

JAPAN

Summary

Japan continues to report HIV prevalence rates below 1% for most population groups, except among female sex workers of foreign nationality (2.7%) during 1987-1999. A total of 6102 HIV/AIDS cases had been reported as of 27 June 1999. The reporting rate for HIV infection is believed to be high (74%). In 1998, there were an estimated 7300 HIV-infected persons living in the country (prevalence rate <0.1% among adults aged 15 to 49 years).

Most reported cases during the early phases of the epidemic were due to blood transfusions. However, in 1999, about 70% of diagnosed HIV infections appear to have been acquired through sexual contact. Reported HIV/AIDS cases include more men (76%) than women (24%). STI prevalence surveys show high prevalence rates of chlamydia among SWs (55% to 58%) and in the general population (6% to 22%). Behavioural data show low condom use, both in the general population and among SWs (6% to 25%).

Surveillance Structure

- The expanded WHO AIDS case definition (1994) is used.
- All HIV and AIDS cases are notifiable to the Ministry of Health and Welfare.
- STI are monitored through reports from 900 sites (600 until 1998) and ad-hoc prevalence studies.
- HIV prevalence surveys have been conducted in certain populations and sites at varying intervals.

HIV/AIDS

Reported cases as of 27 June 1999

The first case of AIDS was reported in 1985. By June 27, 1999, 6102 HIV infections, including 2066 AIDS cases and 1130 HIV/AIDS related deaths, had been reported. The reported number of HIV cases has increased each year (Table 1).

Table 1: Reported cases of HIV/AIDS in Japan as of June 27, 1999

	Not known	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	Total
AIDS	631	6	5	14	14	21	31	38	51	86	136	169	235	250	231	148	2066
HIV/AIDS	1434	0	11	69	23	101	97	238	493	363	434	543	610	647	663	386	6102

* All are haemophiliacs infected by transfusion of blood products before 1985, for which reported year is unknown.

The number of reported HIV/AIDS cases includes more males (76%) than females (24%) (Table 2). Most of the cases diagnosed prior to 1985, the year in which blood safety measures were implemented, were attributable to contaminated blood products administered to haemophiliac patients. After February 1988, HIV/AIDS cases among haemophiliac patients were no longer reportable, and thus are not included in reported cases since then. Among recently reported HIV/AIDS cases, heterosexual contact is the most common mode of transmission (Table 2). For 20% of cases, mode of transmission remains unknown.

Table 2: Distribution of cumulative reported HIV/AIDS cases by sex and mode of transmission in Japan as of June 27, 1999

	HIV (%)	AIDS (%)
Sex		
Male	76	90
Female	24	10
Mode of transmission		
Homo-/bisexual	19	16
IDU	<1	<1
Heterosexual	35	31
Blood products	24	31
Mother to infant	<1	<1
Other/unknown	20	20

**Active
HIV/AIDS
surveillance**

The Epidemiology Study Group on HIV has conducted surveys among both high-risk (FSWs, IDUs, homosexual men, STI patients) and low risk groups (antenatal patients). Data on HIV are derived from such surveys, as well as from reported cases and data from blood screening programmes.

HIV prevalence has been consistently below 1% in groups surveyed, with the exception of FSWS of foreign nationality (2.7% during 1991-1996). No infections were identified in FSWS of Japanese nationality. In 1987-1991, HIV prevalence was 0.05% among STI clinic patients in Tokyo. No HIV infections have been identified in this population since that time, neither in Tokyo nor in the country as a whole.

Between 1986 and 1998, HIV seroprevalence among blood donors was <0.001% countrywide. The highest rate of infection (0.002%) was observed in metropolitan areas (1997). Only one HIV case was reported among 179 462 antenatal attendees screened at 89 health facilities in 1998. A survey on HIV seroprevalence among MSM in one area showed the prevalence rate of <1%

between 1986 and 1994. Another study conducted in metropolitan area in 1996 among MSM with high-risk sexual behaviour indicated a prevalence rate as high as 10%. HIV prevalence rate among IDUs has been <0.05% between 1988 and 1996.

Estimates and projections for HIV/AIDS

Estimates and projections of HIV in Japan were revised in 1999 by the Ministry of Health and Welfare Panel (Table 3). Estimates suggest that, by the end of 1998, 8000 persons were living with HIV (prevalence of <0.01% in people aged 15-49 years). It is projected that the number of people living with HIV will double by the year 2003 (Table 3).

*Table 3: Estimates and projections for HIV in Japan by 1998 and 2003**

		1998	2003*
	Population (15-49)(thousands)	60 809	56 865
HIV	Prevalence	7 300	15 400
	Prevalence rate in adults (15-49)	<0.1%	<0.1%

*Projections of AIDS incidence were not made as it requires adjustment for the impact of antiretroviral treatment.

Based on 1998 estimates, sexual contact has been the dominant mode of transmission (92%, see Table 4). An estimated one third of HIV infections are among women (Table 4).

Table 4: Selected HIV/AIDS epidemiological features in Japan (1998 estimates)

HIV	Prevalence	8000
	Prevalence rate in adults (15-49)	<0.1%
	Women among HIV infected population	33%
HIV Infection by mode of transmission	Sexual contact	92%
	Injecting drug use	<1%
	Others	7%
	Estimated reporting rate for HIV	74%
	Estimated reporting rate for AIDS	83%

*Includes homosexual and heterosexual contact

STI other than HIV

Reported cases

Reported data from 600 reporting sites are available for chlamydia, gonorrhoea, trichomonas, genital herpes, and venereal warts. No data on syphilis are available. The majority of reported STI are curable, and chlamydia is the most commonly reported curable STI (Table 5).

Table 5: Reported STI from 600 sites in Japan in people aged 15 years or older 1993 through 1997

Year	Total Number	Rate/100 000			
		All STI	Chlamydia	Gonorrhoea	Trichomonas
1993	32 981	32	9.7	6.5	3.8
1994	32 588	31	13.8	6.0	3.7
1995	31 994	30	13.1	6.4	3.2
1996	33 369	32	13.7	7.5	2.6
1997	34 868	33	14.9	8.1	2.2

Although periodic surveillance of STI has not been established, some information is available from ad hoc studies (Table 6). Variations in prevalence of STI within population groups may be attributed to methodological issues (e.g., inconsistencies in site selection, populations, sample size and laboratory tests). However, these data provide an overview of the burden of STI in Japan.

The seroprevalence of herpes simplex virus type 2 (HSV2) varies substantially by population group. Studies have shown prevalence rates of zero percent

Table 6: Prevalence rate of selected curable STI in selected populations in Japan

Population	Syphilis	Gonorrhoea	Chlamydia
	% (year)	% (year)	% (year)
Pregnant women	--	--	18.2 (1984) 5.6 (1994)
Blood donors	0 (1982)	--	
Married women	--	--	22.1 (1986) 6.3 (1986-89)
Sex workers	16.2 (1992) 0.5 (1993)	17.4 (1992) 8.7 (1993)	58.9 (1990) 55.3 (1993)

among female blood donors, 2% among male blood donors, 3-18% among pregnant women, 23% among male STI patients, 24% among MSM, and 72-91% among FSWs.

Estimates for STI Estimated chlamydia prevalence in 1996 was 7 380 000 (7% among adults aged 15 years and older).

Gonococcal antimicrobial resistance During 1992-1998, the percentage of gonococcal isolates resistant to penicillin varied from 3.5% and 26%, and from 2.6% and 41% for quinolones.

HIV and STI Risk Behaviour Surveillance

A survey conducted in 1996 only 25% of respondents always used condoms during casual sexual encounters during the previous four weeks. Findings also showed that 13% of respondents with steady partners (including spouse) had sex with other partners during the previous year (mean of 2.4 non-steady partners). Among FSWs in Fukuoka, percentage always using condoms increased from 6.3% in 1990-1991 to 25.3% in 1992-1993.