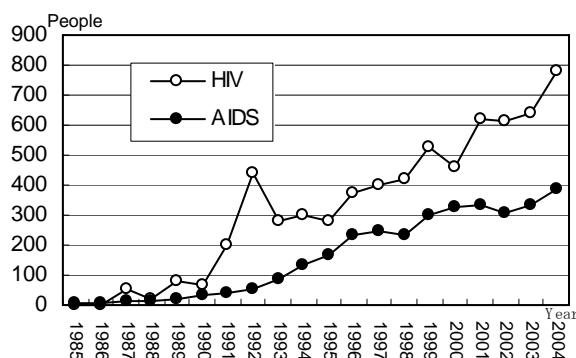


## I. Status at a glance



The numbers of HIV-infected patients and AIDS patients being diagnosed in Japan have continued to increase and the expansion could be considered to be mainly due to sexual contact. In particular, infections through sexual contact between males makes up 60.0% of all HIV-infected patients, and as the number of AIDS patients is also increasing, it is necessary to increase opportunities for early discovery and early treatment through the spread of enlightenment and education on prevention and testing. (Extract from 2004 Annual Report on AIDS Trends (Committee on AIDS Trends, Ministry of Health, Labour and Welfare) <http://api-net.jfap.or.jp/> (Japanese only))

## II. Overview of the AIDS epidemic

- 1) The number of reported cases of HIV-infected patients has continued to increase since 1996, and 2004 was the highest number recorded with 780 cases. This figure includes 680 Japanese nationals and 100 foreign nationals.

The infection routes of the cases of HIV-infected patients reported in 2004 included 668 (85.6%) infections through sexual contact, with 468 (60.0%) through sexual contact between individuals of the same sex, 200 (25.6%) through sexual contact between individuals of the opposite sex.

The increase in Japanese males infected with HIV is pronounced, and the number of cases reported in 2004 greatly exceeded last year's figure to record the highest figure to date (636 cases). There were 44 cases of Japanese females, up from last year (32 cases).

The number of Japanese nationals was the highest reported to date (449) due to the significant increase in infections through sexual contact between males compared to last year. There were 122 cases of Japanese males infected through sexual contact with individuals of the opposite sex, up from last year (108 cases).

The number Japanese females infected with HIV through sexual contact with individuals of the opposite sex increased until 1999 but has been flat since. Moreover, looking at a gender breakdown of Japanese nationals infected with HIV through sexual contact with individuals of the opposite sex by age group, females make up the majority in the 15-19 years and 20-24 years groups, which is in contrast with other age groups.

- 2) The number of AIDS patients reported was 385, continuing to increase from the previous years figure to record the highest level to date. There were 309 (80.3%) Japanese nationals, which is a record figure, and the number of foreign nationals also increased to 76.

Of the reports of AIDS patients made in 2004, sexual transmissions made up 71.7%, with 135 (35.1%) being infected through sexual contact with individuals of the opposite sex and 141 (36.6%) being infected through sexual contact with individuals of the same sex. Cases with

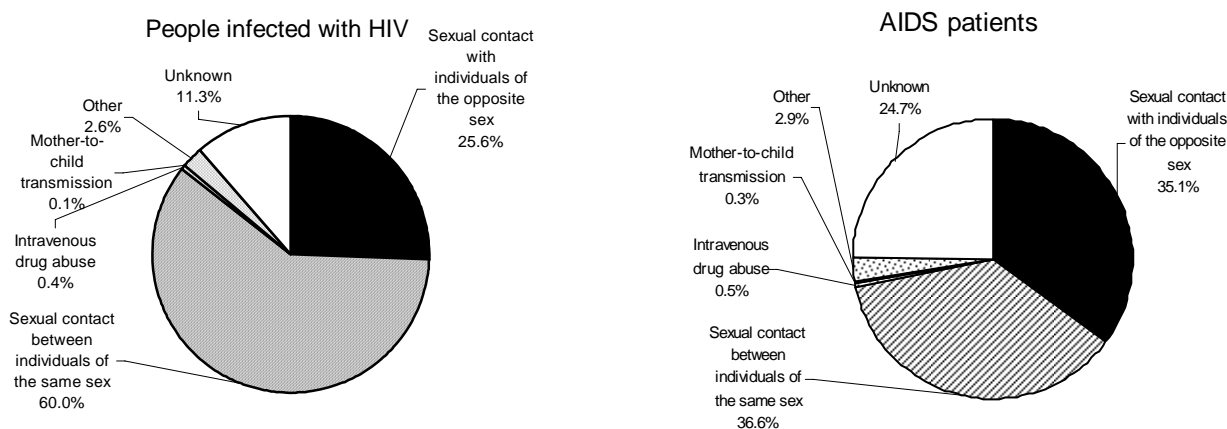
unknown infection routes totaled 95 (24.7%) and are increasing. The presumed location of infection was within Japan in 268 cases (69.6%).

The number of Japanese males was 290 (75.3%), up from last year (252), with 99 (34.1%) infected through sexual contact with individuals of the opposite sex, 126 (43.4%) infected through sexual contact with individuals of the same sex, and 54 (18.6%) with unknown infection routes.

- 3) The number of foreign nationals reported as being infected with HIV or suffering from AIDS has been flat, but there were 100 reports (12.8%) of foreign nationals being infected with HIV and 76 (19.7%) reports of being diagnosed with AIDS in 2004. The origins of people infected with HIV and AIDS patients were Southeast Asia, Latin America and Sub-Saharan Africa in order of frequency.
- 4) The majority of infection routes for both HIV and AIDS were infections through sexual contact, with Intravenous drug abuse and mother-to-child transmission both being less than 1%.
- 5) Looking at the report blocks, Tokyo and Kanto Koshinetsu (excluding Tokyo) remain high, making up 457 (58.6%) HIV reports and 240 (62.3%) AIDS reports in 2004.

The number of people infected with HIV increased in all blocks. By prefecture, patients infected with HIV continued to increase in Osaka, and record levels were reported in Tokyo, Osaka and Aichi. AIDS patients increased in all blocks except Hokuriku. (Extract from 2004 Annual Report on AIDS Occurrence Trends (Committee on AIDS Trends, Ministry of Health, Labour and Welfare) Note: This Annual Report defines AIDS patients as cases in which HIV infection is first discovered due to exhibiting AIDS symptoms)

**Figure 1: Breakdown of infection routes of HIV and AIDS patients reported in 2004**

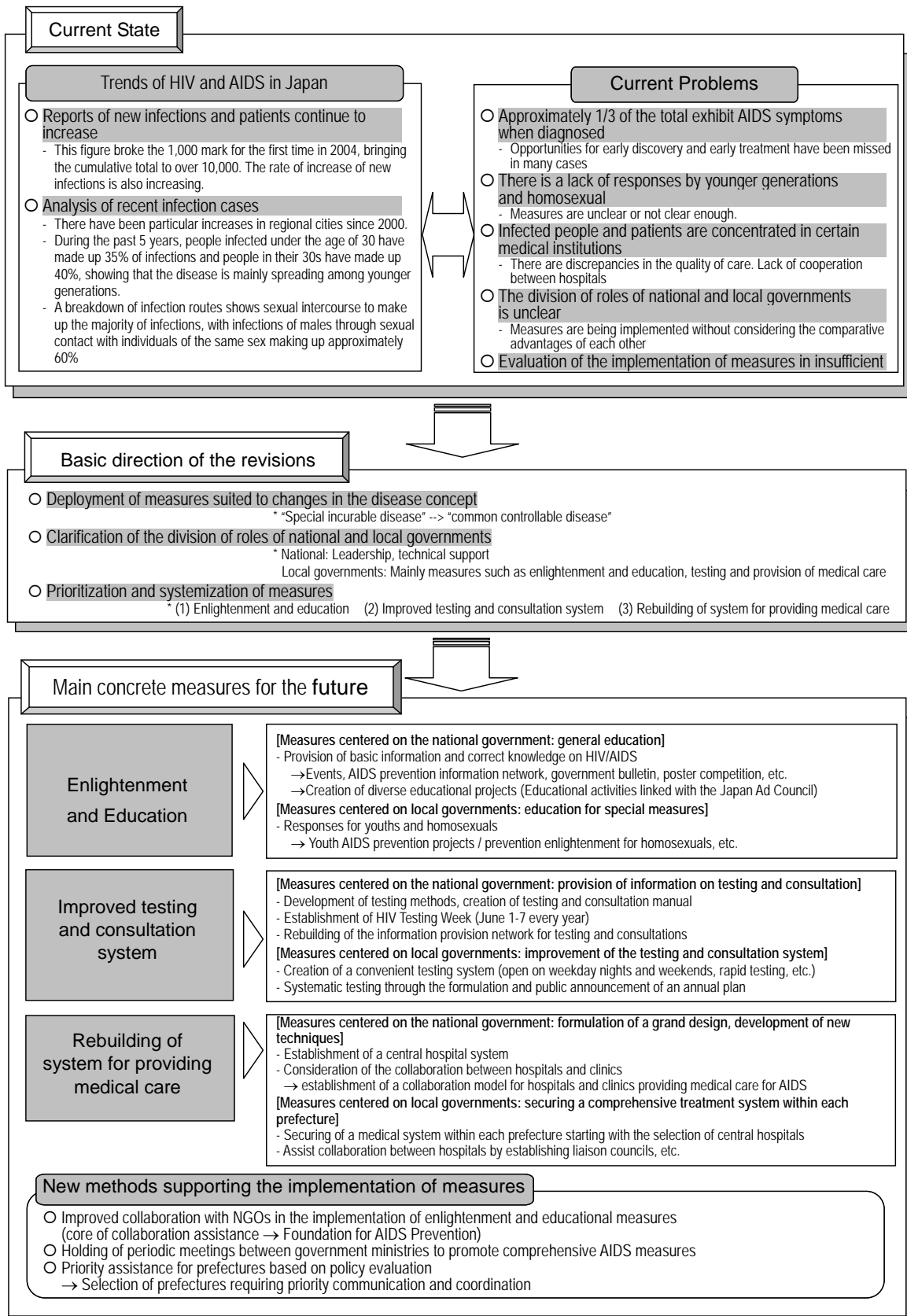


### III. National response to the AIDS epidemic

- A meeting of the AIDS Prevention Review Commission (report dated June 13, 2005) made up of government officials, NGOs, patient groups and academic experts was held and AIDS Prevention Guidelines (1999) was revised in 2005, and is scheduled to go into effect on April 1, 2006.
- Held a meeting of the director-general level “Stop AIDS Strategic Headquarters” headed by the Minister of Health, Labour and Welfare
- Held section chief level meetings between government ministries related to AIDS

#### IV. Major challenges faced and actions needed to achieve the goals/targets

Major challenges faced and actions needed are described in the figure below.



#### V. Support required from country's development partners

- "Working with NGOs is effective when implementing various measures covering individual levels of measures. It is also desirable that a system be created in which information from NGOs can be provided to local governments." (Revised AIDS Prevention Guidelines) Based on this, we plan to further improve the functions of NGOs, such as the Japanese Foundation for AIDS Prevention, that include human resource development and activity support.

#### VI. Monitoring and evaluation environment

- The Committee on AIDS Trends holds meetings four times each year and issues a report once each year on topics such as trends in the occurrence of AIDS, numbers of tests/consultations and HIV-positive cases in blood donations.

- "It is necessary that the government monitors the measures implemented by the central government and local governments, periodically providing information and making necessary investigations while providing the necessary technical support to regions such as those with a higher proportion of infections or patients than the national average." (2005 Revised AIDS Prevention Guidelines) Based on this, the Ministry of Health, Labour and Welfare plans to monitor the implementation of key measures by the national government and local governments through health sciences research, etc. and makes periodic reports in places such as the Health Sciences Council from 2006. Prefectures where reports of HIV and AIDS are higher than the national average shall be designated as "local governments requiring priority assistance", and we plan to periodically provide them with advice and assistance.