

*directing council*

*regional committee*



**PAN AMERICAN  
HEALTH  
ORGANIZATION**

XXXIX Meeting



**WORLD  
HEALTH  
ORGANIZATION**

XLVIII Meeting

Washington, D.C.  
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*Provisional Agenda Item 5.7*

CD39/17 (Eng.)  
30 July 1996  
ORIGINAL: SPANISH

### **ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) IN THE AMERICAS**

The 118th Meeting of the Executive Committee examined the report of the Secretariat on the situation of the HIV/AIDS/STD epidemic in the Region and on the establishment of the Joint United Nations Program on HIV/AIDS (UNAIDS) as a strategy for consolidating and expanding the multisectoral interagency response of the Member States to this epidemic and its consequences.

In the discussion the participants' concern about the magnitude and trajectory of the HIV/AIDS/STD epidemic was evident. A recurring theme was the importance of improving and strengthening the epidemiological surveillance systems and methodologies at the national level. Participants also underscored the need to maintain prevention activities, especially education for adolescents and young people, as well as specific interventions to reduce the risk of sexual, perinatal, and blood-borne transmission of HIV. Medical care and social services for people infected with and affected by HIV/AIDS are rapidly becoming an area that will demand greater efforts and resources, together with new approaches, especially in countries with changing and growing epidemics.

The members of the Executive Committee voiced their approval of the Secretariat's active and successful participation in the development of the national AIDS programs in Latin America and the Caribbean over the past 12 years and acknowledged the efforts to guarantee that the establishment of UNAIDS will translate into articulated, appropriate, and effective actions to control the epidemic and its consequences in the Member States.

The Executive Committee analyzed the report, which has been updated with more recent epidemiological surveillance data taken from the information supplied by the Member States during the first semester of 1996 (see Annex).

The Directing Council is requested to review the attached document and to provide orientation with regard to the Organization's areas of action, bearing in mind the current epidemiological, economic, social, and political conditions, as well as the need to promote and support a multisectoral interagency response to the HIV/AIDS epidemic in the Americas. Finally, the Directing Council is requested to consider the following resolution proposed by the Executive Committee (Resolution CE118.R12):

*THE 118th MEETING OF THE EXECUTIVE COMMITTEE,*

Having reviewed the report on acquired immunodeficiency syndrome (AIDS) in the Americas (Document CE118/17 and Add. I),

*RESOLVES:*

To recommend that the XXXIX Meeting of the Directing Council adopt a resolution in the following terms:

*THE XXXIX MEETING OF THE DIRECTING COUNCIL,*

Having reviewed the report on acquired immunodeficiency syndrome (AIDS) in the Americas (Document CD39/17);

Considering that, while the spread of HIV/AIDS in the Americas has apparently been less rapid than in other Regions, the epidemic continues to affect an ever-growing number of men, women, and children;

Taking into account the difficulties in the start-up phase of the multi-agency and multisectoral response promoted by the Joint United Nations Program on HIV/AIDS (UNAIDS); and

Mindful of the need to ensure the continuity of national efforts in a climate of marked reductions in international technical and financial support,

*RESOLVES:*

1. To urge the Member Governments:
  - (a) To maintain and, if possible, increase the efforts of their national programs on AIDS prevention, mobilizing technical and financial resources in accordance with their capabilities and facilitating intersectoral cooperation in the struggle against AIDS;
  - (b) To support implementation of the PAHO Regional Plan of Action for the prevention of AIDS in the Americas, maintaining the public health perspective in national actions;
  - (c) To promote the approach and guidelines of UNAIDS, facilitating linkage between the agencies that participate in the Theme Groups and their respective national counterparts;
  - (d) To promote cooperation among countries in a spirit of Pan Americanism, identifying common areas of need and interest (training, surveillance, information exchange, technology transfer, joint development of policies and programs, education) for the prevention of AIDS in the Region.
2. To request the Director, within the framework of UNAIDS:
  - (a) To maintain and strengthen the cooperation of PAHO in the prevention and control of AIDS and sexually transmitted diseases in the Americas;
  - (b) To continue to identify and mobilize resources in support of the national programs and the initiatives for subregional cooperation and cooperation among countries.

Annex

**ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)  
IN THE AMERICAS**

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## EXECUTIVE SUMMARY

Four United Nations agencies (UNDP, UNICEF, UNFPA, UNESCO)<sup>1</sup> and the World Bank have joined forces with the World Health Organization to establish the Joint United Nations Program on HIV/AIDS (UNAIDS). The transition from the WHO Global Program on AIDS to UNAIDS resulted in a sharp reduction in technical cooperation for AIDS prevention in the Americas at a time when the epidemic is surging ahead on its unrelenting course throughout the world.

At the beginning of 1995, in preparation for the full-scale start-up of UNAIDS in January 1996, the PAHO Regional Program on AIDS/STD drafted a Regional Plan of Action for 1996-1999, which was reviewed and endorsed by the Directing Council of PAHO in September 1995.

Despite severe budgetary cutbacks, the Organization decided to maintain its Regional Program on AIDS/STD and mandated it to carry on with its activities in technical and scientific areas for the prevention of AIDS and the control of human immunodeficiency virus (HIV) and sexually transmitted diseases (STD) within the interagency and multisectoral framework of UNAIDS, and at the same time to continue its technical support of national programs on AIDS prevention in the Region.

Given the unpostponable need to mobilize the human, financial, and political resources that are needed to shore up national responses in the countries of the Region, it is critically important that the Executive Committee consider appropriate mechanisms within the framework of interagency and intersectoral collaboration so that technical cooperation on HIV/AIDS prevention and control will not be subject to delays or interruptions which might result in an upsurge of the epidemic and its consequences, and that the Committee provide the Secretariat with proposals and orientation in this regard.

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<sup>1</sup> United Nations Development Program, United Nations Children's Fund, United Nations Population Fund, and United Nations Educational, Scientific, and Cultural Organization.

## **1. Introduction**

In an effort to achieve greater intersectoral involvement in the global campaign against AIDS, four United Nations agencies (UNDP, UNESCO, UNICEF, and UNFPA) and the World Bank have joined forces with the World Health Organization to establish the Joint United Nations Program on HIV/AIDS (UNAIDS), which officially began operations in December 1994 with the selection and appointment of Dr. Peter Piot as its Executive Director. In 1995 UNAIDS held several consultations at the regional and country level aimed at defining its structure and operations more precisely, and it also prepared a budget for the 1996-1997 biennium and a strategic plan for the next five years.

Despite these efforts, it was not possible for the Joint United Nations Program on HIV/AIDS to be fully operational at the world level by January 1996, as envisaged in the original plan. Among other factors, the transition from the WHO Global Program on AIDS (GPA) to UNAIDS required the Executive Director to give almost his full attention to enlisting political support and mobilizing resources, an effort which culminated in the approval in November 1995 of a proposed budget of US\$ 120 million for the 1996-1997 biennium. At the same time, UNAIDS conducted negotiations to enlist the cooperation of various agencies, including WHO Headquarters and its regional offices, on specific areas of collaboration, taking into account their respective strengths. The sudden loss of more than 200 experienced GPA staff members from WHO Headquarters in Geneva, the regional offices, and the countries when their contracts expired in 1995 or early 1996, followed by unavoidable delays in the recruitment of a new, much smaller staff for UNAIDS, made for a notable decrease in technical cooperation for AIDS prevention—while at the same time the epidemic continued to advance at its unrelenting pace throughout the world.

In the Region of the Americas, PAHO provided crucial support for the establishment of UNAIDS. It promoted the creation of interagency Theme Groups in all the countries, and it participated in UNAIDS missions and consultations, providing advice on strategies and program policies for the Region and its several subregions. At the same time, despite severe budgetary cutbacks that resulted in the loss of two-thirds of the Program's staff in Washington, D.C., and almost all the staff in the countries (previously financed with extrabudgetary funds from the WHO Global Program on AIDS), PAHO decided to retain its Regional Program on AIDS/STD. This small but essential program was charged with continuing its technical and scientific activities for the prevention and control of HIV/AIDS and STD within the interagency and multisectoral framework of UNAIDS, as well as with securing the progress achieved by the national AIDS programs in the Region over the last 10 years.

## **2. Review of the Situation**

As of 10 June 1996, a cumulative total of 690,042 cases of AIDS in the Americas, with 406,488 deaths, had been reported to PAHO. This means that, according to the data notified, toward mid-1996 there were 283,554 people living with AIDS. However, it is estimated that the true number of persons living with AIDS in the Region may be at least double that figure (between 500,000 and 600,000), and the number of HIV-infected men, women, and children probably stands at about 2.5 million.

Although there have been significant advances contributing to the reduction of HIV/AIDS transmission, especially through blood, the number of persons infected with and dying from AIDS continues to increase throughout the world. It is estimated that between 6,000 and 10,000 new infections occur each day, 60% to 70% of them in the least industrialized countries. The data available on the epidemic in Latin America and the Caribbean show a general rising trend in infections among the heterosexual population, which particularly affects women and adolescents and, within these groups, especially those in the economically weakest sectors of society. In addition, the infection is beginning to be seen in rural and marginal urban communities. In many countries AIDS is already one of the five leading causes of death in the population aged 25 to 44 years. Annex A gives up-to-date information on reported cases of AIDS in the Region.

It is estimated that each year there are between 40 and 50 million new cases of STD in the Region of the Americas. The trends in the data from Latin America and the Caribbean vary from country to country. While the incidence of gonorrhea declined between 1987 and 1993, in 12 countries the incidence of primary, secondary, and congenital syphilis increased. The annual incidence of the congenital form of the disease is estimated at 250,000 cases. In addition, it is distressing to note that every year some 24,000 women in the Region die of cervical cancer, which is produced by the sexually transmitted human papilloma virus. Given the major deficiencies in the surveillance and reporting of STD, it is more than likely that the foregoing figures are greatly underestimated, and they should therefore be analyzed with caution. The fact that the true figures are so much greater should be ample reason to step up the efforts that have been made so far.

## **3. Development of Programming for the Prevention of AIDS/HIV/STD in the Region of the Americas**

In the early 1980s the public health sector was the first area to feel the impact of the HIV/AIDS epidemic. Accordingly, the first formal programming responses to control the spread of the epidemic in the Region came from the health sector. The prevention and control programs established by the ministries of health between 1983 and 1988 became the primary axis around which the other sectors of society—by then alerted



and committed to addressing the challenge of AIDS—were mobilized. Gradual recognition of the growing impact of AIDS on other areas of individual and community life led to the organization of intersectoral and multisectoral commissions to orchestrate various initiatives of society as a whole. In a number of cases the role played by these commissions was more symbolic than functional. As a result, with few exceptions, the health sector continued to coordinate the responses of the various other sectors to the HIV/AIDS epidemic—sometimes without even volunteering for this responsibility. Special note should be made of the outstanding work done by some of the nongovernmental organizations (NGOs), which in many cases preceded and stimulated the responses of governments to the emerging problem of AIDS.

Thus, it is the health sector programs—even those criticized for being partial to the public sector, adopting excessively medicalized approaches, or supposedly being unable to address the social implications of the epidemic—that continue to be the tangible presence of the national response to the HIV/AIDS epidemic. Moreover, it is the health sector programs that are responsible for collecting, analyzing, and disseminating the epidemiological, technical, and scientific information that the other sectors need in any country in order to act usefully and effectively. It is not without reason that the health sector programs are universally known as the "national AIDS programs." Even allowing for their weaknesses due to such factors as frequent changes in leadership, shortage of financial resources, and lack of official status, at the country level the national AIDS programs are performing a number of functions that no other agency or entity is in a position to carry out. Although all sectors of society can become involved in health care activities, the primary responsibility continues to fall on the health sector, which is expected, in addition, to standardize and regulate the responses of the entire community. Even UNAIDS—which, like PAHO, assumes that the national response to AIDS should be multisectoral—does not propose to duplicate the coordination and leadership role being performed by the national programs. However, most of the financing agencies, especially the bilateral agencies, in their concern to promote greater involvement of the private sector and civil society, represented mainly by NGOs, are concentrating their international support almost exclusively on nongovernmental sectors. Thus, the national programs, established with such great effort by the Member States with support from PAHO and WHO's Global Program on AIDS, have seen a sharp decline in international financing, which has reduced their operating capacity and, ironically, their capacity to mobilize resources and articulate efforts at the national level.

It would be difficult, perhaps impossible, to prove a cause-and-effect relationship between the various development phases of the national AIDS prevention programs and the slower progress of the epidemic in the Region of the Americas compared with regions such as Africa and Southeast Asia. Even though it is not yet time to be talking about the impact the programs have had on AIDS, in fact some of the evaluation indicators are already being validated in five countries of the Region. Soon it will be possible to show, to a greater or lesser degree, whether or not the work done so far toward the prevention

of HIV/AIDS has actually borne fruit. For the information of the Executive Committee, Annex B provides a brief chronology of the national programs and Annex C summarizes the prevention indicators that have been developed by the GPA.

#### **4. The Joint United Nations Program on HIV/AIDS: Challenges for Its Implementation in the Region of the Americas**

The establishment of Theme Groups on AIDS in the Latin American and Caribbean countries reflects the basic UNAIDS concept of participation by its six cosponsoring agencies, except in the smaller countries of the English-speaking Caribbean where not many of the agencies are represented. The specific details of how each of these Groups will operate in their respective countries are being refined at the national level, and this exercise is currently in progress. Some of the questions that remain to be worked out have to do with the mechanisms for mobilizing and channeling resources; interaction between the Theme Group and the national program, the NGOs, and the various actors involved in the national response to AIDS; interagency communication; location of the headquarters in each case; and, especially, the most efficient and appropriate mechanisms for providing technical cooperation to the countries. Annex D lists the main activities being carried out by UNAIDS through the Theme Groups in the countries, which consist for the most part of technical direction on the part of PAHO.

As a complement to this effort, UNAIDS/Geneva, through its Department of Country Support, is attempting to determine the best way to take advantage of its own resources and those of the agencies, and it is developing monitoring and follow-up capacity with global, regional, and subregional focus. Among the steps it has taken, UNAIDS extended the contracts of four of the seven PAHO intercountry AIDS advisers for six months so that the technical capability developed in recent years would not disappear completely, and it is now actively recruiting staff for the new program. Direct UNAIDS financial support to the countries (\$2.5 million in 1996-1997) has been reduced to 42% of the financing level approved by the WHO Global Program on AIDS for the 1994-1995 biennium and to one-fourth of the amount made available to the countries in 1992-1993 (\$5.9 and \$10.7 million, respectively).

Thus, UNAIDS has been introduced into a transitional context characterized by reduced resources, institutional change, and an increasing need for AIDS prevention, and at the same time it has been given the mandate to develop a joint approach. In other words, it has been challenged to undertake a far more comprehensive task than the GPA had been responsible for, and it has been given far less time, staff, and money with which to do it.

Like any incipient program, UNAIDS has its limitations. Its organizational structure is still meager and not fully developed, and the same can be said of its technical capacity and its ability to mobilize financial resources vis-à-vis the high expectations of

the international community and the needs of the Member States. UNAIDS is also undermined by a climate of resignation, skepticism, and discouragement among AIDS veterans, and by impatience and/or inexperience on the part of some of the newer members. The combination of all these factors gives it a very small margin for error.

On the other hand, there is no denying the implicit strength of a program that has inherited a fund of experience and knowledge gathered from all parts of the world over the past 10 years. At the same time, UNAIDS has an official mandate to bring together and utilize the diversified multiagency synergy afforded by the United Nations and the other major players and enlist it for the prevention of AIDS at the global, regional, and country level. The opportunity that is available through UNAIDS should not be wasted. The success of UNAIDS will be not only the success of a new and independent United Nations program on AIDS but also that of a joint, innovative, and synergistic effort of governments, NGOs, agencies, sectors, and institutions to address a public health problem that has an impact on all areas of life and human endeavor.

#### **5. The Regional Program and PAHO Technical Cooperation within the UNAIDS Framework**

At the beginning of 1995, in preparation for the full-scale start-up of UNAIDS in January 1996, the PAHO Regional Program on AIDS/STD drafted a Regional Plan of Action for 1996-1999, which was reviewed and endorsed by the Directing Council of PAHO in September 1995. This Plan forms part of the Organization's institutional response to the mandate given by the heads of state and government of the countries of the Western Hemisphere at the Summit of the Americas (Miami, December 1994), according to which PAHO was called upon to develop a program to combat endemic and communicable diseases, as well as a program to prevent the spread of HIV/AIDS, and to identify sources of funding.

This Plan proposes to fulfill the following objectives:

1. Support the multisectoral response to the epidemic, as promoted by UNAIDS, by strengthening the capacity of the health sector.
2. Contribute to the establishment of health information systems that will include the epidemiological and programming information needed in order to make decisions.
3. Develop effective, Region-specific interventions, including evaluation procedures, that are in keeping with the local public health situation and the resources available in the Member States.

4. Expand the response of the health sector through the delivery of appropriate HIV/STD prevention and care services, seeking to integrate them at all levels of the health system.
5. Increase the impact of STD prevention and care programs at all levels of the health system with a view to reducing the sequelae of STD and their contribution to the spread of HIV.

Even though its team has been greatly reduced in size, PAHO has continued to support the countries through technical cooperation. It has concentrated its actions in specific areas of training in management, epidemiological surveillance, education, and development of programming for the distribution of condoms, including access thereto, at the regional and subregional levels. In carrying out this work it has mobilized consultants and, when requested, experts in specific subject areas. In 1996 and 1997 PAHO will continue its efforts to mobilize resources and strengthen the response capacity of the Region, and it will also promote greater interprogram cooperation through other technical programs and units of the Organization—for example, Communicable Diseases; Health Situation Analysis; Women, Health, and Development; Maternal and Child Health; External Relations; Legal Affairs; and Public Information—and with the staff of these programs in the countries. In addition, it has reached agreements for technical cooperation and financing for the English-speaking Caribbean (through CAREC) with the German and French technical cooperation agencies and with Spain for Central America and the Andean area. In addition, there have been preliminary negotiations with CIDA, the Netherlands, and the Nordic countries aimed at securing the relevant financial support for the governments of the Region.

At this critical time of transition toward a new form of interagency and intersectoral collaboration, it is fundamental that the existing scientific and technical capacity and the focus of the earlier AIDS programs are not lost, and, especially, that advantage is taken of the experience accumulated at the national level. This should be done, whenever possible, by promoting greater cooperation between governments as part of the world and regional effort for the prevention of HIV/AIDS.

Due to the severe budgetary cutbacks and staff reductions, the PAHO Regional Program on AIDS/STD will have difficulty providing technical cooperation that is broad enough to cover all the areas involved in a national response. Thus, given the intergovernmental nature of PAHO/WHO, the central role of the health sector in the national response to AIDS, and the public health impact of the epidemic, the regional program will concentrate in the immediate future on the provision of technical cooperation for strengthening the health sector. Its principal counterparts in this task, although not the only ones, will be—as they have been up to now—the national AIDS programs in the countries of the Region. Its sphere of action, however, should go beyond the scope of a single institution; it is important to promote the active participation

of NGOs, bilateral and unilateral agencies, and sectors and institutions at the country level to back up the work of UNAIDS.

Finally, in order to promote an interagency response, given the limitation of its own resources, UNAIDS suggests that WHO, and by extension PAHO, confines its activities to traditional health areas—for example, laboratory, epidemiological surveillance, training of physicians and nurses. However, since its inception the Regional Program on AIDS/STD has known how to successfully enhance national response capacity through the establishment of ties and collaboration with other sectors (e.g., NGOs, education, law, the private sector, the armed forces, religious and community groups). Several of the bilateral donors have asked PAHO to continue to pursue this line of integrative action within the UNAIDS framework, allowing time for other agencies to gradually assume functions that are complementary to the health sector as part of the effort to combat AIDS. The Secretariat is currently facing the question of whether it will be limited to Objectives 4 and 5 of the Plan of Action, as suggested by UNAIDS, or continue to also address Objectives 1, 2, and 3 of the Plan (see pages 8 and 9), depending on the decision reached by the Governing Bodies of PAHO, in regard to which it is requesting the orientation of the Executive Committee.

## Annexes

**AIDS SURVEILLANCE IN THE AMERICAS**

# AIDS SURVEILLANCE IN THE AMERICAS



**QUARTERLY REPORT**

**10 June 1996**

**REGIONAL PROGRAM ON AIDS/STD**  
**Division of Disease Prevention and Control**



**Pan American Health Organization/  
World Health Organization**



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## **I. The Regional Program on AIDS/STD**

The Regional Program on AIDS/STDs of the Division of Disease Prevention and Control of the Pan American Health Organization (PAHO) provides technical collaboration and expertise for the prevention and control of HIV/AIDS and other sexually transmitted diseases in the Region of the Americas. The mandate for PAHO's Regional Program on AIDS/STD is to promote, design and facilitate technical activities and policies to improve the capacity of Member Countries to reduce the number of future infections and to provide timely and adequate care for people living with HIV/AIDS and STD.

The Regional Program is part of a broader set of culturally-sensitive, gender-specific, multinational and multisectoral responses to HIV/AIDS and STD in the Americas. The following types of technical assistance provide a framework for the Program's myriad activities:

- dissemination of information
- training
- direct technical cooperation
- resource mobilization

The Regional Program on AIDS/STD is designed to:

- *advocate* for HIV/STD prevention and control at the country level in Latin America and the Caribbean;
- *strengthen management* capacity to develop and implement policies for HIV and STD prevention and control;
- *involve nongovernmental organizations* (NGOs) in prevention and control efforts and build networks among NGOs at the country level;
- *coordinate regional cooperation* with PAHO and the World Health Organization headquarters; and analyze financial and administrative data to ensure effective execution and monitoring of national programs;
- *provide direct technical cooperation* to Member Countries including (but not limited to): epidemiological analysis; development of educational materials and country HIV/STD surveillance reports; laboratory support for STD diagnosis, improvement of blood safety measures, etc.
- *promote research* about HIV/AIDS epidemiological trends, their relation to other STD, design of prevention messages, based on cultural and other factors; studies on socioeconomic impact, etc.
- *disseminate information* (technical and scientific) to and from Member Countries;
- *establish sentinel surveillance*, and advise and train professionals to monitor HIV/STD infection and trends at the country level

## II. AIDS Surveillance in the Americas (10 June 1996).

PAHO began its AIDS Surveillance System in 1986, although cases had been reported informally to PAHO since 1983. The information is currently submitted to PAHO from 47 countries and territories of the Region of the Americas. These data are received within 30 to 45 days after the end of each quarter. PAHO then produces the present report, which is distributed to all the countries in the Region. Twice a year PAHO sends the information to the World Health Organization headquarters in Geneva, Switzerland, where data are gathered from all regions, and produced as the Global AIDS Report.

As of June 1996, a **cumulative total of 690,042** cases were reported in the Americas. From these, **11,908 are pediatric cases** (< 15 years old). A total of **406,488 cumulative deaths** have been reported since 1986.

Certain factors such as underdiagnosis, underreporting and delayed reporting affect the completeness of the data<sup>1</sup>. This should be considered when analyzing 1995 data. Additionally, many times the countries provide the number of cases by year but can not report the corresponding age, sex and risk factor for those cases.

PAHO and its Member Countries are working continuously to improve the quality and completeness of the information, to be able to analyze and provide a better profile of the epidemic in each consecutive report.

In 1994, the rate of reported AIDS cases per million population in Latin America was 53.9, in the Caribbean 201.2, and in North America 226.1. The primary modes of HIV transmission in the subregions are homo/bisexual (Andean Area, Southern Cone, Brazil and Mexico) and heterosexual (Central American Isthmus and the Caribbean). Transmission attributed to injecting drug use is common in the Southern Cone and Brazil with 30% and 27%, respectively.

The incidence of AIDS by age group in each subregion is shown in Fig. 4. "Distribution of cases by sex and age". In the Southern Cone and Central America the age of the highest infection is the group between 20-29 years old for both sexes and for females in Brazil. In the Andean Area, Mexico and the Caribbean is age of infection is between 30-39 years old for males and females, as well as for males in Brazil.

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<sup>1</sup>Seventeen (36%) out of 47 reporting countries and territories have provided updated information to March 1996.

# **AIDS SURVEILLANCE IN THE AMERICAS**

## **Summary**

**Data received by 10 June 1996**

**Cumulative number of cases reported**

**worldwide: 1,322,190**

**Cumulative number of cases reported**

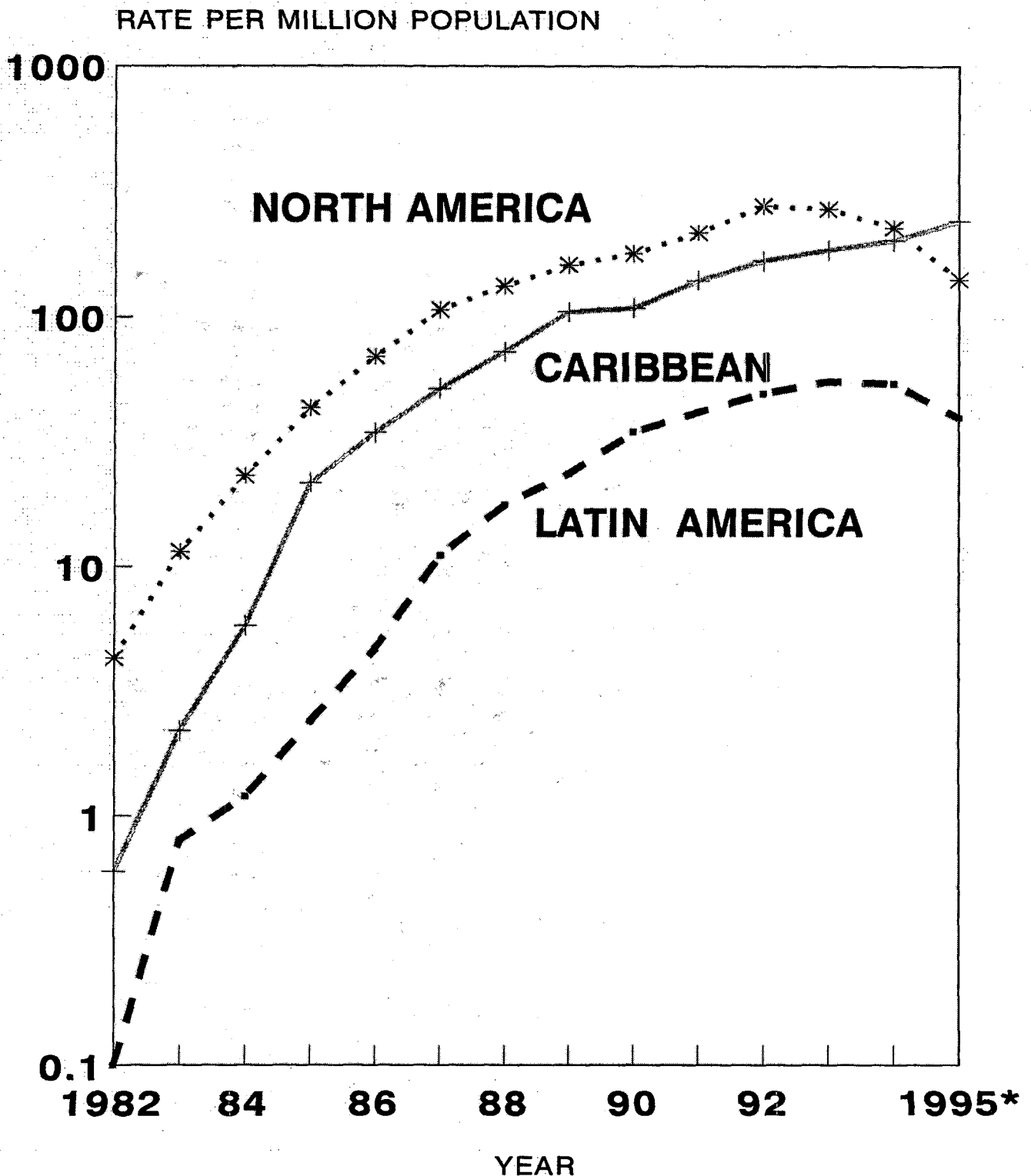
**in the Americas: 690,042**

**Adults: 678,134    Pediatrics: 11,908**

**Cumulative number of deaths reported**

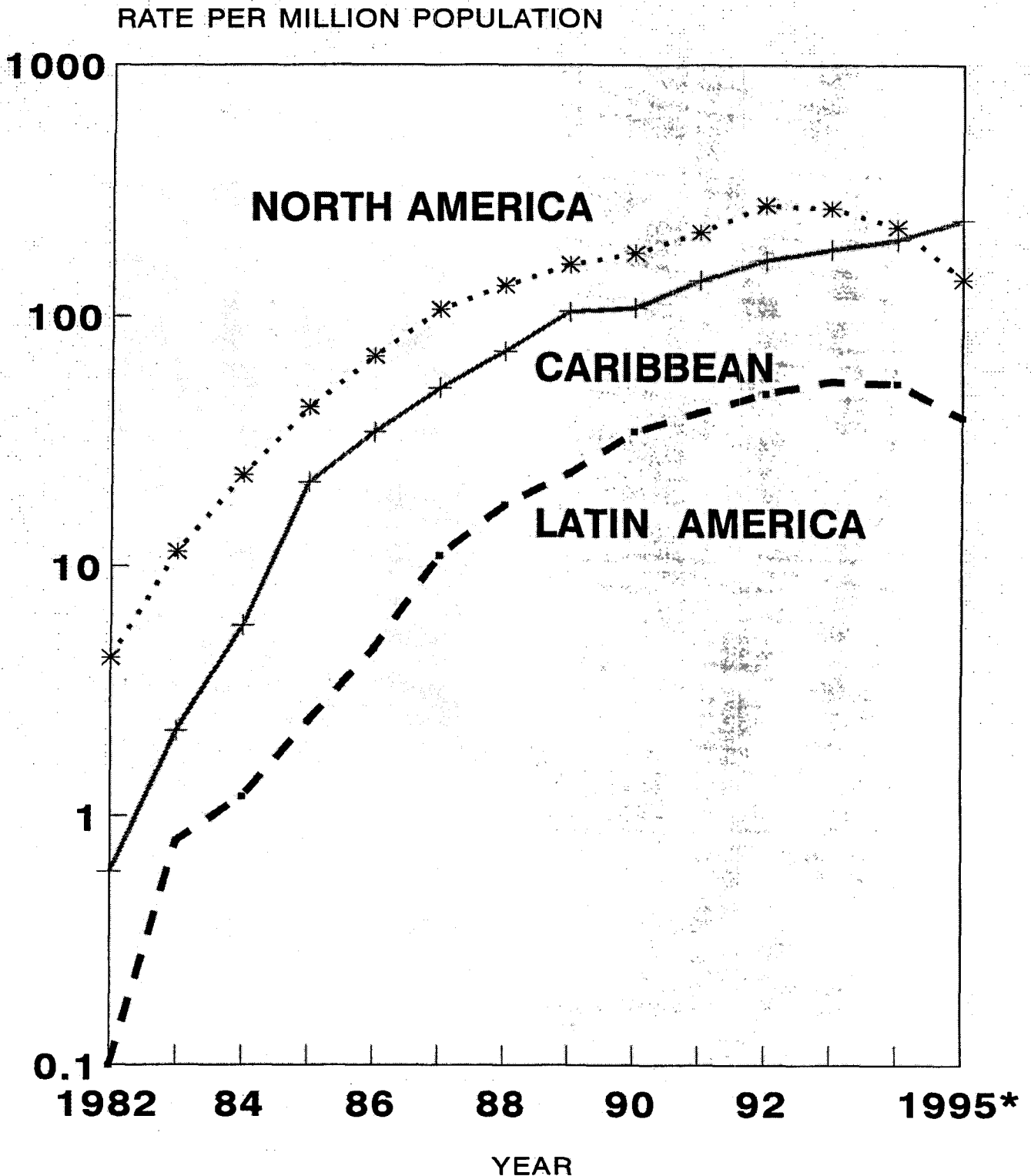
**in the Americas: 406,488**

**Fig. 2. Annual incidence rates of AIDS in the Americas (per million), three major subregions, 1982-1995\*.**



\* 1995 data are incomplete due to delayed reporting.

**Fig. 2. Annual incidence rates of AIDS in the Americas (per million), three major subregions, 1982-1995\*.**



\* 1995 data are incomplete due to delayed reporting.

**TABLE 1. NUMBER OF REPORTED CASES OF AIDS BY YEAR, AND CUMULATIVE CASES AND DEATHS, BY COUNTRY AND SUBREGION.**  
As of 10 June, 1996

SUBREGION Country or Territory	Number of cases						Cumulative total(b)	Total deaths	Date of last report	
	Through 1990	1991	1992	1993	1994	1995				
<b>REGIONAL TOTAL</b>	<b>248,226</b>	<b>79,635</b>	<b>101,732</b>	<b>103,505</b>	<b>91,936</b>	<b>61,407</b>	<b>1,603</b>	<b>690,042</b>	<b>406,488</b>	
<b>LATIN AMERICA</b>	<b>41,324</b>	<b>18,182</b>	<b>21,988</b>	<b>25,004</b>	<b>24,944</b>	<b>18,571</b>	<b>1,540</b>	<b>153,551</b>	<b>71,266</b>	
<b>ANDEAN AREA</b>	<b>4,706</b>	<b>1,987</b>	<b>2,429</b>	<b>2,278</b>	<b>2,690</b>	<b>2,137</b>	<b>110</b>	<b>16,349</b>	<b>7,844</b>	
Bolivia	30	19	19	20	13	8	...	109	85	30/Sep/95
Colombia	1,933	857	931	732	1,324	764	...	6,541	2,867	31/Dec/95
Ecuador	143	55	69	90	117	69	4	547	388	31/Mar/96
Peru c)	907	375	608	623	718	843	106	4,192	1,528	31/Mar/96
Venezuela	1,693	681	802	813	518	453	...	4,960	2,976	30/Sep/95
<b>SOUTHERN CONE</b>	<b>1,711</b>	<b>1,003</b>	<b>1,367</b>	<b>1,783</b>	<b>2,408</b>	<b>1,997</b>	<b>315</b>	<b>10,584</b>	<b>3,968</b>	
Argentina	1,145	720	1,049	1,399	2,029	1,624	231	8,197	2,513	31/Mar/96
Chile c)	356	178	200	236	236	223	27	1,456	909	31/Mar/96
Paraguay	51	19	28	45	24	23	16	206	133	31/Mar/96
Uruguay	159	86	90	103	119	127	41	725	413	31/Mar/96
<b>BRAZIL</b>	<b>21,749</b>	<b>10,265</b>	<b>12,515</b>	<b>13,792</b>	<b>13,595</b>	<b>7,992 **</b>	<b>&lt;---</b>	<b>79,908</b>	<b>40,165</b>	<b>03/Feb/96</b>
<b>CENTRAL AMERICAN ISTHMUS</b>	<b>2,077</b>	<b>939</b>	<b>1,222</b>	<b>1,610</b>	<b>1,756</b>	<b>1,691</b>	<b>198</b>	<b>9,587</b>	<b>2,840</b>	
Belize	36	10	13	24	18	28	...	138	130	31/Dec/95
Costa Rica c)	241	93	127	125	155	161	25	947	517	31/Mar/96
El Salvador	183	132	114	176	387	380	44	1,416	240	31/Mar/96
Guatemala	176	96	94	118	110	104	...	711	242	31/Dec/95
Honduras	1,159	508	751	972	862	806	90	5,174	1,007	31/Mar/96
Nicaragua	11	13	6	17	37	9	9	126	72	04/Mar/96
Panama	271	87	117	178	187	203	30	1,075	632	31/Mar/96
<b>MEXICO</b>	<b>5,908</b>	<b>3,166</b>	<b>3,221</b>	<b>5,094</b>	<b>4,048</b>	<b>4,310</b>	<b>905</b>	<b>28,544</b>	<b>15,245</b>	<b>31/Mar/96</b>
<b>LATIN CARIBBEAN</b>	<b>5,173</b>	<b>822</b>	<b>1,234</b>	<b>447</b>	<b>447</b>	<b>444</b>	<b>12</b>	<b>8,579</b>	<b>1,204</b>	
Cuba	72	37	70	82	101	78	...	440	288	31/Dec/95
Dominican Republic c)	1,432	293	358	365	346	366	12	3,172	619	31/Mar/96
Haiti	3,669	492	806	...	...	...	...	4,967	297	31/Dec/92
Puerto Rico *	6,445	2,238	2,250	2,374	673	...	...	13,980	8,183	30/Sep/94
<b>CARIBBEAN</b>	<b>2,708</b>	<b>973</b>	<b>1,185</b>	<b>1,321</b>	<b>1,455</b>	<b>1,750</b>	<b>7</b>	<b>9,399</b>	<b>5,608</b>	
Anguilla	4	1	0	0	0	0	...	5	3	31/Dec/95
Antigua and Barbuda	8	6	13	7	6	5	...	45	20	31/Dec/95
Aruba	10	1	3	1	0	6	1	22	17	31/May/96
Bahamas c)	608	230	254	297	322	390	...	2,101	1,283	31/Dec/95
Barbados	172	80	78	88	119	95	...	632	530	31/Dec/95
Cayman Islands	7	4	4	0	3	0	...	18	16	31/Dec/95
Dominica	12	0	0	14	5	...	...	31	11	30/Jun/94
French Guiana	173	46	96	58	55	61	...	489	267	30/Sep/95
Grenada	24	7	4	21	7	13	...	76	53	30/Sep/95
Guadeloupe	183	51	103	93	110	83	...	623	226	30/Sep/95
Guyana	145	85	160	107	105	96	...	698	193	30/Jun/95
Jamaica	199	134	100	236	359	505	...	1,533	907	31/Dec/95
Martinique	150	29	47	34	48	36	...	344	184	30/Sep/95
Montserrat	4	2	0	1	0	0	...	7	0	31/Dec/95
Netherlands Antilles	77	23	10	47	0	76	...	233	74	31/Dec/95
Saint Kitts and Nevis	32	1	4	3	5	5	...	50	30	31/Dec/95
Saint Lucia	27	6	8	12	13	10	...	76	66	31/Dec/95
St. Vincent and the Grenadines	27	14	5	8	8	6	6	74	74	31/Mar/96
Suriname	90	16	28	35	20	20	...	209	189	30/Jun/95
Trinidad and Tobago	734	234	263	243	269	340	...	2,083	1,431	31/Dec/95
Turks and Caicos Islands	19	2	4	14	...	...	...	39	30	30/Sep/93
Virgin Islands (UK)	3	1	1	2	1	3	0	11	4	31/Mar/96
<b>NORTH AMERICA</b>	<b>204,194</b>	<b>60,480</b>	<b>78,559</b>	<b>77,180</b>	<b>65,537</b>	<b>41,086</b>	<b>58</b>	<b>527,092</b>	<b>329,614</b>	
Bermuda	168	23	17	15	44	48	...	315	213	31/Dec/95
Canada	6,040	1,466	1,644	1,631	1,467	987	56	13,291	9,552	31/Mar/96
United States of America *	197,986	58,991	76,898	75,534	64,026	40,051	...	513,486	319,849	31/Dec/95

\* Cumulative total number of cases and deaths for the United States of America includes data from Puerto Rico. Total number of cases and deaths reported by Puerto Rico as of 30/Sep/94 has not been included in the Latin Caribbean totals.

\*\* Includes cases reported during first quarter 1996.

a) 1996 data are incomplete due to delayed reporting.

b) May include cases for year of diagnosis unknown.

TABLE 2. ANNUAL INCIDENCE RATES OF AIDS (PER MILLION POPULATION), BY COUNTRY AND BY YEAR, 1990-1995,  
AS OF 10 JUNE 1996.

SUBREGION Country or Territory	RATE PER MILLION					
	1990	1991	1992	1993	1994	1995*
<b>LATIN AMERICA a)</b>	<b>34.7</b>	<b>41.6</b>	<b>49.3</b>	<b>55.1</b>	<b>53.9</b>	<b>39.4</b>
<b>ANDEAN AREA</b>	<b>17.9</b>	<b>21.6</b>	<b>25.8</b>	<b>23.8</b>	<b>27.5</b>	<b>21.5</b>
Bolivia	1.7	2.8	2.8	2.8	1.8	1.1
Colombia	23.9	26.1	27.9	21.5	38.3	21.8
Ecuador	4.6	5.2	6.4	8.2	10.4	6.0
Peru	8.3	17.0	27.1	27.2	30.8	35.4
Venezuela	31.2	34.1	39.2	38.9	24.2	20.7
<b>SOUTHERN CONE</b>	<b>13.6</b>	<b>18.6</b>	<b>25.1</b>	<b>32.2</b>	<b>42.8</b>	<b>35.0</b>
Argentina	14.8	21.8	31.7	41.4	59.4	47.0
Chile	11.0	13.3	14.7	17.1	16.8	15.6
Paraguay	4.4	4.3	6.1	9.6	5.0	4.6
Uruguay	24.6	27.6	28.7	32.7	37.6	39.9
<b>BRAZIL</b>	<b>50.9</b>	<b>67.9</b>	<b>81.4</b>	<b>88.1</b>	<b>85.4</b>	<b>49.4</b>
<b>CENTRAL AMERICAN ISTHMUS</b>	<b>31.9</b>	<b>32.0</b>	<b>40.5</b>	<b>51.9</b>	<b>55.1</b>	<b>51.6</b>
Belize	58.5	51.5	65.7	117.6	85.7	129.6
Costa Rica	27.7	29.9	39.8	38.2	46.3	47.0
El Salvador	10.3	25.0	21.1	31.9	68.6	65.9
Guatemala	10.0	10.1	9.6	11.8	10.7	9.8
Honduras	122.0	101.0	145.0	182.2	156.9	142.6
Nicaragua	1.9	3.4	1.5	4.1	8.7	2.0
Panama	28.8	35.6	47.0	70.1	72.4	77.2
<b>MEXICO</b>	<b>30.7</b>	<b>36.7</b>	<b>36.5</b>	<b>56.6</b>	<b>44.1</b>	<b>46.0</b>
<b>LATIN CARIBBEAN</b>	<b>62.0</b>	<b>33.5</b>	<b>49.5</b>	<b>17.7</b>	<b>17.4</b>	<b>17.0</b>
Cuba	2.6	3.5	6.5	7.5	9.2	7.1
Dominican Republic	36.0	40.4	48.4	48.4	45.0	46.8
Haiti	187.5	74.3	119.3	...	...	...
Puerto Rico	519.4	628.5	626.9	656.2	184.6	...
<b>CARIBBEAN</b>	<b>108.1</b>	<b>138.7</b>	<b>168.9</b>	<b>184.4</b>	<b>201.2</b>	<b>240.0</b>
Anguilla	142.2	142.2	0	0	0	0
Antigua and Barbuda	39.5	78.9	168.8	90.9	77.9	64.9
Aruba	...	...	...	...	...	...
Bahamas	656.3	881.2	962.1	1108.2	1183.8	1413.0
Barbados	237.4	310.1	301.2	338.5	455.9	362.6
Cayman Islands	79.9	153.6	148.1	0	111.1	...
Dominica	24.4	0	0	168.7	60.2	...
French Guiana	499.8	499.8	1043.0	830.2	597.6	662.8
Grenada	53.5	73.9	42.4	222.7	74.2	137.9
Guadeloupe	89.5	127.8	254.3	225.2	261.3	193.9
Guyana	76.6	106.0	198.0	131.1	127.1	115.1
Jamaica	26.2	56.3	41.8	97.9	147.8	206.4
Martinique	127.8	79.7	127.7	91.4	128.0	95.0
Montserrat	89.9	191.5	0	95.7	0	0
Netherlands Antilles	157.9	120.4	51.8	241.0	...	381.9
Saint Kitts and Nevis	180.5	22.5	90.1	67.6	112.6	112.6
Saint Lucia	26.3	44.1	50.7	76.0	82.3	63.3
Saint Vincent and the Grenadines	51.4	131.5	41.7	66.8	66.8	50.1
Suriname	82.5	39.5	68.5	84.5	47.7	47.3
Trinidad and Tobago	140.0	187.1	207.9	190.1	208.2	260.1
Turks and Caicos Islands	99.8	199.6	399.2	1397.2	...	...
Virgin Islands (UK)	155.3	60.1	76.7	153.4	76.7	230.1
<b>NORTH AMERICA</b>	<b>178.1</b>	<b>215.5</b>	<b>276.9</b>	<b>269.1</b>	<b>226.1</b>	<b>140.3</b>
Bermuda	568.7	396.3	293.0	258.5	758.2	827.2
Canada	48.9	52.1	57.7	56.6	50.3	33.5
United States of America	192.4	233.6	301.3	292.9	245.7	152.1

\* Data is incomplete due to delayed reporting.

a) United States of America includes data from Puerto Rico. Rates calculated for Latin Caribbean do not include data from Puerto Rico.

TABLE 3. ANNUAL INCIDENCE RATES OF AIDS (PER MILLION POPULATION), BY SEX, BY COUNTRY AND BY YEAR, 1990-1995.  
AS OF 10 JUNE 1996.

SUBREGION Country or Territory	RATE PER MILLION POPULATION											
	MALE RATES						FEMALE RATES					
	1990	1991	1992	1993	1994	1995*	1990	1991	1992	1993	1994	1995*
<b>LATIN AMERICA</b>	<b>57.0</b>	<b>66.2</b>	<b>75.4</b>	<b>83.7</b>	<b>76.4</b>	<b>47.3</b>	<b>11.6</b>	<b>13.2</b>	<b>17.5</b>	<b>20.7</b>	<b>19.6</b>	<b>13.3</b>
<b>ANDEAN AREA</b>	<b>30.9</b>	<b>29.3</b>	<b>28.5</b>	<b>19.8</b>	<b>23.0</b>	<b>16.4</b>	<b>2.6</b>	<b>2.3</b>	<b>3.4</b>	<b>2.9</b>	<b>4.1</b>	<b>3.4</b>
Bolivia	2.2	4.8	2.0	2.0	2.2	1.9	0	0	1.2	0.3	1.4	0.3
Colombia	40.7	31.6	24.3	21.7	25.1	...	3.1	1.9	1.8	1.9	2.4	...
Ecuador	7.4	9.3	11.1	12.7	16.8	3.8	1.2	1.1	1.1	2.7	3.9	0.4
Peru	17.9	20.0	39.8	40.0	43.3	48.7	1.7	1.9	6.7	7.4	10.3	12.1
Venezuela	51.2	54.3	40.9	4.6	7.9	18.4	4.2	4.8	4.6	0.8	1.1	2.0
<b>SOUTHERN CONE</b>	<b>21.7</b>	<b>26.2</b>	<b>32.2</b>	<b>46.7</b>	<b>38.1</b>	<b>25.9</b>	<b>2.2</b>	<b>2.2</b>	<b>6.7</b>	<b>10.4</b>	<b>8.2</b>	<b>5.8</b>
Argentina	21.6	26.8	35.6	58.1	43.4	24.6	2.4	2.4	8.9	14.9	10.5	5.9
Chile	21.6	25.3	26.7	32.7	31.2	28.1	0.8	1.6	3.1	1.9	2.8	3.5
Paraguay	6.9	8.4	11.7	14.3	7.4	6.4	1.9	0	0.4	4.7	2.5	2.9
Uruguay	43.8	50.8	51.1	35.8	59.6	61.9	6.3	5.6	7.5	7.4	16.6	19.0
<b>BRAZIL</b>	<b>90.2</b>	<b>113.9</b>	<b>132.6</b>	<b>138.7</b>	<b>132.9</b>	<b>74.5</b>	<b>13.5</b>	<b>22.1</b>	<b>30.3</b>	<b>37.8</b>	<b>38.2</b>	<b>24.4</b>
<b>CENTRAL AMERICAN ISTHMUS</b>	<b>41.4</b>	<b>46.4</b>	<b>58.9</b>	<b>63.0</b>	<b>50.1</b>	<b>48.3</b>	<b>17.2</b>	<b>15.4</b>	<b>18.6</b>	<b>22.2</b>	<b>19.9</b>	<b>17.6</b>
Belize	...	...	...	...	...	174.3	...	...	...	...	86.5	65.4
Costa Rica	45.0	51.5	67.5	48.4	52.6	56.0	5.3	2.6	5.1	1.9	7.9	7.7
El Salvador	...	37.5	31.8	57.4	62.3	101.7	...	12.6	8.0	13.8	20.8	31.6
Guatemala	16.6	16.5	16.7	28.8	14.2	12.1	3.3	3.6	2.5	6.4	6.8	6.5
Honduras	156.4	137.0	196.2	178.3	133.4	77.6	87.5	60.1	86.0	96.3	65.3	41.0
Nicaragua	3.4	4.9	2.6	6.5	16.3	7.4	0.5	0.5	0	0.9	1.4	0.9
Panama	46.1	53.3	75.3	80.2	45.9	64.7	8.5	16.6	14.6	11.2	15.7	18.4
<b>MEXICO</b>	<b>51.4</b>	<b>62.1</b>	<b>62.1</b>	<b>96.6</b>	<b>76.5</b>	<b>49.4</b>	<b>9.9</b>	<b>11.3</b>	<b>11.1</b>	<b>16.7</b>	<b>11.8</b>	<b>7.3</b>
<b>LATIN CARIBBEAN</b>	<b>66.5</b>	<b>36.2</b>	<b>60.0</b>	<b>31.5</b>	<b>33.2</b>	<b>30.4</b>	<b>54.7</b>	<b>28.4</b>	<b>37.5</b>	<b>15.5</b>	<b>14.5</b>	<b>16.6</b>
Cuba	0.8	4.3	7.0	9.0	13.6	10.6	0	1.3	2.8	3.7	4.6	3.5
Dominican Republic	47.3	49.6	69.1	63.7	60.7	57.8	21.4	24.9	26.6	32.6	28.9	35.4
Haiti	198.4	73.9	136.1	...	...	...	177.0	74.7	103.2	...	...	...
Puerto Rico	...	...	...	...	...	...	...	...	...	...	...	...
<b>CARIBBEAN</b>	<b>144.2</b>	<b>183.0</b>	<b>199.5</b>	<b>222.2</b>	<b>226.8</b>	<b>227.7</b>	<b>69.5</b>	<b>89.7</b>	<b>93.9</b>	<b>105.0</b>	<b>132.0</b>	<b>121.4</b>
Anguilla	0	0	0	0	0	0	281.7	281.7	0	0	0	0
Antigua and Barbuda	...	...	264.2	158.5	132.1	105.7	...	...	76.6	25.5	25.5	25.5
Aruba	...	...	...	...	...	...	...	...	...	...	...	...
Bahamas	809.5	1131.8	1215.4	1333.3	1563.9	1807.4	507.7	636.4	716.4	889.7	820.1	1035.5
Barbados	414.6	516.1	467.7	480.0	730.2	603.2	74.6	104.5	148.1	222.2	200.0	139.7
Cayman Islands	161.8	155.6	150.2	0	75.1	0	0	151.6	146.2	0	219.3	0
Dominica	48.0	...	...	...	71.2	...	0	...	...	...	48.9	...
French Guiana	652.6	652.6	1000.7	696.1	804.9	...	520.9	369.0	542.7	434.1	303.9	130.2
Grenada	83.5	64.4	20.7	351.9	62.1	186.3	21.9	83.0	0	65.3	87.0	87.0
Guadeloupe	193.7	246.2	171.7	...	...	...	80.0	93.1	67.6	...	...	...
Guyana	114.2	148.6	267.5	185.6	136.9	147.7	39.8	64.2	129.9	77.7	117.5	83.1
Jamaica	34.8	61.5	55.2	129.5	164.6	163.3	17.7	50.3	26.7	66.3	131.0	104.7
Martinique	178.2	113.6	...	188.9	...	...	75.3	31.9	...	36.5	...	...
Montserrat	...	0	0	0	0	0	...	...	0	191.4	...	...
Netherlands Antilles	...	...	...	...	...	...	...	...	...	...	...	...
Saint Kitts and Nevis	281.4	46.8	140.4	46.8	140.4	140.4	87.0	0	43.4	86.8	86.8	86.8
Saint Lucia	27.2	75.8	52.3	78.4	104.6	91.5	25.5	14.3	49.1	73.7	61.4	36.9
Saint Vincent and the Grenadines	70.7	150.5	68.9	86.1	103.3	86.1	33.3	112.5	16.2	48.6	32.4	16.2
Suriname	121.2	59.7	93.6	122.0	52.9	66.7	44.6	19.6	43.7	47.8	42.7	28.2
Trinidad and Tobago	187.6	259.7	293.5	297.0	278.1	278.2	94.7	117.3	119.1	85.3	139.6	136.4
Turks and Caicos Islands	0	404.9	809.7	1417.0	...	...	196.9	0	0	1378.0	...	...
Virgin Islands (UK)	157.0	116.7	155.0	0	155.0	310.1	153.6	0	151.7	303.5	0	151.7
<b>NORTH AMERICA</b>	<b>290.6</b>	<b>298.0</b>	<b>303.3</b>	<b>645.0</b>	<b>468.3</b>	<b>423.0</b>	<b>37.5</b>	<b>42.8</b>	<b>44.1</b>	<b>115.3</b>	<b>94.6</b>	<b>92.6</b>
Bermuda	489.2	663.9	419.3	419.3	1257.9	1083.2	238.0	136.0	170.0	102.0	272.0	578.0
Canada	95.5	98.5	108.9	106.5	93.6	62.5	4.6	6.4	7.4	7.6	7.9	5.0
United States of America a)	312.6	320.6	325.3	706.1	510.7	463.7	41.1	46.8	48.2	127.2	104.1	102.2

\* 1995 data are incomplete due to delayed reporting.

... Data not available by sex.

a) Puerto Rico is included in the United States of America.



TABLE 4. MALE:FEMALE RATIO OF REPORTED AIDS CASES, BY COUNTRY AND BY YEAR, 1990-1995 AS OF 10 JUNE 1996.

SUBREGION Country or Territory	MALE:FEMALE RATIO					
	1990	1991	1992	1993	1994	1995*
<b>LATIN AMERICA</b>	<b>4.9</b>	<b>5.0</b>	<b>4.3</b>	<b>4.0</b>	<b>3.9</b>	<b>3.5</b>
<b>ANDEAN AREA</b>	<b>12.1</b>	<b>12.7</b>	<b>8.3</b>	<b>6.7</b>	<b>5.6</b>	<b>4.9</b>
Bolivia	N/A	N/A	1.8	7.0	1.6	7.0
Colombia	13.0	16.6	13.4	11.1	10.2	...
Ecuador	6.3	8.2	10.0	4.7	4.3	11.0
Peru	10.8	10.6	6.0	5.5	4.3	4.1
Venezuela	12.3	11.4	9.0	6.0	7.1	9.2
<b>SOUTHERN CONE</b>	<b>9.8</b>	<b>11.4</b>	<b>4.7</b>	<b>4.4</b>	<b>4.5</b>	<b>4.4</b>
Argentina	8.9	10.6	3.9	3.8	4.0	4.0
Chile	28.0	15.2	8.5	17.2	10.8	7.9
Paraguay	3.8	N/A	27.0	3.1	3.0	2.3
Uruguay	6.6	8.6	6.5	4.6	3.4	3.1
<b>BRAZIL</b>	<b>6.7</b>	<b>5.1</b>	<b>4.4</b>	<b>3.7</b>	<b>3.5</b>	<b>3.0</b>
<b>CENTRAL AMERICAN ISTHMUS</b>	<b>2.4</b>	<b>3.0</b>	<b>3.2</b>	<b>2.8</b>	<b>2.5</b>	<b>2.7</b>
Belize	...	...	...	...	...	2.7
Costa Rica	8.6	20.3	13.6	28.7	6.8	7.5
El Salvador	...	2.9	3.8	4.0	2.9	3.1
Guatemala	5.1	4.6	6.8	4.6	2.1	1.9
Honduras	1.8	2.3	2.3	1.9	2.1	1.9
Nicaragua	6.0	9.0	N/A	6.5	11.3	8.0
Panama	5.6	3.3	5.3	7.4	3.0	3.6
<b>MEXICO</b>	<b>5.2</b>	<b>5.5</b>	<b>5.6</b>	<b>5.8</b>	<b>6.4</b>	<b>6.7</b>
<b>LATIN CARIBBEAN</b>	<b>1.2</b>	<b>1.3</b>	<b>1.6</b>	<b>2.1</b>	<b>2.3</b>	<b>1.9</b>
Cuba	N/A	3.3	2.5	2.5	3.0	3.1
Dominican Republic	2.3	2.1	2.7	2.0	2.2	1.7
Haiti	1.1	1.0	1.3	...	...	...
Puerto Rico	...	...	...	...	...	...
<b>CARIBBEAN</b>	<b>2.0</b>	<b>2.0</b>	<b>2.1</b>	<b>2.1</b>	<b>1.7</b>	<b>1.8</b>
Anguilla	0	0	N/A	N/A	N/A	N/A
Antigua and Barbuda	...	...	3.3	6.0	5.0	4.0
Aruba	...	...	...	...	...	3.4
Bahamas	1.5	1.7	1.6	1.5	1.8	1.7
Barbados	5.1	4.6	2.9	2.0	3.4	4.0
Cayman Islands	N/A	1.0	1.0	N/A	0.3	N/A
Dominica	N/A	...	...	...	1.5	...
French Guiana	1.3	1.8	1.8	1.6	2.6	...
Grenada	4.0	0.8	N/A	5.7	0.8	2.3
Guadeloupe	2.3	2.5	2.4	...	...	...
Guyana	2.8	2.3	2.0	2.3	1.1	1.7
Jamaica	2.0	1.2	2.1	2.0	1.3	1.6
Martinique	2.2	3.3	...	4.9	...	...
Montserrat	...	...	N/A	0	N/A	N/A
Netherlands Antilles	...	...	...	...	...	...
Saint Kitts and Nevis	3.0	N/A	3.0	0.5	1.5	1.5
Saint Lucia	1.0	5.0	1.0	1.0	1.6	2.3
Saint Vincent and the Grenadines	2.0	1.3	4.0	1.7	3.0	5.0
Suriname	2.7	3.0	2.1	2.5	1.2	2.3
Trinidad and Tobago	1.9	2.2	2.4	3.4	2.0	2.0
Turks and Caicos Islands	0	N/A	N/A	1.0	...	...
Virgin Islands (UK)	1.0	N/A	1.0	0	0	2.0
<b>NORTH AMERICA</b>	<b>7.4</b>	<b>6.6</b>	<b>6.6</b>	<b>5.3</b>	<b>4.7</b>	<b>4.4</b>
Bermuda	2.0	4.8	2.4	4.0	4.5	1.8
Canada	20.2	15.1	14.5	13.8	11.6	12.2
United States of America	7.2	6.5	6.4	5.3	4.7	4.3

\* 1995 data are incomplete due to delayed reporting.  
 "N/A" = Not applicable. No female cases reported for the period.  
 "..." = Data not available by sex.

**TABLE 5. TOTAL CASES, PEDIATRIC CASES, PERCENT OF PEDIATRIC CASES FROM TOTAL; PERINATAL CASES, AND PERCENT OF PERINATAL CASES FROM TOTAL PEDIATRIC, BY SUBREGION AND COUNTRY, THROUGH 10 JUNE 1996.**

SUBREGION Country or Territory	TOTAL CASES a)	PEDIATRIC CASES	PERCENT PEDIATRIC	PERINATAL CASES	PERCENT PERINATAL
<b>ANDEAN AREA</b>					
Bolivia	109	1	0.9	1	100.0
Colombia	6,541	91	1.4	75	82.4
Ecuador	547	8	1.5	6	75.0
Peru b)	4,192	101	2.4	78	77.2
Venezuela	4,960	61	1.2	31	50.8
<b>SOUTHERN CONE</b>					
Argentina	8,197	201	2.5	163	81.1
Chile b)	1,456	30	2.1	23	76.7
Paraguay	206	8	3.9	7	87.5
Uruguay	725	41	5.7	38	92.7
<b>BRAZIL</b>	<b>79,908</b>	<b>2,447</b>	<b>3.1</b>	<b>1,804</b>	<b>73.7</b>
<b>CENTRAL AMERICAN ISTHMUS</b>					
Belize	138	2	1.4	2	100.0
Costa Rica b)	947	25	2.6	15	60.0
El Salvador	1,416	39	2.8	28	71.8
Guatemala	711	22	3.1	13	59.1
Honduras	5,174	181	3.5	169	93.4
Panama	1,075	28	2.6	24	85.7
<b>MEXICO</b>	<b>28,544</b>	<b>664</b>	<b>2.3</b>	<b>322</b>	<b>48.5</b>
<b>LATIN CARIBBEAN</b>					
Cuba	440	2	0.5	2	100.0
Dominican Republic b)	3,172	82	2.6	43	52.4
Haiti	4,967	213	4.3	16 *	7.5
Puerto Rico **	13,980	299	2.1	287	96.0
<b>CARIBBEAN</b>					
Antigua and Barbuda	45	6	13.3	6	100.0
Aruba b)	22	1	4.5	1	0
Bahamas	2,101	176	8.4	176	100.0
Barbados	632	28	4.4	27	96.4
Cayman Islands	18	1	5.6	0	0
Dominica	31	2	6.5	2	100.0
French Guiana	489	44	9.0	40	90.9
Grenada	76	3	3.9	3	100.0
Guadeloupe	623	16	2.6	14	87.5
Guyana	698	22	3.2	15	68.2
Jamaica	1,533	100	6.5	70	70.0
Martinique	344	12	3.5	10	83.3
Netherlands Antilles	233	1	0.4	1	100.0
Saint Kitts and Nevis	50	1	2.0	1	100.0
Saint Lucia	76	5	6.6	5	100.0
Saint Vincent and the Grenadines	74	4	5.4	4	100.0
Suriname	209	7	3.3	7	100.0
Trinidad and Tobago	2,083	149	7.2	121	81.2
Virgin Islands (UK)	11	2	18.2	1	50.0
<b>NORTH AMERICA</b>					
Bermuda	315	2	0.6	2	100.0
Canada	13,291	131	1.0	103	78.6
United States of America	513,486	6,948	1.4	6,256	90.0
<b>TOTAL</b>	<b>690,042</b>	<b>11,908</b>	<b>1.7</b>	<b>9,725</b>	<b>81.7</b>

\* Number of perinatal cases dated as of 31/12/90. \*\* Data reported by Puerto Rico as of 30/Sep/94, already included in the United States of America.

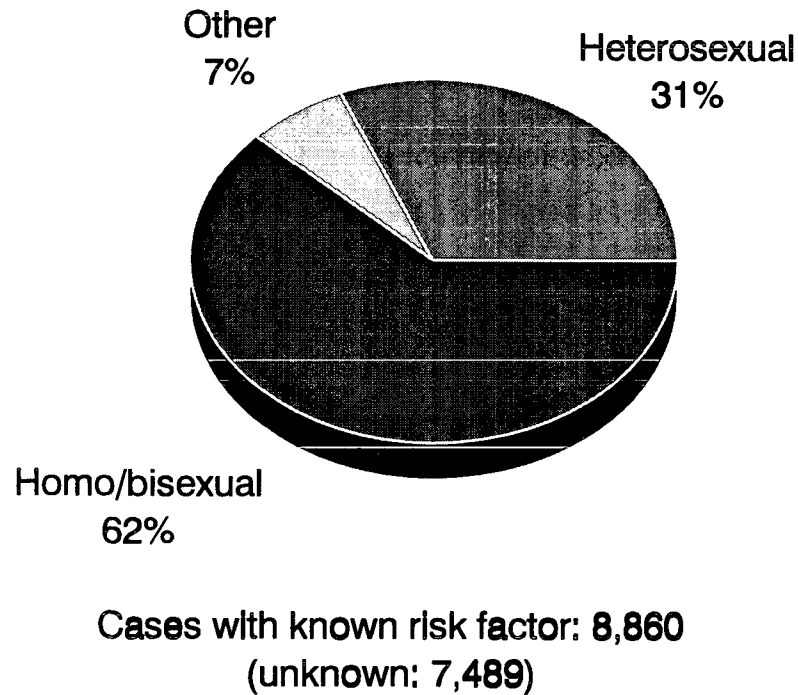
(a) Includes only countries that have reported AIDS cases in children, however the total of the column reflects cases from all the countries in the Americas.

(b) Revised data.

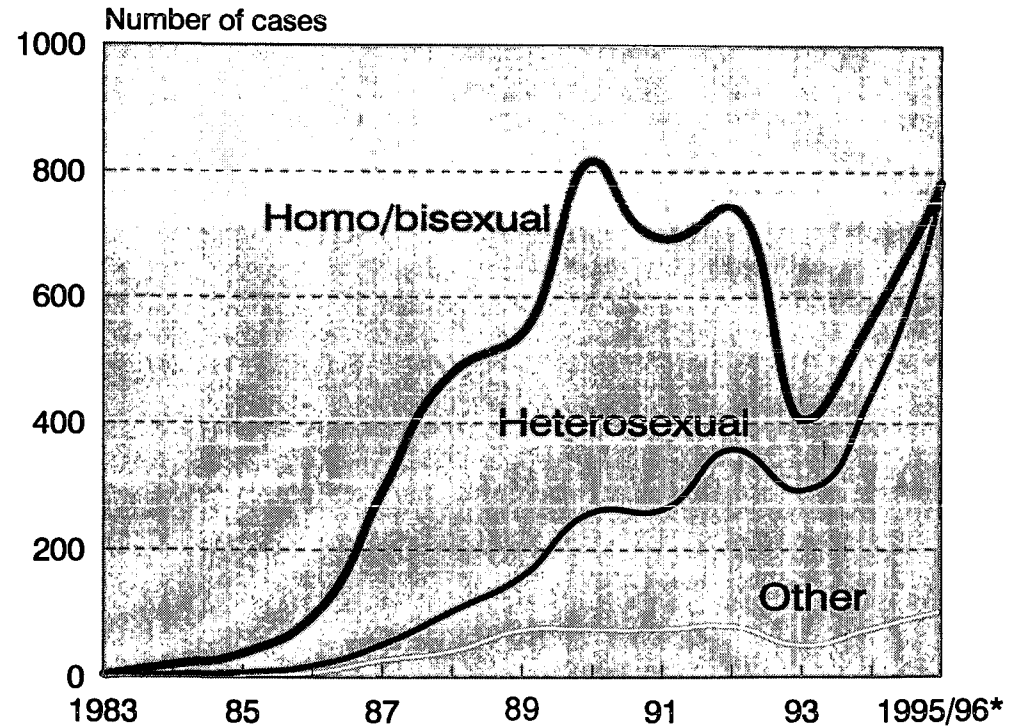
# Fig. 3a. Distribution of AIDS cases by risk factors as of June 1996, Andean Area

Reported cases: 16,349

### Cumulative by Risk Factor



### Annual incidence, selected risk factors

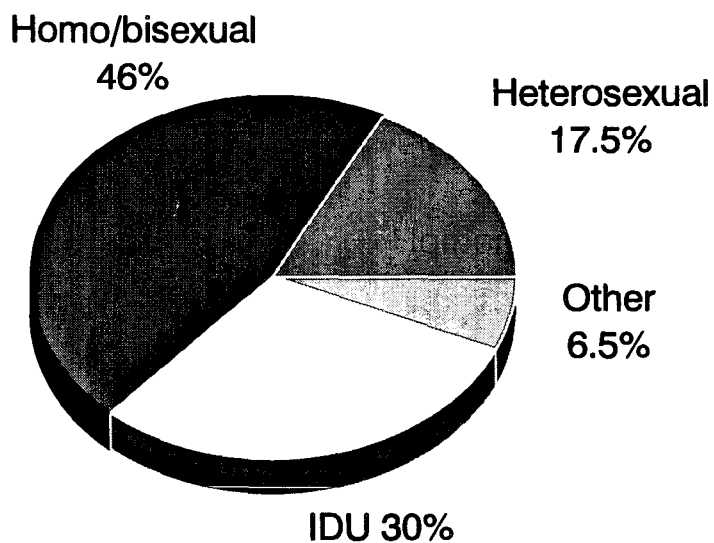


\* 1996 data are incomplete due to delayed reporting.

# Fig. 3b. Distribution of AIDS cases by risk factors as of June 1996, Southern Cone

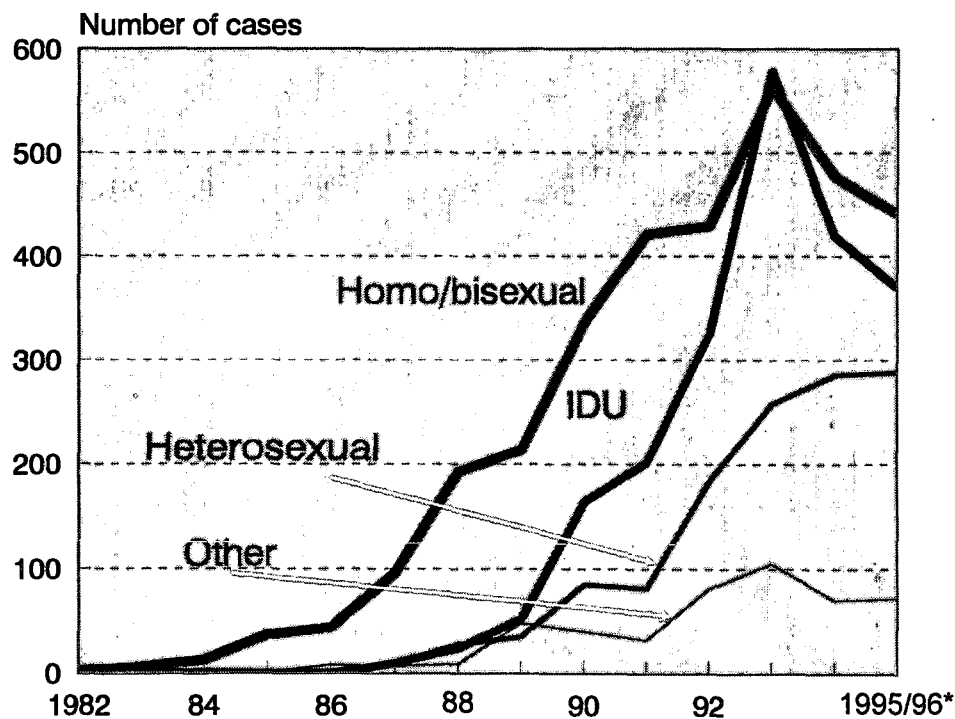
Reported cases: 10,584

Cumulative by risk factor



Cases with known risk factor : 7,135  
(unknown: 3,449)

Annual incidence, selected risk factors

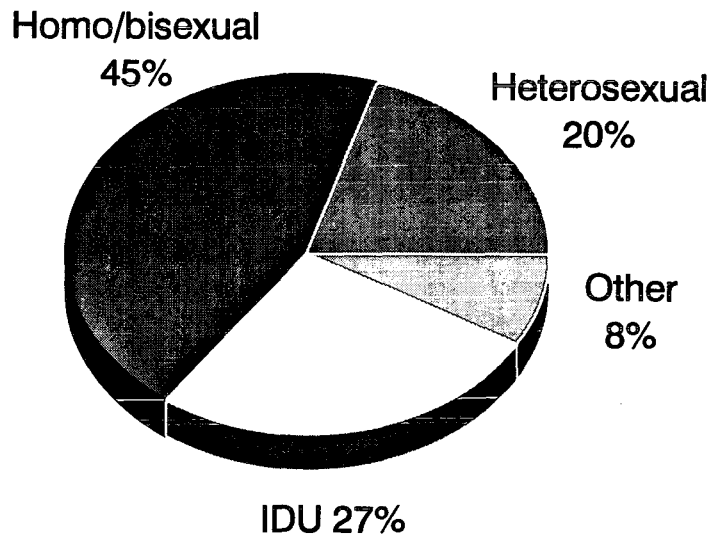


\* 1996 data are incomplete due to delayed reporting.

# Fig. 3c. Distribution of AIDS cases by risk factors as of June 1996, Brazil

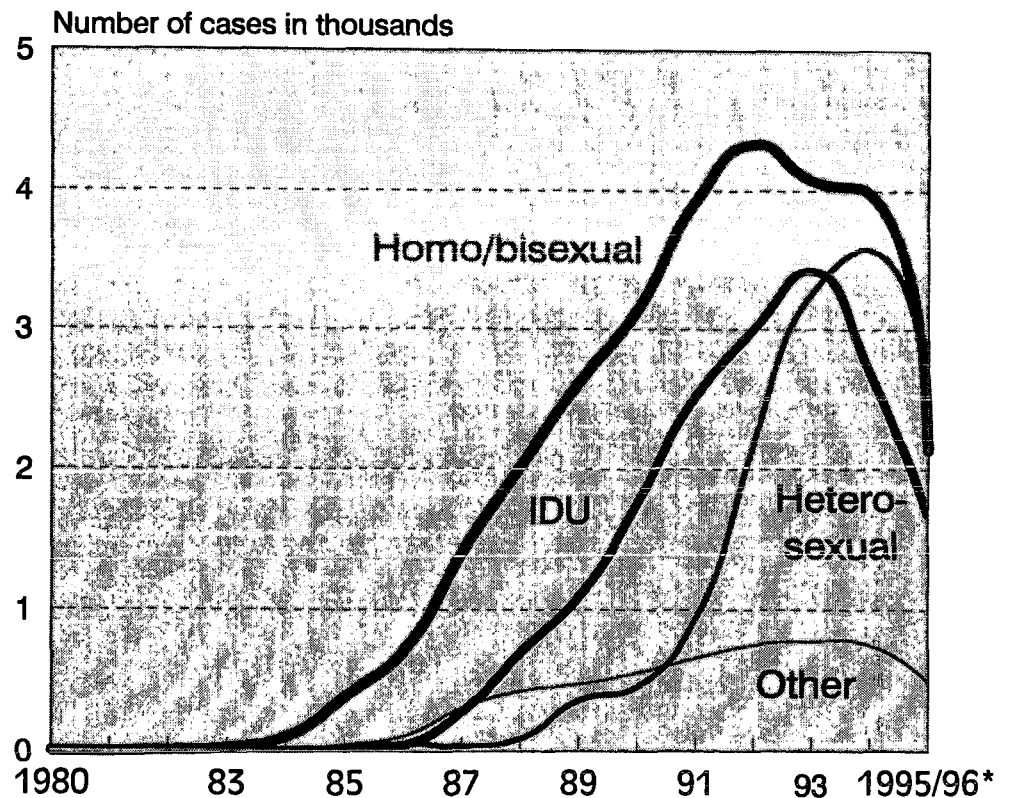
Reported cases: 79,908

### Cumulative by Risk Factor



Cases with known risk factor : 64,641  
(unknown: 15,267)

### Annual incidence, selected risk factors

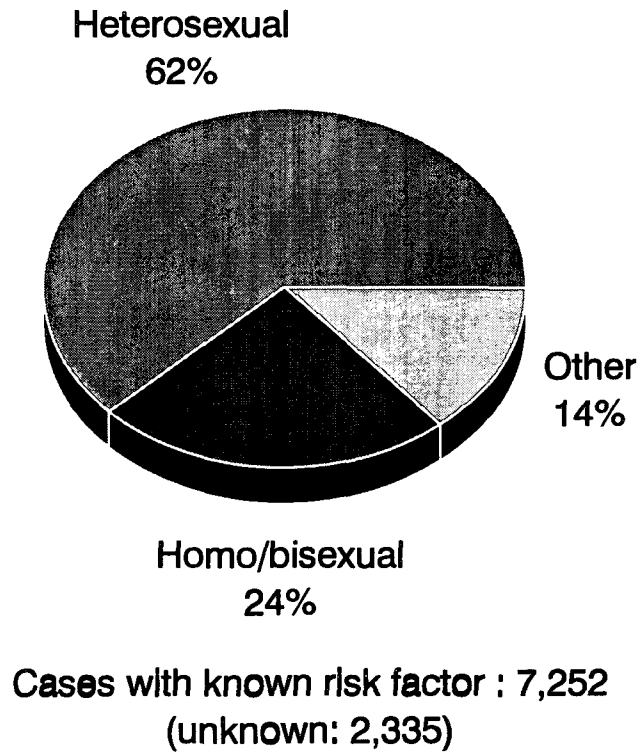


\* 1996 data are incomplete due to delayed reporting.

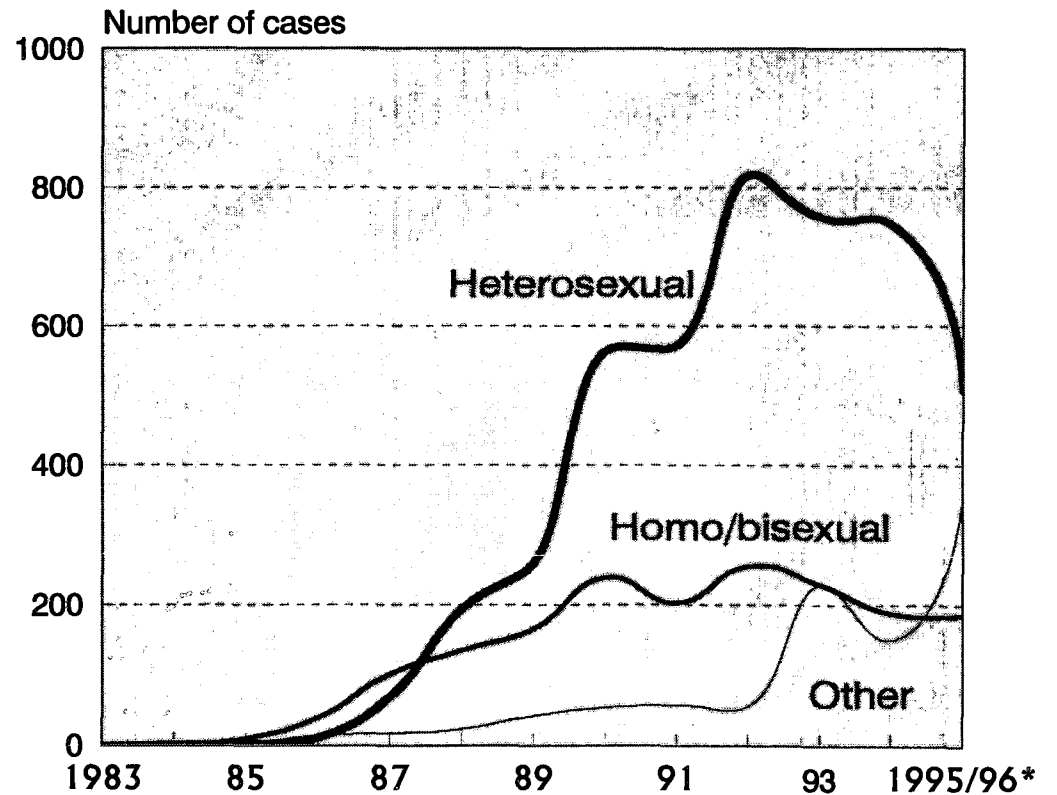
# Fig. 3d. Distribution of AIDS cases by risk factors as of June 1996, Central American Isthmus

Reported cases: 9,587

Cumulative by Risk Factor



Annual incidence, selected risk factors

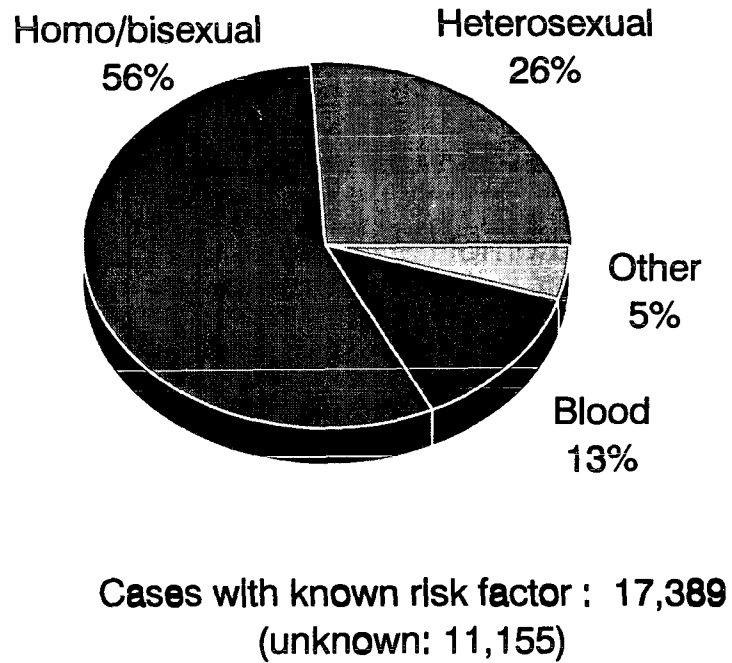


\* 1996 data are incomplete due to delayed reporting.

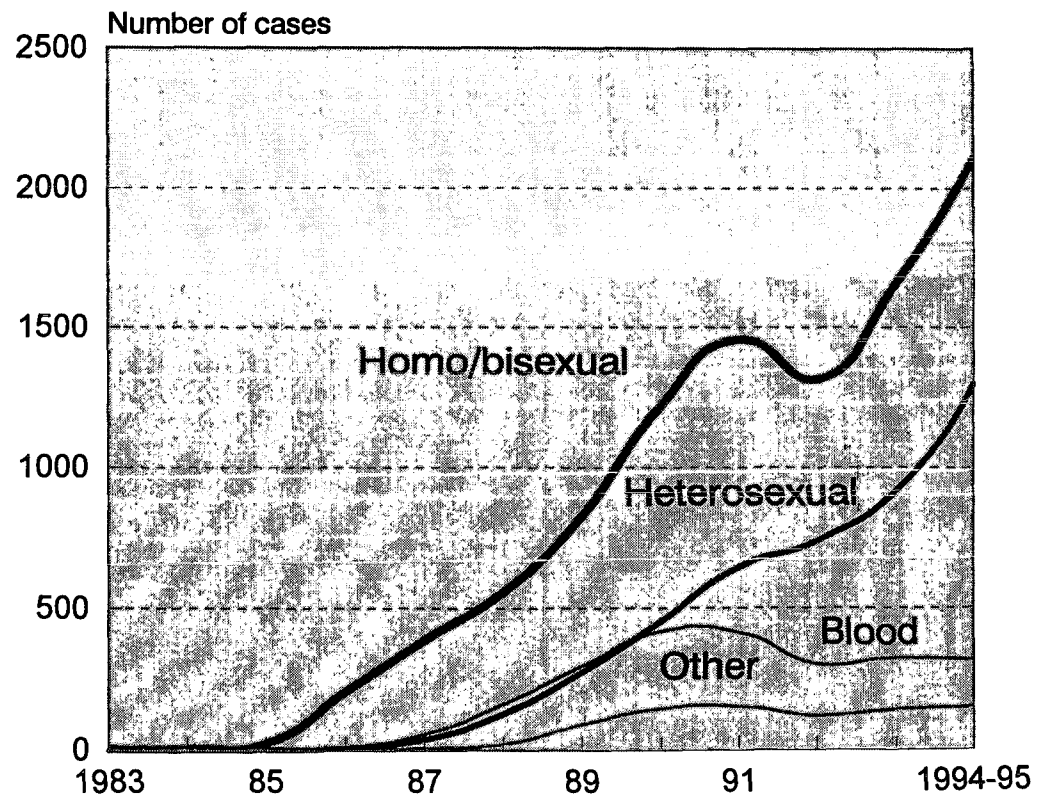
# Fig. 3e. Distribution of AIDS cases by risk factors as of June 1996\*, Mexico

Reported cases: 28,544

### Cumulative by Risk Factor



### Annual incidence, selected risk factors

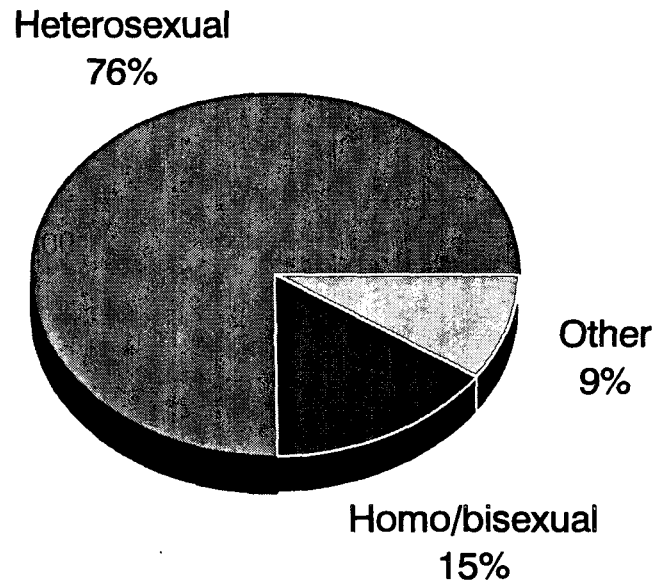


\* 1996 data are incomplete due to delayed reporting.

# Fig. 3f. Distribution of AIDS cases by risk factors as of June 1996, Caribbean

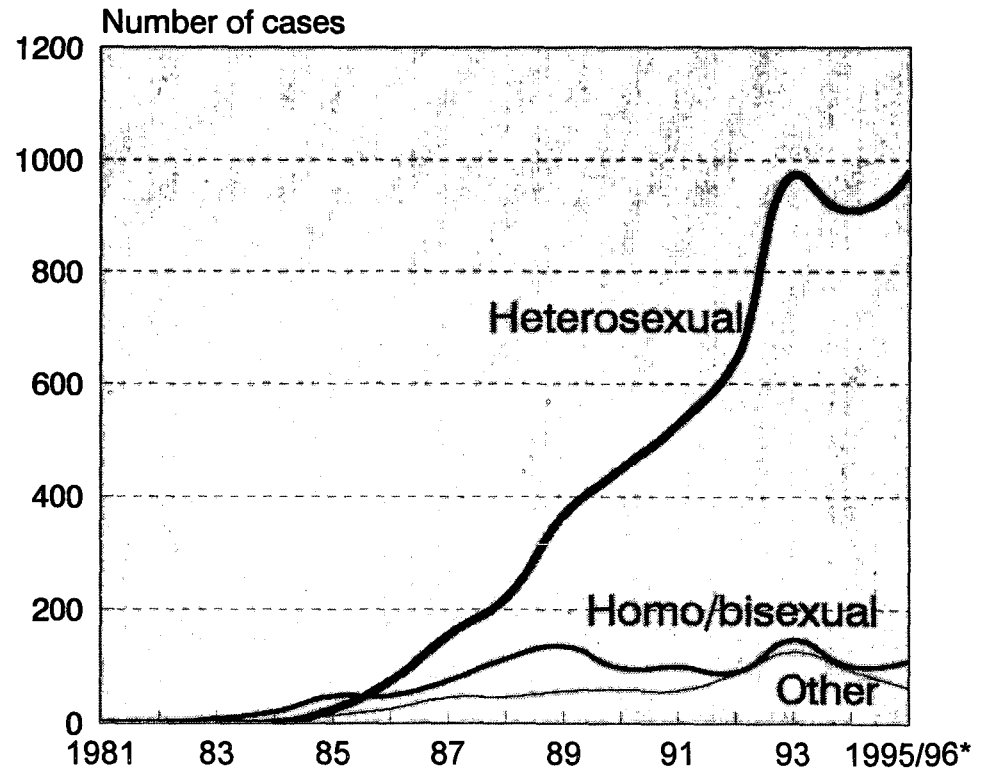
Reported cases: 9,399

### Cumulative by Risk Factor



Cases with known risk factor : 6,914  
(unknown: 2,485)

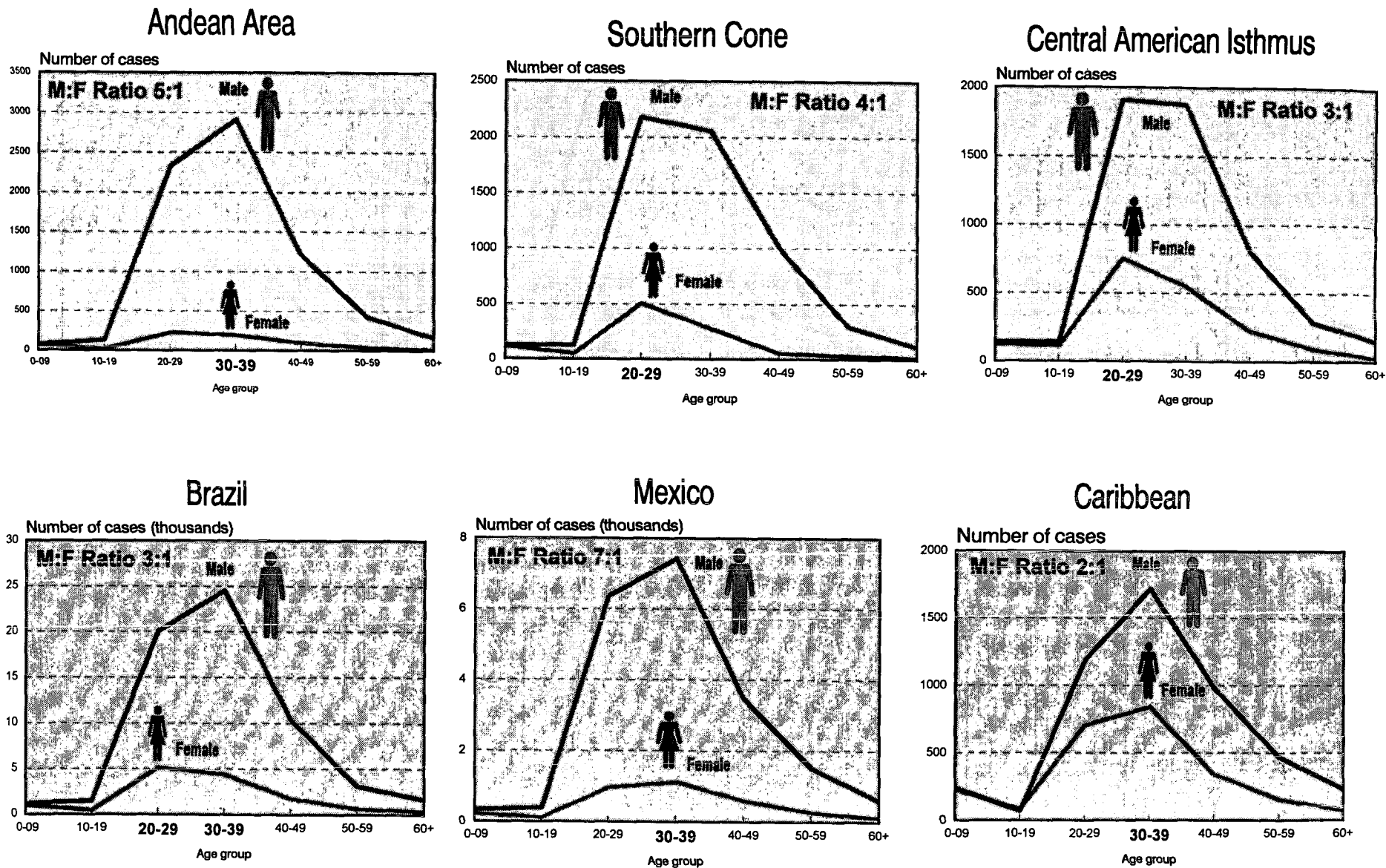
### Annual incidence, selected risk factors



\* 1996 data are incomplete due to delayed reporting.



**Fig. 4. Distribution of cumulative AIDS cases by age, sex and subregions, June 1996.\***



\*Includes countries that have reported cases by age and sex.

The "**AIDS Surveillance in the Americas**", quarterly report is prepared by the Pan American Health Organization and distributed to all the Regions of the World Health Organization, the countries of the Americas and to the interested public.

Information about the AIDS situation worldwide is provided in the report "The Current Global Situation of the HIV/AIDS Pandemic", which is published by the World Health Organization in Geneva, Switzerland.

Both of the above documents are available:

By mail:

Regional Program of AIDS/STD,  
Pan American Health Organization  
525 Twenty Third St. N.W.  
Washington, D.C. 20037.

By fax: through a service provided by the CDC National AIDS Clearinghouse. Please call: 1-800-458-5231.

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**"AIDS Surveillance in the Americas" is  
now available through the Internet at  
<http://www.paho.org>**

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## DEVELOPMENT OF THE NATIONAL PROGRAMS

The history of the national AIDS prevention programs in Latin America and the Caribbean may be summed up in three phases:

1. *1983-1988 (infrastructure development)*. This phase included establishment of the first national plans and programs, a response to public concern and biomedical interest in the emerging problem of AIDS, and culminated in the formation of committees and technical and scientific programs in all the countries of the Region.
2. *1989-1994 (consolidation of programming)*. During this second phase the program response was firmly established, medium-term plans were developed, a critical mass of professionals were trained, and, among other things, the first achievements in preventing the transmission of HIV by blood were documented. In addition, special attention was given to improving the quality and effectiveness of interventions through training in epidemiological surveillance, as well as management and planning, and solid steps were taken to establish interprogrammatic and intersectoral ties—with uneven but encouraging results.
3. *1995 ---? (expansion of the response)*. This phase, coincidental to but independent of the initiative to establish UNAIDS, will demonstrate either the success or failure of consensus-building around an intersectoral response to a public health problem such as AIDS that is highly complex and of worldwide importance.

## LIST OF PREVENTION INDICATORS (PI)

### PI 1: KNOWLEDGE OF PREVENTIVE PRACTICES

Number of persons able to cite at least two acceptable ways to protect against HIV infection  
 \_\_\_\_\_  
 Surveyed population 15-49 years of age

### PI 2: AVAILABILITY OF CONDOMS (CENTRAL LEVEL)

Total number of condoms available for distribution during the previous 12 months  
 \_\_\_\_\_  
 Population 15-49 years of age

### PI 3: AVAILABILITY OF CONDOMS (PERIPHERAL LEVEL)

Number of persons able to acquire condoms  
 \_\_\_\_\_  
 Population 15-49 years of age

### PI 4: OCCASIONAL SEXUAL PARTNERS

Number of persons 15-49 years of age, who report that  
 they had at least one sexual partner, excluding regular partners, in the previous 12 months  
 \_\_\_\_\_

Number of persons 15-49 years of age who report that  
 they were sexually active in the previous 12 months

### PI 5: USE OF CONDOM IN THE LAST SEXUAL ENCOUNTER THAT POSED A RISK

Number of persons of 15-49 years who reported having used a condom in their most recent sexual encounter  
 with a casual partner  
 \_\_\_\_\_

Number of persons of 15-49 years of age who reported having had sexual relations with  
 a person other than their regular partner in the previous 12 months

### PI 6: CARE OF STD CASES

Number of persons presenting at the health services with STD  
 who were diagnosed and treated adequately (according to national standards)  
 \_\_\_\_\_

Number of persons presenting at the health services with STD

### PI 7: CARE OF STD CASES

Number of persons presenting at the health services with STD or for the treatment of STD  
 who had received advice on condoms and the reporting of sexual contacts  
 \_\_\_\_\_

Number of persons presenting at the health services with STD or for STD treatment

### PI 8: INCIDENCE OF STD IN MEN

Number of reported episodes of urethritis in men 15-49 years of age  
 in the previous 12 months  
 \_\_\_\_\_

Number of surveyed men 15-49 years of age

**UNAIDS AT COUNTRY LEVEL:  
MAJOR ACTIVITIES OF THEME GROUPS**

- Enhancement of collaboration and joint action on HIV/AIDS among cosponsors and other UN system organizations
- Support for national leadership to coordinate and manage the expanded national response to HIV/AIDS
- Advocacy and social mobilization to increase commitment of decision-makers
- Provision/channelling of technical support
- Local resource mobilization
- Support to establishment of intercountry and regional linkages

*directing council*

*regional committee*



PAN AMERICAN  
HEALTH  
ORGANIZATION

XXXIX Meeting



WORLD  
HEALTH  
ORGANIZATION

XLVIII Meeting

Washington, D.C.  
September 1996

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*Provisional Agenda Item 5.7*

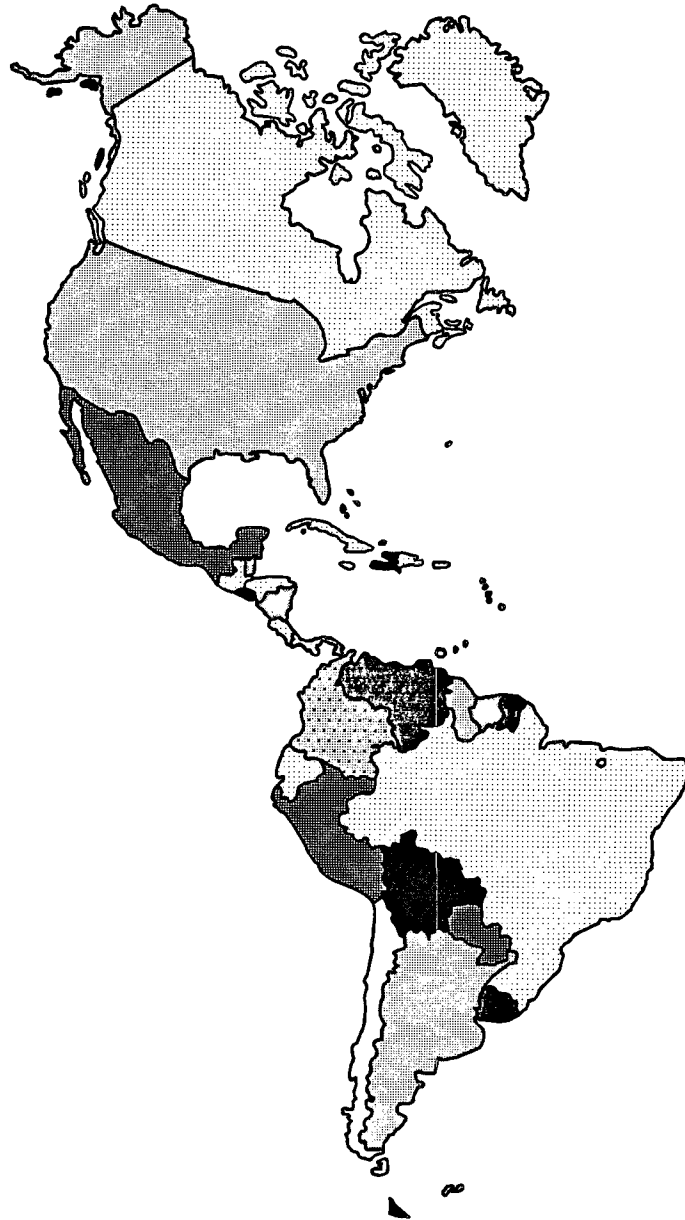
CD39/17, Add. I (Eng.)  
10 September 1996  
ORIGINAL: ENGLISH

**ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)  
IN THE AMERICAS**

The Director is pleased to present to the Directing Council, for its consideration, a report on the epidemiological surveillance of AIDS in the Americas, updated as of 10 September 1996.

**Annex**

# AIDS SURVEILLANCE IN THE AMERICAS



**QUARTERLY REPORT**  
**10 September 1996**

**REGIONAL PROGRAM ON AIDS/STD**  
**Division of Disease Prevention and Control**



**Pan American Health Organization/  
World Health Organization**

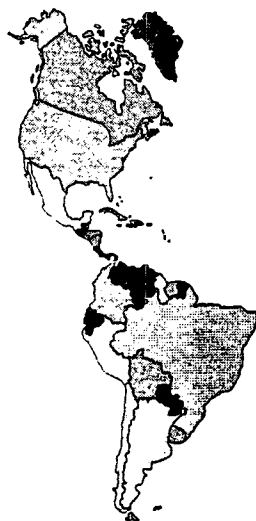


## AIDS Summary

**Cumulative information reported  
as of 10 September 1996**



**Worldwide cases:  
1,401,806**



**Cases in the Americas:  
698,199**

Adults:	686,021
Pediatrics:	12,178
Number of Deaths:	411,449



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  - Fig. 2. Annual incidence rates of AIDS in the Americas (per million), three subregions, 1982-1995
  - Table 1. Number of reported cases of AIDS by year, and cumulative cases and deaths, by country and subregion
  - Table 2. Annual incidence rates of AIDS (per million population), by country and by year, 1990-1995
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  - Table 4. Male:Female ratio of reported AIDS cases, by country and by year, 1990-1995
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## I. The Regional Program on AIDS/STD

The Regional Program on AIDS/STDs of the Division of Disease Prevention and Control of the Pan American Health Organization (PAHO) provides technical expertise for the prevention and control of HIV/AIDS and other sexually transmitted diseases in the Region of the Americas. The mandate for PAHO's Regional Program on AIDS/STD is to promote, design and facilitate technical activities and policies to improve the capacity of Member Countries to reduce the number of future infections and to provide timely and adequate care for people living with HIV/AIDS/STD.

The Regional Program is part of a broader set of culturally-sensitive, gender-specific, multinational and multisectoral responses to HIV/AIDS and STD in the Americas. The following types of technical assistance provide a framework for the Program's myriad activities:

- dissemination of information
- training
- direct technical cooperation
- resource mobilization

The Regional Program on AIDS/STD is designed to:

- *advocate* for HIV/STD prevention and control at the country level in Latin America and the Caribbean;
- *strengthen management* capacity to develop and implement policies for HIV and STD prevention and control;
- *involve nongovernmental organizations* (NGOs) in prevention and control efforts and build networks among NGOs at the country level;
- *coordinate regional cooperation* with PAHO and the World Health Organization headquarters; and analyze financial and administrative data to ensure effective execution and monitoring of national programs;
- *provide direct technical cooperation* to Member Countries including (but not limited to): epidemiological analysis; development of educational materials and country HIV/STD surveillance reports; laboratory support for STD diagnosis, and improvement of blood safety measures, etc., etc.
- *promote research* about HIV/AIDS epidemiological trends, their relation to other STD, prevention messages, and surveillance, socioeconomic impact, etc.
- *disseminate information* (technical and scientific) to and from Member Countries;
- *establish sentinel surveillance*, and advise and train professionals to monitor HIV/STD infection and trends at the country level

## **II. AIDS Surveillance in the Americas (10 September 1996).**

PAHO began its AIDS Surveillance System in 1986, although cases had been reported informally to PAHO since 1983. The information is currently submitted to PAHO from 47 countries and territories of the Region of the Americas. These data are received within 30 to 45 days after the end of each quarter. PAHO then produces the present report, which is distributed to all the countries in the Region. Twice a year PAHO sends the information to the World Health Organization headquarters in Geneva, Switzerland, where data are gathered from all regions, and produced as the Global AIDS Report.

As of September 1996, a cumulative total of 698,199 cases were reported in the Americas. From these, 12,178 are pediatric cases (< 15 years old). A total of 411,449 cumulative deaths have been reported since 1986.

Certain factors such as underdiagnosis, underreporting and delayed reporting affect the completeness of the data<sup>1</sup>. This should be considered when analyzing 1995 data. Additionally, many times the countries provide the number of cases by year but can not report the corresponding age, sex and risk factor for those cases.

PAHO and its Member Countries are working continuously to improve the quality and completeness of the information, to be able to analyze and provide a better profile of the epidemic in each consecutive report.

In 1994, the rate of reported AIDS cases per million population in Latin America was 56.8, in the Caribbean 201.4, and in North America 228.4. The primary modes of HIV transmission in the subregions are homo/bisexual (Andean Area, Southern Cone, Brazil and Mexico) and heterosexual (Central American Isthmus and the Caribbean). Transmission attributed to intravenous drug use is common in the Southern Cone and Brazil with 29.7% and 26.5%, respectively.

The incidence of AIDS by age group in each subregion is shown in Fig. 4. "Distribution of cases by sex and age". In the Southern Cone and Central America the age of the highest infection is the group between 20-29 years old for both sexes and for females in Brazil. In the Andean Area, Mexico and the Caribbean is age of infection is between 30-39 years old for males and females, as well as for males in Brazil.

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<sup>1</sup>Twenty six (55%) out of 47 reporting countries and territories have provided updated information to June 1996.

**TABLE 1. NUMBER OF REPORTED CASES OF AIDS BY YEAR, AND CUMULATIVE CASES AND DEATHS, BY COUNTRY AND SUBREGION.**  
As of 10 September, 1996

SUBREGION Country or Territory	Number of cases							Cumulative total(b)	Total deaths	Date of last report
	Through 1990	1991	1992	1993	1994	1995	1996(a)			
<b>REGIONAL TOTAL</b>	<b>248,719</b>	<b>79,817</b>	<b>101,989</b>	<b>103,844</b>	<b>92,957</b>	<b>63,921</b>	<b>4,927</b>	<b>698,199</b>	<b>411,449</b>	
<b>LATIN AMERICA</b>	<b>41,754</b>	<b>18,350</b>	<b>22,194</b>	<b>25,308</b>	<b>25,892</b>	<b>20,882</b>	<b>4,374</b>	<b>180,799</b>	<b>75,532</b>	
<b>ANDEAN AREA</b>	<b>5,034</b>	<b>2,048</b>	<b>2,534</b>	<b>2,448</b>	<b>3,175</b>	<b>2,503</b>	<b>477</b>	<b>18,156</b>	<b>8,788</b>	
Bolivia	30	19	19	20	13	11	3	115	85	30/Jun/96
Colombia c)	1,993	857	931	732	1,324	896	138	6,811	2,987	30/Jun/96
Ecuador	143	55	69	90	117	69	26	569	414	30/Jun/96
Peru	1,099	387	626	639	746	908	231	4,633	1,741	30/Jun/96
Venezuela	1,769	730	889	967	975	619	79	6,028	3,561	30/Jun/96
<b>SOUTHERN CONE</b>	<b>1,713</b>	<b>1,001</b>	<b>1,367</b>	<b>1,782</b>	<b>2,447</b>	<b>2,051</b>	<b>733</b>	<b>11,094</b>	<b>4,202</b>	
Argentina	1,146	718	1,049	1,396	2,021	1,634	541	8,505	2,604	30/Jun/96
Chile c)	357	178	200	238	283	267	93	1,616	1,027	30/Jun/96
Paraguay	51	19	28	45	24	23	27	217	136	30/Jun/96
Uruguay	159	86	90	103	119	127	72	756	435	30/Jun/96
<b>BRAZIL</b>	<b>21,834</b>	<b>10,370</b>	<b>12,615</b>	<b>13,919</b>	<b>13,977</b>	<b>9,695</b>	<b>442</b>	<b>82,852</b>	<b>41,618</b>	<b>01/Jun/96</b>
<b>CENTRAL AMERICAN ISTHMUS</b>	<b>2,069</b>	<b>943</b>	<b>1,222</b>	<b>1,613</b>	<b>1,767</b>	<b>1,831</b>	<b>450</b>	<b>9,997</b>	<b>3,698</b>	
Belize	36	10	13	24	18	28	...	138	130	31/Dec/95
Costa Rica c)	231	93	127	127	161	198	69	1,012	517	30/Jun/96
El Salvador	183	132	114	176	387	380	44	1,416	240	31/Mar/96
Guatemala	176	96	94	118	110	104	...	711	242	31/Dec/95
Honduras	1181	512	751	973	867	909	227	5,451	1,822	30/Jun/96
Nicaragua	11	13	6	17	37	9	15	131	82	30/Jun/96
Panama	271	87	117	178	187	203	95	1,138	665	30/Jun/96
<b>MEXICO</b>	<b>5,905</b>	<b>3,166</b>	<b>3,221</b>	<b>5,094</b>	<b>4,048</b>	<b>4,310</b>	<b>2,204</b>	<b>29,954</b>	<b>15,948</b>	<b>30/Jun/96</b>
<b>LATIN CARIBBEAN</b>	<b>5,199</b>	<b>822</b>	<b>1,235</b>	<b>452</b>	<b>478</b>	<b>492</b>	<b>68</b>	<b>8,746</b>	<b>1,278</b>	
Cuba	72	37	70	82	101	107	22	491	332	30/Jun/96
Dominican Republic c)	1,458	293	359	370	377	385	46	3,288	649	30/Jun/96
Haiti	3,669	492	806	...	...	...	...	4,967	297	31/Dec/92
Puerto Rico *	6,445	2,238	2,250	2,374	673	...	...	13,980	8,183	30/Sep/94
<b>CARIBBEAN</b>	<b>2,708</b>	<b>973</b>	<b>1,185</b>	<b>1,321</b>	<b>1,456</b>	<b>1,760</b>	<b>369</b>	<b>9,772</b>	<b>5,865</b>	
Anguilla	4	1	0	0	0	0	...	5	3	31/Dec/95
Antigua and Barbuda	8	6	13	7	6	5	4	49	21	30/Jun/96
Aruba	10	1	3	1	0	6	1	22	17	31/May/96
Bahamas	608	230	254	297	322	390	104	2,205	1,360	31/Mar/96
Barbados	172	80	78	88	119	95	...	632	530	31/Dec/95
Cayman Islands	7	4	4	0	3	0	3	21	18	30/Jun/96
Dominica	12	0	0	14	6	5	...	37	65	31/Dec/95
French Guiana	173	46	96	58	55	61	...	489	267	30/Sep/95
Grenada	24	7	4	21	7	18	4	85	56	30/Jun/96
Guadeloupe	183	51	103	93	110	83	...	623	226	30/Sep/95
Guyana	145	85	160	107	105	96	...	698	193	30/Jun/95
Jamaica	199	134	100	236	359	505	233	1,766	1,007	30/Jun/96
Martinique	150	29	47	34	48	36	...	344	184	30/Sep/95
Montserrat	4	2	0	1	0	0	0	7	0	30/Jun/96
Netherlands Antilles	77	23	10	47	0	76	...	233	74	31/Dec/95
Saint Kitts and Nevis	32	1	4	3	5	5	4	54	30	30/Jun/96
Saint Lucia	27	6	8	12	13	10	4	80	80	31/Mar/96
St. Vincent and the Grenadines	27	14	5	8	8	6	12	80	80	30/Jun/96
Suriname	90	16	28	35	20	20	...	209	189	30/Jun/95
Trinidad and Tobago	734	234	283	243	269	340	...	2,083	1,431	31/Dec/95
Turks and Caicos Islands	19	2	4	14	...	...	...	39	30	30/Sep/93
Virgin Islands (UK)	3	1	1	2	1	3	0	11	4	31/Mar/96
<b>NORTH AMERICA</b>	<b>204,257</b>	<b>60,494</b>	<b>78,590</b>	<b>77,215</b>	<b>65,609</b>	<b>41,279</b>	<b>184</b>	<b>527,626</b>	<b>330,052</b>	
Bermuda	168	23	17	15	44	48	17	332	234	30/Jun/96
Canada	6,103	1,480	1,675	1,666	1,539	1,180	167	13,810	9,969	30/Jun/96
United States of America *	197,986	58,991	76,898	75,534	64,026	40,051	...	513,486	319,849	31/Dec/95

\* Cumulative total number of cases and deaths for the United States of America includes data from Puerto Rico. Total number of cases and deaths reported by Puerto Rico as of 30/Sep/94 has not been included in the Latin Caribbean totals.

a) 1996 data are incomplete due to delayed reporting.

b) May include cases for year of diagnosis unknown.

c) Revised data.

TABLE 2. ANNUAL INCIDENCE RATES OF AIDS (PER MILLION POPULATION), BY COUNTRY AND BY YEAR, 1990-1995,  
AS OF 10 SEPTEMBER 1996.

SUBREGION Country or Territory	RATE PER MILLION					
	1990	1991	1992	1993	1994	1995*
<b>LATIN AMERICA a)</b>	<b>34.7</b>	<b>42.0</b>	<b>48.8</b>	<b>55.6</b>	<b>56.8</b>	<b>45.0</b>
<b>ANDEAN AREA</b>	<b>17.9</b>	<b>22.2</b>	<b>26.9</b>	<b>25.5</b>	<b>32.5</b>	<b>25.1</b>
Bolivia	1.7	2.8	2.8	2.8	1.8	1.5
Colombia	23.9	26.1	27.9	21.5	38.3	25.5
Ecuador	4.6	5.2	6.4	6.2	10.4	6.0
Peru	8.3	17.6	27.9	27.9	32.0	38.2
Venezuela	31.2	36.5	43.5	46.2	45.6	28.3
<b>SOUTHERN CONE</b>	<b>13.6</b>	<b>18.8</b>	<b>25.1</b>	<b>32.1</b>	<b>43.5</b>	<b>36.0</b>
Argentina	14.8	21.8	31.7	41.3	59.1	47.2
Chile	11.0	13.3	14.7	17.2	20.2	18.7
Paraguay	4.4	4.3	6.1	9.6	5.0	4.6
Uruguay	24.6	27.6	28.7	32.7	37.6	39.9
<b>BRAZIL</b>	<b>50.9</b>	<b>68.6</b>	<b>82.0</b>	<b>88.9</b>	<b>67.8</b>	<b>59.9</b>
<b>CENTRAL AMERICAN ISTHMUS</b>	<b>31.9</b>	<b>32.1</b>	<b>40.5</b>	<b>52.0</b>	<b>55.4</b>	<b>55.9</b>
Belize	58.5	51.5	65.7	117.6	85.7	129.6
Costa Rica	27.7	29.9	39.8	38.8	48.1	57.8
El Salvador	10.3	25.0	21.1	31.9	68.6	65.9
Guatemala	10.0	10.1	9.6	11.8	10.7	9.8
Honduras	122.0	101.8	145.0	182.4	157.8	160.8
Nicaragua	1.9	3.4	1.5	4.1	8.7	2.0
Panama	28.8	35.6	47.0	70.1	72.4	77.2
<b>MEXICO</b>	<b>30.7</b>	<b>36.7</b>	<b>36.5</b>	<b>56.6</b>	<b>44.1</b>	<b>46.0</b>
<b>LATIN CARIBBEAN</b>	<b>62.0</b>	<b>33.5</b>	<b>49.5</b>	<b>24.5</b>	<b>25.6</b>	<b>26.1</b>
Cuba	2.6	3.5	6.5	7.5	9.2	9.7
Dominican Republic	36.0	40.4	48.5	49.1	49.1	49.2
Haiti	187.5	74.3	119.3	...	...	...
Puerto Rico	519.4	628.5	626.9	656.2	184.6	...
<b>CARIBBEAN</b>	<b>108.1</b>	<b>136.7</b>	<b>166.9</b>	<b>164.4</b>	<b>201.4</b>	<b>241.3</b>
Anguilla	142.2	142.2	0	0	0	0
Antigua and Barbuda	39.5	78.9	168.8	90.9	77.9	64.9
Aruba	...	...	...	...	...	...
Bahamas	656.3	881.2	962.1	1108.2	1183.8	1413.0
Barbados	237.4	310.1	301.2	338.5	455.9	362.6
Cayman Islands	79.9	153.6	148.1	0	111.1	...
Dominica	24.4	0	0	168.7	72.3	60.2
French Guiana	499.8	499.8	1043.0	630.2	597.6	662.8
Grenada	53.5	73.9	42.4	222.7	74.2	190.9
Guadeloupe	89.5	127.8	254.3	225.2	261.3	193.9
Guyana	76.6	106.0	198.0	131.1	127.1	115.1
Jamaica	26.2	56.3	41.8	97.9	147.8	206.4
Martinique	127.8	79.7	127.7	91.4	128.0	95.0
Montserrat	89.9	191.5	0	95.7	0	0
Netherlands Antilles	157.9	120.4	51.8	241.0	...	361.9
Saint Kitts and Nevis	180.5	22.5	90.1	67.6	112.6	112.6
Saint Lucia	26.3	44.1	50.7	76.0	82.3	63.3
Saint Vincent and the Grenadines	51.4	131.5	41.7	66.8	66.8	50.1
Suriname	82.5	39.5	68.5	84.5	47.7	47.3
Trinidad and Tobago	140.0	187.1	207.9	190.1	208.2	260.1
Turks and Caicos Islands	99.8	199.6	399.2	1397.2	...	...
Virgin Islands (UK)	155.3	60.1	76.7	153.4	76.7	230.1
<b>NORTH AMERICA</b>	<b>178.1</b>	<b>215.5</b>	<b>277.0</b>	<b>269.2</b>	<b>226.4</b>	<b>141.0</b>
Bermuda	568.7	396.3	293.0	258.5	758.2	827.2
Canada	48.9	52.6	58.8	57.8	52.8	40.1
United States of America	192.4	233.6	301.3	292.9	245.7	152.1

\* Data is incomplete due to delayed reporting.

a) United States of America includes data from Puerto Rico. Rates calculated for Latin Caribbean do not include data from Puerto Rico.

**TABLE 3. ANNUAL INCIDENCE RATES OF AIDS (PER MILLION POPULATION), BY SEX, BY COUNTRY AND BY YEAR, 1990-1995.  
AS OF 10 SEPTEMBER 1996.**

SUBREGION Country or Territory	RATE PER MILLION POPULATION											
	MALE RATES						FEMALE RATES					
	1990	1991	1992	1993	1994	1995*	1990	1991	1992	1993	1994	1995*
<b>LATIN AMERICA</b>	<b>57.2</b>	<b>66.6</b>	<b>75.7</b>	<b>84.1</b>	<b>77.9</b>	<b>56.6</b>	<b>11.7</b>	<b>13.3</b>	<b>17.7</b>	<b>20.9</b>	<b>20.1</b>	<b>15.8</b>
<b>ANDEAN AREA</b>	<b>30.9</b>	<b>29.3</b>	<b>28.5</b>	<b>19.8</b>	<b>23.0</b>	<b>32.4</b>	<b>2.6</b>	<b>2.3</b>	<b>3.4</b>	<b>2.9</b>	<b>4.1</b>	<b>5.3</b>
Bolivia	2.2	4.8	2.0	2.0	2.2	1.9	0	0	1.2	0.3	1.4	0.3
Colombia	40.7	31.6	24.3	21.7	25.1	45.8	3.1	1.9	1.8	1.9	2.4	5.5
Ecuador	7.4	9.3	11.1	12.7	16.8	3.8	1.2	1.1	1.1	2.7	3.9	0.4
Peru	17.9	20.0	39.8	40.0	43.3	48.7	1.7	1.9	6.7	7.4	10.3	12.1
Venezuela	51.2	54.3	40.9	4.6	7.9	18.4	4.2	4.8	4.6	0.8	1.1	2.0
<b>SOUTHERN CONE</b>	<b>21.7</b>	<b>26.2</b>	<b>32.2</b>	<b>46.8</b>	<b>39.6</b>	<b>27.3</b>	<b>2.2</b>	<b>2.2</b>	<b>6.7</b>	<b>10.4</b>	<b>8.4</b>	<b>5.9</b>
Argentina	21.6	26.8	35.6	58.1	43.4	24.6	2.4	2.4	8.9	14.9	10.5	5.9
Chile	21.6	25.3	26.7	33.0	37.4	33.9	0.8	1.6	3.1	1.9	3.4	3.9
Paraguay	6.9	8.4	11.7	14.3	7.4	6.4	1.9	0	0.4	4.7	2.5	2.9
Uruguay	43.8	50.8	51.1	35.8	59.6	61.9	6.3	5.6	7.5	7.4	16.6	19.0
<b>BRAZIL</b>	<b>90.8</b>	<b>115.1</b>	<b>133.6</b>	<b>139.8</b>	<b>136.3</b>	<b>89.9</b>	<b>13.8</b>	<b>22.3</b>	<b>30.6</b>	<b>38.3</b>	<b>39.5</b>	<b>30.0</b>
<b>CENTRAL AMERICAN ISTHMUS</b>	<b>41.4</b>	<b>46.4</b>	<b>58.9</b>	<b>63.0</b>	<b>50.1</b>	<b>47.9</b>	<b>17.2</b>	<b>15.4</b>	<b>18.6</b>	<b>22.2</b>	<b>19.9</b>	<b>17.5</b>
Belize	...	...	...	...	...	174.3	...	...	...	...	...	65.4
Costa Rica	45.0	51.5	67.5	48.4	52.6	56.0	5.3	2.6	5.1	1.9	7.9	7.7
El Salvador	...	37.5	31.8	57.4	62.3	101.7	...	12.6	8.0	13.8	20.8	31.6
Guatemala	16.6	16.5	16.7	28.8	14.2	12.1	3.3	3.6	2.5	6.4	6.8	6.5
Honduras	156.4	137.0	196.2	178.3	133.4	77.6	87.5	60.1	86.0	96.3	65.3	41.0
Nicaragua	3.4	4.9	2.6	6.5	16.3	4.2	0.5	0.5	0	0.9	1.4	0.0
Panama	46.1	53.3	75.3	80.2	45.9	64.7	8.5	16.6	14.6	11.2	15.7	18.4
<b>MEXICO</b>	<b>51.4</b>	<b>62.1</b>	<b>62.1</b>	<b>96.6</b>	<b>76.5</b>	<b>49.4</b>	<b>9.9</b>	<b>11.3</b>	<b>11.1</b>	<b>16.7</b>	<b>11.8</b>	<b>7.3</b>
<b>LATIN CARIBBEAN</b>	<b>66.5</b>	<b>36.2</b>	<b>60.0</b>	<b>31.5</b>	<b>35.4</b>	<b>36.8</b>	<b>54.7</b>	<b>28.4</b>	<b>37.6</b>	<b>15.5</b>	<b>15.6</b>	<b>18.5</b>
Cuba	0.8	4.3	7.0	9.0	13.6	19.5	0	1.3	2.8	3.7	4.6	5.5
Dominican Republic	47.3	49.6	69.1	63.7	66.1	60.9	21.4	24.9	26.9	32.6	31.5	37.2
Haiti	198.4	73.9	136.1	...	...	...	177.0	74.7	103.2	...	...	...
Puerto Rico	...	...	...	...	...	...	...	...	...	...	...	...
<b>CARIBBEAN</b>	<b>144.2</b>	<b>183.0</b>	<b>199.5</b>	<b>222.2</b>	<b>227.4</b>	<b>230.4</b>	<b>69.5</b>	<b>89.7</b>	<b>93.9</b>	<b>105.0</b>	<b>131.8</b>	<b>121.4</b>
Anguilla	0	0	0	0	0	0	281.7	281.7	0	0	0	0
Antigua and Barbuda	...	...	264.2	158.5	132.1	105.7	...	...	76.6	25.5	25.5	25.5
Aruba	...	...	...	...	...	...	...	...	...	...	...	...
Bahamas	809.5	1131.8	1215.4	1333.3	1563.9	1807.4	507.7	636.4	716.4	889.7	820.1	1035.5
Barbados	414.6	516.1	467.7	480.0	730.2	603.2	74.6	104.5	148.1	222.2	200.0	139.7
Cayman Islands	161.8	155.6	150.2	0	75.1	0	0	151.6	146.2	0	219.3	0
Dominica	48.0	...	...	...	118.7	118.7	0	...	...	...	24.5	...
French Guiana	652.6	652.6	1000.7	696.1	804.9	...	520.9	369.0	542.7	434.1	303.9	130.2
Grenada	83.5	64.4	20.7	351.9	62.1	289.8	21.9	83.0	0	65.3	87.0	87.0
Guadeloupe	193.7	246.2	171.7	...	...	...	80.0	93.1	67.6	...	...	...
Guyana	114.2	148.6	267.5	185.6	136.9	147.7	39.8	64.2	129.9	77.7	117.5	83.1
Jamaica	34.8	61.5	55.2	129.5	164.6	163.3	17.7	50.3	26.7	66.3	131.0	104.7
Martinique	178.2	113.6	...	188.9	...	...	75.3	31.9	...	36.5	...	...
Montserrat	...	0	0	0	0	0	...	...	0	191.4	...	...
Netherlands Antilles	...	...	...	...	...	...	...	...	...	...	...	...
Saint Kitts and Nevis	281.4	46.8	140.4	46.8	140.4	140.4	87.0	0	43.4	86.8	86.8	86.8
Saint Lucia	27.2	75.8	52.3	78.4	104.6	91.5	25.5	14.3	49.1	73.7	61.4	36.9
Saint Vincent and the Grenadines	70.7	150.5	68.9	86.1	103.3	86.1	33.3	112.5	16.2	48.6	32.4	16.2
Suriname	121.2	59.7	93.6	122.0	52.9	66.7	44.6	19.6	43.7	47.8	42.7	28.2
Trinidad and Tobago	187.6	259.7	293.5	297.0	278.1	278.2	94.7	117.3	119.1	85.3	139.6	136.4
Turks and Caicos Islands	0	404.9	809.7	1417.0	...	...	196.9	0	0	1378.0	...	...
Virgin Islands (UK)	157.0	116.7	155.0	0	155.0	310.1	153.6	0	151.7	303.5	0	151.7
<b>NORTH AMERICA</b>	<b>290.7</b>	<b>298.1</b>	<b>303.5</b>	<b>645.2</b>	<b>468.8</b>	<b>424.2</b>	<b>37.5</b>	<b>42.8</b>	<b>44.2</b>	<b>115.4</b>	<b>94.7</b>	<b>92.7</b>
Bermuda	489.2	663.9	419.3	419.3	1257.9	1083.2	238.0	136.0	170.0	102.0	272.0	578.0
Canada	96.6	99.4	111.0	108.7	97.9	74.6	4.8	6.6	7.5	7.8	8.6	6.2
United States of America a)	312.6	320.6	325.3	706.1	510.7	463.7	41.1	46.8	48.2	127.2	104.1	102.2

\* 1995 data are incomplete due to delayed reporting.

... Data not available by sex.

a) Puerto Rico is included in the United States of America.

TABLE 4. MALE:FEMALE RATIO OF REPORTED AIDS CASES, BY COUNTRY AND BY YEAR, 1990-1995 AS OF 10 SEPTEMBER 1996.

SUBREGION Country or Territory	MALE:FEMALE RATIO					
	1990	1991	1992	1993	1994	1995*
<b>LATIN AMERICA</b>	<b>4.9</b>	<b>5.0</b>	<b>4.3</b>	<b>4.0</b>	<b>3.8</b>	<b>3.6</b>
<b>ANDEAN AREA</b>	<b>12.1</b>	<b>12.7</b>	<b>8.3</b>	<b>6.7</b>	<b>5.6</b>	<b>6.1</b>
Bolivia	N/A	N/A	1.8	7.0	1.6	7.0
Colombia	13.0	16.6	13.4	11.1	10.2	8.1
Ecuador	6.3	8.2	10.0	4.7	4.3	11.0
Peru	10.8	10.6	6.0	5.5	4.3	4.1
Venezuela	12.3	11.4	9.0	6.0	7.1	9.2
<b>SOUTHERN CONE</b>	<b>9.8</b>	<b>11.4</b>	<b>4.7</b>	<b>4.4</b>	<b>4.6</b>	<b>4.5</b>
Argentina	8.9	10.6	3.9	3.8	4.0	4.0
Chile	28.0	15.2	8.5	17.3	10.8	8.5
Paraguay	3.8	N/A	27.0	3.1	3.0	2.3
Uruguay	6.6	8.6	6.5	4.6	3.4	3.1
<b>BRAZIL</b>	<b>6.6</b>	<b>5.1</b>	<b>4.3</b>	<b>3.6</b>	<b>3.4</b>	<b>3.0</b>
<b>CENTRAL AMERICAN ISTHMUS</b>	<b>2.4</b>	<b>3.0</b>	<b>3.2</b>	<b>2.8</b>	<b>2.5</b>	<b>2.7</b>
Belize	...	...	...	...	...	2.7
Costa Rica	8.6	20.3	13.6	26.7	6.8	7.5
El Salvador	...	2.9	3.8	4.0	2.9	3.1
Guatemala	5.1	4.6	6.8	4.6	2.1	1.9
Honduras	1.8	2.3	2.3	1.9	2.1	1.9
Nicaragua	6.0	9.0	N/A	6.5	11.3	0
Panama	5.6	3.3	5.3	7.4	3.0	3.6
<b>MEXICO</b>	<b>5.2</b>	<b>5.5</b>	<b>5.6</b>	<b>5.8</b>	<b>6.4</b>	<b>6.7</b>
<b>LATIN CARIBBEAN</b>	<b>1.2</b>	<b>1.3</b>	<b>1.6</b>	<b>2.1</b>	<b>2.3</b>	<b>2.0</b>
Cuba	N/A	3.3	2.5	2.5	3.0	3.6
Dominican Republic	2.3	2.1	2.7	2.0	2.2	1.7
Haiti	1.1	1.0	1.3	...	...	...
Puerto Rico	...	...	...	...	...	...
<b>CARIBBEAN</b>	<b>2.0</b>	<b>2.0</b>	<b>2.1</b>	<b>2.1</b>	<b>1.7</b>	<b>1.9</b>
Anguilla	0	0	N/A	N/A	N/A	N/A
Antigua and Barbuda	...	...	3.3	6.0	5.0	4.0
Aruba	...	...	...	...	...	3.4
Bahamas	1.5	1.7	1.6	1.5	1.8	1.7
Barbados	5.1	4.6	2.9	2.0	3.4	4.0
Cayman Islands	N/A	1.0	1.0	N/A	0.3	N/A
Dominica	N/A	...	...	...	5.0	...
French Guiana	1.3	1.8	1.8	1.6	2.6	...
Grenada	4.0	0.8	N/A	5.7	0.8	3.5
Guadeloupe	2.3	2.5	2.4	...	...	...
Guyana	2.8	2.3	2.0	2.3	1.1	1.7
Jamaica	2.0	1.2	2.1	2.0	1.3	1.6
Martinique	2.2	3.3	...	4.9	...	...
Montserrat	...	...	N/A	0	N/A	N/A
Netherlands Antilles	...	...	...	...	...	...
Saint Kitts and Nevis	3.0	N/A	3.0	0.5	1.5	1.5
Saint Lucia	1.0	5.0	1.0	1.0	1.6	2.3
Saint Vincent and the Grenadines	2.0	1.3	4.0	1.7	3.0	5.0
Suriname	2.7	3.0	2.1	2.5	1.2	2.3
Trinidad and Tobago	1.9	2.2	2.4	3.4	2.0	2.0
Turks and Caicos Islands	0	N/A	N/A	1.0	...	...
Virgin Islands (UK)	1.0	N/A	1.0	0	0	2.0
<b>NORTH AMERICA</b>	<b>7.4</b>	<b>6.6</b>	<b>6.6</b>	<b>5.3</b>	<b>4.7</b>	<b>4.4</b>
Bermuda	2.0	4.8	2.4	4.0	4.5	1.8
Canada	19.9	14.9	14.5	13.6	11.2	11.8
United States of America	7.2	6.5	6.4	5.3	4.7	4.3

\* 1995 data are incomplete due to delayed reporting.  
 "N/A" = Not applicable. No female cases reported for the period.  
 "..." = Data not available by sex.

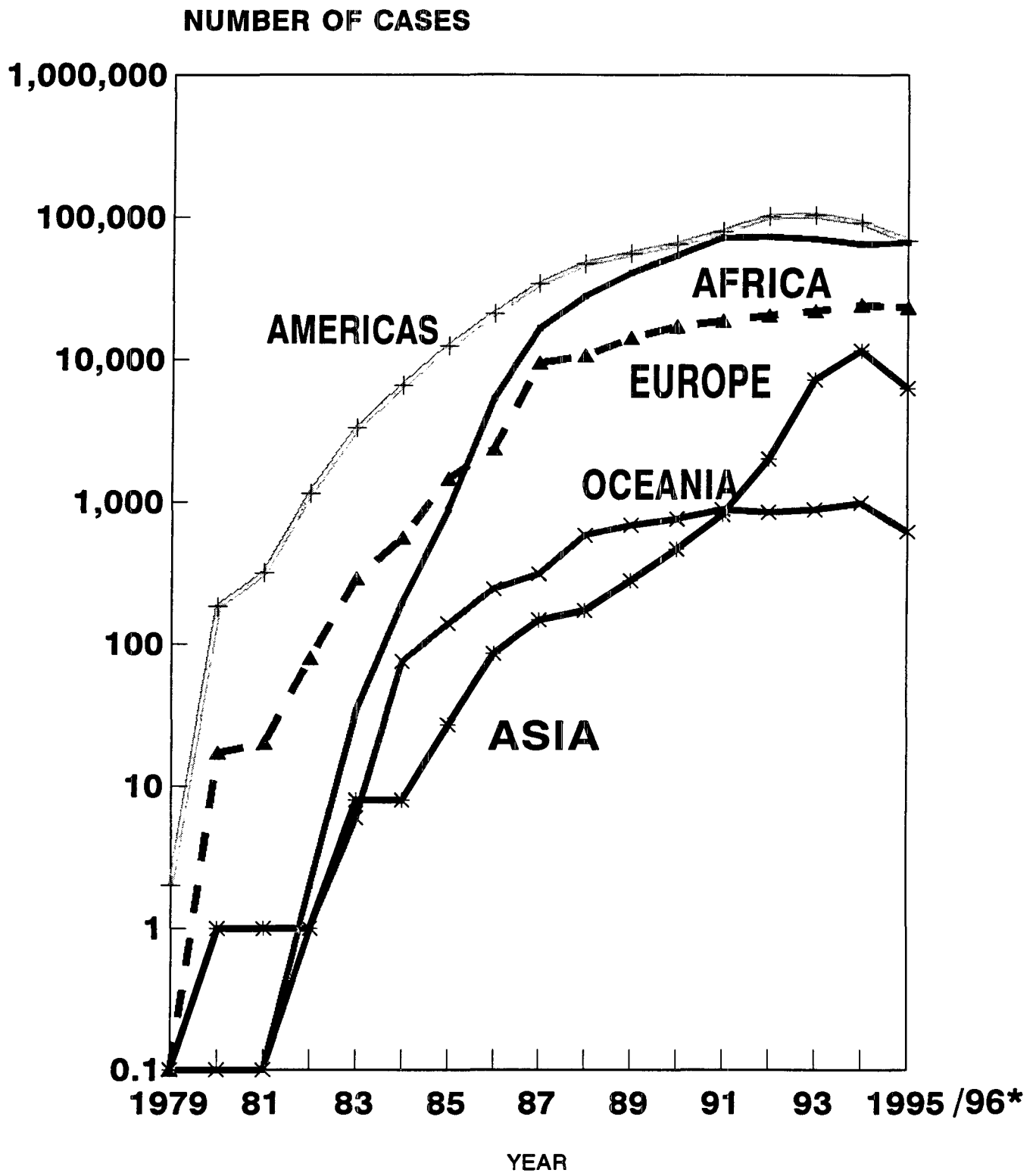
**TABLE 5. TOTAL CASES, PEDIATRIC CASES, PERCENT OF PEDIATRIC CASES FROM TOTAL; PERINATAL CASES, AND PERCENT OF PERINATAL CASES FROM TOTAL PEDIATRIC, BY SUBREGION AND COUNTRY, THROUGH 10 SEPTEMBER 1996.**

SUBREGION Country or Territory	TOTAL CASES a)	PEDIATRIC CASES	PERCENT PEDIATRIC	PERINATAL CASES	PERCENT PERINATAL
<b>ANDEAN AREA</b>					
Bolivia	115	1	0.9	1	100.0
Colombia	6,811	98	1.4	81	82.7
Ecuador	569	8	1.4	6	75.0
Peru	4,633	106	2.3	82	77.4
Venezuela	6,028	61	1.0	31	50.8
<b>SOUTHERN CONE</b>					
Argentina	8,505	209	2.5	172	82.3
Chile b)	1,616	37	2.3	31	83.8
Paraguay	217	8	3.7	7	87.5
Uruguay	756	43	5.7	40	93.0
<b>BRAZIL</b>	<b>82,852</b>	<b>2,641</b>	<b>3.2</b>	<b>1,990</b>	<b>75.4</b>
<b>CENTRAL AMERICAN ISTHMUS</b>					
Belize	138	2	1.4	2	100.0
Costa Rica b)	1,012	30	3.0	15	50.0
El Salvador	1,416	39	2.8	28	71.8
Guatemala	711	22	3.1	13	59.1
Honduras	5,451	183	3.4	170	92.9
Nicaragua	131	1	0.8	1	100.0
Panama	1,138	29	2.5	25	86.2
<b>MEXICO</b>	<b>29,954</b>	<b>664</b>	<b>2.2</b>	<b>322</b>	<b>48.5</b>
<b>LATIN CARIBBEAN</b>					
Cuba	491	4	0.8	4	100.0
Dominican Republic	3,288	88	2.7	43	48.9
Haïti	4,967	213	4.3	16 *	7.5
Puerto Rico **	13,980	299	2.1	287	96.0
<b>CARIBBEAN</b>					
Antigua and Barbuda	49	6	12.2	6	100.0
Aruba b)	22	1	4.5	1	0
Bahamas	2,205	178	8.1	178	100.0
Barbados	632	28	4.4	27	96.4
Cayman Islands	21	1	4.8	0	0
Dominica	37	2	5.4	2	100.0
French Guiana	489	44	9.0	40	90.9
Grenada	85	3	3.5	3	100.0
Guadeloupe	623	16	2.6	14	87.5
Guyana	698	22	3.2	15	68.2
Jamaica	1,766	114	6.5	84	73.7
Martinique	344	12	3.5	10	83.3
Netherlands Antilles	233	1	0.4	1	100.0
Saint Kitts and Nevis	54	1	1.9	1	100.0
Saint Lucia	80	6	7.5	6	100.0
Saint Vincent and the Grenadines	80	4	5.0	4	100.0
Suriname	209	7	3.3	7	100.0
Trinidad and Tobago	2,083	149	7.2	121	81.2
Virgin Islands (UK)	11	2	18.2	1	50.0
<b>NORTH AMERICA</b>					
Bermuda	332	2	0.6	2	100.0
Canada	13,810	144	1.0	111	77.1
United States of America	513,486	6,948	1.4	6,256	90.0
<b>TOTAL</b>	<b>698,199</b>	<b>12,178</b>	<b>1.7</b>	<b>9,970</b>	<b>81.9</b>

\* Number of perinatal cases dated as of 31/12/90. \*\* Data reported by Puerto Rico as of 30/Sep/94, already included in the United States of America.  
(a) Includes only countries that have reported AIDS cases in children, however the total of the column reflects cases from all the countries in the Americas.  
(b) Revised data.

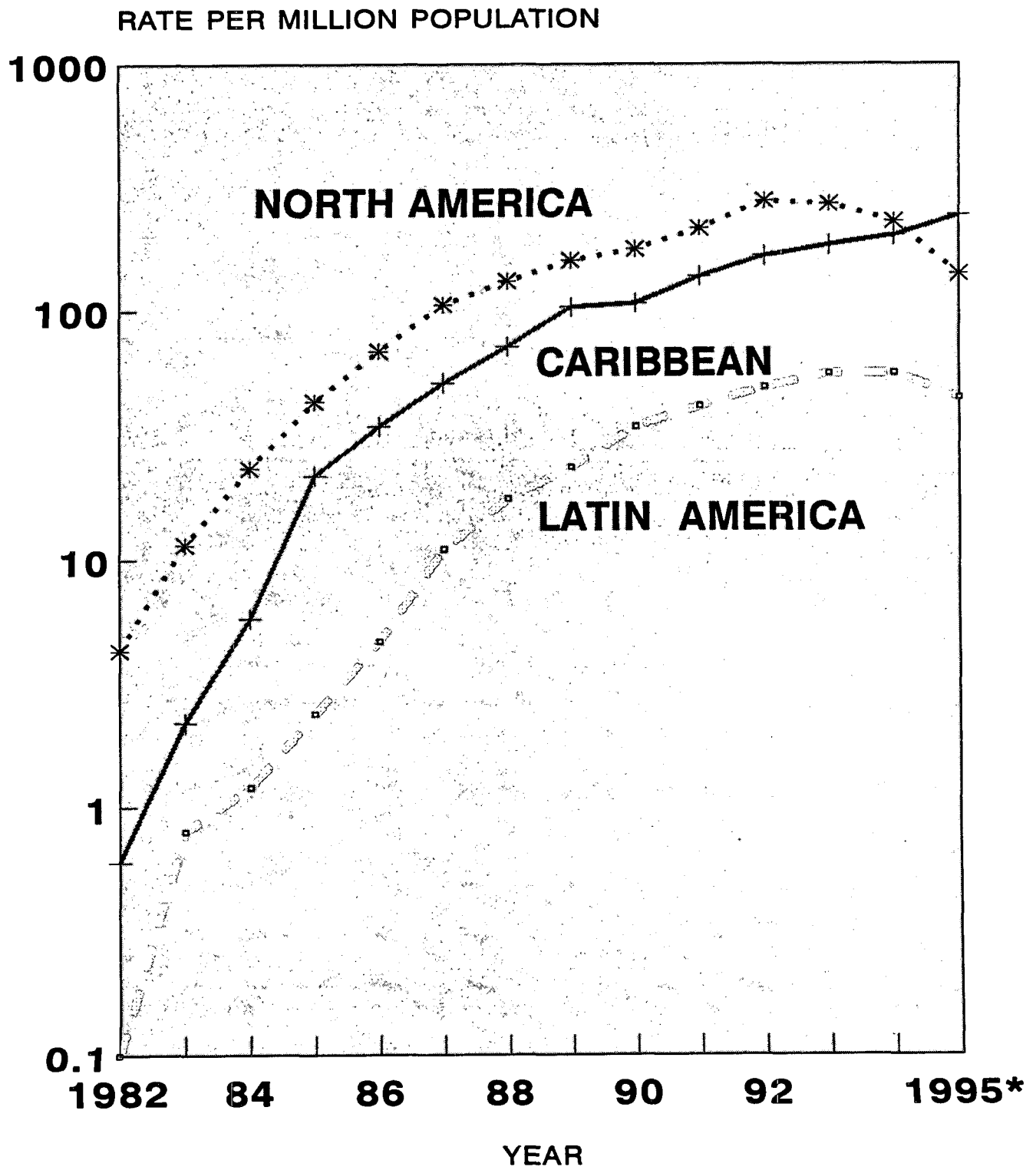


**Fig. 1. Annual incidence of AIDS cases, by region of the WHO, by year, 1979-95/96\*.**



\* 1996 data are incomplete due to delayed reporting.

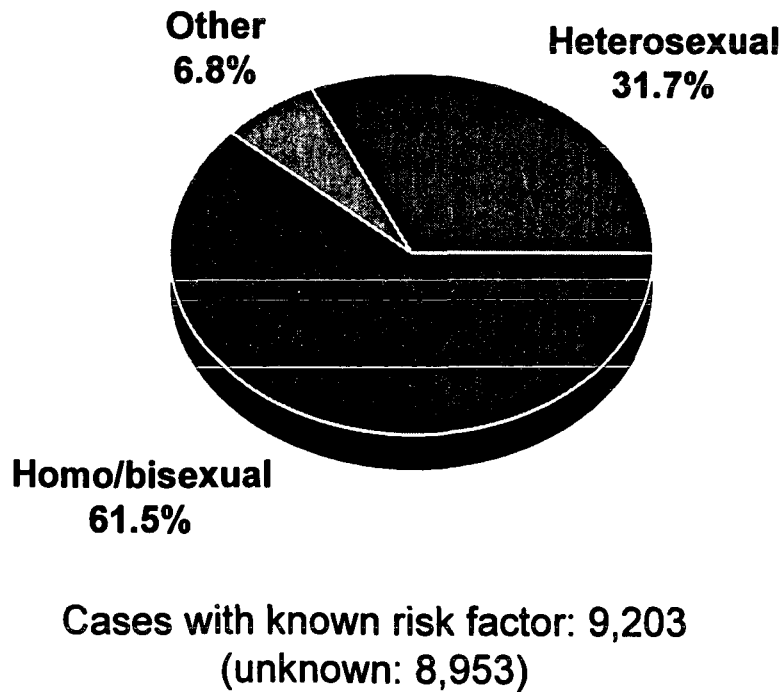
**Fig. 2. Annual incidence rates of AIDS in the Americas (per million), three major subregions, 1982-1995\*.**



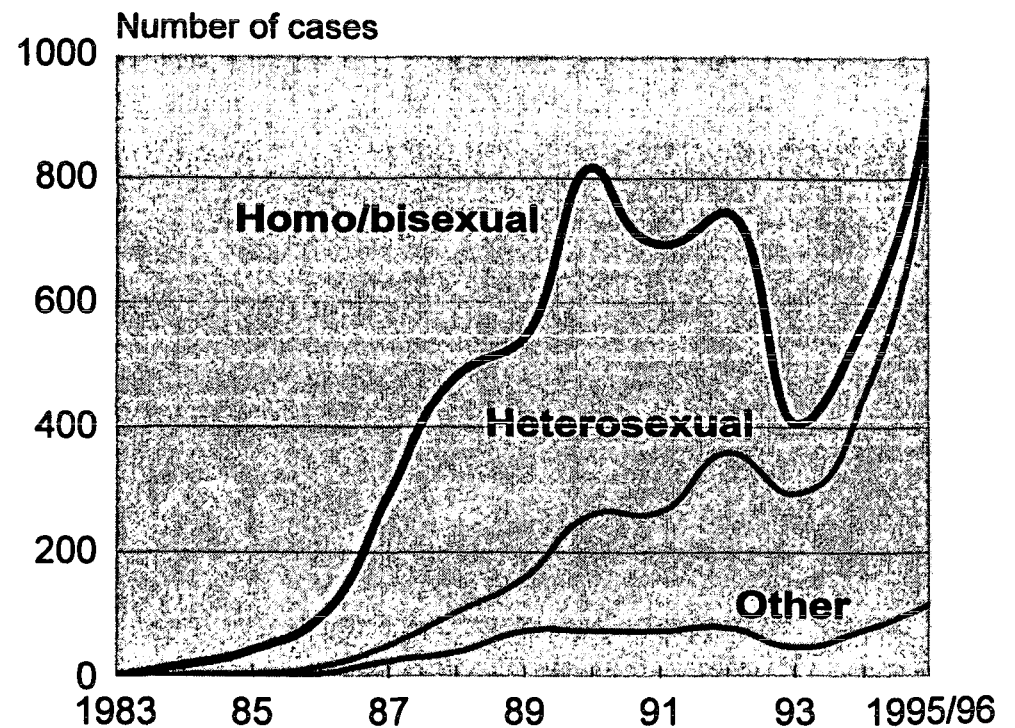
\* 1995 data are incomplete due to delayed reporting.

**Fig. 3a. Distribution of AIDS cases by risk factors as of Sep. 1996, Andean Area**  
**Reported cases: 18,156**

**Cumulative by Risk Factor**



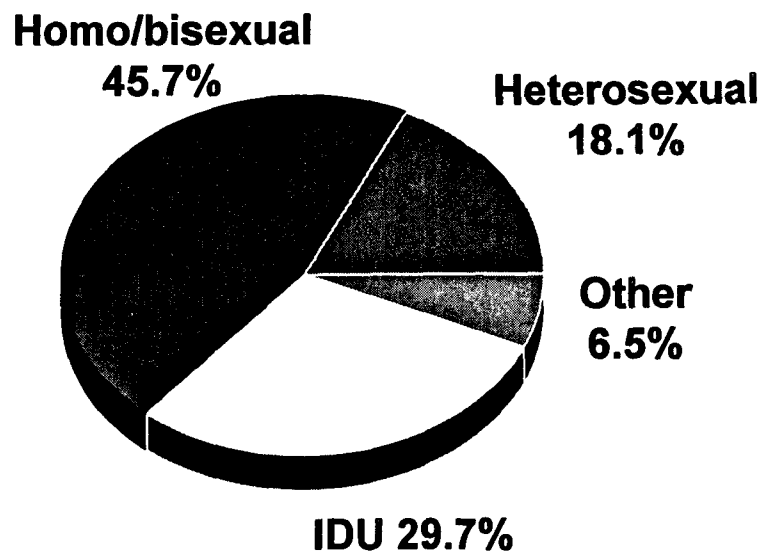
**Annual incidence, selected risk factors**



**Fig. 3b. Distribution of AIDS cases by risk factors as of Sep. 1996, Southern Cone**

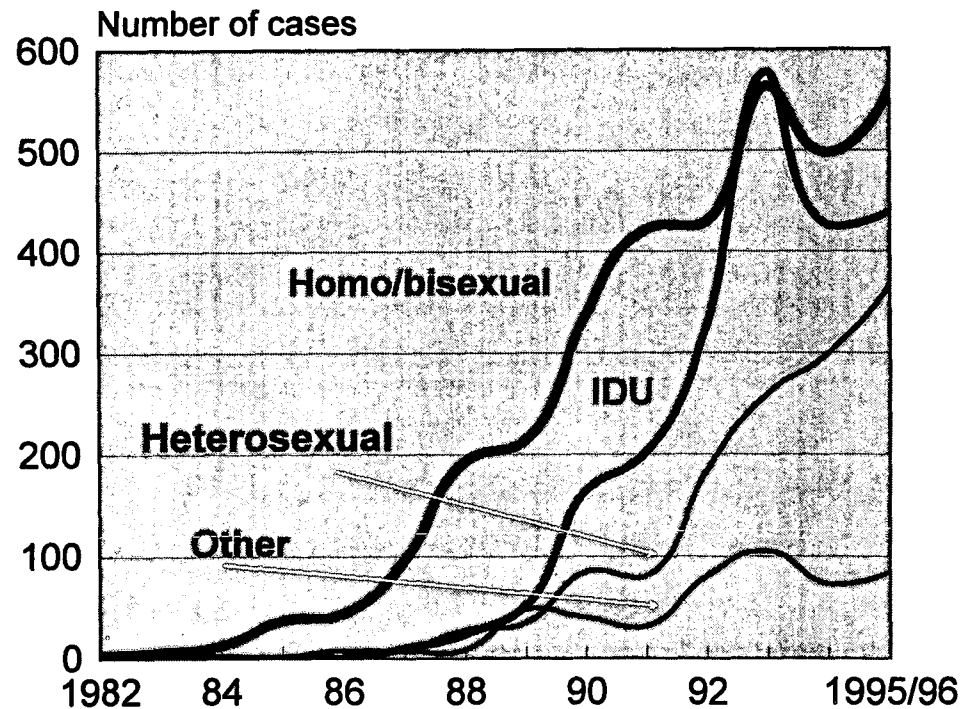
**Reported cases: 11,094**

Cumulative by risk factor



Cases with known risk factor : 7,469  
(unknown: 3,625)

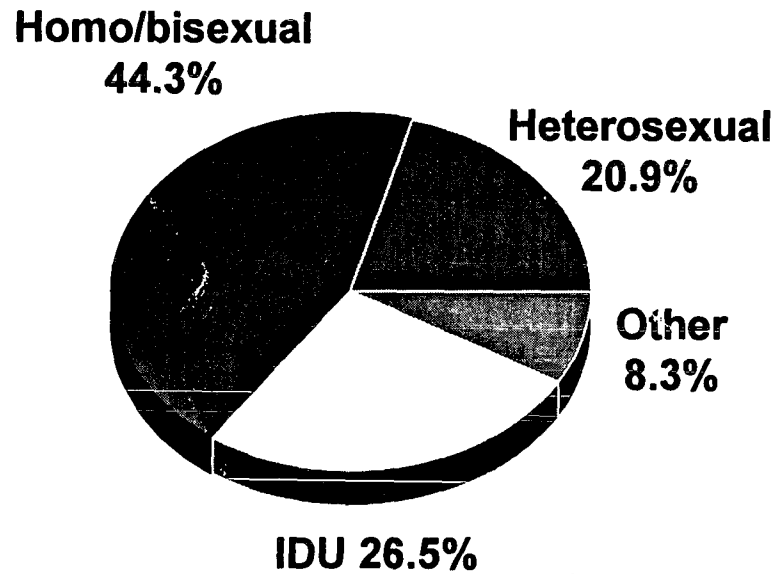
Annual incidence, selected risk factors



# Fig. 3c. Distribution of AIDS cases by risk factors as of Sep. 1996, Brazil

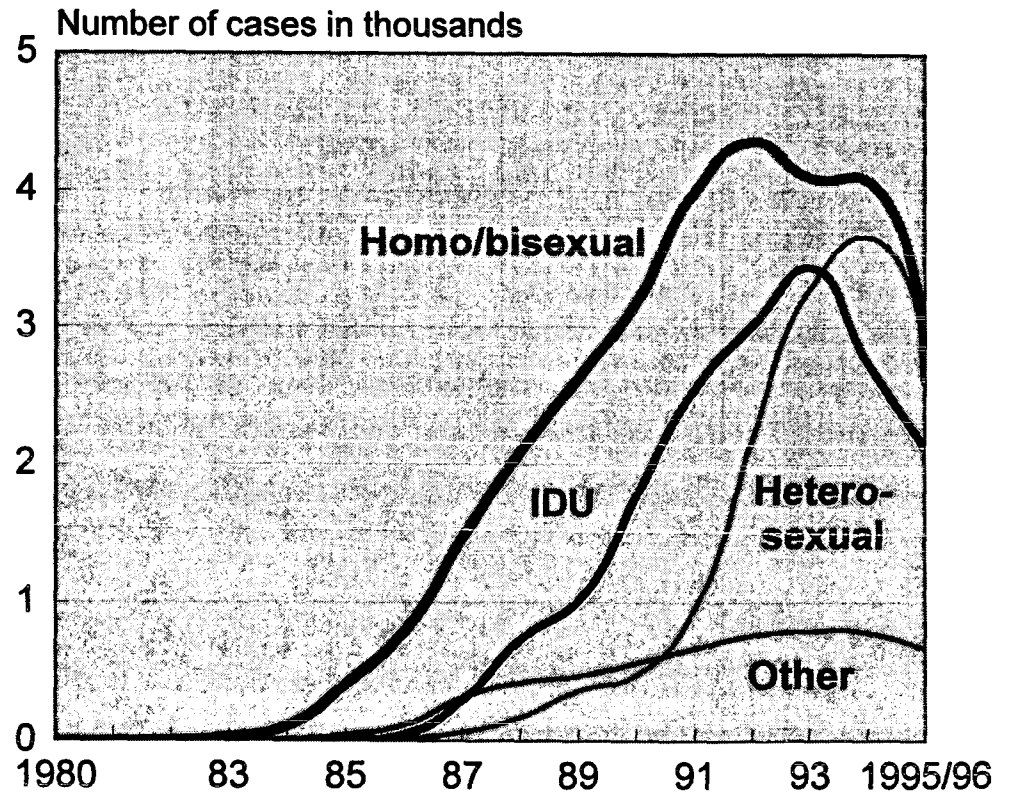
Reported cases: 82,852

### Cumulative by Risk Factor



Cases with known risk factor : 67,459  
(unknown: 15,393)

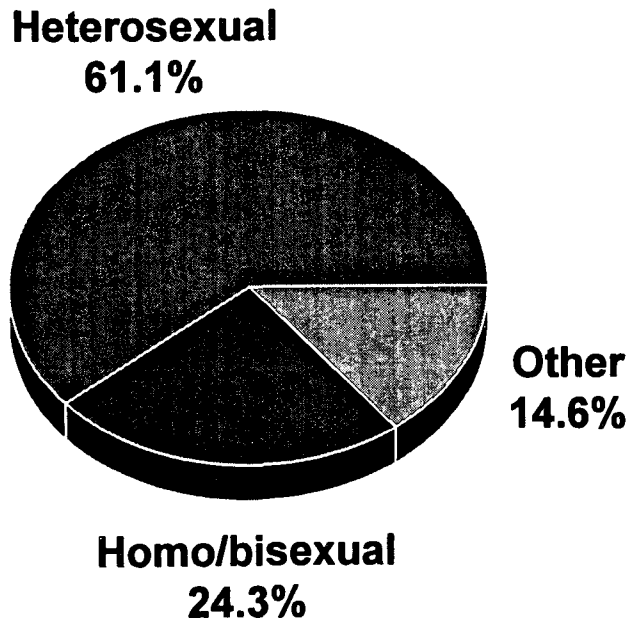
### Annual incidence, selected risk factors



# Fig. 3d. Distribution of AIDS cases by risk factors as of Sep. 1996, Central American Isthmus

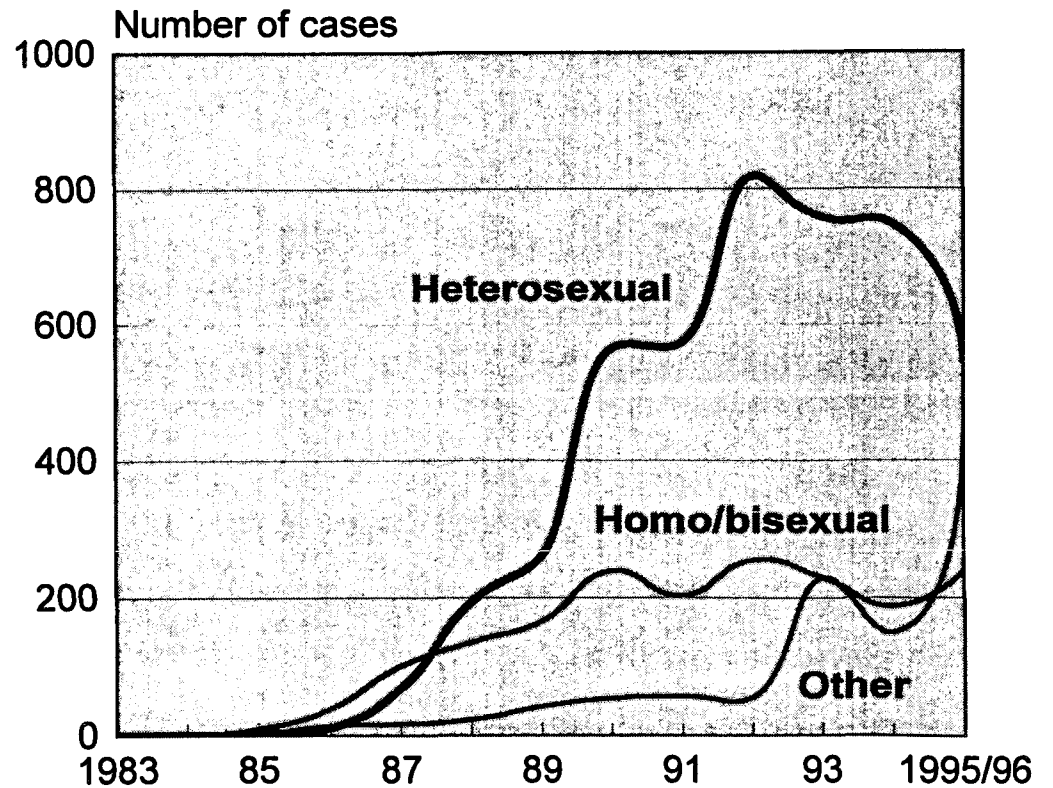
Reported cases: 9,932

Cumulative by Risk Factor



Cases with known risk factor : 7,429  
(unknown: 2,503)

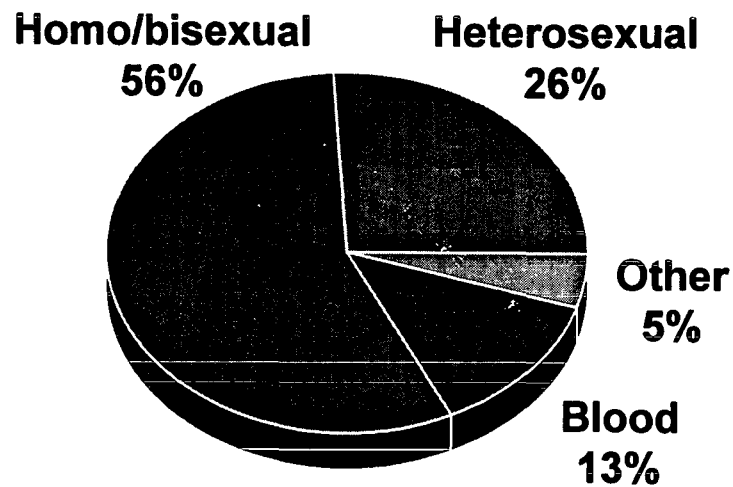
Annual incidence, selected risk factors



# Fig. 3e. Distribution of AIDS cases by risk factors as of Sep. 1996, Mexico

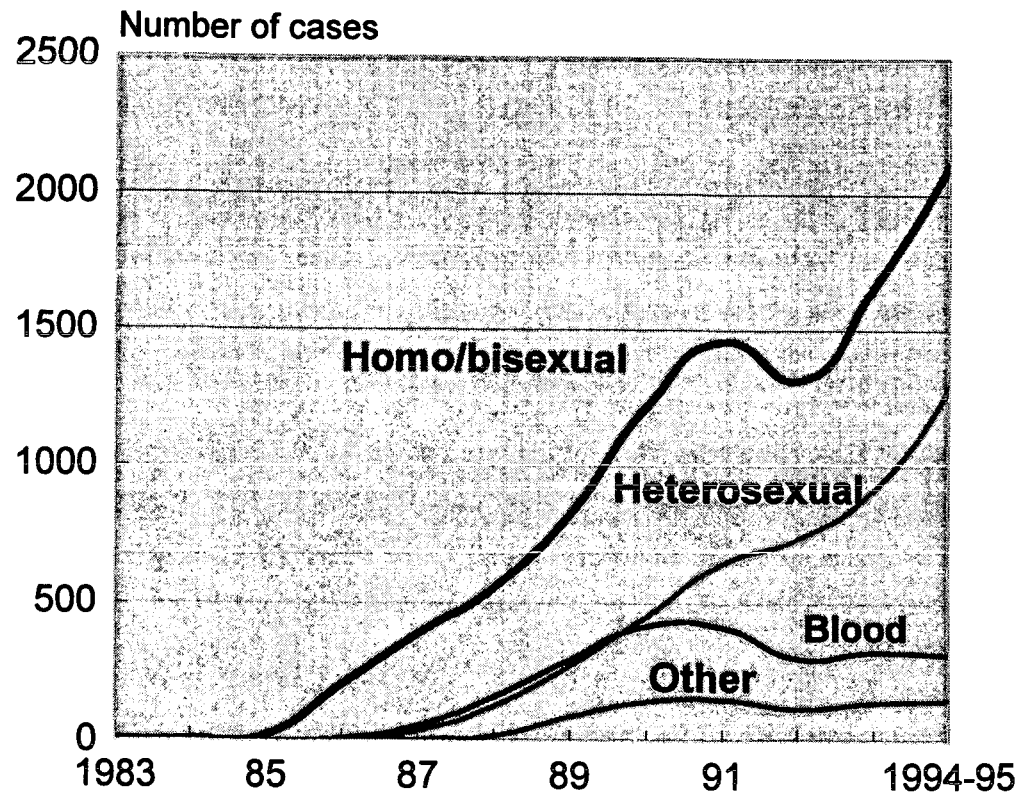
Reported cases: 29,954

### Cumulative by Risk Factor



Cases with known risk factor : 17,389  
(unknown: 12,565)

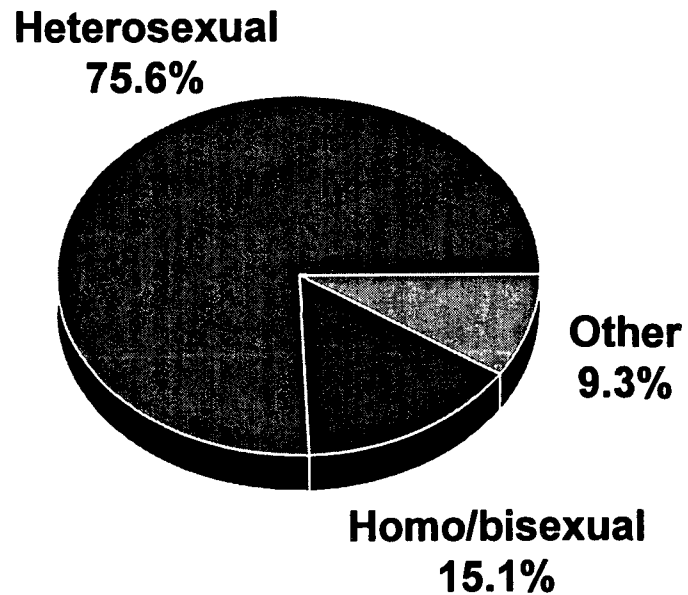
### Annual incidence, selected risk factors



# Fig. 3f. Distribution of AIDS cases by risk factors as of Sep. 1996, Caribbean

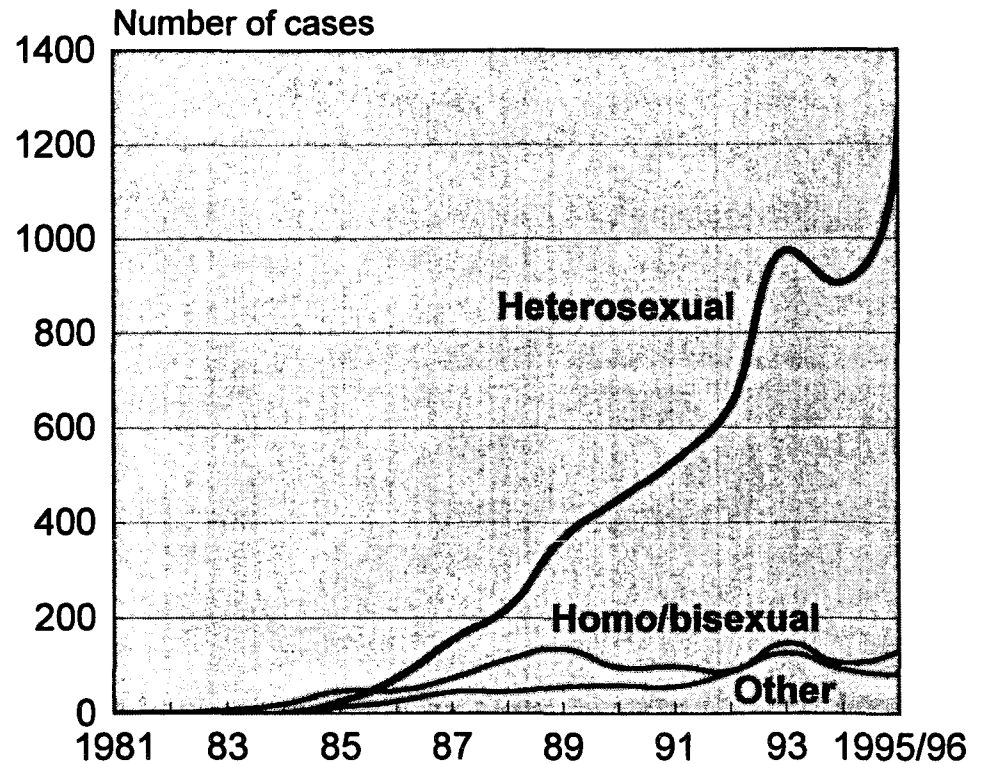
Reported cases: 9,772

Cumulative by Risk Factor



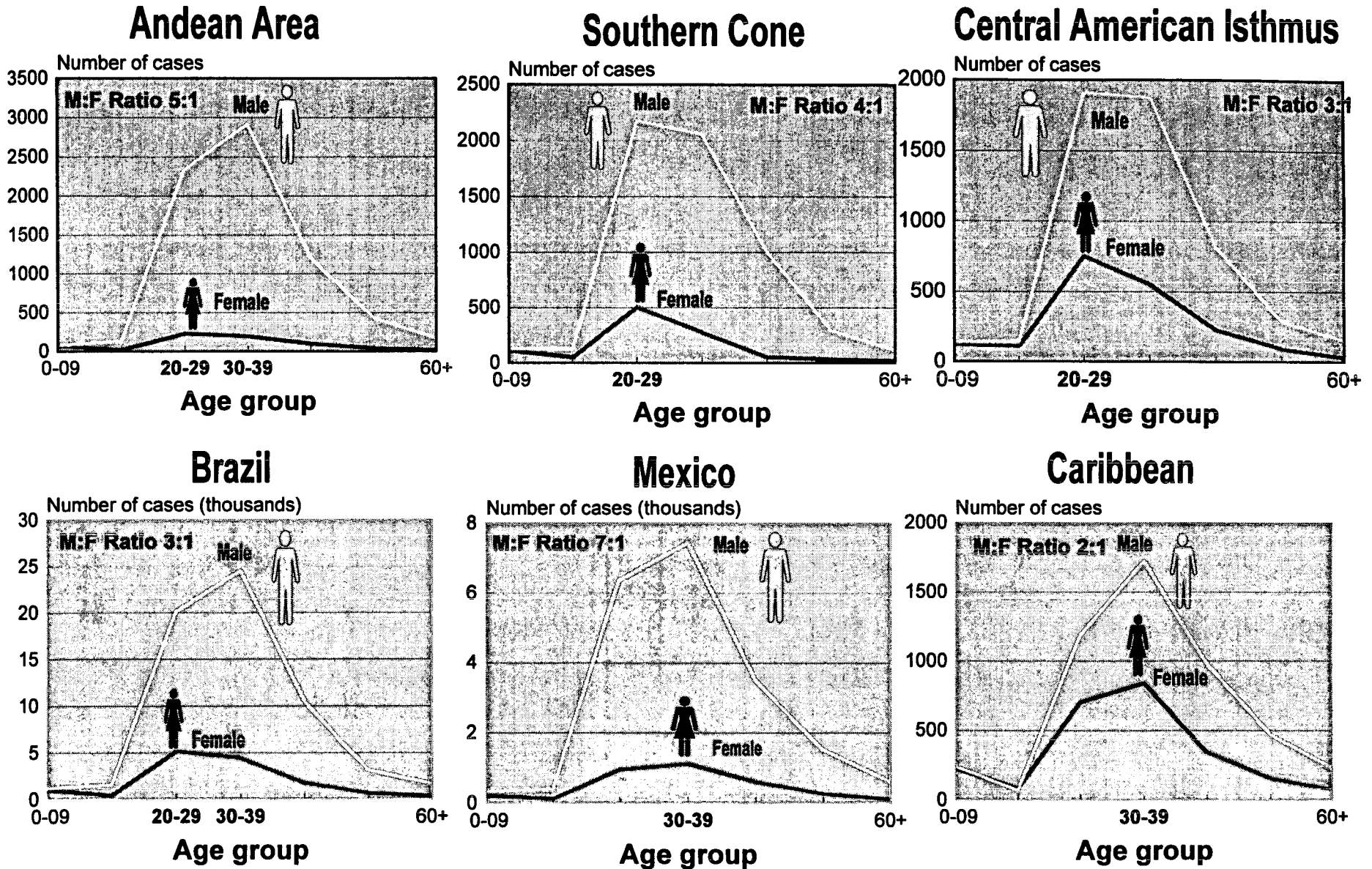
Cases with known risk factor : 7,230  
(unknown: 2,542)

Annual incidence, selected risk factors





**Fig. 4. Distribution of Cumulative AIDS Cases by Age, Sex and Subregions, September 1996.**



The "AIDS Surveillance in the Americas", quarterly report is prepared by the Pan American Health Organization and distributed to all the Regions of the World Health Organization, the countries of the Americas and to the interested public.

Information about the AIDS situation worldwide is provided in the report "The Current Global Situation of the HIV/AIDS Pandemic", which is published by the World Health Organization in Geneva, Switzerland.

Both of the above documents are available:

By mail:

Regional Program of AIDS/STD,  
Pan American Health Organization  
525 Twenty Third St. N.W.  
Washington, D.C. 20037.

By fax: through a service provided by the CDC National AIDS Clearinghouse. Please call: 1-800-458-5231.

"Aids Surveillance in the Americas" is now available  
through the Internet at

<http://www.paho.org/techinfo.htm>



**Pan American Health Organization/  
World Health Organization**  
525 Twenty Third St. N.W.  
Washington D.C. 20037

