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PAN AMERICAN  
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ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) IN THE AMERICAS

Of the more than 600,000 cases of AIDS reported to date to the World Health Organization, more than 50% correspond to the Region of the Americas. In addition, it is estimated that there may be about 2.5 million HIV-infected persons in the Region: 1 million in North America and 1.5 million in Latin America and the Caribbean.

Given the magnitude and importance of the epidemic, it has become not only a health problem, but also one that affects all national sectors, including the social, economic, and political spheres, law enforcement, and, essentially, development.

In order to address this situation, the Regional Program on AIDS has collaborated with the countries of the Caribbean and Central America and with the Dominican Republic in the formulation of second-generation medium-term plans that will facilitate intersectoral coordination and seek the cooperation of all sectors, both public and private, national and international, in the campaign against AIDS and HIV infection and in the prevention and control of other sexually transmitted diseases (STDs). By the end of 1993, it is expected that second-generation medium-term plans with the same characteristics will have been prepared in all the countries of the Andean Area, as well as in Chile, Paraguay, and Uruguay.

During the past year the managerial/administrative aspects of the national programs have been strengthened as a result of the availability of an instrument for routine monitoring and evaluation of their activities.

During the current year it is expected to guide the joint efforts of the Regional Program and the national programs and to strengthen their capacity to carry out these activities, to orient preventive activities in order to obtain maximum impact, to protect individual and collective rights, and to direct and promote intermanagerial, intersectoral, and interprogram collaboration for the prevention of AIDS and STDs.

The Executive Committee is requested to provide guidance in the definition of approaches for the implementation of activities for the prevention and control of HIV in the context of the Conference of Ministers of Health of the Ibero-American Countries, and the III Ibero-American Summit of Heads of State and Government. These would include activities to:

- Reduce the socioeconomic impact of the epidemic.
- Reduce the transmission of HIV from intravenous drug use.
- Ensure collective and individual rights.
- Avoid the spread of the epidemic through migratory movements.
- Develop human resources.
- Transfer and use appropriate technology for the prevention and control of STDs and HIV.

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## **1. Introduction**

Since 1983, when a system for epidemiological surveillance of AIDS was established in the Region of the Americas, the progressive increase in the number of cases of this illness detected has been apparent. As of March 10, 1993, 45 countries and territories of the Americas had reported a total of 331,484 cases of AIDS. This figure is not an exact indicator of the situation, partly because of problems with diagnosis, underreporting, and delayed reporting to pertinent authorities. Probably the real cumulative total of AIDS cases for the last twelve years is two to five times higher than the figure indicated. In addition, through various analytical methods, estimates of the extent of HIV infection in the Region have been prepared. It is estimated that there may be between 2 and 2.5 million persons who are carriers of the human immunodeficiency virus (HIV) but have not yet exhibited symptoms of AIDS. Three-fifths of this number (about one and a half million people) are in Latin America and the Caribbean, where, in addition, there are indications that the infection is continuing to spread rapidly among the population.

Considering that AIDS is the late stage of HIV infection, and that infected persons will develop AIDS within an average period of ten years, a significant increase in the number of AIDS cases is expected in the coming years, particularly in Latin America and the Caribbean. This increase will represent an additional burden on social and health services, which at present are already facing serious problems in trying to respond to both routine as well as emergency demands. The burden that the epidemic imposes on individuals, as well as on families, communities, and the social structure in general, is associated with the following facts:

- Once AIDS is diagnosed in infected persons, they and those close to them will face the difficulties associated with an incurable disease that will shortly result in death.
- Treatment of AIDS complications is expensive and relapses are frequent.
- The most seriously affected segment of the population is young adults who are in the most productive stage of their lives. Most of them are responsible for the support and care of their families. When a person with AIDS dies, their family is left unprotected.
- HIV infection has a synergistic effect with other infections such as tuberculosis or other sexually transmitted diseases.
- The economic burden and work overload that AIDS imposes on the health sector will cause it to experience even more difficulties in trying to respond effectively and in a timely manner to the needs of the community.

The threat to health and development posed by the AIDS epidemic needs to be halted with foresight and effective actions.

## **2. Situation Analysis, Socioeconomic Impact, and Projections of AIDS and HIV Infection in the Americas**

Having an operational definition of AIDS makes it easier to characterize the situation and trends of the epidemic and to predict its impact. Such an operational definition also makes it possible to develop interventions that are appropriate to the realities of both the target groups and the economic and sociopolitical context of the countries in the Region. Acquired immunodeficiency syndrome is a permanent and irreversible change in health status, the cause of which is associated with certain habits, practices, and lifestyles. AIDS tends to affect those persons who for reasons that are individual (such as misinformation, deep-seated habits, denial, rationalization) or social (beliefs, myths, stereotyped sexual roles, community values, lack of effective programs and interventions) persist in behaviors whose consequences include the risk of contact with bodily fluids that are potentially contaminated with HIV, such as semen, vaginal secretions, and blood. Because of this, there are three basic mechanisms of HIV transmission: 1) sexual relations (heterosexual or homosexual); 2) transfusion of contaminated blood (iatrogenic or through the use of unsterilized needles and syringes); and 3) transmission from an infected mother to her child (perinatal).

Epidemiological analysis demonstrates that the principal risk factor identified in the vast majority of AIDS cases (a cumulative total of 611,589 cases reported to WHO as of March 10, 1993) has been unprotected sexual relations (homosexual and heterosexual).

The initial emergence of the epidemic among certain sectors of the population--for example, homosexual communities in industrialized countries--triggered an intensive mobilization effort to alert members of those communities to the risks inherent in certain behaviors and to produce more or less lasting changes in those behaviors. It could be speculated that perhaps because of the initial labelling of the epidemic as a homosexual problem, many heterosexual individuals who did not recognize themselves as members of the groups initially affected felt safe and thus persisted in their high-risk behavior. In addition, it is highly probable that the increased number of cases among women has been due to the fact that either they did not know that their partners had been involved in high-risk behavior or that, even if they were aware of this, culturally-bound sexual roles prevented them from taking protective measures. A study in Costa Rica indicates that most of the women with AIDS were infected by their partners, who without their knowledge were involved in high-risk behavior.

Studies show that the male:female ratio in some subregions (countries of Central America and the Caribbean) is approaching 1:1. Although in other subregions of the western hemisphere this ratio is still high (12:1 in the Southern Cone and Andean Area, for example), the observed trend is toward a decline in that figure due to increased cases among women. The increasing prevalence among women of childbearing age indicates that there will be a corresponding increase in the transmission of HIV to the fetus or newborn, a fact already confirmed by the increased number of cases among children under 2 years of age in some countries. It is estimated that between 300,000 and 500,000 women are HIV carriers in the Western Hemisphere. Of this total, 150,000 live in Latin America and the Caribbean.

Other factors associated with a risk of HIV infection are the lack of services and of appropriate medical guidance and treatment for ulcerative genital lesions, such as those associated with syphilis and other types of infection that produce open sores on the genital organs. Although complete data is not available for the entire Region, there is evidence of an important increase in the rates of syphilis and gonorrhea, particularly among the young, sexually active population (25 years of age and under).

At the same time, despite the fact that HIV is transmitted primarily through sexual relations, there is evidence of the growing importance of intravenous drug use as a high-risk behavior for transmission of the virus, at least in some countries. Thus, in some communities studied in Argentina, Brazil, and Uruguay, more than 50% of intravenous drug users may be infected with HIV. In the Southern Cone, intravenous drug use has been identified in 27% of the reported cases, which places this behavior in second place as a risk factor, after sexual relations.

An epidemic that is associated with behaviors that have been clearly identified and described could be halted through interventions that are successful in affecting those high-risk behaviors and practices. However, the initiatives undertaken thus far do not seem to have had the desired impact; they have not produced the changes necessary to decrease high-risk behavior. This seems to be due, fundamentally, to the health sector's limitations when it comes to developing educational interventions. For example, there is the confusion between education and the transmission of factual information; the belief that communication is simply a matter of creating eye-catching materials; and the idea that people become ill because "they do not want to learn what they are taught." It seems that the educational interventions that were developed using a prescriptive, vertical, and doctrinal approach have not had the desired impact. Moreover, there is no objective means of verifying the impact of most of those interventions because no plans were set up to evaluate them. For all the reasons indicated, and since AIDS prevention through effective changes of behavior is a priority that must be met through concerted efforts, it is indispensable to treat educational interventions with the same serious and dynamic approach as purely medical interventions. The greatest challenge to be faced is that of

trying to alter profoundly rooted behaviors and to restructure, as societies, the basic value of acceptance of healthy human sexuality.

It is much easier to eliminate the mechanism of HIV transmission through blood and blood products than to do away with those associated with individual and social behaviors and practices. To eliminate HIV transmission during blood transfusions is a goal that can be achieved in the short term through determination, initiative, and effort.

Finally, transmission from infected mothers to their children is closely related to heterosexual transmission and to drugs in the community, and to the ever-increasing number of women of childbearing age who are infected with HIV.

At the same time, the dynamics and true dimensions of the HIV/AIDS epidemic in the Region cannot be understood if the critical interaction between HIV and tuberculosis is not considered. These two illnesses have a synergistic relationship so that their effects are combined and strengthened at the individual and community levels. Problems with tuberculosis in individuals and communities, and with the complications and management of tuberculosis during the course of HIV infection, are some of the difficulties faced by countries where there is a high prevalence of tuberculosis. The interactions between HIV and *Mycobacterium tuberculosis* may include:

- Higher risk of developing tuberculosis in HIV-infected individuals.
- Increased severity of clinical tuberculosis and impaired response to treatment in HIV-infected individuals.
- More severe clinical picture of tuberculosis in HIV-infected individuals.
- Appearance of resistance to drugs utilized in multidrug therapy for tuberculosis in HIV-infected persons and AIDS patients.
- Reduced safety and effectiveness of BCG vaccine.
- Adverse impact of tuberculosis on the natural history of HIV/AIDS infection.

AIDS and, in general, HIV infection, primarily affect the adult population of the countries in the Region. This can cause serious damage to the economic and labor market dynamics in those countries where the epidemic has the strongest impact. An economic indicator such as years of economically active life, which ranges between 35 and 45 years and is based on the assumption that people begin their productive activity at age 15, can be drastically reduced as a consequence of the epidemic.

If we take a concrete example such as Brazil, we can better illustrate the impact of the epidemic on the economy of a country. Brazil is a country in which the epidemic is still in its initial stages. If the size of the economically active Brazilian population (between the ages of 15 and 60) is about 76 million and the average annual product per capita is around US\$5,920, and if the HIV/AIDS epidemic is assumed to affect 0.6% of the population, then there would be a loss of production amounting to \$2,700 million once the disease had manifested itself in all the individuals infected with human immunodeficiency virus. If the expense of managing the complications associated with the disease is factored in as well, then the cost of the epidemic in a country can be extremely high. Clearly the amount that would need to be spent to prevent new infections through educational interventions and strategies for promotion and distribution of condoms would be several hundred times less than the amount needed to cover the losses caused by the disease. In other words, investment in prevention is cost-effective and this investment needs to be made now.

### **3. Programs for the Prevention and Control of AIDS in the Americas and Intersectoral, Interagency, and Interprogram Collaboration**

When the seriousness of the rapid spread of the AIDS epidemic became apparent in the mid-1980s, emergency activities were initiated to control it. In 1987, the 40th World Health Assembly explicitly recommended that every country in the world develop a national program for the prevention and control of AIDS. In this context, PAHO provided its technical cooperation to the Member Countries so that they could develop their emergency strategies as well as short-term plans for AIDS control. The financial support from the funds mobilized by the Global Program on AIDS (GPA) permitted effective implementation of the activities envisaged in these strategies and plans. As it became clear that the problem would persist for a long time, the coordination of prevention and control activities over a longer period became a priority. Practically all the countries in the Region of the Americas received some form of financing for their AIDS prevention and control activities, within the framework of a short-term plan.

The programming cycle that followed consisted of detailed development of national activities within a three- to five-year planning framework. Multidisciplinary teams of experts, with continuous assistance from PAHO staff members and with the financial support of the Global Program on AIDS (GPA) and agencies of bilateral and multilateral cooperation, helped all the Member Countries to prepare, implement, and evaluate medium-term plans (MTPs) for the prevention and control of AIDS.

The medium-term plans were centered basically on initiatives and actions in the health sector. The implementation of MTPs helped, among other things, to bring about a notable improvement in systems for quality control of blood and blood products, to make various population sectors aware of the seriousness of the problem, and to develop

a managerial structure that laid the groundwork for increased intersectoral integration for the prevention and control of AIDS. However, the experiences on the national level and worldwide have shown that the responses required to deal with the AIDS epidemic transcend the domain of the health sector.

The impetus and experience gained during the implementation of the medium-term plans set the stage for the initiation of a new planning stage, which would seek not only to involve various programs, sectors, and social strata, but also to coordinate their initiatives and efforts for effective prevention and control of AIDS and of its psychological, economic, and social consequences. In this next planning stage, the countries are also developing plans for periods of from three to five years. These are, accordingly, medium-term plans and it will be necessary to distinguish them from the plans in the previous cycle by calling them "second-generation" medium-term plans (MTPs II). The distinctive characteristics of these second-generation plans are as follows:

- They are supported by basic information (epidemiological, anthropological, socioeconomic, etc.) that is much more accurate than that used in any earlier programming.
- The planning does not rely on speculation but rather on the experience gained and the lessons learned, which ensures that the activities programmed will have a stronger impact.
- In their design, execution, and evaluation, they involve various sectors, programs, and professionals from a variety of related areas and disciplines.

This approach will help guarantee both effective implementation of the planned activities as well as comprehensive, collective care for the affected individuals, as called for in item 8 of the Declaration of the World Summit of Ministers of Health, held in London in January 1988.

With the technical and administrative assistance of PAHO, the countries of Central America and the Caribbean, Panama, and the Dominican Republic have completed their preparation of second-generation medium-term plans. PAHO will actively support, in the immediate future, the process of mobilization of funds for the execution of these plans. During 1993, the countries of the Andean Area, Uruguay, Paraguay, and Chile will be devoting efforts to the preparation of their MTPs II.

From the point of view of managerial and administrative strengthening, PAHO's Regional Program on AIDS has developed an instrument to facilitate monitoring of the activities and work of the national plans. This instrument makes it possible for the

national teams to carry out continuous monitoring of their progress, contributions, and reprogramming needs. Under the name "Control and Monitoring System (CMS)," this instrument has been made available to the Member Countries and most of them have adopted it, pointing out that it has been very useful in helping them to oversee the management of the national programs.

The active collaboration of PAHO with the territories of the United Kingdom in the Americas, Aruba, and the Netherlands Antilles, as well as the exchange of information with the French Overseas Departments in the Americas have helped to establish a basis for comprehensive participation by the western hemisphere in the global AIDS strategy.

In 1992 various activities that were aimed at achieving closer collaboration between the Regional Program on AIDS and the Global Program at WHO Headquarters were carried out. Among these, the joint missions that the Geneva and Washington teams carried out to select sites for research on vaccines are noteworthy. Brazil was identified as a country that has the appropriate conditions to serve as a collaborator in the western hemisphere in the process of development of HIV vaccines.

In addition, the Director of the Global Program on AIDS and the Regional Coordinator visited three countries of the Region (Brazil, Honduras, and Panama) for the purpose of negotiating the highest level of intersectoral and interinstitutional support for the AIDS programs in those countries. The Deputy Director of GPA and the Regional Coordinator traveled to Cuba to discuss GPA support for the national program and specific activities with the authorities in that country as well.

The exchange of opinions and experiences by the technical teams from PAHO and WHO Headquarters has not only served to give more importance to the activities of technical cooperation in the Region of the Americas, but has also allowed the lessons learned in the Member Countries of PAHO to be used to support preventive activities in other regions of the world.

PAHO continues to carry out efforts to promote active participation by community groups and nongovernmental organizations (NGOs) in the development and execution of activities under the national programs for the prevention and control of AIDS. These have included specific activities for technical assistance (including in the area of management) to community groups and NGOs in Central America, the Andean Area, the Southern Cone, and the United States; a meeting in Uruguay with NGOs from Southern Cone countries; and the careful and objective consideration of requests for financial support that have been submitted to WHO under the Small Grants Program (Partnership Program).

With the support of WHO Headquarters, an inventory was made of research and research resources on AIDS and HIV that identified more than 600 scientific studies and projects in Latin America and the Caribbean. Once the inventory was published, it was distributed to research and educational groups, centers, and institutions in the Region. In this way an effort is being made to disseminate scientific information and to promote the exchange of knowledge and the transfer of appropriate technology among the countries.

In addition, with the support of the Sociedad Española Interdisciplinaria de SIDA (Spanish Interdisciplinary AIDS Society), it has been possible to distribute the monthly publication that the Society puts out, which contains continuously updated articles and essays of very high quality, to nearly 200 researchers and academic institutions in Latin America.

In the area of research, there has been continued collaboration with the National Institute of Allergy and Infectious Diseases (NIAID) of the National Institutes of Health (NIH) in the United States, and this has translated into: a) direct technical collaboration with researchers in the countries of Latin America and the Caribbean; b) mobilization of resources from NIH; and c) dissemination of scientific findings. The projects carried out within the framework of PAHO/NIAID collaboration include a study in Jamaica on the incidence of HIV seropositivity among individuals using the services of an STD clinic in Kingston; the continuation of a study on heterosexual transmission of HIV in Brazil; and a comparative study of tuberculosis incidence among seropositive and seronegative individuals in Mexico.

Research activities related to women have been centralized at WHO Headquarters in Geneva. However, the Regional Program plans to convene a working group of professional women and men to prepare specific recommendations on the implementation of interventions linked to research among groups of women whose characteristics will need to be specified.

The recognition that the AIDS/HIV epidemic is a problem whose dynamics and dimensions will cause it to spread over time has reinforced the idea that AIDS prevention and control activities need to be made into permanent programs that are integrated into the existing health and development structures. In addition, these programs should be able to operate continuously, so that they can be part of the ongoing effort to safeguard public health and contribute to development in the Region.

Among the efforts aimed at ensuring broad, integrated, and continuous programming, the following examples should be cited: the initiative to involve nongovernmental organizations and community groups in the national programs for the prevention and control of AIDS; the execution of interinstitutional and interprogram

activities by the Regional Program on AIDS of PAHO; and the introduction of multidisciplinary teams, who in turn will receive interprogram orientation and information that will enable them to provide technical and managerial collaboration in the formulation and execution of national AIDS programs.

During 1992, PAHO, with the collaboration of the WHO Global Programme on AIDS (GPA), mobilized US\$11 million from various donors for activities in 40 countries of the Region and at the Regional level. Although there was a reduction of 23 % with respect to the funds mobilized in 1991, the fact that the national programs are well established and have a greater capacity to carry out activities fostered a firmer commitment on the part of the countries of the Region, which in turn was translated into a greater allocation of national resources to this priority area. The recommendation that had been made in the past to increase national contributions for the programming of activities has become a reality, and most of the resources allocated for AIDS control activities are now of national origin. However, a balance must be achieved between the need for AIDS control activities and the need to prevent or provide care for other diseases and health conditions. Consequently, it is indispensable to ensure international cooperation, for which purpose it is necessary for the countries to strengthen their capacity to monitor the management of program activities (both from the technical and financial points of view) and to periodically and systematically document their achievements, progress, and difficulties. PAHO will continue to support this effort at strengthening and will provide the necessary assistance to mobilize resources from agencies and donor organizations.

Five years after the World Summit of Ministers of Health, several of the issues discussed there and considered to be fundamental for the implementation of a global strategy to combat AIDS continue to constitute challenges which must be faced with renewed vigor. These challenges include: persuading the general public to adopt behaviors that lower the risk of infection; securing a commitment from the communications media to fulfill their social mission to report objectively; and developing educational programs and carefully and rigorously evaluating them and assessing their impact in order to replicate or restructure them.

Other pressing challenges are: developing interventions aimed at reducing the transmission of HIV among intravenous drug users; developing interventions to increase the use of condoms; reducing the incidence of other sexually transmitted diseases; eliminating HIV transmission through blood and blood products; securing the active participation of NGOs in national program activities; and overcoming sectoral barriers to the effective control and prevention of AIDS/HIV.

#### **4. Present and Future Priorities for the Prevention of AIDS in the Americas**

The Regional Program on AIDS of PAHO is fully staffed in so far as its technical team is concerned, both at Headquarters and in the field. The formation of this team, in addition to enabling a clear definition of the functions and responsibilities of each of its members, has facilitated the management of technical cooperation activities, so that work can be carried out in a coordinated manner in order to fulfill program goals, lines of action, and expected outcomes. Under this modality of strategic planning, more than 90% of the activities included in the annual plan of the Regional Program on AIDS were in fact carried out on schedule, in addition to those that were carried out in response to needs that arose and were addressed as soon as was feasible.

Although it is true that at the national and Regional level the system for the preparation of progress reports has not been entirely perfected, with the development and implementation of computerized means for monitoring the activities of the national programs, it will be possible to improve the production of such reports. In addition, three meetings were held with managers and administrators of programs (one in the Caribbean on implementation, one in Central America on preparation of reports, and a third in South America on planning and development of programs), which helped to improve coordination and technical cooperation between PAHO personnel (at Headquarters and in the countries) and their counterparts in the national programs for the prevention and control of AIDS in all the countries of the Region.

Considerable progress has also been made on the regional system for epidemiological surveillance of AIDS. As a result of the two subregional workshops on surveillance carried out in 1991, in 1992 seven countries initiated specific activities to improve surveillance of HIV infection at the national level. It is expected that by the end of 1993 all countries with more than one million inhabitants will have a similar system in place, which will make it possible to monitor the status of the epidemic, assess trends in various population groups, apply preventive measures where more are needed, and change the attitudes of those who are unwilling to recognize the magnitude of the problem of HIV/AIDS.

PAHO and the Member Countries have committed themselves to implementing the global strategy for the prevention and control of AIDS/HIV in the Americas. The main objectives of this strategy are: (a) to prevent infection with HIV, (b) to reduce the personal and social impact of HIV infection, and (c) to mobilize and unify national and international efforts against AIDS.

In order to achieve these objectives it is necessary to establish certain priorities at the various levels: priorities of the Global Programme on AIDS (GPA) and priorities of the Member Countries.

The priorities of the GPA are the following:

- To strengthen national AIDS programs with respect to the formulation of plans and the coordination of AIDS prevention through behavior modification--including the use of condoms--and the care of persons with HIV/AIDS.
- To formulate plans for dealing with the social and economic consequences of AIDS that threaten families, communities, and the economic stability of many developing nations.

The goals common to all the Member Countries are:

- To formulate and implement medium-term plans (strategic national plans).
- To strengthen managerial capacity.
- To involve nongovernmental organizations and the private sector.
- To establish the surveillance systems necessary for planning.
- To develop educational activities and interventions aimed at bringing about behavioral change that are adapted to the national (local) situation.
- To develop activities geared specifically toward reducing the sexual transmission of HIV to women.
- To promote effective practices for reducing the sexual transmission of HIV and STDs among groups at risk (by promoting the use of condoms and other barrier methods).
- To transmit explicit and culturally appropriate messages to combat conformism and denial.
- To develop feasible strategies for the care of AIDS patients.
- To achieve adequate capacity to care for the most common opportunistic infections.
- To ensure an HIV-free supply of blood and blood products.
- To establish a technical-scientific information network.

In addition, given that the prevention of AIDS is a program priority for PAHO, the Organization has set as the general objective for the Regional Program to both decrease the transmission of HIV and other agents of STDs and to reduce the social and economic impact of these diseases.

The specific objectives of the Program are: (a) to strengthen the national capacity of all the Member Countries to respond in an adequate, effective, efficient, and long-term manner to the challenge of preventing and controlling AIDS, HIV infection, and STDs in the Region of the Americas; and (b) to lead and to promote interagency, intersectoral, and interprogram cooperation for the prevention of AIDS and STDs at the national, subregional, and regional levels.

The Programs' lines of action are:

- Support for the development of national capacity.
- Coordination of international and interagency initiatives.
- Establishment and maintenance of intersectoral participation.
- Mobilization of resources.
- Interprogram articulation.
- Support for the identification of risk groups.
- Promotion and support for interventions at the local health system (SILOS) level.
- Strengthening of technology transfer, research, and the dissemination of scientific information.
- Support for procurement of supplies, such as condoms and laboratory reagents.
- Promotion of the exchange of information, experience, and knowledge in the Region of the Americas.

**5. Program Approaches and Proposed Policies in the Context of the Conference of Ministers of Health of the Ibero-American Countries, and the III Ibero-American Summit of Heads of State and Government**

AIDS is not only a health problem, but also a social, economic, and political problem with long-term repercussions for communities and whole countries. At the country level, the fight against AIDS and the reduction of its consequences in society will require a concerted and sustained effort involving, among others, the Ministries of Health, Education, Labor, Justice, Finance, and Planning, as well as social security institutions, the mass media, the private sector, nongovernmental organizations, professional associations, universities, religious organizations, and other community groups.

To achieve this, it is necessary to secure the political support of the highest governmental levels, the technical leadership of social services and health sectors, financial contributions and other resources from the various national and international agencies, and, in particular, the unconditional commitment of local health systems and local communities to the prevention of AIDS.

The AIDS epidemic, in addition to the suffering it inflicts on the peoples of the Region, has enormous costs--both direct and indirect. The extent to which these costs can be reduced is directly proportional to the capacity of the national AIDS programs to implement preventive actions and to rationalize curative interventions. At present there is a great disparity at the international level with respect to per capita investment and expenditure for preventive activities, to wit: North America, \$2.70; Europe, \$1.18; sub-Saharan Africa, \$0.07; and Latin America, \$0.03.

The time has come to strengthen the recognition that the HIV/AIDS epidemic, in addition to being a health problem, has serious social, economic, educational, legal, and political repercussions. The sum of these repercussions can generate instability and have serious consequences for the development process in the countries. It is for this reason that at the Conference of Ministers of Health of the Ibero-American Countries, in May 1993, proposals were presented for collaboration among the countries in accordance with the following objectives and strategies, with a view to establishing a common Plan of Action:

- To reduce the socioeconomic impact of the epidemic.
- To reduce the transmission of HIV from intravenous drug use, which is a significant problem in a growing number of countries in the Region.
- To ensure collective and individual rights.

- To avoid the effects of the epidemic on migratory movements, both national and international.
- To develop human resources in all the areas related to the prevention of AIDS.
- To transfer and use appropriate technology for the prevention and control of STDs and HIV.

In the areas of human resources development and use of appropriate technology, it is recommended that the following activities be considered:

- Curriculum reforms.
- Training and consolidation of multidisciplinary resources.
- Programs of continuing education with systems of long-distance education.
- Use of simple laboratory technologies.
- Evaluation of algorithms for the clinical management of STDs.
- Evaluation and adaptation of alternative care models.
- Improvement of diagnostic capabilities.

In the areas of protection of human rights and migratory movements, the following activities are proposed:

- The preparation of legal instruments to prevent discrimination.
- The drafting and implementation of agreements that eliminate all requirements for serological tests for any type of visa.
- The development of quantitative and qualitative research to track migratory movements and design programs for prevention of HIV infection.
- Sharing of information, education, and communication (IEC).

In the area of reducing transmission of HIV from intravenous drug use, the following are proposed:

- Joint research to identify the epidemiological, anthropological, behavioral, and socioeconomic profile of intravenous drug users.
- Training of community agents in this area.
- Development of pilot projects to test various intervention strategies.

Finally, in order to reduce the socioeconomic impact of the epidemic, two activities are proposed:

- The preparation and execution of projects to assess the economic and social impact of preventive strategies.
- The development of appropriate methodologies to obtain information on the direct and indirect costs of HIV infection and AIDS and to systematically analyze this information.

The Member Governments are urged to give priority to investment in AIDS prevention, control, treatment, and research in the countries of the Region. This is desirable not only for public health reasons and out of respect for human dignity and rights, but as a contribution to national growth and development. In order to provide a solid technical and administrative basis for this investment, it will be necessary to make sizable investments in information systems and socioeconomic studies related to the AIDS/HIV epidemic so as to guide political decision-making at the highest levels of government in the Member Countries.

The decisions and recommendations of the Conference of Ministers of Health of the Ibero-American Countries will be presented for the consideration of the III Ibero-American Summit of Heads of State and Government in July 1993.

Annex

CE111/9 (Eng.)  
ANNEX

# **AIDS SURVEILLANCE IN THE AMERICAS**

## **HIV/AIDS AND SEXUALLY TRANSMITTED DISEASES CONTROL PROGRAM**

**Division of Communicable Diseases Prevention and Control  
Pan American Health Organization/World Health Organization**

**Information as of 10 March 1993**

# **AIDS SURVEILLANCE IN THE AMERICAS**

## **Summary**

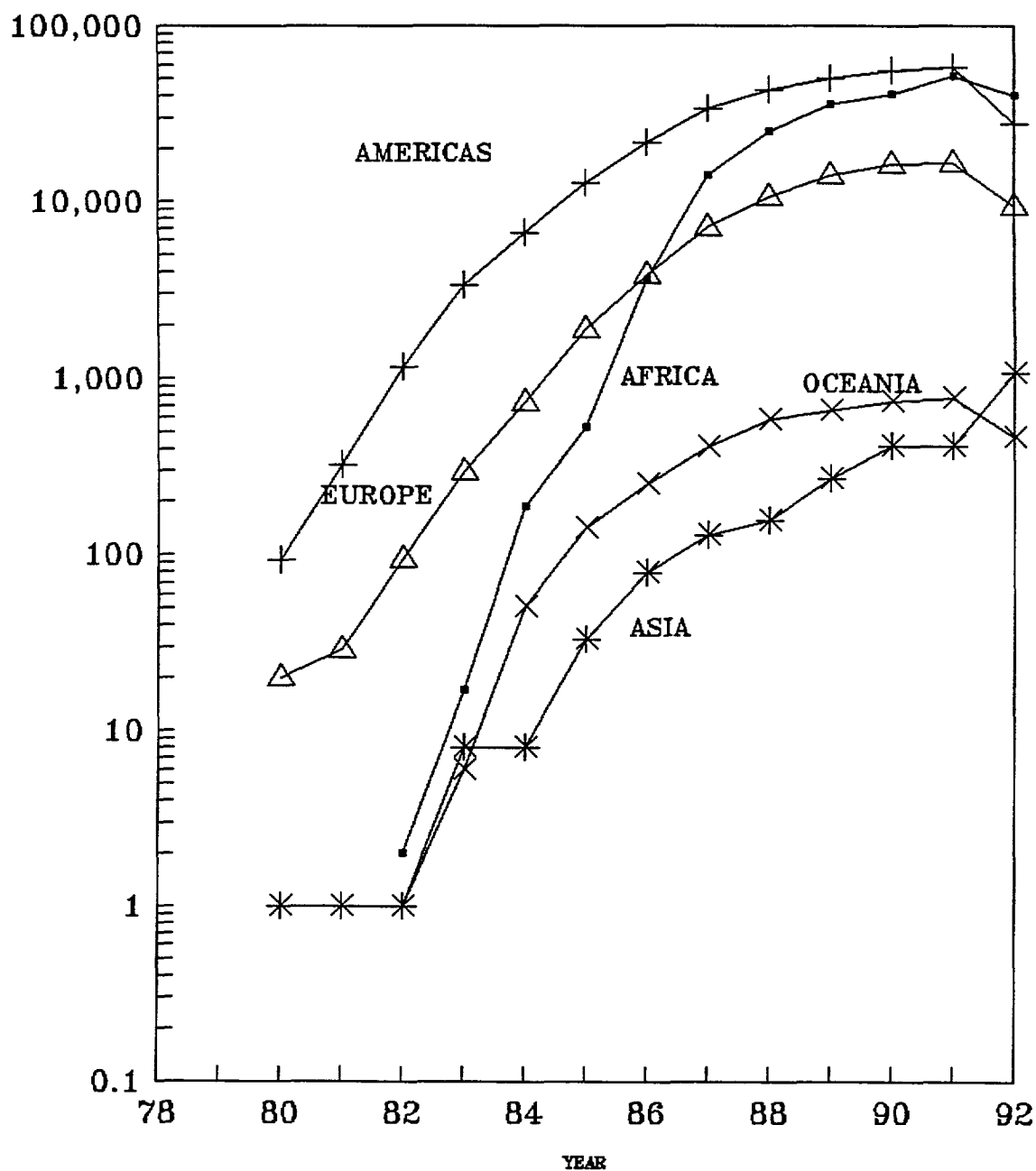
**Data as received by 10 March 1993**

<b>Cumulative number of cases reported</b> <b>worldwide:                      611,589</b>
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<b>Cumulative number of cases reported</b> <b>in the Americas:              331,484</b>
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<b>Cumulative number of deaths reported</b> <b>in the Americas:              206,929</b>
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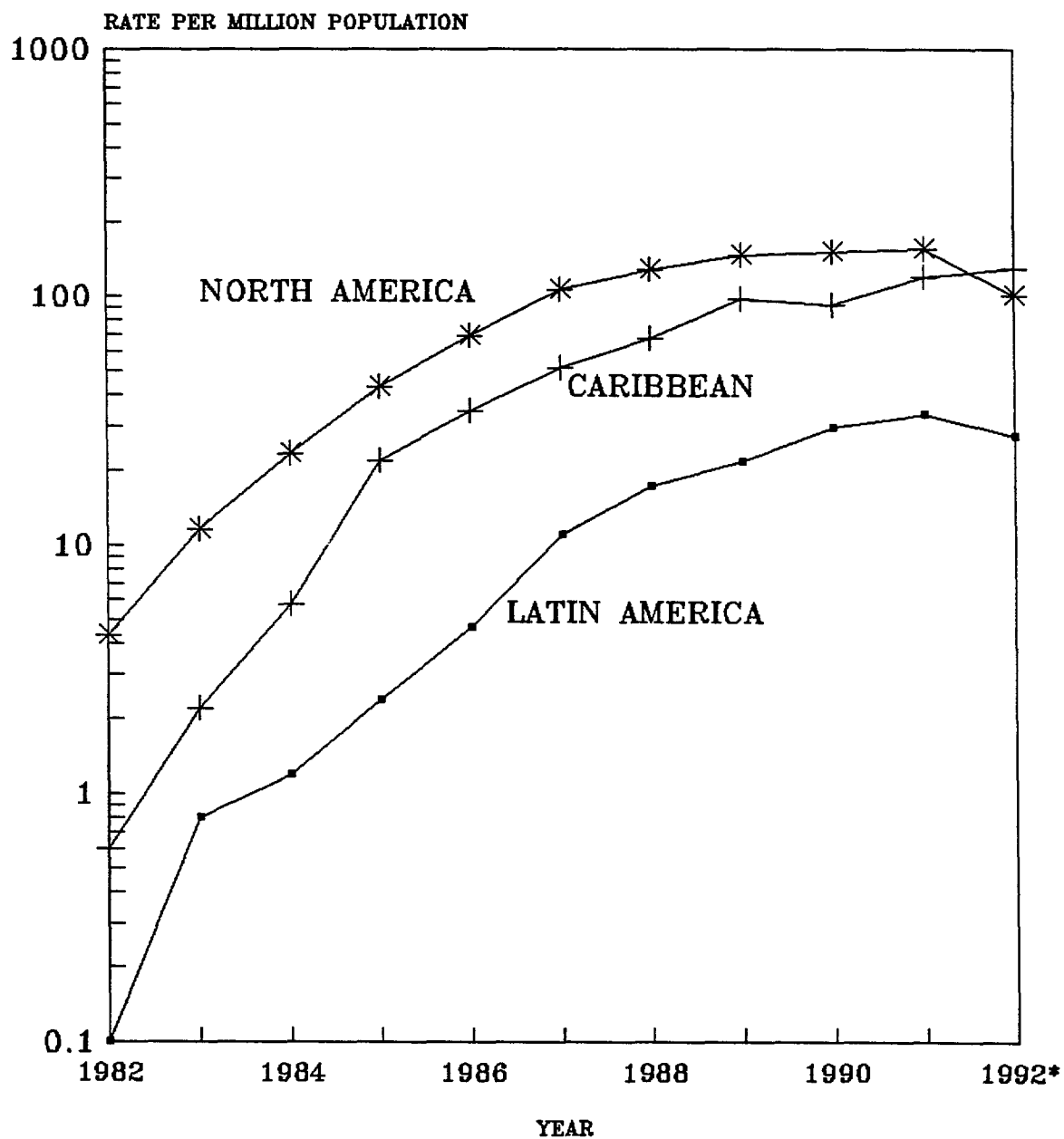
FIG. 1. ANNUAL INCIDENCE OF AIDS CASES, BY REGION OF THE WHO, BY YEAR, 1979-92.\*



\* Data for 1992 are incomplete due to delayed reporting.

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Fig.2. ANNUAL INCIDENCE RATES OF AIDS IN THE AMERICAS,  
(PER MILLION), THREE MAJOR SUBREGIONS,  
1982-1992\*.



\* Data for 1992 are incomplete due to delayed reporting.

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**TABLE 1. NUMBER OF REPORTED CASES OF AIDS BY YEAR, AND CUMULATIVE CASES AND DEATHS, BY COUNTRY AND SUBREGION.**  
**As of 10 March, 1993**

SUBREGION Country	Number of Cases							Cumulative total(a)	Total deaths	Date of last report
	Through 1986	1987	1988	1989	1990	1991	1992			
<b>REGIONAL TOTAL</b>	45,673	33,628	42,934	50,561	56,020	59,689	42,522	331,484	206,929	
<b>LATIN AMERICA b)</b>	3,301	4,545	7,285	9,329	13,109	15,225	12,718	65,957	27,408	
<b>ANDEAN AREA</b>	237	386	734	940	1,468	1,536	900	6,201	3,134	
Bolivia	3	3	10	2	9	17	8	52	45	31/Dec/92
Colombia	68	179	319	410	765	782	434	2,957	1,483	30/Sep/92
Ecuador	13	22	29	22	42	51	57	236	161	31/Dec/92
Peru	30	32	65	118	141	155	73	614	216	31/Mar/92
Venezuela	123	150	311	388	511	531	328	2,342	1,229	31/Dec/92
<b>SOUTHERN CONE</b>	118	128	268	352	604	758	864	3,487	1,203	
Argentina	73	72	169	228	388	478	605	2,398	652	31/Dec/92
Chile	35	42	67	83	128	184	154	693	340	31/Dec/92
Paraguay	2	5	4	3	12	10	15	51	36	30/Sep/92
Uruguay	8	9	28	38	76	86	90	345 *	175	15/Feb/93
<b>BRAZIL</b>	1,701	2,312	3,859	5,081	6,847	8,643	6,420	34,881 *	14,947	06/Feb/93
<b>CENTRAL AMERICAN ISTHMUS</b>	86	194	359	476	890	907	1,071	4,003	1,472	
Belize	1	6	4	0	19	11	12	53	46	30/Sep/92
Costa Rica	20	23	52	57	86	91	108	437	268	31/Dec/92
El Salvador	7	16	34	72	54	132	114	429	113	31/Dec/92
Guatemala	15	16	18	17	76	94	81	317	134	31/Dec/92
Honduras	17	102	189	251	584	493	659	2,313	629	31/Dec/92
Nicaragua	0	0	2	2	7	13	6	31	27	31/Dec/92
Panama	26	31	60	77	64	73	91	423	255	31/Dec/92
<b>MEXICO</b>	245	804	964	1,499	2,395	3,166	3,219	12,292	6,036	31/Dec/92
<b>LATIN CARIBBEAN c)</b>	914	721	1,101	981	905	215	244	5,093	616	
Cuba	6	10	14	15	28	38	57	168	94	31/Dec/92
Dominican Republic	113	234	356	513	247	177	187	1,839	225	31/Dec/92
Haiti	795	477	731	453	630	...	.	3,086	297	31/Dec/90
<b>CARIBBEAN c)</b>	465	371	493	725	701	872	950	4,589	2,794	
Anguilla	0	0	1	2	1	1	1	6	3	30/Jun/92
Antigua	2	1	0	0	3			6	5	31/Dec/90
Bahamas	86	90	93	168	162	235	259	1,093	665	31/Dec/92
Barbados	32	24	15	40	61	80	78	330	251	31/Dec/92
Cayman Islands	2	1	1	1	2	4	2	13	11	30/Sep/92
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	7	4	35	25	31/Dec/92
Guadeloupe	47	41	47	47				182	85	31/Dec/89
Guyana	0	10	34	40	61	85	160	390	102	31/Dec/92
Jamaica	11	32	30	66	62	133	99	433	299	31/Dec/92
Martinique	25	23	30	51	45	28	25	227	148	30/Sep/92
Montserrat	0	0	0	1	0	0	0	1	0	31/Dec/92
Netherlands Antilles	9	9	13	16	30	23	10	110	55	30/Jun/92
Saint Kitts and Nevis	6	4	9	5	8	1	4	37	23	31/Dec/92
Saint Lucia	4	4	2	8	3	7	9	49	25	31/Dec/92
Saint Vincent and the Grenadines	2	5	8	6	4	14	7	46	31	31/Dec/92
Suriname	4	5	4	35	35	16	29	128	100	31/Dec/92
Trinidad and Tobago	151	85	160	167	173	235	257	1,228	787	31/Dec/92
Turks and Caicos Islands	3	2	6	7	1	2	4	25	23	31/Dec/92
Virgin Islands (UK)	0	0	1	0	2	1	2	6	1	31/Dec/92
<b>NORTH AMERICA</b>	41,907	28,712	35,156	40,507	42,210	43,592	28,854	260,938	176,727	
Bermuda	51	21	28	35	33	23	17	208	152	31/Dec/92
Canada	1,218	896	1,060	1,220	1,169	1,097	622	7,282	4,685	11/Jan/93
United States of America c)	40,638	27,795	34,068	39,252	41,008	42,472	28,215	253,448	171,890	28/Feb/93

\* includes cases for 1993, 10 in Uruguay and 18 in Brazil

a) May include cases for year of diagnosis unknown

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

c) Puerto Rico and the U S Virgin Islands included in the United States of America. Data corresponds to CDC HIV/AIDS Year-end Edition

**TABLE 2. ANNUAL INCIDENCE RATES OF AIDS (PER MILLION POPULATION), BY COUNTRY AND BY YEAR, 1987-1992.**

SUBREGION Country	RATE PER MILLION					
	1987	1988	1989	1990	1991	1992*
<b>LATIN AMERICA a)</b>	11.1	17.4	21.8	30.0	34.1	27.9
<b>ANDEAN AREA</b>	4.5	8.4	10.5	16.0	16.3	9.3
Bolivia	0.4	1.4	0.3	1.2	2.3	1.0
Colombia	6.0	10.4	13.1	24.0	23.3	12.7
Ecuador	2.2	2.8	2.1	3.9	4.7	5.1
Peru	1.5	3.1	5.4	6.3	7.0	3.3
Venezuela	8.2	16.6	20.2	25.9	26.3	15.8
<b>SOUTHERN CONE</b>	2.5	5.2	6.7	11.4	14.1	15.9
Argentina	2.3	5.4	7.1	12.0	14.6	18.3
Chile	3.4	5.3	6.4	9.7	13.7	11.3
Paraguay	1.3	1.0	0.7	2.8	2.3	3.3
Uruguay	2.9	9.1	12.2	24.3	27.5	28.8
<b>BRAZIL</b>	16.3	26.7	34.5	45.5	56.4	41.1
<b>CENTRAL AMERICAN ISTHMUS</b>	7.2	13.0	16.8	30.6	30.4	34.9
Belize	35.3	23.0	0	104.4	60.4	64.5
Costa Rica	8.2	18.1	19.4	28.5	29.5	34.2
El Salvador	3.2	6.8	14.0	10.3	24.6	20.7
Guatemala	1.9	2.1	1.9	8.3	9.9	8.3
Honduras	21.8	39.1	50.4	113.7	93.1	120.7
Nicaragua	0	0.6	0.5	1.8	3.3	1.5
Panama	13.6	25.8	32.5	26.5	29.6	36.2
<b>MEXICO</b>	9.7	11.4	17.3	27.0	35.0	34.9
<b>LATIN CARIBBEAN b)</b>	31.4	47.3	41.5	37.7	8.7	9.7
Cuba	1.0	1.4	1.5	2.7	3.5	5.3
Dominican Republic	34.8	51.8	73.1	34.4	24.2	25.0
Haiti	77.6	116.7	71.0	96.8	.	.
<b>CARIBBEAN a)</b>	51.8	67.9	98.4	93.0	121.2	131.6
Anguilla	0	142.2	284.5	142.9	142.9	125.0
Antigua	12.0	0	0	34.9	.	.
Bahamas	361.4	367.5	653.7	623.1	903.8	988.5
Barbados	93.8	58.4	154.6	233.7	313.7	304.7
Cayman Islands	47.5	47.5	47.6	95.2	190.5	74.1
Dominica	64.1	25.3	37.5	24.7	.	.
French Guiana	290.6	386.3	600.7	445.7	.	.
Grenada	51.0	30.0	79.2	48.5	68.0	42.4
Guadeloupe	121.7	139.0	138.6	.	.	.
Guyana	10.1	33.8	39.1	58.6	106.3	188.8
Jamaica	13.3	12.3	26.6	24.6	53.5	39.4
Martinique	70.0	90.9	154.3	136.0	81.6	72.5
Montserrat	0	0	76.7	0	0	0
Netherlands Antilles	48.4	69.1	83.7	155.4	119.2	51.3
Saint Kitts and Nevis	83.2	187.5	103.1	160.0	20.0	90.1
Saint Lucia	30.5	15.0	59.3	22.1	51.5	57.0
Saint Vincent and the Grenadines	47.2	74.1	55.0	36.0	126.1	58.4
Suriname	13.0	10.2	87.9	86.8	37.3	66.4
Trinidad and Tobago	69.5	128.7	132.2	134.8	180.6	194.8
Turks and Caicos Islands	250.3	750.9	876.1	111.1	222.2	400.0
Virgin Islands (UK)	0	76.7	0	25.8	12.9	153.8
<b>NORTH AMERICA</b>	106.6	129.3	147.6	153.1	157.3	103.0
Bermuda	368.5	490.8	601.4	569.0	396.6	293.1
Canada	34.7	40.6	46.3	44.0	41.1	23.1
United States of America b)	114.2	138.6	158.2	164.5	169.7	111.6

\* Data for 1992 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 3. ANNUAL INCIDENCE RATES OF AIDS (PER MILLION POPULATION), BY SEX, BY COUNTRY AND BY YEAR, 1987-1992.

SUBREGION Country	RATE PER MILLION POPULATION											
	MALE RATES						FEMALE RATES					
	1987	1988	1989	1990	1991	1992	1987	1988	1989	1990	1991	1992
<b>LATIN AMERICA a)</b>	19.0	28.9	37.3	48.8	56.1	43.4	2.7	5.4	6.7	8.9	10.0	8.4
<b>ANDEAN AREA</b>	8.6	14.5	18.5	26.2	23.3	14.6	0.4	1.1	1.7	3.0	1.7	1.2
Bolivia	0.9	2.9	0	1.9	4.3	1.8	0	0	0.6	0	0	1.0
Colombia	11.8	17.7	23.5	40.8	30.9	23.7	0.5	1.6	2.3	3.2	1.8	1.7
Ecuador	4.0	5.5	3.8	7.0	8.1	9.1	0.4	0.2	0.4	0.7	1.3	1.1
Peru	2.9	5.5	9.7	8.1	13.1	6.0	0.2	0.6	0.8	4.5	0.9	0.4
Venezuela	14.8	28.4	34.8	42.3	37.1	16.6	0.7	2.0	2.9	3.5	3.4	1.3
<b>SOUTHERN CONE</b>	5.1	9.7	12.1	20.7	25.8	23.3	0	0.7	1.2	2.1	2.2	5.1
Argentina	4.6	10.4	12.9	21.6	26.8	29.3	0	0.4	1.2	2.4	2.5	7.2
Chile	6.9	9.2	11.4	18.4	24.7	11.8	0.2	1.2	1.1	0.7	1.3	1.3
Paraguay	2.6	2.0	1.4	4.6	4.5	6.1	0	0	0	0.9	0	0.4
Uruguay	6.0	15.8	21.6	42.9	50.8	36.0	0	2.6	2.5	6.3	5.6	6.2
<b>BRAZIL</b>	29.7	46.9	61.0	80.1	95.4	68.0	3.1	6.7	8.1	11.0	17.6	14.3
<b>CENTRAL AMERICAN ISTHMUS</b>	10.0	17.2	20.6	37.7	40.1	24.0	3.1	6.2	7.6	16.3	13.6	5.2
Belize	23.5	23.0		11.0			11.8	11.5				
Costa Rica	16.3	33.2	33.0	40.7	50.6	54.4	0	2.8	2.7	4.7	2.6	5.1
El Salvador					36.8	31.1					12.4	7.8
Guatemala	3.3	3.6	3.1	13.3	16.1	14.2	0.5	0.5	0.7	3.1	3.6	2.3
Honduras	28.5	50.4	64.8	140.4	107.7	31.2	15.4	27.8	35.8	80.5	48.4	12.2
Nicaragua	0	1.1	1.1	3.1	4.5	2.4	0	0	0	0.5	0.5	0
Panama	25.0	41.4	55.4	44.7	40.7	29.7	1.8	9.7	8.6	7.6	15.7	4.0
<b>MEXICO</b>	17.1	19.0	33.3	41.0	59.3	59.3	1.8	3.3	6.1	8.0	10.8	10.6
<b>LATIN CARIBBEAN b)</b>	39.2	64.2	51.0	44.3	10.4	8.8	18.3	30.6	30.0	27.6	5.0	2.9
Cuba	4.1	3.9	0.2	0.8	4.3	5.9	1.2	0.8	0.2	0	1.3	2.4
Dominican Republic	44.7	73.8	94.0	44.2	28.5	20.8	23.7	28.1	49.3	21.3	15.3	6.3
Haiti	92.7	154.4	87.1	116.2			39.8	80.0	55.4	76.7		
<b>CARIBBEAN</b>	75.1	94.9	128.5	107.7	157.2	178.2	29.0	38.4	59.9	47.3	79.0	82.3
Anguilla	0	0		0	0	253.8	0	281.7	0	284.1	281.7	0
Antigua	24.6	0	0				0	0	0			
Bahamas	430.0	448.0	701.3	747.8	1155.3	1292.4	294.2	289.0	607.2	501.5	673.0	692.9
Barbados	173.3	73.9	244.5	409.6	520.3	471.5	22.3	44.4	73.5	73.2	105.3	150.4
Cayman Islands	96.2	0	96.2	96.2		75.1	0	93.9	0	0		73.1
Dominica	101.3	49.9	49.3	48.7			26.0	0	25.4	0		
French Guiana	395.2	545.0	735.0				186.0	204.6	466.7			
Grenada	62.0	20.2	100.3	78.7	62.4	20.7	20.2	39.5	0	19.2	87.4	0.0
Guadeloupe	187.9	217.6	210.9				58.1	63.7	69.3			
Guyana	28.2	61.4	42.9	86.3	149.0	268.8	0	10.0	9.8	30.9	64.4	130.5
Jamaica	15.9	18.2	38.2	32.6	59.1	52.8	10.7	6.5	15.2	16.6	48.0	25.3
Martinique	100.1	137.2	230.1	191.4	120.5	95.8	41.5	47.2	82.4	82.9	33.9	50.6
Montserrat	0	0		0	0	0	0	0		0	0	0
Netherlands Antilles	110.2	10.9					21.0	20.8				
Saint Kitts and Nevis	85.0	381.0	126.6	248.1	46.8	140.4	81.5	0	80.6	77.5	0	43.4
Saint Lucia	47.3	15.5	107.4	15.2	66.6	65.4	14.8	14.6	14.3	28.4	25.0	49.1
Saint Vincent and the Grenadines	77.6	57.2	37.7	55.6	122.2	103.3	18.4	72.0	89.3	17.5	98.4	16.2
Suriname	15.8	20.7	137.5	125.0	56.3	82.9	10.2	0	39.7	49.3	18.5	50.0
Trinidad and Tobago	103.3	187.1	193.7	144.0	248.8	277.4	26.1	70.6	71.1	54.3	113.1	113.1
Turks and Caicos Islands	253.2	1012.7	1519.0	0	404.9	809.7	247.5	495.0	247.5	219.5	0	0
Virgin Islands (UK)	0		0	144.0	155.0	155.0	0		0	14.2	0	151.7
<b>NORTH AMERICA</b>	149.8	223.7	242.3	290.8	298.0	298.8	13.3	25.8	28.6	37.7	43.0	46.6
Bermuda	638.3	850.2	975.6	489.5	664.3	419.6	104.2	138.8	237.3	238.1	136.1	170.1
Canada	64.8	77.0	86.9	81.5	72.0	29.4	4.1	4.2	5.3	3.7	4.6	1.5
United States of America b)	158.9	239.4	258.9	313.4	322.3	327.9	14.3	28.1	31.0	41.2	47.1	51.3

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

TABLE 4. MALE:FEMALE RATIO OF REPORTED AIDS CASES, BY COUNTRY AND BY YEAR, 1987-1992.

SUBREGION Country	MALE FEMALE RATIO					
	1987	1988	1989	1990	1991	1992
<b>LATIN AMERICA a)</b>	6.9	5.4	5.6	5.5	5.6	5.1
<b>ANDEAN AREA</b>	20.4	12.7	10.8	8.8	13.4	12.1
Bolivia	N/A	N/A	0	N/A	N/A	1.8
Colombia	22.3	11.3	10.2	13.0	16.6	13.4
Ecuador	10.0	28.0	10.0	9.5	6.3	8.5
Peru	15.0	9.8	11.9	1.8	14.5	13.6
Venezuela	22.8	14.2	12.1	12.4	11.1	13.3
<b>SOUTHERN CONE</b>	129.0	13.1	10.1	9.7	11.6	4.5
Argentina	N/A	23.1	10.3	8.9	10.6	4.0
Chile	43.0	7.3	10.4	24.0	18.1	8.8
Paraguay	N/A	N/A	N/A	5.0	N/A	14.0
Uruguay	N/A	6.0	8.3	6.6	8.6	5.5
<b>BRAZIL</b>	9.7	7.0	7.5	7.2	5.4	4.7
<b>CENTRAL AMERICAN ISTHMUS</b>	3.3	2.8	2.8	2.3	3.0	4.7
Belize	2.0	2.0	..	N/A	...	...
Costa Rica	N/A	12.0	12.3	8.9	19.8	10.9
El Salvador	..	..	..	...	2.9	3.8
Guatemala	7.0	8.0	4.7	4.4	4.5	6.4
Honduras	1.9	1.8	1.8	1.8	2.3	2.6
Nicaragua	N/A	N/A	N/A	6.0	9.0	N/A
Panama	14.5	4.5	6.7	6.1	2.7	7.6
<b>MEXICO</b>	9.5	5.8	5.4	5.1	5.5	5.6
<b>LATIN CARIBBEAN b)</b>	2.2	2.1	1.7	1.6	2.1	3.1
Cuba	3.5	5.0	1.0	N/A	3.3	2.5
Dominican Republic	1.9	2.7	1.9	2.1	1.9	3.4
Haiti	2.3	1.9	1.5	1.5	...	...
<b>CARIBBEAN</b>	2.5	2.4	2.1	2.2	1.9	2.1
Anguilla	N/A	0	..	0	0	N/A
Antigua	N/A	N/A	N/A	...	...	...
Bahamas	1.4	1.5	1.1	1.5	1.7	1.8
Barbados	7.0	1.5	3.0	5.1	4.6	2.9
Cayman Islands	N/A	0	N/A	N/A	...	1.0
Dominica	4.0	N/A	2.0	N/A	...	..
French Guiana	2.1	2.7	1.6	...	...	..
Grenada	3.0	0.5	N/A	4.0	0.8	N/A
Guadeloupe	3.1	3.3	2.9	...	...	..
Guyana	N/A	6.2	4.4	2.8	2.3	2.0
Jamaica	1.5	2.8	2.5	2.0	1.2	2.1
Martinique	2.3	2.8	2.6	2.2	3.3	1.8
Montserrat	N/A	N/A	...	N/A	N/A	N/A
Netherlands Antilles	5.0	0.5	...	...	...	...
Saint Kitts and Nevis	1.0	N/A	1.5	3.0	N/A	3.0
Saint Lucia	3.0	1.0	7.0	0.5	2.5	1.3
Saint Vincent and the Grenadines	4.0	0.8	0.4	3.0	1.2	6.0
Suriname	1.5	N/A	3.4	2.5	3.0	1.6
Trinidad and Tobago	3.9	2.6	2.7	2.6	2.2	2.4
Turks and Caicos Islands	1.0	2.0	6.0	0	N/A	N/A
Virgin Islands (UK)	N/A	...	N/A	1.0	N/A	1.0
<b>NORTH AMERICA</b>	10.7	8.2	8.1	7.4	6.6	6.1
Bermuda	6.0	6.0	4.0	2.0	4.8	2.4
Canada	15.7	18.1	16.2	21.4	15.4	19.6
United States of America b)	10.6	8.1	7.9	7.2	6.5	6.1

NOTE: N/A = Not applicable. No female cases reported for the period.

.. = Data not available by sex.

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

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

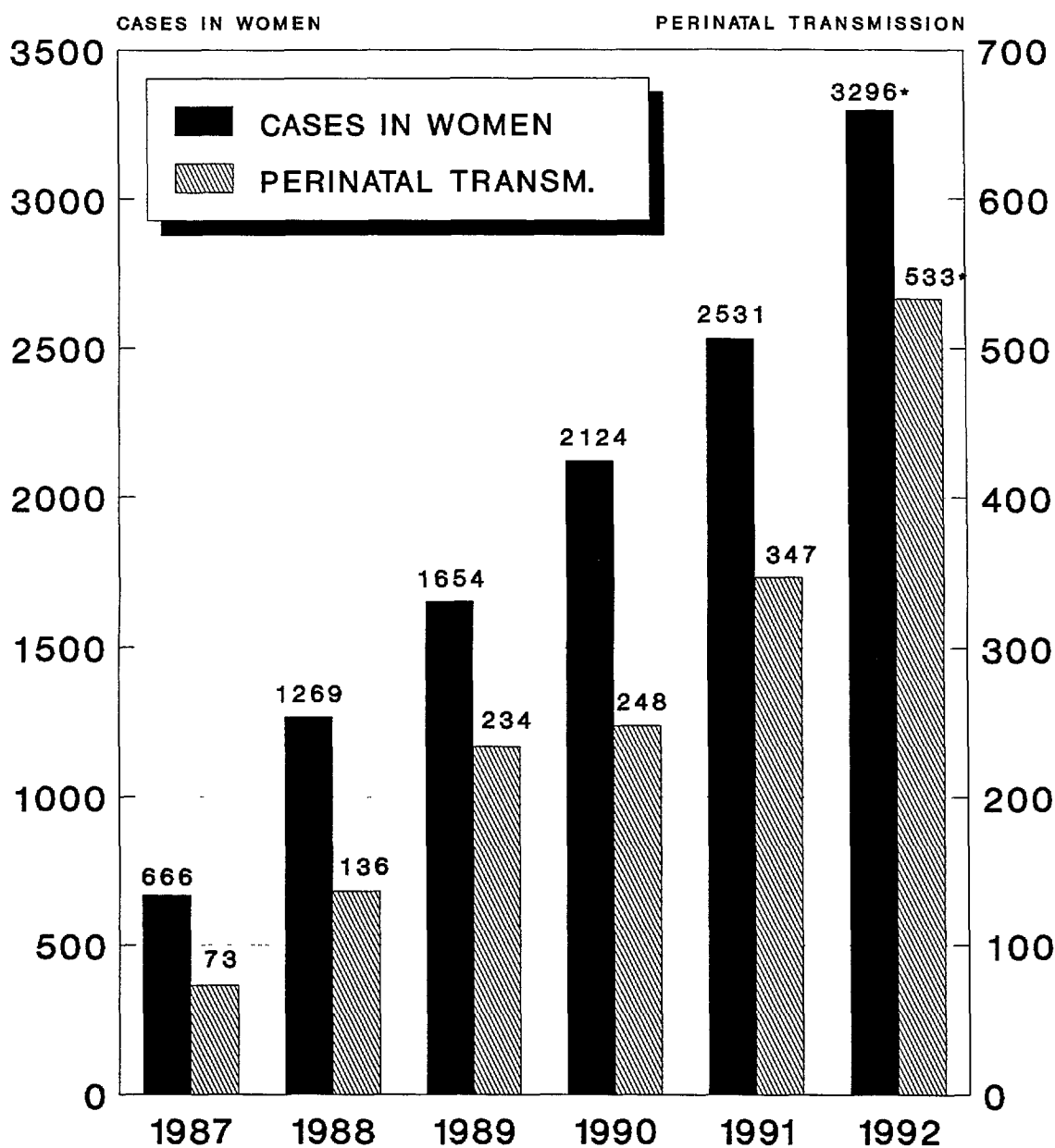
**TABLE 5. TOTAL CASES, PEDIATRIC CASES, PERCENT OF PEDIATRIC CASES FROM TOTAL; PERINATAL CASES, AND PERCENT OF PERINATAL CASES FROM PEDIATRIC, BY SUBREGION AND COUNTRY(a), THROUGH MARCH 1993.**

Country	TOTAL CASES	PEDIATRIC CASES	PERCENT PEDIATRIC	PERINATAL CASES	PERCENT PERINATAL
<b>ANDEAN AREA</b>					
Bolivia	52	1	1.9	1	100.0
Colombia	2,957	63	2.1	52	82.5
Ecuador	236	3	1.3	2	66.7
Peru	614	10	1.6	1	10.0
Venezuela	2,342	38	1.6	18	47.4
<b>SOUTHERN CONE</b>					
Argentina	2,398	69	2.9	50	72.5
Chile	693	14	2.0	10	71.4
Uruguay	345 *	9	2.6	9	100.0
<b>BRAZIL</b>	<b>34,881 *</b>	<b>1,244</b>	<b>3.6</b>	<b>725</b>	<b>58.3</b>
<b>CENTRAL AMERICAN ISTHMUS</b>					
Costa Rica	437	12	2.7	5	41.7
El Salvador	429	8	1.9	5	62.5
Guatemala	317	4	1.3	0	0
Honduras	2,313	59	2.6	48	81.4
Panama	423	6	1.4	4	66.7
<b>MEXICO</b>	<b>12,292</b>	<b>371</b>	<b>3.0</b>	<b>169</b>	<b>45.6</b>
<b>LATIN CARIBBEAN</b>					
Cuba	168	1	0.6	1	100.0
Dominican Republic	1,839	42	2.3	24	70.0
Haiti	3,086	82	2.7	16	19.5
<b>CARIBBEAN</b>					
Anguilla	6	1	16.7	1	100.0
Bahamas	1,093	89	8.1	89	100.0
Barbados	330	12	3.6	11	91.7
Dominica	12	1	8.3	1	100.0
French Guiana	232	17	7.3	16	94.1
Grenada	35	2	5.7	2	100.0
Guadeloupe	182	13	7.1	12	92.3
Guyana	390	9	2.3	9	100.0
Jamaica	433	44	10.2	41	93.2
Martinique	227	11	4.8	9	81.8
Netherlands Antilles	110	1	0.9	1	100.0
Saint Kitts and Nevis	37	1	2.7	1	100.0
Saint Lucia	49	3	6.1	3	100.0
Saint Vincent and the Grenadines	46	1	2.2	1	100.0
Suriname	128	3	2.3	2	66.7
Trinidad and Tobago	1,228	89	7.2	83	93.3
Virgin Islands(UK)	6	1	16.7	1	100.0
<b>NORTH AMERICA</b>					
Canada	6,889	74	1.1	58	78.4
U.S.A.	253,448	4,249	1.7	3,665	86.3

\* Includes cases for 1993, 10 in Uruguay and 18 in Brazil

(a) Does not include countries which have not reported AIDS cases in children

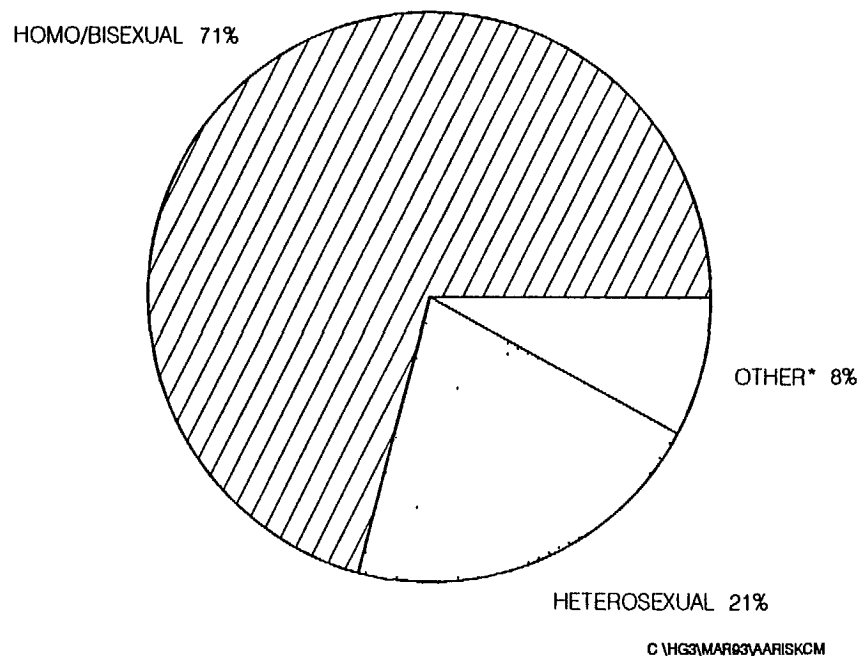
**Fig. 3. NUMBER OF REPORTED CASES IN WOMEN,  
AND CASES OF PERINATAL TRANSMISSION,  
LATIN AMERICA AND THE CARIBBEAN, 1987-92.**



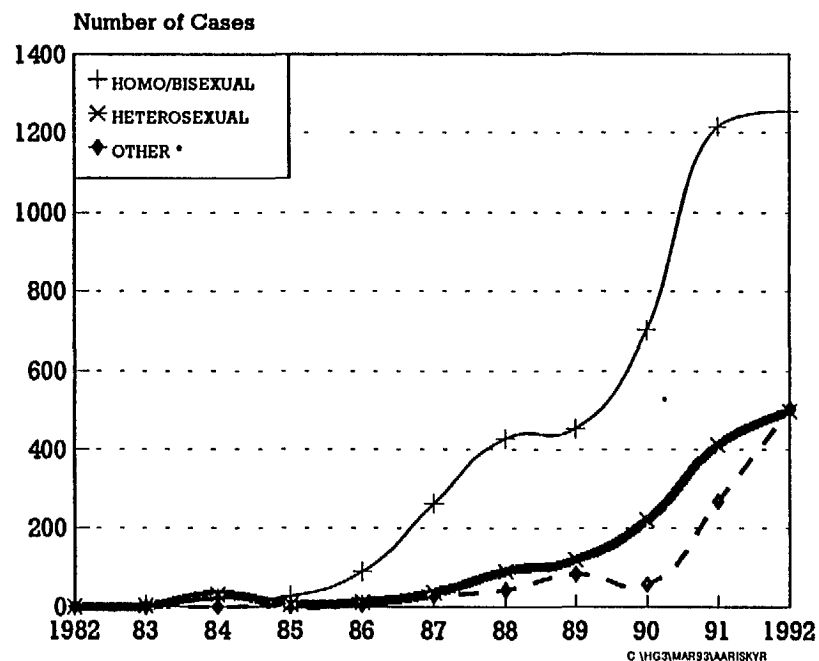
\* 1992 data adjusted with the delayed reporting index.

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**FIG. 4a. PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992 AND INCIDENCE OF AIDS CASES, BY YEAR, 1982-1992, ANDEAN AREA.**



**PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992.**



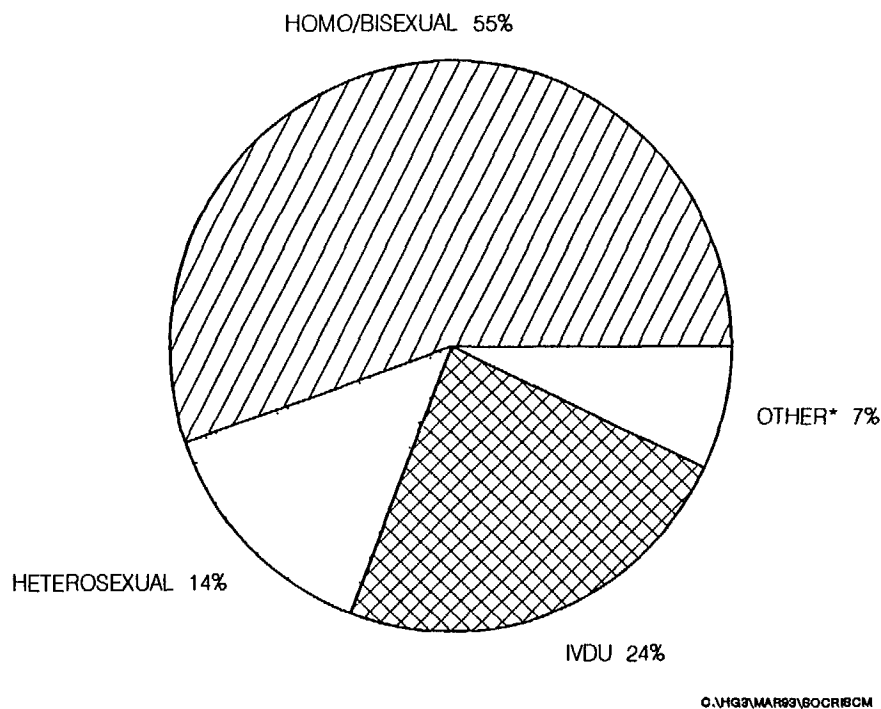
**INCIDENCE OF AIDS CASES, BY YEAR, 1982-1992.<sup>(1)</sup>**

\* Includes blood, IVDU, Perinatal and other known risk factors.

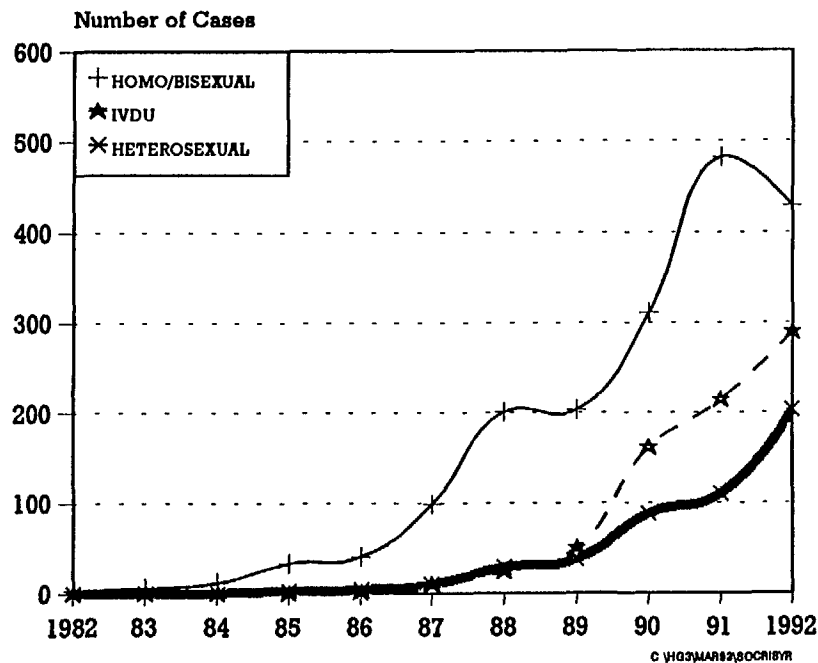
(1) 1991 and 1992 data adjusted with the delayed reporting index.

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**FIG. 4b. PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992 AND INCIDENCE OF AIDS CASES, BY YEAR, 1982-1992, SOUTHERN CONE.**



**PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992.**

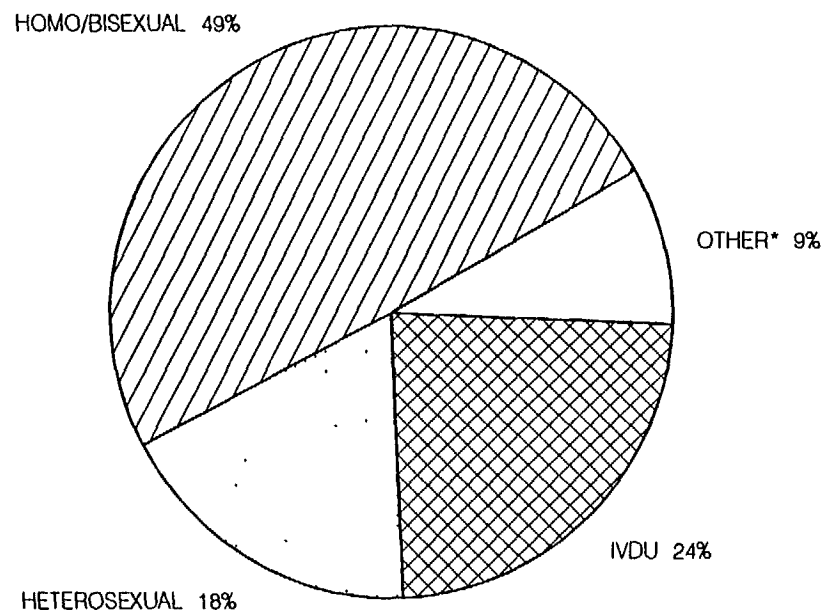


**INCIDENCE OF AIDS CASES, BY YEAR, 1982-1992<sup>(1)</sup>**

\* Includes blood, perinatal and other known risk factors.  
(1) 1991 and 1992 data adjusted with delayed reporting index.

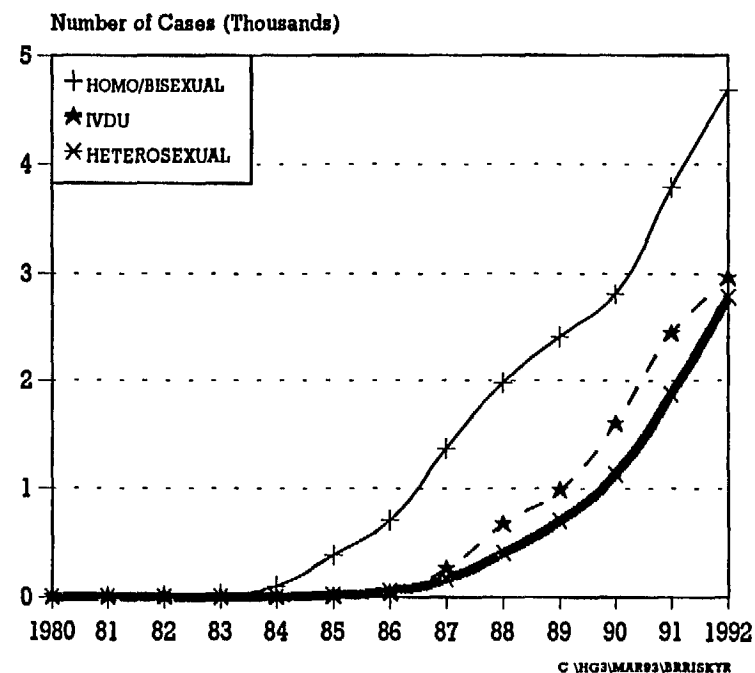
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**FIG.4c. PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992 AND INCIDENCE OF AIDS CASES, BY YEAR, 1980-1992, BRAZIL.**



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**PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992.**



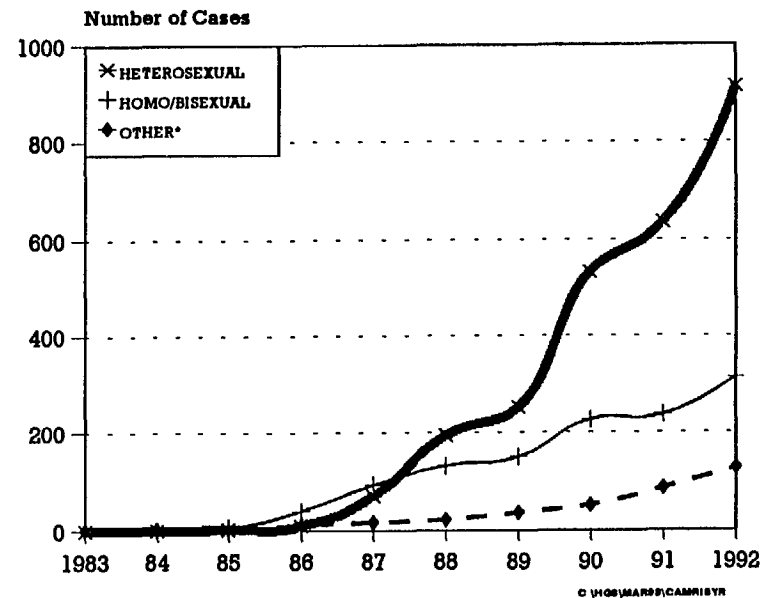
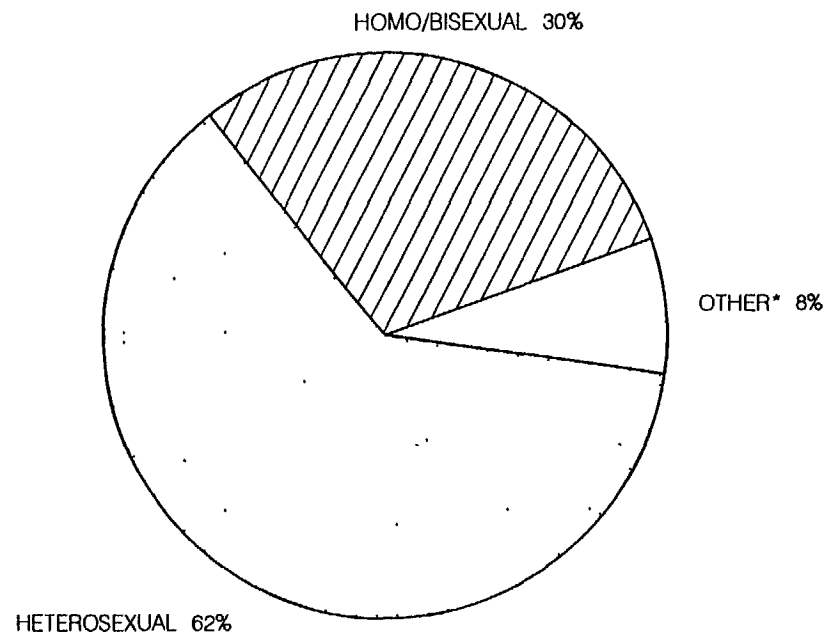
**INCIDENCE OF AIDS CASES, BY YEAR, 1980-1992.<sup>(1)</sup>**

\* Includes blood, perinatal and other known risk factors.

(1) 1991 and 1992 data adjusted with delayed reporting index.

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**FIG. 4d. PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992 AND INCIDENCE OF AIDS CASES, BY YEAR, 1983-1992, CENTRAL AMERICAN ISTHMUS.**



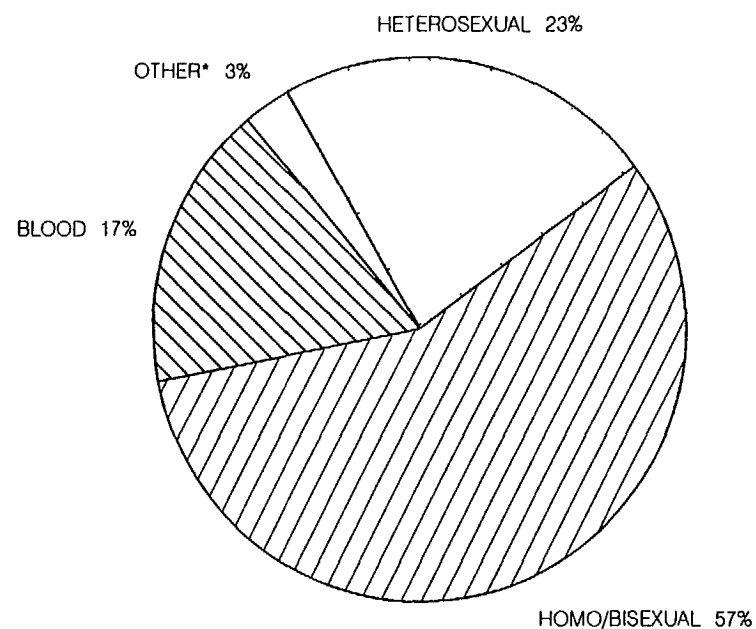
**PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992.**

**INCIDENCE OF AIDS CASES, BY YEAR, 1983-1992.<sup>(1)</sup>**

\* Includes blood, IVDU, perinatal and other known risk factors.  
(1) 1991 and 1992 data adjusted with the delayed reporting index.

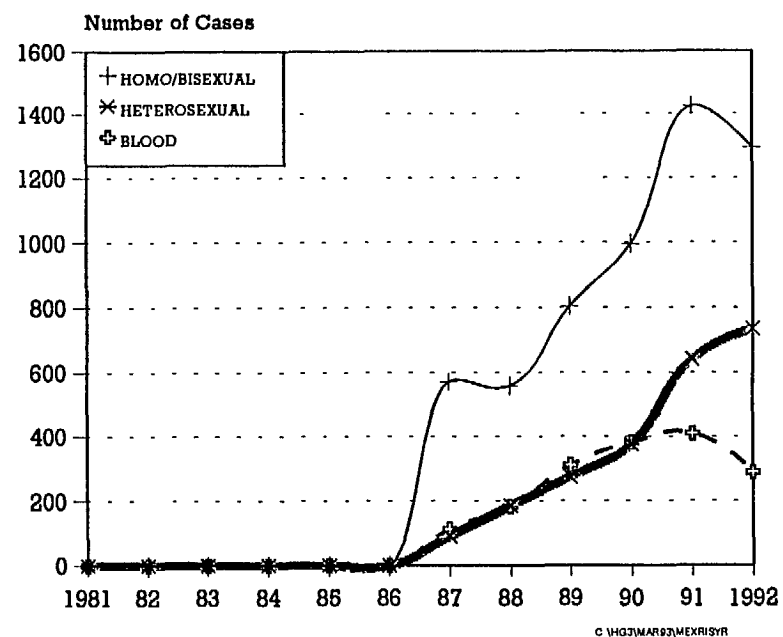
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**FIG. 4e. PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992 AND INCIDENCE OF AIDS CASES, BY YEAR, 1981-1992, MEXICO.**



**PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992.**

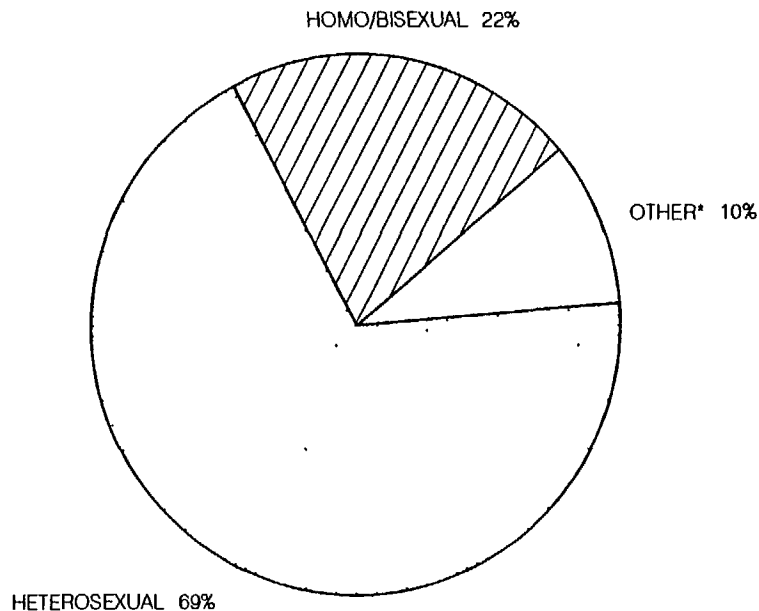
\* Includes IVDU, perinatal and other known risk factors.



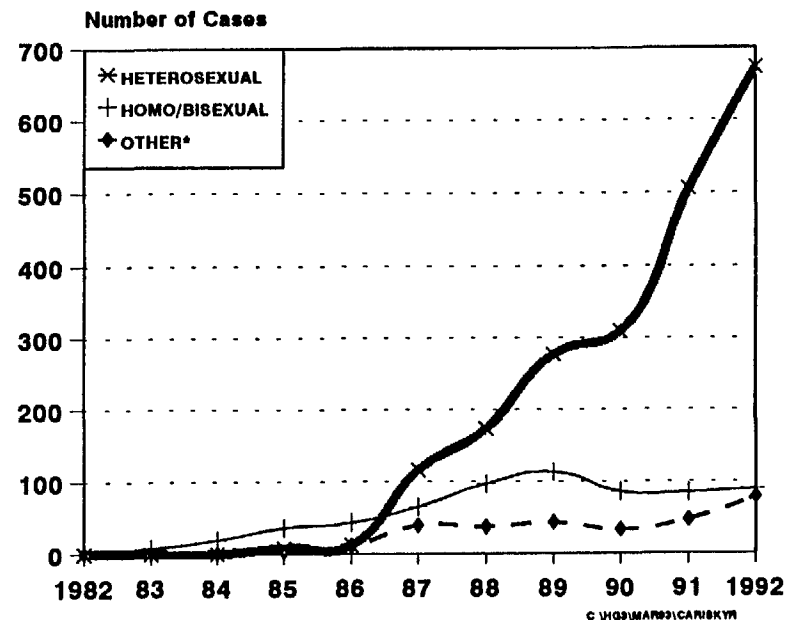
**INCIDENCE OF AIDS CASES, BY YEAR, 1981-1992.**

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**FIG. 4f. PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992 AND INCIDENCE OF AIDS CASES, BY YEAR, 1982-1992, CARIBBEAN.**



**PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992.**

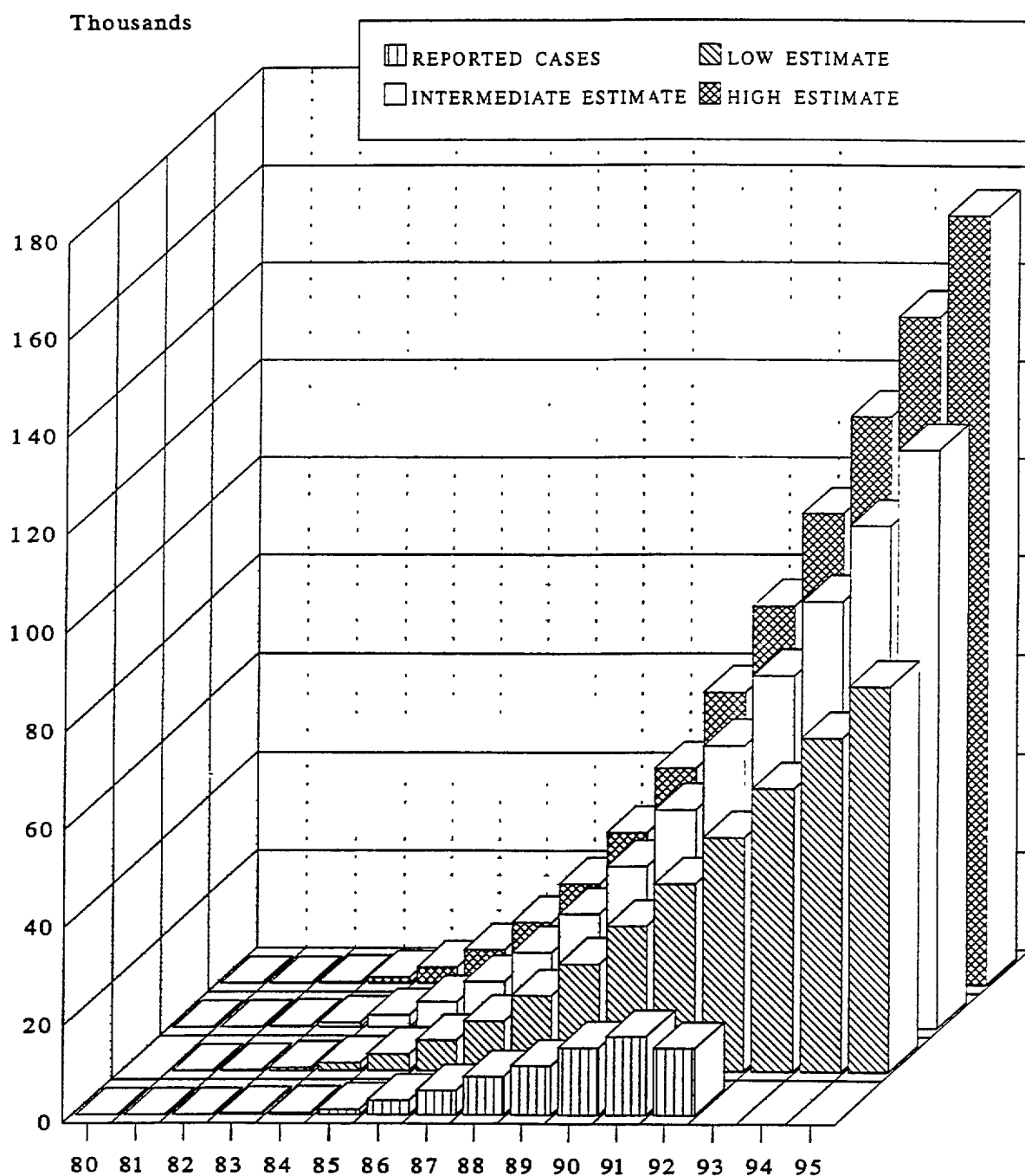


**INCIDENCE OF AIDS CASES, BY YEAR, 1982-1992.**

\* Includes blood, IVDU, perinatal and other known risk factors.  
(1) 1991 and 1992 data adjusted with delayed reporting index.

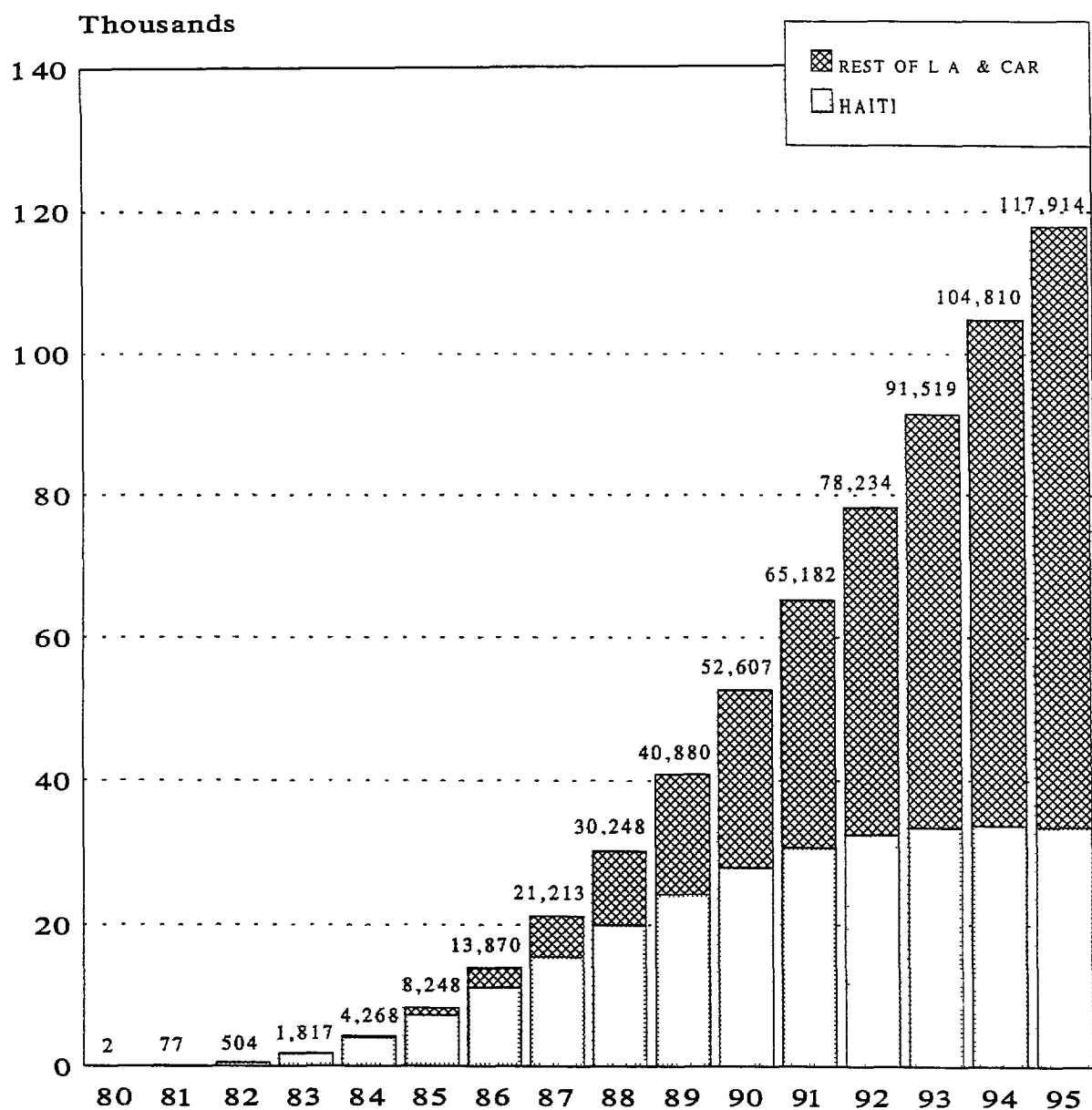
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FIG. 5 REPORTED, ESTIMATED AND PROJECTED AIDS CASES \*  
BY YEAR, LATIN AMERICA AND THE CARIBBEAN  
1980 to 1995.



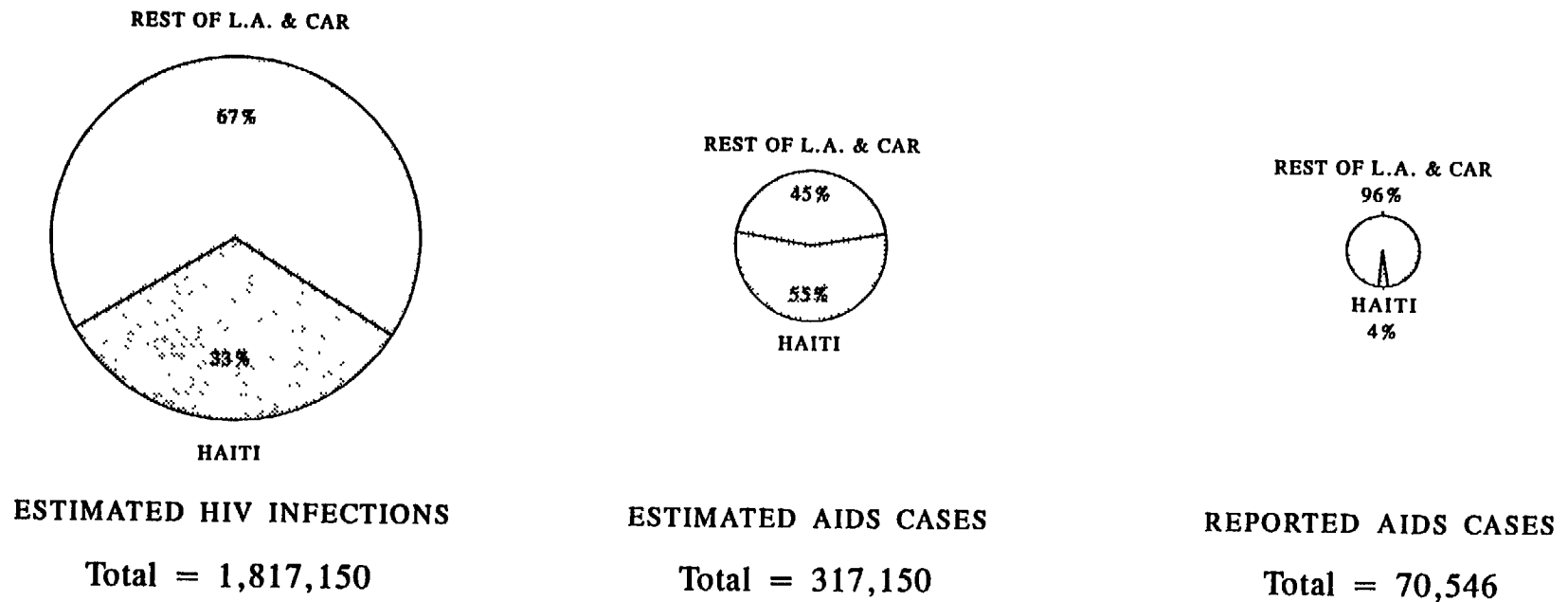
\* Estimates and projections obtained using EPIMODEL and estimated range of HIV prevalence for 1992.

FIG.6 ESTIMATED AND PROJECTED NEW AIDS CASES \*  
HAITI AND THE REST OF LATIN AMERICA AND THE CARIBBEAN  
1980 to 1995.



\* Estimates and projections obtained using EPIMODEL and estimated range of HIV prevalence for 1992 (intermediate estimates used).

**FIG.7 ESTIMATED CUMULATIVE HIV INFECTION,  
ESTIMATED AND REPORTED CUMULATIVE AIDS CASES \*  
LATIN AMERICA & THE CARIBBEAN - 1992.**



\* Estimates and projections obtained using EPIMODEL and estimated range of HIV prevalence for 1992 (intermediate estimates used).

## "ESTIMATES AND PROJECTIONS"

*Using available seroprevalence data, an estimated cumulative number of approximately 1.5 million Latin American and Caribbean people would be infected with the human immunodeficiency virus (HIV) in 1992. A best scenario would suggest a low estimate of one million HIV infected persons, while a worst scenario would suggest a high estimate of about two million HIV infected persons in Latin America and the Caribbean.*

*Based on these estimates of cumulative HIV infection in 1992 and with the EPIMODEL software developed by the Global Program on AIDS (GPA), an estimate of new AIDS cases by year was prepared for low, intermediate and high HIV prevalence estimates, respectively. Figure 5 compares these estimates with the number of reported cases of AIDS.*

*The number of reported AIDS cases is much less than even the low estimate of new AIDS cases. This is due to under detection and under reporting of AIDS cases. Under reporting has increased in the Region of the Americas, particularly since Haiti stopped reporting AIDS cases in 1991. The importance of Haiti on the overall average rate of under reporting in Latin America and the Caribbean, is due to the very high rates of HIV infection in Haiti's general population. Conservative estimates suggest that at least 6.5% of the general population of Haiti has been infected with HIV, as opposed to an average of about 0.24% in the rest of Latin America and the Caribbean. Since the HIV epidemic started earlier in Haiti than it did in most other countries of the Region, a large proportion of those infected in Haiti have developed AIDS by now (Fig. 6). Therefore, while Haiti has an estimated one third of the HIV infections in Latin America and the Caribbean, it has more than half of the estimated cumulative AIDS cases in 1992; however, only 4% of all AIDS cases reported in Latin America and the Caribbean have been from Haiti (Fig. 7).*

*Estimates such as these are useful in understanding the magnitude of the HIV epidemic, as opposed to only data of reported AIDS cases, which represents only the "tip of the iceberg". Reported AIDS cases, however, can give us useful information on trends by risk categories (Fig. 4a to 4f), sex and other conditioning factors (Tables 3, 4 and Fig. 3).*

*executive committee of  
the directing council*



PAN AMERICAN  
HEALTH  
ORGANIZATION

*working party of  
the regional committee*

WORLD  
HEALTH  
ORGANIZATION



111<sup>th</sup> Meeting  
Washington, D.C.  
June-July 1993

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Provisional Agenda Item 4.2

CE111/9, ADD.I (Eng.)

10 June 1993

ORIGINAL: ENGLISH/SPANISH

## 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 10 June 1993.

# AIDS SURVEILLANCE IN THE AMERICAS

## Summary

Data as received by 10 June 1993

Cumulative number of cases reported

worldwide: 669,592

Cumulative number of cases reported

in the Americas: 371,086

Cumulative number of deaths reported

in the Americas: 217,276

FIG. 1. ANNUAL INCIDENCE OF AIDS CASES, BY REGION OF THE WHO, BY YEAR, 1979-92.

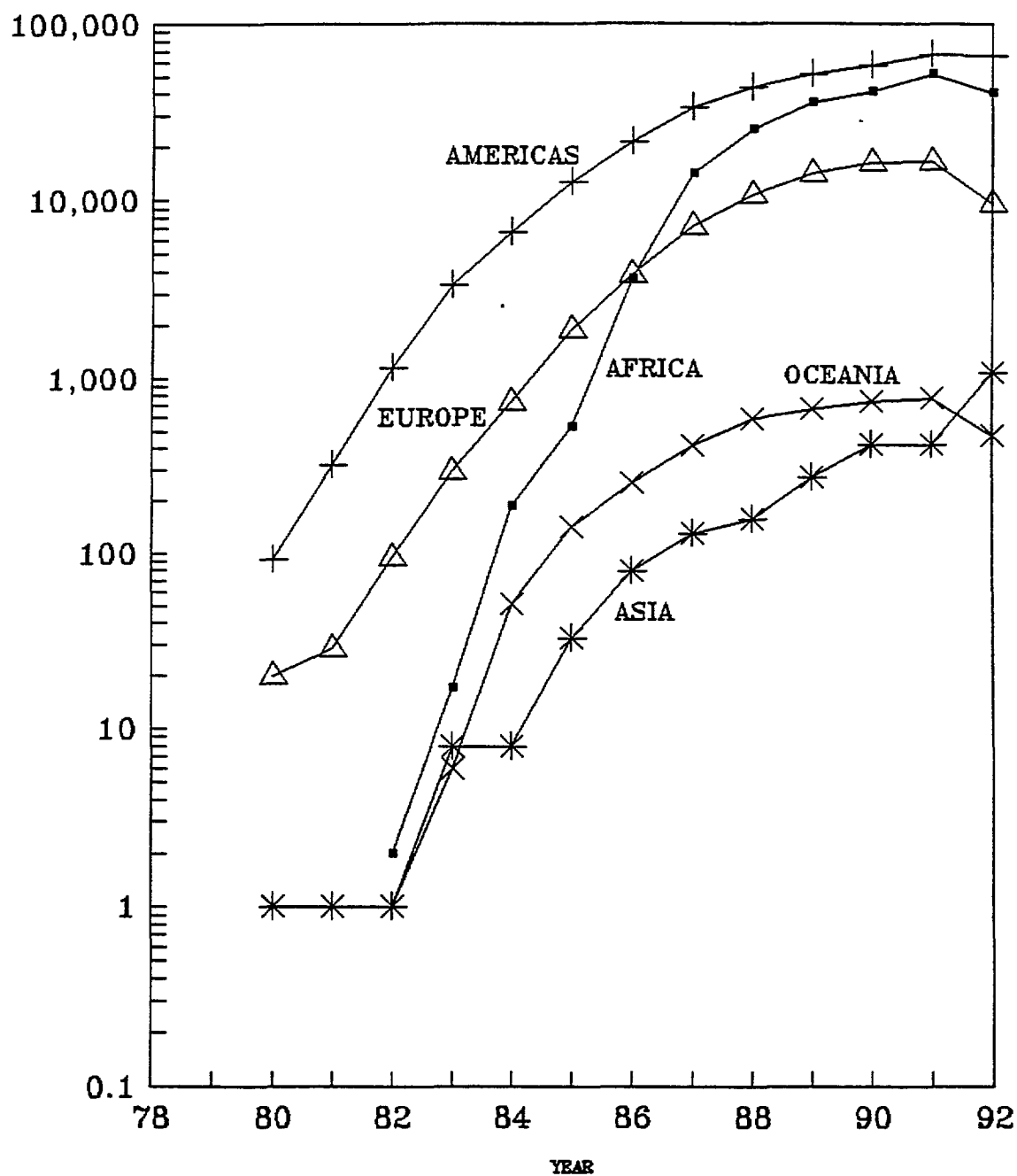
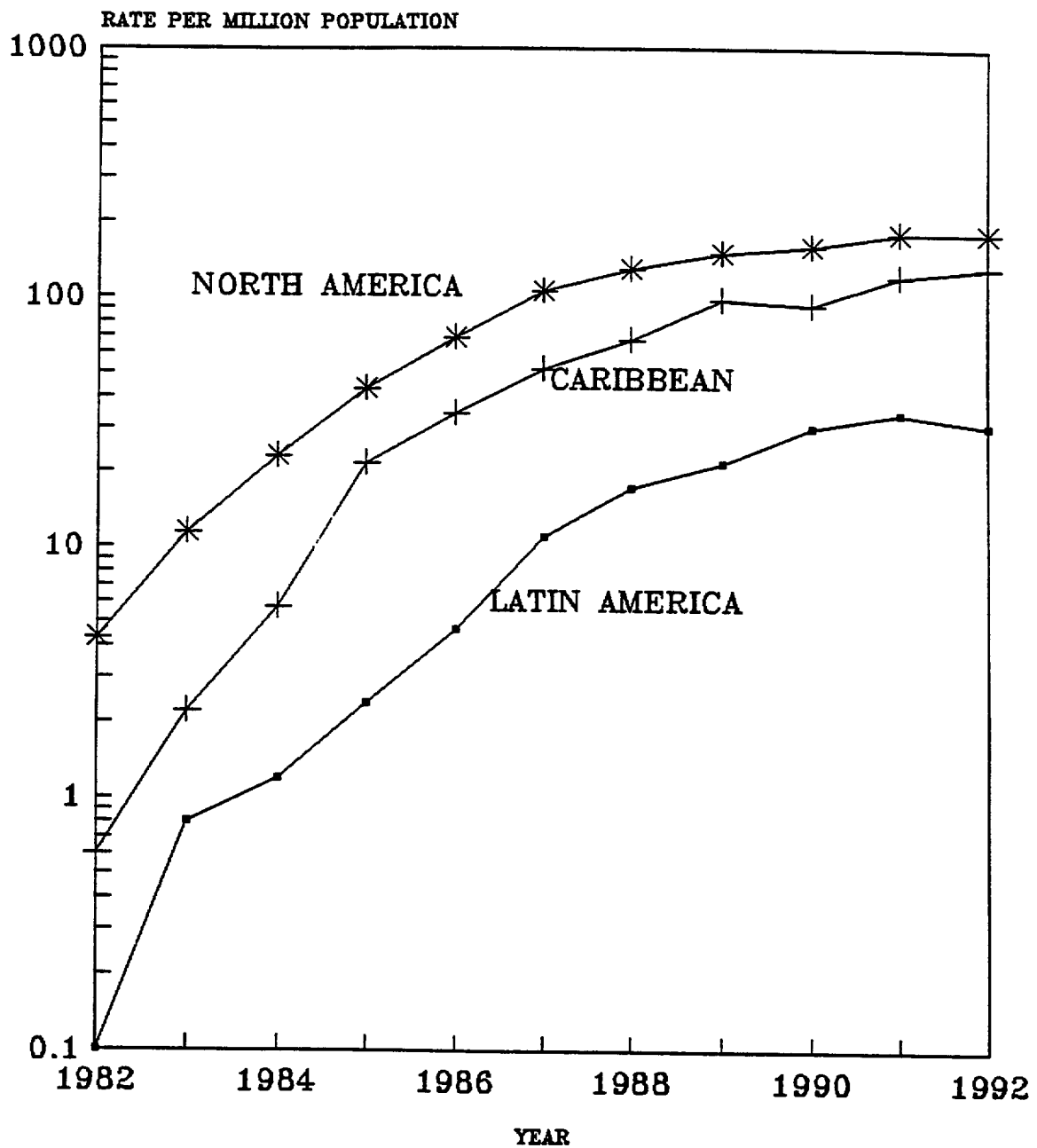


Fig.2. ANNUAL INCIDENCE RATES OF AIDS IN THE AMERICAS,  
(PER MILLION), THREE MAJOR SUBREGIONS,  
1982-1992.



CARE/JUNE 3, 1993

TABLE 1. NUMBER OF REPORTED CASES OF AIDS BY YEAR, AND CUMULATIVE CASES AND DEATHS, BY COUNTRY AND SUBREGION.  
As of 10 June, 1993

SUBREGION Country	Number of Cases							Cumulative total(a)	Total deaths	Date of last report
	Through 1987	1988	1989	1990	1991	1992	1993			
<b>REGIONAL TOTAL</b>	79,523	43,206	51,321	58,056	66,336	65,494	6,709	371,086	217,276	
<b>LATIN AMERICA b)</b>	7,850	7,294	9,357	13,165	15,332	14,029	1,633	69,089	29,206	
<b>ANDEAN AREA</b>	623	734	940	1,468	1,536	900	25	6,226	3,134	
Bolivia	6	10	2	9	17	8	8	60	45	31/Mar/93
Colombia	247	319	410	765	782	434	...	2,957	1,483	30/Sep/92
Ecuador	35	29	22	42	51	57	17	253	161	31/Mar/93
Peru	62	65	118	141	155	73	...	614	216	31/Mar/92
Venezuela	273	311	388	511	531	328	...	2,342	1,229	31/Dec/92
<b>SOUTHERN CONE</b>	246	268	352	606	758	875	149	3,594	1,489	
Argentina	145	169	228	388	478	605	103	2,456	915	31/Mar/93
Chile	77	67	83	130	184	162	20	723	352	31/Mar/93
Paraguay	7	4	3	12	10	18	2	56	38	31/Mar/93
Uruguay	17	28	38	76	86	90	24	359	184	31/Mar/93
<b>BRAZIL</b>	4,017	3,868	5,094	6,884	8,746	7,640	232	36,481	15,619	13/Apr/93
<b>CENTRAL AMERICAN ISTHMUS</b>	280	359	491	907	911	1,151	260	4,436	1,559	
Belize	7	4	0	19	11	12	...	53	46	30/Sep/92
Costa Rica	43	52	57	86	91	117	24	470	285	31/Mar/93
El Salvador	23	34	72	54	132	114	41	470	120	31/Mar/93
Guatemala	31	18	32	92	96	94	25	434	148	31/Mar/93
Honduras	119	189	251	585	495	709	142	2,510	657	31/Mar/93
Nicaragua	0	2	2	7	13	6	6	39	30	31/Mar/93
Panama	57	60	77	64	73	99	22	460	273	31/Mar/93
<b>MEXICO</b>	1,049	964	1,499	2,395	3,166	3,219	967	13,259	6,789	31/Mar/93
<b>LATIN CARIBBEAN c)</b>	1,635	1,101	981	905	215	244	...	5,093	616	
Cuba	16	14	15	28	38	57	...	168	94	31/Dec/92
Dominican Republic	347	356	513	247	177	187	...	1,839	225	31/Dec/92
Haiti	1,272	731	453	630	...	...	...	3,086	297	31/Dec/90
<b>CARIBBEAN c)</b>	836	493	725	701	872	951	102	4,692	2,869	
Anguilla	0	1	2	1	1	0	0	5	3	31/Mar/93
Antigua	3	0	0	3	...	...	...	6	5	31/Dec/90
Bahamas	176	93	168	162	235	259	68	1,161	700	31/Mar/93
Barbados	56	15	40	61	80	78	20	350	271	31/Mar/93
Cayman Islands	3	1	1	2	4	4	...	15	11	31/Dec/92
Dominica	5	2	3	2	...	...	...	12	11	30/Jun/90
French Guiana	103	34	54	41	...	...	...	232	144	30/Sep/90
Grenada	8	3	8	5	7	4	...	35	25	31/Dec/92
Guadeloupe	88	47	47	...	...	...	...	182	85	31/Dec/89
Guyana	10	34	40	61	85	160	...	390	102	31/Dec/92
Jamaica	43	30	66	62	133	99	...	433	299	31/Dec/92
Martinique	48	30	51	45	28	25	10	237	164	31/Mar/93
Montserrat	0	0	1	0	0	0	0	1	0	31/Mar/93
Netherlands Antilles	18	13	16	30	23	10	...	110	55	30/Jun/92
Saint Kitts and Nevis	10	9	5	8	1	4	1	38	24	31/Mar/93
Saint Lucia	8	2	8	3	7	9	...	49	25	31/Dec/92
Saint Vincent and the Grenadines	7	8	6	4	14	7	3	49	34	31/Mar/93
Suriname	9	4	35	35	16	29	...	128	100	31/Dec/92
Trinidad and Tobago	236	160	167	173	235	257	...	1,228	787	31/Dec/92
Turks and Caicos Islands	5	6	7	1	2	4	...	25	23	31/Dec/92
Virgin Islands (UK)	0	1	0	2	1	2	0	6	1	31/Mar/93
<b>NORTH AMERICA</b>	70,837	35,419	41,239	44,190	50,132	50,514	4,974	297,305	185,201	
Bermuda	72	28	35	33	23	17	7	215	156	31/Mar/93
Canada	2,116	1,068	1,238	1,199	1,184	931	34	7,770	5,128	29/Apr/93
United States of America c)	68,649	34,323	39,966	42,958	48,925	49,566	4,933	289,320	179,917	31/Mar/93

a) May include cases for year of diagnosis unknown.

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

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

TABLE 2. ANNUAL INCIDENCE RATES OF AIDS (PER MILLION POPULATION), BY COUNTRY AND BY YEAR, 1988-1992.

SUBREGION Country	RATE PER MILLION				
	1988	1989	1990	1991	1992
<b>LATIN AMERICA a)</b>	17.4	21.9	30.1	34.4	30.8
<b>ANDEAN AREA</b>	8.4	10.5	16.0	16.3	9.3
Bolivia	1.4	0.3	1.2	2.3	1.0
Colombia	10.4	13.1	24.0	23.3	12.7
Ecuador	2.8	2.1	3.9	4.7	5.1
Peru	3.1	5.4	6.3	7.0	3.3
Venezuela	16.6	20.2	25.9	26.3	15.8
<b>SOUTHERN CONE</b>	5.2	6.7	11.5	14.1	16.1
Argentina	5.4	7.1	12.0	14.6	18.3
Chile	5.3	6.4	9.9	13.7	11.9
Paraguay	1.0	0.7	2.8	2.3	4.0
Uruguay	9.1	12.2	24.3	27.5	28.8
<b>BRAZIL</b>	26.8	34.6	45.8	57.0	48.9
<b>CENTRAL AMERICAN ISTHMUS</b>	13.0	17.4	31.2	30.5	37.5
Belize	23.0	0	104.4	60.4	64.5
Costa Rica	18.1	19.4	28.5	29.5	37.0
El Salvador	6.8	14.0	10.3	24.6	20.7
Guatemala	2.1	3.6	10.0	10.1	9.6
Honduras	39.1	50.4	113.9	93.4	129.8
Nicaragua	0.6	0.5	1.8	3.3	1.5
Panama	25.8	32.5	26.5	29.6	39.4
<b>MEXICO</b>	11.4	17.3	27.0	35.0	34.9
<b>LATIN CARIBBEAN b)</b>	47.3	41.5	37.7	8.7	9.7
Cuba	1.4	1.5	2.7	3.5	5.3
Dominican Republic	51.8	73.1	34.4	24.2	25.0
Haiti	116.7	71.0	96.8	...	...
<b>CARIBBEAN a)</b>	67.9	98.4	93.0	121.2	131.7
Anguilla	142.2	284.5	142.9	142.9	0
Antigua	0	0	34.9	...	...
Bahamas	367.5	653.7	623.1	903.8	988.5
Barbados	58.4	154.6	233.7	313.7	304.7
Cayman Islands	47.5	47.6	95.2	190.5	148.1
Dominica	25.3	37.5	24.7	...	...
French Guiana	386.3	600.7	445.7	...	...
Grenada	30.0	79.2	48.5	68.0	42.4
Guadeloupe	139.0	138.6	...	...	...
Guyana	33.8	39.1	58.6	106.3	198.8
Jamaica	12.3	25.6	24.6	53.5	39.4
Martinique	90.9	154.3	136.0	81.6	72.5
Montserrat	0	76.7	0	0	0
Netherlands Antilles	69.1	83.7	155.4	119.2	51.3
Saint Kitts and Nevis	167.5	103.1	160.0	20.0	90.1
Saint Lucia	15.0	59.3	22.1	51.5	57.0
Saint Vincent and the Grenadines	74.1	55.0	36.0	126.1	58.4
Suriname	10.2	87.9	85.8	37.3	66.4
Trinidad and Tobago	128.7	132.2	134.8	180.6	194.8
Turks and Caicos Islands	750.9	876.1	111.1	222.2	400.0
Virgin Islands (UK)	76.7	0	25.8	12.9	153.8
<b>NORTH AMERICA</b>	130.3	150.2	160.2	180.9	180.5
Bermuda	490.8	601.4	569.0	396.6	293.1
Canada	40.9	47.1	45.2	44.3	34.5
United States of America b)	139.7	161.1	172.4	195.4	196.0

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 3. ANNUAL INCIDENCE RATES OF AIDS (PER MILLION POPULATION), BY SEX, BY COUNTRY AND BY YEAR, 1987-1992.

SUBREGION	RATE PER MILLION POPULATION											
	MALE RATES						FEMALE RATES					
	1987	1988	1989	1990	1991	1992	1987	1988	1989	1990	1991	1992
COUNTRY												
LATIN AMERICA a)	19.0	28.9	37.3	49.0	56.4	49.4	2.7	5.4	6.7	8.9	10.1	10.3
ANDEAN AREA	8.6	14.5	18.5	26.2	23.3	14.6	0.4	1.1	1.7	3.0	1.7	1.2
Bolivia	0.9	2.9	0	1.9	4.3	1.8	0	0	0.6	0	0	1.0
Colombia	11.8	17.7	23.5	40.8	30.9	23.7	0.5	1.6	2.3	3.2	1.8	1.7
Ecuador	4.0	5.5	3.8	7.0	8.1	9.1	0.4	0.2	0.4	0.7	1.3	1.1
Peru	2.9	5.5	9.7	8.1	13.1	6.0	0.2	0.6	0.8	4.5	0.9	0.4
Venezuela	14.8	28.4	34.8	42.3	37.1	16.6	0.7	2.0	2.9	3.5	3.4	1.3
SOUTHERN CONE	5.1	9.7	12.1	20.7	25.8	23.4	0	0.7	1.2	2.1	2.2	5.1
Argentina	4.6	10.4	12.9	21.6	26.8	29.3	0	0.4	1.2	2.4	2.5	7.2
Chile	6.9	9.2	11.4	18.4	24.7	11.8	0.2	1.2	1.1	0.7	1.3	1.3
Paraguay	2.6	2.0	1.4	4.6	4.5	7.4	0	0	0	0.9	0	0.4
Uruguay	6.0	15.8	21.6	42.9	50.8	36.0	0	2.6	2.5	6.3	5.6	6.2
BRAZIL	29.8	47.0	61.1	80.6	96.5	80.4	3.1	6.7	8.1	11.1	17.8	17.5
CENTRAL AMERICAN ISTHMUS	10.0	17.2	20.6	37.7	40.1	50.6	3.1	6.2	7.6	16.3	13.6	16.9
Belize	23.5	23.0	...	11.0	...	...	11.8	11.5	...	...	...	...
Costa Rica	16.3	33.2	33.0	40.7	50.6	54.4	0	2.8	2.7	4.7	2.6	5.1
El Salvador	...	...	...	...	36.8	31.1	...	...	...	...	12.4	7.8
Guatemala	3.3	3.6	3.1	13.3	16.1	14.2	0.5	0.5	0.7	3.1	3.6	2.3
Honduras	28.5	50.4	64.8	140.4	107.7	180.0	15.4	27.8	35.8	80.5	48.4	78.7
Nicaragua	0	1.1	1.1	3.1	4.5	2.4	0	0	0	0.5	0.5	0
Panama	25.0	41.4	55.4	44.7	40.7	29.7	1.8	9.7	8.6	7.6	15.7	4.0
MEXICO	17.1	19.0	33.3	41.0	59.3	59.3	1.8	3.3	6.1	8.0	10.8	10.6
LATIN CARIBBEAN b)	39.2	64.2	51.0	44.3	10.4	8.8	18.3	30.6	30.0	27.6	5.0	2.9
Cuba	4.1	3.9	0.2	0.8	4.3	5.9	1.2	0.8	0.2	0	1.3	2.4
Dominican Republic	44.7	73.8	94.0	44.2	28.5	20.8	23.7	28.1	49.3	21.3	15.3	6.3
Haiti	92.7	154.4	87.1	116.2	...	...	39.8	80.0	55.4	76.7	...	...
CARIBBEAN	75.1	94.9	128.5	107.7	157.2	177.9	29.0	38.4	59.9	47.3	79.0	82.3
Anguilla	0	0	...	0	0	0	0	281.7	0	284.1	281.7	0
Antigua	24.6	0	0	...	...	...	0	0	0	...	...	...
Bahamas	430.0	448.0	701.3	747.8	1155.3	1292.4	294.2	289.0	607.2	501.5	673.0	692.9
Barbados	173.3	73.9	244.5	409.6	520.3	471.5	22.3	44.4	73.5	73.2	105.3	150.4
Cayman Islands	96.2	0	96.2	96.2	...	75.1	0	93.9	0	0	...	73.1
Dominica	101.3	49.9	49.3	48.7	...	...	26.0	0	25.4	0	...	...
French Guiana	395.2	545.0	735.0	...	...	...	186.0	204.6	466.7	...	...	...
Grenada	62.0	20.2	100.3	78.7	62.4	20.7	20.2	39.5	0	19.2	87.4	0
Guadeloupe	187.9	217.6	210.9	...	...	...	58.1	63.7	69.3	...	...	...
Guyana	28.2	61.4	42.9	86.3	149.0	268.8	0	10.0	9.8	30.9	64.4	130.5
Jamaica	15.9	18.2	38.2	32.6	59.1	52.8	10.7	6.5	15.2	16.6	48.0	25.3
Martinique	100.1	137.2	230.1	191.4	120.5	95.8	41.5	47.2	82.4	82.9	33.9	50.6
Montserrat	0	0	...	0	0	0	0	0	...	0	0	0
Netherlands Antilles	110.2	10.9	...	...	...	...	21.0	20.8	...	...	...	...
Saint Kitts and Nevis	85.0	381.0	126.6	248.1	46.8	140.4	81.5	0	80.6	77.5	0	43.4
Saint Lucia	47.3	15.5	107.4	15.2	66.6	65.4	14.8	14.6	14.3	28.4	25.0	49.1
Saint Vincent and the Grenadines	77.6	57.2	37.7	55.6	122.2	103.3	18.4	72.0	89.3	17.5	98.4	16.2
Suriname	15.8	20.7	137.5	125.0	56.3	82.9	10.2	0	39.7	49.3	18.5	50.0
Trinidad and Tobago	103.3	187.1	193.7	144.0	248.8	277.4	26.1	70.6	71.1	54.3	113.1	113.1
Turks and Caicos Islands	253.2	1012.7	1519.0	0	404.9	809.7	247.5	495.0	247.5	219.5	0	0
Virgin Islands (UK)	0	...	0	144.0	155.0	155.0	0	...	0	14.2	0	151.7
NORTH AMERICA	149.9	223.9	242.5	291.3	299.1	302.4	13.3	25.8	28.6	37.7	43.1	46.8
Bermuda	638.3	850.2	975.6	489.5	664.3	419.6	104.2	138.8	237.3	238.1	136.1	170.1
Canada	65.7	78.4	89.5	87.1	84.1	66.1	4.1	4.1	5.3	4.1	5.3	3.7
United States of America b)	158.9	239.4	258.9	313.4	322.3	327.9	14.3	28.1	31.0	41.2	47.1	51.3

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

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

TABLE 4. MALE:FEMALE RATIO OF REPORTED AIDS CASES, BY COUNTRY AND BY YEAR, 1987-1992.

SUBREGION	MALE:FEMALE RATIO					
	1987	1988	1989	1990	1991	1992
<b>COUNTRY</b>						
<b>LATIN AMERICA a)</b>	6.9	5.4	5.6	5.5	5.6	4.8
<b>ANDEAN AREA</b>	20.4	12.7	10.8	8.8	13.4	12.1
Bolivia	N/A	N/A	0	N/A	N/A	1.8
Colombia	22.3	11.3	10.2	13.0	16.6	13.4
Ecuador	10.0	28.0	10.0	9.5	6.3	8.5
Peru	15.0	9.8	11.9	1.8	14.5	13.6
Venezuela	22.8	14.2	12.1	12.4	11.1	13.3
<b>SOUTHERN CONE</b>	129.0	13.1	10.1	9.7	11.6	4.5
Argentina	N/A	23.1	10.3	8.9	10.6	4.0
Chile	43.0	7.3	10.4	24.0	18.1	8.8
Paraguay	N/A	N/A	N/A	5.0	N/A	17.0
Uruguay	N/A	6.0	8.3	6.6	8.6	5.5
<b>BRAZIL</b>	9.7	7.0	7.5	7.2	5.4	4.6
<b>CENTRAL AMERICAN ISTHMUS</b>	3.3	2.8	2.8	2.3	3.0	3.0
Belize	2.0	2.0	...	N/A	...	...
Costa Rica	N/A	12.0	12.3	8.9	19.8	10.9
El Salvador	...	...	...	...	2.9	3.8
Guatemala	7.0	8.0	4.7	4.4	4.5	6.4
Honduras	1.9	1.8	1.8	1.8	2.3	2.3
Nicaragua	N/A	N/A	N/A	6.0	9.0	N/A
Panama	14.5	4.5	6.7	6.1	2.7	7.6
<b>MEXICO</b>	9.5	5.8	5.4	5.1	5.5	5.6
<b>LATIN CARIBBEAN b)</b>	2.2	2.1	1.7	1.6	2.1	3.1
Cuba	3.5	5.0	1.0	N/A	3.3	2.5
Dominican Republic	1.9	2.7	1.9	2.1	1.9	3.4
Haiti	2.3	1.9	1.5	1.5	...	...
<b>CARIBBEAN</b>	2.5	2.4	2.1	2.2	1.9	2.1
Anguilla	N/A	0	...	0	0	N/A
Antigua	N/A	N/A	N/A	...	...	...
Bahamas	1.4	1.5	1.1	1.5	1.7	1.8
Barbados	7.0	1.5	3.0	5.1	4.6	2.9
Cayman Islands	N/A	0	N/A	N/A	...	1.0
Dominica	4.0	N/A	2.0	N/A	...	...
French Guiana	2.1	2.7	1.6	...	...	...
Grenada	3.0	0.5	N/A	4.0	0.8	N/A
Guadeloupe	3.1	3.3	2.9	...	...	...
Guyana	N/A	6.2	4.4	2.8	2.3	2.0
Jamaica	1.5	2.8	2.5	2.0	1.2	2.1
Martinique	2.3	2.8	2.6	2.2	3.3	1.8
Montserrat	N/A	N/A	...	N/A	N/A	N/A
Netherlands Antilles	5.0	0.5	...	...	...	...
Saint Kitts and Nevis	1.0	N/A	1.5	3.0	N/A	3.0
Saint Lucia	3.0	1.0	7.0	0.5	2.5	1.3
Saint Vincent and the Grenadines	4.0	0.8	0.4	3.0	1.2	6.0
Suriname	1.5	N/A	3.4	2.5	3.0	1.6
Trinidad and Tobago	3.9	2.6	2.7	2.6	2.2	2.4
Turks and Caicos Islands	1.0	2.0	6.0	0	N/A	N/A
Virgin Islands (UK)	N/A	...	N/A	1.0	N/A	1.0
<b>NORTH AMERICA</b>	10.7	8.2	8.1	7.4	6.6	6.2
Bermuda	6.0	6.0	4.0	2.0	4.8	2.4
Canada	15.6	18.8	16.4	20.8	15.7	17.6
United States of America b)	10.6	8.1	7.9	7.2	6.5	6.1

NOTE: N/A = Not applicable. No female cases reported for the period.

"..." = Data not available by sex.

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

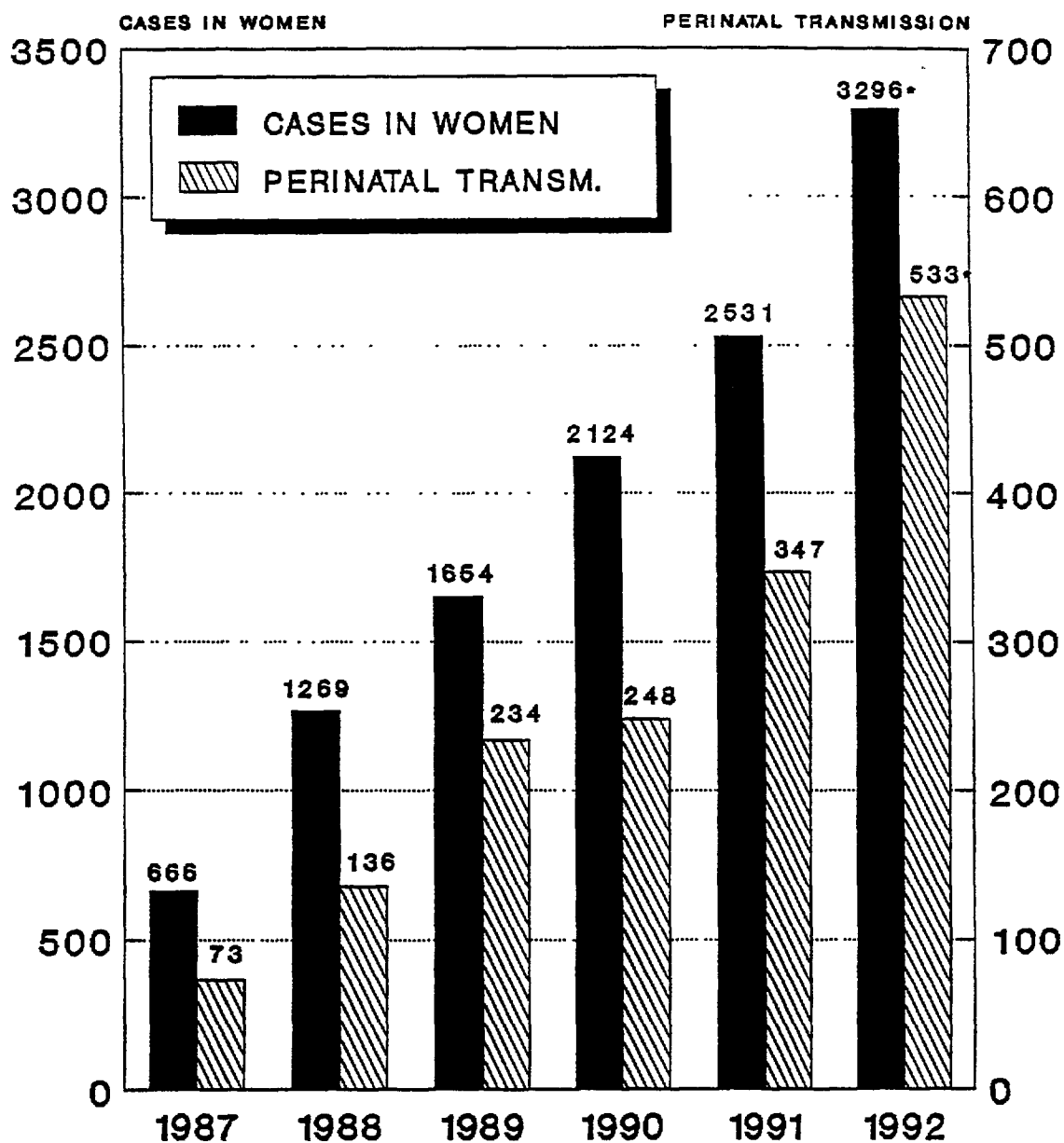
b) Puerto Rico and the United States Virgin Islands are included in the United States of America.

TABLE 5. TOTAL CASES, PEDIATRIC CASES, PERCENT OF PEDIATRIC CASES FROM TOTAL; PERINATAL CASES, AND PERCENT OF PERINATAL CASES FROM PEDIATRIC, BY SUBREGION AND COUNTRY(a), THROUGH JUNE 1993.

Country	TOTAL CASES	PEDIATRIC CASES	PERCENT PEDIATRIC	PERINATAL CASES	PERCENT PERINATAL
<b>ANDEAN AREA</b>					
Bolivia	60	1	1.7	1	100.0
Colombia	2,957	63	2.1	52	82.5
Ecuador	253	4	1.6	3	75.0
Peru	614	10	1.6	1	10.0
Venezuela	2,342	38	1.6	18	47.4
<b>SOUTHERN CONE</b>					
Argentina	2,456	70	2.9	51	72.9
Chile	723	14	1.9	10	71.4
Uruguay	359	9	2.5	9	100.0
<b>BRAZIL</b>	<b>36,481</b>	<b>1,265</b>	<b>3.5</b>	<b>728</b>	<b>57.5</b>
<b>CENTRAL AMERICAN ISTHMUS</b>					
Costa Rica	470	12	2.6	5	41.7
El Salvador	470	8	1.7	5	62.5
Guatemala	434	5	1.2	1	0
Honduras	2,510	91	3.6	78	85.7
Panama	460	8	1.7	6	75.0
<b>MEXICO</b>	<b>13,259</b>	<b>397</b>	<b>3.0</b>	<b>180</b>	<b>45.3</b>
<b>LATIN CARIBBEAN</b>					
Cuba	168	1	0.6	1	100.0
Dominican Republic	1,839	42	2.3	24	70.0
Haiti	3,086	82	2.7	16	19.5
<b>CARIBBEAN</b>					
Bahamas	1,161	93	8.0	91	97.8
Barbados	350	16	4.6	15	93.8
Dominica	12	1	8.3	1	100.0
French Guiana	232	17	7.3	16	94.1
Grenada	35	2	5.7	2	100.0
Guadeloupe	182	13	7.1	12	92.3
Guyana	390	9	2.3	9	100.0
Jamaica	433	44	10.2	41	93.2
Martinique	237	12	5.1	10	83.3
Netherlands Antilles	110	1	0.9	1	100.0
Saint Kitts and Nevis	38	1	2.6	1	100.0
Saint Lucia	49	3	6.1	3	100.0
Saint Vincent and the Grenadines	49	1	2.0	1	100.0
Suriname	128	3	2.3	2	66.7
Trinidad and Tobago	1,228	89	7.2	83	93.3
Virgin Islands(UK)	6	1	16.7	1	100.0
<b>NORTH AMERICA</b>					
Canada	7,770	79	1.0	60	75.9
U.S.A.	289,320	4,480	1.5	3,665	81.8

(a) Does not include countries which have not reported AIDS cases in children

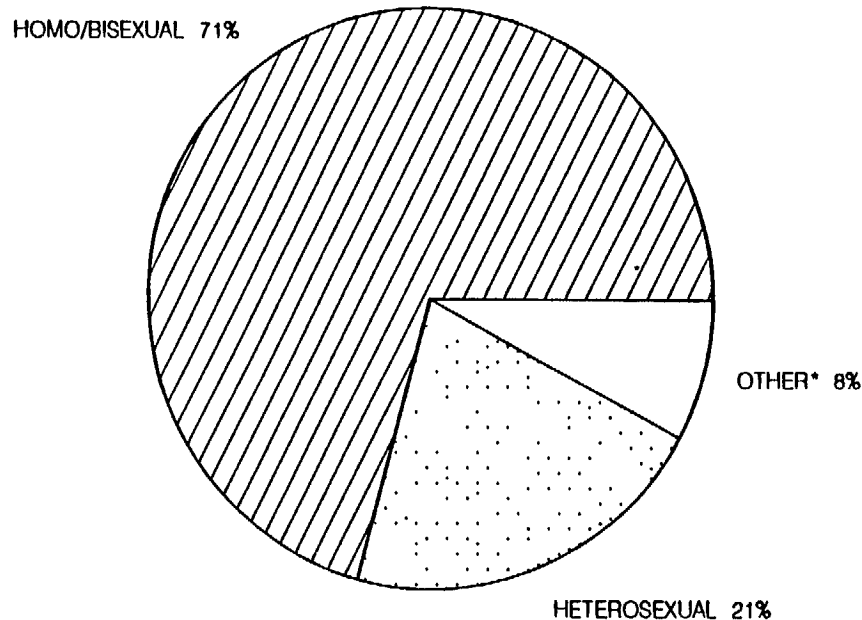
**Fig. 3. NUMBER OF REPORTED CASES IN WOMEN,  
Y CASOS DE TRANSMISION PERINATAL,  
LATIN AMERICA AND THE CARIBBEAN, 1987-92.**



\* 1992 data adjusted with the delayed reporting index.

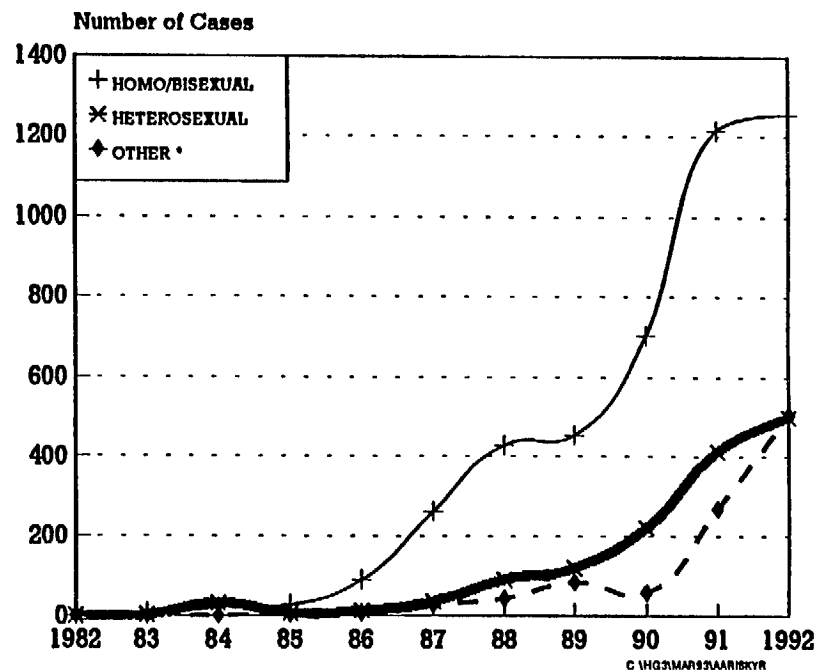
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**FIG. 4a. PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992 AND INCIDENCE OF AIDS CASES, BY YEAR, 1982-1992, ANDEAN AREA.**



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**PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992.**



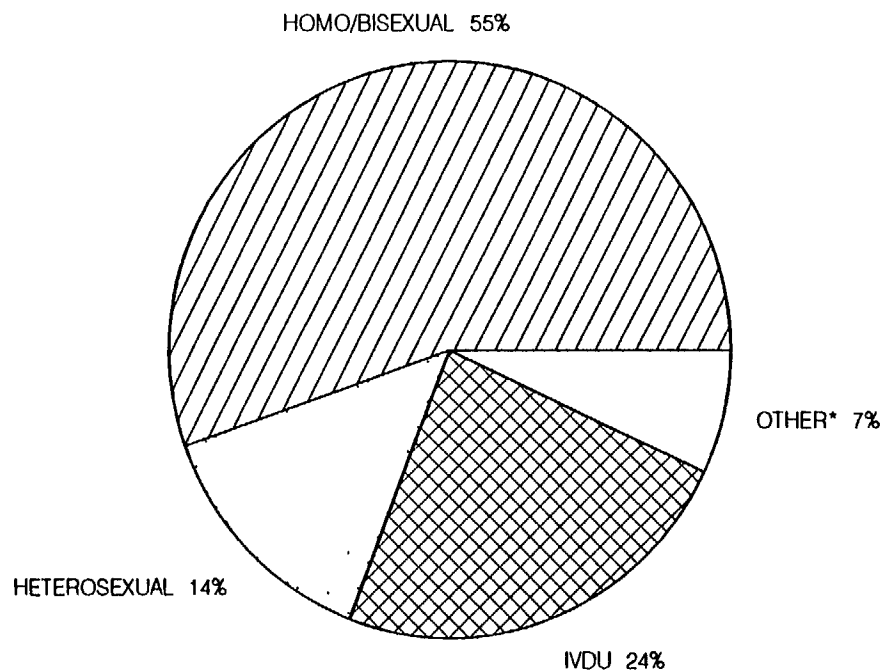
**INCIDENCE OF AIDS CASES, BY YEAR, 1982-1992.<sup>(1)</sup>**

\* Includes blood, IVDU, Perinatal and other known risk factors.

(1) 1991 and 1992 data adjusted with the delayed reporting index.

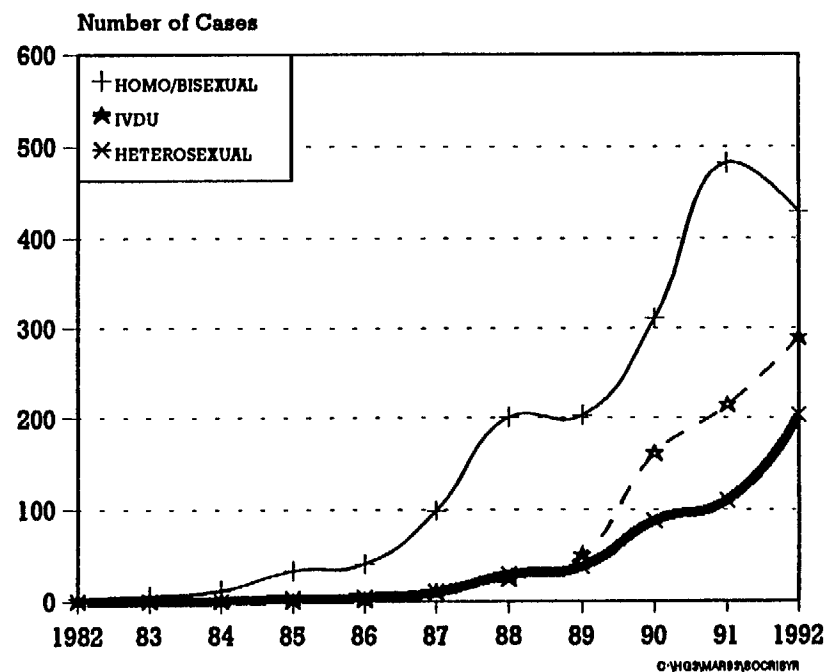
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**FIG. 4b. PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992 AND INCIDENCE OF AIDS CASES, BY YEAR, 1982-1992, SOUTHERN CONE.**



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**PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992.**



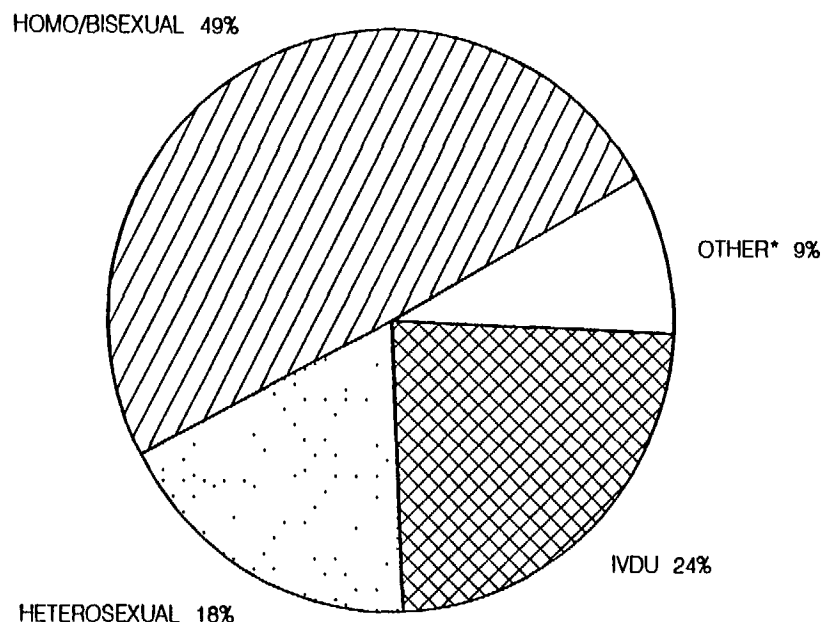
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**INCIDENCE OF AIDS CASES, BY YEAR, 1982-1992(1)**

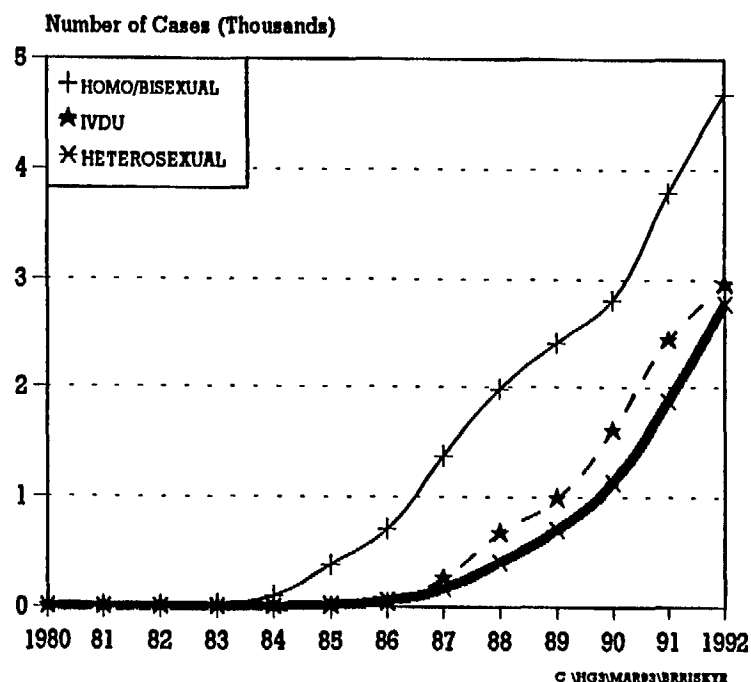
\* Includes blood, perinatal and other known risk factors.  
(1) 1991 and 1992 data adjusted with delayed reporting index.

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**FIG.4c. PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992 AND INCIDENCE OF AIDS CASES, BY YEAR, 1980-1992, BRAZIL.**



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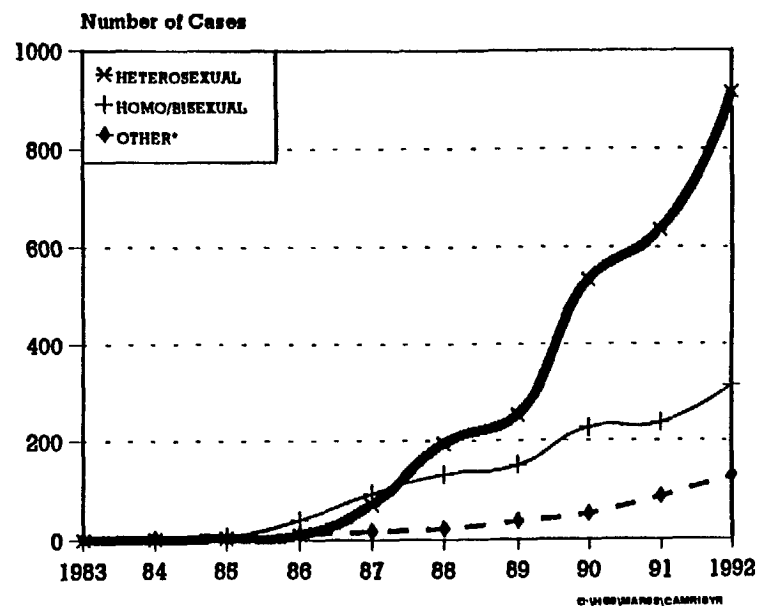
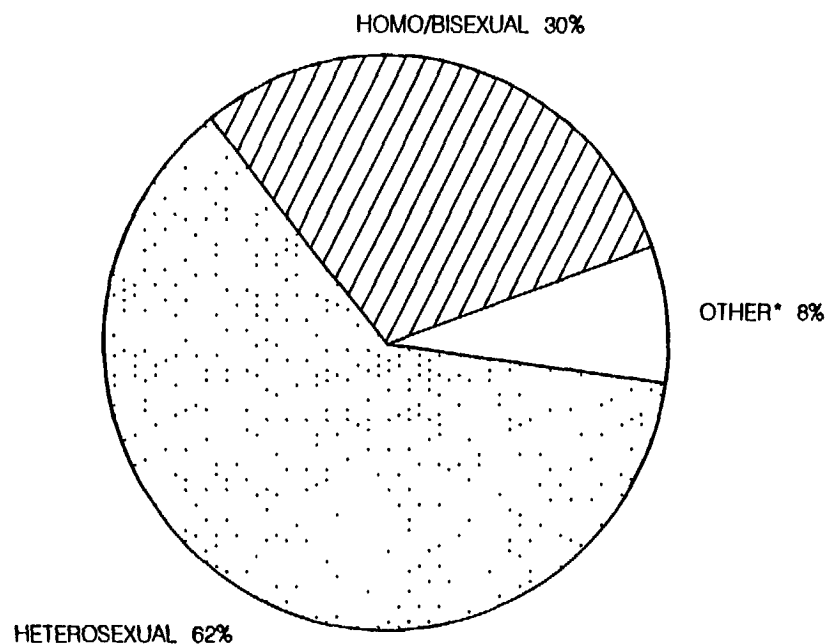
**PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992.**

**INCIDENCE OF AIDS CASES, BY YEAR, 1980-1992.(1)**

\* Includes blood, perinatal and other known risk factors.  
(1) 1991 and 1992 data adjusted with delayed reporting index.

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**FIG. 4d. PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992 AND INCIDENCE OF AIDS CASES, BY YEAR, 1983-1992, CENTRAL AMERICAN ISTHMUS.**



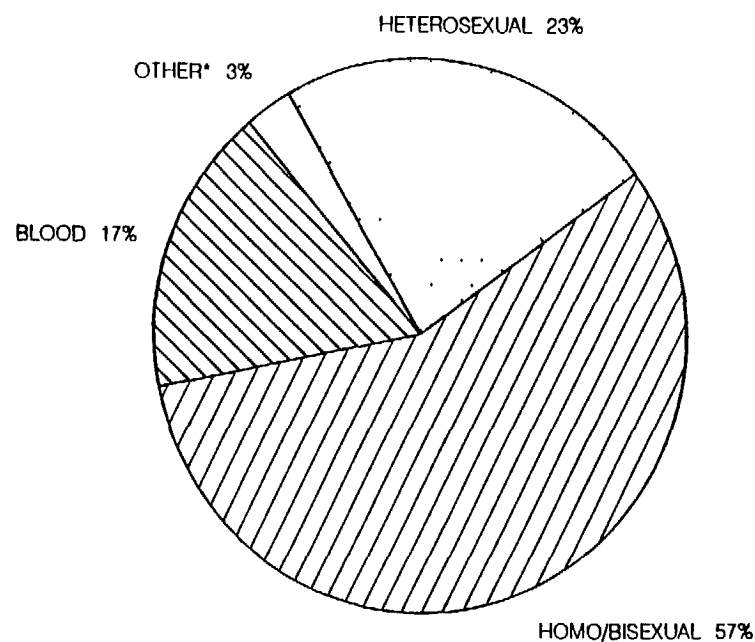
**PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992.**

**INCIDENCE OF AIDS CASES, BY YEAR, 1983-1992.<sup>(1)</sup>**

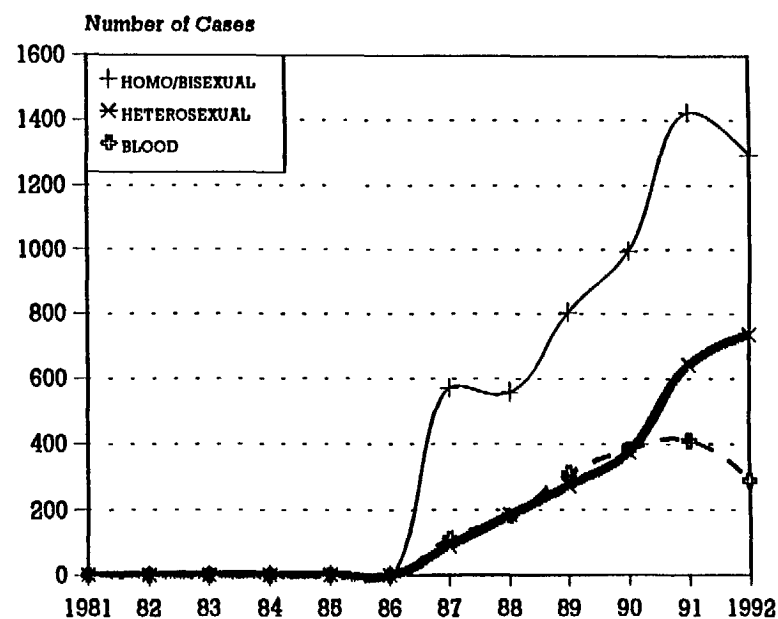
\* Includes blood, IVDU, perinatal and other known risk factors.  
(1) 1991 and 1992 data adjusted with the delayed reporting index.

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**FIG. 4e. PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992 AND INCIDENCE OF AIDS CASES, BY YEAR, 1981-1992, MEXICO.**



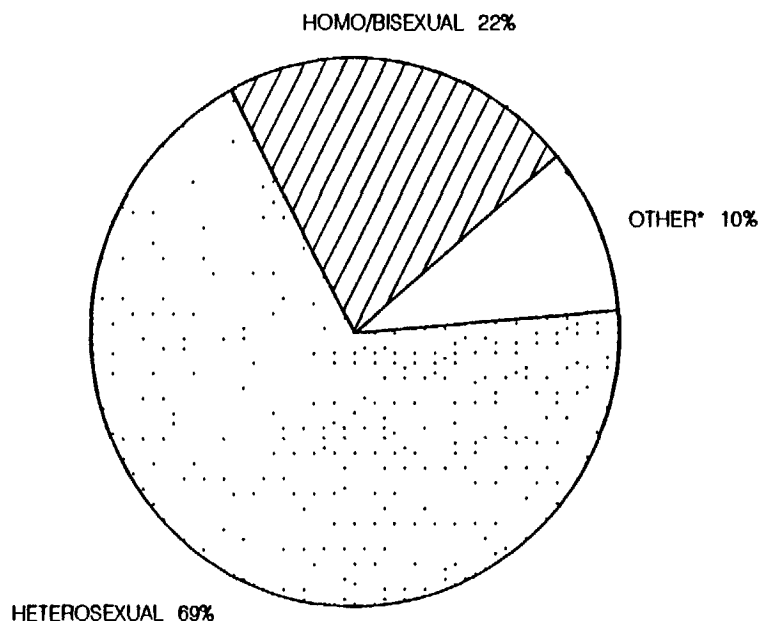
**PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992.**



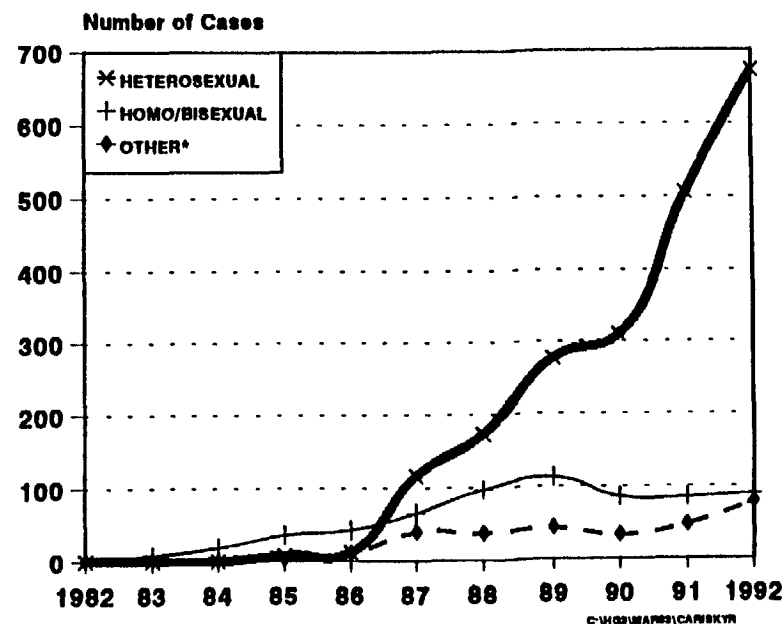
**INCIDENCE OF AIDS CASES, BY YEAR, 1981-1992.**

\* Includes IVU, perinatal and other known risk factors

**FIG. 4f. PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992 AND INCIDENCE OF AIDS CASES, BY YEAR, 1982-1992, CARIBBEAN.**



**PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992.**



**INCIDENCE OF AIDS CASES, BY YEAR, 1982-1992.**

\* Includes blood, IVDU, perinatal and other known risk factors.  
(1) 1991 and 1992 data adjusted with delayed reporting index.

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*executive committee of  
the directing council*



PAN AMERICAN  
HEALTH  
ORGANIZATION

*working party of  
the regional committee*

WORLD  
HEALTH  
ORGANIZATION



111<sup>th</sup> Meeting  
Washington, D.C.  
June-July 1993

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Provisional Agenda Item 4.2

CE111/9, ADD.I (Eng.)  
10 June 1993  
ORIGINAL: ENGLISH/SPANISH

## 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 10 June 1993.

# AIDS SURVEILLANCE IN THE AMERICAS

## QUARTERLY REPORT

10 June 1993

### REGIONAL PROGRAM ON AIDS/STD

Division of Communicable Disease Prevention and Control

Pan American Health Organization/  
World Health Organization

525 Twenty Third St. N.W.  
Washington D.C. 20037.



# AIDS SURVEILLANCE IN THE AMERICAS

## Summary

Data as received by 10 June 1993

Cumulative number of cases reported

worldwide: 669,592

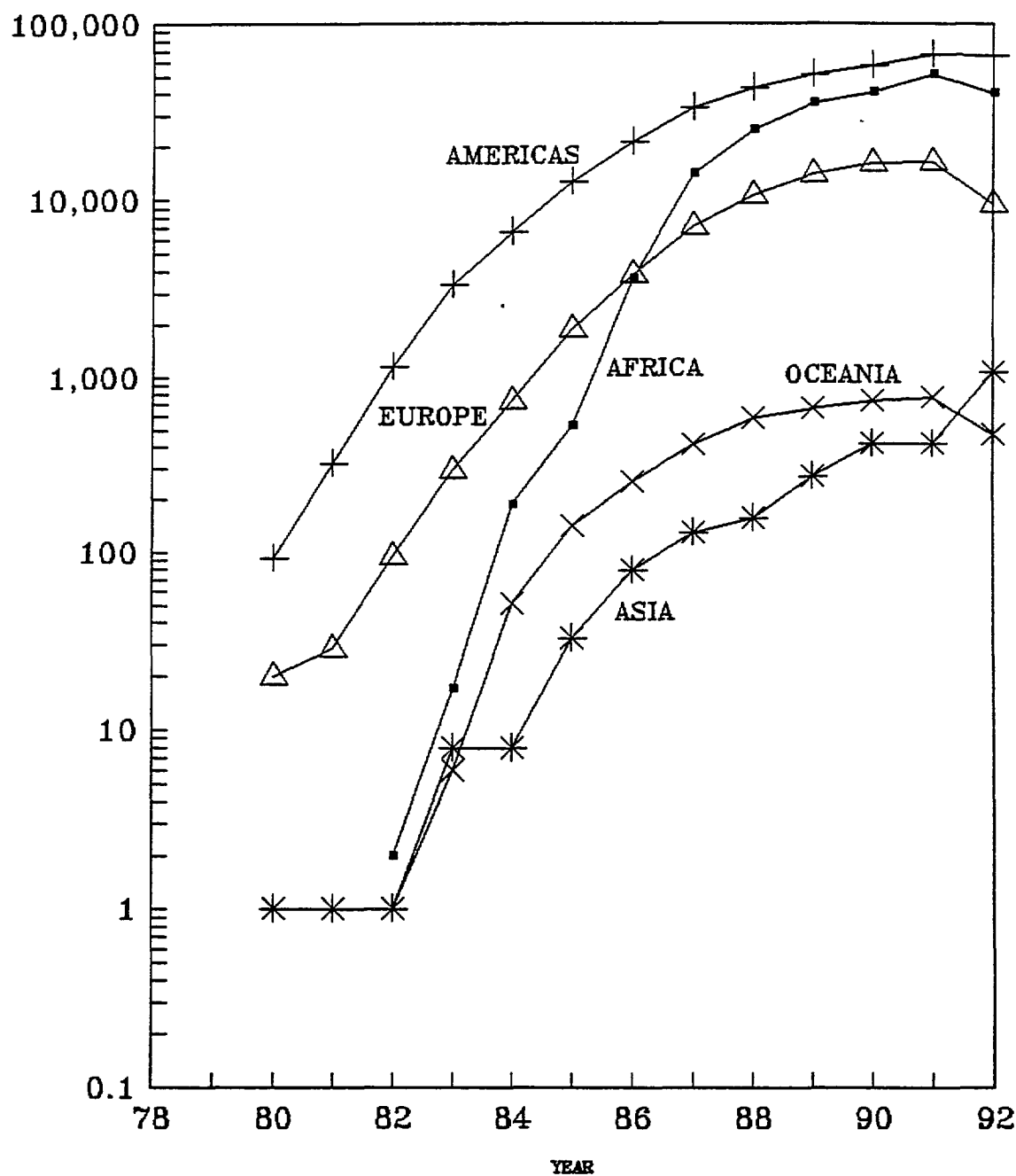
Cumulative number of cases reported

in the Americas: 371,086

Cumulative number of deaths reported

in the Americas: 217,276

FIG. 1. ANNUAL INCIDENCE OF AIDS CASES, BY REGION OF THE WHO, BY YEAR, 1979-92.



CARE/JUNGS/WHO/TENDS

Fig.2. ANNUAL INCIDENCE RATES OF AIDS IN THE AMERICAS,  
(PER MILLION), THREE MAJOR SUBREGIONS,  
1982-1992.

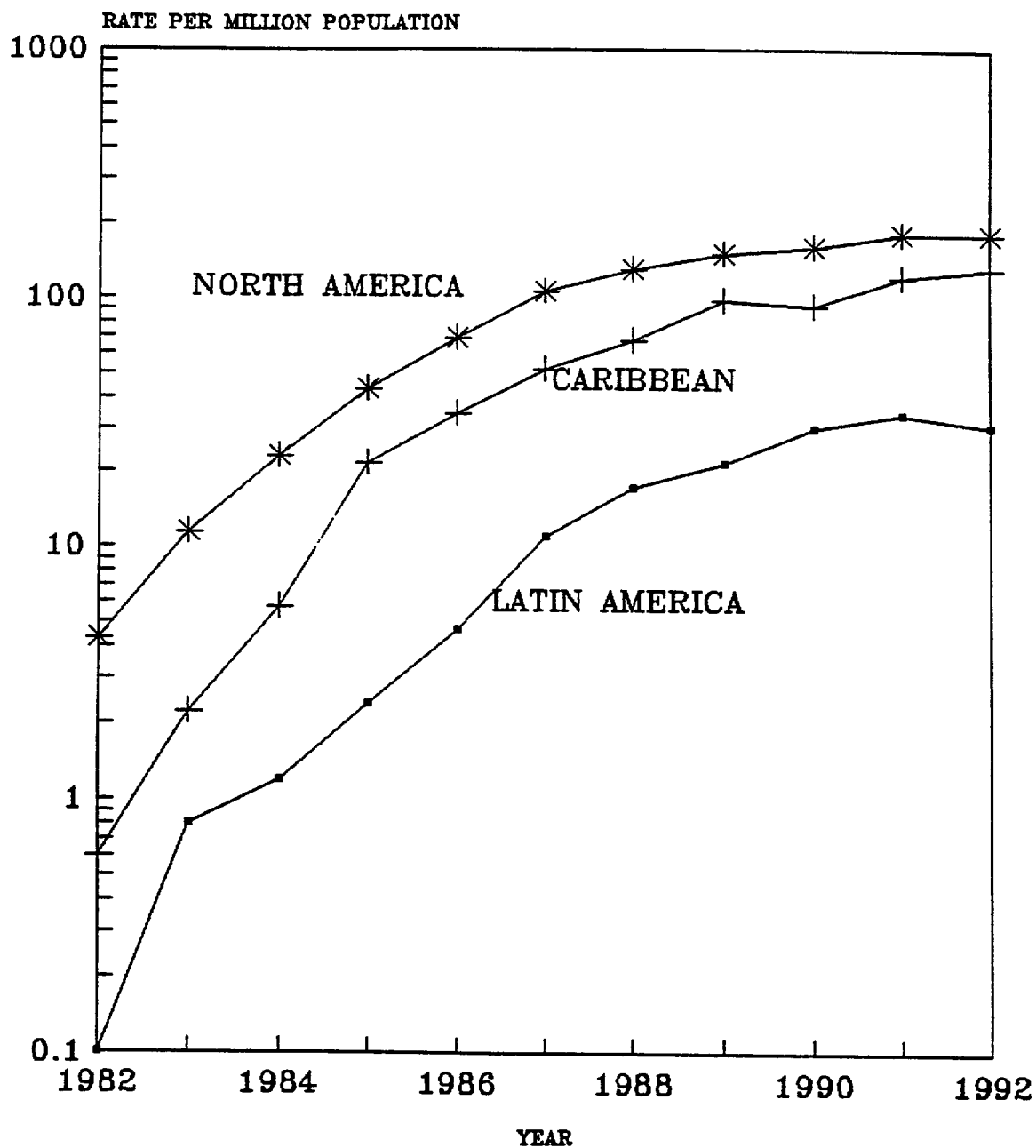


TABLE 1. NUMBER OF REPORTED CASES OF AIDS BY YEAR, AND CUMULATIVE CASES AND DEATHS, BY COUNTRY AND SUBREGION.  
As of 10 June, 1993

SUBREGION Country	Number of Cases							Cumulative total(a)	Total deaths	Date of last report
	Through 1987	1988	1989	1990	1991	1992	1993			
<b>REGIONAL TOTAL</b>	79,523	43,206	51,321	58,056	66,336	65,494	6,709	371,086	217,276	
<b>LATIN AMERICA b)</b>	7,850	7,294	9,357	13,165	15,332	14,029	1,633	69,089	29,206	
<b>ANDEAN AREA</b>	623	734	940	1,468	1,536	900	25	6,226	3,134	
Bolivia	6	10	2	9	17	8	8	60	45	31/Mar/93
Colombia	247	319	410	765	782	434	...	2,957	1,483	30/Sep/92
Ecuador	35	29	22	42	51	57	17	253	161	31/Mar/93
Peru	62	65	118	141	155	73	...	614	216	31/Mar/92
Venezuela	273	311	388	511	531	328	...	2,342	1,229	31/Dec/92
<b>SOUTHERN CONE</b>	246	268	352	606	758	875	149	3,594	1,489	
Argentina	145	169	228	388	478	605	103	2,456	915	31/Mar/93
Chile	77	67	83	130	184	162	20	723	352	31/Mar/93
Paraguay	7	4	3	12	10	18	2	56	38	31/Mar/93
Uruguay	17	28	38	76	86	90	24	359	184	31/Mar/93
<b>BRAZIL</b>	4,017	3,868	5,094	6,884	8,746	7,640	232	36,481	15,619	13/Apr/93
<b>CENTRAL AMERICAN ISTHMUS</b>	280	359	491	907	911	1,151	260	4,436	1,559	
Belize	7	4	0	19	11	12	...	53	46	30/Sep/92
Costa Rica	43	52	57	86	91	117	24	470	285	31/Mar/93
El Salvador	23	34	72	54	132	114	41	470	120	31/Mar/93
Guatemala	31	18	32	92	96	94	25	434	148	31/Mar/93
Honduras	119	189	251	585	495	709	142	2,510	657	31/Mar/93
Nicaragua	0	2	2	7	13	6	6	39	30	31/Mar/93
Panama	57	60	77	64	73	99	22	460	273	31/Mar/93
<b>MEXICO</b>	1,049	964	1,499	2,395	3,166	3,219	967	13,259	6,789	31/Mar/93
<b>LATIN CARIBBEAN c)</b>	1,635	1,101	981	905	215	244	...	5,093	616	
Cuba	16	14	15	28	38	57	...	168	94	31/Dec/92
Dominican Republic	347	356	513	247	177	187	...	1,839	225	31/Dec/92
Haiti	1,272	731	453	630	...	...	...	3,086	297	31/Dec/90
<b>CARIBBEAN c)</b>	836	493	725	701	872	951	102	4,692	2,869	
Anguilla	0	1	2	1	1	0	0	5	3	31/Mar/93
Antigua	3	0	0	3	...	...	...	6	5	31/Dec/90
Bahamas	176	93	168	162	235	259	68	1,161	700	31/Mar/93
Barbados	56	15	40	61	80	78	20	350	271	31/Mar/93
Cayman Islands	3	1	1	2	4	4	...	15	11	31/Dec/92
Dominica	5	2	3	2	...	...	...	12	11	30/Jun/90
French Guiana	103	34	54	41	...	...	...	232	144	30/Sep/90
Grenada	8	3	8	5	7	4	...	35	25	31/Dec/92
Guadeloupe	88	47	47	...	...	...	...	182	85	31/Dec/89
Guyana	10	34	40	61	85	160	...	390	102	31/Dec/92
Jamaica	43	30	66	62	133	99	...	433	299	31/Dec/92
Martinique	48	30	51	45	28	25	10	237	164	31/Mar/93
Montserrat	0	0	1	0	0	0	0	1	0	31/Mar/93
Netherlands Antilles	18	13	16	30	23	10	...	110	55	30/Jun/92
Saint Kitts and Nevis	10	9	5	8	1	4	1	38	24	31/Mar/93
Saint Lucia	8	2	8	3	7	9	...	49	25	31/Dec/92
Saint Vincent and the Grenadines	7	8	6	4	14	7	3	49	34	31/Mar/93
Suriname	9	4	35	35	16	29	...	128	100	31/Dec/92
Trinidad and Tobago	236	160	167	173	235	257	...	1,228	787	31/Dec/92
Turks and Caicos Islands	5	6	7	1	2	4	...	25	23	31/Dec/92
Virgin Islands (UK)	0	1	0	2	1	2	0	6	1	31/Mar/93
<b>NORTH AMERICA</b>	70,837	35,418	41,238	44,190	50,132	50,514	4,974	297,305	185,201	
Bermuda	72	28	35	33	23	17	7	215	156	31/Mar/93
Canada	2,116	1,068	1,238	1,199	1,184	931	34	7,770	5,128	29/Apr/93
United States of America c)	68,649	34,323	39,966	42,958	48,925	49,566	4,933	289,320	179,917	31/Mar/93

a) May include cases for year of diagnosis unknown.

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

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

TABLE 2. ANNUAL INCIDENCE RATES OF AIDS (PER MILLION POPULATION), BY COUNTRY AND BY YEAR, 1988-1992.

SUBREGION Country	RATE PER MILLION				
	1988	1989	1990	1991	1992
<b>LATIN AMERICA a)</b>	17.4	21.9	30.1	34.4	30.8
<b>ANDEAN AREA</b>	8.4	10.5	16.0	16.3	9.3
Bolivia	1.4	0.3	1.2	2.3	1.0
Colombia	10.4	13.1	24.0	23.3	12.7
Ecuador	2.8	2.1	3.9	4.7	5.1
Peru	3.1	5.4	6.3	7.0	3.3
Venezuela	16.6	20.2	25.9	26.3	15.8
<b>SOUTHERN CONE</b>	5.2	6.7	11.5	14.1	16.1
Argentina	5.4	7.1	12.0	14.6	18.3
Chile	5.3	6.4	9.9	13.7	11.9
Paraguay	1.0	0.7	2.8	2.3	4.0
Uruguay	9.1	12.2	24.3	27.5	28.8
<b>BRAZIL</b>	26.8	34.6	45.8	57.0	48.9
<b>CENTRAL AMERICAN ISTHMUS</b>	13.0	17.4	31.2	30.5	37.5
Belize	23.0	0	104.4	60.4	64.5
Costa Rica	18.1	19.4	28.5	29.5	37.0
El Salvador	6.8	14.0	10.3	24.6	20.7
Guatemala	2.1	3.6	10.0	10.1	9.6
Honduras	39.1	50.4	113.9	93.4	129.8
Nicaragua	0.6	0.5	1.8	3.3	1.5
Panama	25.8	32.5	26.5	29.6	39.4
<b>MEXICO</b>	11.4	17.3	27.0	35.0	34.9
<b>LATIN CARIBBEAN b)</b>	47.3	41.5	37.7	8.7	9.7
Cuba	1.4	1.5	2.7	3.5	5.3
Dominican Republic	51.8	73.1	34.4	24.2	25.0
Haiti	116.7	71.0	96.8	...	...
<b>CARIBBEAN a)</b>	67.9	98.4	93.0	121.2	131.7
Anguilla	142.2	284.5	142.9	142.9	0
Antigua	0	0	34.9	...	...
Bahamas	367.5	653.7	623.1	903.8	988.5
Barbados	58.4	154.6	233.7	313.7	304.7
Cayman Islands	47.5	47.6	95.2	190.5	148.1
Dominica	25.3	37.5	24.7	...	...
French Guiana	386.3	600.7	445.7	...	...
Grenada	30.0	79.2	48.5	68.0	42.4
Guadeloupe	139.0	138.6	...	...	...
Guyana	33.8	39.1	58.6	106.3	198.8
Jamaica	12.3	26.6	24.6	53.5	39.4
Martinique	90.9	154.3	136.0	81.6	72.5
Montserrat	0	76.7	0	0	0
Netherlands Antilles	69.1	83.7	155.4	119.2	51.3
Saint Kitts and Nevis	187.5	103.1	160.0	20.0	90.1
Saint Lucia	15.0	50.3	22.1	51.5	57.0
Saint Vincent and the Grenadines	74.1	55.0	36.0	126.1	58.4
Suriname	10.2	87.9	86.8	37.3	66.4
Trinidad and Tobago	128.7	132.2	134.8	180.6	194.8
Turks and Caicos Islands	750.9	876.1	111.1	222.2	400.0
Virgin Islands (UK)	76.7	0	25.8	12.9	153.8
<b>NORTH AMERICA</b>	130.3	150.2	160.2	180.9	180.3
Bermuda	490.8	601.4	569.0	396.6	293.1
Canada	40.9	47.1	45.2	44.3	34.5
United States of America b)	139.7	161.1	172.4	195.4	196.0

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 3. ANNUAL INCIDENCE RATES OF AIDS (PER MILLION POPULATION), BY SEX, BY COUNTRY AND BY YEAR, 1987-1992.

SUBREGION	RATE PER MILLION POPULATION											
	MALE RATES						FEMALE RATES					
	1987	1988	1989	1990	1991	1992	1987	1988	1989	1990	1991	1992
Country												
LATIN AMERICA a)	19.0	28.9	37.3	49.0	56.4	49.4	2.7	5.4	6.7	8.9	10.1	10.3
ANDEAN AREA	8.6	14.5	18.5	26.2	23.3	14.6	0.4	1.1	1.7	3.0	1.7	1.2
Bolivia	0.9	2.9	0	1.9	4.3	1.8	0	0	0.6	0	0	1.0
Colombia	11.8	17.7	23.5	40.8	30.9	23.7	0.5	1.6	2.3	3.2	1.8	1.7
Ecuador	4.0	5.5	3.8	7.0	8.1	9.1	0.4	0.2	0.4	0.7	1.3	1.1
Peru	2.9	5.5	9.7	8.1	13.1	6.0	0.2	0.6	0.8	4.5	0.9	0.4
Venezuela	14.8	28.4	34.8	42.3	37.1	16.6	0.7	2.0	2.9	3.5	3.4	1.3
SOUTHERN CONE	5.1	9.7	12.1	20.7	25.8	23.4	0	0.7	1.2	2.1	2.2	5.1
Argentina	4.6	10.4	12.9	21.6	26.8	29.3	0	0.4	1.2	2.4	2.5	7.2
Chile	6.9	9.2	11.4	18.4	24.7	11.8	0.2	1.2	1.1	0.7	1.3	1.3
Paraguay	2.6	2.0	1.4	4.6	4.5	7.4	0	0	0	0.9	0	0.4
Uruguay	6.0	15.8	21.6	42.9	50.8	36.0	0	2.6	2.5	6.3	5.6	6.2
BRAZIL	29.8	47.0	61.1	80.6	96.5	80.4	3.1	6.7	8.1	11.1	17.8	17.5
CENTRAL AMERICAN ISTHMUS	10.0	17.2	20.6	37.7	40.1	50.6	3.1	6.2	7.6	16.3	13.6	16.9
Belize	23.5	23.0	...	11.0	...	...	11.8	11.5	...	...	...	...
Costa Rica	16.3	33.2	33.0	40.7	50.6	54.4	0	2.8	2.7	4.7	2.6	5.1
El Salvador	...	...	...	...	36.8	31.1	...	...	...	...	12.4	7.8
Guatemala	3.3	3.6	3.1	13.3	16.1	14.2	0.5	0.5	0.7	3.1	3.6	2.3
Honduras	28.5	50.4	64.8	140.4	107.7	180.0	15.4	27.8	35.8	80.5	48.4	78.7
Nicaragua	0	1.1	1.1	3.1	4.5	2.4	0	0	0	0.5	0.5	0
Panama	25.0	41.4	55.4	44.7	40.7	29.7	1.8	9.7	8.6	7.6	15.7	4.0
MEXICO	17.1	19.0	33.3	41.0	59.3	59.3	1.8	3.3	6.1	8.0	10.8	10.6
LATIN CARIBBEAN b)	39.2	64.2	51.0	44.3	10.4	8.8	18.3	30.6	30.0	27.6	5.0	2.9
Cuba	4.1	3.9	0.2	0.8	4.3	5.9	1.2	0.8	0.2	0	1.3	2.4
Dominican Republic	44.7	73.8	94.0	44.2	28.5	20.8	23.7	28.1	49.3	21.3	15.3	6.3
Haiti	92.7	154.4	87.1	116.2	...	...	39.8	80.0	55.4	76.7	...	...
CARIBBEAN	75.1	94.9	128.5	107.7	157.2	177.9	29.0	38.4	59.9	47.3	79.0	82.3
Anguilla	0	0	...	0	0	0	0	281.7	0	284.1	281.7	0
Antigua	24.6	0	0	...	...	...	0	0	0	...	...	...
Bahamas	430.0	448.0	701.3	747.8	1155.3	1292.4	294.2	289.0	607.2	501.5	673.0	692.9
Barbados	173.3	73.9	244.5	409.6	520.3	471.5	22.3	44.4	73.5	73.2	105.3	150.4
Cayman Islands	96.2	0	96.2	96.2	...	75.1	0	93.9	0	0	...	73.1
Dominica	101.3	49.9	49.3	48.7	...	...	26.0	0	25.4	0	...	...
French Guiana	395.2	545.0	735.0	...	...	...	186.0	204.6	466.7	...	...	...
Grenada	62.0	20.2	100.3	78.7	62.4	20.7	20.2	39.5	0	19.2	87.4	0
Guadeloupe	187.9	217.6	210.9	...	...	...	58.1	63.7	69.3	...	...	...
Guyana	28.2	61.4	42.9	86.3	149.0	268.8	0	10.0	9.8	30.9	64.4	130.5
Jamaica	15.9	18.2	38.2	32.6	59.1	52.8	10.7	6.5	15.2	16.6	48.0	25.3
Martinique	100.1	137.2	230.1	191.4	120.5	95.8	41.5	47.2	82.4	82.9	33.9	50.6
Montserrat	0	0	...	0	0	0	0	0	...	0	0	0
Netherlands Antilles	110.2	10.9	...	...	...	...	21.0	20.8	...	...	...	...
Saint Kitts and Nevis	85.0	381.0	126.6	248.1	46.8	140.4	81.5	0	80.6	77.5	0	43.4
Saint Lucia	47.3	15.5	107.4	15.2	66.6	65.4	14.8	14.6	14.3	28.4	25.0	49.1
Saint Vincent and the Grenadines	77.6	57.2	37.7	55.6	122.2	103.3	18.4	72.0	89.3	17.5	98.4	16.2
Suriname	15.8	20.7	137.5	125.0	56.3	82.9	10.2	0	39.7	49.3	18.5	50.0
Trinidad and Tobago	103.3	187.1	193.7	144.0	248.8	277.4	26.1	70.6	71.1	54.3	113.1	113.1
Turks and Caicos Islands	253.2	1012.7	1519.0	0	404.9	809.7	247.5	495.0	247.5	219.5	0	0
Virgin Islands (UK)	0	...	0	144.0	155.0	155.0	0	...	0	14.2	0	151.7
NORTH AMERICA	149.9	223.9	242.5	291.3	299.1	302.4	13.3	25.8	28.6	37.7	43.1	46.8
Bermuda	638.3	850.2	975.6	489.5	664.3	419.6	104.2	138.8	237.3	238.1	136.1	170.1
Canada	65.7	78.4	89.5	87.1	84.1	66.1	4.1	4.1	5.3	4.1	5.3	3.7
United States of America b)	158.9	239.4	258.9	313.4	322.3	327.9	14.3	28.1	31.0	41.2	47.1	51.3

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

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

TABLE 4. MALE:FEMALE RATIO OF REPORTED AIDS CASES, BY COUNTRY AND BY YEAR, 1987-1992.

SUBREGION	MALE:FEMALE RATIO					
	1987	1988	1989	1990	1991	1992
<b>COUNTRY</b>						
<b>LATIN AMERICA a)</b>	6.9	5.4	5.6	5.5	5.6	4.8
<b>ANDEAN AREA</b>	20.4	12.7	10.8	8.8	13.4	12.1
Bolivia	N/A	N/A	0	N/A	N/A	1.8
Colombia	22.3	11.3	10.2	13.0	16.6	13.4
Ecuador	10.0	28.0	10.0	9.5	6.3	8.5
Peru	15.0	9.8	11.9	1.8	14.5	13.6
Venezuela	22.8	14.2	12.1	12.4	11.1	13.3
<b>SOUTHERN CONE</b>	129.0	13.1	10.1	9.7	11.6	4.5
Argentina	N/A	23.1	10.3	8.9	10.6	4.0
Chile	43.0	7.3	10.4	24.0	18.1	8.8
Paraguay	N/A	N/A	N/A	5.0	N/A	17.0
Uruguay	N/A	6.0	8.3	6.6	8.6	5.5
<b>BRAZIL</b>	9.7	7.0	7.5	7.2	5.4	4.6
<b>CENTRAL AMERICAN ISTHMUS</b>	3.3	2.8	2.8	2.3	3.0	3.0
Belize	2.0	2.0	...	N/A	...	...
Costa Rica	N/A	12.0	12.3	8.9	19.8	10.9
El Salvador	...	...	...	...	2.9	3.8
Guatemala	7.0	8.0	4.7	4.4	4.5	6.4
Honduras	1.9	1.8	1.8	1.8	2.3	2.3
Nicaragua	N/A	N/A	N/A	6.0	9.0	N/A
Panama	14.5	4.5	6.7	6.1	2.7	7.6
<b>MEXICO</b>	9.5	5.8	5.4	5.1	5.5	5.6
<b>LATIN CARIBBEAN b)</b>	2.2	2.1	1.7	1.6	2.1	3.1
Cuba	3.5	5.0	1.0	N/A	3.3	2.5
Dominican Republic	1.9	2.7	1.9	2.1	1.9	3.4
Haiti	2.3	1.9	1.5	1.5	...	...
<b>CARIBBEAN</b>	2.5	2.4	2.1	2.2	1.9	2.1
Anguilla	N/A	0	...	0	0	N/A
Antigua	N/A	N/A	N/A	...	...	...
Bahamas	1.4	1.5	1.1	1.5	1.7	1.8
Barbados	7.0	1.5	3.0	5.1	4.6	2.9
Cayman Islands	N/A	0	N/A	N/A	...	1.0
Dominica	4.0	N/A	2.0	N/A	...	...
French Guiana	2.1	2.7	1.6	...	...	...
Grenada	3.0	0.5	N/A	4.0	0.8	N/A
Guadeloupe	3.1	3.3	2.9	...	...	...
Guyana	N/A	6.2	4.4	2.8	2.3	2.0
Jamaica	1.5	2.8	2.5	2.0	1.2	2.1
Martinique	2.3	2.8	2.6	2.2	3.3	1.8
Montserrat	N/A	N/A	...	N/A	N/A	N/A
Netherlands Antilles	5.0	0.5	...	...	...	...
Saint Kitts and Nevis	1.0	N/A	1.5	3.0	N/A	3.0
Saint Lucia	3.0	1.0	7.0	0.5	2.5	1.3
Saint Vincent and the Grenadines	4.0	0.8	0.4	3.0	1.2	6.0
Suriname	1.5	N/A	3.4	2.5	3.0	1.6
Trinidad and Tobago	3.9	2.6	2.7	2.6	2.2	2.4
Turks and Caicos Islands	1.0	2.0	6.0	0	N/A	N/A
Virgin Islands (UK)	N/A	...	N/A	1.0	N/A	1.0
<b>NORTH AMERICA</b>	10.7	8.2	8.1	7.4	6.6	6.2
Bermuda	6.0	6.0	4.0	2.0	4.8	2.4
Canada	15.6	18.8	16.4	20.8	15.7	17.6
United States of America b)	10.6	8.1	7.9	7.2	6.5	6.1

NOTE: N/A = Not applicable. No female cases reported for the period.

\*... = Data not available by sex.

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

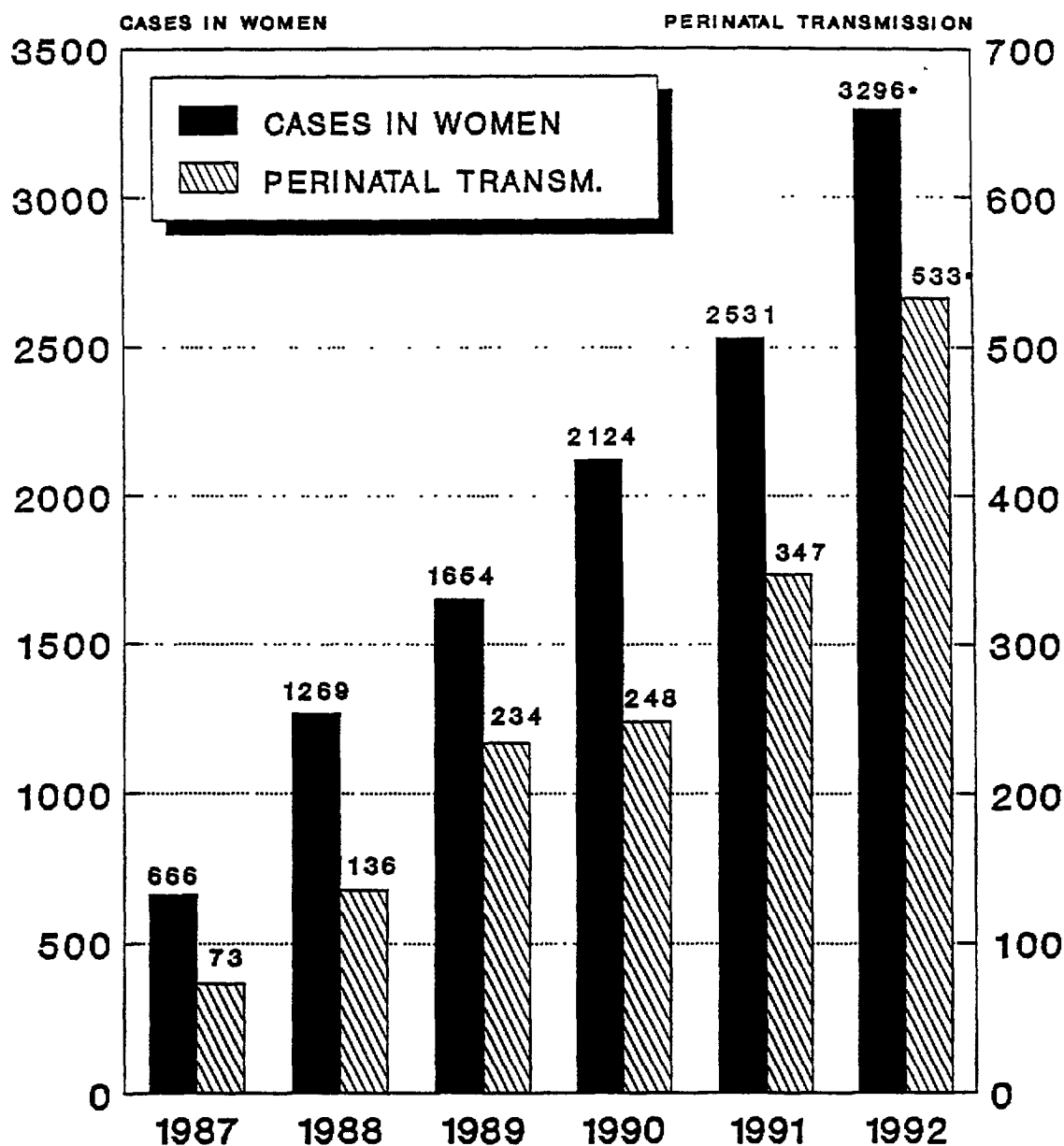
b) Puerto Rico and the United States Virgin Islands are included in the United States of America.

TABLE 5. TOTAL CASES, PEDIATRIC CASES, PERCENT OF PEDIATRIC CASES FROM TOTAL; PERINATAL CASES, AND PERCENT OF PERINATAL CASES FROM PEDIATRIC, BY SUBREGION AND COUNTRY(a), THROUGH JUNE 1993.

Country	TOTAL CASES	PEDIATRIC CASES	PERCENT PEDIATRIC	PERINATAL CASES	PERCENT PERINATAL
<b>ANDEAN AREA</b>					
Bolivia	60	1	1.7	1	100.0
Colombia	2,957	63	2.1	52	82.5
Ecuador	253	4	1.6	3	75.0
Peru	614	10	1.6	1	10.0
Venezuela	2,342	38	1.6	18	47.4
<b>SOUTHERN CONE</b>					
Argentina	2,456	70	2.9	51	72.9
Chile	723	14	1.9	10	71.4
Uruguay	359	9	2.5	9	100.0
<b>BRAZIL</b>	<b>36,481</b>	<b>1,265</b>	<b>3.5</b>	<b>728</b>	<b>57.5</b>
<b>CENTRAL AMERICAN ISTHMUS</b>					
Costa Rica	470	12	2.6	5	41.7
El Salvador	470	8	1.7	5	62.5
Guatemala	434	5	1.2	1	0
Honduras	2,510	91	3.6	78	85.7
Panama	460	8	1.7	6	75.0
<b>MEXICO</b>	<b>13,259</b>	<b>397</b>	<b>3.0</b>	<b>180</b>	<b>45.3</b>
<b>LATIN CARIBBEAN</b>					
Cuba	168	1	0.6	1	100.0
Dominican Republic	1,839	42	2.3	24	70.0
Haiti	3,086	82	2.7	16	19.5
<b>CARIBBEAN</b>					
Bahamas	1,161	93	8.0	91	97.8
Barbados	350	16	4.6	15	93.8
Dominica	12	1	8.3	1	100.0
French Guiana	232	17	7.3	16	94.1
Grenada	35	2	5.7	2	100.0
Guadeloupe	182	13	7.1	12	92.3
Guyana	390	9	2.3	9	100.0
Jamaica	433	44	10.2	41	93.2
Martinique	237	12	5.1	10	83.3
Netherlands Antilles	110	1	0.9	1	100.0
Saint Kitts and Nevis	38	1	2.6	1	100.0
Saint Lucia	49	3	6.1	3	100.0
Saint Vincent and the Grenadines	49	1	2.0	1	100.0
Suriname	128	3	2.3	2	66.7
Trinidad and Tobago	1,228	89	7.2	83	93.3
Virgin Islands(UK)	6	1	16.7	1	100.0
<b>NORTH AMERICA</b>					
Canada	7,770	79	1.0	60	75.9
U.S.A.	289,320	4,480	1.5	3,665	81.8

(a) Does not include countries which have not reported AIDS cases in children.

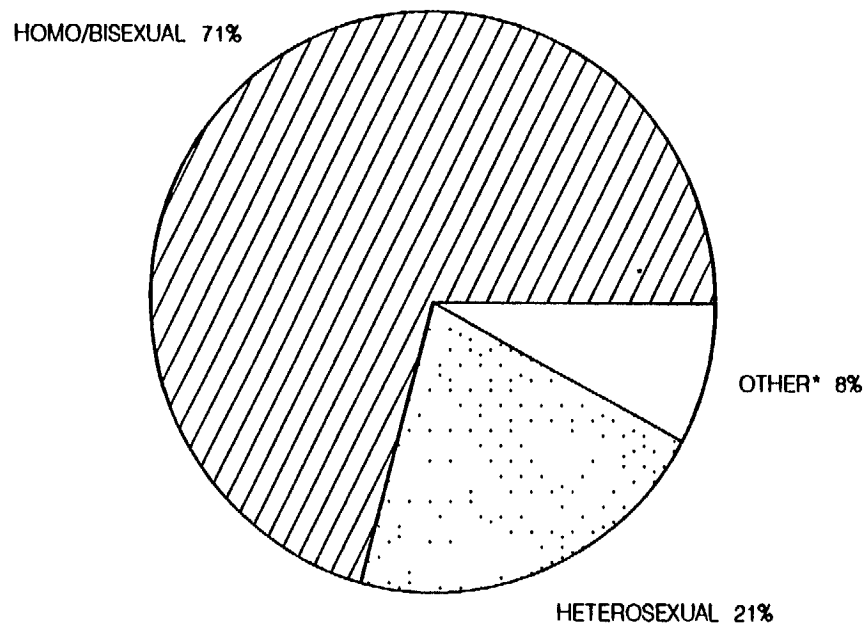
**Fig. 3. NUMBER OF REPORTED CASES IN WOMEN,  
Y CASOS DE TRANSMISION PERINATAL,  
LATIN AMERICA AND THE CARIBBEAN, 1987-92.**



\* 1992 data adjusted with the delayed reporting index.

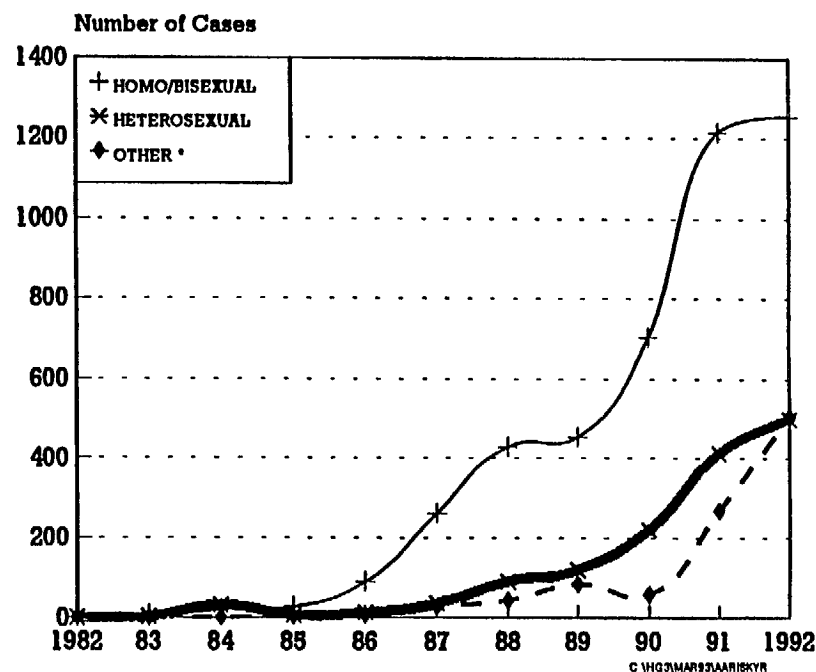
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**FIG. 4a. PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992 AND INCIDENCE OF AIDS CASES, BY YEAR, 1982-1992, ANDEAN AREA.**



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**PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992.**



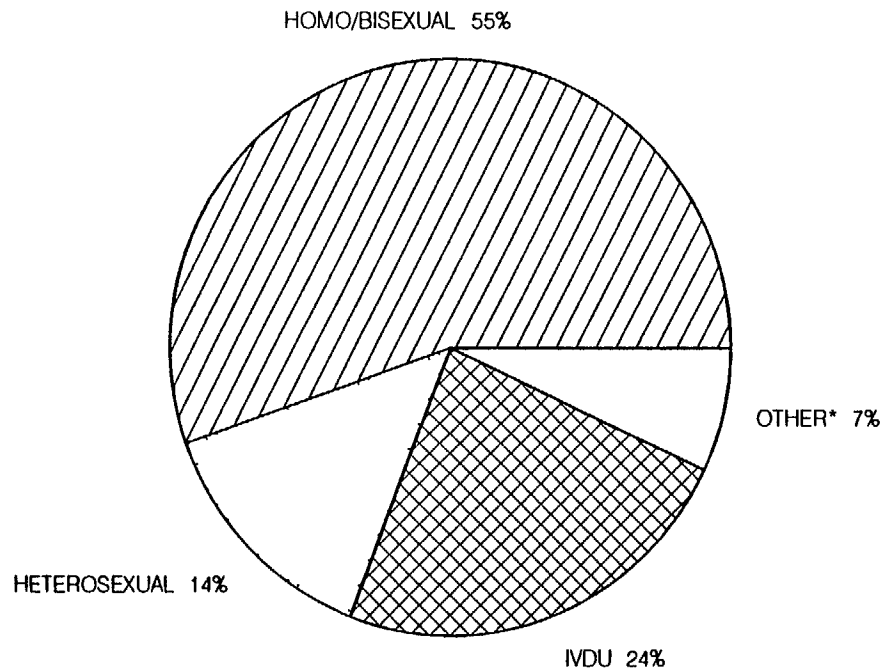
**INCIDENCE OF AIDS CASES, BY YEAR, 1982-1992.<sup>(1)</sup>**

\* Includes blood, IVDU, Perinatal and other known risk factors.

(1) 1991 and 1992 data adjusted with the delayed reporting index.

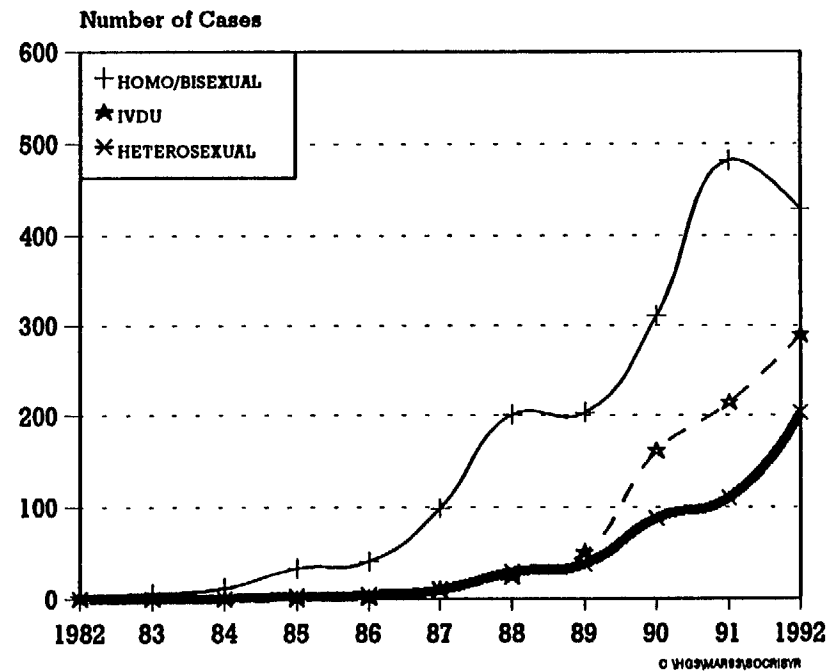
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**FIG. 4b. PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992 AND INCIDENCE OF AIDS CASES, BY YEAR, 1982-1992, SOUTHERN CONE.**



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**PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992.**

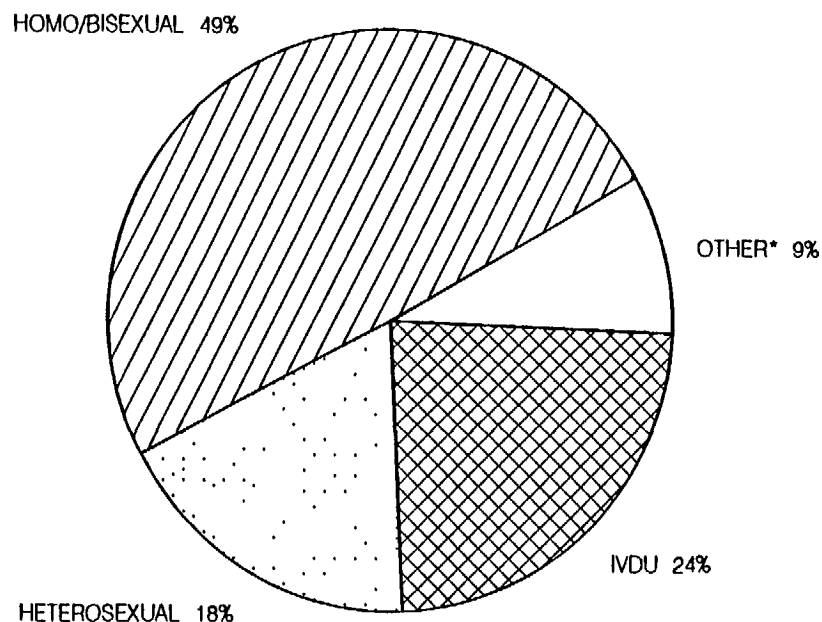


**INCIDENCE OF AIDS CASES, BY YEAR, 1982-1992(1)**

\* Includes blood, perinatal and other known risk factors.  
(1) 1991 and 1992 data adjusted with delayed reporting index.

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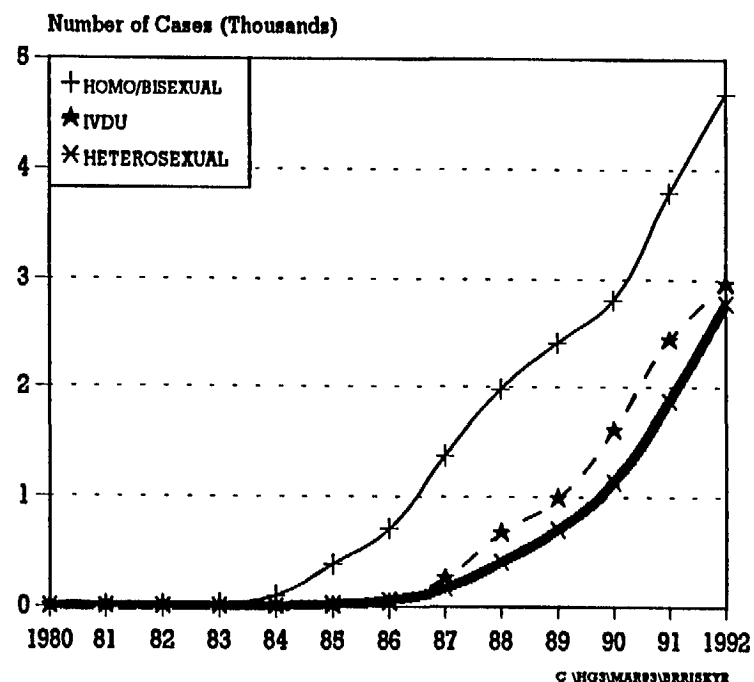
**FIG.4c. PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992 AND INCIDENCE OF AIDS CASES, BY YEAR, 1980-1992, BRAZIL.**



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**PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992.**

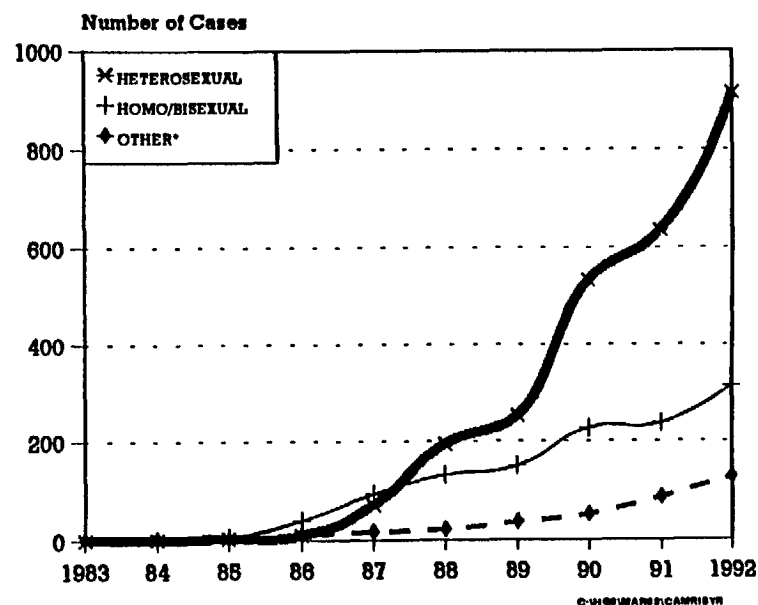
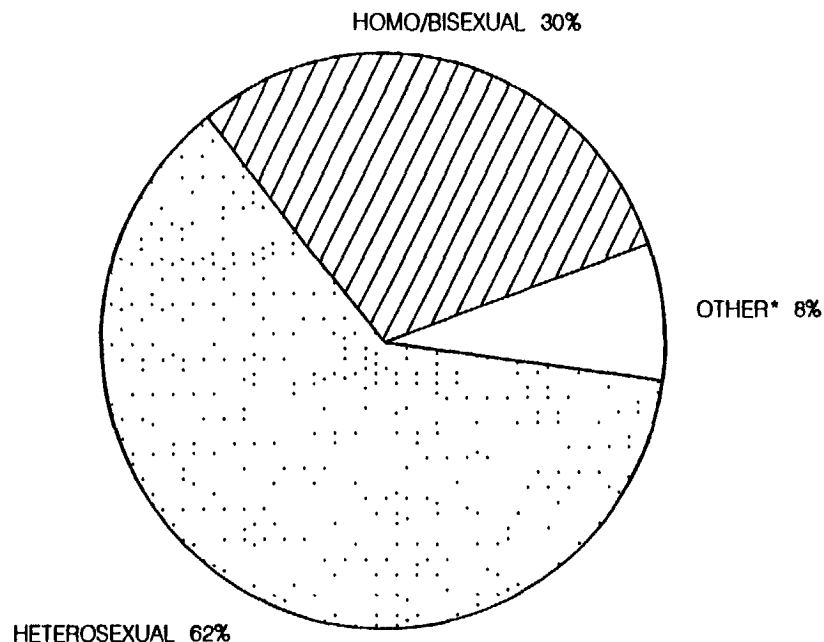
\* Includes blood, perinatal and other known risk factors.  
(1) 1991 and 1992 data adjusted with delayed reporting index.



**INCIDENCE OF AIDS CASES, BY YEAR, 1980-1992.(1)**

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**FIG. 4d. PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992 AND INCIDENCE OF AIDS CASES, BY YEAR, 1983-1992, CENTRAL AMERICAN ISTHMUS.**



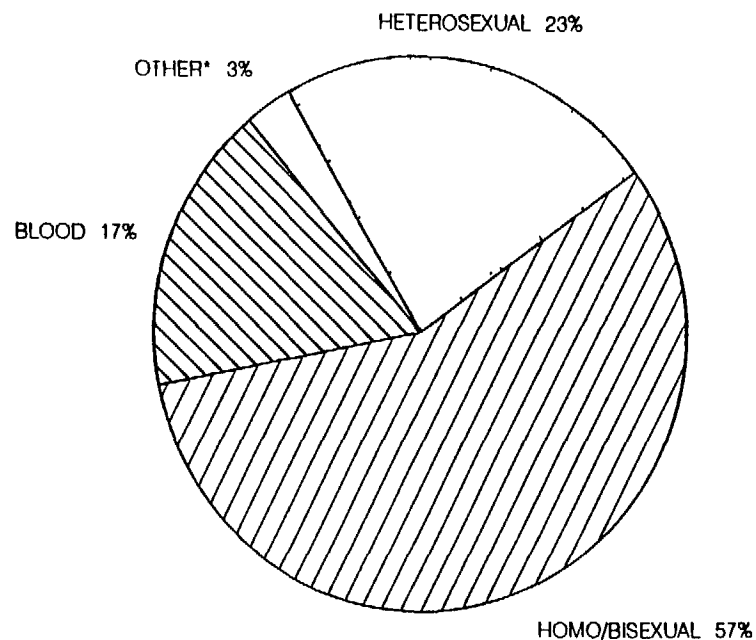
**PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992.**

**INCIDENCE OF AIDS CASES, BY YEAR, 1983-1992.<sup>(1)</sup>**

\* Includes blood, IVDU, perinatal and other known risk factors.  
(1) 1991 and 1992 data adjusted with the delayed reporting index.

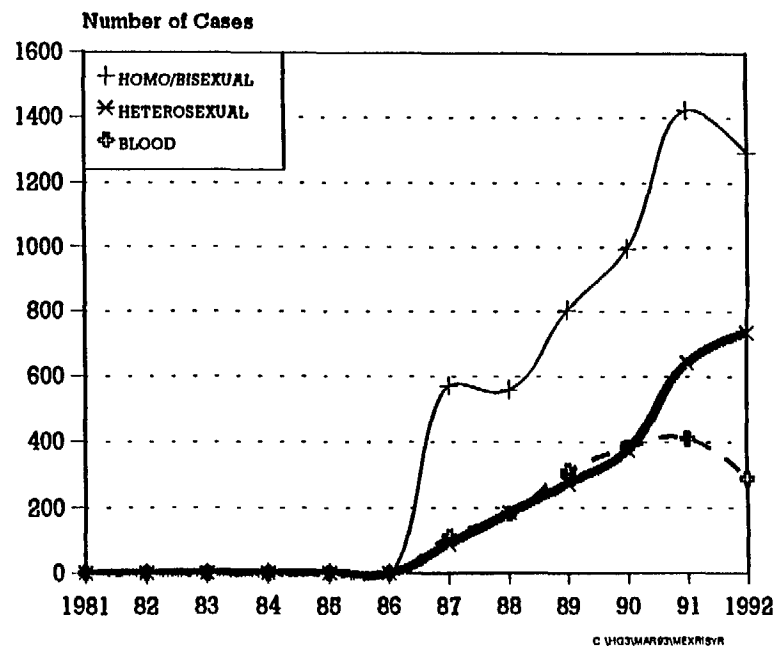
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**FIG. 4e. PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992 AND INCIDENCE OF AIDS CASES, BY YEAR, 1981-1992, MEXICO.**



**PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992.**

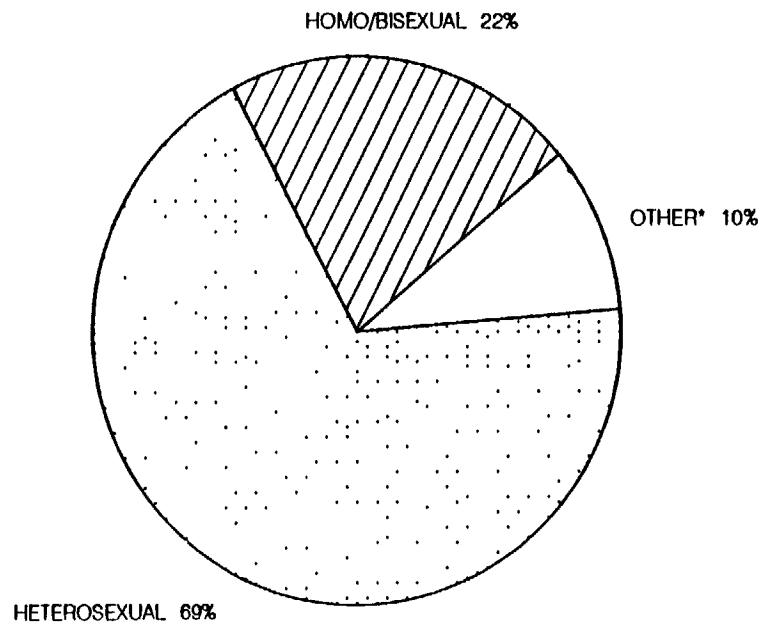
\* Includes IVDU, perinatal and other known risk factors.



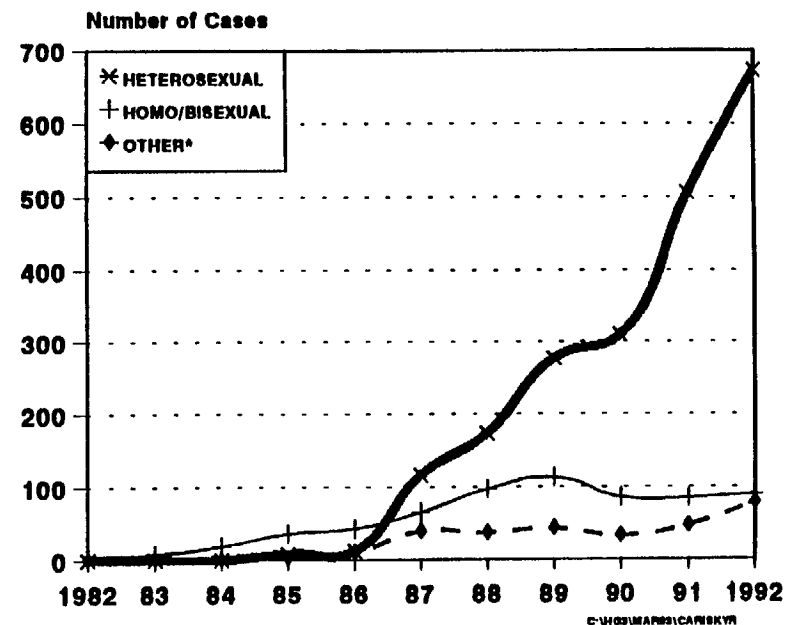
**INCIDENCE OF AIDS CASES, BY YEAR, 1981-1992.**

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**FIG. 4f. PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992 AND INCIDENCE OF AIDS CASES, BY YEAR, 1982-1992, CARIBBEAN.**



**PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH 1992.**



**INCIDENCE OF AIDS CASES, BY YEAR, 1982-1992.**

\* Includes blood, IVDU, perinatal and other known risk factors.  
(1) 1991 and 1992 data adjusted with delayed reporting index.

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