

Elimination of mother-to-child transmission of HIV and syphilis in the Americas

UPDATE

2016



Pan American
Health
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ACRONYMS

3TC	lamivudine
ANC	antenatal care
ARV	antiretroviral
CS	congenital syphilis
EFV	efavirenz
EID	early infant diagnosis
EMTCT	elimination of mother-to-child transmission
FTC	emtricitabine
HIV	human immunodeficiency virus
LAC	Latin America and the Caribbean
MTCT	mother-to-child transmission
mU	million units
PAHO	Pan American Health Organization
PMTCT	prevention of mother-to-child transmission
STI	sexually transmitted infection
TDF	tenofovir
UNAIDS	Joint United Nations Program on HIV/AIDS
UNICEF	United Nations Children's Fund
US	United States of America
WHO	World Health Organization

1. Executive summary

Since 2010, PAHO Member States have committed to the dual elimination of mother-to-child transmission (MTCT) of HIV and syphilis in the Region [1]. This commitment was renewed and expanded in 2016, when Member States approved the "Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections (2016-2021)" with the aim of contributing to the end of AIDS and sexually transmitted infections (STIs) as a public health problem in the Americas [2]. This document reports on the progress made toward elimination between 2010 and 2015.

- In 2015, 42 countries and territories reported having national plans for the elimination of mother-to-child transmission of HIV and syphilis. This represents progress in the sustainability of the elimination efforts beyond the end of the 2010 resolution [1]. In addition, in 2015, 44 countries and territories had information systems to monitor perinatal HIV, and 39 countries and territories had systems to monitor congenital syphilis.
- Antenatal care coverage and the percentage of women delivering in hospital settings are very high in Latin America and the Caribbean (LAC). In 2015, 88% of women attended four or more antenatal care sessions, while approximately 1.5 million women had fewer than four prenatal visits.
- In 2015, 72% of pregnant women in LAC had an HIV test, an increase of 10 percentage points over five years. Screening for syphilis in pregnant women who had prenatal care visits reached 83%, an increase of six percentage points since 2011.
- There has been an increase of 71% in coverage of antiretroviral treatment among pregnant women since 2010 (from 52% to 88% in 2015) in LAC, with a reduction in the mother-to-child transmission rate to 8% in 2015. Consequently, new HIV infections among children 0-14 years old have decreased to an estimated 2,100. On the other hand, syphilis treatment coverage has remained stable since 2011 at approximately 84%.
- There were an estimated 22,800 cases of congenital syphilis in the Americas (in 37 reporting countries and territories) in 2015, with a growing rate of 1.7 cases per 1,000 live births. Brazil's growing rate influences the regional rate. An analysis excluding Brazil shows stable congenital syphilis rates since 2009.
- In 2015, 22 countries and territories in the Region of the Americas reported data compatible with achievement of the goal and targets of HIV MTCT elimination (same number as in 2014), and 20 reported data compatible with elimination of MTCT of syphilis (two more than in 2014). Of these countries and territories, 18 (one more than in 2014) reported data indicating the elimination of MTCT of both HIV and syphilis.

2. Background

The Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis was adopted in 2010 in Resolution CD50.R12 of the 50th Directing Council [1] by the PAHO Member States. The following goals were established for 2015:

- To reduce HIV MTCT to 2% or less;
- To reduce the incidence of pediatric cases of HIV infection to 0.3 per 1,000 live births or less;
- To reduce the incidence of congenital syphilis to 0.5 cases (including stillbirths) per 1,000 live births or less by 2015.

The programmatic objectives were as follows:

- Coverage of prenatal care and delivery attended by skilled personnel in over 95% of births;
- Over 95% syphilis and HIV detection coverage in pregnant women;
- Over 95% antiretroviral (ARV) coverage for prevention of MTCT of HIV and syphilis treatment in pregnant women and children;
- 95% or more of primary care centers offer services for the prevention and diagnosis of HIV infection and sexually transmitted infections, integrated with other services such as prenatal health, sexual and reproductive health, adolescent health, and prevention and treatment of gender violence;
- 95% or more of countries use computerized systems for monitoring progress in the elimination of MTCT HIV and syphilis and to support decision-making.

In 2015, Cuba became the first country in the world to receive validation from WHO for eliminating mother-to-child transmission of HIV and syphilis. This milestone marked the beginning of continuing validation of the end of epidemics in children in the Region of the Americas and around the world [3-5]. In 2016, Thailand and Belarus were also certified for dual elimination, while Armenia and the Republic of Moldova reached global elimination targets for HIV and syphilis, respectively. In the Region of the Americas, countries and territories from the Caribbean have undertaken the validation exercise, and more countries are expected to be certified in 2017.

This document reports the progress made toward eliminating MTCT of HIV and syphilis between 2010 and 2015, closing the cycle established by Resolution CD50.R12. In 2016, PAHO Member States renewed their commitment to the elimination of MTCT of HIV and syphilis and embraced the challenge of eliminating other mother-to-child transmitted infections, such as hepatitis B and Chagas disease [2]. The results presented here can help those responsible for policies, programs, and health workers monitor their achievements and can shed light on the remaining gaps for the Region to achieve the elimination of MTCT of HIV and syphilis.

3. Methods and data sources

In analyzing progress in the elimination of mother-to-child transmission of HIV and syphilis in the Region of the Americas, data were included from 35 countries and 17 territories that are Member States, Participating States, or Associate State members of PAHO.¹ **Hereafter we refer to these countries and territories with the generic term "countries."**

The report refers to the Region of the Americas or to Latin America and the Caribbean according to the availability of information in each case. The generic term "children" is used to refer to boys and girls.

The data sources are summarized in **Table 1.**

To classify the situation of each country with respect to the elimination of MTCT of syphilis, congenital syphilis rates and the following program coverage indicators were assessed: prenatal care coverage, syphilis detection and treatment in pregnant women, and the quality of the surveillance system. A

country is considered to have eliminated MTCT of congenital syphilis when the congenital syphilis rate (including stillbirths) is ≤ 0.5 per 1,000 live births, prenatal care coverage is $\geq 95\%$, syphilis testing during pregnancy is $\geq 95\%$, and $\geq 95\%$ of syphilis-positive pregnant women receive appropriate treatment. Countries report cases of congenital syphilis on the basis of their own definition. In some cases, infants stillborn due to maternal syphilis may not be reported.

To classify a country as having eliminated MTCT of HIV, the following were also included: perinatally HIV exposed children and children detected with HIV infection, coverage of HIV testing in pregnant women, antiretroviral therapy among those with HIV, and a qualitative analysis of surveillance systems. A country is deemed to have eliminated MTCT of HIV when the HIV MTCT rate is $\leq 2\%$ and when the rate of pediatric HIV infection is ≤ 0.3 per 1,000 live births, supported by indicators of access to prenatal care, screening for HIV in pregnant women, and treatment of pregnant women with HIV.

¹ The PAHO Strategic Plan 2014–2019 includes 35 countries and 16 territories. This report also includes the US Virgin Islands.

Table 1. Sources of information according to type of indicator

Indicator	Source
Policies (Section 4, Figure 1)	UNAIDS and WHO. 2015 Country Global AIDS Response Progress Reporting [6]
Number of pregnant women	Office of the Division of Population of the United Nations [7] and the Census Bureau of the United States [8]
Prenatal care coverage: 1 visit, 4 visits, and hospital deliveries	Pan American Health Organization: Health Information and Analysis Unit; Regional Core Health Data Initiative [9]
HIV prevalence among adult women (15–49 years old)	UNAIDS. 2015 estimates using PPE-Spectrum [10]
Syphilis seropositivity in pregnant women	UNAIDS and WHO. 2010 to 2015 Country Global AIDS Response Progress Reporting [6]; EMTCT country reports submitted to the Pan American Health Organization (unpublished data)
EMTCT country reports submitted to the Pan American Health Organization (unpublished data)	Numerator: UNAIDS and WHO. 2010 to 2015 Country Global AIDS Response Progress Reporting [6]; EMTCT country reports submitted to the Pan American Health Organization (unpublished data) Denominator: Office of the Division of Population of the United Nations [7] and the Census Bureau of the United States [8]
HIV diagnosis in pregnant women (coverage of HIV screening and counseling for pregnant women)	UNAIDS and WHO. 2010 to 2015 Country Global AIDS Response Progress Reporting [6]; EMTCT country reports submitted to the Pan American Health Organization (unpublished data)
Denominator: Office of the Division of Population of the United Nations [7] and the Census Bureau of the United States [8]	Numerator: UNAIDS and WHO. 2010 to 2015 Country Global AIDS Response Progress Reporting [6] Denominator: UNAIDS. 2015 estimates using PPE-Spectrum [10]
Treatment coverage of syphilis-positive pregnant women	UNAIDS and WHO. 2010 to 2015 Country Global AIDS Response Progress Reporting [6]; EMTCT country reports submitted to the Pan American Health Organization (unpublished data)
Antiretroviral treatment coverage in seropositive pregnant women used to prevent mother-to-child transmission of HIV	Numerator: UNAIDS and WHO. 2010 to 2015 Country Global AIDS Response Progress Reporting [6]
Estimated number of new HIV infections in children 0 to 14 years old in Latin America and the Caribbean	UNAIDS. 2015 estimates using PPE-Spectrum [10]
Estimated number of infections averted due to PMTCT in Latin America and the Caribbean	UNAIDS. 2015 estimates using PPE-Spectrum [10]
Coverage of early HIV diagnosis in infants	Numerator: UNAIDS & WHO. 2014–2015 Country Global AIDS Response Progress Reporting [6] Denominator: UNAIDS. 2015 estimates using PPE-Spectrum [10]
HIV MTCT rates; number of infants diagnosed with HIV infection; number of infants with perinatal exposure to HIV; number of infants with perinatal exposure to HIV without a definitive diagnosis	UNAIDS and WHO. 2014–2015 Country Global AIDS Response Progress Reporting [6]; EMTCT country reports submitted to the Pan American Health Organization (unpublished data)
Regional rate of mother-to-child transmission of HIV	UNAIDS. 2015 estimates using PPE-Spectrum (unpublished data)
Congenital syphilis rate and regional rate for congenital syphilis	Numerator (congenital syphilis cases): 2014–2015 Country Global AIDS Response Progress Reporting [6]; EMTCT country reports submitted to the Pan American Health Organization (unpublished data) Denominator (live births): Office of the Population Division of the United Nations [7] and the Census Bureau of the United States [8] Note: For data on the United States of America, Puerto Rico, and the US Virgin Islands, see [11]; for data on Brazil, see [12]

4. Policies and information systems on mother-to-child transmission of HIV and syphilis

- In 2015, 98% (42/43) of the reporting countries in the Region had national plans to eliminate MTCT of HIV and syphilis, a similar proportion than in 2014 [13].
- 96% (45/47) of the reporting countries² recommend offering lifelong antiretroviral therapy to all pregnant women with HIV, regardless of their CD4 count, for the prevention of MTCT of HIV, an increase from the 88% reported in 2014 [13].
- 62% of the reporting countries (24/39) have adopted WHO's recommended regimen of TDF/3TC(FTC)/EFV as the first-line antiretroviral therapy for pregnant and nursing women with HIV infection, an improvement from the 56% in 2014 [13].
- 98% (39/40) of the reporting countries have implemented early infant diagnosis (EID) (i.e., a virological test to diagnose HIV among infants within two months of birth).
- 38% (15/40) of the reporting countries use treponemal rapid syphilis tests for screening of pregnant women; this resource is particularly relevant for the elimination of congenital syphilis as it allows for same-visit testing and treatment initiation [14] (**Figure 1, Table 4**).

In 2015, 44 countries in the Region reported on the diagnostic status of infants exposed to HIV, demonstrating a functioning surveillance system for perinatal HIV. Surveillance of perinatal HIV cases has improved since 2010, when only 26 countries reported data on HIV-exposed children and final diagnosis of HIV infection [15].

Challenges still remain to ascertain the appropriate sensitivity of surveillance systems for congenital syphilis. Comparison of congenital syphilis incidence case rates among countries remains limited due to variations in national case definitions and lack of alignment with international standards (see the **Box 1** below for the WHO case definition). For example, one third of reporting countries (11/34) in the Americas continue to not include stillbirths. Gaps in testing of pregnant women also hinder detection of cases.

² Reporting countries refer to those that provided information related to the variable under analysis.

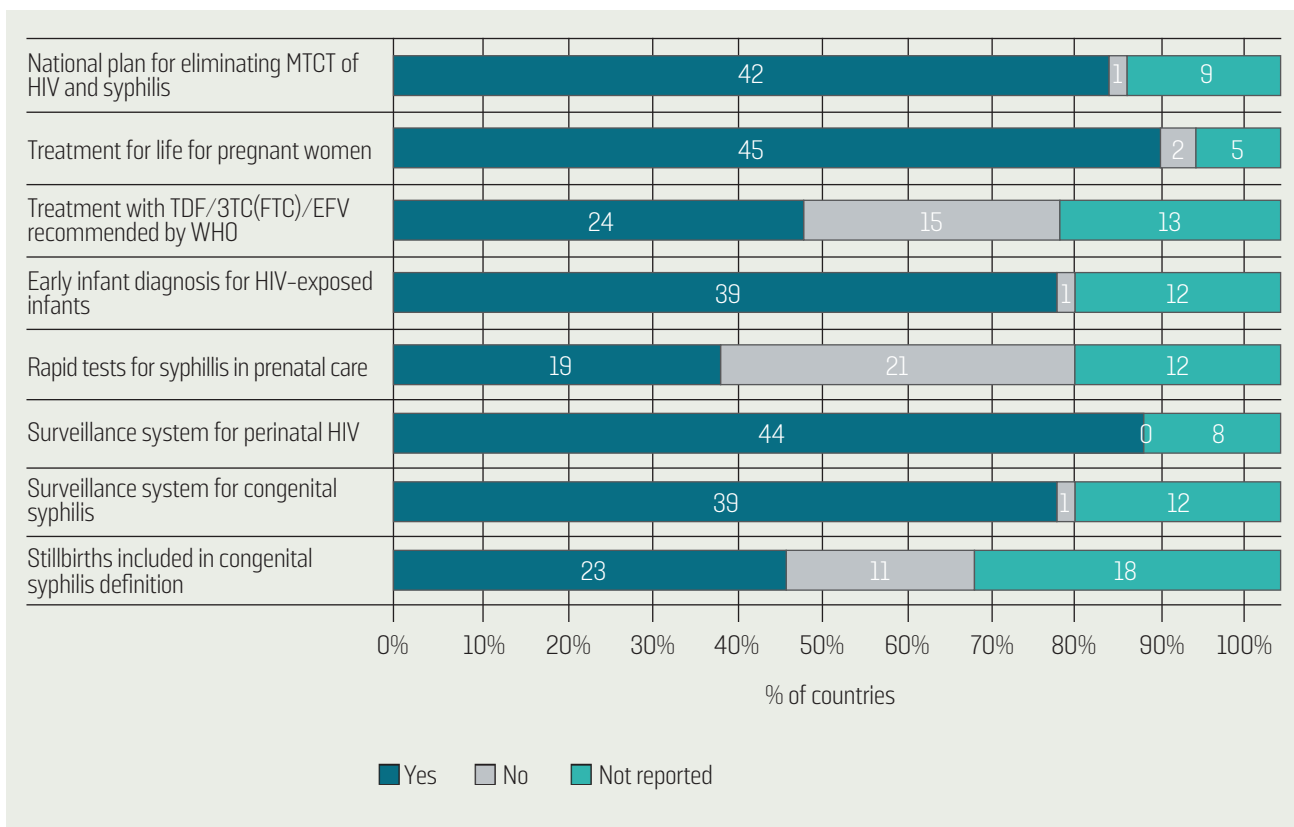
Box 1. WHO congenital syphilis case definition [16]

- a stillbirth, live birth, or fetal loss at >20 weeks of gestation or >500g to a syphilis-seropositive mother not treated with at least one dose of benzathine penicillin G (2.4 mU IM) initiated >30 days prior to delivery, regardless of signs in the infant; OR
- a stillbirth, live-born infant, or child aged <2 years with microbiological evidence of syphilis infection.

Although countries made progress in the availability and quality of information related to EMTCT in the Region in comparison with the 2010 baseline, information systems still

present challenges related to compliance with international standards, sensitivity, and usefulness to guide a more effective response.

Figure 1. Policies and program elements reported by countries to help eliminate MTCT of HIV and syphilis in the Region of the Americas, 2015



Source: UNAIDS/WHO. Country Global AIDS Response Progress Reporting (2016); PAHO. Country reports on the elimination of MTCT, 2015-2016.
 Note: Figures inside bars are the number of countries in each category (not the percentages)

5. Delivery of services for the prevention of mother-to-child transmission of HIV and congenital syphilis

5.1. Access to prenatal care, delivery care, and hospital delivery

In the American continent, there were 15.6 million estimated pregnant women in 2015, almost 11 million of them in Latin America and the Caribbean.

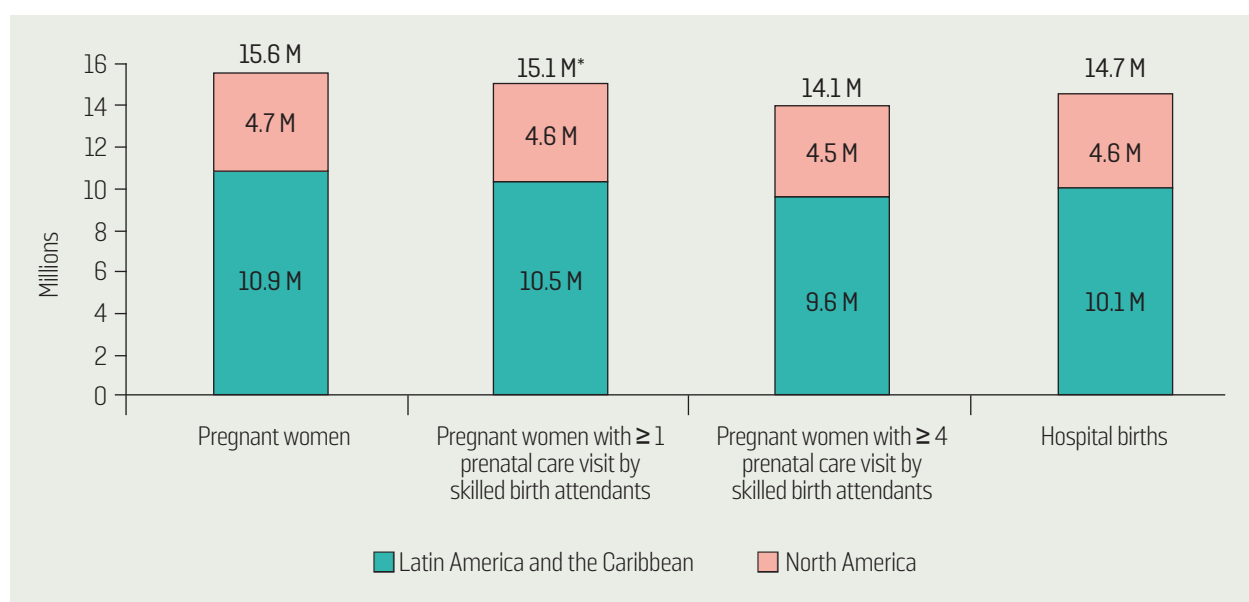
In 2014, 97% of pregnant women in the Region (96% in LAC) attended at least one prenatal care visit with trained staff.³ In 2015, 90% (88% in LAC) attended four or more sessions, but 1.5 million women had fewer than four prenatal visits. As estimated in 2014, half a million pregnant women received no

prenatal care, the majority of them in Latin America and the Caribbean (**Figure 2, Table 5**).

The Region maintained its 94% coverage of hospital deliveries (92% in LAC) in 2015. The countries with the lowest percentages of women delivering in hospitals were Haiti (50%; 2013 data), Honduras (72%), Bolivia (73%), and Suriname (80%).

³ No new data are available for 2015.

Figure 2. Estimated number of pregnant women, number with access to prenatal care, and number receiving delivery services in the Americas, 2015



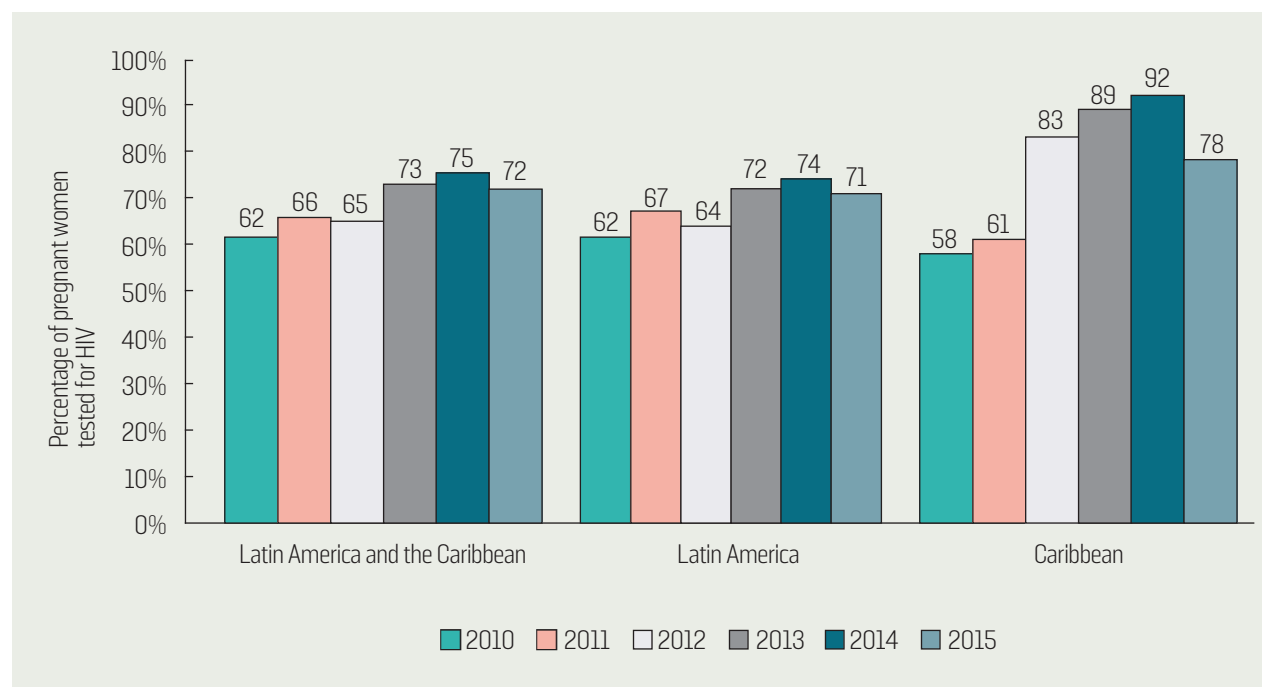
Source: PAHO. Basic Indicators, 2014-2015.
*2014 estimates.

5.2. HIV and syphilis testing in pregnant women

It is estimated that 72% of pregnant women in Latin America and the Caribbean had an HIV test in 2015, an increase of 10 percentage points over five years [15] but a decrease in relation to 2014 [13] (Figure 3, Table 7). This decrease is related to lower testing coverage in Mexico and the Dominican Republic. Estimated HIV prevalence among women of

reproductive age (15-49 years old, whether pregnant or not pregnant) by country is also presented in Table 7. In 2015, the estimated HIV prevalence among adult women in countries in Latin America was 0.4% or less. A greater range is found in the Caribbean, where national HIV prevalence varies from less than 0.1% to over 2% in Haiti and in the Bahamas.

Figure 3. Trends in HIV testing and counseling among pregnant women in Latin America and the Caribbean, 2010-2015



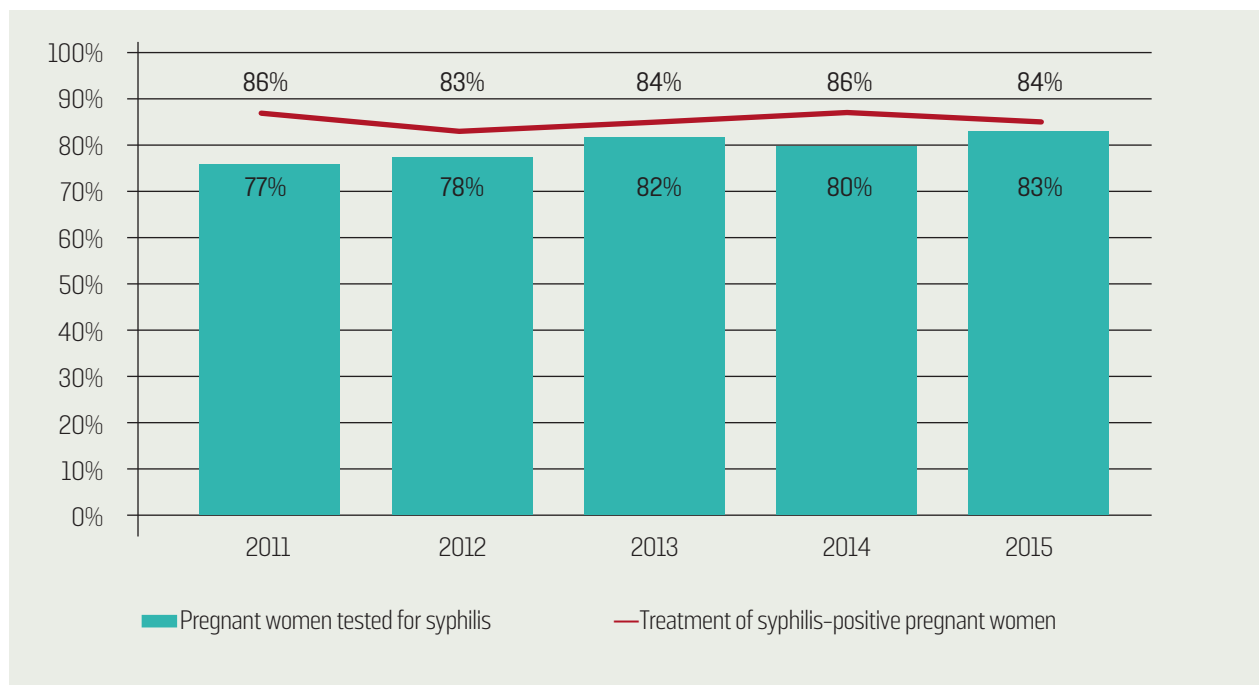
Source: UNAIDS/WHO. Country Global AIDS Response Progress Reporting (2015) (numerator) and Population Division of the United Nations (2013, 2012 revision) and estimates by the Census Bureau of the United States of America (denominator).

Screening for syphilis among pregnant women with at least one prenatal care visit has increased by 6 percentage points since 2011 [17], reaching 83% in 2015 (**Figure 4, Table 8**). Also, there has been a slight increase in the number of countries using rapid tests to screen pregnant women (48% in 2015) (**Figure 1, Table 4**).

The percentage of pregnant women tested for syphilis who had a positive result

varies from zero cases in some Caribbean countries to 4.3% in Paraguay (**Table 8**). Any comparisons regarding the percentage of syphilis-seropositive pregnant women among countries should be made with care, as source, quality of information, and the criteria used for reporting positive results (i.e., screening testing or confirmed diagnosis) are not standardized.

Figure 4. Percentage of pregnant women who have access to prenatal care and were screened for syphilis in Latin America and the Caribbean and the percentage of positives appropriately treated, 2011-2015

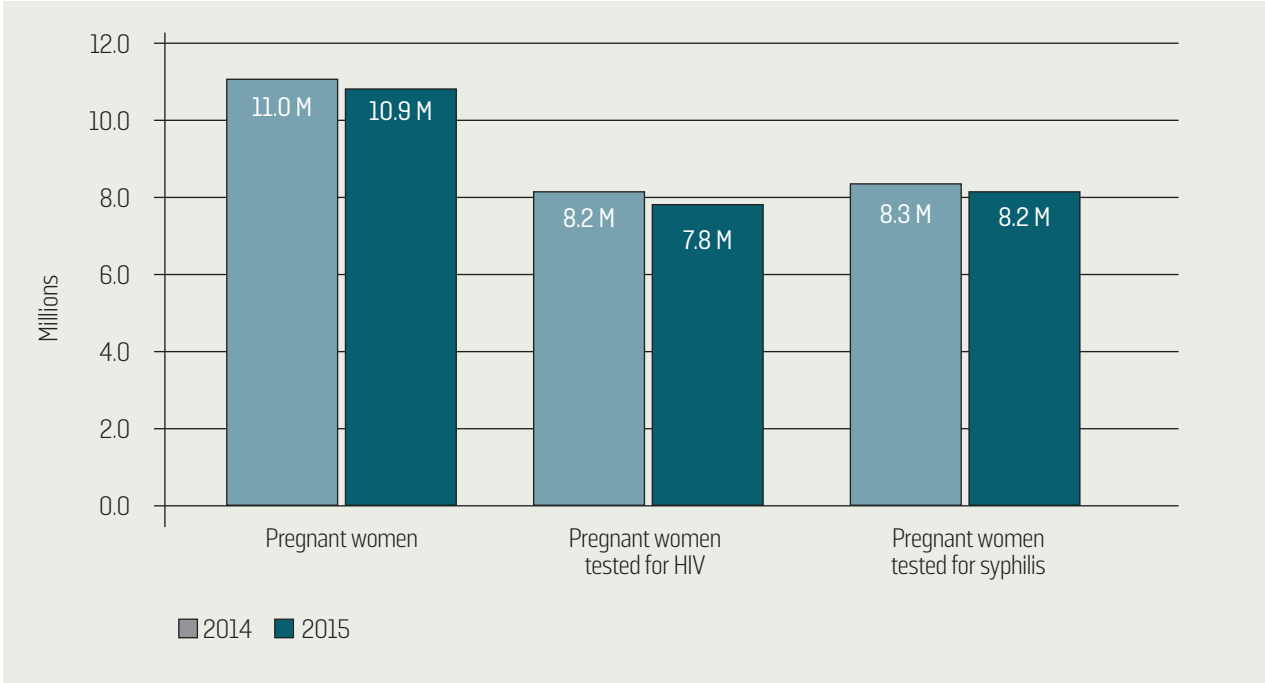


Source: UNAIDS/WHO. Country Global AIDS Response Progress Reporting (2012-2015); PAHO. Country reports on the elimination of MTCT, 2015-2016. Regional detection of syphilis and treatment based on data from 27 and 29 countries, respectively.

There are still an estimated 2.7 million pregnant women in Latin America and the Caribbean who were not screened for syphilis

during pregnancy and 3.1 million pregnant women who did not receive an HIV test in 2015.

Figure 5. Estimated number of pregnant women, and number of those with HIV and syphilis testing in Latin America and the Caribbean, 2014-2015



Source: PAHO, 2014-2015 Basic Indicators; UNAIDS/WHO. Country Global AIDS Response Progress Reporting, 2014-2015.

6. Treatment of HIV and syphilis in pregnant women

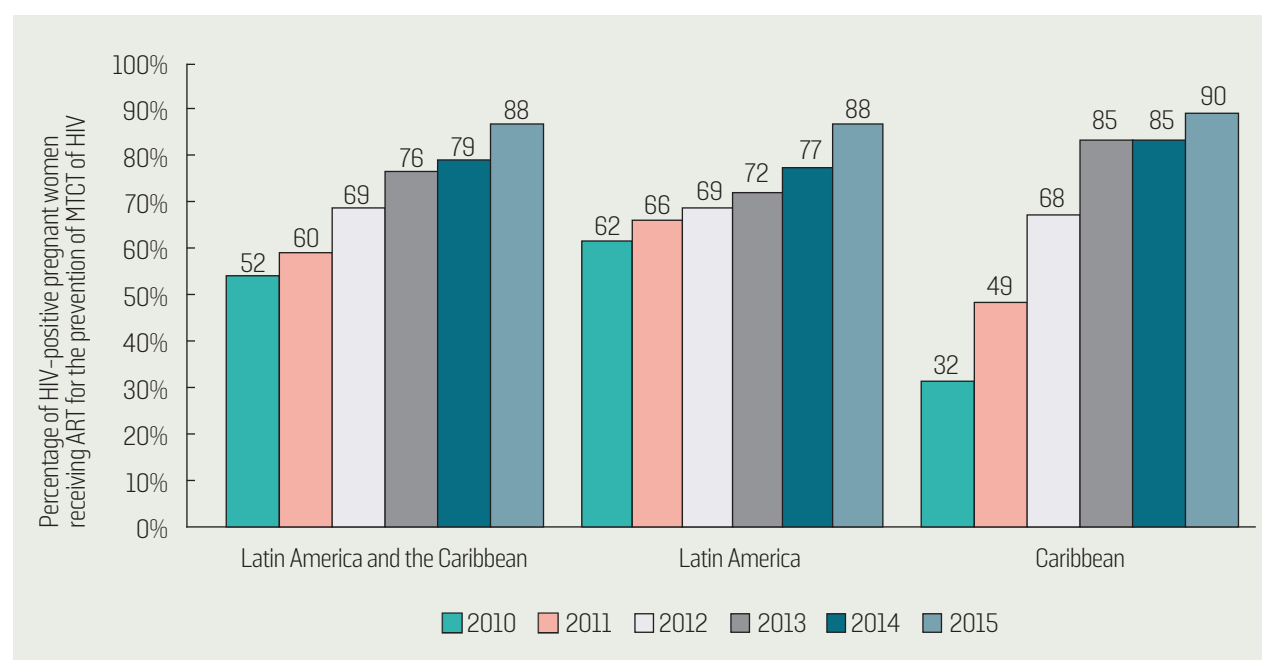
6.1 Antiretroviral therapy for the prevention of mother-to-child transmission of HIV

The number and percentage of pregnant women infected with HIV who receive antiretrovirals have systematically increased during the monitoring years. In 2015, 88% [76%- >95%⁴] of HIV-positive pregnant women in low- and middle-income countries in the Region of the Americas received antiretroviral therapy for the prevention of HIV MTCT. This is an increase of 71% from the 2010 figure (**Figure 6**). Coverage in Latin America in 2015 was 88% [75%- >95%], while coverage in the Caribbean was 90% [75%- >95%].

In 2015, 24,300 pregnant women with HIV received antiretrovirals to prevent mother-to-child transmission of HIV in LAC, an increase of more than 8,000 from 2010 (16,000). There was a 43% increase from 2010 in Latin America (7,800 more pregnant women with HIV receiving antiretrovirals) and an 83% increase in the Caribbean (2,777 more pregnant women receiving antiretrovirals). This is a positive outcome supported by widespread adoption of treatment for all pregnant women (45 countries).

⁴ Lower and upper bounds of the modelled estimates.

Figure 6. Estimated coverage of antiretroviral therapy in HIV-positive pregnant women for the prevention of mother-to-child transmission of HIV in Latin America and the Caribbean, 2010-2015



Source: UNAIDS/WHO. Country Global AIDS Response Progress Reporting, 2010-2015 (numerator); UNAIDS. 2010-2015 estimates (denominator).

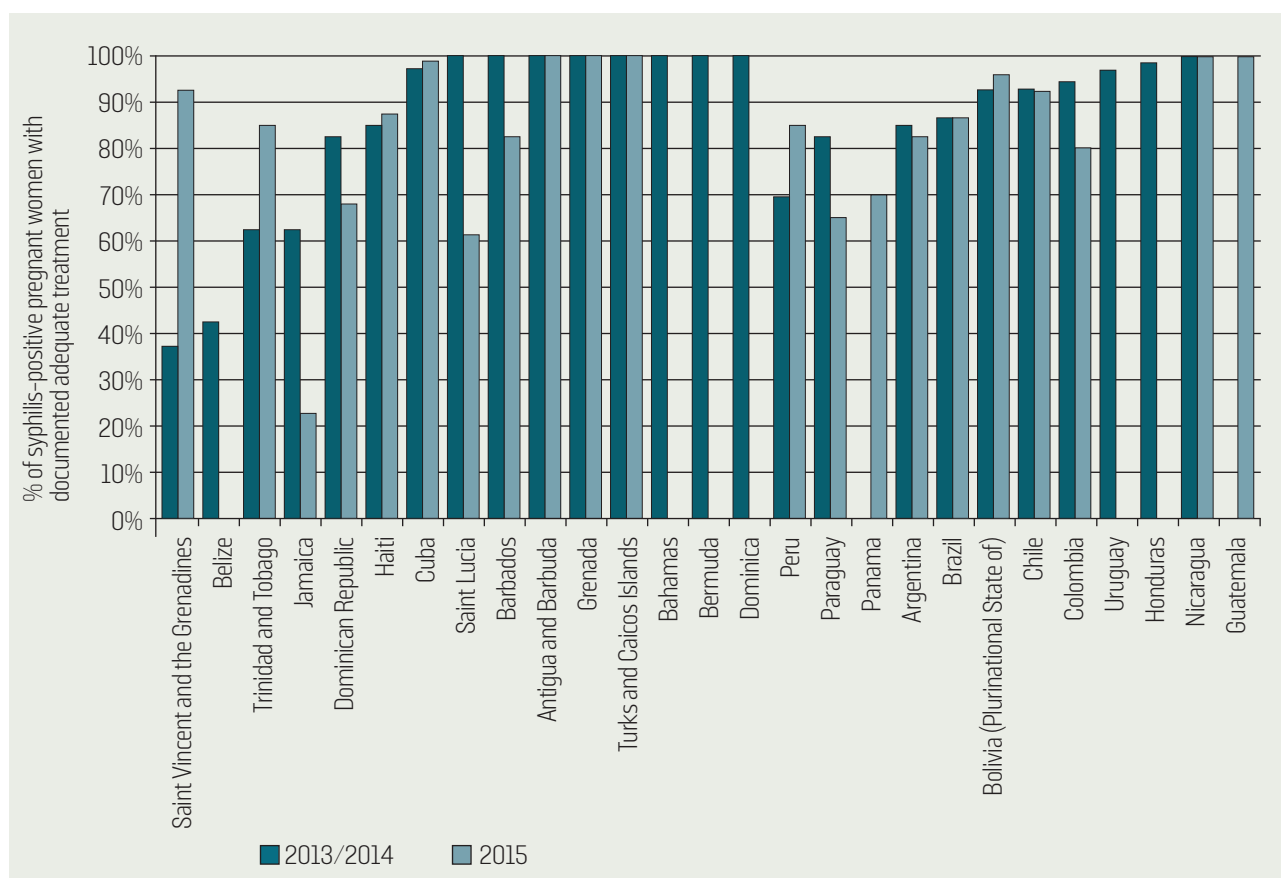
6.2 Treatment of syphilis in pregnant women

Twenty-two countries (42%) in the Region of the Americas reported on the treatment of syphilis-positive pregnant women in 2015 (**Figure 7, Table 9**), one less than in 2010 [15]. Eleven countries reported coverage higher than 95% or had no pregnant women diagnosed with syphilis in 2015, while four countries reported 65% coverage or less. The lowest coverage

reported in the Region, 23% in Jamaica, was related to the use of a non WHO-recommended regimen to prevent congenital syphilis, due to shortages of benzathine penicillin G.

Overall, syphilis treatment coverage in Latin America and the Caribbean has been stagnant since 2011, estimated at 84% in 2015 (**Figure 4**).

Figure 7. Percentage of syphilis-positive pregnant women with documented adequate treatment for syphilis in Latin America and the Caribbean, 2013-2015



Source: UNAIDS/WHO. Country Global AIDS Response Progress Reporting, 2013-2015. PAHO. Country reports on the elimination of MTCT, 2015-2016. Note: Arranged by 2013-2014 treatment coverage figure for each subregion.

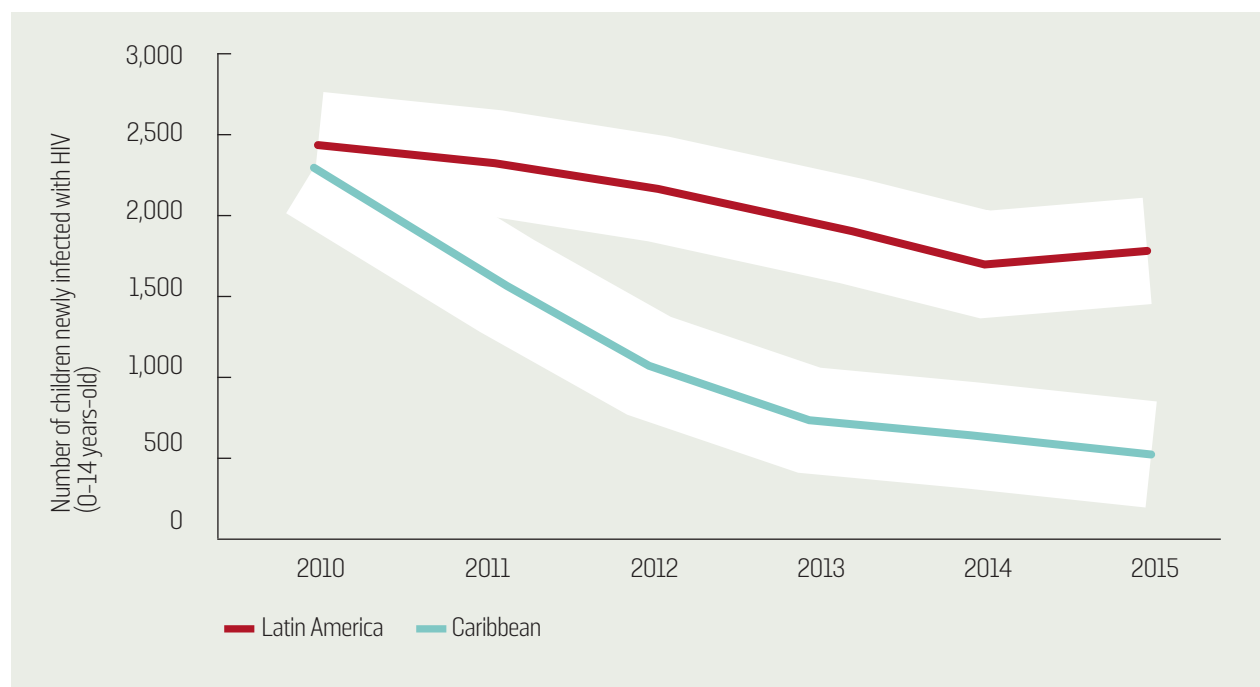
7. Elimination of mother-to-child transmission of HIV and syphilis

7.1 Elimination of mother-to-child transmission of HIV

The number of new HIV infections among children 0-14 years old in Latin America and the Caribbean declined by 55% between 2010 and 2015, from an estimated 4,700 [3,500–6,400] to 2,100 [1,600–2,900] (**Figure 8**). This indicates that an estimated 28,000 HIV infections were averted in LAC from 2010 to 2015 due to PMTCT interventions (**Figure 9**). There was

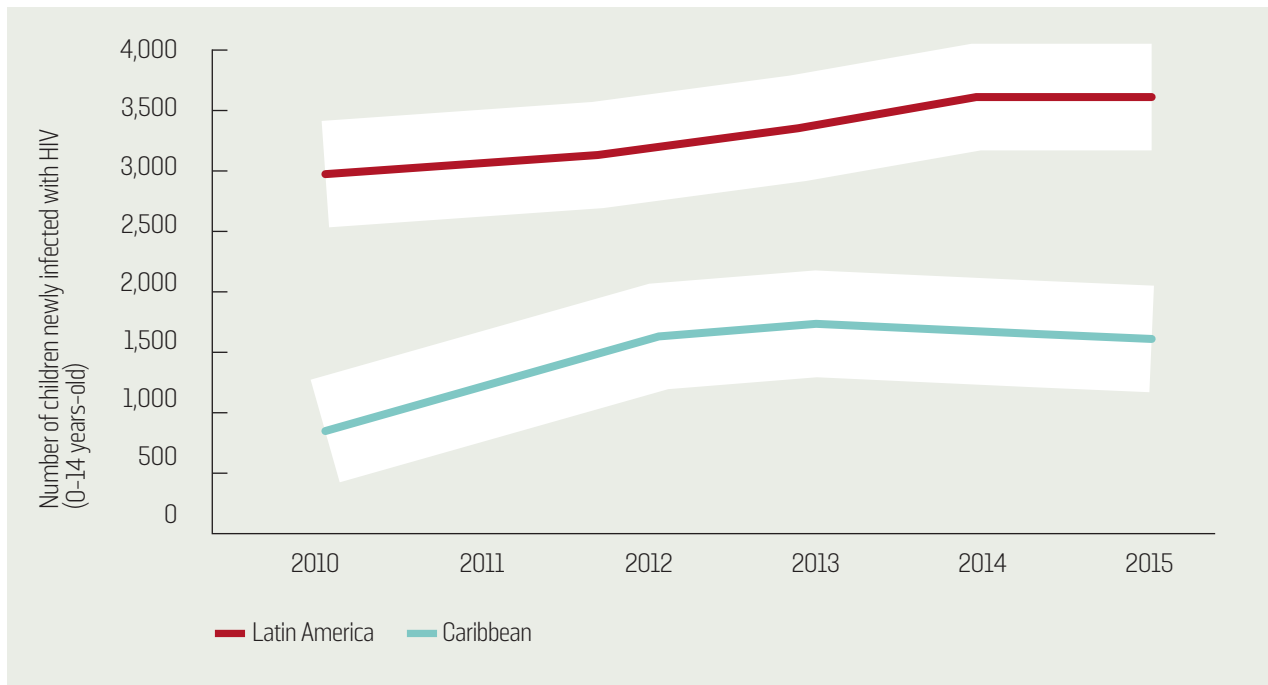
an estimated 29% decline in HIV infections among children in Latin America (from 2,440 to 1,730 new cases) and an estimated 83% decline in the Caribbean (from 2,280 to 400 new cases), the latter mainly due to a sharp decrease in new infections in Haiti as a result of programs designed to prevent mother-to-child transmission.

Figure 8. Estimated number of children 0-14 years of age newly infected with HIV in Latin America and the Caribbean, 2010-2015



Source: UNAIDS. 2015 estimates using the EPP-Spectrum package; 2016.

Figure 9. Estimated number of HIV infections averted due to PMTCT in Latin America and the Caribbean, 2010-2015

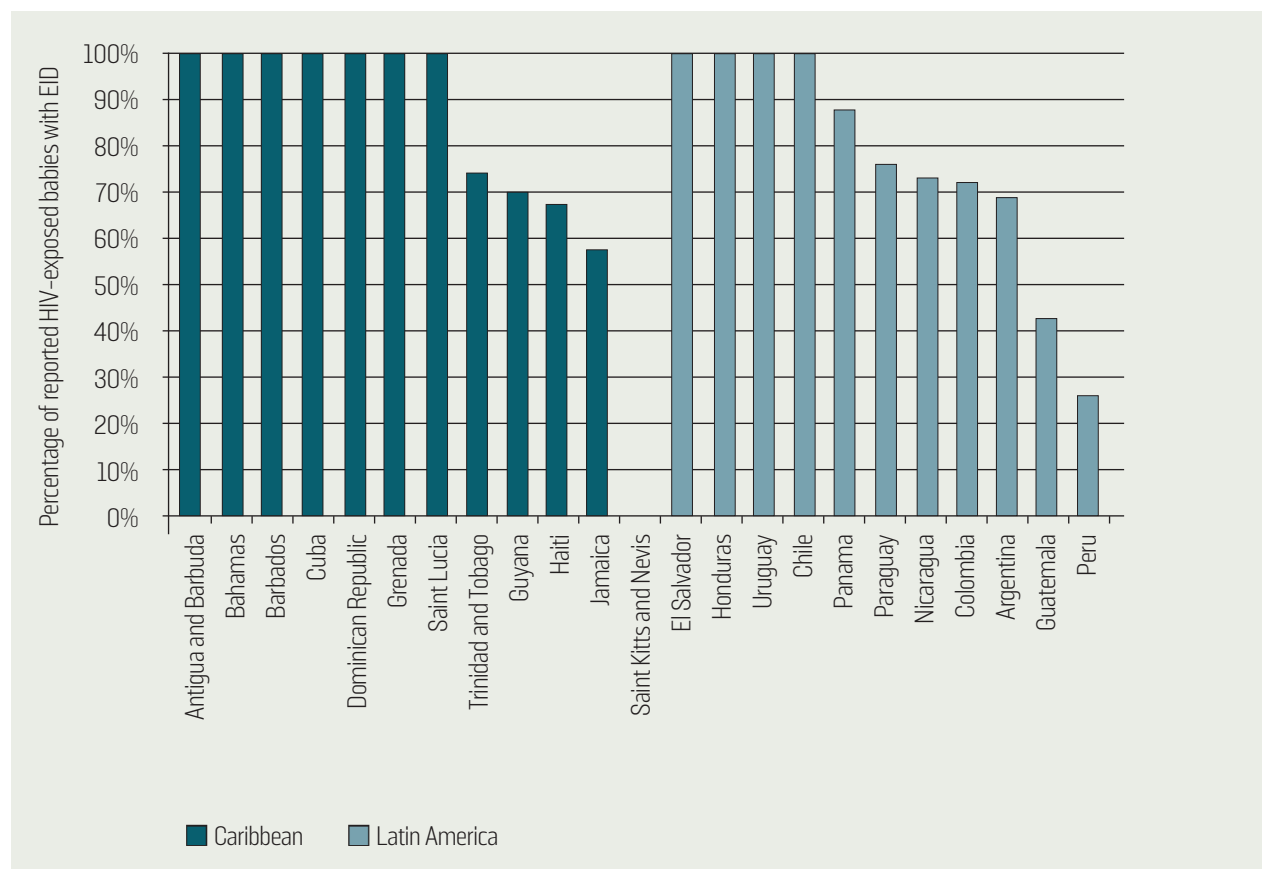


Source: UNAIDS. 2016 estimates using the EPP-Spectrum package.

In the Region, 98% of the reporting countries (39 of 40) have adopted early infant diagnosis (EID) as a national policy (**Figure 1, Table 1**). In addition, 48% of the countries (11 of

23) that reported on EID coverage in 2014 and 2015 conducted virological testing for over 99% of HIV-exposed babies within two months of birth (**Figure 10**).

Figure 10. Percentage of reported HIV-exposed babies who received a virological test within two months of birth in Latin America and the Caribbean, 2014-2015



Source: UNAIDS/WHO. Country Global AIDS Response Progress Reporting, 2014-2015.
 Note: Arranged by EID coverage for each subregion in the latest reported year (2014-2015).

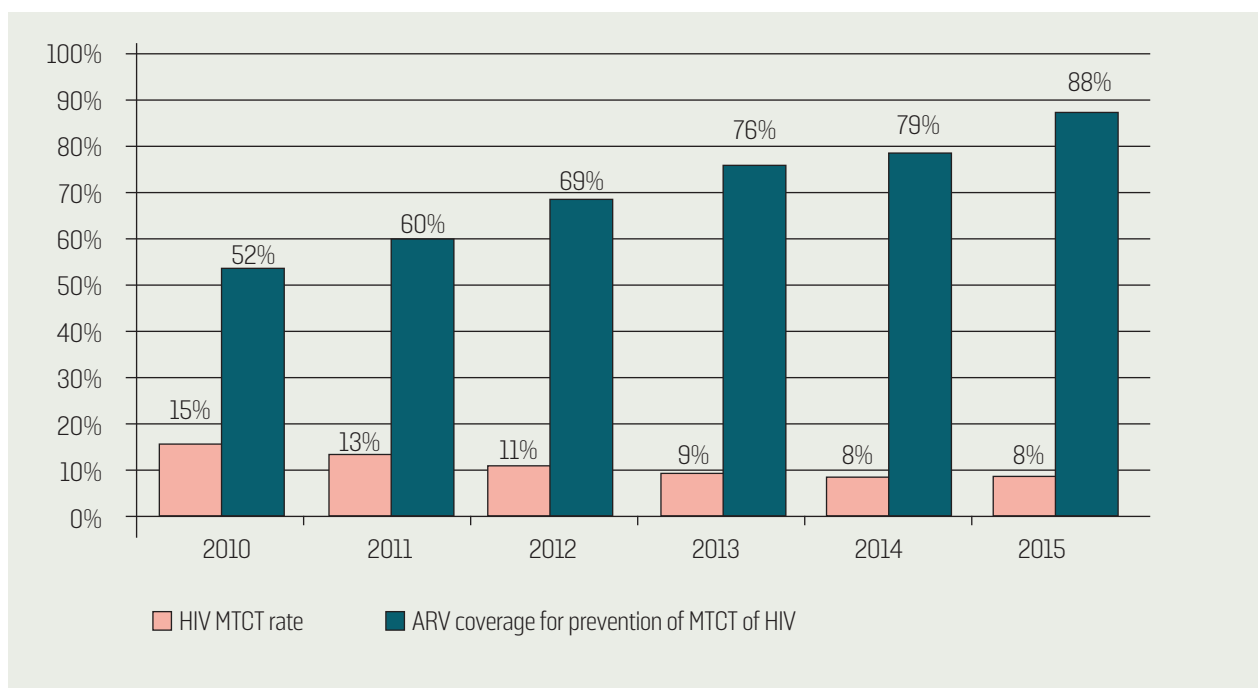
Between 2010 and 2015, the rate of mother-to-child transmission of HIV⁵ in Latin America and the Caribbean decreased 53%, from 15% [11%-20%] to 8% [6%-10%].⁶ These

data are in line with the antiretroviral therapy coverage of HIV-positive pregnant women in LAC, which rose from 52% [44%-60%] in 2010 to 88% [77%- >95%] in 2015 (**Figure 11**).

⁵ That is, the percentage of infants perinatally exposed to HIV who contracted HIV infection.

⁶ UNAIDS. 2015 estimates using the EPP-Spectrum package, 2016.

Figure 11. Trends in estimated coverage of antiretroviral drugs for preventing MTCT of HIV among pregnant women and in the estimated HIV MTCT rate in Latin America and the Caribbean, 2010-2015



Source: UNAIDS. 2015 estimates using the EPP-Spectrum package, 2016.

Thirty-two countries in the Region of the Americas reported on mother-to-child transmission of HIV in 2015, five less than in 2014. There is still wide variation in HIV MTCT rates in the Region, from 0% to 7%. However, over half (51%) of the countries reported an HIV MTCT rate below 2%, the regional target for the elimination of HIV MTCT.

On the basis of these data and evaluations of indicators from prenatal care

programs and surveillance systems in each country, PAHO estimates that, in 2015, 22 countries in the Region of the Americas reported data suggesting achievement of the goal of eliminating MTCT of HIV, a number similar to that reported in 2014 [13]. Twelve other countries in the Region are close to meeting the elimination targets (**Table 2**). The number of countries with insufficient information decreased from 10 in 2014 to seven in 2015.

Table 2. Classification of countries and territories in the Region of the Americas according to achievement of elimination targets for MTCT of HIV, 2015

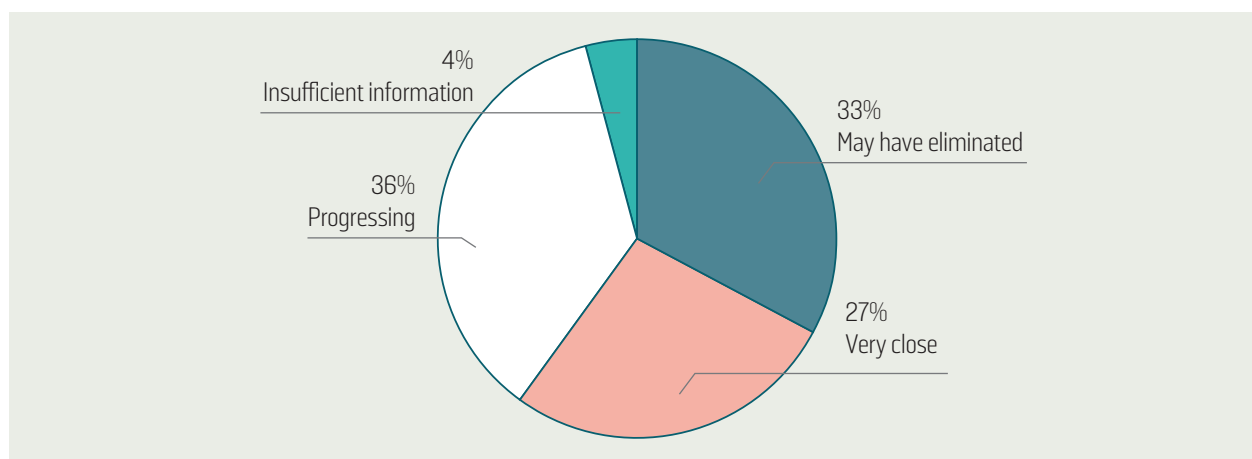
May have achieved elimination of MTCT of HIV (HIV MTCT rate \leq 2%)	Close to achieving elimination of MTCT of HIV (HIV MTCT rate $>$ 2%-5%)	Progressing towards elimination of MTCT of HIV	Information insufficient to evaluate progress
Anguilla	Argentina	Bolivia	Aruba
Antigua and Barbuda	Barbados	Colombia	Curaçao
Bahamas	Belize	Costa Rica	French Guiana
Bermuda	Brazil	Dominican Republic	Guadeloupe
Bonaire	Chile	Ecuador	Martinique
Canada	El Salvador	Guatemala	Sint Maarten
Cayman Islands	Guyana	Haiti	Venezuela
Cuba	Nicaragua	Honduras	
Dominica	Panama	Mexico	
Grenada	Suriname	Paraguay	
Jamaica	Trinidad and Tobago	Peru	
Montserrat	Uruguay		
Puerto Rico			
Saba			
Saint Kitts and Nevis			
Saint Lucia			
Saint Vincent and the Grenadines			
Sint Eustatius			
Turks and Caicos Islands			
United States of America			
Virgin Islands (UK)			
Virgin Islands (US)			

Sources: UNAIDS/WHO. Reports from the countries on progress in the global response to AIDS, 2011–2015. PAHO. Country reports on the elimination of MTCT, 2015–2016. Note: Categories are based on 2013–2015 data reported on indicators of HIV mother-to-child transmission, prenatal care coverage, HIV screening of pregnant women, antiretroviral therapy in HIV-positive pregnant women, and qualitative analysis of surveillance systems. The rate of pediatric HIV infection is \leq 0.3 per 1,000 live births.

Considering the number of births in each country in 2015, one third of births in the Americas occur in countries that report

data suggesting that the target of eliminating MTCT of HIV has been met (**Figure 12**).

Figure 12. Distribution of births in the Americas according to country classification of MTCT of HIV, 2015



Source: Births: PAHO, 2015 Basic Indicators.

7.2 Elimination of mother-to-child transmission of syphilis

According to data from 37 reporting countries,⁷ there were an estimated 22,800 cases of congenital syphilis in the Americas in 2015, with a growing rate of 1.7 cases per 1,000 live births (**Figure 13, Table 11**).

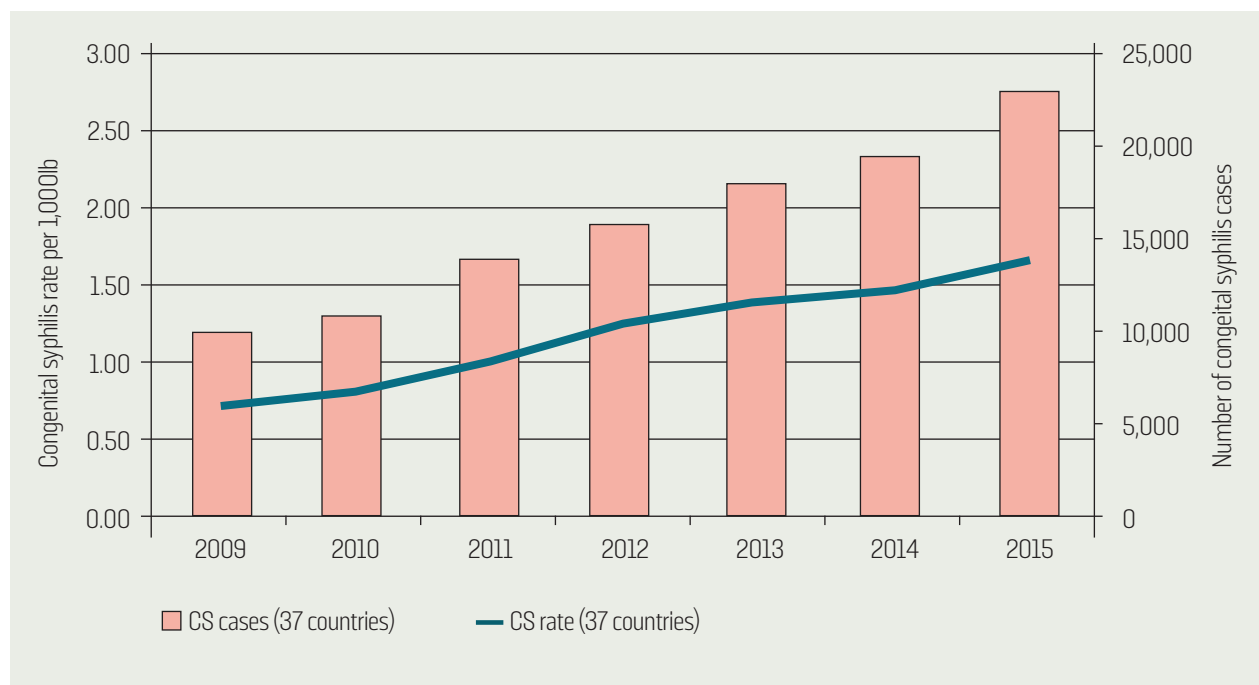
The high and growing rate in the Americas is related to Brazil's reported cases. Brazil accounts for 85% of the estimated 2015 cases in the Region [12]. The number of cases in Brazil almost doubled between 2010 and 2015. This increase is attributed by Brazilian Ministry of Health to (a) increased testing and case finding associated with the wider availability of rapid point of care tests, (b) penicillin shortages, and (c) the fact that almost half of primary care clinics do not treat patients but rather refer them to other levels of care for treatment, with subsequent patient loss during the referral process [12]. Brazil is prioritizing congenital syphilis elimination and is currently implementing measures to address this epidemic.

Considering the remaining 36 reporting countries, the incidence rate of congenital syphilis cases remains stable, estimated at 0.3 cases per 1,000 live births in 2015 (**Figure 14**).

As previously mentioned, the quality of congenital syphilis surveillance still requires improvement and heightened evaluation and quality control throughout the countries. Congenital syphilis cases may be underreported in many countries. This is related to factors such as the following: (a) at least 12 countries have congenital syphilis case definitions that are not aligned with international definitions (i.e., the definitions do not include syphilitic stillbirths); (b) there is an antenatal care and syphilis testing gap (involving 2.7 million women); and (c) information in national maternal and child information systems is incomplete or absent.

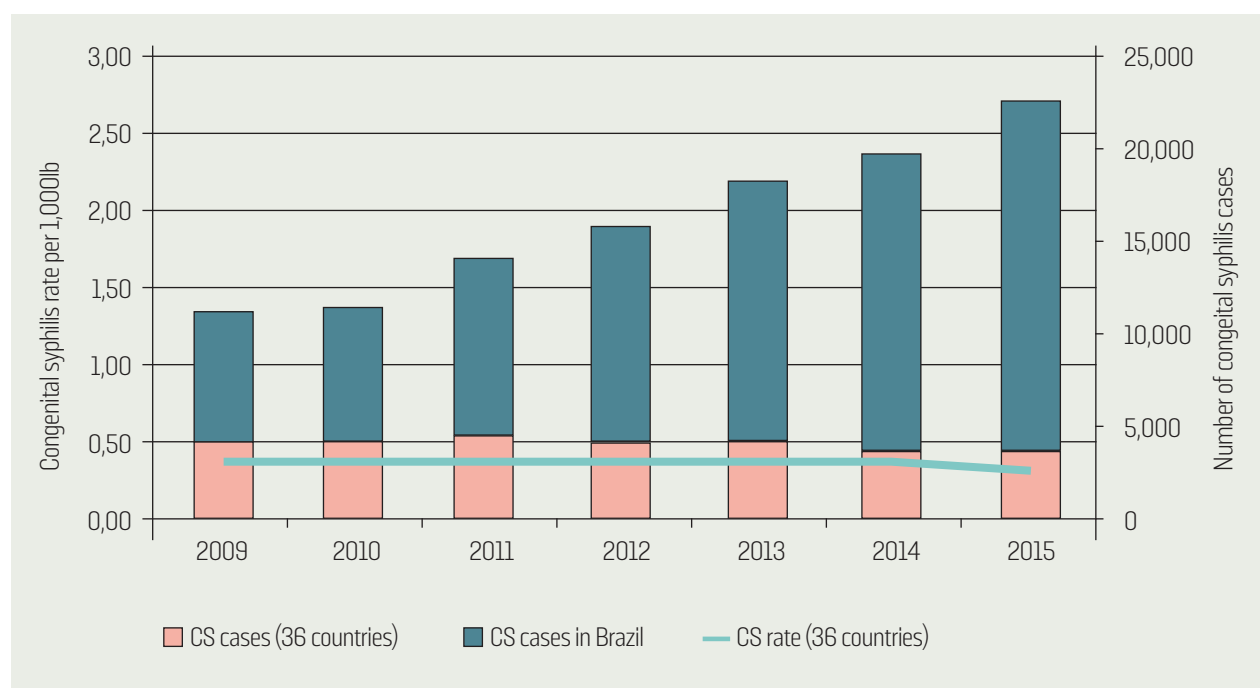
⁷ These 37 countries correspond to 89% of total live births in 2015.

Figure 13. Estimated number and incidence rate per 1,000 live births of congenital syphilis cases in the Region of the Americas, 2009-2015



Source: UNAIDS/WHO. Country Global AIDS Response Progress Reporting, 2014-2015 [6]; Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2015 [11]; Brasil. Boletim epidemiológico - Sífilis [12]; and country reports on the elimination of MTCT, 2015-2016. Births: PAHO, 2009-2015 Basic Indicators [9].

Figure 14. Estimated number and incidence rate per 1,000 live births of congenital syphilis cases in the Region of the Americas excluding Brazil, and number of cases of congenital syphilis in Brazil, 2009-2015



Source: UNAIDS/WHO. Country Global AIDS Response Progress Reporting, 2014-2015 [6]; Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2015 [11]; Brasil. Boletim epidemiológico – Sífilis, 2016 [12]; and country reports on the elimination of MTCT, 2015-2016. Births: PAHO, 2009-2015 Basic Indicators [9].

In 2015, 20 countries reported data compatible with meeting the target of congenital syphilis elimination, and three additional countries reported such data in 2014. Twenty-one countries were progressing toward the goal and 11 countries had not reported sufficient data to assess progress.⁸

The main challenges related to efforts to reduce MTCT of congenital syphilis remain:

late access to prenatal care, syphilis screening gaps among pregnant women (with limited use of rapid testing in care centers), the need for frequent visits to health centers at various times to diagnose and treat syphilis, barriers to treatment provision for pregnant women and their partners in primary health care facilities, and penicillin shortages.

⁷ In classifying each country's progress toward eliminating MTCT of syphilis, syphilis rates and program coverage, indicators for prenatal care, syphilis screening and treatment of pregnant women, and quality of surveillance systems were all included.

Table 3. Classification of the countries and territories in the Region of the Americas with respect to the elimination of MTCT of syphilis, 2015

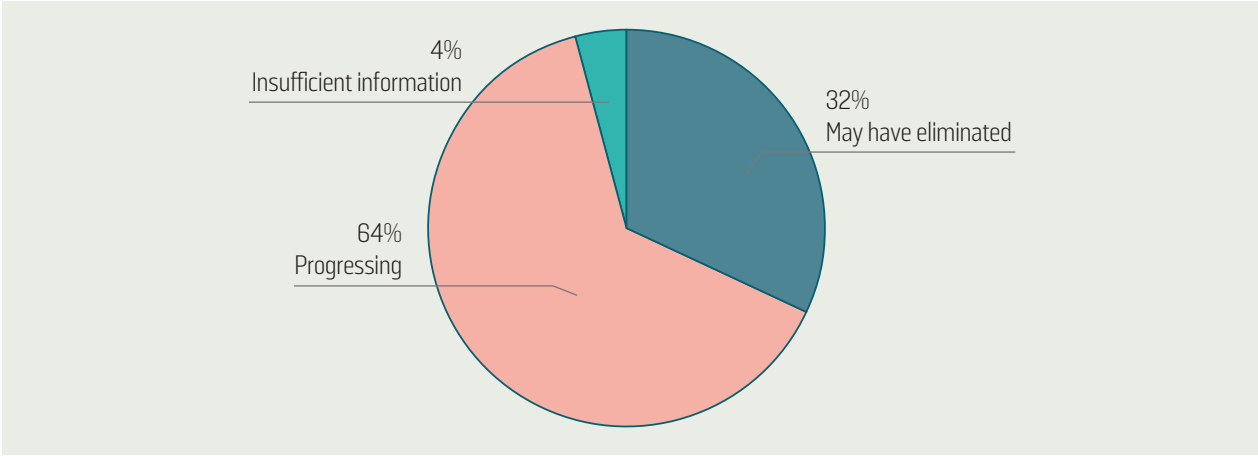
May have eliminated MTCT of syphilis (≤ 0.5 cases per 1,000 live births)	Progressing towards elimination of MTCT of syphilis	Information insufficient to evaluate progress
Anguilla	Argentina	Aruba
Antigua and Barbuda	Belize	Bonaire
Bahamas	Bolivia	Curaçao
Barbados	Brazil	Ecuador
Bermuda	Colombia	French Guiana
Canada	Costa Rica	Guadeloupe
Cayman Islands	Dominican Republic	Martinique
Chile	El Salvador	Sint Maarten
Cuba	Guatemala	Suriname
Dominica	Guyana	Trinidad and Tobago
Grenada	Haiti	Venezuela
Montserrat	Honduras	
Puerto Rico	Jamaica	
Saba	Mexico	
Saint Kitts and Nevis	Nicaragua	
Saint Vincent and the Grenadines	Panama	
Sint Eustatius	Paraguay	
United States of America	Peru	
Virgin Islands (UK)	Saint Lucia	
Virgin Islands (US)	Turks and Caicos Islands	
	Uruguay	

Source: UNAIDS/WHO. Reports from the countries on progress in the global response to AIDS, 2011–2015. PAHO. Country reports on the elimination of MTCT, 2015–2016.
 Note: Categories are based on data from 2011–2015. Rate of congenital syphilis ≤ 0.5 per 1,000 live births, syphilis screening of pregnant women $\geq 95\%$, and percentage of HIV-positive pregnant women who received treatment $\geq 95\%$.

Considering the number of births in each country in 2015, 32% of the babies born in the Americas are born in countries that report

data suggesting that the target of eliminating MTCT of syphilis (**Figure 15**) has been met.

Figure 15. Distribution of births in the Americas according to country classification of MTCT of syphilis, 2015



Source: Births: PAHO, 2015 Basic Indicators.

7.3 Dual elimination of MTCT of HIV and syphilis

In 2015, 18 countries and territories in the Region of the Americas (one more than in 2014) reported data compatible with the goals for elimination of MTCT of both HIV and syphilis (**Table 12**):

- Anguilla
- Antigua and Barbuda
- Bahamas
- Bermuda
- Canada
- Cayman Islands
- Cuba
- Dominica
- Grenada
- Montserrat
- Puerto Rico
- Saba
- Saint Kitts and Nevis
- Saint Vincent and the Grenadines
- Sint Eustatius
- Virgin Islands (UK)
- Virgin Islands (US)
- United States of America

8. Conclusions and next steps

The adoption and implementation of key policies shows the strong political commitment to eliminate MTCT of HIV and syphilis since the approval of the EMTCT strategy by PAHO Member States in 2010.

HIV testing and treatment coverage for pregnant women increased from 2010 to 2015, resulting in a reduction in the rate of mother-to-child transmission of HIV from 15% to 8%. Conversely, in spite of the low cost and cost-effectiveness of both syphilis screening and treatment during pregnancy [18], the Region showed no progress in reducing the absolute number of cases or the rate of congenital syphilis cases.

The translation from national political commitment into practice has been more challenging and complex for elimination of congenital syphilis than for MTCT of HIV. While the Region has high overall ANC coverage, lack of access, late access, and poor-quality⁹ antenatal care still affect an estimated 14% of pregnant women in Latin America and the Caribbean [9], who, if infected, could be diagnosed and treated on time to avoid transmission. Timing of syphilis screening and treatment is crucial in preventing negative pregnancy outcomes. Coverage of birth deliveries in hospital settings is high in Latin America and the Caribbean (approximately 92%), and therefore effective HIV interventions can still be applied to prevent HIV transmission but not to prevent congenital syphilis or stillbirths to syphilis-infected mothers.

Furthermore, as described in several EMTCT country reports submitted to PAHO (unpublished data), pregnant women with HIV are often considered as high risk and are

enrolled into a different model of antenatal care than those with syphilis infection, thus ensuring better outcomes for HIV-exposed infants.

Elimination of congenital syphilis relies on the availability of benzathine penicillin – the only antibiotic that can prevent mother-to-child transmission [19]. Shortages, stock-outs, and backlogged orders of benzathine penicillin were reported to PAHO by seven countries of the Region in 2015 (unpublished data). Another barrier to the elimination is the reported resistance on the part of service providers to treat syphilis at the primary health care level due to concerns regarding adverse effects of penicillin use [12, 20, 21]. Furthermore, although the number of countries in Latin America and the Caribbean that have adopted rapid tests for syphilis screening of pregnant women has increased since 2010, the use of such tests remains limited [22], hindering the possibility of screening women and initiating syphilis treatment in the same antenatal care visit. Treatment initiation in the same visit could significantly decrease referrals, minimize loss to follow-up, and simplify care for pregnant women [14]. Lastly, syphilis reinfection due to lack of treatment of sexual partners and failure to use barrier contraceptives remains a challenge [14, 23].

Monitoring regional progress depends on the quality, representativeness, and coverage of national surveillance systems. Limitations in LAC countries include underreporting of the number of HIV and syphilis cases, underrecording during monitoring of pregnant women, and failure to use standardized case definitions for congenital syphilis. Also, in addition to involving monitoring of stillbirths,

⁹ Defined as less than four antenatal consultations with qualified personnel.

surveillance of congenital syphilis cases has been shown to be more complex than surveillance of perinatal HIV.

Care must be employed when interpreting regional figures, as they can hide lower coverage of care in particular countries as well as subnational and local differences within countries. Detailed analyses are necessary and, to the extent possible, data should be disaggregated by locality, age of the pregnant woman, socioeconomic level, and ethnic group, as well as by vulnerable populations, so that countries can understand gaps and take appropriate actions to improve access to services.

Considering the progress made and gaps for the Region to achieve the goal of dual elimination, an intensified, focalized,

intersectoral, and more effective response that incorporates evidence-based innovations is still required. A second phase of the regional elimination strategy has been initiated to ensure achievement of the elimination of MTCT of HIV, syphilis, and other infections and diseases such as Chagas disease and perinatal hepatitis B [2].

PAHO/WHO through its technical cooperation, and in collaboration with UNICEF, other key partners, and the Regional Validation Committee, will support the process for validation among countries that have eliminated MTCT of HIV and syphilis and applied for validation. PAHO/WHO provides technical support for countries with major gaps and programmatic challenges to strengthen their efforts toward dual elimination.

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10. Additional tables

Table 4. Policies and programmatic elements related to the elimination of mother-to-child transmission of HIV and syphilis by country in the Region of the Americas, 2015

Country	Plan to eliminate MTCT of HIV and syphilis	Option B+ recommended nationally for PMTCT	TDF/3TC(FTC)/EFV as first-line treatment for pregnant women	Rapid tests to screen for syphilis during prenatal care	Early infant diagnosis for HIV-exposed infants	Surveillance system for perinatal HIV	Surveillance system for CS	Stillbirths included in CS definition
North America								
Canada	...	Yes	...	...	Yes	Yes	Yes	Yes
Mexico	Yes	Yes	No	Yes	Yes	...	Yes	No
United States of America	Yes	Yes	...	...	Yes	Yes	Yes	Yes
Central America								
Costa Rica	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
El Salvador	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Guatemala	Yes	Yes	No	Yes	Yes	Yes	Yes	No
Honduras	Yes	Yes	No	No	Yes	Yes	Yes	No
Nicaragua	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Panama	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Andean Region								
Bolivia (Plurinational State of)	Yes	Yes	Yes	No	...	Yes	...	...
Colombia	Yes	Yes	No	Yes	No	Yes	Yes	Yes
Ecuador	Yes ^a	Yes	Yes	No	Yes	Yes	...	...
Peru	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Venezuela (Bolivarian Republic of)	Yes	No	No	No	...	...	Yes	...
Southern Cone and Brazil								
Argentina	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Brazil	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chile	Yes	Yes	No	No	Yes	Yes	Yes	No
Paraguay	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Uruguay	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Caribbean								
Anguilla	Yes ^b	Yes ^b	Yes ^b	No ^b	Yes ^b	Yes	Yes	Yes ^b
Antigua and Barbuda	Yes	Yes	Yes	No	Yes	Yes	Yes	No ^b
Aruba	Yes ^c	Yes ^c	Yes ^c	Yes ^c	...	...	...	...
Bahamas	Yes	Yes	Yes	Yes	Yes	Yes	Yes	...

Table 4. (Continuation)

Country	Plan to eliminate MTCT of HIV and syphilis	Option B+ recommended nationally for PMTCT	TDF/3TC(FTC)/EFV as first-line treatment for pregnant women	Rapid tests to screen for syphilis during prenatal care	Early infant diagnosis for HIV-exposed infants	Surveillance system for perinatal HIV	Surveillance system for CS	Stillbirths included in CS definition
Barbados	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Belize	Yes	Yes ^c	No ^c	...	Yes	Yes	Yes	...
Bermuda	Yes ^b	Yes ^b	No ^b	No ^b	Yes ^b	Yes	Yes	Yes ^b
Bonaire	...	...	...	...	...	Yes	...	...
Cayman Islands	Yes ^b	Yes ^b	Yes ^b	No ^b	Yes ^b	Yes	Yes	No ^b
Cuba	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Curaçao	...	...	...	...	...	...	...	...
Dominica	Yes ^b	Yes ^b	Yes ^b	No	Yes ^b	Yes	Yes	Yes ^b
Dominican Republic	Yes	Yes	Yes ^c	No	Yes	Yes	No	...
French Guiana	...	Yes ^c	...	...	...	...	...	...
Grenada	Yes ^b	Yes ^b	Yes ^b	No ^b	Yes ^b	Yes	Yes	No ^b
Guadeloupe	...	Yes ^c	...	...	...	...	...	...
Guyana	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Haiti	Yes	Yes	Yes	Yes	Yes	Yes	...	...
Jamaica	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Martinique	...	Yes ^c	...	...	...	...	...	...
Montserrat	Yes ^b	Yes ^b	Yes ^b	Yes ^b	Yes ^b	Yes	Yes	Yes ^b
Puerto Rico	Yes	Yes	...	...	Yes	Yes	Yes	Yes
Saba	...	...	...	...	...	Yes	Yes	...
Saint Kitts and Nevis	Yes ^b	Yes ^b	Yes ^b	No ^b	Yes ^b	Yes	Yes	No ^b
Saint Lucia	Yes ^b	Yes ^b	Yes ^b	No ^b	Yes ^b	Yes	Yes	No ^b
Saint Vincent and the Grenadines	Yes ^b	Yes ^b	Yes ^b	No ^b	Yes ^b	Yes	Yes	No ^b
Sint Eustatius	...	...	...	No ^c	...	Yes	Yes	...
Sint Maarten	...	...	...	...	...	...	...	...
Suriname	Yes	No	No	No	Yes	Yes	...	...
Trinidad and Tobago	Yes ^c	Yes ^c	...	No ^c	...	Yes	...	...
Turks and Caicos Islands	Yes ^b	Yes ^b	No ^b	No ^b	Yes ^b	Yes	Yes	No ^b
Virgin Islands (UK)	Yes ^b	Yes ^b	Yes ^b	No ^b	Yes ^b	Yes	Yes	Yes ^b
Virgin Islands (US)	Yes	Yes	...	...	Yes	Yes	Yes	Yes

Source: UNAIDS/WHO. Country Global AIDS Response Progress Reports (2015); additional sources for country data are noted below.

^aNational plan for the elimination of MTCT of HIV only.

^bPAHO. Country reports on the elimination of MTCT, 2015–2016.

^cDirect communication to PAHO.

Table 5. Percentage of pregnant women who attended four or more antenatal care visits, 2010-2015

Country	2010	2011	2012	2013	2014	2015
North America						
Canada	...	...	...	...	...	...
Mexico	86	87	94	91	91	...
United States of America	97	97	97	94	...	...
Central America						
Costa Rica	87	90	...	...	...	...
El Salvador	...	75	70	80	75	74 ^a
Guatemala	...	...	...	...	43	...
Honduras	...	...	89	...	...	...
Nicaragua	80	70	71	75	71	72
Panama	94	94	...	88	...	...
Andean Region						
Bolivia (Plurinational State of)	...	59	56	59	62	76
Colombia	89	...	85	87	...	...
Ecuador	...	...	80	...	...	...
Peru	92	...	94	87	87	89
Venezuela (Bolivarian Republic of)	...	47	61	...	87	87
Southern Cone and Brazil						
Argentina	...	90 ^b	...	...	...	...
Brazil	99	90	89	89	90	...
Chile	...	...	...	...	...	...
Paraguay	70	73	71	77	78	...
Uruguay	92	91	92	95	96	96 ^c
Caribbean						
Anguilla	100	...	100	...	...	...
Antigua and Barbuda	100	100	100	100	100	...
Aruba	...	...	100	...	...	...
Bahamas	86	86	...	85	86	...
Barbados	...	89	81	98	97	...
Belize	...	83 ^d	...	...	...	...
Bermuda	99	99	99	98	98	98
Bonaire	...	...	...	...	100	...
Cayman Islands	97	93	99	98	99	99
Cuba	100	100	100	100	98	...
Curaçao	...	...	...	...	...	...

Table 5. (Continuation)

Country	2010	2011	2012	2013	2014	2015
Dominica		...	...	...	...	...
Dominican Republic	...	...	...	...	98	...
French Guiana	86	...	...	...	84	...
Grenada	...	...	...	...	...	...
Guadeloupe	...	...	...	...	...	...
Guyana	...	...	...	95	...	...
Haiti	...	...	67	...	...	...
Jamaica	...	86 ^e	...	...	...	...
Martinique	...	91	...	...	...	...
Montserrat	...	100	100	100	100	100
Puerto Rico	99	...	98	99	99 ^c	...
Saba	...	...	...	...	100	...
Saint Kitts and Nevis	...	...	...	...	...	...
Saint Lucia	...	...	90 ^f	...	...	...
Saint Vincent and the Grenadines	...	...	...	...	...	...
Sint Eustatius	...	...	...	...	100	...
Sint Maarten	...	...	...	90	...	100
Suriname	67	...	...	...	...	...
Trinidad and Tobago	...	...	100	100	100	100
Turks and Caicos Islands	...	92	98	91	90	98
Virgin Islands (UK)	91	93	...	...	100	100
Virgin Islands (US)	...	93	...	...	...	...

Source: Pan American Health Organization, Health Information and Analysis Unit. Regional Core Health Data and Country Profiles Initiative, 2015; additional sources for country data are noted below.

^aEstimates are available only from the public sector.

^bArgentina, 2011: Secretaría Nacional de Niñez, Adolescencia y Familia [National Office of Children, Adolescence and Family and United Nations Children's Fund]. 2013. Argentina. Encuesta de Indicadores Múltiples por Conglomerados [Multiple indicator cluster survey] 2011/2012, Informe Final [Final Report]: http://www.childinfo.org/files/MICS4_Argentina_FinalReport_2011-12_Sp.pdf.

^cPreliminary data.

^dBelize, 2011: Statistical Institute of Belize/United Nations Children's Fund. Belize Multiple indicator cluster survey 2011 final report: http://www.childinfo.org/files/MICS4_Belize_FinalReport_2011_Eng.pdf.

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^fSaint Lucia, 2012: Ministry of Social Transformation, Local Government and Community Empowerment and Central Statistics Office, Saint Lucia Multiple Indicator Cluster Survey 2012: Final Report: http://www.childinfo.org/files/MICS4_St_Lucia_FinalReport_2012.pdf.

Table 6. Percentage of women giving birth in hospitals, 2010-2015

Country	2010	2011	2012	2013	2014	2015
North America						
Canada	99	99	...	97	96	...
Mexico	98	98	98	96	96	...
United States of America	99	...	99	99	...	...
Central America						
Costa Rica	...	100	99	98	94	92
El Salvador	...	...	...	...	...	91 ^a
Guatemala	...	43	59	63	66	...
Honduras	...	64	60	67	66	72
Nicaragua	...	74	85	87	72	88
Panama	...	91	97	93	94	...
Andean Region						
Bolivia (Plurinational State of)	...	70	73	72	71	73
Colombia	99	99	99	99	...	...
Ecuador	63	...	61	77	...	...
Peru	...	...	87	88	90	92
Venezuela (Bolivarian Republic of)	...	98	96	97	98	97
Southern Cone and Brazil						
Argentina	99	100	100	100	100	...
Brazil	98	98	98	98	98	...
Chile	100	100	100	100	100 ^a	...
Paraguay	94	95	96	96	97	...
Uruguay	...	99	100	100	100	100 ^b
Caribbean						
Anguilla	...	...	100	98	100	99
Antigua and Barbuda	...	100	100	99	100	...
Aruba	...	...	...	...	...	...
Bahamas	99	98	...	98	100	...
Barbados	...	100	100	100	100	...
Belize	...	92	89	90	91	92
Bermuda	...	99	99	98	99	...
Bonaire	...	...	...	...	100	...
Cayman Islands	...	100	100	100	100	100
Cuba	...	100	100	100	100	100
Curaçao	...	...	...	...	...	...

Table 6. (Continuation)

Country	2010	2011	2012	2013	2014	2015
Dominica	...	97	97	97	95	96
Dominican Republic	...	...	...	99	78	...
French Guiana	99	...	...	...	...	...
Grenada	...	...	98	99	99	99
Guadeloupe	...	...	...	100	100	...
Guyana	...	...	...	100	...	...
Haiti	...	...	36	50	...	...
Jamaica	99	...	100	99	...	99
Martinique	...	100	100	...	...	...
Montserrat	...	100	...	100	98	100
Puerto Rico	100	...	99	99	99	...
Saba	...	...	...	...	...	...
Saint Kitts and Nevis	...	100	100	100	100	...
Saint Lucia	99	...	...	99	99	...
Saint Vincent and the Grenadines	...	99	99	99	100	99
Sint Eustatius	...	...	...	...	...	...
Sint Maarten	...	...	...	97	...	100
Suriname	...	...	...	...	...	80
Trinidad and Tobago	...	100	100	99	99	100
Turks and Caicos Islands	...	100	100	98	100	99
Virgin Islands (UK)	99	...	...	...	...	100
Virgin Islands (US)	99	100	100	100	100	...

Source: Pan American Health Organization, Health Information and Analysis Unit. Regional Core Health Data and Country Profiles Initiative, 2015.

^aEstimates are available only from the public sector.

^bPreliminary data.

Table 7. Estimated percentage of pregnant women tested and counseled for HIV, 2010-2015, percentage reported by country, 2015, and estimated HIV prevalence among females aged 15-49 (%) in the Region of the Americas, 2015

Country	2010	2011	2013	2014	2015	Percentage reported by country, 2015	Estimated HIV prevalence (females aged 15-49), 2015
North America							
Canada	>95 ^a	...	...	...	...	...	...
Mexico	...	37	69	57	55	56 (2014)	0.1 [-0.1-0.1]
United States of America	>95 ^b (2008)	...	...	...	...	...	...
Central America							
Costa Rica	78	84	84	>95	>95	91 (2014)	0.2 [0.2-0.2]
El Salvador	56	67	>95	>95	69	89	0.4 [0.3-0.4]
Guatemala	21	30	35	44	40	42	0.4 [0.3-0.7]
Honduras	62	...	63	71	>95	>95	0.3 [0.3-0.4]
Nicaragua	65	>95	>95	>95	>95	>95	0.1 [0.1-0.2]
Panama	85	>95	92	>95	>95	>95	0.4 [0.4-0.5]
Andean Region							
Bolivia (Plurinational State of)	50	61	82	85	>95	>95	0.2 [0.1-0.2]
Colombia	49	61	63	...	55	62	0.3 [0.2-0.3]
Ecuador	92	94	87 (2012)	...	58	58	0.2 [0.1-0.2]
Peru	78	78	61	74	74	61 (2014)	0.2 [0.2-0.2]
Venezuela (Bolivarian Republic of)	...	...	60	...	...	...	0.4 [0.4-0.4]
Southern Cone and Brazil							
Argentina	>95	>95	>95	>95	>95	>95	0.3 [0.2-0.3]
Brazil	79	...	80	85	84	...	0.4 [0.3-0.6]
Chile	46	82	68 ^c	81	79	>95	<0.1 [-0.1- <0.1]
Paraguay	46	48	61	65	60	52	0.3 [0.2-0.4]
Uruguay	72	...	93	89	>95	>95	0.2 [0.2-0.3]
Caribbean							
Anguilla	>95	...	75	...	...	>95 ^d	...
Antigua and Barbuda	71	55	59	68	78	>95	...
Aruba	...	...	...	...	...	...	...
Bahamas	...	73	72	75	>95	>95	2.3 [2.1-2.5]
Barbados	61	63	47 ^c	46	...	49 ^c	1.0 [0.9-1.1]
Belize	81	87	81	...	82	...	1.5 [1.3-1.7]
Bermuda	...	...	...	...	...	>95 ^d	...
Bonaire	...	...	...	...	...	...	...
Cayman Islands	...	...	>95	...	...	>95 ^d	...
Cuba	>95	>95	>95	>95	>95	>95	0.2 [0.2-0.2]
Curaçao	...	...	...	...	...	...	...

Table 7. (Continuation)

Country	2010	2011	2013	2014	2015	Percentage reported by country, 2015	Estimated HIV prevalence (females aged 15-49), 2015
Dominica	72	64	70	61	94	>95	...
Dominican Republic	41	46	77	81	49	...	1.0 [0.8-1.4]
French Guiana	...	...	...	...	...	...	...
Grenada	...	...	87	...	78	>95	...
Guadeloupe	...	...	...	...	...	...	...
Guyana	>95	>95	90	93	87	81	1.6 [1.5-1.7]
Haiti	51	...	93	...	94	91	2.1 [1.7-2.6]
Jamaica	50 ^c	55 ^c	67 ^c	80	70	89 ^e	1.3 [1.1-1.4]
Martinique	...	...	...	...	...	...	...
Montserrat	...	...	...	...	...	>95 ^d	...
Puerto Rico	...	...	...	...	...	...	...
Saba	...	...	...	...	...	<95 ^a (2014)	...
Saint Kitts and Nevis	...	56	75	69	77	>95 ^d	...
Saint Lucia	62	65	72	76	77	>95 ^d (2014)	...
Saint Vincent and the Grenadines	>95	>95	>95	>95	>95	>95 ^d (2014)	...
Sint Eustatius	...	...	>95	...	...	...	...
Sint Maarten	...	...	...	...	...	...	...
Suriname	88	85	85	...	88	...	1.1 [0.9-1.2]
Trinidad and Tobago	76 ^c	70 ^c	69 ^c	>95 ^c	...	66 ^c	1.3 [1.2-1.3]
Turks and Caicos Islands	...	60	...	60	...	>95 ^d	...
Virgin Islands (UK)	75	84	...	81	...	>95 ^d	...
Virgin Islands (US)	...	...	...	...	...	...	...

Source: UNAIDS/WHO. Country Global AIDS Response Progress Reports 2011–2015 (numerator) and United Nations Department of Economic and Social Affairs, Population Division (2014, 2012 review), and US Bureau of the Census (denominator). Estimated HIV prevalence is from UNAIDS AIDS Info (lower and upper limits); additional sources for country data are noted below.

^aCountry-reported value.

^bData from Centers for Disease Control and Prevention. Enhanced perinatal surveillance—15 areas, 2005–2008. HIV Surveillance Supplemental Report 2011; 16(No. 2).

^cNumerator comes from public sector only.

^dPAHO. Country reports on the elimination of MTCT, 2015–2016.

^ePreliminary data.

Table 8. Percentage of pregnant women in prenatal care and tested for syphilis and percentage of seropositives, 2011-2015

Country	Pregnant women tested for syphilis (%)					Pregnant women testing positive for syphilis (%)				
	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015
North America										
Canada	...	...	...	...	...	...	...	...	...	...
Mexico	82	...	63	61	...	0.11	0.20	0.22	0.40	0.20
United States of America	83 ^a	...	85 ^b	...	...	...	...	...	...	...
Central America										
Costa Rica	88	...	...	...	85	0.30	...	...	...	...
El Salvador	84 ^b	88 ^b	94 ^b	>95 ^b	91	0.11	0.10	0.09	0.11	...
Guatemala	14 ^c	51	47	81	...	0.25	0.41	0.10	0.10	...
Honduras	62	41 ^d	63 ^d	57	...	...	0.12	0.15	0.11	...
Nicaragua	35	68	>95	88	...	0.23	0.23	0.12	0.12	0.10
Panama	36 ^c	45	47	33	...	...	...	1.18	1.16	1.04
Andean Region										
Bolivia (Plurinational State of)	...	58	60	69	>95	1.60	1.28	1.16	1.40	1.10
Colombia	74	83	...	...	62	1.00	0.60	0.58	...	0.50
Ecuador	...	...	...	...	...	0.09	0.25	...	...	...
Peru	73	79	...	79	85	0.33	0.47	0.56	0.57	0.30
Venezuela (Bolivarian Republic of)	...	...	...	...	27	...	...	...	...	2.80
Southern Cone and Brazil										
Argentina	91	>95	87	78	...	1.09	1.09	1.11	1.19	1.40
Brazil	86	88	90	...	...	0.85	0.70	...	...	...
Chile	>95	>95	86	95	...	0.16	0.13	0.08	0.23	...
Paraguay	75	61	59	66	69	3.37	2.11	2.84	1.14	4.30
Uruguay	>95	...	>95	>95	>95	1.80 ^c	1.51 ^c	0.62 ^c	0.86	...
Caribbean										
Anguilla	>95 ^e	>95 ^e	>95 ^e	>95 ^e	>95 ^e	0.00 ^e	0.00 ^e	0.00 ^e	0.00 ^e	0.00 ^e
Antigua and Barbuda	>95 ^e	>95 ^e	>95 ^e	>95 ^e	>95	0.41 ^e	0.09 ^e	0.18 ^e	0.54 ^e	1.10
Aruba	...	...	...	...	...	...	...	...	...	...
Bahamas	>95	92	87	87	85	1.17	0.63	1.60	1.60	1.10
Barbados	83	>95	83	88	92	0.45	0.67	0.06	0.30	0.50
Belize	92	93	93	...	...	0.82	0.51	0.32	...	...
Bermuda	...	>95 ^e	>95 ^e	>95 ^e	>95 ^e	...	0.00 ^e	0.00 ^e	0.17 ^e	...
Bonaire	...	...	...	>95 ^b	...	...	...	...	0.00 ^b	...
Cayman Islands	...	>95 ^e	>95 ^e	>95 ^e	>95 ^e	...	0.00 ^e	0.00 ^e	0.00 ^e	0.00 ^e
Cuba	>95	>95	>95	>95	>95	0.08	0.10	0.09	0.20	0.40
Curaçao	...	...	...	...	...	...	...	...	...	...

Table 8. (Continuation)

Country	Pregnant women tested for syphilis (%)					Pregnant women testing positive for syphilis (%)				
	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015
Dominica	>95	>95 ^e	>95 ^e	>95 ^e	...	2.33	1.88 ^e	1.22 ^e	1.42 ^e	...
Dominican Republic	...	14	...	17	...	0.00	3.36	0.55	1.90	1.90
French Guiana	...	...	...	...	...	...	...	...	...	...
Grenada	92 ^e	>95 ^e	>95 ^e	>95 ^e	>95	1.90 ^e	0.94 ^e	1.3	1.53 ^e	2.60
Guadeloupe	...	...	...	...	...	...	...	...	...	...
Guyana	88	85	83	87	...	0.01	0.30	0.10	0.09	...
Haiti	...	...	62	...	88	...	3.90	3.50	3.10	3.00
Jamaica	...	86	87	89	88	1.25	...	2.10	1.70	1.50
Martinique	...	...	...	...	...	...	...	...	...	...
Montserrat	...	>95 ^e	>95 ^e	>95 ^e	>95 ^e	...	0.00 ^e	0.00 ^e	0.00 ^e	0.00 ^e
Puerto Rico	...	...	...	...	...	...	...	...	...	...
Saba	...	...	...	>95 ^b	...	...	..	0.01 ^b	...	...
Saint Kitts and Nevis	...	>95 ^e	>95 ^e	>95 ^e	...	...	0.00 ^e	0.00 ^e	0.00 ^e	...
Saint Lucia	>95 ^e	>95 ^e	>95 ^e	>95 ^e	...	0.78 ^e	0.41 ^e	0.89 ^e	0.74 ^e	1.90
Saint Vincent and the Grenadines	>95 ^e	>95 ^e	>95 ^e	>95 ^e	>95 ^e	1.31 ^e	0.89 ^e	2.83 ^e	1.14 ^e	0.70 ^e
Sint Eustatius	...	...	>95 ^b	...	...	...	...	0.00 ^b	...	...
Sint Maarten	...	...	...	...	...	...	...	...	...	...
Suriname	...	...	...	...	...	...	...	0.04	...	...
Trinidad and Tobago	...	...	...	...	...	...	...	...	0.30	0.20
Turks and Caicos Islands	...	>95 ^e	>95 ^e	>95 ^e	>95 ^e	...	0.68 ^e	0.95 ^e	1.75 ^e	1.50 ^e
Virgin Islands (UK)	>95 ^e	>95 ^e	>95 ^e	>95 ^e	>95 ^e	0.00 ^e	0.00 ^e	0.00 ^e	0.00 ^e	0.00 ^e
Virgin Islands (US)	...	...	...	...	...	...	...	...	...	...

Source: UNAIDS/WHO. Country Global AIDS Response Progress Reports 2011–2015; additional sources for country data are noted below.

^aGovernment Performance and Results Act (GPRA) Sexually Transmitted Diseases Goals, Measures, and Target. <https://www.cdc.gov/std/stats15/tables/b2.htm>

^bData reported directly to PAHO.

^cData from SIP database (Perinatal Information System).

^dThe denominator for pregnant women attending ANC used to calculate the prevalence in 2012 and 2013 was the same as for 2011; the numerators for each year were 43,616 (2011), 133,277 (2012), and 150,297 (2013).

^ePAHO. Country reports on the elimination of MTCT, 2015–2016.

Table 9. Percentage of pregnant women testing positive for syphilis and receiving appropriate documented treatment in the Region of the Americas, 2011-2015

Country	2011	2012	2013	2014	2015
North America					
Canada	...	...	...	>95 ^a	...
Mexico	...	...	...	...	...
United States of America	...	...	...	...	...
Central America					
Costa Rica	73	...	...	...	...
El Salvador ^b	...	...	...	...	...
Guatemala	>95	...	71	>95	...
Honduras	...	>95	...	>95	...
Nicaragua	>95	>95	>95	>95	>95
Panama	...	...	...	...	61
Andean Region					
Bolivia (Plurinational State of)	79	>95	79	93	>95
Colombia	89	...	92	94	...
Ecuador	...	...	...	...	...
Peru	91	73	72	60	83 ^c
Venezuela (Bolivarian Republic of)	...	...	...	...	...
Southern Cone and Brazil					
Argentina	74 ^d	83 ^d	85 ^d	82 ^d	...
Brazil	83	84 ^a	86 ^a	86 ^a	86 ^a
Chile	>95	...	...	94 ^d	93 ^d
Paraguay	60	64	61	83	57
Uruguay	...	81	71	>95	...
Caribbean					
Anguilla	— ^e	— ^e	— ^e	— ^e	— ^e
Antigua and Barbuda	>95 ^f	>95 ^f	>95 ^f	>95 ^f	>95
Aruba	...	...	...	...	...
Bahamas	>95	>95	>95	...	...
Barbados	>95	>95	>95	>95	83 ^d
Belize	67	79	91	...	...
Bermuda	...	— ^e	— ^e	>95 ^f	>95 ^f
Bonaire	...	...	...	>95 ^a	...
Cayman Islands	...	— ^e	— ^e	— ^e	— ^e
Cuba	>95	>95	>95	>95	>95
Curaçao	...	...	...	...	...

Table 9. (Continuation)

Country	2011	2012	2013	2014	2015
Dominica	...	>95 ^f	>95 ^f	>95 ^f	...
Dominican Republic	...	...	...	83	68
French Guiana	...	...	...	...	...
Grenada	>95 ^f	>95 ^f	>95 ^f	>95 ^f	>95
Guadeloupe	...	...	...	...	...
Guyana	...	...	...	...	...
Haiti	84	84	84	86	88
Jamaica	...	...	...	65	23 ^g
Martinique	...	...	...	...	...
Montserrat	...	— ^e	— ^e	— ^e	— ^e
Puerto Rico	...	...	...	...	...
Saba	...	...	...	...	...
Saint Kitts and Nevis	...	— ^e	— ^e	— ^e	...
Saint Lucia	>95 ^f	>95 ^f	>95 ^f	>95 ^f	61
Saint Vincent and the Grenadines	>95 ^f	>95 ^f	>95 ^f	...	92 ^f
Sint Eustatius	...	...	—^{a,e}	...	...
Sint Maarten	...	...	...	...	...
Suriname	...	...	—^{a,e}	...	...
Trinidad and Tobago	...	...	13	64	86
Turks and Caicos Islands	...	>95 ^f	>95 ^f	>95 ^f	>95 ^f
Virgin Islands (UK)	— ^e	— ^e	— ^e	— ^e	— ^e
Virgin Islands (US)	...	...	...	...	...

Source: UNAIDS/WHO. Country Global AIDS Response Progress Reports 2011–2015; additional sources for country data are noted below.

^aData reported directly to PAHO.

^bEl Salvador's data for 2011–2015 are under revision.

^cPreliminary data.

^dPublic sector data only.

^eNo syphilis-seropositive cases to be treated.

^fPAHO. Country reports on the elimination of MTCT, 2015–2016.

^gJamaica reported that "due to worldwide disruption in benzathine penicillin supply chain, erythromycin was used alternatively for treatment of some patients. As such data provided does not disaggregate between the two modes of therapy."

Table 10. Infants exposed to HIV, infants diagnosed with HIV infection, and estimated rates of MTCT of HIV, 2010-2015

Country	2010/2011					2012/2013					2014/2015						
	Total infants exposed to HIV perinatally	Infants with definitive diagnosis	HIV+ infants	HIV MTCT rate, uncorrected figure (%)	Total infants exposed to HIV perinatally	Infants with definitive diagnosis	HIV+ infants	HIV MTCT rate, uncorrected figure (%)	Total infants exposed to HIV perinatally	Infants with no definitive diagnosis	HIV+ infants	HIV MTCT rate, uncorrected figure (%)	Total infants exposed to HIV perinatally	Infants with no definitive diagnosis	HIV+ infants	HIV MTCT rate, uncorrected figure (%)	Pediatric rate per 1,000 live births
North America																	
Canada	...	...	...	17	225	34	0	0.0 (2012)	47	0	0	0.0 (2012)	...	...	...	...	...
					201	22	2	1.1 (2013)	121	20	4	4.0 (2014)	...	...	...	...	...
Mexico	...	...	78	...	...	...	...	...	...	...	...	...	...	...	...	...	...
United States of America	...	...	188 ^a (2010)	...	...	...	174 ^b (2012)	...	...	...	...	...	...	135 ^c (2014)	...	0.03 (2014)	...
			147 ^a (2011)	...	...	...	127 ^b (2013)	...	...	...	...	...	...	86 ^c (2015)	...	0.02 (2015)	...
Central America																	
Costa Rica	35	...	1	29 (2010)	35	0	1	2.9 (2012)	47	0	3	6.4 (2014)	...	...	...	0.04 (2014)	...
El Salvador	113	...	3	2.7 (2010)	129	26	8	7.8 (2012)	158	0	2	1.3 (2015)	...	...	...	0.03 (2014)	...
Guatemala	...	...	...	...	...	...	...	...	257	126	6	4.6 (2015)	...	...	...	0.01 (2015)	...
Honduras	...	...	...	...	195	0	10	5.1 (2013)	185	30	4	2.6 (2014)	...	...	...	0.02 (2014)	...
					120	31	4	4.5 (2012)	145	0	4	2.8 (2015)	...	...	...	0.02 (2015)	...
Nicaragua	90	...	4	4.4 (2010)	111	0	4	3.6 (2013)	113	0	4	3.5 (2015)	...	...	...	0.03 (2015)	...
Panama	123	25	1	1 (2010)	173	13	8	5.0 (2012)	209	5	7	3.3 (2015)	...	...	...	0.09 (2015)	...
					194	0	8	4.1 (2013)	...	...	...	...	...	...	...	...	...
Andean Region																	
Bolivia (Plurinational State of)	...	...	...	...	145	0	7	4.8 (2013)	145	0	28	19.3 (2014)	...	...	...	0.10 (2014)	...
Colombia	566	146	28	6.7 (2010)	...	...	...	...	852	142	27	3.8 (2015)	...	...	...	0.03 (2015)	...
	809	...	39	4.8 (2011)	...	...	...	...	...	...	...	...	...	...	...	...	...
Ecuador	403	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Peru	614	...	27	4.4 (2011)	522	...	39	7.5 (2013)	...	...	...	...	...	...	...	...	...
Venezuela (Bolivarian Republic of)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Table 10. (Continuation)

Country	2010/2011				2012/2013				2014/2015				
	Total infants exposed to HIV perinatally	Infants with no definitive diagnosis	HIV+ infants	HIV MTCT rate, uncorrected figure (%)	Total infants exposed to HIV perinatally	Infants with no definitive diagnosis	HIV+ infants	HIV MTCT rate, uncorrected figure (%)	Total infants exposed to HIV perinatally	Infants with no definitive diagnosis	HIV+ infants	HIV MTCT rate, uncorrected figure (%)	Pediatric rate per 1,000 live births
Argentina	2,761	828	97	5.0(2010)	1,291	499	50	6.3(2013)	1,265	360	41	4.5(2014)	0.06(2014)
	1,376	413	50	5.2(2011)									
Brazil	...	...	...	...	6,876	102	307	4.5(2012)	5,976	33	263	4.4(2014)	0.09(2014)
Chile	196	13	5	2.7(2011)	160	3	7	4.5(2012)	233	9	6	2.7(2014)	0.02(2014)
					188	5	2	1.1(2013)					
Paraguay	165	46	5	4.2(2010)	160	33	7	5.5(2012)	184	10	7	4.0(2014)	0.04(2014)
					200	5	12	6.2(2013)	208	102	4	3.8(2015)	0.02(2015)
Uruguay	77	7	6	8.6(2010)	135	...	7	5.2(2012)	136	1	4	2.9(2014)	0.08(2014)
					124	0	2	1.6(2013)					
Caribbean													
Anguilla	2	0	0	0.0(2010)	0	0	0	0.0 ^{bc} (2012)	0	0	0	0.0 ^{bc} (2014)	0.00 ^{bc} (2014)
	0	...	...	0.0 ^{bc} (2011)	0	0	0	0.0 ^{bc} (2013)	0	0	0	0.0 ^{bc} (2015)	0.00 ^{bc} (2015)
Antigua and Barbuda	5	0	0	0.0(2010)	7	0	1	14.3 ^c (2012)	7	0	0	0.0 ^c (2014)	0.00 ^c (2014)
	12	0	0	0.0 ^c (2011)	4	0	0	0.0 ^c (2013)	13	0	0	0.0(2015)	0.00(2015)
Aruba	...	...	...	...	...	...	...	...	...	...	...	...	...
Bahamas	77	...	0	0.0(2010)	72	12	2	3.3(2012)	64	...	2	3.1(2014)	0.34(2014)
					64	5	2	3.4(2013)	64	17	0	0.0(2015)	0.00(2015)
Barbados	20	0	0	0.0(2010)	22	0	0	0.0(2012)	24	0	0	0.0(2014)	0.00(2014)
					25	0	2	8.0(2013)	15	0	1	6.7(2015)	0.29(2015)
Belize	61	0	4	6.6(2010)	47	0	2	4.2(2013)	46	0	0	0.0(2014)	0.00(2014)
Bermuda	...	...	...	...	3	0	0	0.0 ^c (2012)	2	0	0	0.0 ^c (2014)	0.00 ^c (2014)
					0	0	0	0.0 ^{bc} (2013)	2	0	0	0.0 ^c (2015)	0.00 ^c (2015)
Bonaire	...	...	...	...	...	...	...	...	0	0	0	0.0 ^{bd} (2014)	0.00 ^{bd} (2014)
Cayman Islands	...	...	...	...	0	0	0	0.0 ^{bc} (2012)	1	0	0	0.0 ^{bc} (2014)	0.00 ^{bc} (2014)
					0	0	0	0.0 ^{bc} (2013)	0	0	0	0.0 ^{bc} (2015)	0.00 ^{bc} (2015)

Table 10. (Continuation)

Country	2010/2011					2012/2013					2014/2015						
	Total infants exposed to HIV perinatally	Infants with no definitive diagnosis	HIV+ infants	HIV MTCT rate, uncorrected figure (%)	Total infants exposed to HIV perinatally	Infants with no definitive diagnosis	HIV+ infants	HIV MTCT rate, uncorrected figure (%)	Total infants exposed to HIV perinatally	Infants with no definitive diagnosis	HIV+ infants	HIV MTCT rate, uncorrected figure (%)	Total infants exposed to HIV perinatally	Infants with no definitive diagnosis	HIV+ infants	HIV MTCT rate, uncorrected figure (%)	Pediatric rate per 1,000 live births
Cuba	58	0	1	1.7 (2010)	109	0	2	1.8 (2012)	98	0	1	1.0 (2014)	001 (2014)	0	1	1.0 (2014)	0.01 (2014)
Curaçao	...	...	...	...	114	...	2	1.8 (2013)	157	0	3	1.9 (2015)	003 (2015)	0	3	1.9 (2015)	0.03 (2015)
Dominica	3	0	0	0.0 (2010)	1	0	0	0.0 ^c (2012)	0	0	0	0.0 ^{bc} (2014)	000 ^c (2014)	0	0	0.0 ^{bc} (2014)	0.00 ^c (2014)
Dominican Republic	522	367	30	19.4 (2010)	...	...	...	...	1,205	...	65	5.4 (2014)	030 (2014)	...	65	5.4 (2014)	0.30 (2014)
French Guiana	...	...	...	...	...	...	...	...	1,011	0	52	5.1 (2015)	024 (2015)	...	52	5.1 (2015)	0.24 (2015)
Grenada	2	0	0	0.0 (2010)	11	0	0	0.0 ^c (2012)	8	0	0	0.0 ^c (2014)	000 ^c (2014)	0	0	0.0 ^c (2014)	0.00 ^c (2014)
Guadeloupe	1	0	0	0.0 ^c (2011)	10	0	0	0.0 ^c (2013)	5	0	0	0.0 (2015)	000 (2015)	0	0	0.0 (2015)	0.00 (2015)
Guyana	201	0	5	2.5 (2010)	192	0	4	2.1 (2013)	151	0	5	3.3 (2015)	032 (2015)	...	5	3.3 (2015)	0.32 (2015)
Haiti	419	...	20	4.8 (2010)	2,944	...	2,255	...	2,933 ^e	...	...	5.6 (2015)	079 (2015)	...	...	5.6 (2015)	0.79 (2015)
Jamaica	...	...	...	...	441	83	12	3.4 (2013)	424	81	6	1.7 (2014)	012 (2014)	...	6	1.7 (2014)	0.12 (2014)
Martinique	...	...	...	...	...	...	...	...	458	100	5	1.4 (2015)	010 (2015)	...	5	1.4 (2015)	0.10 (2015)
Montserrat	...	...	...	...	0	0	0	0.0 ^{bc} (2012)	0	0	0	0.0 ^{bc} (2014)	000 ^{bc} (2014)	...	0	0.0 ^{bc} (2014)	0.00 ^{bc} (2014)
Puerto Rico	...	...	...	...	0	0	0	0.0 ^{bc} (2011)	0	0	0	0.0 ^{bc} (2015)	000 ^{bc} (2015)	...	0	0.0 ^{bc} (2015)	0.00 ^{bc} (2015)
Saba	...	...	...	...	24	9	0	0.0 ^c (2012)	...	...	...	...	...	...	...	...	...
Saint Kitts and Nevis	0	0	0	0.0 ^c (2010)	30	1	0	0.0 ^c (2013)	0	0	0	0.0 ^c (2014)	000 ^c (2014)	0	0	0.0 ^c (2014)	0.00 ^c (2014)
Saint Lucia	9	3	0	0.0 (2010)	14	0	0	0.0 ^c (2012)	8	3	0	0.0 ^c (2014)	000 ^c (2014)	...	0	0.0 ^c (2014)	0.00 ^c (2014)
	5	0	0	0.0 ^c (2011)	8	0	0	0.0 ^c (2013)	4	0	0	0.0 (2015)	000 (2015)	...	0	0.0 (2015)	0.00 (2015)

Table 10. (Continuation)

Country	2010/2011				2012/2013				2014/2015				
	Total infants exposed to HIV perinatally	Infants with no definitive diagnosis	HIV+ infants	HIV MTCT rate, uncorrected figure (%)	Total infants exposed to HIV perinatally	Infants with no definitive diagnosis	HIV+ infants	HIV MTCT rate, uncorrected figure (%)	Total infants exposed to HIV perinatally	Infants with no definitive diagnosis	HIV+ infants	HIV MTCT rate, uncorrected figure (%)	Pediatric rate per 1,000 live births
Saint Vincent and the Grenadines	15	2	1	7.7 (2010)	17	0	0	0.0 ^c (2012)	15	0	0	0.0 ^c (2014)	0.00 ^c (2014)
	15	0	0	0.0 ^c (2011)	19	0	1	5.3 ^c (2013)	16	0	0	0.0 ^c (2015)	0.00 ^c (2015)
Sint Eustatius	...	...	...	...	0	0	0	0.0 ^{bd} (2013)	...	...	...	...	...
Sint Maarten	...	...	...	...	...	...	...	...	...	...	...	...	...
Suriname	79	25	4	7.4 (2010)	108	1	5	4.7 (2012)	119	7	2	1.8 (2014)	0.21 (2014)
					108	1	0	0.0 (2013)					
Trinidad and Tobago	181	3	0	0.0 (2010)	190	81	0	0.0 (2012)	177	61	0	0.0 (2015)	0.00 (2015)
					223	60	3	1.8 (2013)					
Turks and Caicos Islands	...	...	...	...	5	0	0	0.0 ^c (2012)	7	0	0	0.0 ^c (2014)	0.00 ^c (2014)
	...	...	...	...	4	0	0	0.0 ^c (2013)	2	0	0	0.0 ^c (2015)	0.00 ^c (2015)
Virgin Islands (UK)	...	...	...	...	0	0	0	0.0 ^{bc} (2012)	1	0	0	0.0 ^c (2014)	0.00 ^c (2014)
	1	0	1	100.0 ^c (2011)	0	0	0	0.0 ^{bc} (2013)	0	0	0	0.0 ^{bc} (2015)	0.00 ^{bc} (2015)
Virgin Islands (US)	...	...	...	...	...	...	0	0.0 (2013)	...	...	...	...	...

Source: UNAIDS/WHO Country Global AIDS Response Progress Reports 2011-2015; additional sources for country data are noted below.

Note: The uncorrected rate of HIV MTCT was calculated as 100 * (children perinatally exposed to HIV and positive diagnosis) / (sum of perinatally exposed HIV+ and HIV-).

^aCenters for Disease Control and Prevention. HIV Surveillance Report, 2015, vol. 27 (<http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>). Published November 2016.

^bNo seropositive pregnant women.

^cPAHO. Country reports on the elimination of MTCT, 2015-2016.

^dData reported directly to PAHO.

^ePCR results for first two months.

Table 11. Number of reported cases of congenital syphilis and estimated rates of congenital syphilis in the Region of the Americas, 2009-2015

Country	2009		2010		2013		2014		2015	
	Number of reported cases of congenital syphilis	Congenital syphilis rate per 1,000 live births	Number of reported cases of congenital syphilis	Congenital syphilis rate per 1,000 live births	Number of reported cases of congenital syphilis	Congenital syphilis rate per 1,000 live births	Number of reported cases of congenital syphilis	Congenital syphilis rate per 1,000 live births	Number of reported cases of congenital syphilis	Congenital syphilis rate per 1,000 live births
North America										
Canada	8 ^a	0.02	3	0.00 (2011)	2 ^a	0.01	...	...	...	...
Mexico	86	0.04	62	0.03	43	0.02	91	0.04	129	0.06
United States of America	429 ^b	0.10 ^b	377 ^b	0.09 ^b	361 ^b	0.09 ^b	461 ^b	0.12 ^b	487 ^b	0.12 ^b
Central America										
Costa Rica	72	0.98	69	0.94	83	1.13	96	1.30	46	0.64
El Salvador	21	0.20	12	0.10	47	0.37	2	0.02	25	0.20
Guatemala	59	0.13	...	...	12	0.02	1	0.00	4	0.01
Honduras	32	0.20	...	...	26	0.12	57	0.27	...	...
Nicaragua	10	0.07	5	0.04	1	0.01	5	0.04	8	0.06
Panama	32 (2008)	0.46	...	...	113	1.50	104	1.38	83	1.10
Andean Region										
Bolivia (Plurinational State of)	...	...	...	...	...	...	...	...	...	...
Colombia	2,008	2.20	2,111	2.30	1,912	2.11	1,120	1.24	...	...
Ecuador	111	0.37	115	0.36	...	...	...	...	...	...
Peru	376	0.63	287	0.48	...	0.57 (2012)	244	0.41	202	0.34
Venezuela (Bolivarian Republic of)	170	0.28	...	...	28	0.05	...	...	...	...
Southern Cone and Brazil										
Argentina	644	0.93	656	0.95	731	1.05	918	1.32	834	1.21
Brazil	6,039 ^c	1.96	6,944 ^c	2.28	13,967 ^c	4.80	16,161 ^c	5.40	19,228 ^c	6.49
Chile	64	0.26	62	0.25	55	0.22	41	0.17	...	...
Paraguay	390	2.50	...	2.30 (2011)	...	...	436	2.68	474	2.90
Uruguay	261	5.20	105	2.10	76	1.54	97	1.97	...	...

Table 11. (Continuation)

Country	2009		2010		2013		2014		2015	
	Number of reported cases of congenital syphilis	Congenital syphilis rate per 1,000 live births	Number of reported cases of congenital syphilis	Congenital syphilis rate per 1,000 live births	Number of reported cases of congenital syphilis	Congenital syphilis rate per 1,000 live births	Number of reported cases of congenital syphilis	Congenital syphilis rate per 1,000 live births	Number of reported cases of congenital syphilis	Congenital syphilis rate per 1,000 live births
Caribbean										
Anguilla	0	0.00	0	0.00	0 ^d	0.00	0 ^d	0.00	0 ^d	0.00
Antigua and Barbuda	0	0.00	0	0.00	0 ^d	0.00	0 ^d	0.00	1	0.67
Aruba	0 ^a	0.00	0 ^a	0.00	0 ^a	0.00	...	...	...	...
Bahamas	...	...	...	...	0	0.00	0	0.00	0	0.00
Barbados	1	0.25	0	0.00	0	0.00	1	0.29	1	0.29
Belize	0	0.00	6	0.80	0	0.00	...	...	...	...
Bermuda	0	0.00	0	0.00	0 ^d	0.00	0 ^d	0.00	0 ^d	0.00
Bonaire	...	...	...	...	...	...	...	...	...	...
Cayman Islands	0	0.00	0	0.00	0 ^d	0.00	0 ^d	0.00	0 ^d	0.00
Cuba	0	0.00	3	0.03	3	0.03	6	0.06	4	0.04
Curaçao	...	...	...	...	...	...	...	...	...	...
Dominica	2	1.80	3	2.70	0 ^d	0.00	0 ^d	0.00	...	...
Dominican Republic	...	...	...	...	16	0.07	...	...	...	...
French Guiana	...	...	...	...	...	...	...	...	...	...
Grenada	0	0.00	3	1.50	0 ^d	0.00	0 ^d	0.00	...	...
Guadeloupe	0 ^a	0.00	...	...	...	...	...	...	...	...
Guyana	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Haiti	...	...	...	...	...	...	...	...	...	...
Jamaica	4	0.08	6	0.12	8	0.16	3	0.06	28	0.56
Martinique	...	...	...	...	...	...	...	...	...	...
Montserrat	0	0.00	0	0.00	0 ^d	0.00	0 ^d	0.00	0 ^d	0.00
Puerto Rico	5 ^b	0.10	2 ^b	0.04 ^b	1 ^b	0.06 ^b	0 ^b	0.00 ^b	5 ^b	0.14 ^b
Saba	...	...	...	...	...	...	0 ^a	0.00	...	...

Table 11. (Continuation)

Country	2009		2010		2013		2014		2015	
	Number of reported cases of congenital syphilis	Congenital syphilis rate per 1,000 live births	Number of reported cases of congenital syphilis	Congenital syphilis rate per 1,000 live births	Number of reported cases of congenital syphilis	Congenital syphilis rate per 1,000 live births	Number of reported cases of congenital syphilis	Congenital syphilis rate per 1,000 live births	Number of reported cases of congenital syphilis	Congenital syphilis rate per 1,000 live births
Saint Kitts and Nevis	0	0.00	0	0.00	0 ^d	0.00	0 ^d	0.00	...	...
Saint Lucia	...	...	0 ^d	0.00	1 ^c	0.43	4 ^c	1.75	2	0.91
Saint Vincent and the Grenadines	0	0.00	0 ^d	0.00	0 ^d	0.00	0 ^d	0.00	0 ^d	0.00
Sint Eustatius	...	...	...	...	0 ^a	0.00	...	...	...	...
Sint Maarten	...	...	...	...	...	...	...	...	...	...
Suriname	...	...	0 ^a	0.00	...	...	...	...	...	...
Trinidad and Tobago	45 ^b	2.30	...	...	...	...	...	...	...	...
Turks and Caicos Islands	0	0.00	0	0.00	2 ^c	4.07	1 ^c	1.87	1 ^c	1.84
Virgin Islands (UK)	0	0.00	0 ^d	0.00	0 ^d	0.00	0 ^d	0.00	0 ^d	0.00
Virgin Islands (US)	0 ^b	0.00 ^b	0 ^b	0.00 ^b	0 ^b	0.00 ^b	0 ^b	0.00 ^b	0 ^b	0.00 ^b

Source: UNAIDS/WHO Country Global AIDS Response Progress Reports 2010–2015 (numerator) and Population Division of the United Nations (2013, 2012 revision) and estimates by the Census Bureau of the United States of America (denominator); additional sources for country data are noted below.

Note: Year corresponds to column year unless otherwise indicated. Antigua and Barbuda, the Cayman Islands, Chile, Grenada, Guatemala, Honduras, Mexico, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and the Turks and Caicos Islands indicated that the reported cases of congenital syphilis do not include stillbirths.

^aData reported directly to PAHO.

^bCenters for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2015. Atlanta: U.S. Department of Health and Human Services; 2016.

^cBrazil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Boletim epidemiológico–Sifilis, Ano V. 47(35), 2016.

^dPAHO. Country reports on the elimination of MTCT, 2015–2016.

Table 12. Indicators for the elimination of MTCT of HIV and syphilis at a glance, 2015

Country	Pregnant women attending prenatal care visit with trained personnel, %	Pregnant women tested for HIV, % (estimated)	Pregnant women tested for syphilis, %	Coverage of ARV treatment to prevent MTCT of HIV (reported), %	Coverage of ARV treatment to prevent MTCT of HIV (estimated), %	Pregnant women adequately treated for syphilis, %	HIV MTCT rate, %	Pediatric HIV rate per 1,000 live births	Congenital syphilis rate per 1,000 live births
North America									
Canada	100 (2002)	...	...	> 95 ^a (2014)	> 95	> 95 ^a (2014)	1.1 (2013)	0.00 (2013)	0.01 (2013)
Mexico	98 (2013)	55	61 (2014)	81 (2014)	76	...	...	...	0.06
United States of America	99 ^a (2012)	...	85 ^a (2013)	...	> 95	...	...	0.02	0.12 ^b
Central America									
Costa Rica	98 (2011)	> 95	85	82	41	73 (2011)	6.4 (2014)	0.04 (2014)	0.64
El Salvador	84 (2014)	69	> 95	55	56	...	1.3	0.02	0.20
Guatemala	93 (2012)	40	...	21 (2014)	13	> 95 (2014)	4.6	0.01	0.01
Honduras	97 (2012)	> 95	57 (2014)	50	53	> 95 (2014)	2.8	0.02	0.27 (2014)
Nicaragua	95 (2014)	> 95	88 (2014)	76	> 95	> 95	3.5	0.03	0.06
Panama	93 (2013)	> 95	33 (2014)	...	78	61	3.3	0.09	1.10
Andean Region									
Bolivia (Plurinational State of)	86 (2014)	> 95	> 95	63 (2014)	76	> 95	19.3 (2014)	0.10 (2014)	...
Colombia	96 (2010)	55	62	87	49	94 (2014)	3.8	0.03	1.24 (2014)
Ecuador	95 (2012)	58	...	...	60	...	...	...	...
Peru	96 (2013)	74	85	86 (2014)	79	83	7.5 (2013)	0.07 (2013)	0.34
Venezuela (Bolivarian Republic of)	97 (2014)	...	27	28 (2013)	43	...	...	...	0.05 (2013)
Southern Cone and Brazil									
Argentina	98 (2011)	> 95	78 (2014)	93	93	82 ^c	4.5 (2014)	0.06 (2014)	1.21
Brazil	96 (2013)	84	90 (2013)	87	> 95	86 ^a	4.4 (2014)	0.09 (2014)	6.49
Chile	96 (2008)	79	95 (2014)	...	> 95	98 ^c	2.7 (2014)	0.02 (2014)	0.17 (2014)
Paraguay	95 (2013)	60	69	...	56	57	3.8	0.02	2.90
Uruguay	99 (2014)	> 95	> 95	> 95	> 95	> 95 (2014)	2.9 (2014)	0.08 (2014)	1.97 (2014)

Table 12. (Continuation)

Country	Pregnant women attending at least one prenatal care visit with trained personnel, %	Pregnant women tested for HIV, % (estimated)	Pregnant women tested for syphilis, %	Coverage of ARV treatment to prevent MTCT of HIV (reported), %	Coverage of ARV treatment to prevent MTCT of HIV (estimated), %	Pregnant women adequately treated for syphilis, %	HIV MTCT rate, %	Pediatric HIV rate per 1,000 live births	Congenital syphilis rate per 1,000 live births
Caribbean									
Anguilla	>95d (2015)	>95 ^d	>95 ^d	— ^{de}	...	— ^{de}	0.0 ^{de}	0.00 ^{de}	0.00 ^{de}
Antigua and Barbuda	100 (2014)	78	>95	>95	...	>95	0.0	0.00	0.67
Aruba	100 (2012)	...	...	...	...	...	...	...	...
Bahamas	95 (2013)	>95	85	>95	62	>95 (2013)	0.0	0.00	0.00
Barbados	99 (2013)	46 (2014)	92	>95	50	83 ^c	6.7	0.29	0.29
Belize	93 (2014)	82	93 (2013)	>95 (2014)	63	91 (2013)	0.0 (2014)	0.00 (2014)	0.00 (2013)
Bermuda	>95d (2015)	>95d	>95 ^d	>95 ^d	...	>95 ^d	0.0 ^d	0.00 ^d	0.00 ^d
Bonaire	100 (2014)	...	>95 (2014)	— ^a (2014)	...	>95 ^c (2014)	0 ^{ce} (2014)	0.00 ^{ce} (2014)	...
Cayman Islands	>95d (2015)	>95 ^d	>95 ^d	— ^{de}	...	— ^{de}	0.0 ^{de}	0.00 ^{de}	0.00 ^{de}
Cuba	98 (2014)	>95	>95	>95	>95	>95	1.9	0.03	0.04
Curacao	...	...	...	...	...	...	...	...	...
Dominica	100 (2014)	94	>95 (2014)	— ^{de} (2014)	...	>95 ^{de} (2014)	0.0 ^{de} (2014)	0.00 ^{de} (2014)	0.00 ^d (2014)
Dominican Republic	100 (2014)	49	17 (2014)	50 (2014)	72	68	5.1	0.24	0.07 (2013)
French Guiana	98 (2010)	...	...	...	...	...	...	...	...
Grenada	99 (2014)	78	>95	>95 (2014)	...	>95	0.0	0.00	0.00 (2014)
Guadeloupe	100 (2011)	...	...	...	...	...	...	...	...
Guyana	98 (2013)	87	87 (2014)	...	76	...	3.3	0.32	0.00
Haiti	90 (2012)	94	88	...	96	88	5.6	0.79	...
Jamaica	99 (2012)	70	88	90	>95	23 ^f	1.4	0.10	0.56
Martinique	95 (2012)	...	...	...	...	...	...	...	...
Montserrat	>95d (2015)	>95 ^d	>95 ^d	— ^{de}	...	— ^{de}	0.0 ^{de}	0.00 ^{de}	0.00 ^{de}
Puerto Rico	100 (2013)	...	...	>95 (2012)	...	...	0.0 (2013)	0.00 (2013)	0.14 ^b
Saba	100 (2014)	>95 ^a (2014)	>95 ^a (2014)	— ^{ae} (2014)	...	...	0.0 ^a (2014)	0.00 ^a (2014)	...

Table 12. (Continuation)

Country	Pregnant women attending at least one prenatal care visit with trained personnel, %	Pregnant women tested for HIV, % (estimated)	Pregnant women tested for syphilis, %	Coverage of ARV treatment to prevent MTCT of HIV (reported), %	Coverage of ARV treatment to prevent MTCT of HIV (estimated), %	Pregnant women adequately treated for syphilis, %	HIV MTCT rate, %	Pediatric HIV rate per 1,000 live births	Congenital syphilis rate per 1,000 live births
Saint Kitts and Nevis	>95 ^d (2014)	77	>95 ^d (2014)	>95 (2014)	...	>95 ^{de} (2014)	0.0 ^{de} (2014)	0.00 ^d (2014)	0.00 ^d (2014)
Saint Lucia	>95 ^d (2014)	77	>95 ^d (2014)	>95 (2014)	...	61	0.0	0.00	0.91 (2015)
Saint Vincent and the Grenadines	100 (2014)	>95	>95 ^d	75	...	92 ^d	0.0 ^d	0.00 ^d	0.00 ^d
Sint Eustatius	100 (2014)	>95 ^a (2013)	>95 ^a (2013)	— ^{ae} (2013)	...	— ^{ae} (2013)	0.0 ^{de} (2013)	0.00 ^{de} (2013)	...
Sint Maarten	95 (2013)	...	...	...	...	...	...	...	...
Suriname	95 (2010)	88	...	92	>95	...	1.8 (2014)	0.21 (2014)	...
Trinidad and Tobago	100 (2014)	>95 (2014)	...	82	63	86	0.0	0.00	...
Turks and Caicos Islands	>95 ^d (2015)	>95 ^d	>95 ^d	>95 ^d	...	>95 ^d	0.0 ^d	0.00 ^d	1.84 ^d
Virgin Islands (UK)	>95 ^d (2015)	>95 ^d	>95 ^d	>95 ^d	...	— ^{de}	0.0 ^{de}	0.00 ^{de}	0.00 ^{de}
Virgin Islands (US)	100 (2014)	...	...	...	...	...	0.0 (2013)	0.00 (2013)	0.00 ^b

Source: Pregnant women attended by trained personnel and denominators for perinatal HIV and congenital syphilis rates: Pan American Health Organization, Health Information and Analysis Unit. Regional Core Health Data and Country Profiles Initiative. 2014-2015; pregnant women tested for HIV, pregnant women tested and treated for syphilis, and numerator for perinatal HIV and congenital syphilis cases: UNAIDS/WHO. Country Global AIDS Response Progress Reports (2013-2015) and PAHO. Country reports on the elimination of MTCT, 2015-2016. More details about the data sources can be found under each specific indicator table in this report.

Note: Data are from 2015 unless otherwise indicated.

^aDirect communication to PAHO.

^bCenters for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2015. Atlanta: U.S. Department of Health and Human Services; 2016.

^cPublic sector data only.

^dPAHO. Country reports on the elimination of MTCT, 2015-2016.

^eNo seropositive cases to be treated.

^fJamaica reported that "due to worldwide disruption in benzathine penicillin supply chain, erythromycin was used alternatively for treatment of some patients. As such data provided does not disaggregate between the two modes of therapy."



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