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Current Status of AIDS in Taiwan, ROC

AIDS, the Acquired Immune Deficiency Syndrome, is a disease caused by the human immunodeficiency virus, the HIV. It attacks the lymphatic cells, destroys the immune functions, causes opportunistic infections and even leads to malignant neoplasms.

A report by WHO of March 1989 indicated that there was only one AIDS case in Taiwan (there were actually 10 cases in Taiwan area then). There are 21 AIDS case as of today. The total infection rate in Taiwan area is unknown, the tendency to increase, however, is obvious.

Between May 1985 and October 1990, blood specimens of some 3 million population had been screened (See Table 1). This represents 15% of the total population (3 million/20 million) of the Taiwan area. As a result, 140 HIV positive cases and 21 AIDS cases had been identified. Of the 161 HIV infected cases, the highest proportion of infected individuals was found among male homo- and bisexuals (37.88%). The second highest was found among hemophiliacs (27.33%), the heterosexuals (including prostitutes) (13.66%), and drug addicts (5.59%) (See Table 2).

Of the 161 cases, 70 were found in the 20-29 age group, with a median age of 28 (See Table 3). The sex ratio was 152:9, male to female respectively. Of the 21 AIDS cases, 17 were Taiwan nationals (2 surviving), and 4 Americans (2 had left). 17 of them have died (see Table 4). The clinical symptoms include: 11 cases of pneumocystic pneumonia infections, 10 cases of candidiasis infections, 3 cases of Kaposi's sarcoma infections, and 5 cases of CMV infections. The Taiwan nationals came from the three large cities in the northern, central and southern part of Taiwan. The fatality rate and trends of AIDS cases and those found to be HIV positive are shown in Table 1 and 2.

Though reported cases are relatively few, the control program of AIDS has been very active in Taiwan. The future directions are early diagnosis and early treatment. Important control measures include:

1. to increase the functions of the AIDS Control Group for more active diagnosis and management of cases;

2. to strengthen educational programs to improve people's knowledge about AIDS;

3. to screen all military draftees and high risk groups;

4. to strengthen research, development and the training of the medical professionals

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Source of Data: Bureau of Disease Control, Department of Health

Table 1. Findings of HIV Antibody Screenings, Taiwan Area

Until October 22, 1990

Person screened	No. screened	Anti-HIV+*	No. of AIDS case	Total
Male homo-/biosexuals	2,333	37	11	48
Hemophiliacs	565	40	4	44
STD patients	68,450	17	0	17
Foreigners	200	9	4 (homosexual)	13
Blood recipients	3,307	2 (female)	0	2
Blood doners	2,369,977	12	0	12
Prostitutes	23,036	0	1 (female)	1
IV drug abusers	1,632	9	0	9
Prisoners	18,929	0	0	0
Military draftees	375,162	1	0	1
Students	12,178	0	0	0
Others	224,862	13	1 (heterosexual)	14
Total	3,100,621	140	21	161

* not including AIDS cases

Table 2. Findings of HIV Antibody Screenings by Mode of Transmission, Taiwan Area

Until October 22, 1990

Risk Factor	Anti-HIV+*	No. of AIDS	Total
Male homosexual /biosexuals	47 (33.57%)	15 (71.43%)	62 (38.51%)
Hemophiliacs	40 (28.57%)	4 (19.05%)	44 (27.33%)
Drug abuse	9 (6.43%)	0 (0.00%)	9 (5.59%)
Heterosexual (including prostitutes)	20 (14.29%)	2 (9.52%)	22 (13.66%)
Blood recipients	2 (1.43%)	0 (0.00%)	2 (1.24%)
Others	3 (2 14%)	0 (0.00%)	3 (1.86%)
Unknown	19 (13 57%)	0 (0.00%)	19 (11.80%)
Total	140 (100.0 %)	21 (100.0 %)	161 (100.0 %)

* not including AIDS cases

Table 3. Findings of HIV Antibody Screenings by Age and Sex, Taiwan Area

Unitl October 22, 1990

Age	Anti-HIV+
0-9	7 (4.35%)
10-19	10 (6.21%)
20-29	70 (43.48%)
30-39	45 (27 95%)
40-49	11 (6.83%)
50-59	3 (1.86%)
60-69	4 (2 48%)
70+	1 (0.62%)
Unknown	10 (6.21%)
Total	161 (100.0 %)

Sex	Anti-HIV+
Male	152 (94.41%)
Female	9 (5.59%)
Unknown	0 (0.00%)
Total	161 (100.0 %)

Table 4. AIDS Cases in Taiwan Area, Dec. 1984-Oct. 1990

No.	Age	Date Reported	Nationality	Risk Factor	Manifestation	Outcome
1		Dec. '84	USA	homo	Kaposi	Died
2	25	Feb. '86	Chinese	homo	Kaposi, Toxo , CMV, Candida	Autopsied
3	38	Nov '86	USA	homo	PCP, Herpes, CMV, Candida	Autopsied
4	39	Sep. '87	Chinese	hemoph	TB, Candida, Hepatoma, PCP	Died
5	28	May '88	Chinese	homo	PCP+?	Autopsied
6	36	Jul. '88	Chinese(F)	hetero	PCP, CMV, Candida	Autopsied
7	48	Aug. '88	Chinese	bisex ,	Kaposi, CMV, TB	Died
8	34	Aug '88	USA	homo	PCP	Returned to US
9	43	Jan '89	Chinese	hemoph	Salmonella, TB Candida	Died
10	25	Mar. '89	Chinese	hemoph	Toxo., Lymphoma?	Died
11	56	May '89	Chinese	homo	PCP	Autopsied
12	34	Jun. '89	Chinese	homo	PCP	Autopsied
13	45	Aug '89	Chinese	bisex	PCP, Candida	Autopsied
14	27	Aug '89	Chinese	bisex	Candida, Herpes, Pneumonia	Autopsied

15	59	Sep. '89	Chinese	bisex	PCP	Suicided
16	36	Oct. '89	Chinese	homo	TB, Candida	Died
17	34	Oct. '89	Chinese	hemoph	PCP? TB?	Died
18	68	Oct. '89	Chinese	hetero	PCP, Candida	Autopsied
19	26	Mar. '90	Chinese	bisex	PCP	Surviving
20	44	May. '90	USA	homo	Candida	Returned to US
21	32	Jun '90	Chinese	homo	Candida	Surviving

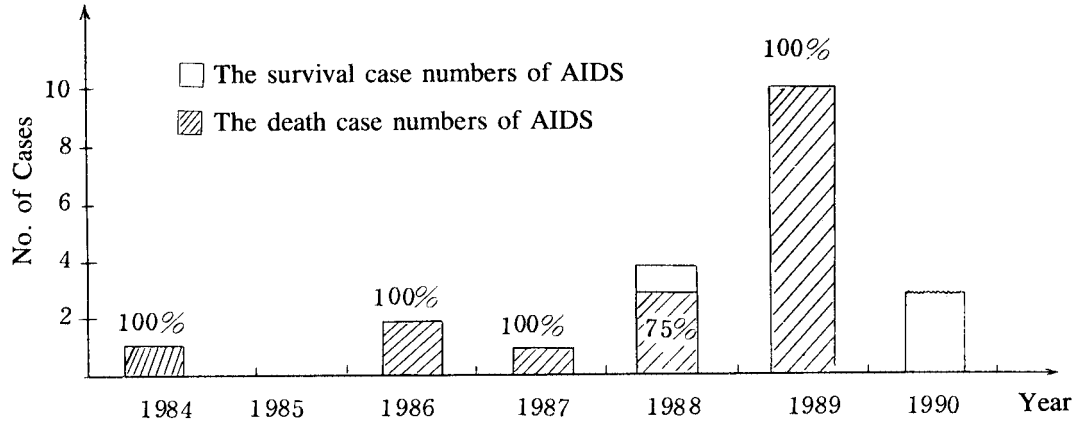

Figure 1. The rate of AIDS Death Number every year in Taiwan area from 1984 to 1990

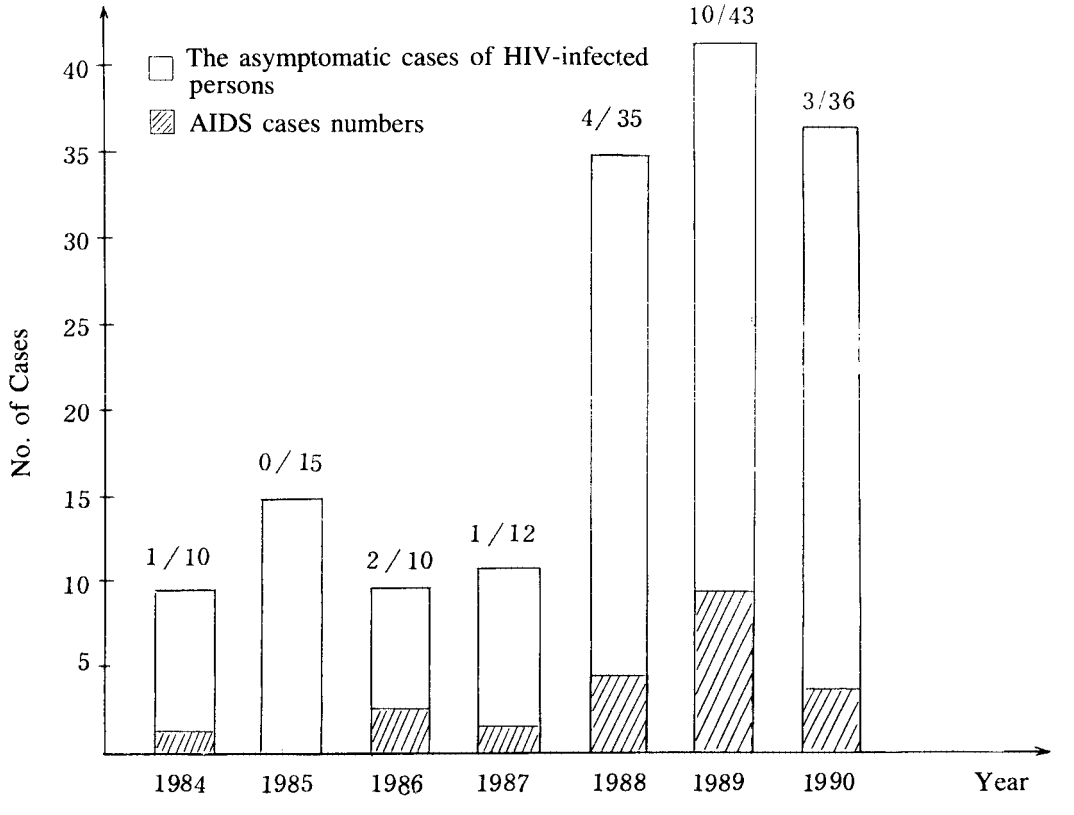

Figure 2. The seropositive persons of human immuno-deficiency virus and AIDS cases every year in Taiwan from 1984 to 1990

Editor's Note: A nation-wide overall screening of HIV antibody for AIDS certainly will help understand the trend of AIDS infection for the country as a whole. However, because of the customs, the educational systems and religious restrictions, homosexuality is not yet acceptable to the public. Drug abusers and prostitutes break laws. Therefore, an overall survey and a complete follow-up management are relatively difficult. In fact, no data are available as to their groupings, distribution and modes of behavior. These factors affect the implementation of an overall screening and make early diagnosis and early treatment difficult. Many anti-HIV positives are unwilling to accept medical care at hospitals designated by the government, their follow-up and management are difficult and incomplete.

The incubation period of AIDS can be as long as ten years, and the high risk groups are not easy to control. Thus, the actual situation of AIDS infection in the country, perhaps, is higher than what the prevalence shows. One should never take things lightly just because only a few cases of AIDS and HIV positives have been identified. Furthermore, many facts indicate that the infection has become more complicated, some timely, overall, universal and effective control measures are essential. In particular, sex education should be promoted. The problem that AIDS patients change their residences or even kill themselves because they are often discriminated and rejected by the society should also be dealt with. In general, AIDS is becoming more serious in Taiwan because:

1. the exact number of infections and patients is not certain, the mechanism of transmission and the distribution in groups are not clear either;

2. the risk groups have become more complex and they are transmitting the disease around like a time bomb;

3. control measures have become more multiform, more timely and more complex.

How to effectively control the transmission of AIDS in Taiwan and eventually to prevent and eradicate it, undoubtedly, is a goal that requires all our efforts to achieve.

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