HIV/AIDS Situation in Japan

Though the number of HIV/AIDS cases is relatively small in Japan, it has been increasing steadily especially among Japanese males. Nearly half of all HIV infections was transmitted through the transfusion of HIV-infected blood products. However, new infections have been occurring mainly through heterosexual transmission. By the end of June 1996, cumulative total of 1,312 AIDS cases and 3,758 HIV infections are reported. Of 682 AIDS cases, excluding those infected through the transfusion of infected blood products, heterosexual transmission accounts for 39%, homosexual/bisexual transmission accounts for 30%, the sharing of HIV-infected injection equipment by drug users accounts for 0.9% and mother-to-child transmission accounts for 1%. Of 1,890 HIV infections, excluding those infected through blood products, heterosexual transmission, homosexual/bisexual transmission, injecting drug use and mother-to-child transmission accounts for 50%, 21%, 0.6%, 0.6% respectively. HIV infections have been reported from all prefectures and most infected individuals now mention Japan as the place where transmission took place. Japanese National AIDS Program consists of six areas; health care, counseling system, HIV testing, research, education and international cooperation. In 1996, the Government puts particular emphasis on improvement of health care for those who are infected. J Epidemiol, 1996; 6: S133-S137.

HIV/AIDS, surveillance, National AIDS program, Japan

EPIDEMIOLOGIC PATTERN

The Japan’s first case of AIDS was reported in 1985. Since then, the number of AIDS cases and HIV infections have been closely monitored by the AIDS surveillance Committee of the Ministry of Health and Welfare.

AIDS Surveillance in Japan began in 1984 and is now carried out nationally as stipulated by the AIDS Prevention Law. Under this law, a doctor who has diagnosed an HIV infection or AIDS case is required to report the epidemiological data, such as the age, sex, and mode of transmission. The reports submitted by doctors are compiled bimonthly and made public.

As of the end of June 1996, cumulative total of 1,312 AIDS cases and 3,758 HIV infections are reported. HIV infection in Japan is characterized in that about half of the cases and the infected persons contracted the disease through untreated blood products in the past.

The cumulative reported number of AIDS cases, excluding those infected though blood products is 682 (including 195 foreigners). Breakdown of the 682 AIDS cases by modes of transmission shows 39% heterosexual, 30% homosexual/bisexual, 0.9% injecting drug use, 1% mother to child transmission, and 27% remains causes unknown (Table 1).

The cumulative reported number of HIV infections, excluding those infected through blood products is 1,890 (including 992 foreigners). Breakdown by modes of transmission shows 50% heterosexual, 21% homosexual/bisexual, 0.6% injecting drug use, 0.6% mother to child transmission and 26% remains causes unknown (Table 2).

As the reporting of AIDS cases overlaps the reporting of HIV infections, it should be noted that some of the AIDS cases who were previously reported as asymptomatic carrier or ARC
Table 1. Cumulative number of reported cases of AIDS by modes of transmission as of June 30, 1996.

|                     | Male | Female | Total |
|---------------------|------|--------|-------|
| Heterosexual Contact| 216  | 50     | 266   |
| Homosexual Contact  | 202  | 0      | 202   |
| Injecting Drug Use  | 6    | 0      | 6     |
| Mother-to-Child     | 4    | 3      | 7     |
| Blood Products*     | 619  | 11     | 630   |
| Miscellaneous       | 13   | 7      | 20    |
| Unknown             | 153  | 18     | 181   |
| **Total**           | 1213 | 99     | 1312  |

*According to the report from the Research Group on cure and treatment for Hemophiliac HIV/AIDS patients on May 31, 1996.

Table 2. Cumulative number of reported HIV infections by modes of transmission as of June 30, 1996.

|                     | Male | Female | Total |
|---------------------|------|--------|-------|
| Heterosexual Contact| 410  | 536    | 946   |
| Homosexual Contact  | 397  | 0      | 397   |
| Injecting Drug Use  | 12   | 0      | 12    |
| Mother-to-Child     | 4    | 8      | 12    |
| Blood Products*     | 1846 | 22     | 1868**|
| Miscellaneous       | 21   | 19     | 40    |
| Unknown             | 158  | 325    | 483   |
| **Total**           | 2848 | 910    | 3758  |

*According to the report from the Research Group on cure and treatment for Hemophiliac HIV/AIDS patients on May 31, 1996.

**This figure includes 630 AIDS cases.

with regard to the age distribution, the peak is in the 30's, accounting for 30% of AIDS cases. For HIV infections, those in their 20's account for 51%. Male to female ratio in AIDS cases is 6.9, while that in HIV infections is 1.1.

Annual changes in the number of AIDS cases/ HIV infections are such that that of female decreased to 111 in 1995, following the similar tendency of the year before, whereas that of male increased to 335 (Figure 1). During the period from 1990 to 1992, the annual reported cases increased dramatically. Then the reported numbers decreased. However, this was only the reflection of the trend in non-Japanese female. Reported...
Figure 1. Trend in the reported number of HIV infections, including AIDS cases.

Figure 2. Trend in the reported number of HIV infections, including AIDS cases.
HIV infections in Japanese male have been steadily increasing. Heterosexual transmission increased from 194 to 227 in 1995. Out of 227 heterosexual transmission, the number of Japanese male was 123 which is an increase of 50% over the previous year (Figure 2).

As for the places where transmission took place, nearly 80% of Japanese AIDS/ HIV infected individuals cited Japan in 1995. This is contrary to the past trend. As evidence of the nationwide spread of HIV infection, all of the 47 prefectures in Japan now reports AIDS cases and HIV infections among its inhabitants. Though Tokyo stands top, accounting for 33% of the total reported number, its share has been decreasing while share of other Kanto area has been increasing.

Since those who have developed AIDS inevitably seek for health care under the Japanese system of universal health insurance, the reported number of cases is assumed to be accurate. For asymptomatic carriers, on the other hand, only those who volunteered for testing are diagnosed. It is thus estimated that the actual number of infections is several times larger than that reported to the Surveillance Committee.

In addition to the data obtained from the national reporting system, seroprevalence in various populations has been surveyed by the epidemiological research groups funded by the Ministry. 5 out of 33,018 commercial sex workers were found to be positive, accounting for 0.015%. 0.04% of pregnant women who got tested were found to be HIV positive in 1995. The national average of prevalence rate among blood donors was 0.746/100,000 population in 1995. HIV prevalence has been gradually increasing in blood donors since 1988. The estimated number of HIV carriers in the year 2000 is 6,300-8,500 in Japanese and 700-11,700 in non-Japanese, respectively.

**HIV/AIDS PROGRAM**

Japanese National AIDS Program consists of six areas : health care, counseling system, HIV testing, research, education and international cooperation.

**Improving Health Care**

Virtually every Japanese citizen is covered by public health insurance system, which covers the medical costs of patients.

Nevertheless, the establishment of a health care system that can cope effectively with the increasing HIV/AIDS cases is urgently required. In response, the government has been trying to establish a health care system in which HIV/AIDS patient is assured of appropriate health care. It is particularly emphasized that hospitals and clinics should accept HIV/AIDS patients without discrimination.

The government designates model hospitals in every prefecture as centers for AIDS treatment. These model hospitals are supposed to assist other hospitals and clinics within their prefectures by providing training and information on treatment. Taking consideration of the out of court settlement of HIV trial, which was filed by the hemophiliac HIV/AIDS patients, the government has been putting particular emphasis on improving health care for the patients.

**Instituting a Counseling and Guidance System**

Telephone counseling of AIDS is provided by local governments and public health centers nationwide. Public health centers also offer individual counseling.

To improve the counseling service, the government promotes counselor training, and offers counseling services in foreign languages.

**Providing Testing**

Those who are concerned about possible exposure to HIV have access to voluntary HIV test at more than 800 public health centers located throughout Japan. HIV testing at a public health center is completely confidential, anonymous, and in most cases offered free of charge.

**Promoting Research**

Many research projects are being carried out under the guidance of the Ministry of Health and Welfare, the Ministry of Education and the Agency of Science and Technology.

The Ministry of Health and Welfare is conducting the AIDS research projects, targeting basic medical, clinical, epidemiological, and social research.

**Educating the Public About AIDS**

It is essential not only that the spread of the disease be prevented but also that prejudice against those with HIV/AIDS be eliminated. Therefore, public education programs put emphasis on providing the public with accurate information required to avoid high risk behaviours, and on dispelling prejudice against people with HIV/AIDS.

The Japanese government has been implementing a national AIDS campaign. It has started educating young people about AIDS. Moreover, it has devised educational programs tailored to specific groups, such as overseas travelers and foreign nationals in Japan.

To ensure that the campaign is effective, private companies and NGOs also have been encouraged to use their resources and abilities in promoting AIDS awareness. To assist them in their efforts, the High-level Task Force on Stop AIDS Plan was established in 1992 under the directorship of the Ministry of Health and Welfare. Activities by NGOs have been supported through the Japan Stop AIDS Fund since 1993.

**Promoting International Cooperation**

In February 1994, the Japanese government announced that it would implement the “Global Issues Initiative on Population and AIDS,” which would effect positive cooperation for
developing countries in the sum of around US $3 billion within its Official Development Assistance program during the seven-year period from FY1994 to FY2000.

Since then, Japan has been identifying and formulating bilateral projects in developing countries affected by the epidemic. Japan has been supporting multi-lateral efforts to fight AIDS by contributing WHO and UNAIDS.

In 1994 the Ministry of Health and Welfare started International Training Courses on AIDS, inviting government officials, health workers, young researchers and NGOs from Asian countries.

Since Japan hosted the Xth International Conference on AIDS in 1994, scientific collaboration between Japanese researchers and their international counterparts has been accelerated. Communication between Japanese NGOs and their international counterparts has also been promoted.

As Japan has increasing number of HIV infection and as AIDS is a global problem, it is regarded crucial to share knowledge and experiences in fighting AIDS with other countries.