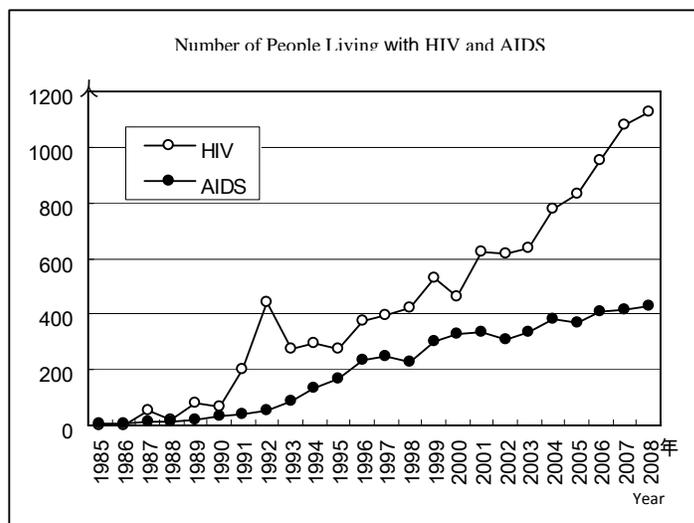


Report to UNAIDS – HIV / AIDS Trends in Japan December 2009



I. Status at a glance

The chart above shows the number of people living with HIV (PLHIV) and AIDS patients newly reported based on the Infectious Disease Control Act. People who had already been reported as living with HIV and who had subsequently developed AIDS were excluded from the legal report.

Every three months, a meeting of the Committee on AIDS Trends is held on the subject of trends in cases of PLHIV and AIDS patients in Japan, and a report is published compiling data on new cases based on reports from prefectures, etc. In 2008 there were 1,126 cases of PLHIV and 431 cases of AIDS patients, making 1,557 new cases overall, an increase of 57 compared to the previous year. This continued increase in both PLHIV and AIDS patients highlights the necessity for an expansion of early detection and early treatment programs via extensive awareness campaigns and testing. (Extract from 2008 Annual Report on AIDS Trends, Committee on AIDS Trends, Ministry of Health, Labour and Welfare)

II. Overview of the AIDS epidemic

1. The reported number of PLHIV in 2008 was again a record high at 1,126 cases. The number of newly reported PLHIV cases over the past five years represents 45.2% of the total. 1,033 cases were Japanese nationals and 93 cases were foreign nationals. In terms of exposure routes for the reported PLHIV cases in 2008, 779 cases (69.2%) were caused by homosexual sexual contact and 220 cases (19.5%) by heterosexual sexual contact, making a total of 999 cases (88.7%) by sexual contact. Age ranges centered

on the 20-39 group (70.3%), with both Japanese and foreign nationals seeing most reports in the 25-34 age range for males and the 20-24 age range for females.

The increase in PLHIV is primarily due to an increase in cases of male Japanese nationals, while cases of female Japanese nationals gradually increased up to 2001 and then leveled off.

Of the cases which were Japanese nationals, there was an increase in those via both homosexual sexual contact and heterosexual sexual contact, with the increase in cases of infection via homosexual sexual contact being particularly striking (743 cases).

The number of PLHIV who are female Japanese nationals infected through heterosexual sexual contact increased up to 1999, and has fluctuated thereafter. The peak age range overall was 25-29, with 5.1% of cases in the 15-19 range. Looking at the distribution by gender and age ranges overall for PLHIV who are Japanese nationals infected through heterosexual sexual contact, the proportion of females exceeded males in the 15-19 and 20-24 age ranges.

2. The reported number of AIDS patients was 431, an increase of 13 compared to the previous year. Of those, 378 were Japanese nationals and 53 foreign nationals, with the number of Japanese nationals increasing by 13 compared to the previous year.

Of the cases of AIDS patients newly reported in 2008, 147 (34.1%) were infected through heterosexual sexual contact, 189 (43.9%) were infected through homosexual sexual contact, making a total of 78.0% sexual infections. The exposure route was unknown for a considerable 77 cases (17.9%). The infection region was presumed to be Japan in 298 cases (69.1%).

Male Japanese nationals made up 359 cases (83.3%), 16 greater than the previous year, of which 107 cases (29.8%) were infections through heterosexual sexual contact, 181 (50.4%) were infections through homosexual sexual contact, and the exposure route was unknown in 59 cases (16.4%).

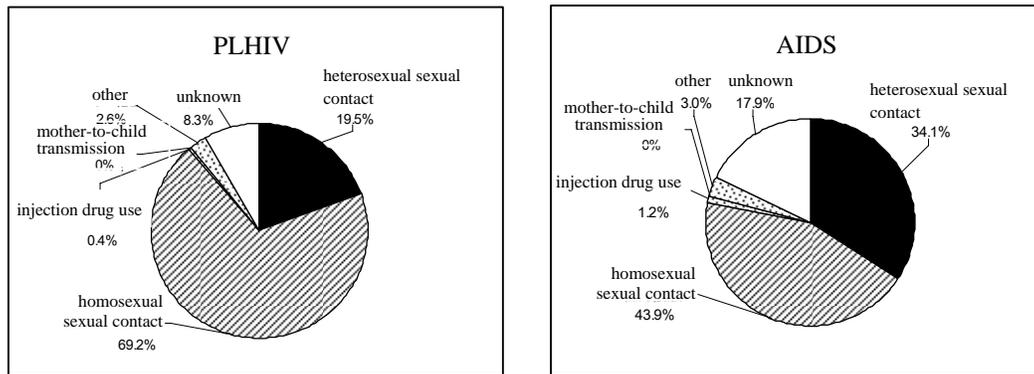
3. The number of newly reported cases of both PLHIV and AIDS patients who are foreign nationals was stable, and reported cases of foreign nationals comprised 93 cases (8.3%) of PLHIV and 53 cases (12.3%) of AIDS patients in 2008. In terms of regions, most PLHIV and AIDS patients were from South East Asia, Latin America and sub-Saharan Africa.

4. The primary exposure route for both PLHIV and AIDS patients was sexual contact, with injection drug use and mother-to-child transmission together contributing less than 2%. However, there were 10 newly reported cases of PLHIV and AIDS patients combined in 2008 where the exposure route was injection drug use, the same number as the previous peak in 2005, showing that in some cases other exposure routes overlap with each other.

5. Looking at regional trends, Tokyo and the Kanto / Koshinetsu area (excluding Tokyo) remained areas with high levels of infection, representing 606 (53.8%) of PLHIV and 203 (47.1%) of AIDS patients in 2008.

A breakdown by prefecture shows continued record numbers of reported cases of PLHIV in Tokyo and Osaka, and an increasing trend in nearby prefectures, Chugoku / Shikoku and Kyushu. Numbers of reported AIDS patients has leveled off in Tokyo, but is gradually increasing in other regions.

Figure 1 – Breakdown of exposure routes of PLHIV and AIDS patients reported in 2008



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

Japan has in the past learnt a bitter lesson about HIV infections caused by contaminated blood products for the treatment of 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 Sectional 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.

The revised AIDS Prevention Guidelines were approved at a meeting of the Infectious Diseases Division of the Infectious Diseases Sectional Committee of the Health Science Council on March 2nd, 2006, and became applicable from April 1st, 2006.

Policies such as awareness campaigns and education, provision of testing and counseling systems, and reorganization of medical care provision are currently being implemented based on the revised AIDS Prevention Guidelines, ensuring human rights are respected. To this end, we are preparing guidelines for Japanese local authorities and supporting the development of initiatives by local authorities.

A further review of the AIDS Prevention Guidelines will take place in 2011.

2. Establishment of the Assessment and Review Committee on AIDS Measures

Article VIII of the "AIDS Prevention Guidelines" stipulates "a new collaboration between the assessment of AIDS measures and related institutions" which led to the establishment of the Assessment and Review Committee on AIDS Measures, consisting of academic experts, patient groups, NGOs, and local authorities. Together with the Committee on AIDS Trends, the Assessment and Review Committee on AIDS Measures has been monitoring the implementation of national and local government measures.

3. Interagency Liaison Committee Session

Due to the continued growth in cases of AIDS patients and PLHIV both in terms of region and age ranges, the Interagency Liaison Committee was established and a session held based on Article VIII-I of the "AIDS Prevention Guidelines", with the purpose of promoting more comprehensive and effective AIDS measures.

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 the 2009 session on April 27th.

4. Awareness campaigns

The Stop AIDS Strategic Headquarters was established headed by Minister of Health, Labour and Welfare, and has since launched various PR activities including government campaigns. The Japan Foundation for AIDS Prevention has launched a nationwide prevention campaign, and raises awareness through television commercial advertising with the Japan Advertising Council.

(1) General activities

During the period around December 1st, the Ministry of Health, Labour and Welfare promoted activities to encourage awareness of the facts about HIV/AIDS, and implemented awareness campaigns in collaboration with local authorities and NGOs to work towards preventing HIV/AIDS and reducing HIV/AIDS-related discrimination and stigma.

Several events were organized for both the 2008 and 2009 World AIDS Day, based on the continued growth in young people affected, including 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. In order to encourage opportunities for PLHIV to join and remain engaged in the workforce, other campaigns were carried out with a view to encouraging employers to work together with PLHIV.

(2) Measures for specific populations such as MSM and young people

Four community centers run by NGOs were established by MSM as part of a community project spearheaded by MSM. Further efforts were made to raise awareness amongst MSM and young people, such as the Well being of Youth in Social Happiness (WYSH) project, an education program targeting junior and high school students.

An awareness campaign was promoted on the prevention of HIV/AIDS and reduction of HIV/AIDS-related discrimination and stigma, including a campaign run by MSM supported by NGOs.

5. Improvement to voluntary HIV counseling and testing

30% of people newly reported as living with HIV had already progressed to AIDS (i.e. AIDS had onset without their knowledge of being infected with HIV).

(1) Improvement of free 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 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, such as out-of-working-hours voluntary HIV testing services at public health centers, the introduction of quick tests, and establishing voluntary HIV testing stations run by NGOs in accessible areas, such as urban centers, have been promoted. It is expected that these will increase the convenience with which examinees can gain access to testing.

(2) Voluntary HIV testing awareness week (2006 onwards)

The period between 1st and 7th of June has been designated as the HIV testing awareness week. The purpose of this week is to complement the system of voluntary HIV counseling and testing as operated by national government and prefectures, etc., as well as to draw the public's attention to HIV/AIDS. Throughout the week, national and local governments facilitate out-of-working-hours HIV testing services, and the introduction of 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 maternal 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 test, and a program of prevention of mother-to-child transmission is undertaken including antiretroviral drugs, caesarian section, and cessation of breastfeeding.

6. Medical care system and patient support

(1) Establishment of core hospitals system

As part of HIV/AIDS medical treatment services, the AIDS Clinical Center (ACC) has been established as a national center for the treatment of HIV, together with 14 regional core hospitals throughout eight regional blocks, and 378 core hospitals (including the regional core hospitals). The ACC, regional core hospitals, and core hospitals have been working in close coordination, however, the ACC and some regional core hospitals have encountered a number of problems, such as the 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 providing AIDS treatment within their jurisdiction in order to improve medical standards, redress regional differences, and develop a comprehensive medical care system in a focused and systematic manner. Under the supervision of the regional core hospital for each block, key core hospitals

implement advanced AIDS medical treatment, and provide training services and medical information to core hospitals.

(2) Acknowledgment as a person with disabilities, and identification booklets

A policy was established in 1998 to acknowledge PLHIV as persons with disabilities, and as such to issue to them the relevant identification booklet. Under the policy, measures were taken to reduce their medical payments related to treatment for HIV, since the payments were too expensive even when partially covered by medical insurances.

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.

7. The promotion of research

HIV and AIDS can be controlled thanks to the development of highly active antiretroviral therapy (HAART), however, as there is currently no complete treatment or prophylactic medicine, we are promoting broad research from the viewpoints of clinical medicine, basic medicine, and social medicine, in order to inhibit the spread of infection and improve the provision of good and appropriate medical care.

For example, initiatives are being implemented on the development of the latest treatment methods and preparation of treatment guidelines, research into overcoming complications in HIV infections, research into the structure, multiplication and mutation of HIV, and research into improving the medical care system for HIV and infection prevention measures for specific populations such as MSM. We are comprehensively promoting fundamental, clinical, epidemiological, and human rights HIV/AIDS research from social and medical perspectives, including research in the medical and natural sciences using social and political approaches.

8. Other

Liaison Council of Managers of AIDS Prevention Measures in Key Prefectures (2006 onwards)

The Liaison Council meets to discuss local authorities which have been selected as prefectures with large reported numbers of PLHIV and AIDS patients. The purpose of the council is to share pioneering initiatives and provide the latest expert knowledge, and to 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. Committee on AIDS Trends

The Committee on AIDS Trends, which is held four times a year, monitors AIDS trends, levels of voluntary HIV counseling and testing, as well as the HIV positive rate among blood donations. This information is then summarized in an annual report.

2. Assessment and Review Committee on AIDS Measures

The Assessment and Review Committee on AIDS Measures has met since 2006 to monitor the implementation of key initiatives of the national government and prefectures, etc.

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

Some prefectures, where the numbers of PLHIV and AIDS patients are higher than national average levels, have been identified as “local authorities for close cooperation.” The managers of their AIDS policies regularly meet to discuss suggestions, exchange advice and promote mutual cooperation.