A I D S E D U C A T I O N

JAPANetwork

Japan AIDS Prevention Awareness Network

The JAPANetwork Newsletter **Summer 2005**

In this 10th anniversary issue we offer news updates, a student report, a research paper on the pharmaceutical industry and AIDS treatment policies, photocopiable worksheets, and the latest HIV/AIDS statistics from the Japanese Ministry of Health, Labor and Welfare web site.

JAPANetwork celebrates its 10-year anniversary

On a tiny out-of-pocket budget, JAPANetwork began in April of 1995. The group grew to the size of around ten members at the JALT conference in October 1995. Bob Gettings kindly volunteered to start up our web site and newsletter, Donald Fountaine became our Tokyo coordinator and fundraiser. We had much-needed support from Lauren Scharf and Alice Wall Lachman. Over the years our newsletter has had contributions from writers and poets from the U.S. and Japan, both educators and students, all people who care deeply about the global and local HIV/AIDS epidemic.

Successes

JAPANetwork members have developed HIV/AIDS teaching materials which have been distributed to hundreds of teachers throughout Japan and other countries in Asia, as well as the U.S. and Europe. Over the last ten years, educators using these materials have reached thousands of students in Japan. The Internet web site, www.japanetwork.org, has been accessed by even more people searching for information about HIV/AIDS in Japan. The most recent addition to our materials is the 66-page photocopiable workbook that is available free of charge from our web site. Our members have conducted free lectures and workshops in high schools and universities, have held community education events such as the 2002 World AIDS Day event at Kanayama station in Nagoya.

One of the original intentions of the organization was to provide free teaching materials and teaching ideas that were easy for teachers to use in order to encourage them to raise the issue of HIV/AIDS in the English language classroom.

Why EFL?

There are several reasons why teaching this topic in English is important in Japan.

- Students have reported feeling more comfortable with the vocabulary in a second language
- There is high interest among students in Japan regarding AIDS once they start to study it. Yet, many students do not have opportunities to study about HIV/AIDS in their other subjects.
- Learning about HIV/AIDS gives students a reason to use English as a tool to get the information they want. So the language becomes essential for communication of information the students are hungry for.

Challenges

As with any volunteer organization, JAPANetwork has had its ups and downs. We face a shortage of volunteers to help out with the day-to-day operations such as updating the web site, writing articles and publishing the newsletter, publicizing the group and what it offers, and developing new teaching materials. But as long as there is a need for this work, there will be someone here at JAPANetwork to support those who do the important task of reaching out to students of all ages in order to educate them about HIV and AIDS. Won't you join us in this effort?

Louise Haynes and Carol Burnett, Nov. 1994

Message from the Director

JAPANetwork completed its first decade this last April. It has been a wonderful experience for me because I have met many, many dedicated people who devote their time and energy to eliminating this virus and the discrimination that often occurs for those who carry the virus.

As many of you know, I was very fortunate to meet my idol, Carol Burnett, in Long Beach, California, in November, 1994. She was receiving the First Annual Carol Burnett AIDS Commitment Award. In her acceptance speech she said, "Never let a day go by without asking someone, 'Do you know about HIV?'" I took her message to heart, and founded JAPANetwork the next spring.

You will see from the news items in this issue that there is an urgent need for AIDS education here in Japan. I believe that English language educators are in a unique position. They are able to introduce a variety of current issues that not only enhance the language learning process, but also increase awareness of those issues that have a direct impact on our students. HIV/AIDS is one of those issues.

We have seen through recent research that students in Japan are eager to learn about HIV/AIDS, especially in English, as it is often easier to discuss this topic in a second language.

I hope that you will enjoy this 10th anniversary issue. You will find many photos from our decade of work in the Japanese community. I encourage you make your own unique contribution to the ongoing effort to eradicate HIV and AIDS, both here in Japan and worldwide.

Louise Haynes.*

[Note: all news items in this newsletter, unless otherwise indicated, are taken from the CDC HIV/STD/TB Prevention News Update, National AIDS Info Clearinghouse. Copyright 2005, Information, Inc., Bethesda, MD, cdcsumms@lists.aidsinfobbs.org

July 21, 2005

Japan urged to enlighten public to check rise in HIV/AIDS cases

(Kyodo) _ Japan needs to put out more upfront information about HIV/AIDS to educate people, especially youngsters, in order to check a continuous rise in the disease, a U.N. expert said Wednesday.

Peter Piot, executive director of the Joint United Nations Program on HIV/AIDS, said in a teleconference from Washington that a lack of information leads Japanese youngsters to still believe in myths that AIDS is a disease only caught by foreigners.

"When I look at the newspapers, reports from the media, it is rarely an issue in the Japanese media," he said.

Piot said while Japan is one of the Asian countries with the lowest number of HIV/AIDS cases, the number is rising continuously.

Without educational efforts, Piot said, "Japan will turn to at least the level of what we've seen in other highly developed countries."

Piot said the recent surge in HIV/AIDS cases in Japan is mainly caused by a change in sexual behavior among youngsters, particularly among urban young men and women, who have gained more sexual freedom.

"It is also reflected in the increase in the rate of the sexually transmitted diseases like gonorrhea, chlamydia infections," he said.

According to a survey by Japan's Ministry of Health, Labor and Welfare, the number of fresh HIV/AIDS cases totaled 1,165 in 2004. Of the total, 668 people were infected through sexual contact, either homosexual or heterosexual.

According to a U.N. report released earlier this month, the Asia and Pacific region recorded the second largest regional number of HIV cases worldwide after sub-Saharan Africa, with more than 8 million people living with HIV.

East Asia is facing the fastest growth in the epidemic in the world, with a growing number of HIV cases in China, Indonesia and Vietnam, the report said.
http://asia.news.yahoo.com/050721/kyodo/d8bficjo0.html

JAPANetwork and CAST members at 2002 Nagoya International Women's Day Festival

July 4, 2005

Japan Faces Potential AIDS-Tuberculosis Dual-Epidemic, Experts Say

Associated Press: Natalie Obiko Pearson

Though TB cases are declining in Japan, a surge in the number of HIV infections could lead to a rapid rise in dual TB-AIDS cases among vulnerable groups, doctors warned Monday at the 7th International Congress on AIDS in Asia and the Pacific in Kobe, Japan.

About 30,000 new TB cases annually are reported in Japan, but many more could go undetected among at-risk groups - the poor, the homeless, low-income immigrants, and youths - who are unable or unwilling to seek medical help, said Dr. Nobukatsu Ishikawa of the Research Institute of Tuberculosis in Kiyose, Japan.

No data are available for the number of people TB-HIV co-infected in Japan. However, HIV-positive people are 50 times more likely to develop TB. Worldwide, one-third of those with HIV, or 14 million, are co-infected with TB.

Dr. Takashi Sawada, chairperson of the congress, said as many as 40 percent of the foreign HIV patients he treats are co-infected with TB. "Within an overall decrease, pockets of crises are emerging," said Ishikawa.

"When an ordinary person becomes infected with TB, they can usually be cured," said Ishikawa. "But if inappropriate treatment is administered [to someone also infected with HIV], it can result in multiple drug resistance, which in the worst case can be more frightening than AIDS," he said.

The TB threat in Japan has gone unnoticed, said Sawada and Ishikawa. TB funding is decreasing, and new health care changes could remove coverage for TB treatment from those likeliest to have the disease, said Sawada.

Mayumi Nito staffing the JAPANetwork table at the

1999 Yokohama AIDS Forum

June 22, 2005

Japan's AIDS Stigma Hampers Treatment, Activists Say

Reuters: Elaine Lies

AIDS stigma in Japan threatens the ability of patients to access treatment, activists said Wednesday. "In Asia, many people cannot gain access to AIDS treatment due to poverty, but in Japan, many people cannot access treatment because of the strong stigma," AIDS activist Hiroshi Hasegawa told a news conference.

In 2004, Japan reported 1,165 new HIV/AIDS cases, the highest annual figure yet and more than a tenth of all reported cases since 1985. Experts warn that cumulative numbers could reach 50,000 by 2010 due to less condom use and increased sexual activity among teens. Health Ministry data show that nearly half of all 17 year-old girls have had sex, up from about 17 percent in 1990. For boys, the figure is 40 percent, almost twice as high as the 1990 figure.

Hasegawa, who went public with his HIV-positive status in 1996, is among few people in Japan who admit to having the disease for fear of being forced out of their jobs or losing friends. Such fears prevent many from being tested.

The activist said official indifference to the disease is part of the problem. "In Japan, AIDS policy is handled by one bureau in the Health Ministry," said Hasegawa. "But in many other places, it becomes a national campaign, taken up by the nation's top leaders."

Hasegawa noted that HIV/AIDS stigma is partly due to an aversion to frankly discussing sex in either homes or schools. "When we teach children about the danger of car accidents," he said, "we don't do it without actually showing them cars. With AIDS, we also have to think of policies that are quite concrete."

Service to others is the rent you pay for your room here on earth.

--Muhammad Ali

June 16, 2005

Rise in Japan Teen Sex Ignites Education Debate

Reuters: Elaine Lies

In an era of increasing rates of teen sex and STDs, Japan's Health Ministry is treading a fine line between proponents of comprehensive sex education and abstinence-only education. Almost half of all Japanese girls age 17 have had sex, up from 17 percent in 1990, according to ministry data. For boys, 40 percent have had sex, nearly double 1990 rate.

Though erotic comics and pornography are prevalent in Japan, concrete sex education is not. In most primary schools, sex education is part of the basic health curricula, while middle and high school students receive sketchy contraception information. Annual abortions among women under age 20 have increased to 40,000, compared to 19,000 in 1980. And chlamydia diagnoses have increased from 3,639 in 1999 to 6,163 in 2003, Health Ministry figures show.

"Many schools teach the names of sexually transmitted diseases, but kids think the only people who get these are middle-aged men," said Masako Kihara, an associate professor at Kyoto University. "Or they think it only happens in cities."

Many Japanese teens have a high partner turnover but consider themselves safe because the relations are not concurrent. "We need to teach that there's a real risk to them," said Kihara. "If you make it specific enough, they'll finally understand. Things like saying that you are basically having sex with everyone your partner's had sex with for the last few years."

Girls should learn that they "can become mothers and their bodies are sacred, their bodies aren't theirs alone," said Eriko Yamatani, a ruling party lawmaker who says explicit sex education is partly behind the rise in teen sex. "So, as a result, it's desirable to have abstinence until marriage. This message has to be thoroughly taught."

The "What's AIDS?" banner at the World AIDS Day event in Nagoya 2001

JAPANetwork would like to advertise in a local community newspaper or magazine near you. Would you like to help us by sending us the contact information for that publication? Please e-mail us at aidsed@gol.com.

JAPANetwork Director, Louise Haynes, with member Andrea Maeda at the 2004 World AIDS Day Candlelight Memorial Walk in Nagoya

Japan Plans Free HIV Tests

Sunday, 13-Jun-2004 11:50PM
Associated Press - AP Online
USTINET NEWS
http://news.usti.net/home/news/cn/?/world.asia+oceania/2/wed/dm/Ujapan-hiv.R6NH_EuD.html

TOKYO, June 13 (UPI) -- Japan will make free and anonymous HIV tests available in its hospitals starting next year, the Yomiuri Shimbun newspaper reported Monday.

"Alarmed by an unabating increase in the numbers of full-blown AIDS patients and HIV carriers in the country, the ministry wants to encourage HIV patients to receive medical treatment in the early stages of the disease", the newspaper said. "It also aims to reduce the number of areas in which blood donor facilities are used as unofficial test carriers."

Japan reported 976 carriers of the HIV virus, an all-time high in 2003, the paper said. "A number of AIDS patients died because of delays in detecting the disease", it said.
Currently, Japanese public health centers already provide free and anonymous HIV infection checks, but the service is provided only once a week in sessions lasting about two hours, Yomiuri Shimbun said.

Inaction breeds doubt and fear. Action breeds confidence and courage. If you want to conquer fear, do not sit home and think about it. Go out and get busy.

--Dale Carnegie

February 9, 2005

New Statistics Raise Fears of an AIDS Explosion

Inter Press Service: Suvendrini Kakuchi
There were 1,114 new HIV infections in Japan in 2004, exceeding 1,000 new annual infections for the first time, according to Japanese Health Ministry figures released earlier this month. There were 640 new infections recorded for 2003. Japan now has a cumulative 6,528 people with HIV, 3,258 of whom have AIDS, though UNAIDS estimates the actual number of people infected could be 12,000-19,000.

Yoshiaki Sakurai, medical advisor at the governmental Japanese Foundation for AIDS Prevention, acknowledged the increasing infection rate among Japanese in their 20s and 30s and AIDS among those in their 40s and 50s. “This is a sign of a serious situation brewing in Japan,” he said. “Full-blown AIDS usually appears after an HIV incubation period of ten years. The latest figures clearly show this cycle and prove how people are not aware of the risks of being infected.”

Of Japan's HIV infections, 80 percent were through sexual contact, said Sakurai. There is now fear that Japanese youths could be unaware that HIV is spread through sexual intercourse or be unwilling to test for the virus.

Tsuneo Akaeda, a medical doctor who works on HIV/AIDS projects targeting youths, blamed the figures on the lack of government support for prevention programs, and he criticized public health care center HIV testing - available twice monthly, only in the morning - as not user-friendly.

Recent studies have also found earlier sexual debut among many high-school youths. “Despite earnest appeals by activists to the government for the young to have better sex education, we have to tread carefully,” said Hideko Fujimori, head of the HIV/AIDS youth education group Act Against AIDS. "Many conservative parents and older teachers argue that displaying condoms and other contraceptives in class could promote early sexual activity.”

January 27, 2005

Japan’s AIDS Experts Alarmed as HIV Infections Hit Record High

Agence France Presse: Shino Yuasa

Today, Japanese officials said the annual number of new HIV/AIDS cases topped 1,000 for the first time in 2004. They voiced concern that lack of awareness may have led to the virus's spread.

A health ministry survey showed that new HIV infections, while still low by global standards, increased by 17 percent to 748 in 2004 - the highest figure Japan has registered. The number of HIV-positive patients who developed AIDS in 2004 also reached a record high of 366, an 8.9 percent increase from 2003.

The new infections bring Japan's number of HIV-positive patients to 6,528, of whom 3,258 have AIDS. However, health ministry official Masanori Suzuki said the government estimates the true figure of HIV-positive to be 14,000. Many people have not been tested.

“We must launch more aggressive and vigorous campaigns to make people aware of AIDS issues,” Suzuki said of the 2004 figures, noting that early detection is key. Japan offers free, anonymous HIV testing at public health-care centers.

Men accounted for 90 percent of the 748 new HIV patients. More than 60 percent, according to the survey, were infected through gay sex.

Activists warn that the relatively low rate of HIV in the country has left the Japanese indifferent to condom use and other preventive measures, making the nation vulnerable to a sudden spike in HIV infections. Health ministry data show domestic sales of condoms sunk 43 percent, to 419 million in 2003, from a 1980 high of 737 million.

Knowledge is Power.

Teach about HIV/ADS.

Raisin Butter performing at JAPANetwork's World AIDS Day event 1997

OLDER NEWS ITEMS

December 23, 2004

Ministry Urges Better HIV Test Services

Daily Yomiuri

A Health, Labor, and Welfare Ministry survey released recently said HIV tests outside business hours and tests with same-day results are not available in more than one-third of the 127 metropolitan, prefectural, and municipal governments that provide free HIV tests at public health centers. Following the survey, the ministry told local governments to improve HIV testing services to make them easier to access.

In 1993, with infections surging, public health centers began offer-ing free, anonymous HIV tests. All 23 Tokyo wards, and metropolitan, prefectural, and municipal governments with populations exceeding 300,000, offer the tests. At first, testing was only available during business hours, and results took one to two weeks. Gradually, governments began offering testing after office hours or on weekends and national holidays. When certain local governments began offering rapid testing last year, the number of people seeking HIV tests skyrocketed.

The ministry survey showed that 14 prefectural and municipal governments have introduced the rapid test, with 15 other local governments planning to follow suit next fiscal year. Sixty-three local governments offer testing in the evenings, according to the survey, and 27 offer tests on weekends and national holidays.

"However, the survey revealed, 43 prefectural and municipal governments provide neither the rapid test nor extended testing hours, exposing significant differences in HIV testing services among local governments.

"We understand the difficulties each local government has, but growth in the number of people infected with HIV is becoming very serious," said a ministry official. "It's very important for each local government to prepare a service that makes it easier to have an HIV test anywhere in the country, so that as many people as possible get tested."

http://www.aegis.com/news/ads/2004/AD042625.html

JAPANetwork information booth at the 1998 ACCJ Charity Walkathon, Nagoya

December 21, 2004

News: Companies to Develop All - In - One HIV Pill

Associated Press

TRENTON, N.J. -- In an effort to make medication regimens easier for HIV-positive patients, two drug companies have announced plans to collaborate on the first all-in-one, one-a-day pill to treat the infection.

Currently, the best AIDS treatment requires patients to take two to four pills a day. Less than a decade ago, many patients had to take 25 to 30 pills a day, often at precise times and under specific conditions such as with food, making it extremely difficult for patients to stick to the complex schedule. Missing doses makes it easier for the virus to mutate and become resistant to medication.

In the first collaboration by competing AIDS drug makers, Bristol-Myers Squibb Co. and Gilead Sciences Inc. announced Monday that they have formed a joint venture to test and market a single pill combining three widely used medicines.

Because the three individual drugs already are on the market, the once-a-day combination could be approved and on sale as early as the second half of 2006, said David Rosen, a spokesman for Bristol-Myers Squibb.

"To have it all in a single pill is terrific," Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, told The Associated Press.
The combination pill will be made up of Sustiva, made by Bristol-Myers Squibb, and two AIDS drugs made by Gilead Sciences: Viread and Emtriva.

The latter two drugs are members of the same class of AIDS drugs, but they block copying of the AIDS virus at two different points early in its replication cycle. Sustiva is from a different class of drugs and attacks the virus later in the cycle.

The pill is for people diagnosed HIV-positive who have never taken HIV medicines before.

The two companies will have to find a way to combine the component drugs so that the single pill is absorbed the same way, has identical effects, lasts in the body as long and has the same shelf life, said Robert Lipper, vice president of biopharmaceutics research and development at Bristol-Myers.
"It's the first time ever that two companies with competing products have worked together," said Dr. Michael Saag, director of the AIDS Center at the University of Alabama at Birmingham. "This is something patient advocates and a lot of physicians have been pushing for for over a decade."

Fauci said: "We hope it's the beginning of future collaborations."

The three drugs, which are already becoming the treatment of choice, together cost $900 to $1,000 a month. Rosen said it is too soon to say how much the single pill will cost.

The combination does not include a protease inhibitor, a class of drug that has been standard in recent years but that also carries many side effects.

AP Medical Writer Marilynn Marchione in Milwaukee contributed to this story.

Source: Associated Press
Via The Push Journal
www.pushjournal.org

AF-AIDS eForum 2004:
af-aids@eforums.healthdev.org

JAPANetwork table at JALT 2004

"Do all you can with what you have in the time you have in the place you are."

Nkosi Johnson addresses the International AIDS Conference in Durban, South Africa, July 9, 2000

Read/listen to an NPR broadcast "One Boy's Heroism in the Face of AIDS" at http://www.npr.org/templates/story/story.php?storyId=4195336

JAPANetwork presentation at the Yokohama AIDS Forum 1998

December 10, 2004

JAPAN: "Study Suggests Sex Education Poor"

Daily Yomiuri: Keiko Katayama

Recent research finding a high percentage of chlamydia infections among sexually active Japanese high school students has highlighted the need to review sex education.

"The situation is very serious. We shouldn't leave the matter uncorrected," said Hirohisa Imai, an assistant professor at Asahikawa Medical College, who presented the study results at a Japanese Association for Infectious Diseases meeting earlier this month.

Of 3,200 students surveyed, 47.3 percent of girls and 35.8 percent of boys said they were sexually experienced. Excluding those being treated for STDs, 13.9 percent of girls and 7.3 percent of boys had an STD. Of the sexually active students, 11.4 percent had chlamydia and did not know it. The chlamydia rate was highest among 16-year-old students. The younger the age of sexual debut, the greater was a student's risk of chlamydia infection.

Experts worry the increasing rate of STD infections among youths could leave them vulnerable to HIV. "We can't avoid the increasing rate of HIV infections unless we look to limit the transmission of chlamydia and other sexually transmitted diseases," said Yoshiaki Kumamoto, honorary head of the Japanese Foundation for Sexual Health Medicine and honorary professor of Sapporo Medical University.

Teachers, students and parents are often unwilling to cooperate with research on high school student sexual behavior. Many adults also oppose sex education, fearing it will encourage sexual activity.

"We have to come up with some other [sex-education] methods that teach children about safe sex and help create an environment in which they can discuss ways to prevent infection," said Yoko Tsurugi, assistant professor at the University of Occupational and Environmental Health.

JAPANetwork members (top) Eriko Kosaka, Hitomi Seki, Justin White, Mathew White, (bottom) Mayumi Nito, Louise Haynes at the 2005 ACCJ Charity Walkathon, Nagoya

"What You Should Know: The HIV/AIDS Workbook for the Japanese EFL Classroom"
by Louise Haynes is available *FREE* for download from JAPANetwork at www.japanetwork.org
It includes photocopiable lesson plans, worksheets, and more.

Reading Passage (Intermediate - Advanced)

Glossary

first-rate: top class, very high quality, excellent

roughly: approximately, more or less, ballpark figure

cumulative: a total that includes all the amounts added previously

countermeasure: to take action against something so that it will not have as powerful as effect

grasp: understand

Japanese Who Thought It Couldn't Happen Here Suddenly Confront a Surge in AIDS Cases
Associated Press (06.01.05)::Natalie Obiko Pearson

With a first-rate health system and widespread condom use, Japanese had long felt protected from AIDS, a disease many still associate with gays, foreigners, and hemophiliacs.

If Japan had, as some experts say, nearly four times the official 10,070 HIV infections, that would equal roughly 1 infection in every 3,000 people. That compares to about 1 infection for every 100 Thais, or 1 in every 1,500 Chinese, according to UNAIDS estimates.

Nonetheless, in 2004 there were a record 1,165 new infections in Japan, a 14 percent jump comparable to increases in sub-Saharan Africa, by UNAIDS estimates. Japan's cumulative number of HIV infections is believed to double every four years and could reach 50,000 by 2010, said a 2004 report by the Japan Center for International Exchange.

While HIV is spreading quickest among males under 35, and homosexual transmissions comprise the majority, the Health Ministry's 2004 annual report noted that infections are occurring at roughly the same rate among heterosexuals and homosexuals.

The ministry is hoping to develop countermeasures soon, said Health Minister Hidehisa Otsuji. Satoshi Kimuri, head of the AIDS Clinical Center at Tokyo's International Medical Center, estimates that 20,000-30,000 Japanese do not know they have HIV.

"The average person just doesn't seem to be able to grasp the immediacy of the threat," said Shizuko Tominaga, a health official for Tokyo, where, despite reporting one new infection a day, the AIDS budget has been cut by two-thirds, to $2 million this year.

"The nature of the problem has changed, and sexual transmission is an urgent issue," said Tokyo city health official Mami Iida.

Checking Understanding

1. What is the condition of the Japanese health system?
2. What is the current estimate of the number of people in Japan who have the HIV virus?
3. How many people in Japan are unaware that they are infected?

Questions for Discussion

1. Were you aware that HIV/AIDS is a problem in Japan? If yes, how did you become aware that it is?
2. Are you surprised at these statistics? Why/why not?
3. Why, do you think, most people are not aware of this problem?
4. What are some countermeasures that could be developed to reduce the numbers of people who become infected every year in Japan?

Listening (Intermediate)

I didn't know that!

Before you listen

Work with a partner. Answer these questions

* Where have you heard about AIDS? (example: at school, on TV/radio, my family, movies)
* Do you know the difference between HIV and AIDS?
* Do you know were you can be tested?

A. Listening for the gist

Listen and circle your answers:

1. Where are these two people?

    a. At a coffee shop.

    b. At football practice.

    c. At work.

2. What are they talking about?

    a. high school health class

    b. a kind of illness

    c. a TV show

3. Which one is true:

    a. Shinichi has a problem

    b. Masakazu has a problem

    c. Shinichi gives Mazakazu advice

B. Listening for details

Listen again. Circle your answers:

1. Why does Masakazu laugh?

    a. He heard a joke.

    b. He is surprised at Shinichi's answer.

    c. He saw a funny TV show.

2. Which one is true?

    a. You can catch HIV from mosquitoes.

    b. You can catch HIV from some infected body fluids.

    c. You can catch HIV at the public health center.

3. Which one is true?

    a. You have to pay for the HIV test at the public health center.

    b. You have to give your name when you take the test at the public health center.

    c. HIV infection in increasing in Japan.

Dialogue Transcript

Shinichi: Boy, that coach is a hard driver. I'm tired. Let's sit down over there.

Masakazu: Yeah, and it's worse to have to practice in summer when it's hot like this.

Shinichi: Ouch! These darn mosquitoes are irritating! I hope I don't catch AIDS from them.

Masakazu: (Laughing). You're kidding, right?

Shinichi: No, why?

Masakazu: You've got to be joking. You can't catch AIDS from mosquitoes. Didn't you study that in high school?

Shinichi: Oh, well, that's what I thought. Yeah, well, I don't remember much.

Masakazu: You can only catch HIV, the virus that causes AIDS, from someone who has it. And HIV is only in things like semen, vaginal fluid*, and blood. As long as those don't get into your body, you're safe.

Shinichi: Safe, huh? So my partner and I are ok?

Masakazu: If neither of you has HIV, and you always use protection, like a condom, you can reduce the risk of catching the virus.

Shinichi: How do I know if we have the virus?

Masakazu: You can get a free test at any public health center. And you don't give your name.

Shinichi: How do you know so much?

Masakazu: I've read quite a lot about it. I heard that it's really increasing here in Japan.

Shinichi: Wow, that's important. Why don't they tell us that on TV?

Masakazu: Beats me. I think they should, too. Hey, catch this! (throws the ball to Shinichi)

*semen = 精液　vaginal fluid = 膣分泌液

To the Teacher:

The dialogue above can be read by two students or by the teacher. Have the class listen and circle their answers in A on the previous page, then listen again and answer the questions in B. You can also hand out this transcript and have them check their answers, practice the dialogue for pronunciation, vocabulary, or fluency.

JAPANetwork would like to thank the American Chamber of Council in Japan for its continuing support and Global OnLine Japan for sponsoring our web site.

Talking About AIDS

This is a student handout from a recent "Teach-In" in an English communication course at a junior college in the Nagoya area. Students worked in groups of four. Each student had prepared a topic of their choice and brought a handout for the other three students in their group. The leader gave a 5-minute presentation about the background of the problem, and then led a 10-minute discussion with the others in the group. After 15 minutes, a new leader began with a new topic.

http://www.ecosci.jp/hiv/HIV.htmlAIDS and HIV

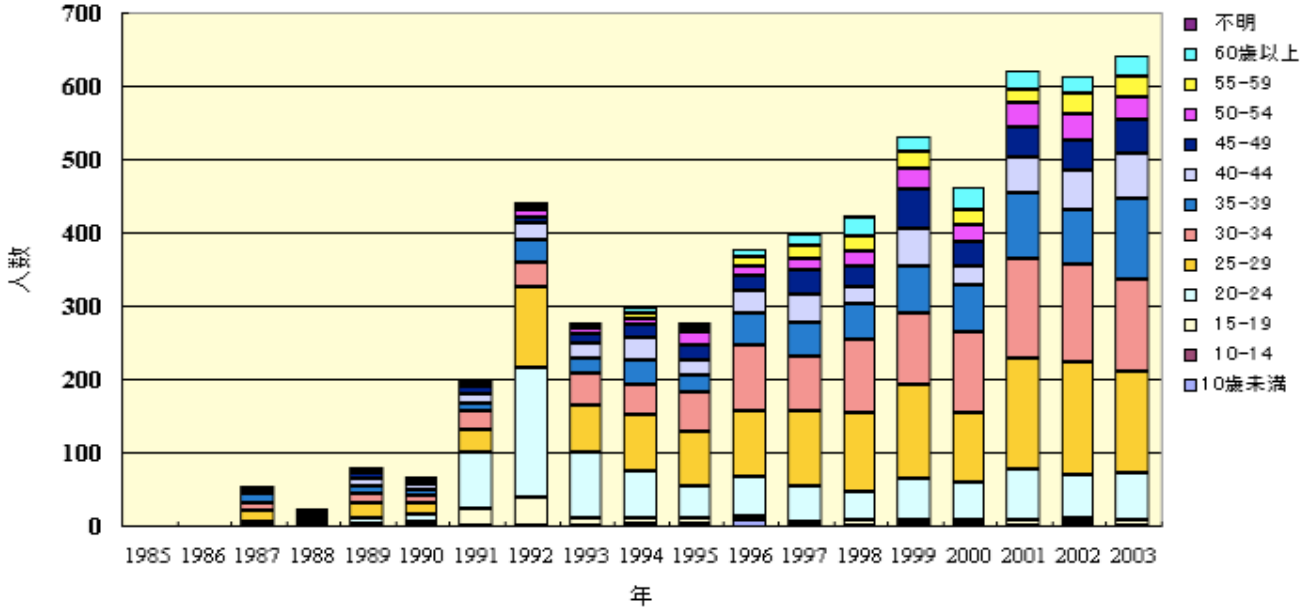
AIDS: Acquired Immune Deficiency Syndrome; a very serious disease caused by a VIRUS that makes your body unable to defend itself against infection.
HIV: Human Immune deficiency Virus; a type of VIRUS that enters the body through the blood or sexual activity, and can cause AIDS.

be infected with	read up	statement
take action	go around	carrier
orphan		

The international Conference on AIDS in Asia and the Pacific that opened in Kobe July 1, 2005. About 2700 people joined this conference. One of women who are infected with HIV read up the statement that I want leader to take action to go around treatment for HIV carrier. Also United National International announced that there are 1.5million orphans in Asia and the Pacific. In addition, there are working children or children were discriminated in Asia and Pacific.

Discuss the following

What can you do to prevent from spreading AIDS or HIV?



グラフ1　国内におけるHIV感染者数の推移（年齢階級別）
※データ引用：平成15年エイズ発生動向年報（厚生労働省，2004/04/26）

The Japanese Government Should Raise Awareness of People about HIV/AIDS

by Eriko Kosaka

Nanzan University, January 18, 2005

In the beginning of this December [2004], the Japanese government disclosed the names of about 6,900 hospitals that have used hepatitis C-tainted blood products. At least 10,000 people are believed to have been infected with the hepatitis C virus at those hospitals through tainted blood products supplied by Mitsubishi Pharma Corp. After the announcement of the government, many people made calls asking for information from the Health Ministry, local governments, and medical institutions across Japan ("Gov't Releases").

In October, 2004, the Ministry of Health, Labor and Welfare announced that "209 people have been infected with HIV virus from the end of June to the end of September in this year" in Japan. This is the highest number of cases of HIV infection recorded in a three-month period ("HIV infections"). The continuously increasing number of HIV-positive cases is now a serious problem in Japan. In fact, there are very likely more cases of HIV/AIDS that statistics show. That is because there are many people who have not been tested. in the case of the hepatitis C virus, countless people phoned the medical institutes and they also have tried to be tested because they realized hepatitis C was related to them personally. However, in the case of HIV/AIDS, there are still a lot of people who are not concerned with it and are unaware that they might be HIV-positive because they think AIDS has nothing to do with them and they do not their problem. Therefore, the Japanese government should do something to make the general public aware of HIV/AIDS in Japan.

There has been a rapid increase in the number of cases of HIV recently, especially among young people. According to the Health Ministry, the rate of teenagers or people in their 20s with HIV has always constituted about 30 percent of the total number of infections. However, most of the schools do not try to offer sex education, which is essential in order to teach about HIV/AIDS. 70 percent of schools do not teach how to have safe sex, such as how to use a condom ("Youth Sex"). In some schools in Japan, there are sex education classes that include information about HIV/AIDS in Japan. In Jinryo Elementary School in Aichi Prefecture, there is a curriculum through which students can learn in each grade about sex and their lives. In the fourth grade, they start learning about HIV/AIDS and, in the fifth grade, they learn how to prevent HIV infection ("Gakkyu"). However, there are still few schools that teach about HIV/AIDS in Japan.

In Sweden, sex education, which is called *samlevnadsundervisning,* or living together, had positive consequences after it was begun in 1900. Mainly, sex education has been promoted by the institute RFSU, the Swedish Association for Sex Education. They educate teachers by holding lectures or classes for them, and they also have many lectures for parents who have young children. They create circumstances in which young people can talk about sex at home easily, and talk about their worries to their parents. Of course, in schools, from fourth to ninth grades, sex education is given by more that one teacher. In one school in Stockholm, from seventh to ninth grades students have several classes about sex in each year. They learn about HIV/AIDS, STDs, homosexuality, first-time pregnancy, childbirth, masturbation, prostitution, and so on through discussion or lectures (Bjerner, "Kyousei ni" 180-193). Teachers decide what they teach in this class from the viewpoint of students, not from the point of view of the teachers. They always care about what the students want to learn about sex (Bjerner "Sweden no sei" 162).

To teach about HIV/AIDS, teachers cannot avoid talking about sex, therefore they themselves need enough sex education before teaching students about HIV/AIDS. In Japan, talking about sex has been under a taboo and it is unusual for parents to talk with their children about it. However, to receive a sufficient sex education, students need to get knowledge not only from teachers, but also from their parents, and they should be given the chance to talk about sex at home because they can understand the importance of sex through those conversations which their parents. Japanese parents who have teenagers should themselves attend lectures from specialists on how to talk with their children about sex, just as the Swedish government does. After the students get enough general sex education, they will be able to learn about HIV/AIDS effectively. However, with regard to making people in general aware of HIV/AIDS, both in Sweden and Japan, enough provisions have not been performed. Even if the government promotes HIV/AIDS education, the increasing number of infections will not stop if people still do not think of HIV/AIDS as their own problem. Gynecologist Tsuneko Akaeda says, "Japanese people think that AIDS is not real, they have no awareness and don't feel directly affected" ("AIDS"). The Japanese government need to enlighten people that HIV/AIDS is their own problem. For example, the government can offer the opportunity to junior high, or high school students to receive lectures by peer educators. The government should make every company have someone who can teach employees about HIV/AIDS and create a situation in which the employees understand about HIV/AIDS. Otherwise, people who have left the educational system and entered the workforce will have no chance to talk about HIV/AIDS.

The increasing number of cases of HIV infection in Japan is obvious, and the government should do something to raise people's awareness of HIV/AIDS. There are tow main reasons for the increasing spread of HIV in Japan. One is the lack of sex education and the other is the lack of awareness of HIV/AIDS. As the Swedish has done already, the Japanese government should manage sex education not only for younger people, but also for the parents of teachers to make issues surrounding sex easier to talk about. The Japanese government should also promote education that enlightens people to take tests or to think about HIV/AIDS as their own problem.

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Introducing... CAST!

The Circle for AIDS Study and Teaching

Nanzan University

by Maki Kawai, CAST Director

funky monkey baby

I'd like to introduce you to CAST, the Circle for AIDS Study and Teaching at Nanzan University.

I started this group at Nanzan Univ. three and half years ago. So many people who attended our lectures have asked me the same question.

"Why did you start CAST?"

Actually, I always don't know how to answer this question, but I can say that I wanted to learn more about AIDS, and thought other students would, too.

Family

I felt I had to do something about this disease. Look at Japan. The number of infections silently keeps growing (you can say the same thing if you look at STD rates). Although, when I looked around myself, others seemed like they didn't care about it. And of course, I could say the same thing about myself. I thought this had nothing to do with me, the people around me, and most people in Japan.

I felt a very big gap between young people's life-style and reality when I took Louise's class. Most of the CAST members probably felt the same way.

So I think of myself and the other CAST members as messengers. We are just doing what our society needs right now. Simple, isn't it?

Love & Peace

As we are messengers, we go out and send a lot of messages, to young people in particular. We've been to junior and senior high schools to give some lectures. We also worked with JAPANetwork in 2003 to host a big concert even at Kanayama station in Nagoya. What we care about most when we go out and do events is "Think about Youth." As we are students, we know how boring it can be to take an academic class. AIDS is a serious theme to deal with. So you have to twist this seriousness. This is how we constitute our events.

Going NUTS!! haha

CAST members sometimes go out together. This is a picture when we went to Ise. We also try to include a very important "fun-work"which is to have surprise birthday parties for each other. So far we have had three terrific parties. Everyone comes up with awesome ideas at these get-togethers.

We need to have some fun-time together. Through these great times, we come to know each other much better. Knowing each member's character is a key-point to make our activities successful.

Community Events

We often work together with JAPANetwork members on community events. In this picture, you can see CAST member Hitomi Seki playing with Justin White at the annual Charity Walkathon, sponsored by the American Chamber of Commerce in Japan. It's lots of fun for us to volunteer at these kinds of events. We get to meet with other volunteer and charity groups in the Nagoya area. The event raises money that charities can use to help the community.

CAST members are available for workshops and lectures in junior and senior high schools and universities. They have a web site at http://plaza.rakuten.co.jp/nanzancast/ and can be contacted at nanzan_cast@yahoo.co.jp

An Overview of the AIDS Drug Industry and Drug Access Policy in Lower Income Countries

by Louise Haynes, MSc TESOL, MBA

Introduction

The pharmaceutical industry spans many nations and is represented by numerous firms of various sizes. These companies produce medicines for a myriad of illnesses and medical conditions. However, this paper will focus on those firms that produce drugs that work specifically with regard to HIV, the virus that causes AIDS, and opportunistic diseases (OI) that develop as a result of HIV infection. With 40 million HIV/AIDS patients worldwide, there is a substantial market for these medicines.

Major pharmaceutical firms	GlaxoWellcomeKline (UK) Pfizer/Agouron (US) Hoffman-La Roche (Switzerland) Merck (US) Abbott, Boehringer-Ingelheim (Germany) Bristol-Myers Squibb (France) Gilead (US)
Firms that produce generic brands	Biolab Company (Thailand) Ranbaxy (India) Cipla (India) Hetero Drugs (India) Far-Manguinhos (Brazil) Aspen Pharmacare (South Africa)
Main anti-AIDS drugs	[nevirapine (NVO) + lamivudine (3TC), + zidovudine (AZT) = generic triple therapy], zalcitabine (ddC), stavudine (d4T), efavirenz (EFZ), indinavir (IDV)

Table 1: Major pharmaceutical companies and the brand name AIDS drugs they produce

Industry Structure

The pharmaceutical industry which deals with the production of AIDS drugs can be described as a monopolistically competitive one. It is such because there are many sellers that compete for customers who need AIDS medications, and there is no restriction on new firms entering the market. Also, although there is some overlap and substitutes are produced, many firms offer products that the others do not. The pharmaceutical industry is also slightly oligopolistic in that when new drugs are developed, patented and produced for the market, the firms that produce the new class of drugs are usually very few in number (Danzon, 1997, p. 303). Gradually, as other companies begin to produce the drugs, this number increases. There is some evidence, however, that an even more competitive structural type is developing.

Because pharmaceutical firms hold patents for their discoveries and have been the sole producers of particular drugs, as long as there were no substitutes available, they have been price makers, able to set the prices consumers will have to pay. Pharmaceutical companies often argue that prices are high because they need the revenue to invest in R&D for new drugs, and to offset losses of those drugs that ultimately did not reach the market. It has been estimated, however, that pharmaceutical firms' investment in R&D is, in fact, less than that in marketing (Barrett, et. al., 1999; Harris, 2000). Still, according to one pharmaceutical firm's senior vice president, it costs about a billion dollars to see one drug through from discovery to market ("Q&A Pfizer's" 2004). Be that as it may, these firm's are reaping substantial yearly profits. From its AIDS drugs alone, GlaxoWellcomeKline (UK), the world's largest manufacturer of HIV/AIDS drugs, saw sales reach $1.76 billion in 2001 (Naik, 2002).

Over the 20-year history of anti-retroviral (ARV) drug development, most leading pharmaceutical firms have had the luxury of deciding their own prices, but prices have come down considerably due to progress in technological innovations, new developments in AIDS research, and pressure from AIDS activist groups and NGOs. For example, in 1987, when Burroughs Wellcome first announced its AZT, the price was $10,000/year. That fell to $6,400 in 1989, and is now available in the U.S. for $3,659/year. 3TC, available in the U.S. for $5,800/year ("Formula", 2001) in only two years has come down to about $3,000 as of July 2003 (Kresge, 2003). As more substitutes have begun to enter the market, there has been increasing competition, but mainly among the major players in the industry, which indicates that the industry is monopolistically competitive. Continuing pressure from international organizations such as WHO, NGOs, and from shareholders themselves, has resulted in further price decreases. "Over 1999-2003, prices were lowered by more than 90% and yet likely still allowed a mark-up many firms in other industries would be envious of" (Vachani and Smith, 2004).

Power over Production

It is growing more difficult for pharmaceutical giants to keep producing breakthrough drugs in high numbers in their own laboratories. Firms are finding they have to promote existing products harder and are increasing their advertising and sales forces in order to do so. Still, to produce enough new medicines and maintain investors' confidence, many drug companies are forming alliances with smaller biotech firms that can come up with new drugs quicker. The giants are also forming mergers, or sometimes purchasing entire biotech firms (Harris, 2000).

Generics: the real competition

Currently, prescription AIDS drug prices are subject to wide price differentials based on geography. By this "tiered pricing" system, major drug firms "set a pricing scheme that is inversely proportional to the development index of the recipient country" (Baker, 2001, p. 36). Under this system, consumers in middle and higher-price countries will be paying what is, in effect, a subsidy for the discounts allowed in lower-price countries, an arrangement that will probably receive opposition in the U.S. considering there is no universal access to lower-priced medicines there (ibid).

Parallel importation is another suggested solution by which a product that is legally marketed in another country is imported by the company that holds the patent or by another authorized agent, for the purpose of promoting price competition. Many major drug companies oppose parallel importation "because it limits companies' ability to charge whatever a local market will bear" (ibid, p. 43). Some have suggested this system be a voluntary one. One problem with this is that, as with cartels, there must be agreement among the pharmaceutical companies that they would not import drugs sold in lower-price countries back to their higher-price countries.

Millions of AIDS patients live on less than a dollar a day cannot possibly afford even drugs that have already been discounted by multinational drug companies (see Appendix 1, Appendix 2). To deal with the gap in access to ARVs, there has been a growth of generic brands produced in developing countries, and this has been the major obstacle for the pharmaceutical industry so far. It is soon to become an even greater thorn in the side of multinational drug corporations, as patents valued at more than US$80 billion will expire by 2007 (Sixth Asia Pacific, 2004). For years, various developing countries have been producing generic AIDS drugs in order to stem the tide of AIDS deaths occurring each year. Brazil and India have been leaders in developing and distributing such drugs, stimulating a strong reaction from major drug firms that cite violations of patent laws.

> Since Brazil never had restrictive patent laws which limit the use of generic drugs in, for example, South Africa or Guatemala, it started making its own nucleoside analogues such as AZT, ddI, etc., in the mid-1990s.... Brazilian made generic nucleoside analogues have brought the prices of those drugs down by 72%, while the prices of brand-name protease inhibitors and NNRTIs has dropped by just nine percent (Treatment Action Group, 2000).

The TRIPS agreement developed by the WTO covers rules for intellectual property rights. From January of this year, India, for example, will have to grant product patents to pharmaceutical companies. Up to now, competition among Indian pharmaceutical firms has kept drug prices low. For example, the cost of an AIDS "cocktail" combination of three anti-retrovirals is 90% that of brand-name combinations ("Changes", 2004). In fact, "According to a World Bank study in the mid-1990s prices for four typical drugs were ten times more expensive in neighboring Pakistan, 17 times more expensive in Britain and 37 times more expensive in the United States than in India" ("Health", 2004).

Reshaping industry structure: Which way will it go?

As more low-income countries begin to fight back against the high prices leveled at them by major pharmaceutical companies, there is a chance that the AIDS drug industry may slowly change from a monopolistically competitive structure to one that is more competitive, with buyers and sellers becoming price takers. As a greater number of producers offer generic brands at far lower prices, the market in lower-price countries may be able to push multinationals out. For the major players, such low prices would make the market for AIDS drugs the target of arbitrage from countries where prices are lower to those where they are more expensive.

On the other hand, if IP protection is strictly enforced, and if multinational drug firms establish their own production facilities and distribution systems in lower-income countries, greatly reducing the tariffs, and distribution costs, the firms might be able to maintain control over the market, sustain quality of the products sold, and ensure continuity in product availability. As an alternative to this, major pharmaceutical companies have been moving in the direction of granting licenses to generic firms to produce AIDS drugs. As TRIPS agreement deadlines are reached, it will be interesting to see what road major firms will choose, and how their decision will affect the structure of the industry.

Probable effects of CAFTA

The Central American Free Trade Agreement, which passed the House of Representatives in July 2005. Provisions in this agreement will further restrict generic drug manufacturers from developing much-needed AIDS medicines in countries including Guatemala, Nicaragua, El Salvador, Costa Rica, Honduras, and the Dominican Republic, countries which already have significant problems in employment, health and education. According to Dr. Manuel Munoz, director of Medecins Sans Frontieres' AIDS treatment program in Honduras,"HIV/AIDS kills one person in Honduras every two hours because the vast majority of people with HIV/AIDS cannot afford life-saving AIDS medicines" (Weissman, 2004).

When a drug is approved, the pharmaceutical company has to produce test data to show the drug's safety and efficacy. Generic drug companies up to now have relied on this registration data and have shown that their generic compound is chemically equivalent and will have the same efficacy, without having to spend the millions of dollars required to repeat the original studies.

> CAFTA includes a number of provisions that establish an array of special monopoly protections for regulatory data.
>
> The meaning of these provisions is that generics will effectively be barred from entering the market -- even if patent terms have expired, and even if countries have issued compulsory licenses that would otherwise enable them to sell on the market while a product is on patent -- until the monopolies on use of the data expire (Weissman, 2004).[1]

[1] For a more detailed description of how CAFTA overrides provisions in the TRIPS agreement, see Weissman, 2004.

As the effects of these international trade policies take root, more and more people in Central America will join the ranks of those who are unable to afford AIDS treatment, unless governments in those regions are able to find loopholes that will allow them to develop or import AIDS drugs at drastically lower costs.

Conclusion

The situation of the AIDS drug industry, and the production and distribution of anti-AIDS pharmaceuticals, is unique when compared to other industries in that it has ethical aspects that involve values and moral judgments about human life in a way that is unlike the production of non-vital goods or commodities. It is also different because, unlike malaria or polio, it has millions of potential consumers in low, middle, and high-income countries, which means that there is a wide variety of consumer surplus totals with regard to pricing. How drug companies should determine pricing schemes with regard to lower-income countries is a complicated one. They cannot afford to lower costs without guarantees they will not lose profits in high-income countries, or to assume that differential pricing will not produce diversion of their products to wealthier countries, and yet they cannot run the risk of generic brands taking away large portions of the market.

Still, there is another justification for large pharmaceutical firms to urgently consider changes in drug access policies. HIV is a virus that can mutate easily if treatment programs are not followed consistently. If treatment is stopped and no alternative medicines made available, new strains of the virus are likely to find their way into the population, rendering current medicines ineffective. Of course, severe problems with infrastructure in low-income nations contribute greatly to treatment of HIV/AIDS patients. However, by working cooperatively to allow production of their drugs at prices that people in developing countries can afford, pharmaceutical firms can ensure that there will still be a market for their drugs because they are still effective. From a business perspective, it is in their own interests, and those of their investors, that major drug companies should take a proactive stance. From an ethical standpoint, it is vital if we are to end the scourge of AIDS worldwide.

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Appendix 1

Antiretroviral Drug Prices ("Brazilian generic ARV drugs", 2002)

Difference between proprietary company offers and generic producer prices

Price of AZT/3TC:

- GlaxoSmithKline (proprietary company), special discount price: US$ 2 per day
- FarManguinhos (generic): US$0.96 per day (52% cheaper)

Price of Nevirapine:

- Boehringer Ingelheim (proprietary company): US$1.19 per day
- FarManguinhos (generic): US$0.59 per day (50% cheaper)

Price of AZT:

- GlaxoSmithKline (proprietary company): US$1.6 per day
- FarManguinhos (generic): US$0.09 per day (94% cheaper)

Price of 3TC:

- GlaxoSmithKline (proprietary company): US$0.64 per day
- FarManguinhos (generic): US$0.41 per day (36% cheaper)

APPENDIX 2

Drug	Defined daily dose	USA (1)	Côte d'Ivoire (2)	Uganda (3)	Brazil	Thailand (6)
Zidovudine 100 mg	600 mg	10.12	2.43	4.34	1.08 (4)	1.74
Didanosine 100 mg	400 mg	7.25	3.48	5.26	2.04 (4)	2.73 (7)
Stavudine 40 mg	80 mg	9.07	4.10	6.19	0.56 (4)	0.84
Indinavir 400 mg	2400 mg	14.93	9.07	12.79	10.32 (5)	NA
Saquinavir 200 mg	1200 mg	6.50	4.82	7.37	6.24 (5)	NA
Efavirenz 200 mg	600 mg	13.13	6.41	NA	6.96 (5)	NA

(1) Prices, 2 April 2000, from www.globalrx.com, a US mail-order pharmacy that offers proprietary antiretrovirals with a minimum mark-up (shipping not included).
(2) End-user prices, UNAIDS Drug Access Initiative, Côte d'Ivoire, March 2000.
(3) End-user prices, UNAIDS Drug Access Initiative, Uganda, March 2000.
(4) Generic drugs produced in Brazil (US$1 = R$ 1.8).
(5) January 2000 cost to the Brazilian Government of imported drugs (US$ 1= R$ 1.8).
(6) Generic drugs produced by Government Pharmaceutical Organization, Thailand (US$ 1 = 38 baht).
(7) 115 mg powder formulation, equivalent to 100 mg tablet.
(Source: "Report on the Global HIV/AIDS Epidemic" 2000.)

HIV/AIDS Statistics in Japan for the 3-month period April 4, 2005 ~ July 3, 2005

	Males HIV	Females HIV	Total HIV infections = 171	Males AIDS	Females AIDS	Total AIDS cases = 89
Heterosexual transmission	24 (3)	6 (2)	35	23 (7)	0 (3)	33
Homosexual transmission*1	107 (6)	0 (0)	113	30 (2)	0 (0)	32
Injection drug use	0 (0)	0 (0)	0	0 (1)	0 (0)	1
Perinatal	0 (0)	0 (0)	0	0 (0)	0 (0)	0
Other*2	2 (1)	0 (0)	3	6 (0)	0 (0)	6
Unknown	11 (6)	0 (3)	20	12 (2)	0 (3)	17
0 ~ 10 years of age	0 (0)	0 (0)	0	0 (0)	0 (0)	0
10 ~ 19	3 (0)	0 (0)	3	0 (0)	0 (1)	1
20 ~ 29	48 (5)	3 (2)	58	7 (1)	0 (2)	10
30 ~ 39	55 (6)	2 (2)	65	25 (5)	0 (3)	33
40 ~ 49	23 (4)	1 (0)	28	16 (4)	0 (0)	20
50 and over	15 (1)	0 (1)	17	23 (2)	0 (0)	25
Unknown	0 (0)	0 (0)	0	0 (0)	0 (0)	0
Infected within Japan	128 (6)	5 (1)	140	58 (5)	0 (1)	64
Infected outside of Japan	8 (3)	1 (1)	13	3 (3)	0 (5)	11
Unknown	8 (7)	0 (3)	18	10 (4)	0 (0)	14

Number of AIDS cases during this reporting period that were previously recorded in HIV infection statistics: 1. **Notes:** Figures in parentheses ( ) indicate foreign nationals. *1 Total includes bisexuals. *2 This is the figure which includes cases of infection through blood transfusion.

Total HIV/AIDS Statistics in Japan

1. HIV statistics in Japan as of July 3, 2005

	Males	Total males	Females	Total females	Total
Heterosexual transmission	1,293 (261)	1,554	424 (676)	1,100	2,654
Homosexual transmission*1	2,648 (190)	2,838	1 (0)	1	2,839
Injection drug use	17 (16)	33	1 (2)	3	36
Perinatal	13 (3)	16	7 (7)	14	30
Other*2	73 (20)	93	28 (13)	41	134
Unknown	445 (261)	706	58 (481)	539	1,245
Total HIV infections	4,489 (751)	5,240	519 (1,179)	1,698	6,938

( )numbers in parentheses indicate foreign nationals

2. AIDS cases as of July 3, 2005

	Males	Total males	Females	Total females	Total
Heterosexual transmission	1,031 (190)	1,221	123 (137)	260	1,481
Homosexual transmission*1	826 (79)	905	1 (2)	3	908
Injection drug use	8 (14)	22	1 (0)	1	23
Perinatal	9 (1)	10	3 (4)	7	17
Other*2	58 (15)	73	12 (8)	20	93
Unknown	502 (254)	756	51 (116)	167	923
Total HIV infections	2,434 (553)	2,987	191 (267)	458	3,445

Infections due to unheated blood products – Total as of May 31, 2002.	1,417 (--)	1,417	18 (--)	18	1,435

Notes: *1 Total includes bisexuals.

*2 This is the figure which includes cases of infection through blood transfusion.

Deaths to date: 1,372

* These totals are the latest reported figures as of July 3, 2005 on the Japanese Ministry of Health and Welfare Web Site at http://api-net.jfap.or.jp/mhw/survey/mhw_survey.htm