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ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) IN THE AMERICAS

Since 1987, PAHO has promoted the establishment of national AIDS prevention and control programs in the principal territories and countries of the Region of the Americas in accordance with standards set by the Global Program on AIDS (GPA) of the World Health Organization. To accomplish this task, more than US$20 million has been allocated from GPA resources for the direct support of national programs and more than $7.5 million for regional activities. During this period, the regional effort has shifted from support in emergency and short-term situations to longer-term objectives for the next three to five years, including, specifically, the preparation of medium-term national plans and the consolidation of regional capacity to provide leadership and technical collaboration to the Member Countries. In general, these aspects include the following: support for national commissions, development of national managerial and administrative capacity, improvement of surveillance, upscaling of laboratory capacity, and strengthening of national and international efforts to prevent sexual, perinatal, and blood-borne transmission of HIV, through research, education, and other public health approaches.

This document presents a summary evaluation of the AIDS epidemic in the Americas and the status of regional activities for prevention. Since AIDS and HIV infection represent an ever-increasing burden for social and health services to the Member Countries, it is asked that the Executive Committee review the status of regional and national efforts for the prevention and control of AIDS and formulate recommendations for goals for the biennium 1992-1993.

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ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) IN THE AMERICAS

1. Introduction

In a relatively short period of time, the human immunodeficiency virus (HIV) has managed to spread throughout the entire world. As of 15 May 1991, 162 of 180 countries and territories in the world had officially reported 359,271 cases of AIDS to the World Health Organization (WHO), but it was estimated that since cases are under-reported, the cumulative total is probably closer to 1.3 million. The number of HIV-infected adults is estimated at 8 to 10 million, 3 million of them women. By the year 2000, it is conservatively estimated that there will be at least 5 to 6 million cases of AIDS in adults and a total of 26 to 30 million persons infected with HIV, 10 million of whom will be children. The HIV/AIDS epidemic is cause for great concern in industrialized countries, and is rapidly becoming a major problem in developing countries as well. While in 1985 it was estimated that only half of all the infections in the world had occurred in developing countries, this proportion had increased to around two thirds by 1990. By the year 2000, these countries' share will be between 75% and 80%, and by 2020 it will be between 80% and 90% of the world total.

Sexual transmission of HIV infection is on the rise, especially through heterosexual contact. WHO estimates that in 1985 around 50% of all HIV infections were sexually transmitted between men and women; in 1990, heterosexual transmission increased to 60%; and by the year 2000 the proportion is expected to be between 75% and 80%. This means that HIV infection should be viewed basically as a sexually transmitted disease (STD). Given the increase in heterosexual transmission, a rising proportion of new infections can be expected in women and children. At the world level, by the year 2000 the number of new infections in women will begin to match the number in men. It will also be equal to the number of infections in infants, since at the world level for every HIV-infected woman there will be an average of one child born with the infection.

2. Review of the Status of AIDS and HIV Infection in the Americas

PAHO estimates that there may in fact have been more than half a million cases of AIDS in the Western Hemisphere and that about half of these persons have already died from the disease. In some countries of the Caribbean and some urban centers of North America, AIDS has become the leading cause of death in young males in the 25-34 age group. It is estimated that by the mid-1990s more than 3 million people in the Americas will have been infected with human immunodeficiency virus, and three fourths of those who contracted the infection before 1990 will have died by 1995.

As of 15 May 1991, the 46 countries and territories in the Americas had reported 212.749 cases of AIDS to the Pan American Health Organization (PAHO) since surveillance began in 1983. Of this number, a cumulative total of 126.503 have died (Annex I).

Annex 1, Table II, shows the annual incidence of AIDS cases by country and subregion for 1987-1990. According to this information, the Central American isthmus and the Southern Cone saw the largest upswing in rates, with an increase of about 300%; followed by Brazil and the Andean Area, with 98%. The highest increases were seen in those subregions and countries where the epidemic was introduced later--and where even greater rises are expected in the coming years.

Table III of Annex I shows the annual incidence by sex for each country of the Region. Although in most of the countries the rates for women continue to be lower than those for men, in some instances there were marked increases among the female population. In Honduras, for example, the rate of 9.43 per 1,000,000 females in 1787 rose to 81.7 in 1990, representing a jump of more than 700% and at least paralleling the increase among men. In general, the countries that have reported larger proportions of cases due to heterosexual transmission have also had greater increases in the rates for women, which in turn are beginning to be reflected in more cases in children due to perinatal transmission. The trends in these two population groups (women and children) will need to be watched closely in the near future as more information becomes available on the extent of intravenous drug use and its importance as a risk factor for HIV transmission.

Figure 1 of Annex I shows the distribution of AIDS cases in North America, Latin America, and the English-speaking Caribbean by risk categories. In North America, transmission between homosexual or bisexual males corresponds to 65% of the cases, and transmission between intravenous drug users almost one fourth. In the English-speaking Caribbean, on the other hand, heterosexual transmission is almost 60%, with consequently 9% transmission from mother to child. In Latin America the proportion of cases transmitted between homosexual and bisexual males is about 50%; one fourth corresponds to heterosexual transmission; 10%, to transmission via blood and blood products, and, surprisingly, 11% to transmission through intravenous drug abuse. Perinatal transmission represents 2% of the cases.

Perhaps more important than the accumulated or annual number of AIDS cases is the estimated number of persons infected with the human immunodeficiency virus. PAHO estimates that around 2 million people in the Western Hemisphere are infected with HIV. More than a million of these infections have occurred in North America (the United States of America and Canada) and nearly a million in Latin America and the Caribbean. Latin America and the Caribbean are seeing a rapid upswing in the epidemic curve, similar to the situation in North America three to five years ago.

The following appear to be some of the trends in the Americas:

- More than 90% of HIV transmissions is via sexual relations, with a growing number due to heterosexual relations.

- In general, still less than 10% of HIV transmissions is by blood transfusion or contaminated needles. However, this remains a persistent problem in blood banks, and represents a growing problem among intravenous drug users.

- In the Region, less than 2% of HIV transmissions are between an infected mother and her newborn, but this proportion is increasing.

- The HIV infections and AIDS cases are located mainly in cities, while in most of the countries the incidence of HIV and AIDS in rural areas continues to decline.

- Between 20% and 50% of the intravenous drug users in some parts of Argentina, Brazil, Uruguay, the United States of America, and other countries have been found to be HIV-infected.

It is estimated that between 200,000 and 300,000 women are currently infected with HIV in the Western Hemisphere. Of this total, at least 150,000 are in Latin America and the Caribbean. In Central America there has been a 40-fold increase in the number of clinical AIDS cases in women in the last four years. A study done in Costa Rica suggests that the typical woman with AIDS has been infected as a result of the high-risk behavior of her companion, of which she usually has had no knowledge. In a study in Haiti, approximately 1 in every 10 pregnant women was found to be HIV-infected. The rates of infection in pregnant women is increasing in parts of Brazil and other countries of Latin America and the Caribbean (Table IV, Annex I). This growing prevalence of HIV infection in women of child-bearing age means that there will be a corresponding rise in HIV transmission to the fetus and the newborn child. According to a recent analysis, about 2,000 children in the the United States of America and 10,000 children in Latin America and the Caribbean have already been born HIV-infected. Finally, Table V of Annex I shows the seroprevalence of HIV infection in pregnant and non-pregnant women in several countries of the Region.

3. Development of Programs to Combat AIDS in the Americas

The programs to combat AIDS in the Americas began taking shape in the mid-1980s, when the first emergency activities to control the disease were initiated. This stage included emergency financing provided by the Global Program on AIDS for activities in the countries. PAHO helped the Member Countries to develop both their emergency strategies and their short-term programs for the control of AIDS, giving them initial financing for those activities. By mid-1988 all the countries had received some form of financing for their AIDS control activities, and in 1989 the last of the short-term plans was approved and financed. As it became evident

that the problem was going to last for a long time, priority also began to be extended to the coordination of control activities in the medium term. Short-term planning continued in parallel with medium-term planning, which involved the detailed development of national activities within a three-year planning framework.

The recognition that the AIDS epidemic is a long-term problem has strengthened acceptance not only of the need to plan medium-term activities but also of the fact of that the campaign against AIDS should be an ongoing, integrated program, with the capacity to be sustained as part of the effort to safeguard public health in the Region. The first national AIDS control programs, which were put together and implemented on an urgent basis, followed an approach that was largely vertical. The Global Program on AIDS and GPA/Americas have adopted concrete measures in helping the national programs to broaden their programming approach and establish links with other programs such as Maternal and Child Health and Family Planning, Sexually Transmitted Diseases and Tuberculosis, and Health of Adults. These links will help to ensure the continuity and integration of AIDS activities.

The initiative to seek the participation of nongovernmental organizations in the national AIDS programs, the implementation of inter-institutional and interprogrammatic activities by GPA/Americas, the introduction of multidisciplinary teams, and the interprogram briefing of these teams so that they can give technical cooperation for the formulation and execution of national AIDS programs are all examples of efforts aimed at ensuring broad programming at the regional and national levels iofthe AIDS campaign.

Increasing emphasis has been placed on national participation in the programming of AIDS-related activities. The AIDS campaign requires that the countries be firmly committed and that they assign national resources to this priority area. At the same time, there should be a balance between the requirements of the AIDS campaign activities, on the one hand, and, on the other, health care and disease prevention needs for other health conditions. Clearly the largest share of the resources assigned to AIDS control activities are national. It is estimated that the GPA's contribution to the national programs represents approximately 20% of all the money spent from national and international sources.

3.1 Global Program on AIDS in the Americas

PAHO continues to be responsible for the Global Program on AIDS in the Americas. Since 1987, PAHO has promoted the establishment of national AIDS prevention and control programs in the principal territories and countries in the Region of the Americas in accordance with standards set by GPA/WHO.

Maximum priority has been given to direct technical cooperation with the Member Countries to support the development, execution, financing, and evaluation of their national AIDS prevention and control

programs. PAHO has mobilized resources and provided the countries with technical cooperation for national AIDS programs in the following areas: support for national commissions, development of national managerial and administrative capacity, improvement of surveillance, upscaling of laboratory diagnostic capacity, and strengthening of national and international efforts to prevent sexual, perinatal, and blood-borne transmission of HIV through research, education, and other public health approaches.

In 1990 a total of 80 consultant/months were mobilized to support national and subregional activities. In the first three months of 1991 the Regional Program on AIDS has used 78 consultant/weeks in the area of management and administration of national programs; 22 consultant/weeks on education and communication; 9 consultant/weeks on the improvement of national epidemiological surveillance, and 10 consultant/weeks on the strengthening of laboratories.

During 1990, GPA/Americas succeeded in completing almost all the activities that had been planned. The level of execution of the 1990 budget was 85%.

Given the nature of the AIDS epidemic and the prevailing perceptions in the countries, a large number of activities were carried out in response to requests from the countries for specific technical assistance that had not been programmed. In addition, there were unforeseen requests that involved regional representation at world meetings on AIDS prevention and control.

GPA/Americas is part of the Program for Health Situation and Trend Assessment (HST) under the area of Health Systems Infrastructure (HSI) in the Pan American Sanitary Bureau, Secretariat of PAHO.

There are three sub-units for the principal areas of activity under the AIDS Program: National Program Support (NPS), Intervention Development and Support (IDS), and Research (RES). The organizational chart of the AIDS Program is attached (Figure 2). In the past year, PAHO shifted its direction from a reactive mode, responding to emergency situations, to a more consolidated approach for the planning and execution of activities. In addition to the personnel at Headquarters in Washington, there are four intercountry advisors that provide technical cooperation to: the countries of the Caribbean (based in CAREC); Central America, Panama, and the Latin Caribbean (based in Costa Rica); the Andean countries (based in Ecuador); and the Southern Cone (based in Uruguay). There are also two country advisors, one each in Haiti and Brazil. Thus in total there are currently 14 permanent professionals, eight assigned to Headquarters in Washington and six in the field. Recruitment for two permanent posts is in process.

3.2 Achievements of PAHO Technical Cooperation with the Member Countries

Emergency and short-term programs began to be developed in the Region in 1987, with PAHO providing technical and financial assistance

for the activities that they envisaged. Since 1988, medium-term (three-year) plans for national AIDS prevention and control programs have been developed for the following subregions: the Latin Caribbean, Mexico, Central America, and the Andean Area. Plans for the Southern Cone and Brazil are nearing completion.

In the process of developing these plans, PAHO has mobilized human resources that have made it possible to provide the Member Countries with technical assistance from expert consultants in the areas of management and finances, epidemiology, education, health promotion, and laboratories. More than 85% of the consultants are from within the Region, not including the United States of America, which reflects the promotion of technical collaboration among developing countries.

The consultants that have visited the countries to evaluate the national programs and collaborate in the development of strategies for transitioning between the short-and long-term approaches have also worked actively with the national team on strategies for financing these programs.

Currently, activities are being reviewed and reprogrammed with the countries and territories of the Caribbean, which are starting on the second or third year of their medium-term plans.

In general, the plans of the national programs continue to reflect the four principal strategies for AIDS prevention and control, namely: prevention of sexual transmission of HIV, prevention of transmission via blood or blood products, prevention of perinatal transmission, and reduction of the effect of the AIDS epidemic on individuals and social groups.

The Regional Program has collaborated actively in the attainment of targets, such as those of the programs in the Caribbean, which are now screening between 90 and 95% of the blood being used for transfusions. In Central America, Costa Rica has succeeded in screening all blood for transfusion, and the level in the rest of the subregion is 80%.

Epidemiological surveillance has improved at the regional level thanks to a major review and reprogramming undertaken in 1989 and 1990. In 1990 the Regional Program produced a report on epidemiological surveillance for the year 1989, which included statistics on AIDS cases and data on seroprevalence that supplement the quarterly report sent to the Member Countries.

The Program provides technical and scientific information to the national AIDS prevention and control programs. Among the special initiatives is the establishment of three Communication, Information, and Education Centers, one each in Mexico and Brazil and one at the PAHO-administered Caribbean Epidemiology Center (CAREC). These Centers will collect and evaluate informational and educational materials on AIDS from as many countries as possible so that they can be widely disseminated and used in the formulation of national education programs. CD-ROM tech-

nology is being used to distribute scientific information to the national programs. The U.S. National Library of Medicine's entire bibliography on AIDS plus selected full-length articles from important journals throughout the world have been stored on compact disks. PAHO continued to use innovative technology to promote AIDS education through the Third Pan American Teleconference on AIDS, held in Caracas, Venezuela, in March of the present year, as a part of the "Communicating for Health" initiative.

As a contribution to activities for the formation and technical training of in-service professionals and staff in the national programs, the Regional Program has given a series of workshops in such areas as health promotion, psychological orientation, epidemiological surveillance, research techniques and methods, with participants from all the countries of the Region. Worthy of special mention was the meeting on behavioral interventions for the prevention of AIDS and STD held in Kingston, Jamaica, in December 1990, with the active participation of representatives and delegates from 33 countries and territories in the Americas.

In the area of research, under the terms of a special contract with the U.S. National Institutes of Health (National Institute of Allergy and Infectious Diseases), PAHO has established research programs on AIDS in several countries. Much of the research has been aimed at getting information that will make it possible to understand the mechanisms of HIV spread in the countries of Latin America and the Caribbean. Among the objectives of the research under way or to be started are the following: to determine seroprevalence in different population groups, to define the extent and consequences of perinatal infection and heterosexual transmission, and to identify effective chemoprophylactic treatments for the prevention of opportunistic infections associated with AIDS. Several research projects have been completed in these areas, and others are currently under way. In addition, there is collaboration with the GPA/Geneva on the identification of possible sites in the Region for the evaluation of HIV vaccines. PAHO will seek to extend its research beyond the biomedical sphere to include behavioral research.

With a view to promoting international coordination, PAHO organized quarterly meetings which were attended by more than 20 representatives from various international agencies and national institutions. This helped to coordinate the support being provided to the PAHO Member Countries in the area of AIDS prevention and control.

Finally, since the beginning of the program, PAHO, with the collaboration of GPA, has mobilized US$25 million for the countries from WHO and other donors. These funds have been distributed to 35 countries and the Caribbean Epidemiology Center (CAREC). During the period 1987-1990, 75% of these funds were distributed directly to the countries.

In order to ensure the continuity of external cooperation, it is indispensable that the countries shore up their capacity to monitor both technical and financial aspects of program activities so that they will be in a position to report achievements, progress, and difficulties under

the program to national authorities and cooperating agencies on a timely basis. At the same time, since the availability of additional resources is linked both to the periodic reporting of progress under the national program and to local capacity to mobilize resources bilaterally within the country, PAHO will continue to support the countries in the strengthening of these two activities.

During the rest of 1991 efforts will focus on the medium-term plans for the countries of the Southern Cone and Brazil, and PAHO will continue to collaborate with the Member Countries in the search for additional international support for national and subregional AIDS prevention plans. Based on the recommendations of the national AIDS program managers meeting in Kingston, Jamaica, in 1990, progress of the programs in the Caribbean and Central America will continue to be systematically reviewed. The strengthening of regional and national management capability will continue to have the highest priority in the PAHO program on AIDS, and during 1991 two professional posts will be added for strengthening managerial support at the regional level and in the English-speaking Caribbean.

4. Present and Future Needs for AIDS Prevention in the Americas

At the world, regional, and national level there are 10 essential areas of need for the development of AIDS prevention efforts:

4.1 Leadership

This need should be met especially at the national and community level, since it includes the capacity to negotiate in order to ensure and coordinate local efforts and to secure political will and multisectoral commitment to the prevention of AIDS.

4.2 Development of national AIDS prevention programs

It is essential that there be effective integration, intersectoral cooperation, and collaboration between governmental and nongovernmental agencies and, especially, that the delivery of preventive services and medical and social care be provided beyond the central level.

4.3 Community response

The main question is to provide technical and financial support to local health systems that will reach the target populations, provide needed health and social services, and help to effectively reduce discrimination against HIV-infected individuals in some societies.

4.4 Behavior

Much remains to be learned about human behavior. Specifically in Latin America and the Caribbean, there has been no adequate study of the areas of human sexuality, sexual and social interaction between men and women from different socioeconomic strata, or the precise role of

homosexual and bisexual men in HIV transmission. Prostitution continues to be regarded as the principal source of sexually transmitted diseases in many countries. Unfortunately, in this situation female prostitutes continue to be the only easily identifiable group for interventions which for the most part are ineffective. There is a need to concentrate efforts on the growing problem of drug and substance abuse as a factor contributing to the spread of HIV and sexually transmitted diseases in Latin America and the Caribbean.

4.5 Human rights, AIDS, and health

This is a delicate area, with almost daily examples of human rights violations, which may range from subtle observations about a persons's sexual orientation or the publication of confidential reports to the use of discriminatory and sometimes violent measures against individuals or entire groups.

4.6 Women and AIDS

Inequity between men and women continues to persist in most societies, not only in Latin America and the Caribbean but also in the rest of the world. Women continue to be stigmatized as the source of sexual transmission of disease, and as if this were not enough, it is women also who carry the greater burden of adverse social and health consequences. At the same time, women do not have the same access that men have to means of preventing STD.

4.7 Utilization of knowledge

This is not merely a matter of transferring knowledge from the countries of the First World to those in the Third World; it is also a question of our ability to learn, simultaneously and from each other, and to be able to transform experiences, both successful and failed, into concrete actions and interventions.

4.8 Accessibility of technology for the diagnosis, treatment, and prevention of HIV infection

In many areas of the Region there is still not enough capacity to provide even minimum diagnosis, treatment, and prevention of HIV and other sexually transmitted diseases. Although much progress has been made in access to technology in some countries, its availability, quantity, and quality is varied, especially in the smaller countries and in the rural and periurban communities. Consequently, there is an urgent need for a simplified approach in which basic knowledge and technology are available to those who can use it effectively, including health workers and pharmacists, teachers, and selected community leaders.

4.9 Attention and support for HIV-infected individuals and patients with AIDS

This need is steadily growing as time passes and the epidemic of HIV infection inevitably turns into an epidemic of clinical disease that will require medical care and social services. In some of the Latin American cities as many as one fourth of the hospital beds for infectious patients are already occupied by HIV-infected patients. In other areas individuals with HIV infection do not have access to hospitals or medical services, which are already overloaded with patients that have more urgent health problems.

4.10 Human resources for the prevention and care of HIV and AIDS

The critical needs have to do not only with the numbers and quality of the personnel involved in the prevention and care of HIV and AIDS, but also with the ability of society in general and colleague networks in particular to support people who are working in an area that is often very frustrating and emotionally exhausting.

5. Lines of Action for AIDS Prevention in the Americas during the Biennium 1992-1993

In conclusion, there are four broad objectives and three lines of action to be developed in the next biennium:

Objective: To slow down or reduce the rates of sexual transmission of human immunodeficiency virus (HIV) in the Region.

Objective: To eliminate HIV transmission via transfusion of blood and blood products in all the countries of the Americas.

Objective: To strengthen comprehensive care for AIDS patients and HIV-infected individuals.

Objective: To actively promote the development of operations research, and epidemiological, clinical and behavioral research, the results of which may be directly applicable to national AIDS prevention programs.

In order to achieve these objectives, it will be necessary to mobilize resources to ensure effective and efficient operation of the national AIDS prevention programs in all the countries of the Region, based on the strategies of the Global Program on AIDS. For this purpose, it will be necessary to develop activities along the following lines:

- Establishment and continued support for effective and efficient AIDS prevention efforts at the country level. This implies:

a) A firm commitment on the part of the Member Countries to ensure the intersectoral participation of governmental and nongovernmental agencies in the National AIDS Prevention Program;

b) Exploration of mechanisms for ensuring that there are national financial resources and also international support (multilateral and bilateral), both public and private, for AIDS prevention efforts; and

c) Development of national capacity to plan, carry out, monitor, and evaluate AIDS prevention activities in all the countries of the Americas, and identification of high-risk groups that should be the focus of interventions.

- Research, transfer of appropriate technology, and dissemination of technical and scientific information. This implies:

a) Identification of needs and strengthening of regional and national research capability, especially in applied research;

b) Identification and development of appropriate technology (laboratory tests, medical and behavioral interventions, including vaccines and therapeutic trials, information systems, etc.); and

c) Subregional and intercountry approaches for facilitating implementation of the foregoing.

- Integration and decentralization of behavioral and public health interventions at the state, provincial, and community level. This implies:

a) Identification and support of local health systems, both formal and informal;

b) Collaboration between the AIDS programs and other relevant social and health services (sexually transmitted diseases, maternal and child health, tuberculosis, community development, etc.); and

c) Policies and guidelines for ensuring that these integration and decentralization processes are carried out effectively, with special emphasis on the delivery of long-term medical and social services.

Finally, Annex II contains the targets proposed by the Director for the Regional Program on AIDS for the biennium 1992-1993.

Annexes

AIDS SURVEILLANCE IN THE AMERICAS

Pan American Health Organization
Health Situation and Trend Assessment Program
PAHO/WHO Global Program on AIDS/Americas

Information as of 15 May 1991

AIDS SURVEILLANCE IN THE AMERICAS
Summary

Data as received by 15 May 1991

Cumulative number of cases reported worldwide:	359,271

Cumulative number of cases reported in the Americas:	212,749

Cumulative number of deaths reported in the Americas:	126,503

TABLE I NUMBER OF REPORTED CASES OF AIDS BY YEAR AND CUMULATIVE CASES AND DEATHS, BY COUNTRY AND SUBREGION
As of 15 May 1991

	Number of cases								Date
SUBREGION Country	Through 1986	1987	1988	1989	1990	Cumulative total(a)		Total deaths	of last report
REGIONAL TOTAL	45,423	33,144	41,740	46,866	42,246	212,749		126,503	
LATIN AMERICA b)	3,671	4,641	7,433	8,632	8,603	33,167		13,208	
ANDEAN AREA	181	398	649	806	841	2,896		1,363	
Bolivia	3	3	10	2	7	25		20	31/Dec/90
Colombia	61	181	263	330	450	1,285		535	31/Dec/90
Ecuador	13	19	25	15	34	127		79	31/Dec/90
Peru	12	60	68	117	141	398		155	31/Dec/90
Venezuela	92	135	283	342	209	1,061		574	31/Dec/90
SOUTHERN CONE	112	126	264	335	523	1,365		422	
Argentina	73	72	169	229	377	920		263	31/Dec/90
Chile	29	40	63	65	58	255		60	31/Dec/90
Paraguay	2	5	4	3	12	26		18	31/Dec/90
Uruguay	8	9	28	38	76	164	*	81	31/Mar/91
BRAZIL	1,576	2,140	3,503	4,293	4,503	16,015		7,091	31/Dec/90
CENTRAL AMERICAN ISTHMUS	87	189	380	531	833	2,120		785	
Belize	1	6	4	0	1	12		8	31/Mar/90
Costa Rica	20	23	52	56	81	232		122	31/Dec/90
El Salvador	7	16	55	149	96	357	*	63	31/Mar/91
Guatemala	16	12	18	18	78	142		80	31/Dec/90
Honduras	17	102	188	231	513	1,117	*	359	31/Mar/91
Nicaragua	0	0	2	2	7	11		4	31/Dec/90
Panama	26	30	61	75	57	249		149	31/Dec/90
MEXICO	793	1,065	1,558	1,673	1,017	6,106	*	3 022	31/Mar/91
LATIN CARIBBEAN c)	922	723	1,079	994	886	4,665		525	
Cuba	3	24	24	12	10	73		40	31/Dec/90
Dominican Republic	124	222	324	529	246	1,506	*	188	31/Mar/91
Haiti	795	477	731	453	630	3,086		297	31/Dec/90
CARIBBEAN	465	374	489	722	691	2,777		1,570	
Anguilla	0	0	1	2	1	4		3	30/Sep/90
Antigua	2	1	0	0		6		5	31/Mar/89
Bahamas	86	90	93	168	162	599		296	31/Dec/90
Barbados	32	24	15	40	61	192	*	134	31/Mar/91
Cayman Islands	2	1	1	1	2	7		7	31/Dec/90
Dominica	0	5	2	3	2	12		11	30/Jun/90
French Guiana	78	25	34	54	41	232		144	30/Sep/90
Grenada	3	5	3	5	5	21		17	31/Dec/90
Guadeloupe	47	41	47	47		182		85	31/Dec/89
Guyana	0	10	34	40	61	145		49	31/Dec/90
Jamaica	11	32	30	66	62	201		92	31/Dec/90
Martinique	25	23	30	51	37	166		98	31/Dec/90
Montserrat	0	0	0	1	0	1		0	30/Sep/90
Netherlands Antilles	9	12	9	16	31	77		16	31/Dec/90
Saint Lucia	4	4	2	8	3	33		16	31/Dec/90
St Christopher-Nevis	6	4	9	5	8	32		19	31/Dec/90
St Vincent and the Grenadines	2	5	8	6	4	25		12	31/Dec/90
Suriname	4	5	4	35	35	83		65	31/Dec/90
Trinidad and Tobago	151	85	160	167	173	736	*	486	31/Mar/91
Turks and Caicos Islands	3	2	6	7	1	20	*	15	31/Mar/91
Virgin Islands (UK)	0	0	1	0	2	3		0	31/Dec/90
NORTH AMERICA	41,287	28,129	33,818	37,512	32,952	176,805		111,725	
Bermuda	51	21	28	35	33	172	*	135	31/Mar/91
Canada	1,173	864	989	1,094	626	4,757	*	2,859	31/Mar/91
United States of America c)	40,063	27 244	32,801	36 383	32 293	171,876	*	108 731	31/Mar/91

* Cumulative data includes cases reported in 1991

a) May include cases for year of diagnosis unknown

b) French Guiana, Guyana, and Suriname included in the Caribbean

c) Puerto Rico and the United States Virgin Islands included in the United States of America

TABLE II ANNUAL INCIDENCE RATES OF AIDS (PER MILLION POPULATION), BY COUNTRY AND BY YEAR, AS OF 15 MAY 1991

SUBREGION	RATE PER MILLION			
Country	1987	1988	1989	1990*
LATIN AMERICA a)	11.3	17.7	20.2	19.7
ANDEAN AREA	4 6	7 4	9 0	9 1
Bolivia	0 4	1 4	0 3	1 0
Colombia	6 0	8 6	10 6	14 1
Ecuador	1 9	2 5	1 4	3 2
Peru	2 9	3 2	5 4	6 3
Venezuela	7 4	15 1	17 8	10 6
SOUTHERN CONE	2 5	5 1	6 4	9 9
Argentina	2 3	5 4	7 2	11 7
Chile	3 2	4 9	5 0	4 4
Paraguay	1 3	1 0	0 7	2 8
Uruguay	2 9	9 1	12 2	24 3
BRAZIL	15 1	24 3	29 1	29 9
CENTRAL AMERICAN ISTHMUS	7 1	13 8	18 8	28 7
Belize	35 3	23 0	0 0	5 5
Costa Rica	8 2	18 1	19 0	26 9
El Salvador	3 2	10 9	29 0	18 3
Guatemala	1 4	2 1	2 0	8 5
Honduras	21 8	38 9	46 4	99 8
Nicaragua	0 0	0 6	0 5	1 8
Panama	13 2	26 3	31 6	23 6
MEXICO	12.8	18 4	19 3	11.5
LATIN CARIBBEAN b)	31.5	46 3	42 1	36 9
Cuba	2 4	2 4	1 2	1 0
Dominican Republic	33 1	47 2	75 4	34 3
Haiti	77 6	116 7	71 0	96 8
CARIBBEAN	52.2	67.3	98.0	91.7
Anguilla	0 0	142 2	284 5	142 9
Antigua	12 0	0.0	0 0	0 0
Bahamas	361 4	367.5	653 7	623 1
Barbados	93.8	58.4	154 6	233 7
Cayman Islands	47 5	47 5	47 6	95 2
Dominica	64 1	25 3	37 5	24 7
French Guiana	290 6	386 3	600 7	445 7
Grenada	51 0	30 0	49 5	48 5
Guadeloupe	121 7	139 0	138 6	0 0
Guyana	10 1	33.8	39 1	58 6
Jamaica	13 3	12 3	26 6	24 6
Martinique	70 0	90 9	154 3	111 8
Montserrat	0 0	0 0	76 7	0 0
Netherlands Antilles	64 5	47 9	83 7	160 6
Saint Lucia	30 5	15 0	59 3	22.1
St. Christopher-Nevis	83 2	187 5	103 1	160 0
St Vincent and the Grenadines	47 2	74 1	55 0	36 0
Suriname	13 0	10 2	87 9	86 8
Trinidad and Tobago	69 5	128 7	132 2	134 8
Turks and Caicos Islands	250 3	750 9	876 1	111 1
Virgin Islands (UK)	0 0	76 7	0 0	25 8
NORTH AMERICA	104.4	124.4	136.7	119.5
Bermuda	368 5	490 8	601 4	569 0
Canada	33 4	37 9	41 6	23 6
United States of America b)	111 9	133 5	146 6	129 6

* Incomplete

a) French Guiana, Guyana, and Suriname included in the Caribbean

b) Puerto Rico and the U S Virgin Islands included in the United States of America

TABLE III ANNUAL INCIDENCE RATES OF AIDS (PER MILLION POPULATION), BY SEX, BY COUNTRY, AND BY YEAR
AS OF 15 MAY 1991

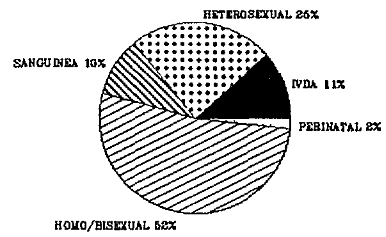
SUBREGION Country	RATE PER MILLION POPULATION							
	MALE				FEMALE			
	1987	1988	1989	1990*	1987	1988	1989	1990*
LATIN AMERICA a)	17.8	26.1	32.8	35.8	2.4	4 9	6 0	6.5
ANDEAN AREA	8 7	11 0	11 4	13 1	0 4	1 1	1 2	2 1
Bolivia	0 9	2 9	0 0	1 9	0 0	0 0	0 6	0 0
Colombia	11 6	15 1	19 2	25 9	0 5	2 1	1 9	2 3
Ecuador	3 8	4 9	2 5	5 7	0 0	0 0	0 4	0 6
Peru	5 4	5 7	9 4	8 1	0 4	0 6	1 2	4 5
Venezuela	13 3	16 6	9 9	7 1	0 6	1 3	0 7	0 7
SOUTHERN CONE	5 0	9 5	11 4	13.6	0 0	0 7	1 2	0 7
Argentina	4 6	10 4	12 6	14 9	0 0	0 4	1 2	0 6
Chile	6 4	8 7	8 9	8 1	0 0	1 2	1 2	0 1
Paraguay	3 1	1 0	1 9	0 0	0 0	0 0	0 0	0 0
Uruguay	6 0	15 8	21 6	42 9	0 0	2 6	2 5	6 3
BRAZIL	27 6	42 7	52 4	54 1	2 8	5 9	6 0	5 9
CENTRAL AMERICAN ISTHMUS	7 1	12 0	20 4	36 9	1 8	4 1	9 6	15 7
Belize	23 5	23 0	0 0	0 0	11 8	11 5	0 0	0 0
Costa Rica	16 3	33 2	33 0	47 9	0 0	2 8	4 8	5 4
El Salvador		.		.				
Guatemala	2 3	2 7	.	9 5	0 2	0 2		1 5
Honduras	18 3	33 0	72.0	145 8	9 4	20 8	48 3	81 7
Nicaragua	0 0	1 1	1 1	3 1	0 0	0 0	0 0	0 5
Panama	15 5	18 6	48 8	23 6	0 0	0 0	6 9	2.5
MEXICO	17 1	19 0	33.3	41 0	1 3	3 3	8 1	8 0
LATIN CARIBBEAN b)	35 3	60 1	49 9	38 0	16 2	29 4	30 5	23 2
Cuba	4 1	3 9	0 2	0 8	1 2	0 8	0 2	0 0
Dominican Republic	31 1	59 9	90 0	16 5	16 5	24 0	51 1	6 2
Haiti	92 7	154 4	87 1	116 2	39 8	80 0	55 4	76 7
CARIBBEAN	76.5	95 8	128.8	99.4	29 4	39 0	60.6	44 3
Anguilla	0 0	0 0	0 0	0 0	0 0	281 7	0 0	284 1
Antigua	24 6	0 0	0 0	.	0 0	0 0	0 0	
Bahamas	430 0	448 0	701 3	747 8	294 2	289 0	607 2	501 5
Barbados	173 3	73 9	244 5	409.6	22 3	44 4	73 5	73 2
Cayman Islands	96 2	0 0	96 2	98.2	0 0	93 9	0 0	0 0
Dominica	101 3	49 9	49 3	48.7	26 0	0 0	25 4	0 0
French Guiana	395 2	545 0	735 0		186 0	204 6	466 7	.
Grenada	62 0	20 2	100 3	78.7	20 2	39 5	0 0	19 2
Guadeloupe	187 9	217 6	210 9	.	58 1	63 7	69 3	
Guyana	28 2	61 4	42 9	30.7	0 0	10 0	9 8	15 4
Jamaica	15 9	18 2	38 2	23.0	10 7	6 5	15 2	11 1
Martinique	100 1	137 2	230 1	148 1	41 5	47 2	82 4	77 0
Montserrat	0 0	0 0	0 0	0.0	0 0	0 0	0 0	0 0
Netherlands Antilles	110 2	10 9			21 0	20 8		
Saint Lucia	47 3	15 5	107 4	15 2	14 3	14 6	14 3	28 4
St Christopher-Nevis	85 0	381 0	126 6	248 1	81 5	0 0	80 6	77 5
St Vincent and the Grenadines	77 6	57 2	37 7	55 6	18 4	72 0	89 3	17 5
Suriname	15 8	20.7	137 5	125 0	10 2	0 0	39 7	49 3
Trinidad and Tobago	103 3	187 1	193 7	144 0	26 1	70 6	71 1	54 3
Turks and Caicos Islands	506 3	506 3	759 5	225 0	247 5	495 0	247 5	0 0
Virgin Islands (UK)	0 0	0 0	0 0	144 0	0 0	0 0	0 0	14 2
NORTH AMERICA	149.6	223.2	241.5	287.2	13 3	25 8	28 6	37.4
Bermuda	638 3	850 2	975 6	69 9	104 2	138 8	237 3	136 1
Canada	62 4	71 9	78 5	46 1	3 8	4 1	4 5	1 3
United States of America b)	158 9	239 4	258 9	313 3	14 3	28 1	31 0	41 2

*Incomplete

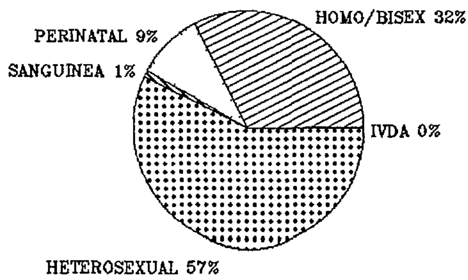
a) French Guiana, Guyana and Suriname included in the Caribbean

b) Puerto Rico and the U S Virgin Islands are included in the United States of America

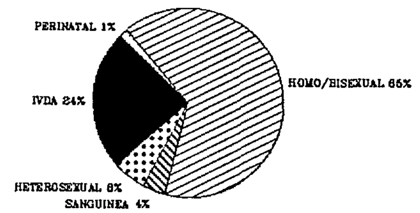
FIGURE 1
PERCENT DISTRIBUTION OF AIDS CASES BY RISK FACTOR, AND SUBREGION, CUMULATIVE THROUGH DECEMBER 1990



LATIN AMERICA



CARIBBEAN



NORTH AMERICA

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Table 4. Range of seroprevalence in women, by subregion.

Subregion	Low Risk Range*	High Risk Range*
Caribbean	Trinidad 0.0% (1988) Martinique 0.5% (1987)	Trinidad 13.0% (1988)
Latin Caribbean	Cuba 0.0% (1988) Haiti 9.16% (1986–88)	Dominican Republic 1.3% (1986) Haiti 72% (1990)**
Central American Isthmus	Not available	Guatemala 0.0% (1989) Honduras 35% (1990)***
Mexico	Distrito Federal 0.0% (1988)	Manzanillo 0.0% (1989) Distrito Federal 5.0% (1989)
Andean Area	Peru 0.0% (1987–88)	Bolivia 0.0% (1987) Peru 0.3% (1987–88)
Brazil	Not available	Rio de Janeiro 0.0–8.0% (1987)
Southern Cone	Not available	Uruguay 0.3% (1983–90) Argentina 1.57% (1987)

* Low = Prenatal screening. High = Prostitutes or partners of HIV+.
** Pape, J., et. al. personal communication, 1990.
*** Danish Red Cross, Costa Rica, 1990, personal communication.
Source: PAHO. AIDS Surveillance Report.

TABLE V

HIV seroprevalence rates in pregnant women, selected studies*

	No. tested	% positive	Year
Argentina	2,311	0.8	1988
Brazil (Santos)	514	3.5	1988
	245	2.4	1988
	610	3.6	1988-89
Dominican Republic	200	0.5	1987
	200	2.0	1987
	94	7.4	1990
Costa Rica	1,614	0.1	1990
Haiti (Cite Soleil)	3,000	8.3	1987
	2,592	9.3	1989
Haiti (Urban area)	1,604	8.7	1989

*Source: U.S. Bureau of Census, HIV/AIDS Surv. Database
PAHO/HST, HIV/AIDS Database.

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SPECIFIC TARGETS

BPB 1992-1993

HIV Prevention in the Americas
GPA/AMRO

Biennial Targets

1. By the end of each year of the biennium, the regional program, the subregional initiatives and all National AIDS Programs (NAP's) will have carried out successfully at least 85% of all planned activities for AIDS prevention described in their Annual Program Budget (APB).

2. By the end of 1992, all Member Countries will have in place a functioning system for planning and budgeting and for reporting activities and budget execution based on the APB and the four-month planning document (PTC). These plans and progress reports will be sent by the National AIDS Programs through the PAHO/WHO Representative (PWR) office to GPA/AMRO (HIV/PAHO) for review and forwarding to GPA/HQRS.

3. At the regional and subregional levels, at least six successful collaborative efforts between AIDS programs and other health programs will be fully operational. These efforts will involve the participation of various countries and relevant external agencies and will include areas such as blood safety, STD control, and health manpower development.

4. By the end of 1993, all Member Countries will have established systems for eliminating the risk of blood-borne transmission of the human immunodeficiency virus (HIV), including identification of reliable, uninfected, voluntary donor pools, testing of donated blood, and avoidance of unnecessary transfusions.

5. By the end of 1993, there will be four active and functional subregional reference laboratories to meet the needs of Member Countries. By the end of the same period, all countries with population larger than 1 million will have a functioning national reference laboratory.

6. By the end of 1992, at least one-third of all national AIDS programs (NAP's) will have active involvement and participation of non-governmental organizations (NGO's). This proportion will increase to one-half by the end of 1993.

7. By the end of the biennium, all NAP's will have developed the capacity for planning, mobilization and procurement of resources, and program evaluation.

8. By the end of 1993, at least 15 Member Countries will be reporting HIV seroprevalence results in sentinel groups and all Member Countries will report AIDS cases and deaths on a quarterly basis.

9. By the end of 1993, at least six countries with a large incidence of AIDS cases will have established mechanisms for providing comprehensive health and social services for HIV infected individuals. These services will include community care and community hospices for terminally-ill patients and for children orphaned because of AIDS.

10. By the end of the biennium, all intervention programs in Member Countries will be targeting women, disadvantaged children and sexually active youth, and will direct their activities to reducing the sexual transmission of disease, including HIV. Specific behavioral interventions

directed at the prevention of both STD and AIDS will be integrated in 50% of Member Countries.

11. By the end of 1993, 50% of Member Countries will have established systems for the purchase, storage, distribution and quality testing of condoms, with assistance from GPA/AMRO (HIV/HST/PAHO) and GPA/HQRS.

12. By the end of the biennium, all countries will have developed a national capacity to conduct evaluation, behavioral or ethnographic research, and at least ten countries will have developed the capacity to evaluate specific behavioral interventions.

13. By the end of 1993, guidelines for AIDS/STD education in school curricula will have been adapted and put into effect by one-half of Member Countries.

14. By the end of 1993, specific training programs will have been established at the regional/subregional levels in the areas of program management and patient management. Nationals from at least 20 countries will have undergone this training.

15. By the end of the biennium, all Member Countries will be participating in regional and subregional networks providing technical and scientific information on AIDS, HIV and STDs.

16. By the end of 1992, a regional HIV/AIDS research program with continuous regular and extrabudgetary support will be established at PAHO.

17. By the end of the biennium, studies will have been finalized or will be underway in at least six countries to estimate the prevalence of retroviral infection.

18. By the end of the biennium, the main risk factors for perinatal transmission will be determined in at least two areas or countries in the Region, (English-speaking Caribbean and Latin America).

19. By the end of 1993, investigations on the association between STD, mycobacterial and retroviral infections will be underway in at least two countries of the Region.

20. By the end of 1993, research on the appropriate use of affordable drugs and their cost-effectiveness will be initiated in four countries. In collaboration with GPA headquarters, two or more sites for vaccine trials will have been established in the Americas.

21. By the end of 1993, the capacity to conduct essential national research on HIV, AIDS, other STD and opportunistic infections will be defined and strengthened in all National AIDS Programs.

22. By the end of the biennium, a system to update the regional research inventory will be fully operational.

executive committee of
the directing council

PAN AMERICAN HEALTH ORGANIZATION

working party of
the regional committee

WORLD HEALTH ORGANIZATION

107th Meeting
Washington, D.C.
June 1991

Provisional Agenda Item 4.3

CE107/8, ADD. I (Eng.)
15 June 1991
ORIGINAL: ENGLISH

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) IN THE AMERICAS

The Director is pleased to present to the Executive Committee an updated report on the status of AIDS surveillance in the Americas as of 15 June 1991.

AIDS SURVEILLANCE IN THE AMERICAS
Summary

Data as received by 15 June 1991

Cumulative number of cases reported worldwide: 366,455

Cumulative number of cases reported in the Americas: 216,632

Cumulative number of deaths reported in the Americas: 129,359

TABLE I NUMBER OF REPORTED CASES OF AIDS BY YEAR, AND CUMULATIVE CASES AND DEATHS, BY COUNTRY AND SUBREGION.
As of 15 June 1991

SUBREGION Country	Number of cases Through 1986	1987	1988	1989	1990	1991	Cumulative total (a)	Total deaths	Date of last report
REGIONAL TOTAL	45,471	33,198	41,899	47,293	43,079	5,504	216,632	129,359	
LATIN AMERICA b)	3,679	4,663	7,510	8,855	8,621	476	33,880	14,210	
ANDEAN AREA	181	398	649	806	841	247	3,234	1,538	
Bolivia	3	3	10	2	7	...	25	20	31/Dec/90
Colombia	61	181	263	330	450	198	1,483	647	31/Mar/91
Ecuador	13	19	25	15	34		127	79	31/Dec/90
Peru	12	60	68	117	141		398	155	31/Dec/90
Venezuela	92	135	283	342	209	49	1,201	637	31/Mar/91
SOUTHERN CONE	112	126	264	335	523	13	1,373	430	
Argentina	73	72	169	229	377	...	920	263	31/Dec/90
Chile	29	40	63	65	58	.	255	60	31/Dec/90
Paraguay	2	5	4	3	12		26	18	31/Dec/90
Uruguay	8	9	28	38	76	13	172	89	31/Mar/91
BRAZIL	1,584	2,162	3,580	4,516	4,421	77	16,340	7,899	31/Mar/91
CENTRAL AMERICAN ISTHMUS	87	189	380	531	833	125	2,161	796	
Belize	1	6	4	0	1		12	8	31/Mar/90
Costa Rica	20	23	52	56	81		232	122	31/Dec/90
El Salvador	7	16	55	149	96	34	357	63	31/Mar/91
Guatemala	16	12	18	18	78	23	165	83	31/Mar/91
Honduras	17	102	188	231	513	66	1,133	359	31/Mar/91
Nicaragua	0	0	2	2	7	2	13	12	31/Mar/91
Panama	26	30	61	75	57		249	149	31/Dec/90
MEXICO	793	1,065	1,558	1,673	1,017	1	6,107	3,022	31/Mar/91
LATIN CARIBBEAN c)	922	723	1,079	994	886	13	4,665	525	
Cuba	3	24	24	12	10		73	40	31/Dec/90
Dominican Republic	124	222	324	529	246	13	1,506	188	31/Mar/91
Haiti	795	477	731	453	630		3,086	297	31/Dec/90
CARIBBEAN	465	374	489	725	699	38	2,802	1,572	
Anguilla	0	0	1	2	1		4	3	30/Sep/90
Antigua	2	1	0	0	3		6	5	31/Dec/90
Bahamas	86	90	93	168	162		599	296	31/Dec/90
Barbados	32	24	15	40	61	20	192	134	31/Mar/91
Cayman Islands	2	1	1	1	2		7	7	31/Dec/90
Dominica	0	5	2	3	2	.	12	11	30/Jun/90
French Guiana	78	25	34	54	41	...	232	144	30/Sep/90
Grenada	3	5	3	8	5	...	24	15	31/Dec/90
Guadeloupe	47	41	47	47		..	182	85	31/Dec/89
Guyana	0	10	34	40	61	.	145	49	31/Dec/90
Jamaica	11	32	30	66	62	...	201	92	31/Dec/90
Martinique	25	23	30	51	42	6	177	102	31/Mar/91
Montserrat	0	0	0	1	0	...	1	0	30/Sep/90
Netherlands Antilles	9	12	9	16	31	.	77	16	31/Dec/90
Saint Lucia	4	4	2	8	3	...	33	16	31/Dec/90
St Christopher-Nevis	6	4	9	5	8	..	32	19	31/Dec/90
St Vincent and the Grenadines	2	5	8	6	4	...	25	12	31/Dec/90
Suriname	4	5	4	35	35	...	83	65	31/Dec/90
Trinidad and Tobago	151	85	160	167	173	11	747	486	31/Mar/91
Turks and Caicos Islands	3	2	6	7	1	1	20	15	31/Mar/91
Virgin Islands (UK)	0	0	1	0	2		3	0	31/Dec/90
NORTH AMERICA	41,327	28,161	33,900	37,713	33,859	4,990	179,950	113,577	
Bermuda	51	21	28	35	33	4	172	135	31/Mar/91
Canada	1,185	865	989	1,099	704	43	4,885	2,912	31/Mar/91
United States of America c)	40,091	27,275	32,883	36,579	33,122	4,943	174,893	110,530	31/Mar/91

a) May include cases for year of diagnosis unknown.
b) French Guiana, Guyana, and Suriname included in the Caribbean
c) Puerto Rico and the United States Virgin Islands included in the United States of America

TABLE II ANNUAL INCIDENCE RATES OF AIDS (PER MILLION POPULATION), BY COUNTRY AND BY YEAR, AS OF 15 JUNE 1991

SUBREGION	RATE PER MILLION			
Country	1987	1988	1989	1990*
LATIN AMERICA a)	11.4	17.9	20.7	19.5
ANDEAN AREA	4.6	7.4	9.0	9.1
Bolivia	0.4	1.4	0.3	1.0
Colombia	6.0	8.6	10.6	14.1
Ecuador	1.9	2.5	1.4	3.2
Peru	2.9	3.2	5.4	6.3
Venezuela	7.4	15.1	17.8	10.6
SOUTHERN CONE	2.5	5.1	6.4	9.9
Argentina	2.3	5.4	7.2	11.7
Chile	3.2	4.9	5.0	4.4
Paraguay	1.3	1.0	0.7	2.8
Uruguay	2.9	9.1	12.2	24.3
BRAZIL	15.3	24.8	30.6	29.4
CENTRAL AMERICAN ISTHMUS	7.1	13.8	18.8	28.7
Belize	35.3	23.0	0.0	5.5
Costa Rica	8.2	18.1	19.0	26.9
El Salvador	3.2	10.9	29.0	18.3
Guatemala	1.4	2.1	2.0	8.5
Honduras	21.8	38.9	46.4	99.8
Nicaragua	0.0	0.6	0.5	1.8
Panama	13.2	26.3	31.6	23.6
MEXICO	12.8	18.4	19.3	11.5
LATIN CARIBBEAN b)	31.5	46.3	42.1	36.9
Cuba	2.4	2.4	1.2	1.0
Dominican Republic	33.1	47.2	75.4	34.3
Haiti	77.6	116.7	71.0	96.8
CARIBBEAN	52.2	67.3	98.4	92.3
Anguilla	0.0	142.2	284.5	142.9
Antigua	12.0	0.0	0.0	0.0
Bahamas	361.4	367.5	653.7	623.1
Barbados	93.8	58.4	154.6	233.7
Cayman Islands	47.5	47.5	47.6	95.2
Dominica	64.1	25.3	37.5	24.7
French Guiana	290.6	386.3	600.7	445.7
Grenada	51.0	30.0	79.5	48.5
Guadeloupe	121.7	139.0	138.6	..
Guyana	10.1	33.8	39.1	58.6
Jamaica	13.3	12.3	26.6	24.6
Martinique	70.0	90.9	154.3	126.9
Montserrat	0.0	0.0	76.7	0.0
Netherlands Antilles	64.5	47.9	83.7	160.6
Saint Lucia	30.5	15.0	59.3	22.1
St. Christopher-Nevis	83.2	187.5	103.1	160.0
St. Vincent and the Grenadines	47.2	74.1	55.0	36.0
Suriname	13.0	10.2	87.9	86.8
Trinidad and Tobago	69.5	128.7	132.2	134.8
Turks and Caicos Islands	250.3	750.9	876.1	111.1
Virgin Islands (UK)	0.0	76.7	0.0	25.8
NORTH AMERICA	104.8	124.7	137.4	122.8
Bermuda	368.5	490.8	601.4	569.0
Canada	33.4	37.9	41.8	26.5
United States of America b)	112.0	133.8	147.4	132.9

* Data for 1990 are incomplete due to delayed reporting

a) French Guiana, Guyana, and Suriname included in the Caribbean.

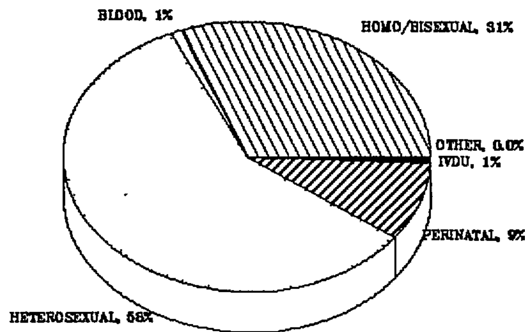
b) Puerto Rico and the U S Virgin Islands included in the United States of America

TABLE III ANNUAL INCIDENCE RATES OF AIDS (PER MILLION POPULATION), BY SEX, BY COUNTRY, AND BY YEAR.
As of 15 June 1991.

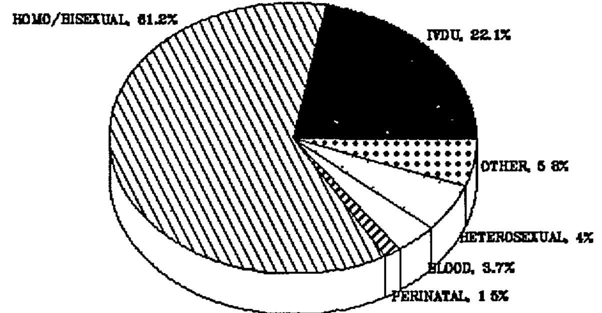
SUBREGION	RATE PER MILLION POPULATION							
	MALE				FEMALE			
Country	1987	1988	1989	1990*	1987	1988	1989	1990*
LATIN AMERICA a)	17.9	26.5	33.4	35.4	2.4	4.9	6.1	6.4
ANDEAN AREA	8 8	11.7	11 9	15 8	0 4	1.0	1 2	2.3
Bolivia	0 9	2 9	0 0	1.9	0 0	0 0	0.6	0.0
Colombia	11 9	17 1	20 8	33 3	0 5	1 7	1 8	2 8
Ecuador	3 8	4 9	2.5	5 7	0 0	0 0	0 4	0 6
Peru	5 4	5 7	9 4	8 1	0.4	0 6	1 2	4 5
Venezuela	13 3	16 6	9 9	7 1	0 6	1.3	0 7	0 7
SOUTHERN CONE	5 0	9 6	11 3	14 0	0 0	0 7	1.2	0 8
Argentina	4.6	10 4	12 6	14 9	0 0	0 4	1 2	0.6
Chile	6 4	8 7	8.9	8 1	0 0	1 2	1 2	0.1
Paraguay	2 6	2 0	1 4	4 6	0.0	0 0	0 0	0.9
Uruguay	6 0	15 8	21 6	42 9	0 0	2 6	2 5	6 3
BRAZIL	27.8	43 3	54 3	51 2	2.8	6.0	6 3	5 4
CENTRAL AMERICAN ISTHMUS	7.1	12 0	20 4	36 4	1 8	4 1	9.6	15 7
Belize	23 5	23 0	0 0	11 0	11 8	11 5	0.0	0 0
Costa Rica	16 3	33 2	33.0	47 9	0 0	2 8	4 8	5.4
El Salvador	...		..				...	
Guatemala	2 3	2.7	0.0	9 5	0 2	0 2	0 0	1 5
Honduras	18 3	33.0	72 0	145 8	9 4	20.8	48 3	81 7
Nicaragua	0 0	1 1	1.1	3 1	0 0	0 0	0 0	0 5
Panama	15 5	18 6	48.8	23 6	0 0	0 0	6 9	2 5
MEXICO	17.1	19 0	33 3	41 0	1 8	3 3	6.1	8 0
LATIN CARIBBEAN b)	35 3	60 1	49.9	36 0	16 2	29 4	30 5	23 2
Cuba	4 1	3 9	0 2	0 8	1 2	0 8	0 2	0.0
Dominican Republic	31.1	59.9	90 0	16 5	16.5	24.0	51.1	6 2
Haiti	92 7	154 4	87.1	116 2	39 8	80 0	55 4	76 7
CARIBBEAN	75.1	94.9	128.5	106.9	29.0	38.4	59.9	47.3
Anguilla	0 0	0 0	0.0	0 0	0.0	281 7	0 0	284.1
Antigua	24 6	0 0	0.0		0.0	0 0	0.0	.
Bahamas	430 0	448 0	701.3	747 8	294.2	289 0	607 2	501.5
Barbados	173 3	73 9	244 5	409 6	22.3	44 4	73 5	73.2
Cayman Islands	96 2	0 0	96 2	96 2	0.0	93 9	0 0	0 0
Dominica	101 3	49 9	49 3	48 7	26 0	0 0	25 4	0 0
French Guiana	395 2	545 0	735 0	.	186 0	204 6	466 7	...
Grenada	62 0	20.2	100 3	78 7	20 2	39.5	0 0	19 2
Guadeloupe	187 9	217.6	210.9	.	58 1	63 7	69 3	
Guyana	28 2	61 4	42 9	86.3	0 0	10 0	9 8	30 9
Jamaica	15 9	18 2	38 2	32 6	10 7	6 5	15 2	16 6
Martinique	100 1	137 2	230 1	172 8	41 5	47 2	82 4	82.9
Montserrat	0.0	0 0	0 0	0.0	0 0	0 0	0.0	0.0
Netherlands Antilles	110 2	10 9			21 0	20 8		...
Saint Lucia	47 3	15 5	107 4	15.2	14 8	14 6	14 3	28 4
St Christopher-Nevis	85 0	381 0	126 6	248 1	81 5	0.0	80 6	77 5
St Vincent and the Grenadines	77 6	57 2	37.7	55 6	18 4	72 0	89 3	17 5
Suriname	15 8	20.7	137 5	125.0	10 2	0 0	39.7	49.3
Trinidad and Tobago	103 3	187.1	193 7	144.0	26 1	70 6	71 1	54.3
Turks and Caicos Islands	253 2	1012 7	1519 0	0 0	247 5	495 0	247.5	219.5
Virgin Islands (UK)	0 0	0 0	0 0	144 0	0 0	0 0	0 0	14 2
NORTH AMERICA	149.7	223.3	241.6	287.8	13.3	25.8	28.6	37.5
Bermuda	638 3	850 2	975.6	489 5	104 2	138 8	237 3	238 1
Canada	63.7	72 3	79.5	51 8	3 8	4.1	4 7	1.8
United States of America b)	158.9	239 4	258.9	313 3	14 3	28.1	31.0	41 2

* Data for 1990 are incomplete due to delayed reporting
a) French Guiana, Guyana, and Suriname included in the Caribbean.
b) Puerto Rico and the United States Virgin Islands are included in the United States of America

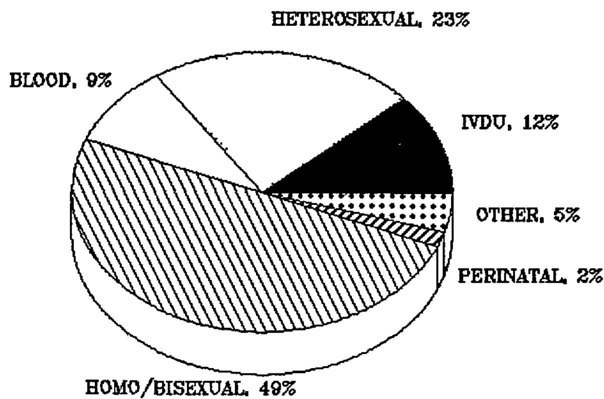
PERCENT DISTRIBUTION OF AIDS CASES BY RISK FACTOR, BY SUBREGION, CUMULATIVE THROUGH 1990.



CARIBBEAN



NORTH AMERICA



LATIN AMERICA

BLOOD INCLUDES HEMOPHILIACS AND TRANSFUSION.

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Table 4. Range of seroprevalence in women, by subregion.

Subregion	Low Risk Range*	High Risk Range*
Caribbean	Trinidad 0.0% (1988) Martinique 0.5% (1987)	Trinidad 13.0% (1988)
Latin Caribbean	Cuba 0.0% (1988) Haiti 9.16% (1986–88)	Dominican Republic 1.3% (1986) Haiti 72% (1990)**
Central American Isthmus	Not available	Guatemala 0.0% (1989) Honduras 35% (1990)***
Mexico	Distrito Federal 0.0% (1988)	Manzanillo 0.0% (1989) Distrito Federal 5.0% (1989)
Andean Area	Peru 0.0% (1987–88)	Bolivia 0.0% (1987) Peru 0.3% (1987–88)
Brazil	Not available	Rio de Janeiro 0.0–8.0% (1987)
Southern Cone	Not available	Uruguay 0.3% (1983–90) Argentina 1.57% (1987)

* Low = Prenatal screening. High = Prostitutes or partners of HIV+.
** Pape, J., et. al. personal communication, 1990.
*** Danish Red Cross, Costa Rica, 1990, personal communication.
Source: PAHO. AIDS Surveillance Report.

TABLE V

HIV seroprevalence rates in pregnant women, selected studies*

	No. tested	% positive	Year
Argentina	2,311	0.8	1988
Brazil (Santos)	514	3.5	1988
	245	2.4	1988
	610	3.6	1988-89
Dominican Republic	200	0.5	1987
	200	2.0	1987
	94	7.4	1990
Costa Rica	1,614	0.1	1990
Haiti (Cite Soleil)	3,000	8.3	1987
	2,592	9.3	1989
Haiti (Urban area)	1,604	8.7	1989

*Source: U.S. Bureau of Census, HIV/AIDS Surv. Database
PAHO/HST, HIV/AIDS Database.