

## 現状

### 我が国におけるHIV/エイズの発生動向

- **新規感染者・患者の報告件数は依然と上昇**
  - ・平成16年においては、初めて年間1,000件を超過し、累積でも10,000件を突破した。また新規感染者の増加率も上昇傾向にある。
- **最近の感染事例等の分析**
  - ・2000年以降、特に地方大都市においても増加
  - ・この5年間は20歳代以下が全体の約35%、30歳代が約40%を占め、比較的若い世代を中心に感染拡大が進んでいる。
  - ・感染経路別では、性交渉による感染がほとんどを占め、特に男性同性間の性的接触が全体の約60%を占めている。

### 現状の問題点

- **全体の約10%が診断時にエイズを発症している**
  - ・早期発見、早期治療の機会を逸している例が多い
- **若い世代や同性愛者における対応が不十分**
  - ・施策対象が不明確、明確化不足。
- **一部の医療機関に感染者・患者が集中**
  - ・診療の質の格差が存在。病院間の連携不足
- **国と地方公共団体との役割分担が不明確**
  - ・互いの比較優位性を充分踏まえずに施策を実施
- **各種施策の実施状況等の評価が不十分**

## 見直しにおける基本的な方向

- **疾患概念の変化に対応した施策の展開** ※「不治の特別な病」→「コントロール可能な一般的な病」へ
- **国と地方公共団体との役割分担の明確化** ※ 国：リーダーシップ・技術的支援  
地方公共団体：普及啓発、検査、医療提供など施策の中心
- **施策の重点化・計画化** ※ ① 普及啓発及び教育 ② 検査相談体制の充実 ③ 医療提供体制の再構築

## 今後の主な具体的施策

### 普及啓発及び教育

- 【国が中心となる施策：一般的な普及啓発】
- ・ HIV/エイズに係る基本的な情報・正しい知識の提供
  - 各種イベント、エイズ予防情報ネット、政府広報、ポスターコンクール等
  - 多角的な普及啓発事業の創設（公共広告機構と連携した普及啓発活動）
- 【地方自治体を中心とする施策：個別施策層に対する普及啓発】
- ・ 青少年、同性愛者への対応
  - 青少年エイズ対策事業/同性愛者等予防啓発事業

### 検査・相談体制の充実

- 【国が中心となる施策：検査相談に関する情報提供】
- ・ 検査手法の開発、検査相談手法マニュアル作成
  - ・ HIV検査普及週間（毎年6/1～7）の創設
  - ・ 検査相談に係る情報提供体制の再構築
- 【地方自治体を中心とする施策：検査・相談体制の充実強化】
- ・ 利便性の高い検査体制の構築（平日夜間・休日・迅速検査等）
  - ・ 年間計画の策定、公表等による計画的な検査実施

### 医療提供体制の再構築

- 【国が中心となる施策：グランドデザイン策定、新たな手法の開発】
- ・ 中核拠点病院制度の創設
  - ・ 病診連携のあり方の検討→エイズ医療提供病診連携モデル事業の創設
- 【地方自治体を中心とする施策：都道府県内における総合的な診療体制の確保】
- ・ 中核拠点病院の選定を始めた都道府県内における医療体制の確保
  - ・ 連絡協議会の設置等による各病院間の連携支援

### 施策の実施を支える新たな手法

- 普及啓発等施策の実施におけるNGO等との連携強化（連携支援の核→エイズ予防財団）
- 関係省庁間連絡協議会の定期的な開催による総合的なエイズ対策の推進
- 政策評価を踏まえた都道府県等に対する重点支援  
→ 重点的に連絡調整すべき都道府県等の選定

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

・「個別施策層を対象とする各種施策を実施する際には、NGO等と連携することが効果的である。また、NGO等の情報を、地方公共団体に提供できる体制を整備することが望まれる。」(改正エイズ予防指針)としており、財団法人エイズ予防財団が実施しているNGO等の人材育成、活動支援等の機能を更に充実することを予定している。

#### VI. Monitoring and evaluation environment

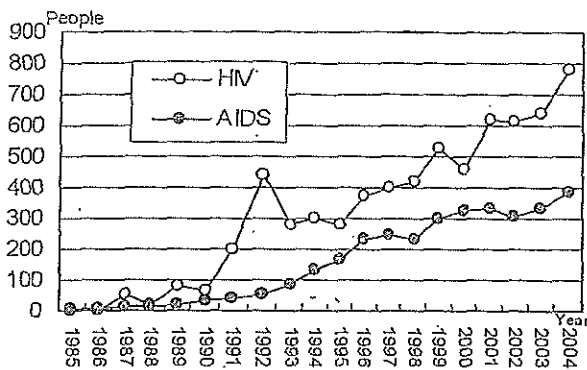
・エイズの発生動向、検査・相談実施件数、献血におけるHIV陽性率等については、エイズ動向委員会を年4回開催し、年1回報告書にとりまとめている。

・「国は、国や都道府県等が実施する施策の実施状況等をモニタリングし、進捗状況を定期的に情報提供し、必要な検討を行うとともに、感染者・患者の数が全国水準より高いなどの地域に対しては、所要の技術的助言等を行うことが求められる。」(平成17年度改訂 エイズ予防指針)としており、平成18年度より、厚生労働科学研究等により、国や地方公共団体が実施する主要な施策の実施状況等をモニタリングするとともに、厚生科学審議会等の場において、定期的に報告していくことを予定している。又、新規HIV感染者・エイズ患者の報告数が全国水準より高いなどの都道府県等を「重点的に連携すべき地方公共団体」に選定し、定期的に助言・連携を行う予定にしている。

REPORT TO UNAIDS  
HIV/AIDS TRENDS IN JAPAN

DECEMBER 2005

## I. Status at a glance



The numbers of HIV-infected patients and AIDS patients reported in Japan have continued to increase. The main route of infection is sexual contact, in particular, those between males constituting 60.0% of all HIV-infected patients. The means to improve detection and providing swift treatment becomes more necessary as the number grows. This is improved through further dissemination of information 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.ifap.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, in 2004, it recorded its highest with 780 cases. This number consists of 680 Japanese nationals and 100 foreign nationals.

668 (85.6%) cases of infection were through sexual contact, out of which 468 (60.0% of all cases) were those between individuals of the same sex.

The increase in Japanese males infected with HIV is most prominent; the number of cases reported in 2004 (636 cases) greatly exceeding last year's figure. There were 44 cases of Japanese females being infected, up by 12 cases from the previous year.

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

The number of Japanese females infected with HIV through sexual contact with individuals of the opposite sex increased until 1999 but remained flat since. Looking at a gender breakdown by age group of Japanese nationals infected with HIV through sexual contact with individuals of the opposite sex, 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 total number of AIDS patients reported in 2004 was 385, continuing to increase from previous years and recorded its 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 reported AIDS patients in 2004, 71.7% of the patients were infected through sexual transmission, with 135 (35.1% of all cases) infected through sexual contact with individuals of the opposite sex and 141 (36.6% of all cases) with individuals of the same sex. Cases with unknown infection routes totaled 95 (24.7%) and are on the increase. The assumed location of infection was within Japan for 268 cases (69.6%).

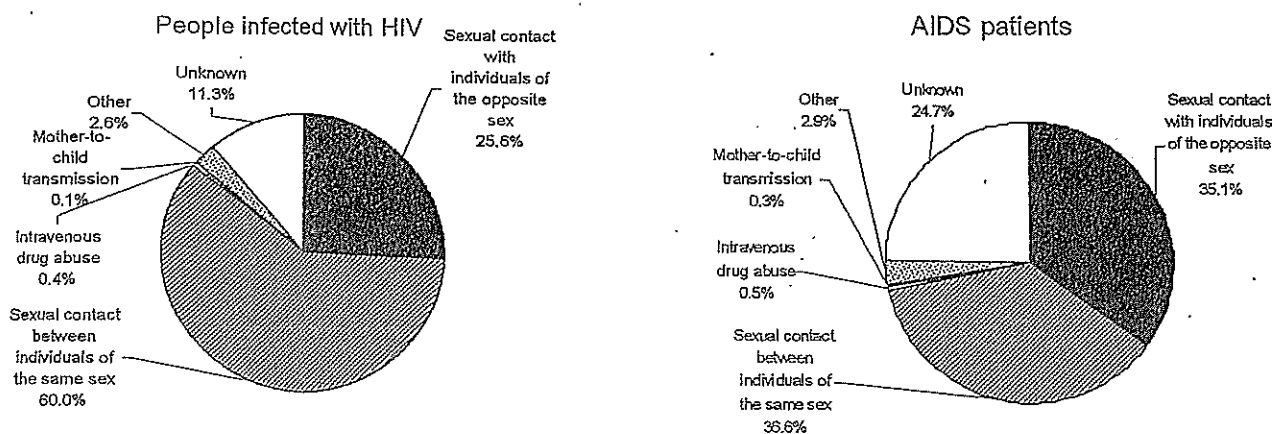
The number of Japanese male AIDS patients was 290 (75.3%), up from the previous year (252), with 99 (34.1%) infected through sexual contact with individuals of the opposite sex, 126 (43.4%) with individuals of the same sex, and 54 (18.6%) through unknown infection routes.

- 3) The trend of foreign nationals reported with HIV infection or suffering from AIDS has been constant. In 2004, there were 100 cases (12.8%) of foreign nationals infected with HIV and 76 (19.7%) reported to be diagnosed with AIDS. The origins of people infected with HIV and AIDS patients in Japan are from Southeast Asia, Latin America and Sub-Saharan Africa, in order of most frequently reported.
- 4) The major cause of infection for both HIV and AIDS were from sexual contact, with intravenous drug abuse and mother-to-child transmission both being less than 1%.
- 5) Looking at regional trends, 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 regional 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)

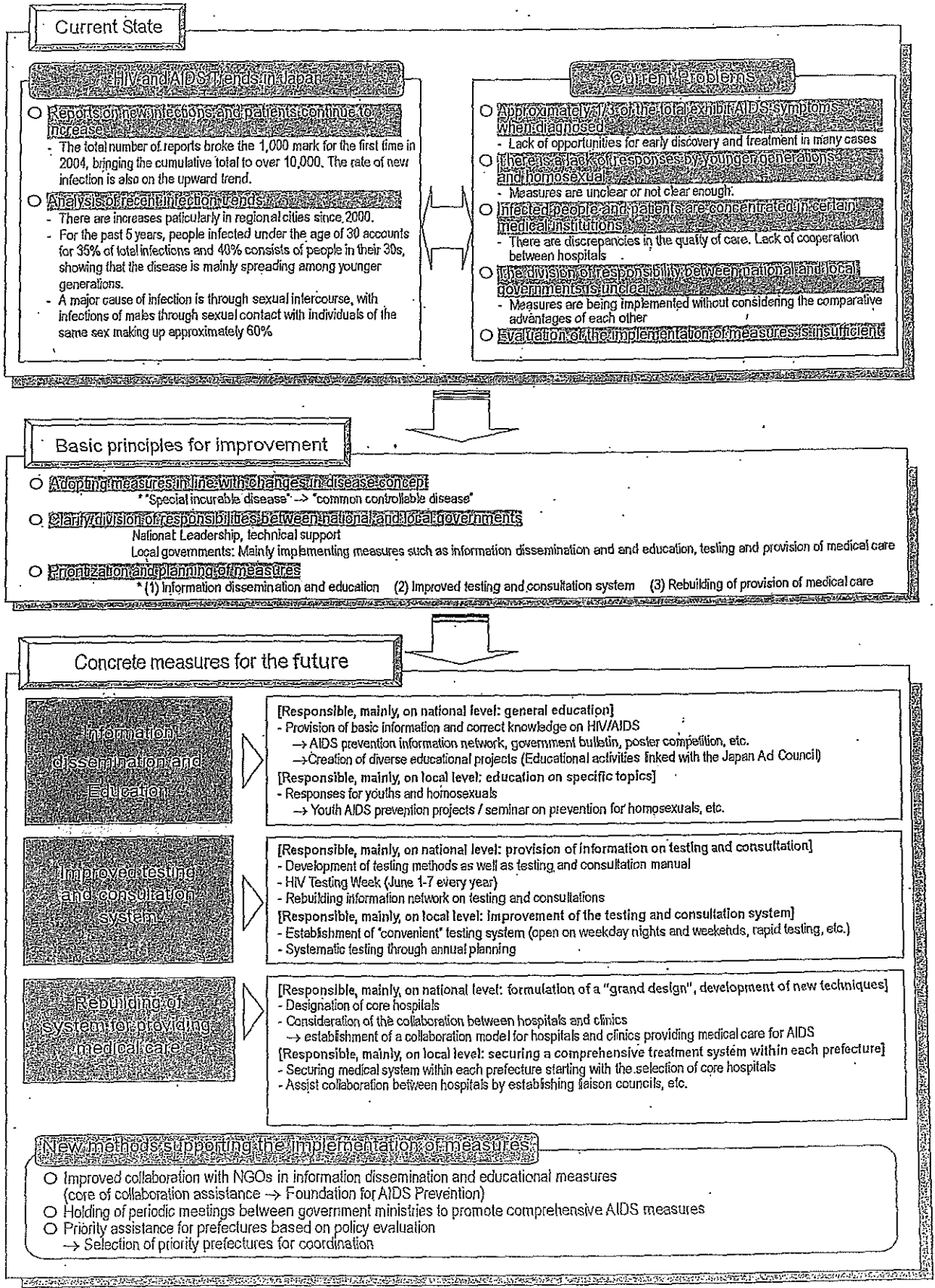
Figure 1: Breakdown of infection routes of HIV and AIDS patients reported in 2004



### III. National response to the AIDS epidemic

- The AIDS Prevention Review Commission (report dated June 13, 2005) meetings participated by government officials, NGOs, patient groups and academic experts. – At the Commission meeting in 2005, AIDS Prevention Guidelines (1999) was revised and will go into effect on April 1, 2006.
- Held “Stop AIDS Strategic Headquarters” meetings, headed by the Minister of Health, Labour and Welfare and attended by director general level of the Ministry.
- Held section chief level meetings between relevant government ministries

IV. Major challenges faced and actions needed to achieve the goals/targets  
 Major challenges faced and actions needed are described in the chart below.



V. Support required from country's development partners

- "Working with NGOs is effective when implementing various measures at individual levels. It is also desirable that a system be created in which information from NGOs can be provided to local governments." (Revised AIDS Prevention Guidelines 2005) Following this guideline, the government plans to further improve the function of the Japanese Foundation for AIDS Prevention of its support to NGOs in their human resource development and in their activity implementation.

VI. Monitoring and evaluation environment

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

- "It is necessary that the government monitors the measures implemented by and coordinated?? between the central government and local governments, provides information on their progress and reviews them when appropriate. The government is also required to provide 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 understanding, the Ministry of Health, Labour and Welfare plans, from 2006, to monitor the implementation of key measures by relevant national and local governments through health science researches, and to report periodically at such occasions as the Health Sciences Council. Prefectures where cases of HIV and AIDS reports are higher than the national average shall be designated as "local governments requiring priority assistance", and the Ministry of Health, Labour and Welfare plans to periodically provide them with advice and assistance.