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

This document presents a brief description of the HIV/AIDS/STD epidemic in the Americas and describes the progress made by the national programs to combat acquired immunodeficiency syndrome (AIDS), in addition to the present status of the Joint United Nations Program on HIV/AIDS (UNAIDS) in the Region. During its 120th Session, the Executive Committee reviewed the original document, commented on the efforts of the Secretariat to support the intersectoral and interagency approach recommended by UNAIDS, made suggestions on the approach and lines of technical cooperation on AIDS and sexually transmitted diseases (STD) for the 1998-1999 biennium, and adopted Resolution CE120.R21 (Annex B). Based on the recommendations of the Executive Committee, the document was revised and is submitted to the Directing Council for discussion and, as appropriate, adoption of the principal lines of action suggested for the Member States and the Secretariat.

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EXECUTIVE SUMMARY

Estimates indicate that between 2.0 and 2.5 million people are infected with human immunodeficiency virus (HIV) in the Region, and that while the epidemic has apparently been slower to evolve in the Americas than in other regions, its impact is already beginning to be felt in some of the countries.

At the national level, programs to combat acquired immunodeficiency syndrome (AIDS) have been established in all the countries, and major progress has been made at the regional level in the areas of blood safety, epidemiological surveillance, dissemination and utilization of information, and intersectoral participation in the national response.

These achievements have laid the groundwork for the establishment of the Joint United Nations Program on AIDS (UNAIDS), in which PAHO/WHO has participated by providing technical and logistical assistance, facilitating activities and policies, and promoting the participation of new actors in the intersectoral response.

Nevertheless, it will be necessary for each government to secure greater interagency commitment, using the health sector approach as the point of departure, and to increase political, technical, and financial support so that the multisectoral approach recommended by UNAIDS will become reality in the countries.

During the discussions of the 120th Session of the Executive Committee, the following areas were pointed out for special attention by the Secretariat and the Member States: (a) the development of policies on the effectiveness, cost, and availability of new therapies for the prevention and treatment of HIV; (b) evaluation of the educational efforts directed toward youth; and (c) the design of appropriate mass communication campaigns, based on the available technology and the values and needs of the target populations.

1. Introduction

In the past 10 years, all the countries and territories in the Region have organized national programs to combat acquired immunodeficiency syndrome (AIDS) and have made significant efforts to contain the epidemic caused by the human immunodeficiency virus (HIV). These national initiatives and efforts have made a notable contribution to the regional and global strategies and have succeeded in slowing the spread of the epidemic in the Americas. Nevertheless, the number of cases of HIV infection and AIDS is increasing daily, and the future impact of the epidemic on the health, economy, and social structure of the countries, while unpredictable, is a source of great concern.

2. The HIV/AIDS/STD Epidemic in the Region of the Americas

As of 10 June 1997, the Pan American Health Organization had been notified of a cumulative total of 783,158 cases of AIDS in the Americas, with 468,065 deaths. However, it is estimated that the true number of persons living with AIDS in the Region may be at least double that figure, and the number of HIV-infected men, women, and children is probably between 2.0 and 2.5 million. Although significant progress has been made, the number of infected persons and of deaths from AIDS continues to rise, and it is estimated that 8,500 new infections occur worldwide every day.

In at least a dozen countries in Latin America and the Caribbean the HIV infection is already established among the general population, and in five more countries the epidemic has spread outside the so-called "core groups"—groups exhibiting high-risk behavior (for example, Bahamas, Haiti, Honduras, and parts of Brazil). This means: (a) prevalence rates of more than 1% among the general population; (b) a substantial increase in infection in women; (c) a growing number of affected children, due either to their own infection or the loss of one or both parents (the so-called "AIDS orphans"); (d) acceleration of the concomitant epidemic of tuberculosis, associated with HIV infection; (e) an increase in the direct costs of medical care; (f) an increase in the indirect costs associated with the loss of productivity and social roles of the affected individuals; and (g) the growing disruptive role played by AIDS in the social order, manifested by discrimination and stigmatization and promoted by ignorance, fear, and prejudice.

Despite the seriousness of the situation, the HIV/AIDS epidemic in the Americas has apparently grown more slowly than in other regions. For this reason, the countries have both the obligation and the opportunity to contain it before it turns into an even more serious public health problem.

Estimates indicate that approximately 40-50 million new cases of sexually transmitted diseases (STD) occur each year in the Americas. The data from the Latin American and Caribbean countries show varying trends. Between 1987 and 1993 the

incidence of gonorrhoea fell, while in 12 countries the incidence of primary, secondary, or congenital syphilis rose, with more than 200,000 cases annually. In addition, inasmuch as cervical cancer is produced by the human papillomavirus, a sexually transmitted agent, the estimate that some 25,000 deaths from cervical cancer occur annually in the Region of the Americas is a matter of some concern. Despite the lack of more up-to-date epidemiological information, it is undeniable that the well-known association between STD and increased sexual transmission of HIV is contributing to the AIDS epidemic in the Region. Consequently, the efforts to control STD are not only valuable in and of themselves, but are also an important, even essential, component in the struggle against HIV/AIDS.

3. Scientific and Technological Innovations in the Prevention of HIV/AIDS and Their Adoption in the Region of the Americas

To date, epidemiological surveillance and preventive intervention have been the cornerstones of the fight against AIDS, and these measures have been intensely promoted by PAHO since the problem emerged in the Region in the early 1980s.

Priority interventions were and continue to be directed toward effecting behavioral changes in the population through information, education, and the adoption of preventive measures to reduce sexual, blood-borne, and perinatal transmission of HIV and other STD. Other preventive and therapeutic measures, e.g., vaccines, chemoprophylaxis against opportunistic infections, vaginal microbicides, and treatment with a combination of protease inhibitors, AZT, and other antiretroviral drugs, are alternatives that are being developed or envisaged for the future but are not yet accessible for most of the countries.

PAHO did not confine its role to collecting information and disseminating it to the countries but also actively promoted the formation of regional, subregional, and national working groups that would subsequently evolve into national AIDS programs. In 1985 PAHO published the first regional guidelines for the prevention of AIDS, with the support of renowned scientists and professionals. The PAHO Secretariat collaborated in technology transfer addressing the changes that have occurred with the discovery of the causative agent of AIDS in 1983, the availability of tests for detecting the infection in 1985, and other advances for the prevention and control of the epidemic.

Resolution CD32.R12 of the XXXII Directing Council (1987) called on the Member States to provide all necessary support for the implementation of the national programs for the prevention and control of AIDS. This resolution recommended that coordination of the activities at the regional level should be the responsibility of a Special Program on AIDS that, in addition to providing technical cooperation, would collaborate in the mobilization of resources for actions at the national, subregional, and regional levels. This regional program responded to the needs of the countries, developing the

guidelines and laying the foundations for the multisectoral approach currently recommended by UNAIDS.

From its inception, the PAHO Regional Program on AIDS, created as an outcome of this resolution, sought to strike a balance between collective well-being and the rights of the people affected by the epidemic, in strict adherence to the principles of confidentiality, respect, and solidarity.

The following are some of the outstanding achievements in the past decade:

- PAHO collaborated in setting up the national epidemiological surveillance systems and, relying on them, continues to gather, analyze, and disseminate the information obtained on a regular basis, which has made it possible to draw a clearer picture of the epidemic's evolution in the Region of the Americas.
- PAHO actively promoted improvements in the quality and safety of blood and blood by-products, which has dramatically reduced blood-borne transmission of HIV and other infections such as syphilis, hepatitis B and C, and Chagas' disease over the past 10 years. It is estimated that blood-borne transmission has been almost completely eliminated in the countries of the Region, inasmuch as more than 95% of the blood for transfusions in the urban areas of the Region is screened for HIV.
- The development of educational interventions and mass communication strategies has contributed to changing community and individual attitudes toward sexual behavior. Some of the activities in which PAHO has committed efforts and resources have focused on effective transmission of messages about prevention and on teaching the use of mechanical barriers, including condoms for distribution among specific groups.

PAHO has also continued to promote the dissemination of new approaches to prevention. Thus, the creation of awareness that the presence of other STD increases susceptibility to HIV by as much as tenfold makes the detection and clinical management of STD an appropriate and necessary strategy for controlling the AIDS epidemic. The promotion by PAHO/WHO of the syndromic approach for the management of sexually transmitted diseases in locations in which etiological diagnosis is difficult or excessively costly is an efficient way to reduce the incidence of curable STD as well as limiting their spread. Furthermore, as far as the prevention of perinatal transmission is concerned, the possibility of detecting the problem in pregnant women has opened the way to a specific intervention: the use of antiretroviral drugs (AZT), which have demonstrated their effectiveness in reducing the efficiency of vertical transmission by two thirds (from 25 %-30% to 8%). This preventive measure, whose initial results were disseminated in the

United States in 1994, is being adopted in accordance with the practical possibilities for its implementation by a growing number of countries in the Region, including Brazil, Costa Rica, Cuba, and Mexico.

4. Development of National AIDS Programs in the Region

With regard to programming, the Organization has collaborated with the countries in the formulation of short-term emergency plans since 1983, in the development of medium-term plans since 1988, and in strategies aimed at strengthening and maintaining the national programs with a greater multisectoral approach since 1991. Thus, the history of the national AIDS prevention programs in Latin America and the Caribbean can be summarized in three phases:

- *1983-1988 (Development of infrastructure)*. This phase included the establishment of the first national plans and programs, promoted by 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.
- *1989-1994 (Consolidation of programming)*. During this second phase, program response was firmly established, medium-term plans were developed, a critical mass of professionals was trained, and the first achievements in preventing blood-borne transmission of HIV were documented. In addition, special attention was given to increasing the quality and effectiveness of interventions through training in epidemiological surveillance, management, and planning, and firm steps were taken to establish interprogram and intersectoral ties, producing varied but generally encouraging results.
- *1995 (Expansion of the response)*. This phase, which coincided with the establishment of UNAIDS, has been marked by efforts to integrate and coordinate the intersectoral response. Here, PAHO has provided effective and unconditional support through the development of Theme Groups on AIDS in the countries (see below).

At the present time, all the countries without exception possess a good level of knowledge and national experiences for the prevention of AIDS. Despite these and other achievements, several constraints and barriers persist that impede execution of the programs. For example, national and international political, technical, and financial support has not been provided to respond to the growing and changing needs of the situation in the countries. Thus, the direct financial support provided by UNAIDS for the countries (US\$ 2.5 million in 1996-1997) has been reduced to 42% of the financing granted by the WHO Global Program on AIDS in the biennium 1994-1995 and to one-

quarter of the funds channeled to the countries in 1992-1993 (\$5.9 and \$10.7 million, respectively). However, this has also resulted in greater national contributions, which are indispensable for the sustainability of the long-term programs.

Finally, it is important to point out that AIDS is primarily a public health problem with serious socioeconomic repercussions, and that although the responses to combat AIDS and sexually transmitted diseases should be multisectoral in nature, guidance and orientation on the part of the health sector are indispensable. In formulating national plans it is necessary to achieve a broad response at the country level with respect to the planning and execution, coordination, and evaluation of national efforts.

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

The need for greater multisectoral involvement in the national response has been recognized throughout the world and has served to stimulate the organization of structures and systems to promote such participation, as exemplified by the Joint United Nations Program on HIV/AIDS (UNAIDS).

In supporting UNAIDS, PAHO has conducted specific actions that include: a) the establishment and technical management of interagency Theme Groups in the countries; (b) participation in and the provision of technical assistance and programming expertise for UNAIDS; (c) joint visits to several countries; (d) development of work plans in collaboration with UNAIDS and its associated agencies; and (e) promotion of UNAIDS participation and inputs at the meetings of PAHO/WHO Representatives at the subregional level.

The organization of Theme Groups on AIDS in Latin America and the Caribbean complies with the basic idea of UNAIDS for the participation of its six cosponsoring agencies, except in the case of certain countries in which extensive multi-agency representation does not exist. Despite this initial work, other questions still remain with regard to the mechanisms to be employed for the mobilization and channeling of resources; the interactions of the Theme Groups with the national programs, the nongovernmental organizations (NGOs) and the various actors involved in the national response to combat AIDS; interagency communications and communications with the respective headquarters of each agency; and, most particularly, the most effective and appropriate mechanisms for delivering technical cooperation to the countries.

As with all incipient programs, UNAIDS still has limitations, including an organizational structure in the development stage and a technical and financing capability that to date has not responded to the high expectations of the international community and the needs of the Member States. UNAIDS is also threatened by a climate of either

conformity, skepticism, or discouragement among AIDS veterans, combined with the impatience or lack of experience of some of the new members, all of which gives it a limited margin for making mistakes or learning by trial and error.

6. Strategies and Recommendations for the Future

In preparation for the establishment of UNAIDS in January 1996, in early 1995 the PAHO Regional Program on AIDS designed the Regional Plan of Action 1996-1999, which was considered and endorsed by the PAHO Directing Council in September 1995.

This Plan proposes to: (a) support UNAIDS in its promotion of the multisectoral response to the epidemic; (b) contribute to the establishment of epidemiological and program information systems required for decision-making; (c) develop effective interventions with regional specificity; (d) expand the integration and delivery of appropriate HIV/STD prevention and control services; and (e) strengthen STD prevention and control programs at all levels of the health system.

Despite the multiple questions raised and the needs involved in implementing a true multisectoral response, the Secretariat's principal mandate continues to be collaboration with the Member States in organizing an effective response to reduce the transmission and impact of HIV and sexually transmitted diseases.

During the 1998-1999 biennium PAHO will concentrate its technical cooperation activities on obtaining the results listed below, submitted herein for consideration by the Directing Council:

- strengthening of the managerial and planning capacity of national AIDS/STD programs to develop adequate standards in the areas of health program policy and management;
- generation, utilization, and periodic and regular dissemination of epidemiological information on AIDS cases and surveillance of HIV and the most important STD;
- identification and validation of a minimum of three behavior-related interventions as best practice models in the Region;
- management of well-organized STD control activities, independently or as part of HIV prevention activities;
- design and evaluation of at least two protocols for the development of HIV/AIDS care models appropriate for the Region.

Finally, and as part of the multisectoral framework in which PAHO will continue to support the UNAIDS approach, it is important to emphasize several issues that continue to be of great importance for the prevention of AIDS, as follows:

6.1 *Development and Assessment of National Programs*

The programs in all the countries of the Region must be strengthened with financial resources and political support so that they can serve as the basis for the broad multisectoral response recommended by UNAIDS. It is equally important to assess the efforts made and to identify the interventions that have yielded the best results in areas such as the education of young people and the design of public service announcements and mass communications campaigns for the prevention of HIV/AIDS and STD.

6.2 *Community Response*

The efforts of the NGOs and community groups should be integrated and complementary to government efforts if there is a real desire to control the AIDS epidemic. The decentralization and health sector reform processes will be increasingly influenced by the growing HIV/AIDS epidemic in communities.

6.3 *Women and HIV/AIDS*

Issues concerning gender, sexual negotiating power, the education of girls, and prevention methods (e.g., the use of female condoms and vaginal microbicides) should be foremost on the planning, research, and work agendas of the national programs. The proportion of women at risk or infected with HIV will continue to rise as the epidemic matures in the countries of the Region.

6.4 *Human Rights*

Violation of these rights results in a loss of participation and cooperation by the people and groups who should most participate in this effort, i.e., those directly affected. Discrimination and stigmatization play a key role in increasing the impact of the epidemic, making the individuals with the greatest likelihood of acquiring and disseminating sexually transmitted diseases in the community even more vulnerable and placing them at greater risk.

6.5 *Use of Knowledge and Access to Technologies*

National and international experience should be transferred to the countries and adapted to national resources and needs; in other words, it is necessary to build new structures on a sound body of knowledge and to identify and seek the most appropriate

methods and technologies for the situations of each individual country, especially with regard to new diagnostic tests, clinical treatments, and interventions for the adoption of effective and culturally appropriate prevention techniques.

6.6 *Care and Support for Infected and Sick People*

New care models (e.g., home and outpatient care) should be developed in the countries. However, the governments should carefully consider subsidizing expensive HIV drugs, which may otherwise lead to the bankrupting of the health systems. In this respect, the Secretariat is investigating, compiling, and preparing information on the effectiveness, cost, and availability of antiretroviral drugs, with a view to facilitating the development of national and regional policies. Among other strategies, special consideration should be given to the formulation of administrative priorities and criteria and the possibility of mass purchasing through agreements between the countries and/or the Secretariat, forging ties between government authorities, community groups, professional associations, and the pharmaceutical industry.

6.7 *Human Resources for the Prevention and Control of HIV/AIDS*

It is evident that training is an ongoing process that contributes to and guides national response, one that will consequently require greater investment. Development and improvement of the abilities and skills necessary for the prevention of HIV/AIDS and STD must be the result of interdisciplinary efforts and be based on both sound, up-to-date knowledge and the lessons learned during the course of the epidemic in the various countries.

6.8 *Leadership*

Leadership in AIDS should be shared and should include the political and economic leadership of the governments; leadership in promotion and persuasion by NGOs and community groups; the technical leadership of experts; leadership in the conviction and commitment of those affected by AIDS; and, above all, the leadership provided by the example of all those who participate in this struggle in their individual lives, their social roles, and their professional activities.

The Organization has continued and will continue to provide technical cooperation in the AIDS epidemic, however it may evolve, and to sexually transmitted diseases and their prevention. The PAHO Regional Program on AIDS and Sexually Transmitted Diseases will continue to work with the national programs, governmental and nongovernmental institutions, and technical and financial cooperation agencies in all the countries in the Region. Despite the financial, programming, and political uncertainties

surrounding the AIDS programs, there is absolute certainty that this struggle can and must be won.

Finally, although HIV/AIDS must remain a priority area in the Region of the Americas, the persistence of the epidemic, the slowness of the epidemiological changes in the disease in the Region, and the ever-increasing technical and programming capability of the countries suggest that the Directing Council may wish to reconsider whether it is necessary to review the subject in the same depth every year, as it has done since 1987. In any case, the Secretariat will communicate regularly with the national HIV/AIDS/STD programs and keep the Governing Bodies informed of any scientific, epidemiological, political, or programming changes that will require their attention and provide whatever reports they may request in that regard.

Annexes

AIDS SURVEILLANCE IN THE AMERICAS

AIDS Surveillance in the Americas

Quarterly Report
10 June 1997



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



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





UNAIDS
UNICEF . UNDP . UNFPA
UNESCO . WHO . WORLD BANK

HIV/AIDS: The Global Epidemic

Estimates as of December 1996^a

New HIV infections in 1996	Total	3.1 million
	Adults	2.7 million ^b
	Children	400,000
People living with HIV/AIDS	Total	22.6 million
	Adults	21.8 million
	<i>male</i>	12.6 million
	<i>female</i>	9.2 million
	Children	830,000 ^c
HIV/AIDS associated deaths in 1996	Total	1.5 million
	Adults	1.1 million
	<i>male</i>	650,000
	<i>female</i>	470,000
	Children	350,000
Cumulative HIV infections	Total	29.4 million
	Adults	26.8 million
	<i>male</i>	15.5 million
	<i>female</i>	11.3 million
	Children	2.6 million
Cumulative AIDS cases	Total	8.4 million
	Adults	6.7 million
	<i>male</i>	3.9 million
	<i>female</i>	2.8 million
	Children	1.7 million
Cumulative HIV/AIDS deaths	Total	6.4 million
	Adults	5.0 million
	<i>male</i>	2.9 million
	<i>female</i>	2.1 million
	Children	1.4 million

^a Because of rounding, figures may not tally.

^b Nearly half of HIV infections occurred in women.

^c Many children with AIDS die from other causes; the estimated number of children living with HIV/AIDS (830,000) is therefore less than the difference between cumulative infections (2.6 million) and cumulative deaths (1.4 million) in children.



PAHO/WHO



Cumulative AIDS cases reported

10 June 1997



**Global number of cases:
1,599,021**



**Cases in the Americas:
797,227**

**Adults: 783,158
Pediatrics: 14,069
Number of Deaths: 468,065**

**"AIDS Surveillance in the Americas can be accessed
in English or Spanish via Internet using a Web browser at
<http://www.paho.org/techinfo.htm>**

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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 June 1997).

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 1997, a cumulative **total of 797,227** cases were reported in the Americas. From these, **14,069 are pediatric cases** (< 15 years old). A total of **468,065 cumulative deaths** have been reported since 1986.

Certain factors such as underdiagnosis, underreporting and delayed reporting affect the completeness of the data.¹ This should be considered when analyzing 1996 data. Additionally, many times the countries provide the number of cases by year but do not report the corresponding age, sex and exposure category for those cases.

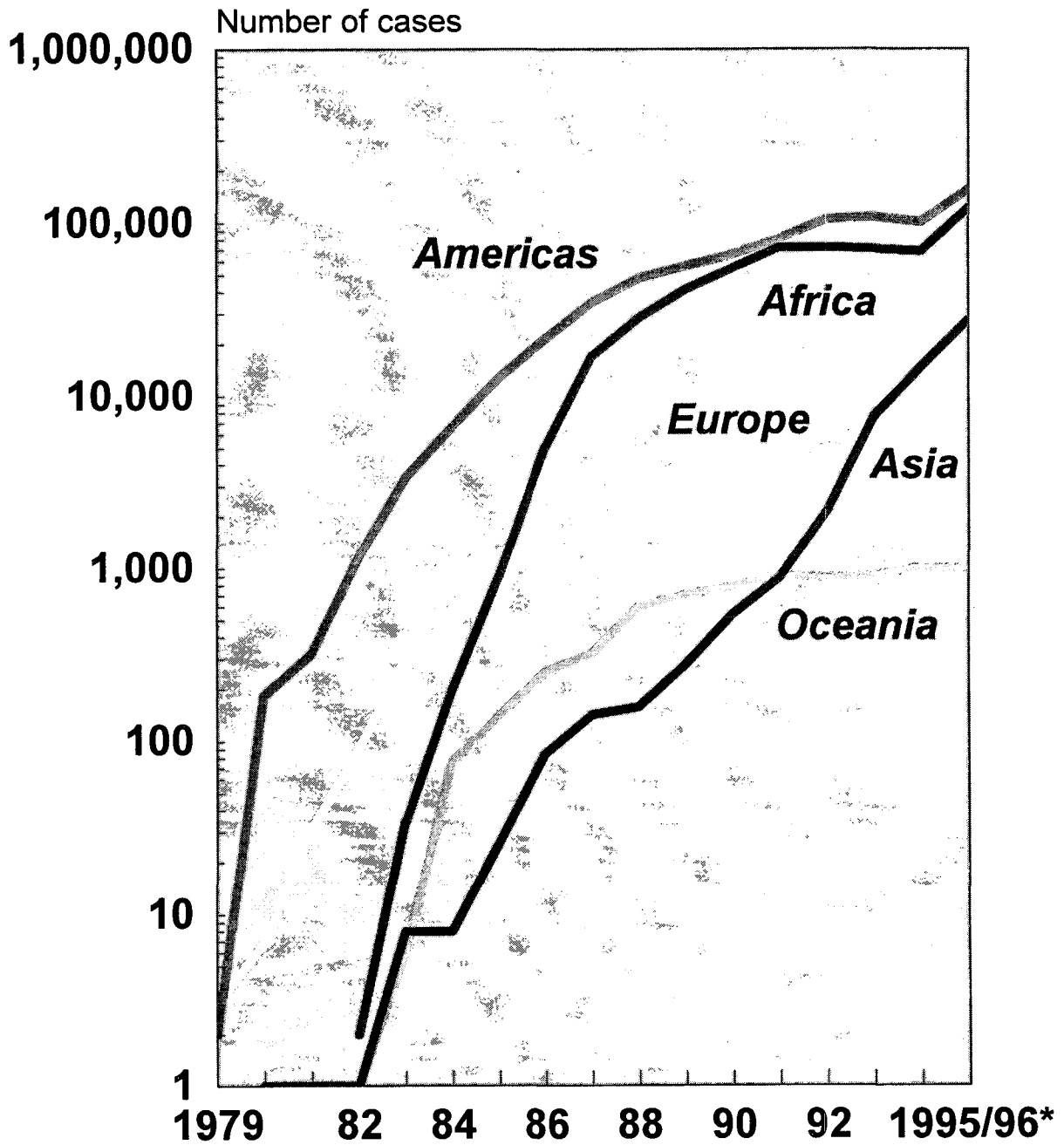
PAHO and its Member Countries are working continuously to improve the quality and completeness of the information, to be able to analyze and provide a better profile of the epidemic in each consecutive report.

In 1995, the last year with the most complete information, the rate of reported AIDS cases per million population in Latin America was 58.5; in the Caribbean, 247.1; and in North America, 215.4. 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 29.1% and 26%, 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 group of the highest infection is between 20-29 years old for both sexes and for females in Brazil and the Andean Area.. In Mexico and the Caribbean the age of highest infection is between 30-39 years old for both sexes as well as for males in the Andean Area and Brazil.

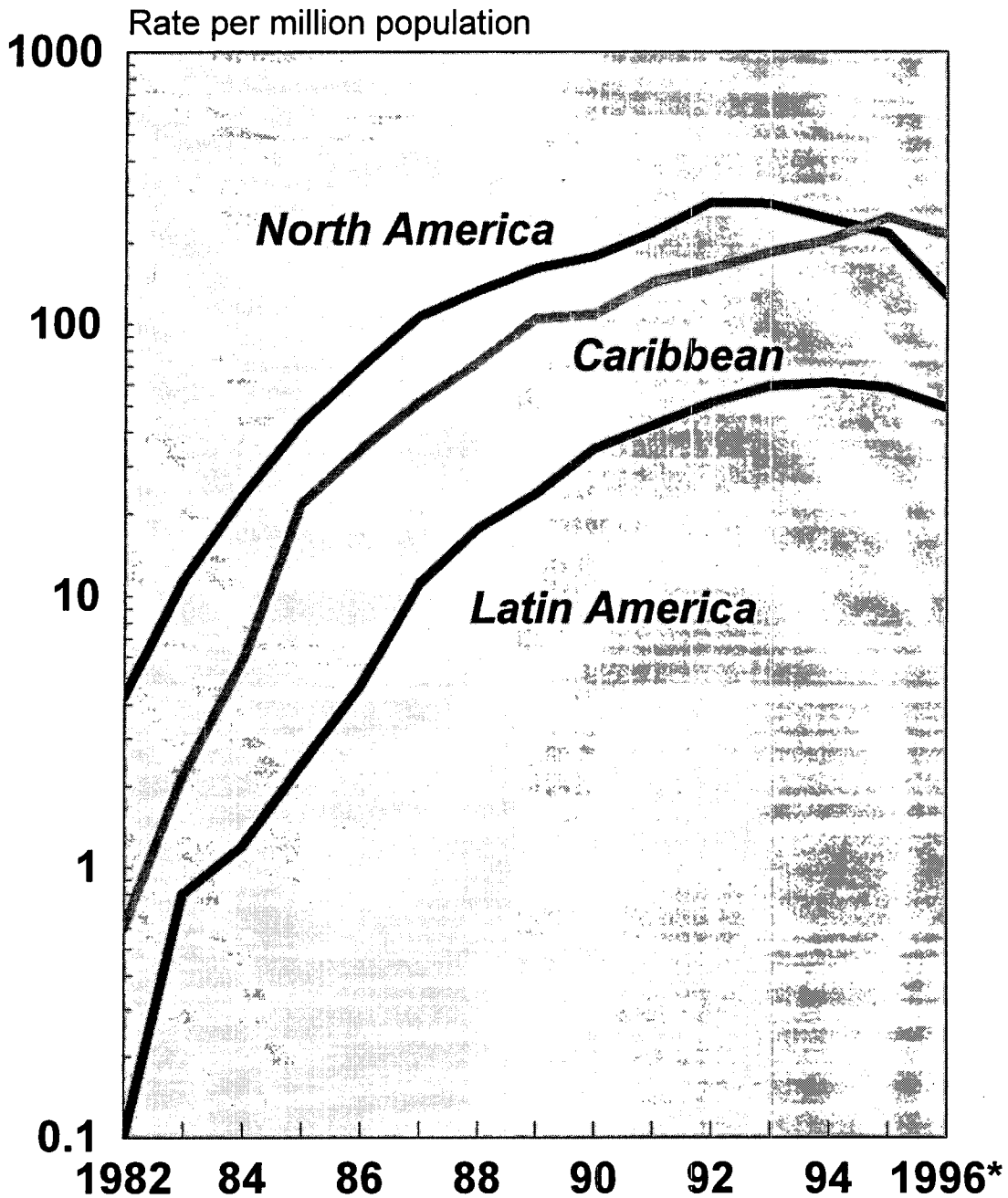
¹Twenty (42%) out of 47 reporting countries and territories have provided updated information to March 1997.

Fig. 1. Annual incidence of AIDS cases, by region of the WHO, by year, 1979-1995/96*.



* 1996 data are incomplete due to delayed reporting.

Fig.2. Annual incidence rates of AIDS in the Americas (per million), three major subregions, 1982-1996*.



* 1996 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, 1997.

SUBREGION Country or Territory	Number of cases							Cumulative total(b)	Total deaths	Date of last report
	Through 1991	1992	1993	1994	1995	1996	1997(a)			
REGIONAL TOTAL	331,305	103,771	107,143	99,859	91,969	62,134	879	797,227	468,065	
LATIN AMERICA	61,123	22,943	26,455	27,743	27,113	23,143	839	189,487	88,420	
ANDEAN AREA	7,280	2,545	2,471	3,313	2,818	2,520	89	21,036	9,861	
Bolivia	47	19	21	19	14	28	6	154	102	31/Mar/97
Colombia	2,790	931	732	1,324	897	872	...	7,546	3,149	31/Dec/96
Ecuador	198	69	90	117	69	67	...	610	432	31/Dec/96
Peru	1,766	643	659	773	1,043	998	76	5,958	2,220	31/Mar/97
Venezuela	2,479	883	969	1,080	795	555	7	6,768	3,958	31/Mar/97
SOUTHERN CONE	2,722	1,456	1,799	2,468	2,095	2,561	355	13,459	4,877	
Argentina	1,872	1,139	1,414	2,033	1,666	2,055	282	10,461	3,048	31/Mar/97
Chile	535	199	237	292	279	300	21	1,863	1,182	31/Mar/97
Paraguay	70	28	45	24	23	50	19	262	157	31/Mar/97
Uruguay	245	90	103	119	127	156	33	873	490	31/Mar/97
BRAZIL c)	33,004	13,258	14,989	15,572	15,402	11,037	*	103,262	52,099	01/Mar/97
CENTRAL AMERICAN ISTHMUS	3,022	1,226	1,680	1,781	1,933	2,424	367	12,529	3,435	
Belize	46	13	24	18	28	38	...	198	190	31/Dec/96
Costa Rica	324	127	127	163	205	179	...	1,133	606	31/Dec/96
El Salvador	315	114	176	387	380	417	86	1,875	276	31/Mar/97
Guatemala	277	94	178	110	141	831	152	1,787	455	31/Mar/97
Honduras	1673	751	973	878	955	698	81	6,057	1,042	31/Mar/97
Nicaragua	29	10	24	38	21	23	2	152	92	31/Mar/97
Panama	358	117	178	187	203	238	46	1,327	774	31/Mar/97
MEXICO	9,057	3,210	5,058	4,111	4,310	4,216	...	29,962	16,636	31/Dec/96
LATIN CARIBBEAN	6,038	1,248	458	498	555	385	30	9,239	1,512	
Cuba	109	70	82	102	114	78	...	555	381	31/Dec/96
Dominican Republic c)	1,768	372	376	396	441	307	30	3,717	834	31/Mar/97
Haiti	4,161	806	...	...	...	...	...	4,967	297	31/Dec/92
Puerto Rico d)	8,683	2,250	2,374	673	...	...	...	13,980	8,183	30/Sep/94
CARIBBEAN	3,781	1,138	1,318	1,476	1,802	1,564	15	11,135	6,566	
Anguilla	5	0	0	0	0	...	...	5	3	31/Dec/95
Antigua and Barbuda	14	14	17	16	7	13	1	82	26	31/Mar/97
Aruba	11	3	1	0	6	1	...	22	17	31/May/96
Bahamas	838	254	297	322	390	374	...	2,475	1,583	31/Dec/96
Barbados	252	78	88	119	95	130	...	762	637	31/Dec/96
Cayman Islands	11	4	0	3	0	3	1	22	18	31/Mar/97
Dominica	12	0	14	6	5	14	...	51	70	31/Dec/96
French Guiana	230	73	52	70	78	44	...	588	267	31/Dec/96
Grenada	31	4	21	7	18	18	...	99	62	31/Dec/96
Guadeloupe	311	81	77	104	104	54	...	731	226	31/Dec/96
Guyana	230	160	107	105	96	...	...	698	193	30/Jun/95
Jamaica	333	100	236	359	505	527	...	2,060	1,148	31/Dec/96
Martinique	193	44	43	49	38	35	...	402	184	31/Dec/96
Montserrat	6	0	1	0	0	0	...	7	0	30/Jun/96
Netherlands Antilles	100	10	47	0	76	...	...	233	74	31/Dec/95
Saint Kitts and Nevis	31	4	3	5	5	6	...	54	31	31/Dec/96
Saint Lucia	33	8	12	13	10	14	5	95	91	31/Mar/97
St. Vincent and the Grenadines	41	5	8	8	6	19	8	95	93	31/Mar/97
Suriname	106	28	35	20	20	...	...	209	189	30/Jun/95
Trinidad and Tobago	968	263	243	269	340	311	...	2,394	1,619	30/Sep/96
Turks and Caicos Islands	21	4	14	...	...	...	...	39	30	30/Sep/93
Virgin Islands (UK)	4	1	2	1	3	1	...	12	5	31/Dec/96
NORTH AMERICA	266,401	79,690	79,370	70,640	63,054	37,427	23	596,605	373,079	
Bermuda	191	17	15	44	48	17	8	340	238	31/Mar/97
Canada c)	7,672	1,689	1,714	1,637	1,392	717	15	14,836	10,837	31/Mar/97
United States of America d)	258,538	77,984	77,641	68,959	61,614	36,693	...	581,429	362,004	31/Dec/96

* Cases reported in 1997 are included in 1996.

a) 1997 data are incomplete due to delayed reporting.

b) May include cases for year of diagnosis unknown.

c) Country has revised data.

d) 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.

Table 2. Annual incidence rates of AIDS (per million population), by country and by year, 1991-1996, as of 10 June 1997.

SUBREGION Country or Territory	RATE PER MILLION					
	1991	1992	1993	1994	1995	1996*
LATIN AMERICA a)	42.4	51.5	59.2	60.9	58.5	49.0
ANDEAN AREA	22.3	27.1	25.8	33.9	28.3	24.8
Bolivia	2.8	2.8	3.0	2.6	1.9	3.7
Colombia	26.1	27.9	21.5	38.3	25.6	24.5
Ecuador	5.2	6.4	8.2	10.4	6.0	5.7
Peru	17.9	28.6	28.8	33.1	43.9	41.2
Venezuela	36.5	43.2	46.3	50.5	36.4	24.9
SOUTHERN CONE	18.6	26.8	32.4	43.9	36.8	44.3
Argentina	21.8	34.4	41.9	59.5	48.2	58.7
Chile	13.2	14.6	17.1	20.8	19.6	20.7
Paraguay	4.3	6.1	9.6	5.0	4.6	9.8
Uruguay	27.6	28.7	32.7	37.6	39.9	48.7
BRAZIL	69.8	86.2	95.8	97.8	95.2	67.1
CENTRAL AMERICAN ISTHMUS	32.1	40.7	54.2	55.9	59.0	72.1
Belize	51.5	65.7	117.6	85.7	129.6	171.9
Costa Rica	29.9	39.8	38.8	48.7	59.9	51.1
El Salvador	25.0	21.1	31.9	68.6	65.9	70.7
Guatemala	10.1	9.6	17.7	10.7	13.3	76.0
Honduras	101.8	145.0	182.4	159.8	168.9	120.0
Nicaragua	3.4	2.5	5.8	8.9	4.7	5.0
Panama	35.6	47.0	70.1	72.4	77.2	88.9
MEXICO	36.5	36.4	56.2	44.8	46.0	44.2
LATIN CARIBBEAN	33.7	50.0	24.9	26.7	29.4	20.2
Cuba	3.5	6.5	7.5	9.3	10.3	7.0
Dominican Republic	41.2	50.3	49.9	51.5	56.4	38.6
Haiti	74.3	119.3	...	...	...	...
Puerto Rico	628.5	626.9	656.2	184.6	...	...
CARIBBEAN	142.3	160.2	184.0	204.2	247.1	212.6
Anguilla	142.2	0	0	0	0	...
Antigua and Barbuda	78.9	181.8	220.7	207.7	90.9	168.8
Aruba	...	...	...	...	...	...
Bahamas	881.2	962.1	1108.2	1183.8	1413.0	1335.7
Barbados	310.1	301.2	338.5	455.9	362.6	494.3
Cayman Islands	153.6	148.1	0	111.1	0	111.1
Dominica	0	0	168.7	72.3	60.2	168.7
French Guiana	521.5	793.1	565.0	760.5	847.5	478.1
Grenada	73.9	42.4	222.7	74.2	190.9	190.9
Guadeloupe	190.5	200.0	186.4	247.0	243.0	124.1
Guyana	106.0	198.0	131.1	127.1	115.1	...
Jamaica	56.3	41.8	97.9	147.8	206.4	213.8
Martinique	74.2	119.6	115.6	130.7	100.3	91.6
Montserrat	191.5	0	95.7	0	0	0
Netherlands Antilles	120.4	51.8	241.0	0	381.9	...
Saint Kitts and Nevis	22.5	90.1	67.6	112.6	112.6	135.1
Saint Lucia	44.1	50.7	76.0	82.3	63.3	88.7
Saint Vincent and the Grenadines	131.5	41.7	66.8	66.8	50.1	158.6
Suriname	39.5	68.5	84.5	47.7	47.3	...
Trinidad and Tobago	187.1	207.9	190.1	208.2	260.1	235.6
Turks and Caicos Islands	199.6	399.2	1397.2	...	...	...
Virgin Islands (UK)	60.1	76.7	153.4	76.7	230.1	76.7
NORTH AMERICA	217.8	280.9	276.7	243.7	215.4	126.6
Bermuda	396.3	293.0	258.5	758.2	827.2	293.0
Canada	53.5	59.3	59.5	56.2	47.2	24.1
United States of America	236.0	305.6	301.0	264.6	234.1	138.1

* 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, 1991 -1996, as of 10 June 1997.

SUBREGION Country or Territory	Rate per million population											
	Male Rates						Female Rates					
	1991	1992	1993	1994	1995	1996*	1991	1992	1993	1994	1995	1996*
LATIN AMERICA	67.7	78.0	88.1	83.8	81.9	46.7	13.7	18.4	22.0	21.8	22.9	16.4
ANDEAN AREA	29.4	28.7	19.9	23.2	32.5	10.5	2.3	3.4	3.2	4.1	5.3	2.9
Bolivia	5.7	5.0	2.9	3.9	3.0	0	0	0.9	3.1	1.1	0.3	0.8
Colombia	31.6	24.3	21.7	25.1	45.9	...	1.9	1.8	1.9	2.4	5.5	...
Ecuador	9.3	11.1	12.7	16.8	3.8	...	1.1	1.1	2.7	3.9	0.4	...
Peru	20.0	39.8	40.0	43.3	48.7	39.5	1.9	6.7	7.4	10.3	12.1	11.4
Venezuela	54.3	40.9	4.6	7.9	18.4	4.6	4.8	4.6	0.8	1.1	2.0	0.6
SOUTHERN CONE	26.2	32.2	46.7	39.9	27.6	29.5	2.2	6.7	10.4	8.5	5.9	6.3
Argentina	26.8	35.6	58.1	43.4	24.6	24.5	2.4	8.9	14.9	10.5	5.9	5.9
Chile	25.0	26.5	32.8	38.4	34.9	36.8	1.6	3.1	1.9	3.7	3.9	5.0
Paraguay	8.4	11.7	14.3	7.4	6.4	12.8	0	0.4	4.7	2.5	2.9	4.0
Uruguay	50.8	51.1	35.8	59.6	61.9	80.1	5.6	7.5	7.4	16.6	19.0	18.9
BRAZIL	117.8	140.0	150.5	151.9	143.1	98.1	23.3	32.6	41.3	44.0	47.5	36.3
CENTRAL AMERICAN ISTHMUS	46.6	59.2	66.7	55.5	52.7	81.6	15.4	18.8	23.1	21.3	19.0	26.8
Belize	...	...	...	...	174.3	...	...	...	...	86.5	65.4	...
Costa Rica	51.5	67.5	48.4	52.6	56.0	...	2.6	5.1	1.9	7.9	7.7	...
El Salvador	37.5	31.8	57.4	62.3	101.7	106.4	12.6	8.0	13.8	20.8	31.6	36.5
Guatemala	16.5	16.7	28.8	14.2	12.1	120.7	3.6	2.5	6.4	6.8	6.5	30.3
Honduras	137.0	196.2	178.3	133.4	77.6	83.2	60.1	86.0	96.3	65.3	41.0	45.8
Nicaragua	6.6	4.7	9.5	16.8	8.3	7.6	0.5	0.5	2.4	1.4	1.3	1.3
Panama	53.3	75.3	119.9	110.9	117.3	102.0	16.6	16.3	19.9	32.9	36.1	31.0
MEXICO	62.0	62.1	96.6	76.5	80.8	...	11.4	11.1	16.7	11.8	11.4	...
LATIN CARIBBEAN	37.7	60.8	32.2	36.9	37.7	19.6	29.1	37.8	15.8	16.1	21.0	12.5
Cuba	4.3	7.0	9.0	13.6	15.9	...	1.3	2.8	3.7	4.6	4.7	...
Dominican Republic	54.5	71.8	65.2	69.7	68.2	46.7	27.5	27.7	33.4	32.8	44.2	30.1
Haiti	73.9	136.1	...	...	...	...	74.7	103.2	...	...	...	...
Puerto Rico	...	...	...	...	...	...	...	...	...	...	...	...
CARIBBEAN	183.0	200.4	225.1	231.0	230.7	123.8	90.0	93.4	105.0	132.9	121.7	71.6
Anguilla	0	0	0	0	0	...	281.7	0	0	0	0	...
Antigua and Barbuda	0	343.5	422.7	369.9	132.1	132.1	25.9	25.5	25.5	51.1	51.1	204.2
Aruba	...	...	...	...	...	...	...	...	...	...	...	...
Bahamas	1131.8	1215.4	1333.3	1563.9	1807.4	...	636.4	716.4	889.7	820.1	1035.5	...
Barbados	516.1	467.7	480.0	730.2	603.2	755.9	104.5	148.1	222.2	200.0	139.7	250.0
Cayman Islands	155.6	150.2	0	75.1	0	150.2	151.6	146.2	0	219.3	0	73.1
Dominica	...	...	...	118.7	118.7	...	...	...	...	24.5	0	...
French Guiana	652.6	1000.7	696.1	804.9	0	...	369.0	542.7	434.1	303.9	130.2	...
Grenada	64.4	20.7	351.9	62.1	289.8	227.7	83.0	0	65.3	87.0	87.0	152.3
Guadeloupe	246.2	171.7	...	...	...	...	93.1	67.6	...	...	...	...
Guyana	148.6	267.5	185.6	136.9	147.7	...	64.2	129.9	77.7	117.5	83.1	...
Jamaica	61.5	55.2	129.5	164.6	163.3	259.9	50.3	26.7	66.3	131.0	104.7	167.5
Martinique	113.6	...	188.9	...	...	...	31.9	...	36.5	...	...	...
Montserrat	...	0	0	0	0	...	...	0	191.4	0	0	...
Netherlands Antilles	...	...	...	...	...	...	...	...	...	...	...	...
Saint Kitts and Nevis	46.8	140.4	46.8	140.4	140.4	...	0	43.4	86.8	86.8	86.8	...
Saint Lucia	75.8	52.3	78.4	104.6	91.5	78.4	14.3	49.1	73.7	61.4	36.9	98.3
Saint Vincent and the Grenadines	150.5	68.9	86.1	172.2	86.1	172.2	112.5	16.2	48.6	81.0	16.2	32.4
Suriname	59.7	93.6	122.0	52.9	66.7	...	19.6	43.7	47.8	42.7	28.2	...
Trinidad and Tobago	259.7	293.5	297.0	278.1	278.2	...	117.3	119.1	85.3	139.6	136.4	...
Turks and Caicos Islands	404.9	809.7	1417.0	...	...	...	0	0	1378.0	...	...	...
Virgin Islands (UK)	116.7	155.0	0	155.0	310.1	...	0	151.7	303.5	0	151.7	...
NORTH AMERICA	298.3	306.4	645.5	469.4	423.1	44.8	42.8	46.9	115.4	94.7	92.4	4.8
Bermuda	663.9	419.3	419.3	1257.9	1083.2	454.2	136.0	170.0	102.0	272.0	578.0	136.0
Canada	101.2	111.8	111.7	104.3	87.0	44.0	6.7	7.7	8.2	9.0	8.2	4.5
United States of America a)	320.6	328.4	706.1	510.7	461.2	...	46.8	51.2	127.2	104.1	101.6	...

* 1996 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, 1991-1996, as of 10 June 1997.

SUBREGION Country or Territory	Male:Female Ratio					
	1991	1992	1993	1994	1995	1996*
LATIN AMERICA	4.9	4.2	4.0	3.8	3.6	2.8
ANDEAN AREA	12.8	8.4	6.3	5.7	6.1	3.6
Bolivia	N/A	5.7	0.9	3.5	11.0	0.0
Colombia	16.6	13.4	11.1	10.2	8.1	...
Ecuador	8.2	10.0	4.7	4.3	11.0	...
Peru	10.6	6.0	5.5	4.3	4.1	3.5
Venezuela	11.4	9.0	6.0	7.1	9.2	7.4
SOUTHERN CONE	11.4	4.7	4.4	4.6	4.6	4.6
Argentina	10.6	3.9	3.8	4.0	4.0	4.0
Chile	15.0	8.5	17.2	10.2	8.8	7.1
Paraguay	N/A	27.0	3.1	3.0	2.3	3.3
Uruguay	8.6	6.5	4.6	3.4	3.1	4.0
BRAZIL	5.0	4.3	3.6	3.4	3.0	2.7
CENTRAL AMERICAN ISTHMUS	3.0	3.1	2.9	2.6	2.8	3.0
Belize	...	...	...	...	2.7	...
Costa Rica	20.3	13.6	26.7	6.8	7.5	...
El Salvador	2.9	3.8	4.0	2.9	3.1	2.8
Guatemala	4.6	6.8	4.6	2.1	1.9	4.1
Honduras	2.3	2.3	1.9	2.1	1.9	1.8
Nicaragua	12.0	9.0	3.8	11.7	6.0	5.7
Panama	3.3	4.8	6.2	3.5	3.3	3.4
MEXICO	5.4	5.6	5.8	6.4	7.1	...
LATIN CARIBBEAN	1.3	1.6	2.1	2.3	1.8	1.6
Cuba	3.3	2.5	2.5	3.0	3.4	...
Dominican Republic	2.1	2.7	2.0	2.2	1.6	1.6
Haiti	1.0	1.3	...	...	...	...
Puerto Rico	...	...	...	...	...	...
CARIBBEAN	2.0	2.1	2.1	1.7	1.9	1.7
Anguilla	0	N/A	N/A	N/A	N/A	...
Antigua and Barbuda	...	13.0	16.0	7.0	2.5	0.6
Aruba	...	...	...	...	3.4	...
Bahamas	1.7	1.6	1.5	1.8	1.7	...
Barbados	4.6	2.9	2.0	3.4	4.0	2.8
Cayman Islands	1.0	1.0	N/A	0.3	N/A	2.0
Dominica	...	...	...	5.0	N/A	...
French Guiana	1.8	1.8	1.6	2.6	0	...
Grenada	0.8	N/A	5.7	0.8	3.5	1.6
Guadeloupe	2.5	2.4	...	...	...	...
Guyana	2.3	2.0	2.3	1.1	1.7	...
Jamaica	1.2	2.1	2.0	1.3	1.6	1.6
Martinique	3.3	...	4.9	...	...	...
Montserrat	...	N/A	0	N/A	N/A	...
Netherlands Antilles	...	...	...	...	...	...
Saint Kitts and Nevis	N/A	3.0	0.5	1.5	1.5	...
Saint Lucia	5.0	1.0	1.0	1.6	2.3	0.8
Saint Vincent and the Grenadines	1.3	4.0	1.7	2.0	5.0	5.0
Suriname	3.0	2.1	2.5	1.2	2.3	...
Trinidad and Tobago	2.2	2.4	3.4	2.0	2.0	...
Turks and Caicos Islands	N/A	N/A	1.0	...	...	...
Virgin Islands (UK)	N/A	1.0	0	N/A	2.0	...
NORTH AMERICA	6.6	6.2	5.3	4.7	4.4	9.2
Bermuda	4.8	2.4	4.0	4.5	1.8	3.3
Canada	14.9	14.4	13.4	11.4	10.4	9.5
United States of America	6.5	6.1	5.3	4.7	4.3	...

* 1996 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 June 1997.

SUBREGION Country or Territory	Total Cases(a)	Pediatric Cases	Percent Pediatric	Perinatal Cases	Percent Perinatal
ANDEAN AREA					
Bolivia	154	5	3.2	5	100.0
Colombia	7,546	117	1.6	99	84.6
Ecuador	610	8	1.3	6	75.0
Peru	5,958	117	2.0	91	77.8
Venezuela	6,768	62	0.9	32	51.6
SOUTHERN CONE					
Argentina	10,461	657	6.3	603	91.8
Chile	1,863	39	2.1	33	84.6
Paraguay	262	8	3.1	7	87.5
Uruguay	873	44	5.0	41	93.2
BRAZIL b)	103,262	3,322	3.2	2,500	75.3
CENTRAL AMERICAN ISTHMUS					
Belize	198	5	2.5	5	100.0
Costa Rica	1,133	30	2.6	15	50.0
El Salvador	1,875	65	3.5	52	80.0
Guatemala	1,787	62	3.5	33	53.2
Honduras	6,057	200	3.3	187	93.5
Nicaragua	152	2	1.3	2	100.0
Panama	1,327	64	4.8	54	84.4
MEXICO	29,962	795	2.7	371	46.7
LATIN CARIBBEAN					
Cuba	555	4	0.7	4	100.0
Dominican Republic b)	3,717	111	3.0	62	55.9
Haiti	4,967	213	4.3	16	7.5
Puerto Rico **	13,980	299	2.1	287	96.0
CARIBBEAN					
Antigua and Barbuda	82	6	7.3	6	100.0
Aruba	22	1	4.5	1	0
Bahamas	2,475	194	7.8	194	100.0
Barbados	762	38	5.0	36	94.7
Cayman Islands	22	1	4.5	0	0
Dominica	51	2	3.9	2	100.0
French Guiana	588	44	7.5	40	90.9
Grenada	99	7	7.1	6	85.7
Guadeloupe	731	16	2.2	14	87.5
Guyana	698	22	3.2	15	68.2
Jamaica	2,060	147	7.1	117	79.6
Martinique	402	12	3.0	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	95	8	8.4	8	100.0
Saint Vincent and the Grenadines	95	4	4.2	4	100.0
Suriname	209	7	3.3	7	100.0
Trinidad and Tobago	2,394	169	7.1	127	75.1
Virgin Islands (UK)	12	2	16.7	1	50.0
NORTH AMERICA					
Bermuda	340	2	0.6	2	100.0
Canada	14,836	159	1.1	124	78.0
United States of America	581,429	7,296	1.3	6,891	94.4
TOTAL	797,227	14,069	1.8	11,825	84.1

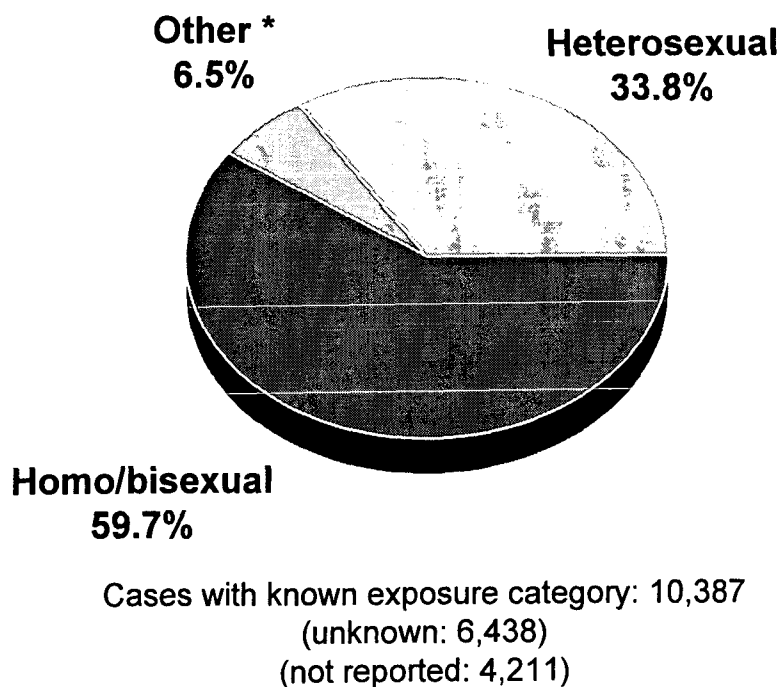
* Number of perinatal cases dated as of 31/12/90. ** Data reported by Puerto Rico as of 30/Sep/94, already included in the United States of America.

(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) Country has revised data.

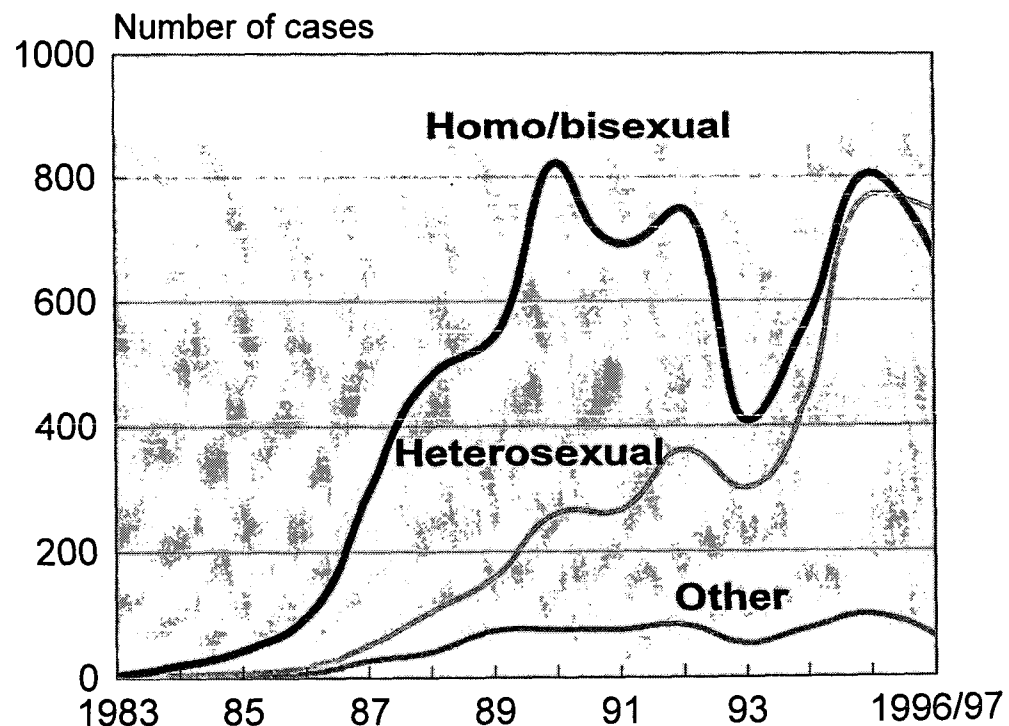
**Fig. 3a. Distribution of AIDS cases by exposure category, as of June 1997.
Andean Area**

Reported cases: 21,036

Cumulative by exposure category



Annual incidence, selected exposure categories



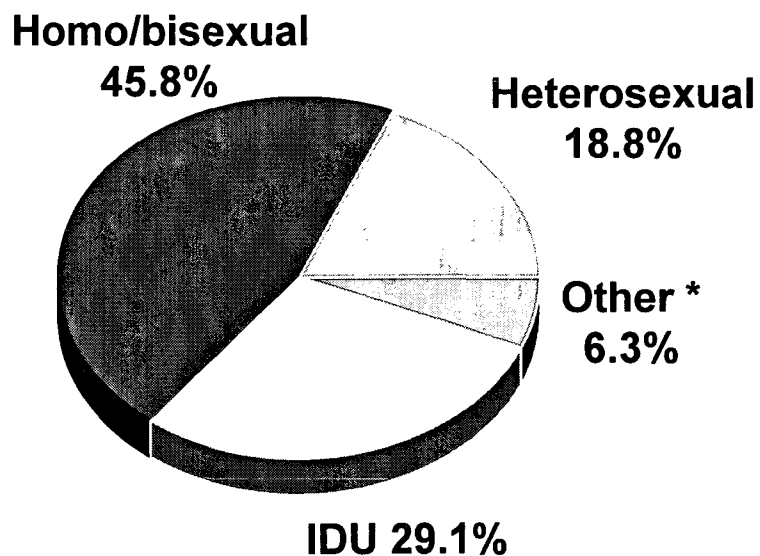
* Includes blood 2.4%, pediatric 2.2%, IDU <1% and other known exposure categories 1.2%.

**Fig. 3b. Distribution of AIDS cases by exposure category, as of June 1997.
Southern Cone**

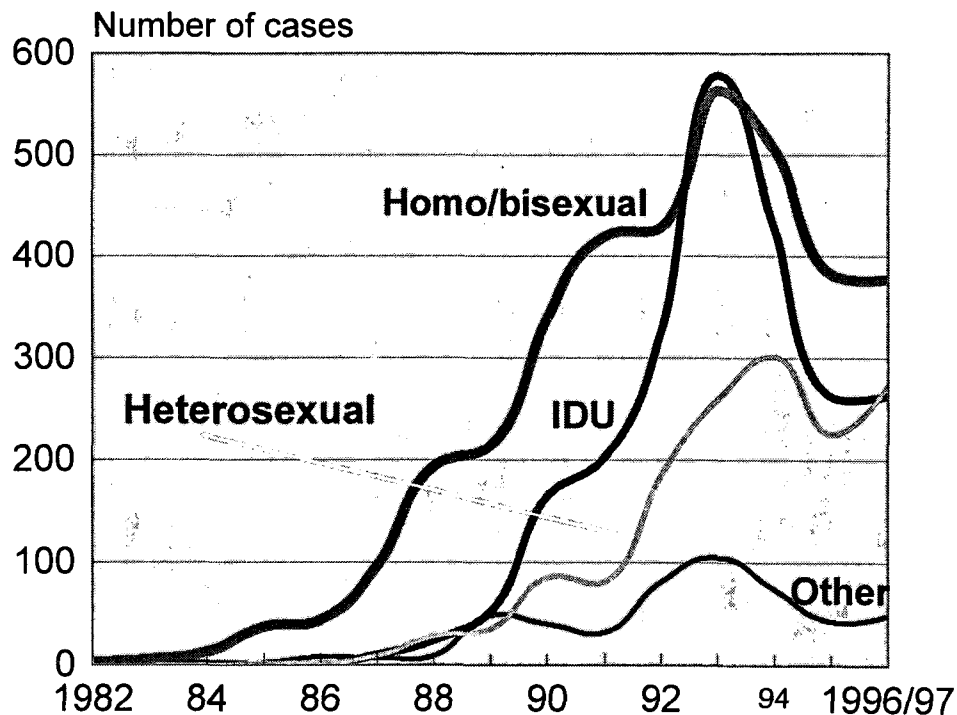
Reported cases: 13,459

Cumulative by exposure category

Annual incidence, selected exposure categories



Cases with known exposure category: 7,899
(unknown: 1,054)
(not reported: 4,506)

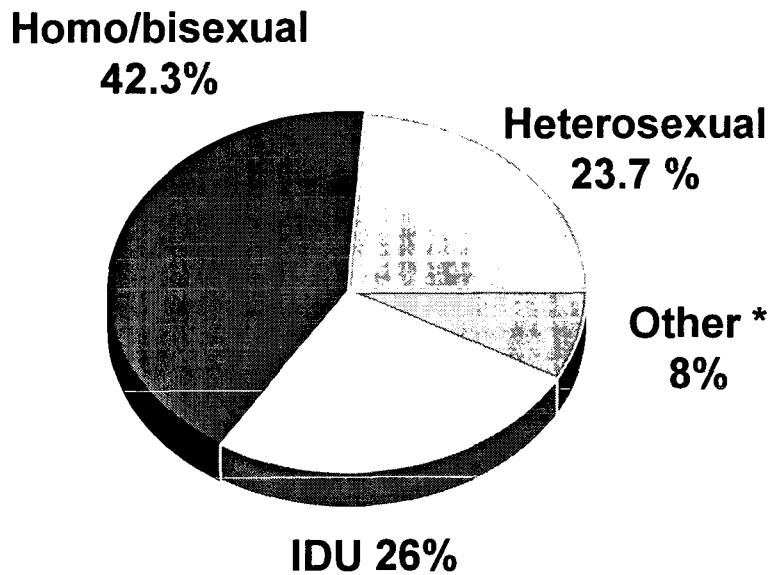


* Includes pediatric 3.2%, blood 2.5%, and other known exposure categories <1%.

Fig. 3c. Distribution of AIDS cases by exposure category, as of June 1997. Brazil

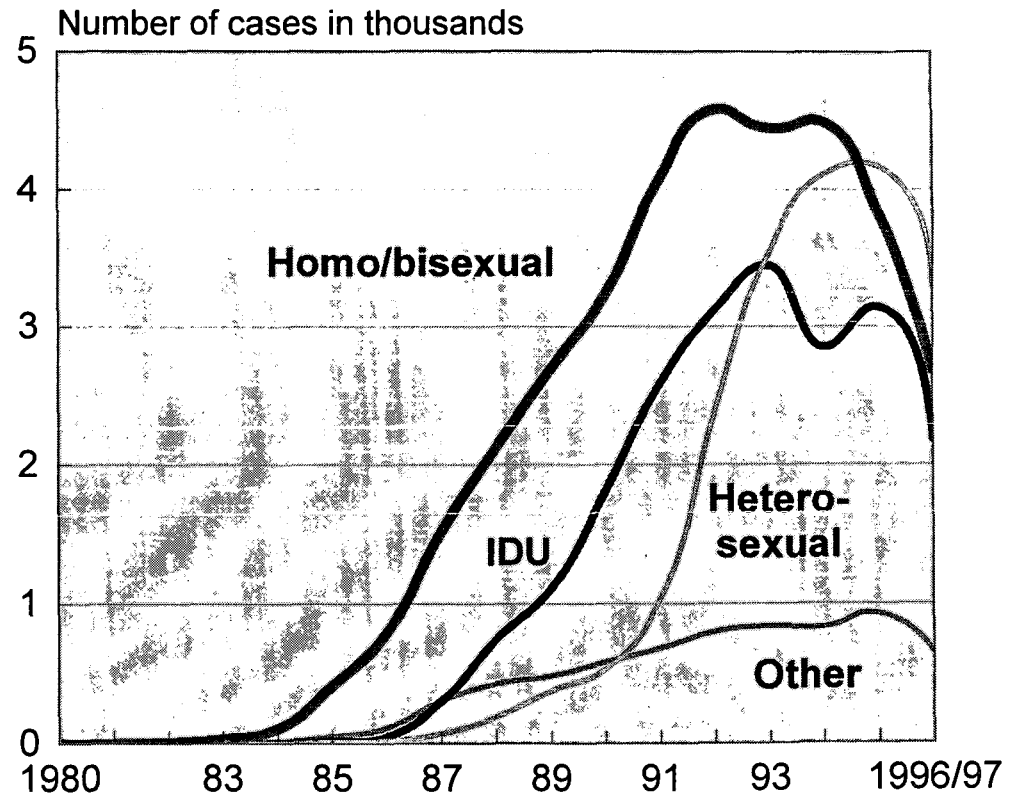
Reported cases: 103,262

Cumulative by exposure category



Cases with known exposure category: 82,730
(unknown: 20,532)

Annual incidence, selected exposure categories

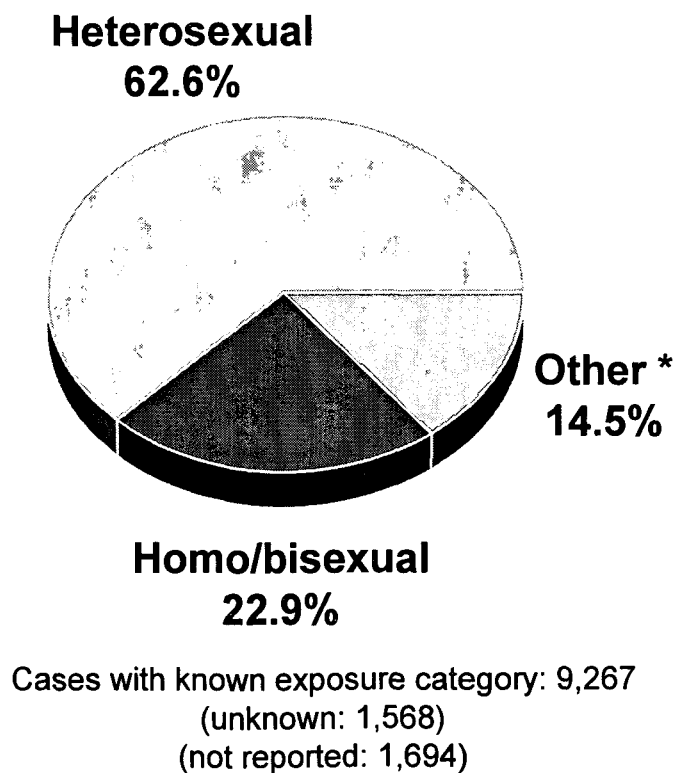


* Includes blood 5% and pediatric 3%.

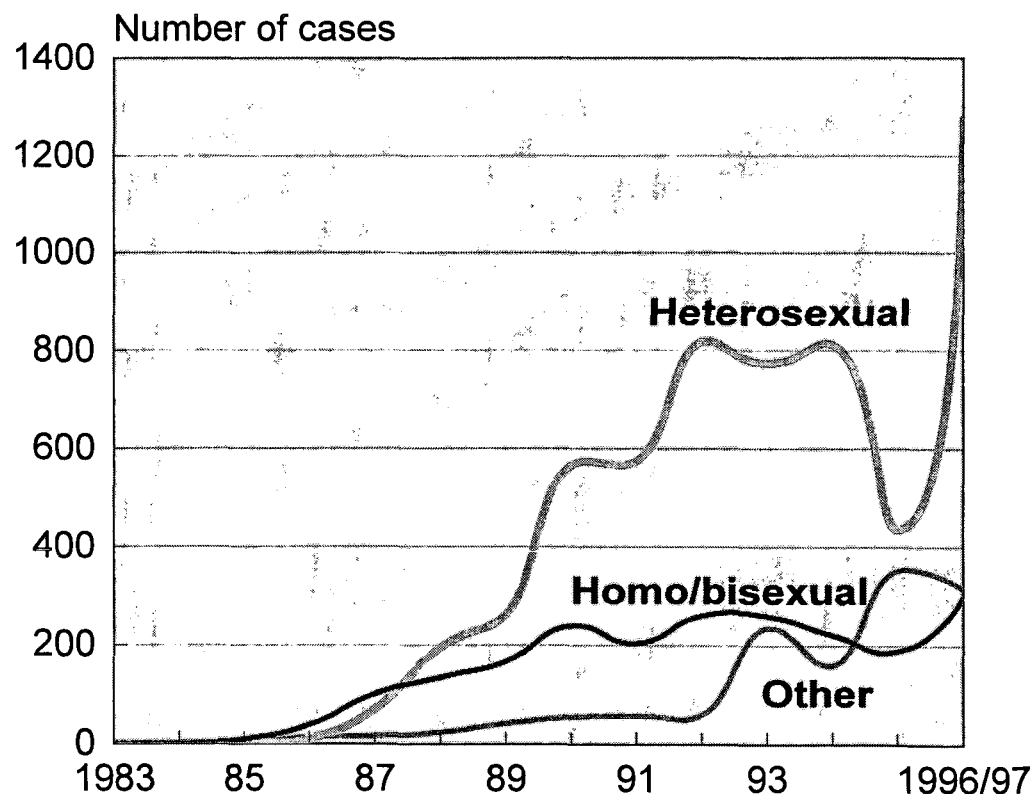
**Fig. 3d. Distribution of AIDS cases by exposure category, as of June 1997.
Central American Isthmus**

Reported cases: 12,529

Cumulative by exposure category



Annual incidence, selected exposure categories



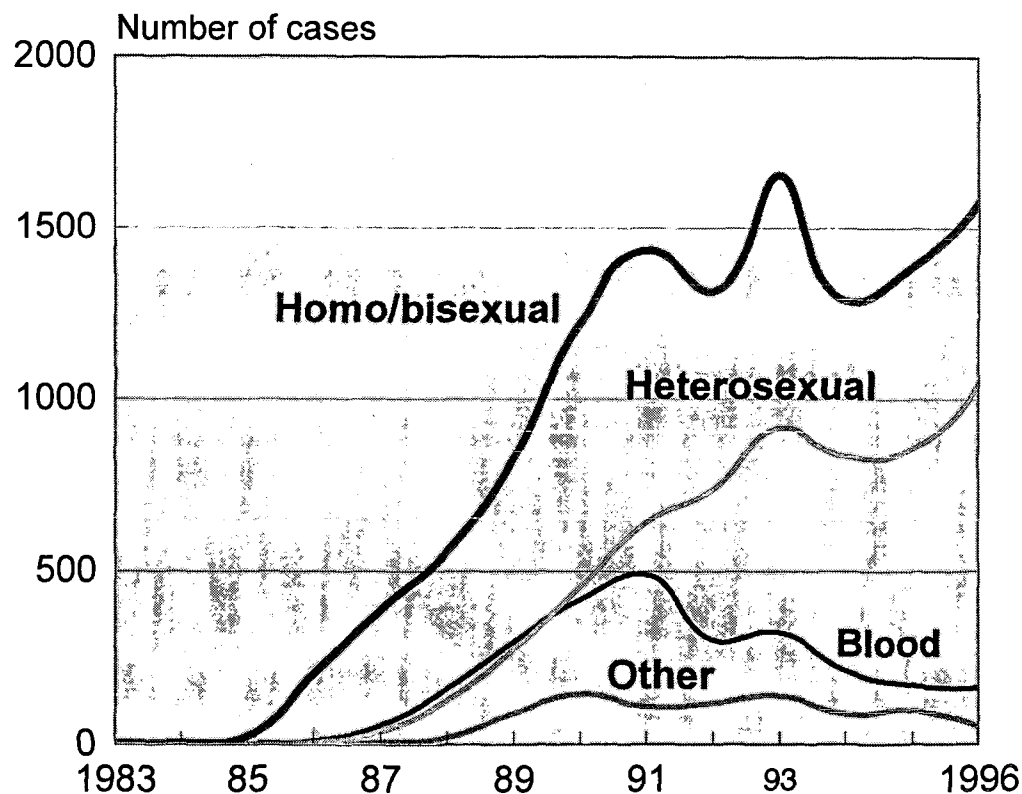
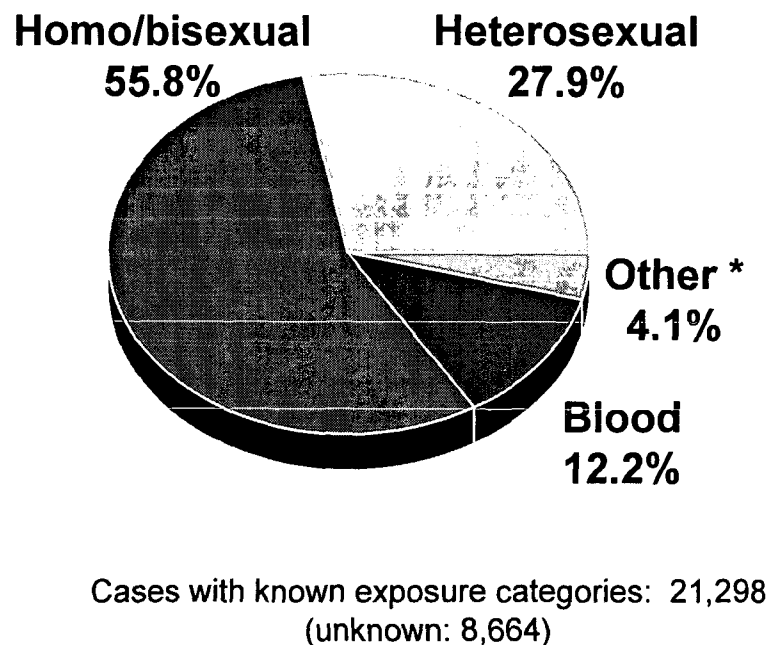
* Includes pediatric 3.7%, blood 1.8%, IDU 1% and other known exposure categories 8%.

**Fig. 3e. Distribution of AIDS cases by exposure category, as of June 1997.
Mexico**

Reported cases: 29,962

Cumulative by exposure category

Annual incidence, selected exposure categories

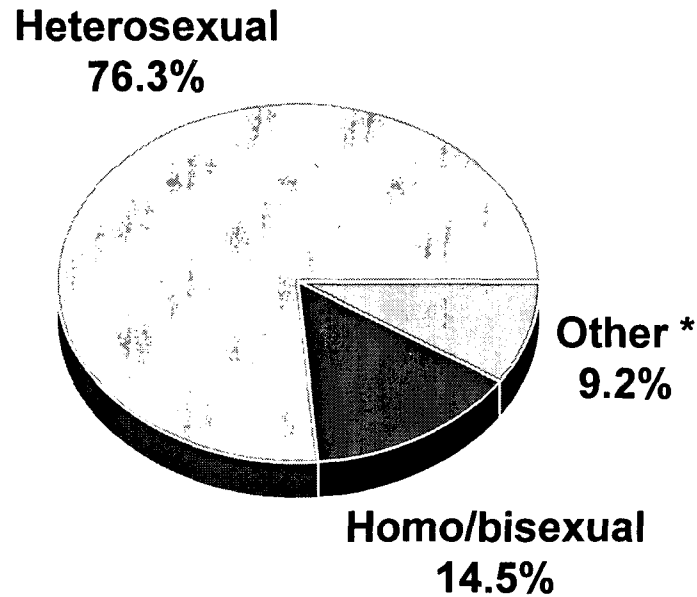


* Includes pediatric 1.7%, IDU 1% and other known exposure categories 1.4%.

**Fig. 3f. Distribution of AIDS cases by exposure category, as of June 1997.
Caribbean**

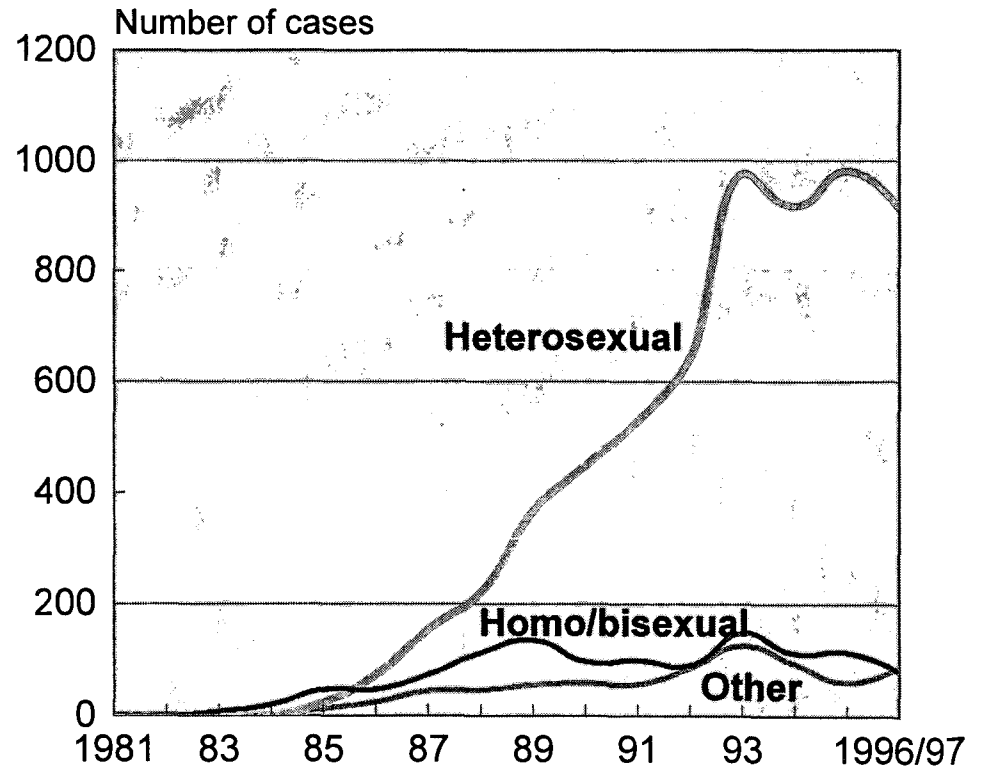
Reported cases: 11,135

Cumulative by exposure category



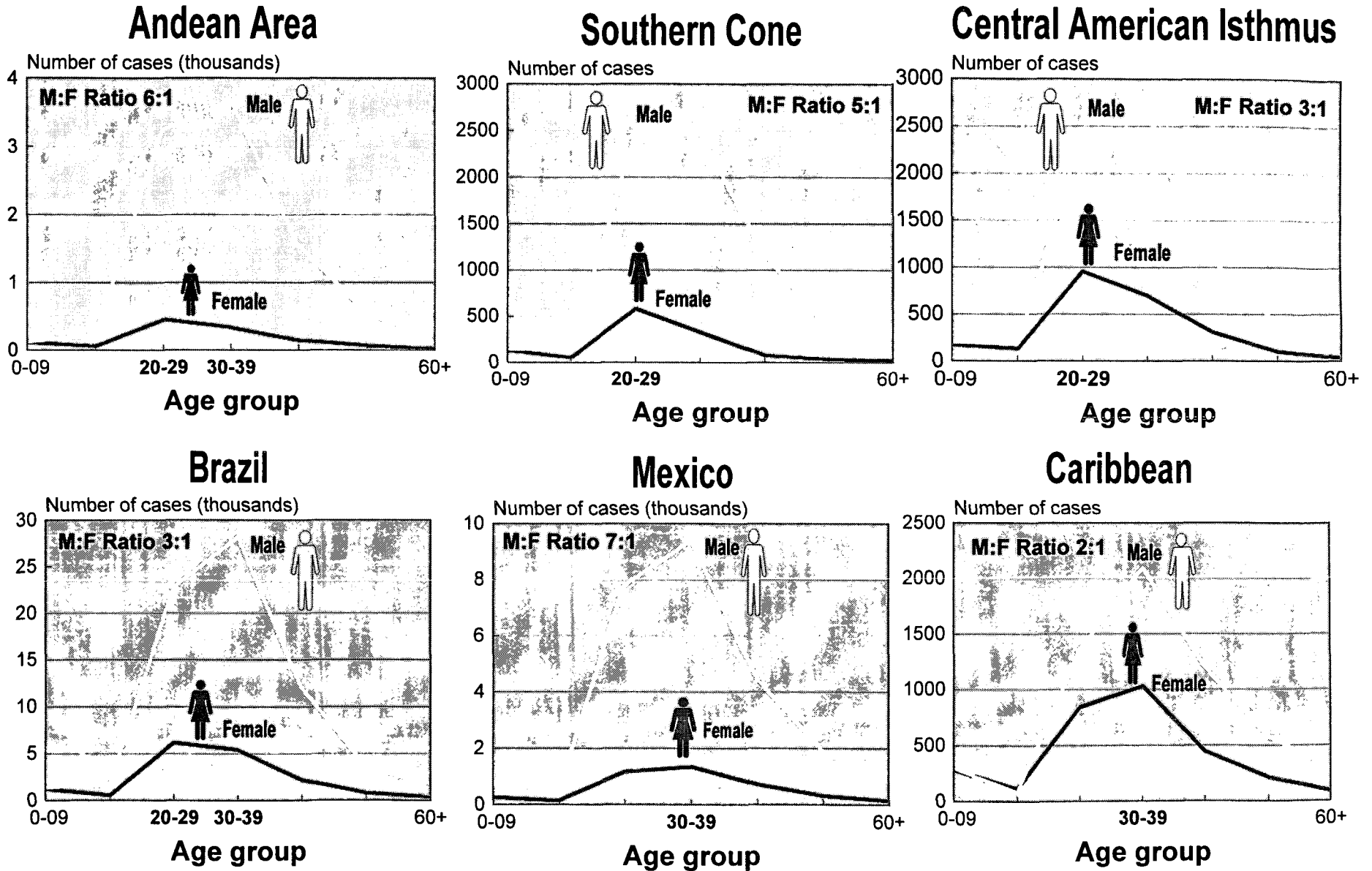
Cases with known exposure categories: 7,969
(unknown: 3,166)

Annual incidence, selected exposure categories



* Includes pediatric 7.2%, IDU 0.8%, blood 0.6% and other known exposure categories 0.6 %.

Fig. 4. Distribution of Cumulative AIDS Cases by Age Group, Sex and Subregions, June 1997.



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 and UNAIDS 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.



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





EXECUTIVE COMMITTEE OF
THE DIRECTING COUNCIL

PAN AMERICAN
HEALTH
ORGANIZATION

WORKING PARTY OF
THE REGIONAL COMMITTEE

WORLD
HEALTH
ORGANIZATION



RESOLUTION

CD40/17 (Eng.)
Annex B

CE120.R21

ACQUIRED IMMUNODEFICIENCY SYNDROME

THE 120th MEETING OF THE EXECUTIVE COMMITTEE,

Having seen the report on acquired immunodeficiency syndrome (AIDS) in the Americas (Document CE120/15 and Add. I),

RESOLVES:

To recommend to the Directing Council the adoption of a resolution in the following terms:

THE XL MEETING OF THE DIRECTING COUNCIL,

Having seen the report on acquired immunodeficiency syndrome (AIDS) in the Americas (Document CD40/17);

Considering that sexually transmitted diseases increase the risk of transmission of HIV, and that HIV/AIDS is basically a sexually transmitted disease and an emerging epidemic that is affecting adolescents and young adults in the Region; and

Taking into account the growing number of people living with HIV/AIDS that will require appropriate, cost-effective, and humane medical care and social services,

RESOLVES:

1. To endorse the strategies and recommendations proposed in the aforementioned document, with a view to strengthening the managerial capacity of the national programs, improving epidemiological surveillance, identifying optimal prevention practices, validating appropriate models for the care of HIV/AIDS, and stepping up specific activities for the control of sexually transmitted diseases (STDs) in the Region.

2. To urge the Member States, working with PAHO and UNAIDS, to:
 - (a) actively take the lead in coordinating national efforts and to promote the broad intersectoral response for the prevention of HIV/AIDS advocated by PAHO/WHO and UNAIDS;
 - (b) strengthen health sector activities in STD control, focusing specifically on epidemiological surveillance and care of the most common STDs with the greatest impact on women and adolescents;
 - (c) redouble efforts to mobilize resources at the national level and encourage horizontal cooperation among countries in order to strengthen the technical capabilities of the national programs for the prevention and control of HIV/AIDS and STDs at the subregional level.
3. To request the Director to:
 - (a) maintain the Region's technical and scientific capabilities and increase PAHO interprogram collaboration for the prevention of HIV/AIDS and STDs, and support for UNAIDS;
 - (b) inform the Governing Bodies, whenever necessary, of the scientific, epidemiological, political, and programming changes that require their attention;
 - (c) support the countries' efforts to make the new treatments more accessible to all people living with HIV/AIDS in the Americas;
 - (d) collaborate with the countries to make the mass communication efforts of the countries to control the spread of HIV/AIDS increasingly effective.

*(Adopted at the seventh plenary session,
26 June 1997)*

directing council

regional committee



PAN AMERICAN
HEALTH
ORGANIZATION
XL Meeting



WORLD
HEALTH
ORGANIZATION
XLIX Meeting

Washington, D.C.
September 1997

Provisional Agenda Item 5.6

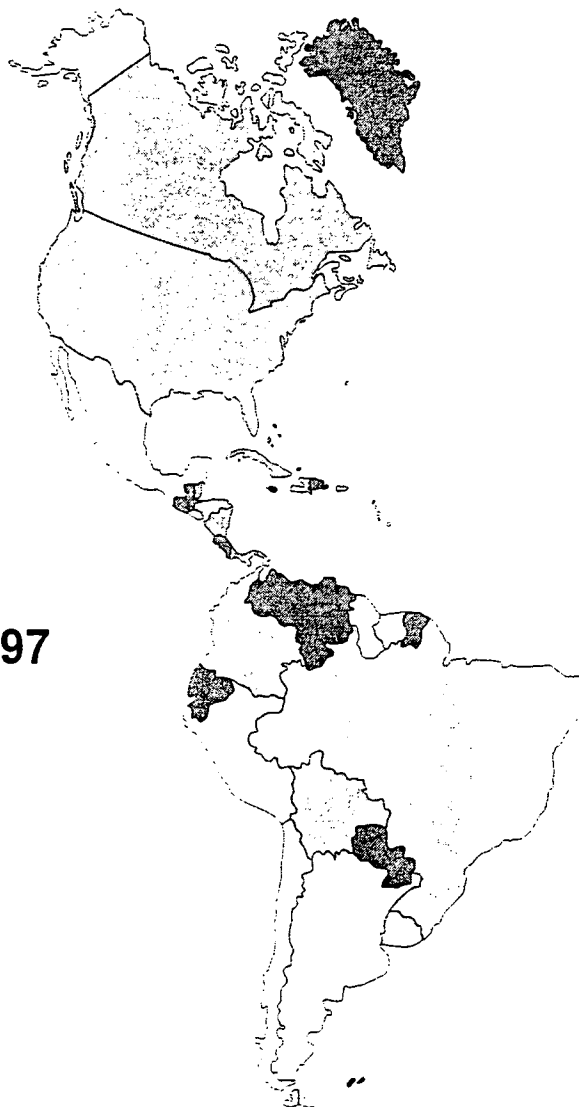
CD40/17, Add. I (Eng.)
19 September 1997
ORIGINAL: ENGLISH

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

The Director is pleased to present to the Directing Council, for its consideration, an updated report on the epidemiological surveillance of AIDS in the Americas as of 10 September 1997.

Annex

AIDS Surveillance in the Americas



**Quarterly Report:
update 10 September 1997**

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



Pan American Health Organization/
World Health Organization





UNAIDS
UNICEF . UNDP . UNFPA
UNESCO . WHO . WORLD BANK

HIV/AIDS: The Global Epidemic

Estimates as of December 1996^a

New HIV infections in 1996	Total	3.1 million
	Adults	2.7 million ^b
	Children	400,000
People living with HIV/AIDS	Total	22.6 million
	Adults	21.8 million
	<i>male</i>	12.6 million
	<i>female</i>	9.2 million
	Children	830,000 ^c
HIV/AIDS associated deaths in 1996	Total	1.5 million
	Adults	1.1 million
	<i>male</i>	650,000
	<i>female</i>	470,000
	Children	350,000
Cumulative HIV infections	Total	29.4 million
	Adults	26.8 million
	<i>male</i>	15.5 million
	<i>female</i>	11.3 million
	Children	2.6 million
Cumulative AIDS cases	Total	8.4 million
	Adults	6.7 million
	<i>male</i>	3.9 million
	<i>female</i>	2.8 million
	Children	1.7 million
Cumulative HIV/AIDS deaths	Total	6.4 million
	Adults	5.0 million
	<i>male</i>	2.9 million
	<i>female</i>	2.1 million
	Children	1.4 million

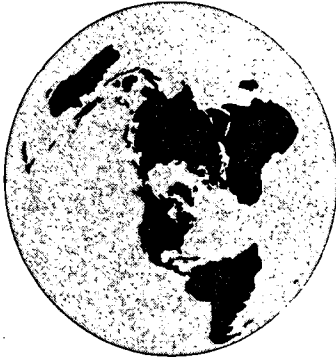
^a Because of rounding, figures may not tally.

^b Nearly half of HIV infections occurred in women.

^c Many children with AIDS die from other causes; the estimated number of children living with HIV/AIDS (830,000) is therefore less than the difference between cumulative infections (2.6 million) and cumulative deaths (1.4 million) in children.

Summary of AIDS cases: update 10 September 1997

Cumulative information reported
up to 30 June 1997



**Worldwide cases:
1,655,496***



**Cases in the Americas:
808,540**

**Adults: 793,991
Children: 14,549
Number of Deaths: 471,855**

* "Current Global Situation on AIDS", UNAIDS/WHO, 30 June 1997

"AIDS Surveillance in the Americas" can be accessed in English or Spanish
via Internet using a Web browser at <http://www.paho.org/techinfo.htm>

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 - Table 2. Annual incidence rates of AIDS (per million population), by country and by year, 1991-1996
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 - Table 4. Male:Female ratio of reported AIDS cases, by country and by year, 1991-1996
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 - Fig. 4. Distribution of cumulative AIDS cases by age, sex and subregions

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 objectives of the Regional Program on AIDS/STD are:

- **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 1997).

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 1997, a cumulative total of **808,540** cases were reported in the Americas. From these, **14,549** are **pediatric cases** (< 15 years old). A total of **471,855 cumulative deaths** have been reported since 1986.

Certain factors such as underdiagnosis, underreporting and delayed reporting affect the completeness of the data.¹ This should be considered when analyzing 1996 data. Additionally, many times the countries provide the number of cases by year but do not report the corresponding age, sex and exposure category for those cases. The incomplete information, for example, has not allowed us to present statistical graphs of the Latin Caribbean in this report.

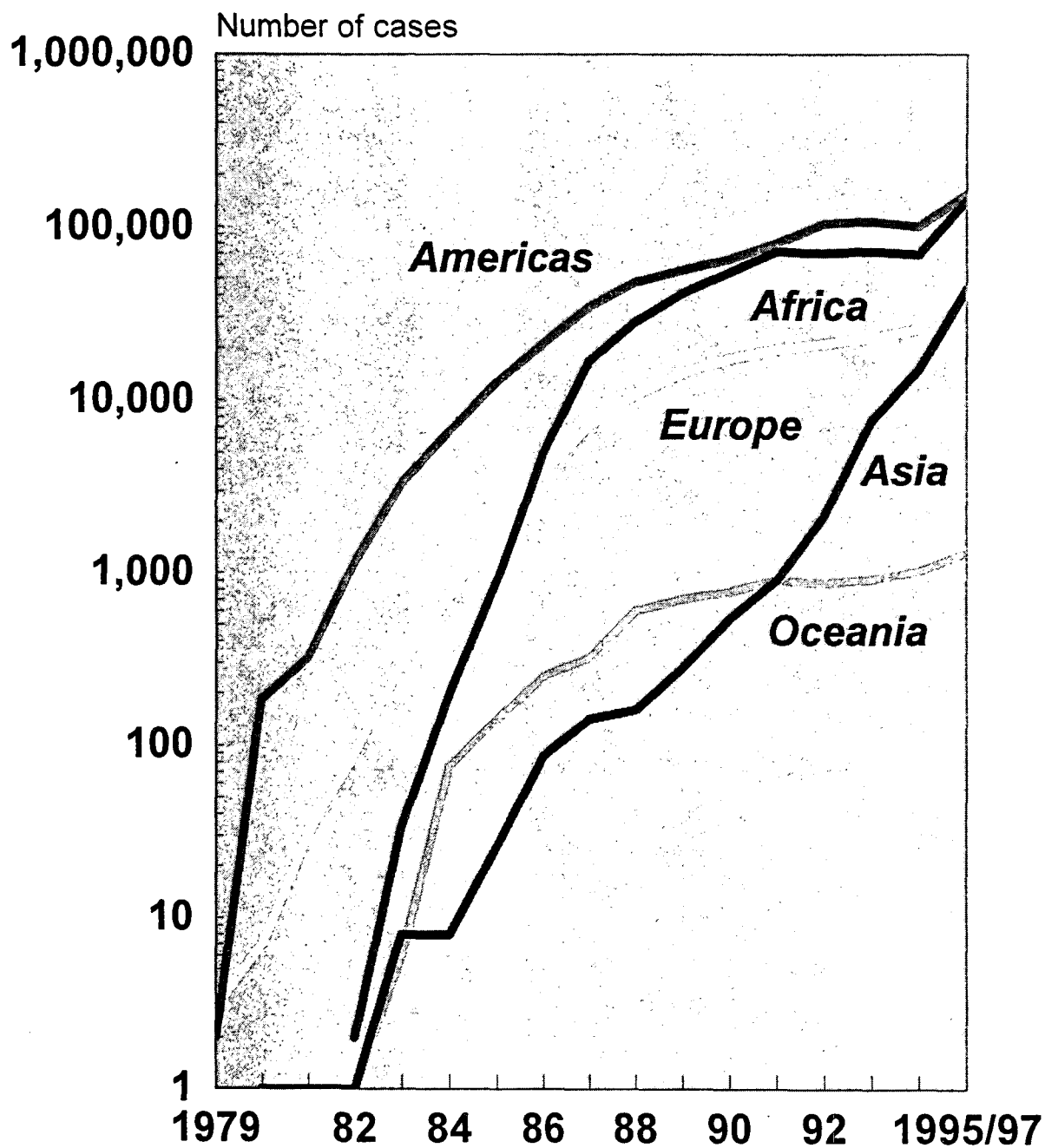
PAHO and its Member Countries are working continuously to improve the quality and completeness of the information, to be able to analyze and provide a better profile of the epidemic in each consecutive report.

In 1995, the last year with the most complete information, the rate of reported AIDS cases per million population in Latin America was 60.7; in the Caribbean, 247.1; and in North America, 215.5. The primary modes of HIV transmission in the subregions are homosexual and 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 29.3% and 25.7%, 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 group of the highest infection is between 20-29 years old for both sexes and for females in Brazil and the Andean Area.. In Mexico and the Caribbean the age of highest infection is between 30-39 years old for both sexes as well as for males in the Andean Area and Brazil.

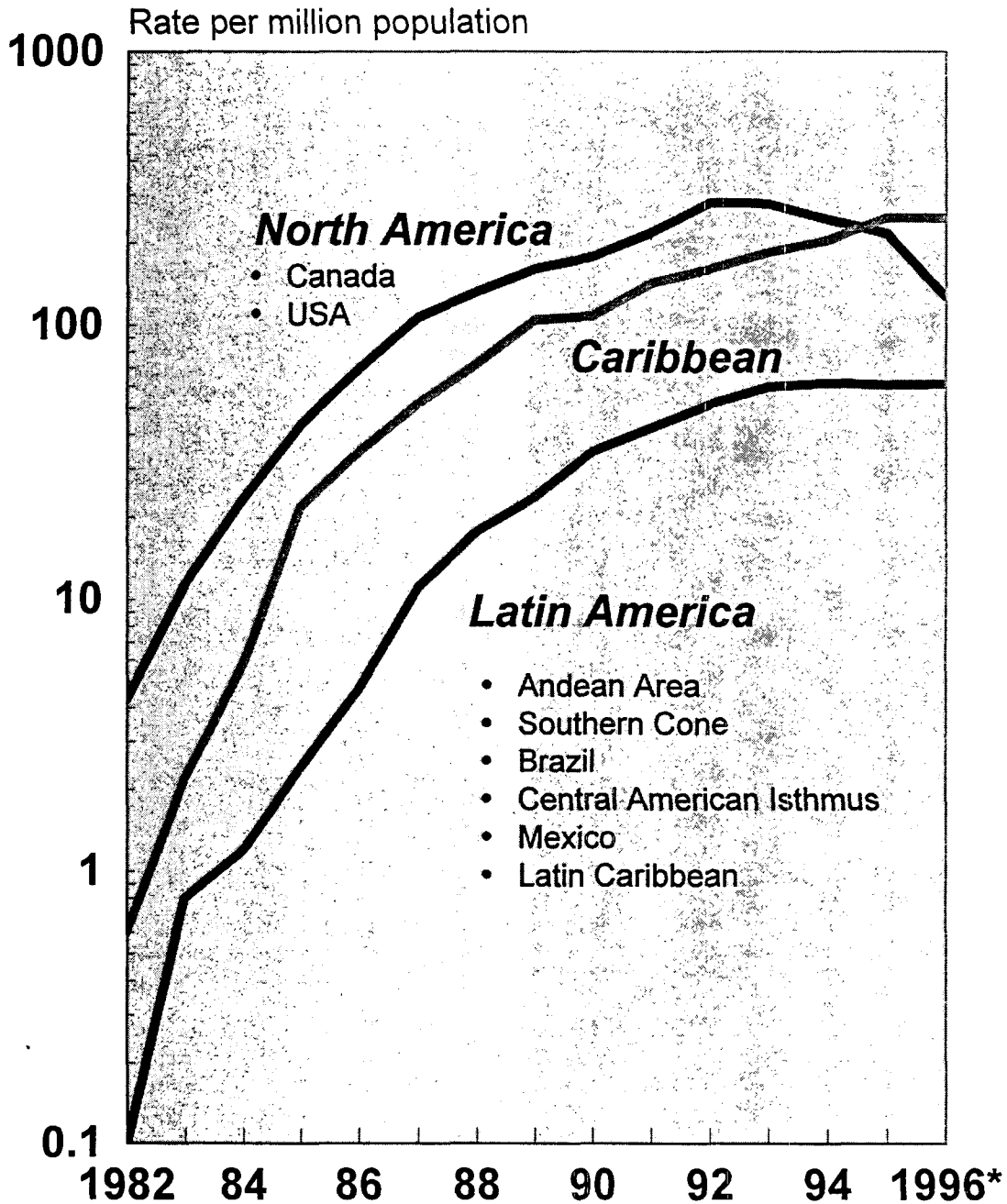
¹Sixteen (34%) out of 47 reporting countries and territories have provided updated information to June 1997.

Fig. 1. Annual incidence of AIDS cases, by region of the WHO, by year, 1979-1995/97*.



* 1996 and 1997 data are incomplete due to delayed reporting.

Fig.2. Annual incidence rates of AIDS in the Americas (per million), three major subregions, 1982-1996*.



* 1996 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 September, 1997.

SUBREGION Country or Territory	Number of cases								Cumulative total(b)	Total deaths	Date of last report
	Through 1991	1992	1993	1994	1995	1996	1997(a)				
REGIONAL TOTAL	331,700	103,923	107,412	100,365	93,048	68,375	3,502	808,540	471,855		
LATIN AMERICA	61,500	23,075	26,713	28,215	28,151	29,057	3,058	199,943	91,628		
ANDEAN AREA	7,291	2,548	2,477	3,357	2,828	2,769	339	21,609	10,054		
Bolivia	47	19	21	19	15	28	8	157	104	30/Jun/97	
Colombia	2,801	933	735	1,360	905	1,042	177	7,953	3,286	31/Mar/97	
Ecuador	198	69	90	117	69	67	15	625	430	31/Mar/97	
Peru	1,766	643	659	773	1,043	998	76	5,958	2,220	31/Mar/97	
Venezuela	2,479	884	972	1,088	796	634	63	6,916	4,014	30/Jun/97	
SOUTHERN CONE	2,724	1,420	1,799	2,468	2,104	2,599	729	13,843	4,999		
Argentina	1,874	1,103	1,414	2,033	1,669	2,067	509	10,669	3,092	30/Jun/97	
Chile	535	199	237	292	285	323	96	1,967	1,241	30/Jun/97	
Paraguay	70	28	45	24	23	53	40	283	166	30/Jun/97	
Uruguay	245	90	103	119	127	156	84	924	500	30/Jun/97	
BRAZIL c)	33,352	13,420	15,228	15,994	16,382	16,469	*	110,845	54,813	31/May/97	
CENTRAL AMERICAN ISTHMUS	3,022	1,226	1,680	1,782	1,942	2,543	831	13,170	3,546		
Belize	46	13	24	18	28	38	...	198	190	31/Dec/96	
Costa Rica	324	127	127	163	206	192	26	1,173	616	31/Mar/97	
El Salvador	315	114	176	387	380	417	230	2,019	289	30/Jun/97	
Guatemala	277	94	178	110	141	831	152	1,787	455	31/Mar/97	
Honduras	1,673	751	973	879	963	797	319	6,406	1,051	30/Jun/97	
Nicaragua	29	10	24	38	21	25	5	157	94	30/Jun/97	
Panama	358	117	178	187	203	243	99	1,430	851	30/Jun/97	
MEXICO	9,057	3,210	5,058	4,111	4,310	4,216	1,008	30,970	16,636	30/Jun/97	
LATIN CARIBBEAN	6,054	1,251	471	503	585	461	151	9,506	1,580		
Cuba	109	70	82	102	116	94	26	599	433	30/Jun/97	
Dominican Republic c)	1,784	375	389	401	469	367	125	3,940	850	30/Jun/97	
Haiti	4,161	806	...	...	...	...	...	4,967	297	31/Dec/92
Puerto Rico d)	8,683	2,250	2,374	673	...	...	...	13,980	8,183	30/Sep/94
CARIBBEAN	3,781	1,138	1,318	1,476	1,802	1,811	360	11,727	6,939		
Anguilla	5	0	0	0	0	...	...	5	3	31/Dec/95
Antigua and Barbuda	14	14	17	16	7	13	2	83	27	30/Jun/97	
Aruba	11	3	1	0	6	1	...	22	17	30/Jun/96	
Bahamas	838	254	297	322	390	374	92	2,567	1,643	31/Mar/97	
Barbados	252	78	88	119	95	130	...	762	637	31/Dec/96	
Cayman Islands	11	4	0	3	0	3	1	22	18	31/Mar/97	
Dominica	12	0	14	6	5	14	5	56	74	31/Mar/97	
French Guiana	230	73	52	70	78	44	...	588	267	31/Dec/96	
Grenada	31	4	21	7	18	18	...	99	62	31/Dec/96	
Guadeloupe	311	81	77	104	104	54	...	731	226	31/Dec/96	
Guyana	230	160	107	105	96	144	...	842	304	31/Dec/96	
Jamaica	333	100	236	359	505	527	124	2,184	1,203	31/Mar/97	
Martinique	193	44	43	49	38	35	...	402	184	31/Dec/96	
Montserrat	6	0	1	0	0	0	...	7	0	30/Jun/96	
Netherlands Antilles	100	10	47	0	76	...	...	233	74	31/Dec/95
Saint Kitts and Nevis	31	4	3	5	5	6	2	56	32	31/Mar/97	
Saint Lucia	33	8	12	13	10	14	8	98	95	30/Jun/97	
St. Vincent and the Grenadines	41	5	8	8	6	19	8	95	93	31/Mar/97	
Suriname	106	28	35	20	20	2	...	211	191	31/Dec/96	
Trinidad and Tobago	968	263	243	269	340	412	118	2,613	1,754	31/Mar/97	
Turks and Caicos Islands	21	4	14	...	...	...	...	39	30	30/Sep/93
Virgin Islands (UK)	4	1	2	1	3	1	...	12	5	31/Dec/96	
NORTH AMERICA	266,419	79,710	79,381	70,674	63,095	37,507	84	596,870	373,288		
Bermuda	191	17	15	44	48	17	8	340	238	31/Mar/97	
Canada c)	7,690	1,709	1,725	1,671	1,433	797	76	15,101	11,046	30/Jun/97	
United States of America d)	258,538	77,984	77,641	68,959	61,614	36,693	...	581,429	362,004	31/Dec/96	

* Cases reported in 1997 are included in 1996.

a) 1996 data are incomplete due to delayed reporting.

b) May include cases for year of diagnosis unknown.

c) Country has revised data.

d) 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.

Table 2. Annual incidence rates of AIDS (per million population), by country and by year, 1991-1996, as of 10 September 1997.

SUBREGION Country or Territory	RATE PER MILLION					
	1991	1992	1993	1994	1995	1996*
LATIN AMERICA a)	42.4	51.8	59.7	61.9	60.7	61.6
ANDEAN AREA	22.3	27.1	25.8	34.4	28.4	27.3
Bolivia	2.8	2.8	3.0	2.6	2.0	3.7
Colombia	26.1	27.9	21.6	39.4	25.8	29.2
Ecuador	5.2	6.4	8.2	10.4	6.0	5.7
Peru	17.9	28.6	28.8	33.1	43.9	41.2
Venezuela	36.5	43.2	46.5	50.9	36.4	28.4
SOUTHERN CONE	18.6	26.1	32.4	43.9	36.9	45.0
Argentina	21.8	33.3	41.9	59.5	48.3	59.1
Chile	13.2	14.6	17.1	20.8	20.0	22.3
Paraguay	4.3	6.1	9.6	5.0	4.6	10.4
Uruguay	27.6	28.7	32.7	37.6	39.9	48.7
BRAZIL	69.8	87.2	97.3	100.5	101.3	100.2
CENTRAL AMERICAN ISTHMUS	32.1	40.7	54.2	55.9	59.3	75.6
Belize	51.5	65.7	117.6	85.7	129.6	171.9
Costa Rica	29.9	39.8	38.8	48.7	60.2	54.9
El Salvador	25.0	21.1	31.9	68.6	65.9	70.7
Guatemala	10.1	9.6	17.7	10.7	13.3	76.0
Honduras	101.8	145.0	182.4	160.0	170.3	137.0
Nicaragua	3.4	2.5	5.8	8.9	4.7	5.5
Panama	35.6	47.0	70.1	72.4	77.2	90.8
MEXICO	36.5	36.4	56.2	44.8	46.0	44.2
LATIN CARIBBEAN	33.7	50.2	25.6	27.0	31.0	24.2
Cuba	3.5	6.5	7.5	9.3	10.5	8.5
Dominican Republic	41.2	50.7	51.6	52.2	60.0	46.1
Haiti	74.3	119.3	...	...	...	...
Puerto Rico	628.5	626.9	656.2	184.6	...	...
CARIBBEAN	142.3	160.2	184.0	204.2	247.1	246.2
Anguilla	142.2	0	0	0	0	0
Antigua and Barbuda	78.9	181.8	220.7	207.7	90.9	168.8
Aruba	...	...	...	...	...	...
Bahamas	881.2	962.1	1108.2	1183.8	1413.0	1335.7
Barbados	310.1	301.2	338.5	455.9	362.6	494.3
Cayman Islands	153.6	148.1	0	111.1	0	111.1
Dominica	0	0	168.7	72.3	60.2	168.7
French Guiana	521.5	793.1	565.0	760.5	847.5	478.1
Grenada	73.9	42.4	222.7	74.2	190.9	190.9
Guadeloupe	190.5	200.0	186.4	247.0	243.0	124.1
Guyana	106.0	198.0	131.1	127.1	115.1	170.6
Jamaica	56.3	41.8	97.9	147.8	206.4	213.8
Martinique	74.2	119.6	115.6	130.7	100.3	91.6
Montserrat	191.5	0	95.7	0	0	0
Netherlands Antilles	120.4	51.8	241.0	0	381.9	...
Saint Kitts and Nevis	22.5	90.1	67.6	112.6	112.6	135.1
Saint Lucia	44.1	50.7	76.0	82.3	63.3	88.7
Saint Vincent and the Grenadines	131.5	41.7	66.8	66.8	50.1	158.6
Suriname	39.5	68.5	84.5	47.7	47.3	...
Trinidad and Tobago	187.1	207.9	190.1	208.2	260.1	312.1
Turks and Caicos Islands	199.6	399.2	1397.2	...	...	...
Virgin Islands (UK)	60.1	76.7	153.4	76.7	230.1	76.7
NORTH AMERICA	217.8	280.9	276.8	243.8	215.5	126.9
Bermuda	396.3	293.0	258.5	758.2	827.2	293.0
Canada	53.5	60.0	59.9	57.3	48.6	26.8
United States of America	236.0	305.6	301.0	264.6	234.1	138.1

* 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, 1991 -1996, as of 10 September 1997.

SUBREGION Country or Territory	Rate per million population											
	Male Rates						Female Rates					
	1991	1992	1993	1994	1995	1996*	1991	1992	1993	1994	1995	1996*
LATIN AMERICA	68.2	78.7	84.9	85.2	85.1	83.9	13.9	18.5	22.3	22.4	24.1	26.2
ANDEAN AREA	29.4	28.7	19.9	23.2	32.5	29.4	2.3	3.4	3.2	4.1	5.3	5.8
Bolivia	5.7	5.0	2.9	3.9	3.0	...	0	0.9	3.1	1.1	0.3	...
Colombia	31.6	24.3	21.7	25.1	45.9	51.0	1.9	1.8	1.9	2.4	5.5	7.6
Ecuador	9.3	11.1	12.7	16.8	3.8	9.5	1.1	1.1	2.7	3.9	0.4	1.9
Peru	20.0	39.8	40.0	43.3	48.7	39.5	1.9	6.7	7.4	10.3	12.1	11.4
Venezuela	54.3	40.9	4.6	7.9	18.4	4.6	4.8	4.6	0.8	1.1	2.0	0.6
SOUTHERN CONE	26.2	32.2	46.7	39.9	27.9	30.3	2.2	6.7	10.4	8.5	5.9	6.4
Argentina	26.8	35.6	58.1	43.4	24.6	24.5	2.4	8.9	14.9	10.5	5.9	5.9
Chile	25.0	26.5	32.8	38.4	36.2	39.6	1.6	3.1	1.9	3.7	4.2	5.5
Paraguay	8.4	11.7	14.3	7.4	6.4	13.6	0	0.4	4.7	2.5	2.9	4.4
Uruguay	50.8	51.1	35.8	59.6	61.9	80.1	5.6	7.5	7.4	16.6	19.0	18.9
BRAZIL	119.3	141.6	141.2	155.7	151.9	145.4	23.7	33.1	42.1	45.5	50.8	55.1
CENTRAL AMERICAN ISTHMUS	46.6	59.2	66.7	56.1	52.7	88.2	15.4	18.8	23.1	21.3	19.0	27.7
Belize	...	...	...	84.9	174.3	250.0	...	...	...	86.5	65.4	91.7
Costa Rica	51.5	67.5	48.4	52.6	56.0	46.9	2.6	5.1	1.9	7.9	7.7	3.5
El Salvador	37.5	31.8	57.4	62.3	101.7	106.4	12.6	8.0	13.8	20.8	31.6	36.5
Guatemala	16.5	16.7	28.8	14.2	12.1	120.7	3.6	2.5	6.4	6.8	6.5	30.3
Honduras	137.0	196.2	178.3	133.4	77.6	83.2	60.1	86.0	96.3	65.3	41.0	45.8
Nicaragua	6.6	4.7	9.5	16.8	8.3	7.6	0.5	0.5	2.4	1.4	1.3	1.3
Panama	53.3	75.3	119.9	110.9	117.3	102.0	16.6	16.3	19.9	32.9	36.1	31.0
MEXICO	62.0	62.1	96.6	76.5	80.8	77.2	11.4	11.1	16.7	11.8	11.4	11.3
LATIN CARIBBEAN	37.7	62.4	32.8	36.7	39.9	30.8	29.4	37.6	16.8	16.1	21.9	17.5
Cuba	4.3	7.0	9.0	13.6	16.2	12.0	1.3	2.8	3.7	4.8	4.7	4.9
Dominican Republic	54.5	77.1	66.8	69.1	72.9	56.6	28.3	26.9	35.9	32.6	46.5	35.3
Haiti	73.9	136.1	...	...	...	...	74.7	103.2	...	...	...	...
Puerto Rico	...	...	...	...	...	...	...	...	...	...	...	...
CARIBBEAN	183.0	200.4	225.1	231.0	230.7	283.8	90.0	93.4	105.0	132.9	121.7	166.2
Anguilla	0	0	0	0	0	...	281.7	0	0	0	0	...
Antigua and Barbuda	0	343.5	422.7	369.9	132.1	132.1	25.9	25.5	25.5	51.1	51.1	204.2
Aruba	...	...	...	...	...	...	...	...	...	...	...	...
Bahamas	1131.8	1215.4	1333.3	1563.9	1807.4	1591.2	636.4	716.4	889.7	820.1	1035.5	1090.9
Barbados	516.1	467.7	480.0	730.2	603.2	755.9	104.5	148.1	222.2	200.0	139.7	250.0
Cayman Islands	155.6	150.2	0	75.1	0	150.2	151.6	146.2	0	219.3	0	73.1
Dominica	...	...	...	118.7	118.7	237.4	...	...	...	24.5	0	97.8
French Guiana	652.6	1000.7	696.1	804.9	0	...	369.0	542.7	434.1	303.9	130.2	...
Grenada	64.4	20.7	351.9	62.1	289.8	227.7	83.0	0	65.3	87.0	87.0	152.3
Guadeloupe	246.2	171.7	...	...	...	...	93.1	67.6	...	...	...	...
Guyana	148.6	267.5	185.6	136.9	147.7	184.2	64.2	129.9	77.7	117.5	83.1	122.1
Jamaica	61.5	55.2	129.5	164.6	163.3	259.9	50.3	26.7	66.3	131.0	104.7	167.5
Martinique	113.6	...	188.9	...	...	...	31.9	...	36.5	...	...	...
Montserrat	...	0	0	0	0	...	...	0	191.4	0	0	...
Netherlands Antilles	...	...	...	...	...	...	...	...	...	...	...	...
Saint Kitts and Nevis	46.8	140.4	46.8	140.4	140.4	93.6	0	43.4	86.8	86.8	86.8	173.7
Saint Lucia	75.8	52.3	78.4	104.6	91.5	78.4	14.3	49.1	73.7	61.4	36.9	98.3
Saint Vincent and the Grenadines	150.5	68.9	86.1	172.2	86.1	172.2	112.5	16.2	48.6	81.0	16.2	32.4
Suriname	59.7	93.6	122.0	52.9	66.7	9.4	19.6	43.7	47.8	42.7	28.2	0
Trinidad and Tobago	259.7	293.5	297.0	278.1	278.2	419.0	117.3	119.1	85.3	139.6	136.4	202.4
Turks and Caicos Islands	404.9	809.7	1417.0	...	...	...	0	0	1378.0	...	...	...
Virgin Islands (UK)	116.7	155.0	0	155.0	310.1	...	0	151.7	303.5	0	151.7	...
NORTH AMERICA	298.3	306.4	645.6	469.6	423.4	49.0	42.8	46.9	115.4	94.7	92.4	6.0
Bermuda	663.9	419.3	419.3	1257.9	1083.2	454.2	136.0	170.0	102.0	272.0	578.0	136.0
Canada	101.2	111.8	112.3	106.4	89.6	48.2	6.7	7.7	8.4	9.2	8.5	5.7
United States of America a)	320.6	328.4	706.1	510.7	461.2	...	46.8	51.2	127.2	104.1	101.6	...

* 1996 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, 1991-1996, as of 10 September 1997.

SUBREGION Country or Territory	Male:Female Ratio					
	1991	1992	1993	1994	1995	1996*
LATIN AMERICA	4.9	4.2	3.8	3.8	3.5	3.2
ANDEAN AREA	12.8	8.4	6.3	5.7	6.1	5.1
Bolivia	N/A	5.7	0.9	3.5	11.0	...
Colombia	16.6	13.4	11.1	10.2	8.1	6.6
Ecuador	8.2	10.0	4.7	4.3	11.0	5.1
Peru	10.6	6.0	5.5	4.3	4.1	3.5
Venezuela	11.4	9.0	6.0	7.1	9.2	7.4
SOUTHERN CONE	11.4	4.7	4.4	4.6	4.6	4.6
Argentina	10.6	3.9	3.8	4.0	4.0	4.0
Chile	15.0	8.5	17.2	10.2	8.5	7.1
Paraguay	N/A	27.0	3.1	3.0	2.3	3.2
Uruguay	8.6	6.5	4.6	3.4	3.1	4.0
BRAZIL	5.0	4.3	3.3	3.4	3.0	2.6
CENTRAL AMERICAN ISTHMUS	3.0	3.1	2.9	2.6	2.8	3.2
Belize	...	...	...	1.0	2.7	2.8
Costa Rica	20.3	13.6	26.7	6.8	7.5	13.8
El Salvador	2.9	3.8	4.0	2.9	3.1	2.8
Guatemala	4.6	6.8	4.6	2.1	1.9	4.1
Honduras	2.3	2.3	1.9	2.1	1.9	1.8
Nicaragua	12.0	9.0	3.8	11.7	6.0	5.7
Panama	3.3	4.8	6.2	3.5	3.3	3.4
MEXICO	5.4	5.6	5.8	6.4	7.1	6.8
LATIN CARIBBEAN	1.3	1.7	2.0	2.3	1.9	1.8
Cuba	3.3	2.5	2.5	2.9	3.5	2.5
Dominican Republic	2.0	3.0	1.9	2.2	1.6	1.7
Haiti	1.0	1.3	...	...	...	...
Puerto Rico	...	...	...	3.9	...	...
CARIBBEAN	2.0	2.1	2.1	1.7	1.9	1.7
Anguilla	0	N/A	N/A	N/A	N/A	...
Antigua and Barbuda	...	13.0	16.0	7.0	2.5	0.6
Aruba	...	...	...	...	3.4	...
Bahamas	1.7	1.6	1.5	1.8	1.7	1.4
Barbados	4.6	2.9	2.0	3.4	4.0	2.8
Cayman Islands	1.0	1.0	N/A	0.3	N/A	2.0
Dominica	...	...	...	5.0	N/A	2.5
French Guiana	1.8	1.8	1.6	2.6	0	...
Grenada	0.8	N/A	5.7	0.8	3.5	1.6
Guadeloupe	2.5	2.4	...	...	...	...
Guyana	2.3	2.0	2.3	1.1	1.7	1.5
Jamaica	1.2	2.1	2.0	1.3	1.6	1.6
Martinique	3.3	...	4.9	...	...	...
Montserrat	...	N/A	0	N/A	N/A	...
Netherlands Antilles	...	...	...	...	...	...
Saint Kitts and Nevis	N/A	3.0	0.5	1.5	1.5	0.5
Saint Lucia	5.0	1.0	1.0	1.6	2.3	0.8
Saint Vincent and the Grenadines	1.3	4.0	1.7	2.0	5.0	5.0
Suriname	3.0	2.1	2.5	1.2	2.3	...
Trinidad and Tobago	2.2	2.4	3.4	2.0	2.0	2.0
Turks and Caicos Islands	N/A	N/A	1.0	...	...	...
Virgin Islands (UK)	N/A	1.0	0	N/A	2.0	...
NORTH AMERICA	6.6	6.2	5.3	4.7	4.4	8.0
Bermuda	4.8	2.4	4.0	4.5	1.8	3.3
Canada	14.9	14.4	13.1	11.4	10.4	8.3
United States of America	6.5	6.1	5.3	4.7	4.3	...

* 1996 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, cumulative to 30 June 1997.

(update 10 September 1997)

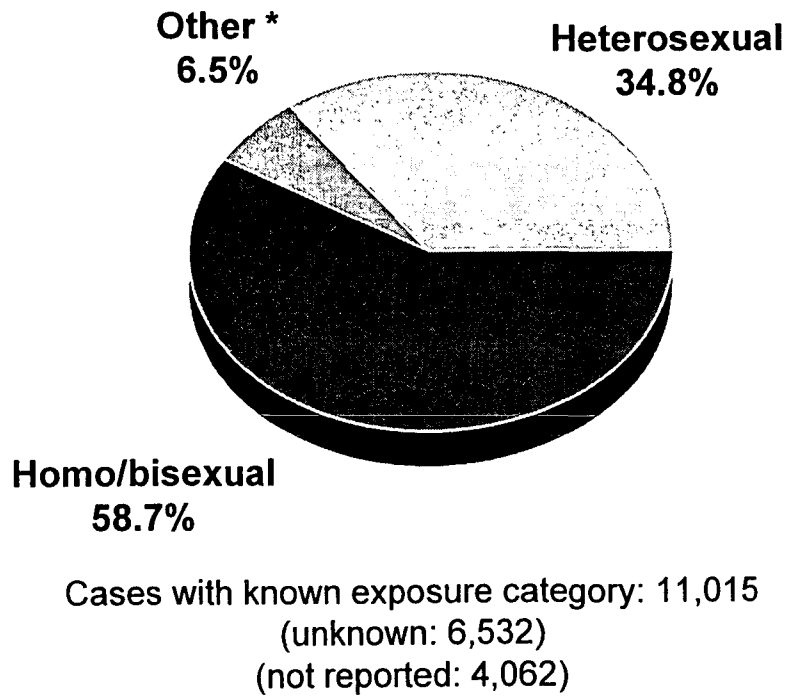
SUBREGION Country or Territory	TOTAL CASES	PEDIATRIC CASES	PERCENT PEDIATRIC	PERINATAL CASES	PERCENT PERINATAL
REGIONAL TOTAL	808,540	14,549	1.8	12,225	84.0
LATIN AMERICA	199,943	6,370	3.2	4,591	72.1
ANDEAN AREA	21,609	360	1.7	281	78.1
Bolivia	157	11	7.0	11	100.0
Colombia	7,953	162	2.0	141	87.0
Ecuador	625	8	1.3	6	75.0
Peru	5,958	117	2.0	91	77.8
Venezuela	6,916	62	0.9	32	51.6
SOUTHERN CONE	13,843	785	5.7	703	89.6
Argentina	10,669	671	6.3	617	92.0
Chile	1,967	42	2.1	36	85.7
Paraguay	283	8	2.8	7	87.5
Uruguay	924	64	6.9	43	67.2
BRAZIL	110,845	3,634	3.3	2,777	76.4
CENTRAL AMERICAN ISTHMUS	13,170	440	3.3	358	81.4
Belize	198	5	2.5	5	100.0
Costa Rica	1,173	30	2.6	15	50.0
El Salvador	2,019	68	3.4	53	77.9
Guatemala	1,787	62	3.5	33	53.2
Honduras	6,406	206	3.2	193	93.7
Nicaragua	157	2	1.3	2	100.0
Panama	1,430	67	4.7	57	85.1
MEXICO	30,970	817	2.6	383	46.9
LATIN CARIBBEAN	9,506	334	3.5	89	26.6
Cuba	599	4	0.7	4	100.0
Dominican Republic	3,940	117	3.0	69	59.0
Haiti	4,967	213	4.3	16	7.5
Puerto Rico **	13,980	299	2.1	287	96.0
CARIBBEAN	11,727	723	6.2	618	85.5
Anguilla	5	0	0	0	0
Antigua and Barbuda	83	6	7.2	6	100.0
Aruba	22	1	4.5	1	0
Bahamas	2,567	200	7.8	200	100.0
Barbados	762	38	5.0	36	94.7
Cayman Islands	22	1	4.5	0	0
Dominica	56	2	3.6	2	100.0
French Guiana	588	44	7.5	40	90.9
Grenada	99	7	7.1	6	85.7
Guadeloupe	731	16	2.2	14	87.5
Guyana	842	29	3.4	23	79.3
Jamaica	2,184	158	7.2	128	81.0
Martinique	402	12	3.0	10	83.3
Montserrat	7	0	0	0	0
Netherlands Antilles	233	1	0.4	1	100.0
Saint Kitts and Nevis	56	1	1.8	1	100.0
Saint Lucia	98	8	8.2	8	100.0
Saint Vincent and the Grenadines	95	4	4.2	4	100.0
Suriname	211	7	3.3	7	100.0
Trinidad and Tobago	2,613	186	7.1	130	69.9
Turks and Caicos Islands	39	0	0	0	0
Virgin Islands (UK)	12	2	16.7	1	50.0
NORTH AMERICA	596,870	7,456	1.2	7,016	94.1
Bermuda	340	2	0.6	2	100.0
Canada	15,101	158	1.0	123	77.8
United States of America	581,429	7,296	1.3	6,891	94.4

* 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.
Note: Age of pediatric cases is 0-14 years old.

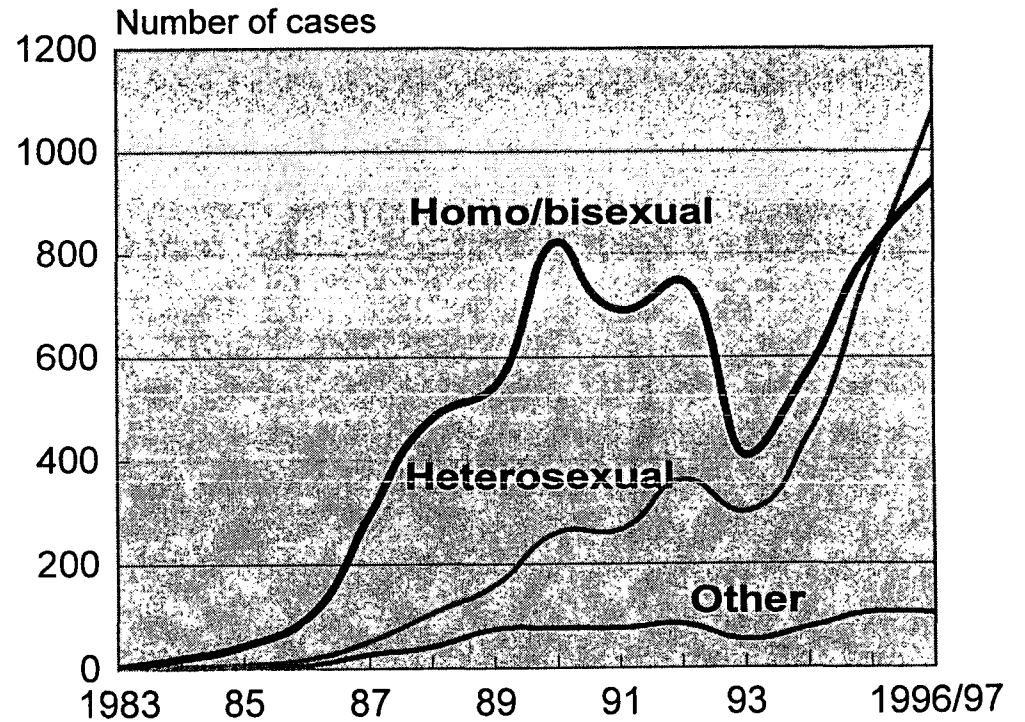
**Fig. 3a. Distribution of AIDS cases by exposure category, as of Sept. 1997.
Andean Area**

Reported cases: 21,609

Cumulative by exposure category



Annual incidence, selected exposure categories

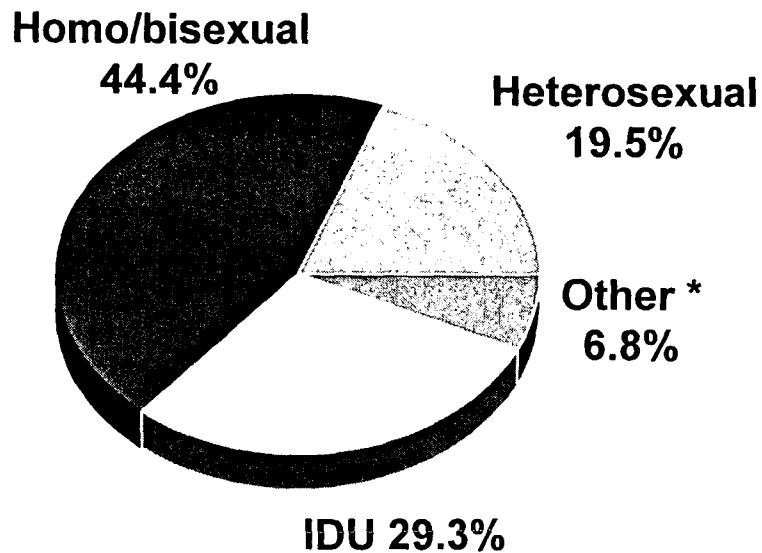


* Includes blood 2.4%, pediatric 2.2%, IDU <1% and other known exposure categories 1.2%.

**Fig. 3b. Distribution of AIDS cases by exposure category, as of Sept. 1997.
Southern Cone**

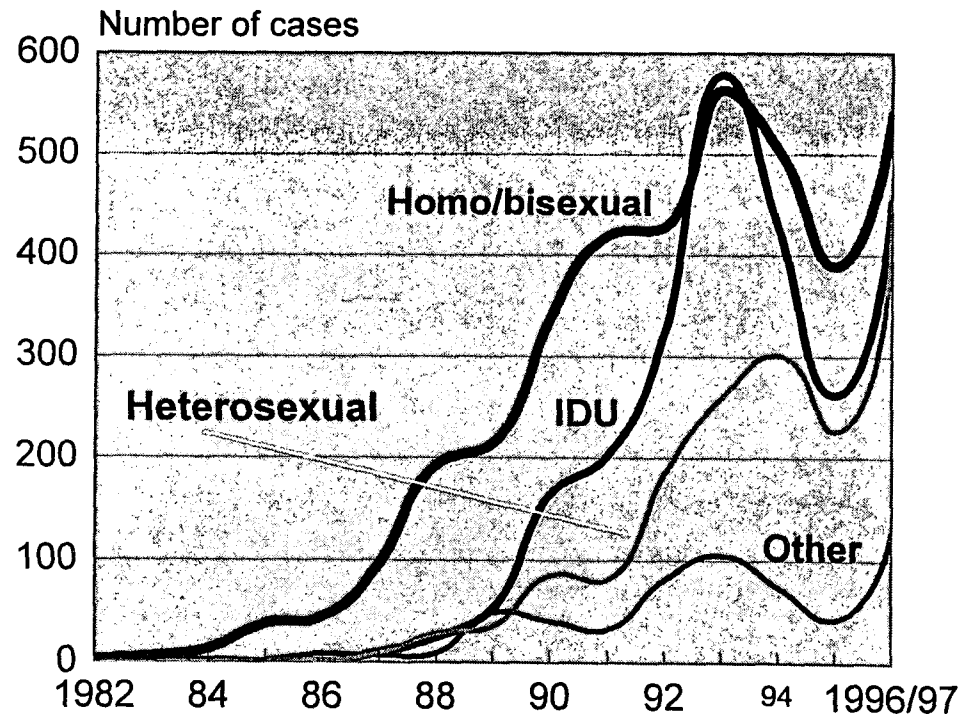
Reported cases: 13,843

Cumulative by exposure category



Cases with known exposure category: 8,510
(unknown: 4,735)
(not reported: 598)

Annual incidence, selected exposure categories



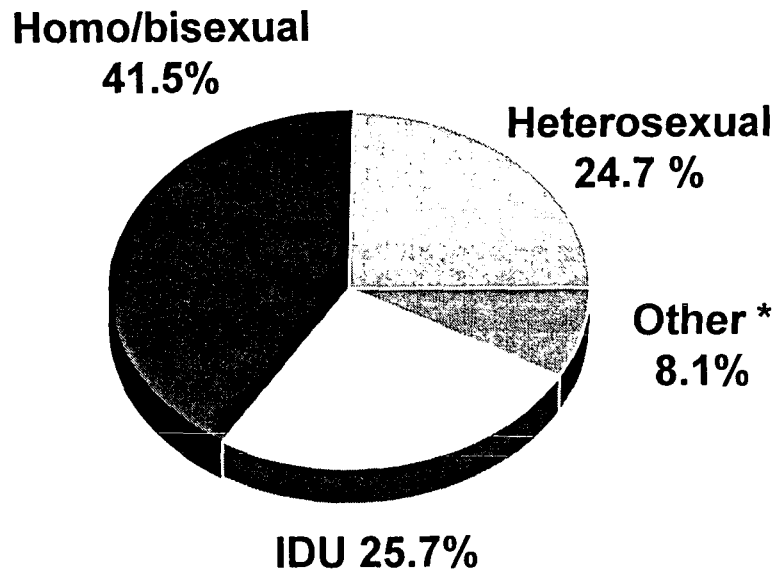
* Includes pediatric 3.7%, blood 2.3%, and other known exposure categories <1%.

**Fig. 3c. Distribution of AIDS cases by exposure category, as of Sept. 1997.
Brazil**

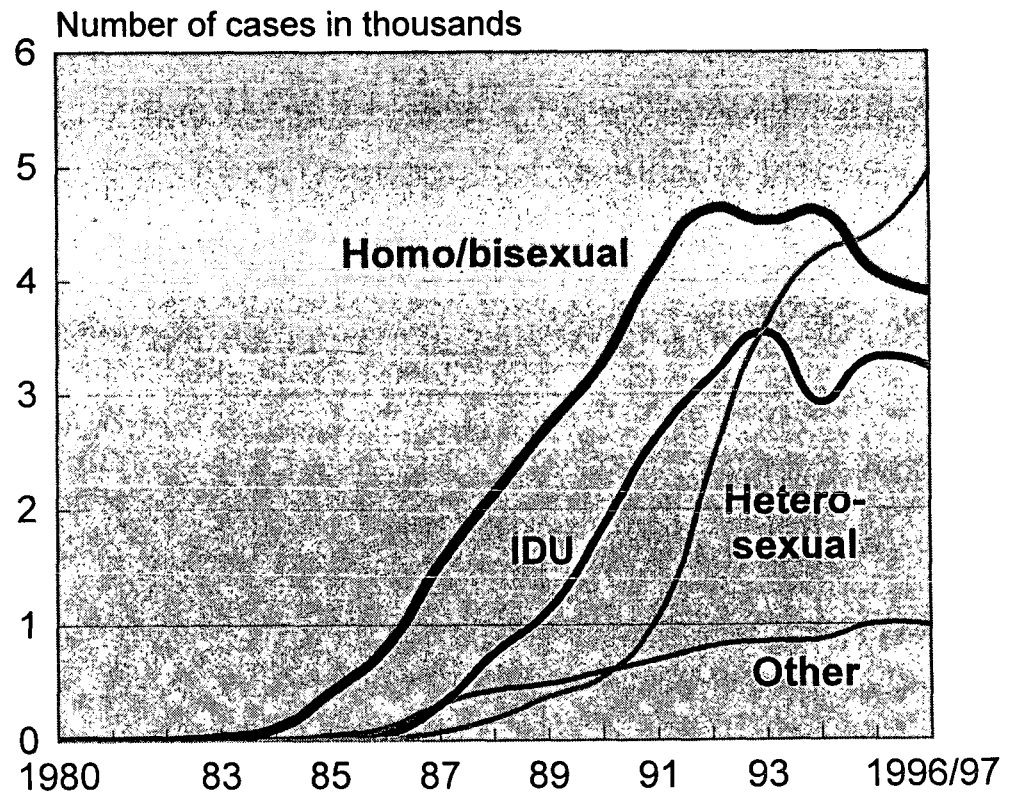
Reported cases: 110,845

Cumulative by exposure category

Annual incidence, selected exposure categories



Cases with known exposure category: 88,927
(unknown: 21,918)

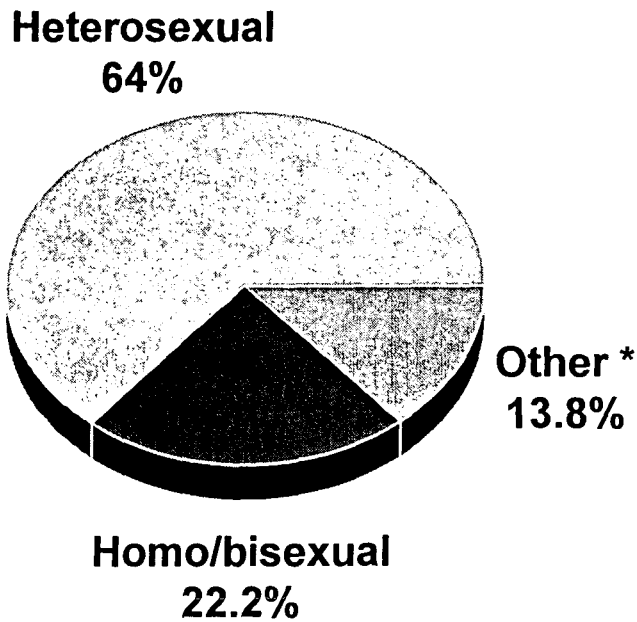


* Includes blood 5% and pediatric 3.1%.

**Fig. 3d. Distribution of AIDS cases by exposure category, as of Sept. 1997.
Central American Isthmus**

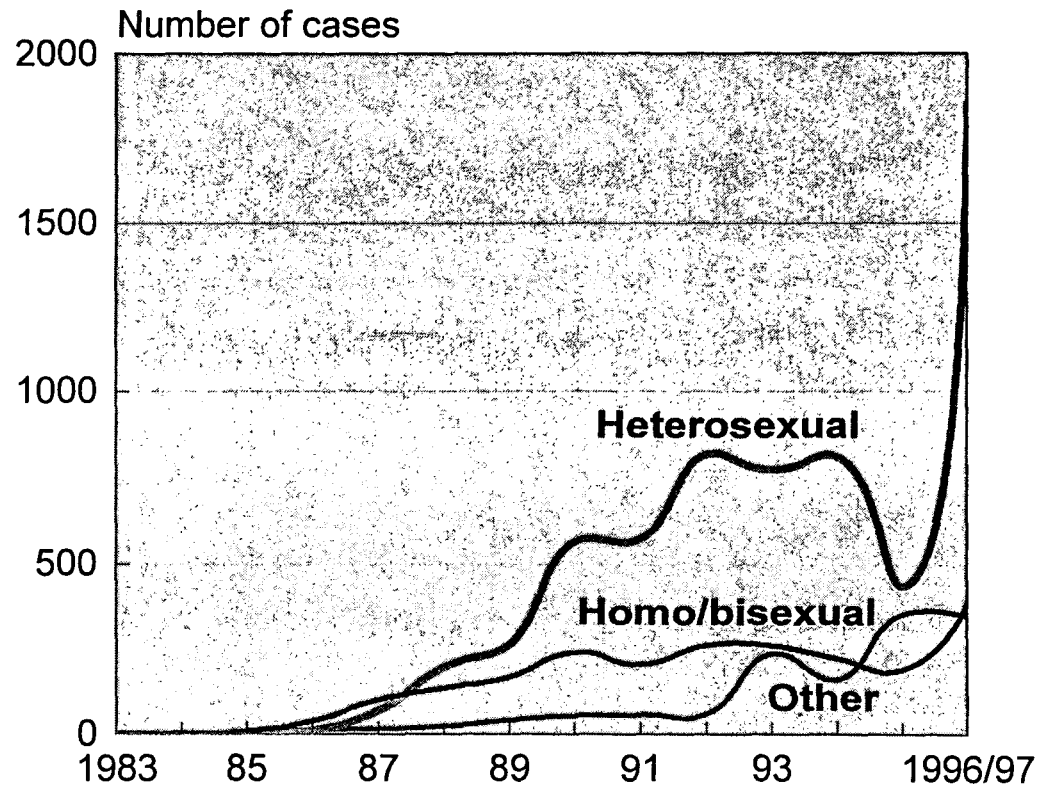
Reported cases: 13,170

Cumulative by exposure category



Cases with known exposure category: 9,962
(unknown: 1,588)
(not reported: 1,620)

Annual incidence, selected exposure categories



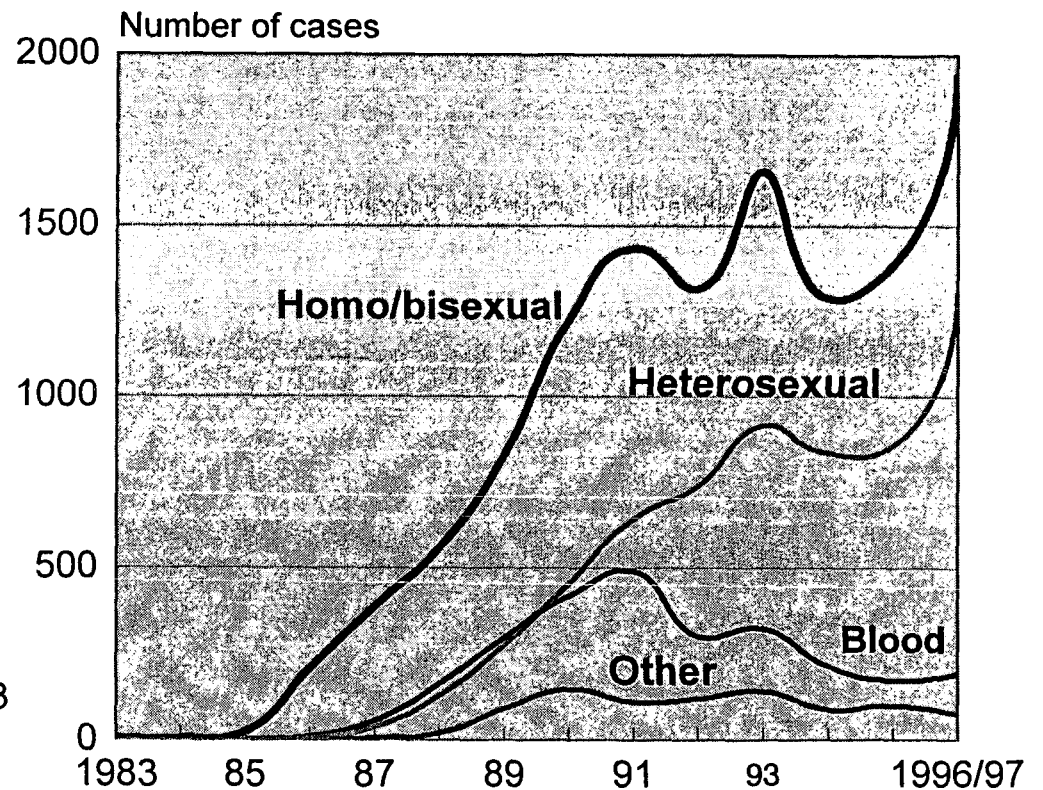
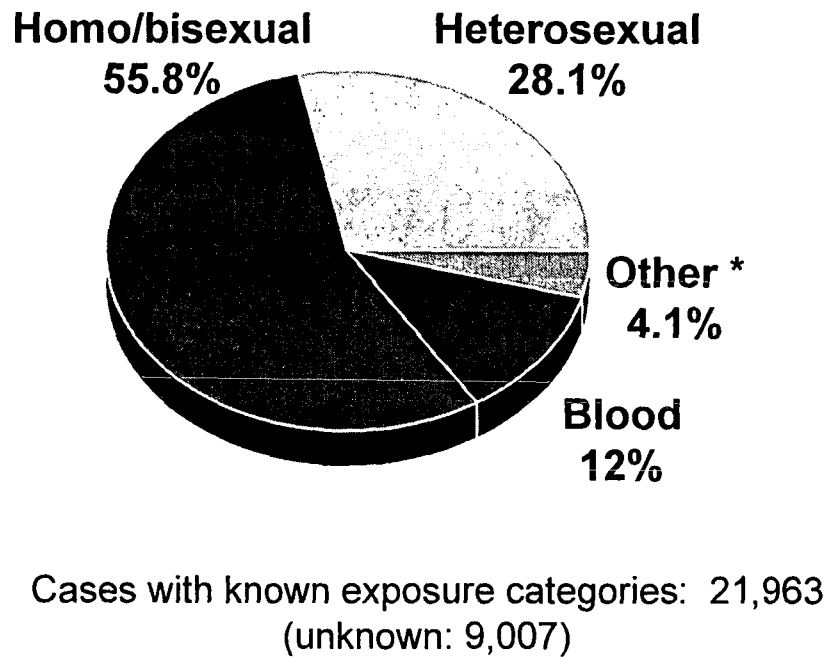
* Includes pediatric 3.5%, blood 1.7%, IDU 1% and other known exposure categories 7.6%.

**Fig. 3e. Distribution of AIDS cases by exposure category, as of Sept. 1997.
Mexico**

Reported cases: 30,970

Cumulative by exposure category

Annual incidence, selected exposure categories

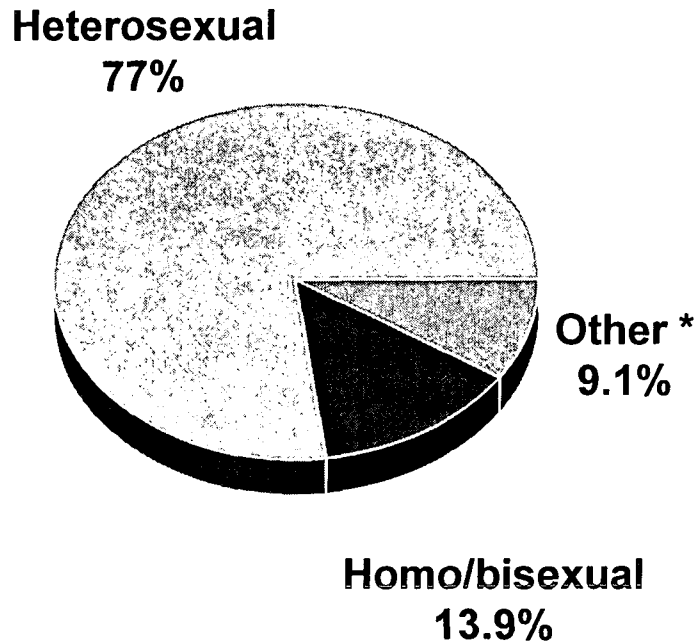


* Includes pediatric 1.7%, IDU 1% and other known exposure categories 1.4%.

**Fig. 3f. Distribution of AIDS cases by exposure category, as of Sept. 1997.
Caribbean****

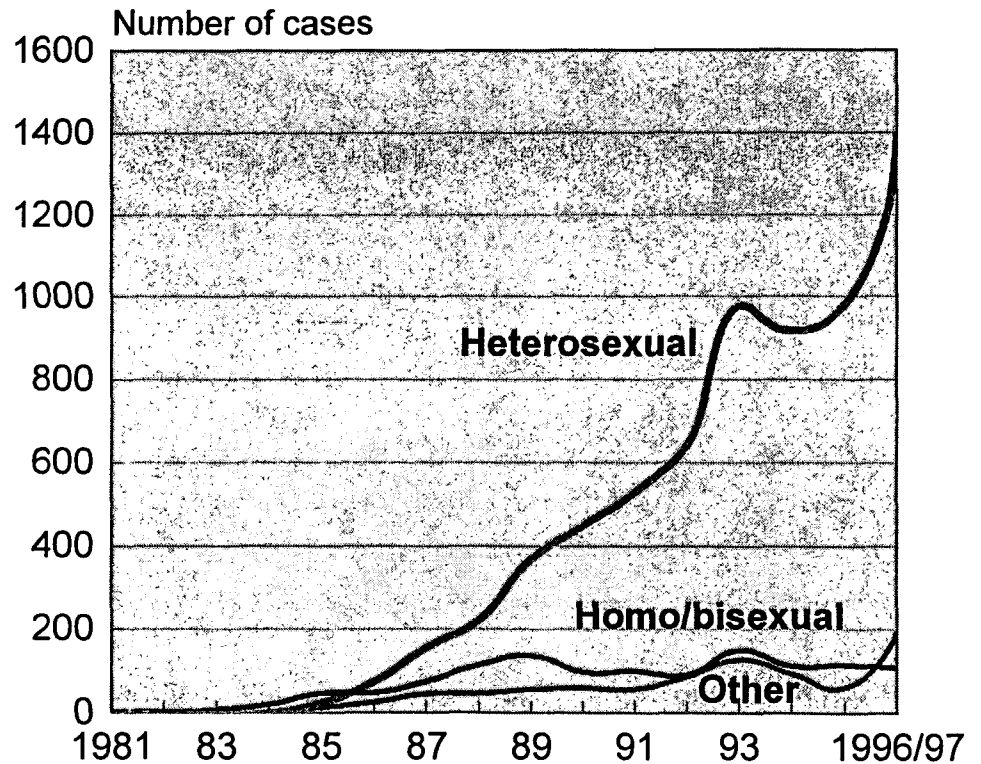
Reported cases: 11,727

Cumulative by exposure category



Cases with known exposure categories: 8,555
(unknown: 3,172)

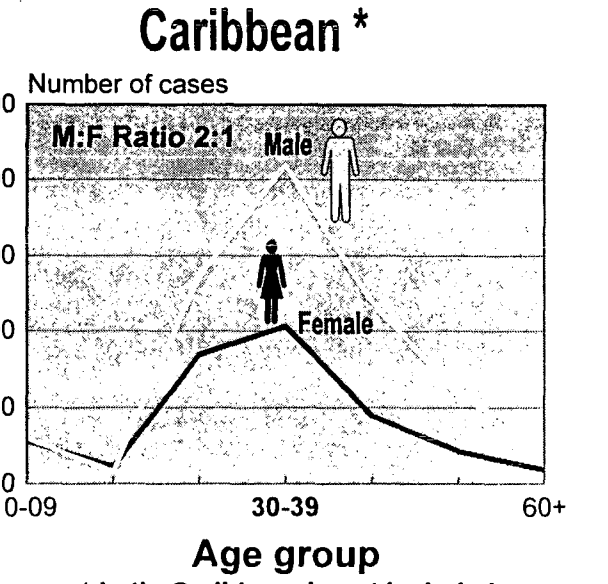
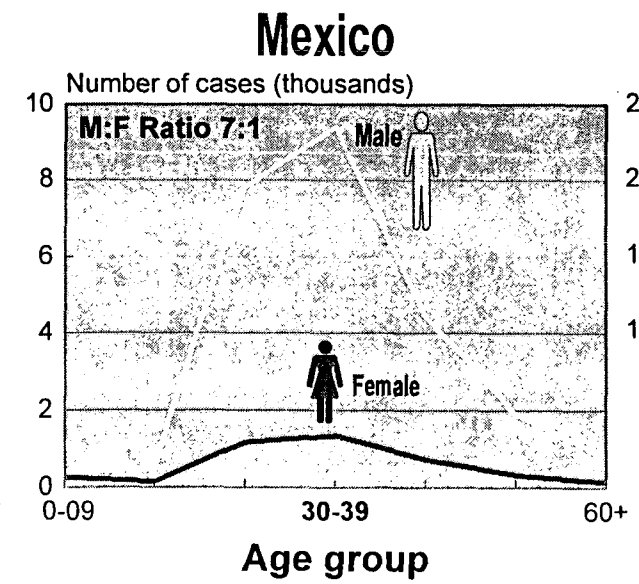
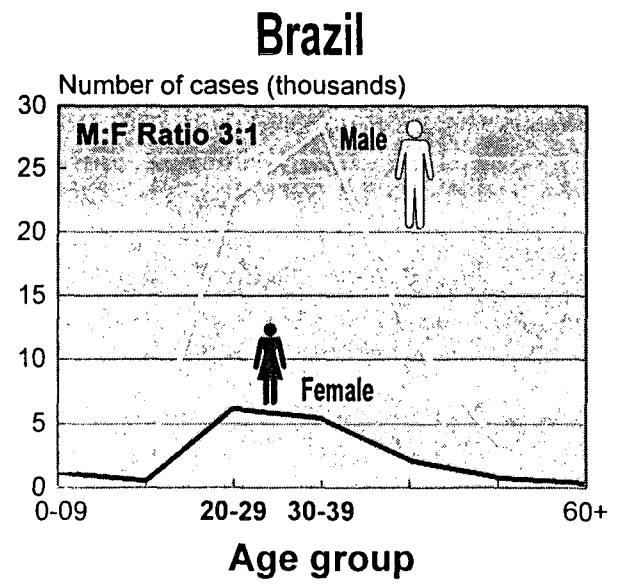
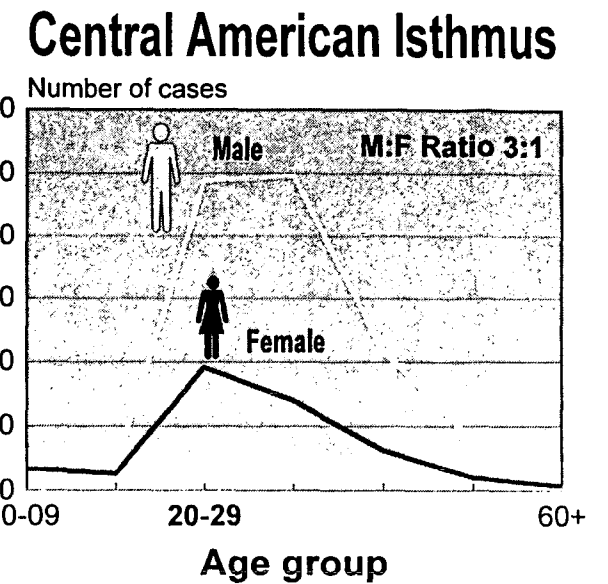
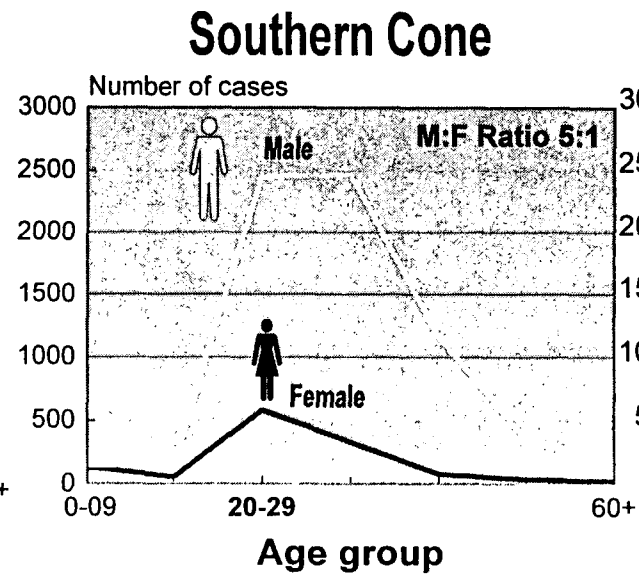
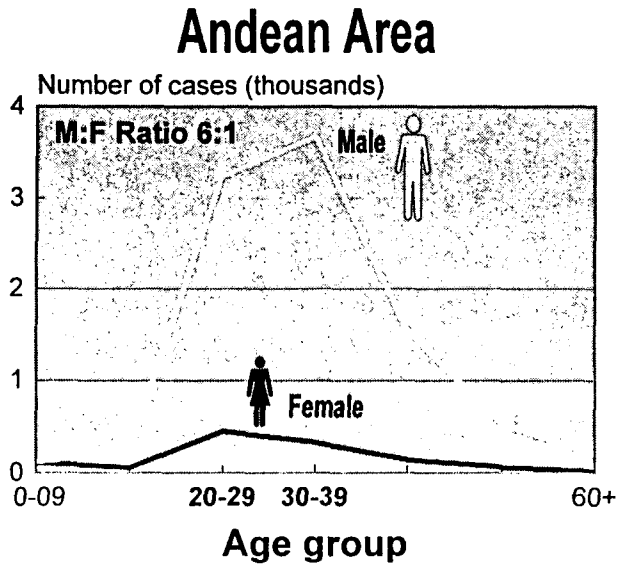
Annual incidence, selected exposure categories



* Includes pediatric 7.2%, IDU 0.8%, blood 0.7% and other known exposure categories 0.5 %.

** Latin Caribbean is not included.

Fig. 4. Distribution of Cumulative AIDS Cases by Age Group, Sex and Subregions, Sept. 1997.



* Latin Caribbean is not included.

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 and UNAIDS 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.