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.

**Current State**

- **Trends of HIV and AIDS in Japan**
  - Reports of new infections and patients continue to increase
    - This figure broke the 1,000 mark for the first time in 2004, bringing the cumulative total to over 10,000. The rate of increase of new infections is also increasing.
  - Analysis of recent infection cases
    - There have been particular increases in regional cities since 2000. During the past 5 years, people infected under the age of 30 have made up 35% of infections and people in their 30s have made up 40%, showing that the disease is mainly spreading among younger generations.
    - A breakdown of infection routes shows sexual intercourse to make up the majority of infections, with infections of males through sexual contact with individuals of the same sex making up approximately 60%.
  - Approximately 1/3 of the total exhibit AIDS symptoms when diagnosed
    - Opportunities for early discovery and early treatment have been missed in many cases
  - There is a lack of responses by younger generations and homosexual
    - Measures are unclear or not clear enough.
  - Infected people and patients are concentrated in certain medical institutions
    - There are discrepancies in the quality of care. Lack of cooperation between hospitals
  - The division of roles of national and local governments is unclear
    - Measures are being implemented without considering the comparative advantages of each other
  - Evaluation of the implementation of measures in insufficient

- **Basic direction of the revisions**
  - Deployment of measures suited to changes in the disease concept
    - "Special incurable disease" --> "common controllable disease"
  - Clarification of the division of roles of national and local governments
    - * National: Leadership, technical support
      - Local governments: Mainly measures such as enlightenment and education, testing and provision of medical care
  - Prioritization and systematization of measures
    - (1) Enlightenment and education
    - (2) Improved testing and consultation system
    - (3) Rebuilding of system for providing medical care

- **Main concrete measures for the future**

  **Enlightenment and Education**
  - [Measures centered on the national government: general education]
    - Provision of basic information and correct knowledge on HIV/AIDS
    - Events, AIDS prevention information network, government bulletin, poster competition, etc.
    - Creation of diverse educational projects (Educational activities linked with the Japan Ad Council)
  - [Measures centered on local governments: education for special measures]
    - Responses for youths and homosexuals
      - Youth AIDS prevention projects / prevention enlightenment for homosexuals, etc.

  **Improved testing and consultation system**
  - [Measures centered on the national government: provision of information on testing and consultation]
    - Development of testing methods, creation of testing and consultation manual
    - Establishment of HIV Testing Week (June 1-7 every year)
    - Rebuilding of the information provision network for testing and consultations
  - [Measures centered on local governments: improvement of the testing and consultation system]
    - Creation of a convenient testing system (open on weekday nights and weekends, rapid testing, etc.)
    - Systematic testing through the formulation and public announcement of an annual plan

  **Rebuilding of system for providing medical care**
  - [Measures centered on the national government: formulation of a grand design, development of new techniques]
    - Establishment of a central hospital system
    - Consideration of the collaboration between hospitals and clinics
    - Establishment of a collaboration model for hospitals and clinics providing medical care for AIDS
  - [Measures centered on local governments: securing a comprehensive treatment system within each prefecture]
    - Securing of a medical system within each prefecture starting with the selection of central hospitals
    - Assist collaboration between hospitals by establishing liaison councils, etc.

- **New methods supporting the implementation of measures**
  - Improved collaboration with NGOs in the implementation of enlightenment and educational measures
  - Holding of periodic meetings between government ministries to promote comprehensive AIDS measures
  - Priority assistance for prefectures based on policy evaluation
  - Selection of prefectures requiring priority communication and coordination
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.