

Local Governments' Policies and Measures

Guidelines for AIDS Control in Osaka City "STOP AIDS" Strategy, Five-Year Plan (2007-2011)

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Abstract

HIV and AIDS cases in Osaka City occupy about 10% of reported cases in Japan, and increasing every year. Young people (aged 20-39) accounts for more than 80% of reported HIV cases in Osaka City, and Japanese men and men who have sex with men MSM account for about 90% and about 70% of all HIV cases, respectively.

In June 2007, Osaka City Government formulated "Guidelines for AIDS Control" to make AIDS control program more effectively, efficiently and comprehensively to curb the trend of HIV/AIDS epidemics. Main goal is to reduce annual reported AIDS cases by 25% in 5 years. The guidelines consist of five components, which have specific targets. 1: Expansion of opportunities for HIV testing, 2: Dissemination of correct information for proper attitude, 3: School education on AIDS and sexually transmitted infections (STIs), 4: Program for MSM, 5: Strengthening of medical service networks for HIV/AIDS patients.

Keywords: HIV antibody test, correct information, school education, MSM, medical service networks

In Osaka City, the number of reports of HIV-infected persons and AIDS patients has been steadily increasing; in 2006, there were 130 reports (118 HIV-infected persons, 12 AIDS patients), the highest to date, accounting for approximately 10% of the nationwide total (1,358 reports; 952 HIV-infected persons, 406 AIDS patients). Looking at the cumulative total up to the end of 2006, there were 651 HIV-infected persons, and 134 AIDS patients. The number reports annually of HIV-infected persons and AIDS patients combined has exceeded 100 reports since 2004, but in 2007, as early as early August had already reached 100 reports, and it is fact that the number of reports has exceeded 100 for four years straight. Of the cumulative total of 651 reports of HIV-infected persons up to the end of 2006, there were 537 reports of persons in their 20s-30s or 82%, which is higher than the nationwide proportion of 71%. Furthermore, transmission was by homosexual sexual contact in 481 reports or 74%, significantly higher than that of the nationwide proportion of 45%.

According to materials of the meeting of heads of divisions in charge of infectious diseases of 17 large cities in 2007, the number of HIV testing done by these local governments in FY2006, Osaka City had the highest, with 11,568 tests, Yokohama City had the second highest with 4,665 tests, followed by Fukuoka City which had the third highest with 3,867 tests; as for number of tests per population of 100,000 people, Osaka City had the highest with 440 tests, Fukuoka City had the second highest with 276 tests and Kobe City had the third highest with 192 tests. Looking at the number of positive test for HIV infection, Osaka City had the highest with 95, significantly more than second ranking Nagoya City, which had 16, and third ranking Yokohama City, which had 14, and the proportion of HIV positive was also highest at 0.8% (95/11,568) in Osaka City.

In Osaka City, HIV testing has been conducted at health and social welfare centers in the wards on weekday mornings since 1987; however, to increase opportunities for residents to get tested and to increase usability, testing has been expanded to Thursday evenings and on Saturdays and Sundays. Twice a year, in July and December, as a campaign to encourage people to get HIV testing, it has been held on weekdays evenings. Testing has been conducted in combination with AIDS consultation by doctors and public health nurses and counseling by counselors.

Looking at the ratio of HIV-infected persons to AIDS patients (HIV/AIDS ratio) reported in the three years from 2004 to 2006 (HIV-infected persons/AIDS patients), nationwide HIV/AIDS ratio is 2.2 (2,564/1,158), while in Osaka City, HIV/AIDS ratio is 7.0 (317/45). These results indicate the effect of large-scale HIV testing conducted in a vigorous manner, and that HIV-infected persons are being diagnosed at an earlier stage before the onset of AIDS. Because AIDS occurs with some symptoms, nearly all receive diagnosis at clinics, thus probability of the diagnosis is considered high; however, with HIV

infection, there are no symptoms meaning that unless a person gets HIV testing, they will not know if they are positive. The number of HIV-infected persons reported is a portion of the actual number. According to an estimate from a research team funded by Ministry of Health, Labour and Welfare (Kihara team), because the number of HIV- infected persons is four or more times the number reported, it is necessary to increase the number of HIV testing further, enhance consultation and counseling for high risk persons, and encourage behavioral modification so as to not engage in risky activities.

In Osaka City, to promote the AIDS measures that have been conducted to date more effectively, with greater efficiency and in a more comprehensive manner, the “Guidelines for AIDS Control in Osaka City” were established (June 2006). The major goal is to decrease the number of reports of new AIDS patients by 25% in the five years until 2011. The approach is to expand the number of HIV testing, diagnose already infected persons at earlier stage and bring them clinics, and encourage persons who are high risk but not infected to change their behaviors, thus reducing the number of AIDS patients. A sub-goal has been set to bring HIV/AIDS ratio of HIV-infected persons to AIDS patients to 12 or more. Presently, the ratio is three or more times the national average, efforts are being made to raise this ratio even higher.

The specific strategy comprises five pillars: 1) expanding the HIV testing and consultation systems, 2) dissemination and awareness of the correct information, 3) education for preventing AIDS/sexually transmitted infections (STIs) in school education, 4) programs for men who have sex with men (MSM), and 5) building a medical treatment system.

Testing opportunities will be increased by evaluating the current HIV testing system and conducting tests on days and times that reflect the needs of persons to be tested understood by questionnaires and the like, and consultation and counseling will also be enhanced. While building a cooperative structure with NGOs, etc. and effectively using campaigns to promote testing, the goal has been set to increase the number of persons tested annual by 50% within five years.

With respect to dissemination and awareness of AIDS-related knowledge, in addition to materials that have been used for general city residents to date, an informative booklets will be published and distributed to young people, such as at junior high schools and high schools.

Regarding education in schools, a “Guidance Handbook” for junior high schools and for high schools will be formulated respectively with the cooperation of school boards, but the various development stages and individual differences of students will be sufficiently considered and individual guidance will also be appropriately integrated. Questionnaire surveys before and after guidance will be conducted and efficacy measurements taken.

As a measure for MSM, in cooperation with NGOs, awareness-raising media that takes sexual orientation and forms of behavior into consideration, and that is specific but also highly appealing will be developed and distributed in commercial facilities in the regions that have many MSM customers, and the Internet will be utilized. With respect to high-risk persons, “Consultation/Counseling regarding Sexual Health” that encourages such persons to modify their behaviors will be conducted.

Regarding the medical treatment system, in collaboration the Osaka City Government, a network between clinics to diagnose and treat sexually transmitted infections (STI clinics) and AIDS base hospitals will be established to create a system to enable mutual cooperation. Furthermore, with the cooperation of the Osaka Prefectural Medical Association, education and training will be conducted for medical professionals.

In 2011, the final year of the five-year plan, the achievement level of goals will be confirmed and the goals for the next five-year plan will be established.

(reference materials)

Guidelines for AIDS Control in Osaka City “STOP AIDS” Strategy, Five-Year Plan (2007-2011)

Purpose of Establishing Guidelines

In 2005 in Osaka City, the number of HIV-infected persons and AIDS patients accounted for 12.0% (100/832) and 4.4% (16/367) of the nationwide totals respectively, and today the number of infected persons continues to increase. In an effort to improve this situation, these guidelines were formulated to promote AIDS control measures more effectively, more efficiently and in a more comprehensive manner. These guidelines indicate a major goal, subgoals and specific strategies for the next five years, and numeric goals are set up.

Based on these guidelines, the relevant sections and departments with a common awareness of the issues will broadly make these matters known to the relevant institutions and to residents and take initiative on AIDS control measures.

Main Goal

To reduce the number of new reports of AIDS patients by 25% within five years (Bringing the three-year average for 2003-2005 of 15 to 11 or less).

Sub-goals

Within five years, to double the “ratio of HIV-infected persons to AIDS patients (HIV/AIDS ratio)” that has been newly reported.

Early stage detection index: The higher the “HIV/AIDS ratio” the higher the proportion of early detection. In Osaka City, the newly reported HIV/AIDS ratio was 6.1 (267/44) in the three year average for 2003-2005, roughly three times the national average of 2.1 (2,250/1,089), but the goal is to bring this ratio from 6 to 12 or greater.

Specific Strategies

1. Enhancing the HIV Testing and Consultation Systems

According to the survey of the situation of receiving treatment conducted among HIV-infected persons who receive consultations at hospitals on a regular basis, it is shown to improve their symptoms, CD4 cell counts, viral loads or behavioral patterns. Early detection of infected persons not only promotes the maintenance of the person’s health but leads to prevention of secondary infections. Therefore, it is extremely important to increase the opportunities to get tested and to detect infected persons at an early stage.

Project goal: To increase the total number of persons who get HIV testing by 50% in five years.

(1) Health and Social Welfare Centers in the Wards

- (1) Considering the current testing situation and usability for persons getting tested, the wards in which testing is conducted will be concentrated.
- (2) Test times will not only be in the morning but set in the afternoon and evening aimed to enhance testing opportunities.
- (3) Consultation and counseling before and after testing will be enhanced.

(2) Evening Testing Promotion Campaign

The biannual (winter/summer) campaign to promote HIV testing will be continued and the number increased as necessary aimed to increase the number of people tested.

(3) Outsourced Testing

The Thursday evening testing, the Saturday testing, and the Sunday immediate testing (results are given on the same day) will be continued and carried out by outsourcing. Mutual cooperation with NGOs, etc. will be called for, and consultation and counseling when people are getting tested will be enhanced to lead to the behavior changes.

(4) Publicity

Information with respect to testing, consultation and counseling will be provided in an active manner using the Osaka City Websites, posters, pamphlets and so on.

2. Dissemination of Correct Knowledge and Education

The target audiences for education are junior high school students, high school students, university students, young people and the general public and education activities will be carried out to reach these audiences.

Since society as a whole has a lower sense of crisis with respect to AIDS, students in junior high school, high school and university, etc., will be provided with information related to AIDS as well as the rises of elective abortions and STIs. The number of places to which posters and pamphlets are distributed will be increased as well as the quantity, and Internet-based information will also be enhanced.

Project goal: To improve the correct response rate on tests of basic knowledge by 25% or more by target-specific surveys.

(1) Posters for Dissemination and Education of AIDS Control Measures

Target: Junior high school students, high school students, university students and young people

The issues of elective abortions and STIs, which have become a more immediate problem in Osaka City for youth over AIDS or condoms, will be emphasized.

The posters will be posted at ward offices, and facilities attached to city halls such as civic halls, etc., health and social welfare centers, libraries, Osaka City newsletters, and NGO related locations as done before as well as educational institutions (junior high schools, high schools, universities, vocational schools, etc.) and facilities used by many unspecified youth in accordance with the characteristics of each ward area.

(2) Pamphlets for Dissemination and Education of AIDS Control Measures

Target: Junior high school students, high school students, university students and young people

Separately from the pamphlets distributed before, a pamphlet will be modeled on the one used in the “Nationwide Scientific AIDS Prevention Education Training Program”, and not only AIDS and HIV infection but elective abortions and STIs in Osaka City will be stressed. Moreover, contained therein will be the details of questionnaire results related to knowledge and sexual activities related to STIs at junior high schools and high schools.

(3) Newspaper Inserts (Leaflets)

Target: General public

In conjunction with the “World AIDS Day” on December 1 every year, leaflets focusing on basic knowledge, and HIV testing, etc. will be distributed to every house throughout the city, offices, ward offices, health and social welfare centers and so on.

(4) AIDS Informative Magazine (Agenda)

Target: Junior high school students, high school students

An informative booklet aimed at junior high and high school students will be published once a year and distributed to all junior high and high school students in the city. The magazine will have interesting content that the students will read, including HIV-related knowledge and consultation offices, etc.

(5) Websites

Target: General public

Innovations will be made so that it is easy to access the “AIDS Information Page” from the top page of the “Osaka City Website” or The “Osaka City Health and Welfare Bureau Website”. The “AIDS Information Page” will have comments posted related to trends of infected persons and patients, and the link network will be enhanced.

(6) Joint AIDS Prevention and Education Operations with other Cities

In a joint effort with the Osaka Prefectural Government and neighboring cities, radio broadcasts and events, etc. will be conducted in conjunction with AIDS Prevention Week.

3. Education on AIDS/STIs Prevention in School Education

It has become clear that through AIDS prevention education to date, recognition of young people regarding living together with HIV infected persons is comparatively high; on the other hand, knowledge related to STIs and AIDS tends to be extremely poor. Therefore, AIDS prevention education from the perspective of preventing infection will continue to be carried out as a part of school education, and the knowledge and behavior of students regarding STIs will be improved.

It should be noted that, upon carrying out prevention education in schools, that unless sufficient preparations are made beforehand, there is apprehension that guidance of content that does not suit the various development stages and individual differences of students will be carried out. Therefore, moving forward, preventive education will aim to promote correct preventive behavior changes in students. Education will be advanced so that students can recognize the infection risk of STIs or AIDS as their own problem and deepen their understanding and enable them to build better human relationships by respecting themselves and others.

Project goal: To carry out AIDS prevention education, from a perspective of preventing STIs, in school education in all junior high schools, high schools, and special support schools and improve the knowledge and behavior of students with respect to STIs in Osaka City within five years.

*“Nationwide Scientific AIDS Prevention Education and Training Program”

A MHLW youth AIDS control measure project with the purpose of developing AIDS prevention education in line with schools and the development stages of children as a “Well-being of Youth in Social Happiness (WYSH)” project.

(1) Specific Guidance Methods

- (1) A guidance system will be established in the whole school with the common understanding of teaching personnel.
- (2) Questionnaire surveys, etc. will be conducted in advance to grasp the knowledge, attitudes, and behavior of students, and the content of prevention education will be decided in accordance with the actual situation of students.
- (3) The experience of schools that participated in the *Nationwide Scientific AIDS Prevention Education and Training Program” will be assessed and evaluated, and a “Guideline Handbook” will be developed to carry out standardized prevention education.
- (4) The various development stages and individual differences of students will be considered and group guidance and individual guidance appropriately integrated.
- (5) A questionnaire survey will be conducted after health education and the results measured in comparison to before the guidance.
- (6) Health education will be conducted in cooperation with communities, guardians, and relevant institutions.

(2) Policies of Cooperation

Action plans of preventive projects, activities and assessments with respect to junior high schools, high schools, and special support schools in Osaka City will be carried out with the cooperation of the Health and Welfare Bureau, Osaka City and Prefectural Boards of Education. AIDS prevention education for students will be carried out by the teaching staff of the schools while the Health and Welfare Bureau (public health office) and the health and welfare centers of the wards will provide technical advice.

(3) Schedule for Implementing Operations

2007-2008

- (1) The current situation with respect to education on AIDS and STIs conducted in municipal junior high schools, high schools and special support schools in Osaka City will be surveyed.
- (2) The experience of schools that participated in the *Nationwide Scientific AIDS Prevention Education and Training Program” conducted in the 2005-2006 school year will be assessed and evaluated, and a “Guidance Handbook (junior high school edition)” to be the standard will be

developed then a “Guidance Handbook (high school edition)” will be developed.

- (3) An expansion of schools conducting this program will be aimed for and workshops will be conducted with a focus on presentations on practical application at junior high schools, high schools and special support schools.

2009-2010

- (1) Schools and the ward health and welfare centers will team up and advance AIDS prevention education based on the “Guidance Handbook” of all municipal junior high schools.
- (2) The “Guidance Handbook (junior high school edition)” will be revised as needed.
- (3) A “Guidance Handbook (high school edition)” for municipal high schools and prefectural high schools will be developed and AIDS prevention education will be advanced.
- (4) With respect to special support schools, AIDS prevention education will be advanced using the “Guidance Handbook”.

2011 and beyond

- (1) The “Guidance Handbook” will be introduced to junior high schools and high schools and AIDS prevention education will be advanced.
- (2) AIDS prevention education will be promoted at all junior high schools, high schools and special support schools in Osaka City.

4. Program for MSM

MSM are a minority in society, and as there are fears of prejudice and discrimination they are passive regarding direct contact with public institutions such as health centers. Preferably, awareness media will be developed with non-government organizations (NGOs) comprised of MSM with the objective of protecting the health of MSM, and Osaka City will support the dissemination and education activities directly carried out by NGOs, thereby having high appeal and leading to behavioral changes and making it possible to implement effective measures.

Project goal: To conduct questionnaire surveys on a periodic basis and to achieve the goals below within five years.

HIV testing rate in the past year:	from current 40% to 50% or above
Lifetime HIV testing rate:	from 50% to 75% or above
Correct response rate regarding AIDS-related knowledge	from 75% to 90% or above
Rate of persons taking preventive actions:	from 55% to 60% or above

*Source of data: Research Project Supported by MHLW, Research related to AIDS control measures among MSM and promotion thereof (chief researcher: Seiichi ICHIKAWA)

(1) Dissemination of AIDS-related Knowledge and Awareness

To date awareness-raising media related to AIDS has been aimed broadly at the general public, and because information has been mainly related to preventing infection of heterosexuals, the appeal and effectiveness is poor with respect to MSM. On that point, it is important to develop more specific awareness-raising media and select dissemination and awareness-raising means that focus on MSM and take their sexual orientation and forms of behavior into consideration.

- (1) The Osaka City and NGO Websites will provide information related to AIDS, symptoms of STIs, mode of infection, complications, treatment and prevention.
- (2) Awareness-raising media containing information related to AIDS and STIs (MSM newsletters, etc.) will be distributed at commercial establishments in communities with many MSM customers and media such as the Internet will also be utilized.
- (3) NGO base is located in areas with many commercial establishments used by MSM, and the mission of activities will be AIDS/STIs control measures of MSM. This base is a place where MSM can come and go freely, and where information will be communicated using the above awareness-raising materials.

(2) AIDS and STIs prevention/awareness-raising events

Events at which MSM will gather will be planned and held, and an AIDS and STIs prevention/awareness-raising corner will be set up where the message will be conveyed to people usually not

interested in AIDS.

(3) Consultation/counseling programs to change behavior

For persons who come to the NGO base, conducting consultation and counseling related to sexual health and providing knowledge related to AIDS and STIs and information related to activities that carry a high risk of infection will deepen the understanding of the importance of preventing infection and lead to behavioral changes.

(4) Survey concerning sexual behavior and prevention of infection

A questionnaire survey (rate of persons taking awareness-raising media, rate of correct responses regarding AIDS-related knowledge, recognition rate and visit rate of NGO bases, rate of HIV testing, rate of illegal drugs, rate of persons taking preventive behaviors, and so on) will be conducted in communities where awareness-raising media is distributed, and the results of measures will be assessed. Furthermore, information obtained in (3) above will be used in an intervention program.

5. Building a Medical Care System

Through the “Prevention Guideline for Specific Infectious Diseases related to the Acquired Immune Deficiency Syndrome (AIDS Prevention Guideline)” of the national government revised in March 2006, a new core base hospital system was established, and the regional block base hospitals will support the core base hospitals set up in the 47 prefectures and the core base hospitals will support the base hospitals in an effort to rebuild the medical care system, including dividing functions of base hospitals among mainly core base hospitals in the 47 prefectures.

Presently, 16 hospitals in the Osaka Prefectural area have been designated as AIDS treatment base hospitals, and of those, patients are concentrated in a regional block core hospital which is one such hospital. Moving forward, the aim for Osaka City will be to further develop an AIDS medical care system such as with regional block base hospitals, core base hospitals and base hospitals, including clinics and the like to diagnose STI clinics such as urology, obstetrics, dermatology, and venereology.

Project goal: To establish an early detection and diagnosis system for HIV-infected persons and AIDS patients at STI clinics, etc., and to double the number of reports of HIV-infected persons and AIDS patients from STI clinics compared to the present.

(1) Education and Training for Medical Professionals

With the cooperation of the Osaka Prefectural Medical Association, education and training will be conducted for medical professionals, and the latest incidence trends of infected persons and patients as well as the details of medical care and therapies will be provided.

(2) Medical Care System in STI Clinics

The frequency that HIV infected MSM are diagnosed at STI clinics is high; therefore, STI clinics are positioned in the framework of early detection of HIV-infected persons/AIDS patients and a medical care system for HIV-infected persons.

- (1) A questionnaire survey will be conducted for all STI clinics in Osaka City to clarify the current situation of HIV testing and medical care of HIV-infected persons and the possibilities for testing and treatment in the future.
- (2) Model STI clinics, etc. will be selected, and periodic reports will be accepted regarding the status of HIV testing and medical care situation of HIV-infected persons.
- (3) Based on experiences at model STI clinics, etc., a network of medical institutions will be established to carry out medical care of HIV-infected persons in an active manner.

AIDS Measures in Osaka City (Chronology)

Year	Item	Remarks
1982		AIDS named
1983		HIV named
1984		Start of AIDS surveillance
1986	AIDS consultation started in health centers	AIDS panic (Nagano/Matsumoto coverage)
1987	HIV testing started in health centers Osaka City AIDS Measures Promotion Council established	AIDS panic (Kobe/Kochi coverage)
1988	Anonymous HIV testing started in health centers	1st World AIDS Day
1989	"World AIDS Day Osaka" held	AIDS Prevention Law enacted
1991	Number of infected persons and patients under the jurisdiction of the Osaka Prefectural Government published	
1992	HIV infection guidance manual formulated AIDS prevention week set (joint operation with other cities) Dispatches started to AIDS measure workshop (doctors, public health nurses)	
1993	Free, anonymous HIV testing started in health centers Pamphlet "Talking about AIDS" prepared (the first issue) HIV-2 type testing started to be introduced in HIV testing in health centers Counseling training launched (for public health nurses)	
1994	Informal sessions set up to discuss AIDS Campaign launched to promote evening AIDS tests Foreign language phone consultation (trio-phone) launched Telephone services launched (stopped in 2006) Education leader campaign launched (outsourced to FM802)	10th International AIDS Conference (Yokohama)
1995		Anti-HIV therapy
1996	Thursday evening HIV testing launched (outsourced to Osaka Preventive Medical Association) AIDS-specialty consultation (in Kita-ku, Chuo-ku: by advance reservation)	
1999		Infectious Disease Law enacted
2001	Syphilis, Chlamydia testing added to HIV testing at health and welfare centers 24-hour information phone line for adolescents ("Seishun Hotto-Dial")	
2002	HIV testing on Saturdays launched (outsourced to CHARM) Dispatching to AIDS counselor training (office positions) started	
2003	Young Sharing Program (YSP operation) (Outsourced to the Japan HIV Center: stopped in 2006)	
2004	AIDS prevention and awareness event launched (outsourced to MASH Osaka)	
2005	Questionnaire survey aimed to enhance HIV testing	7th International Congress on AIDS in Asia and the Pacific (Kobe)
2006	Immediate HIV testing on Sundays launched (outsourced to Japan HIV Center)	Important support measures for 16 local governments HIV testing week established Manual formulated for regional local governments

*Due to organizational reform, the 1 health center and 24 ward medical health centers (Hoken-centers) from FY2000 became one health center and 24 ward health and welfare centers from FY2003.

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