executive committee of the directing council

PAN AMERICAN HEALTH ORGANIZATION

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Provisional Agenda Item 4.9

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ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

In January 1996 the new Joint United Nations Program on AIDS (UNAIDS) will start activities for AIDS prevention at the global and country level. UNAIDS will effectively replace WHO's Global Program on AIDS, expanding its scope of activities by including at least five other United Nations agencies.

The Secretariat seeks the guidance of the Executive Committee regarding: (a) the maintenance of PAHO's ability to continue providing technical cooperation on HIV/AIDS/STD prevention to its Member States; and (b) mechanisms to ensure effective coordination with other UN, inter-American system, and bilateral agencies working in the Americas.

The document includes a summary of a Regional Plan of Action for 1996-1999 that the Committee is asked to consider in order to provide the Secretariat with comments and suggested changes before presenting the plan to the Directing Council in September 1995.

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EXECUTIVE SUMMARY

It is estimated that more than 300,000 new HIV infections occur every year in Latin America and the Caribbean (LAC), approximately 1,000 new infections per day. As of January 1995, 526,682 AIDS cases were reported in the Americas. It is estimated that the direct cost of treating all the AIDS patients in LAC will amount to US$ 2,000 million by 1999.

Heterosexual contact has become the predominant route of transmission. Epidemiological data indicate that new infections occur primarily in the age group 15 to 25 years and that female adolescents are especially vulnerable. Poverty and lack of access to health care are closely associated with HIV infection. Two problems need to be addressed: current reliance on outside resources for national HIV/AIDS/STD programs and the lack of optimum involvement of public and private organizations with the ministries of health. PAHO's proposed Plan of Action addresses both of these problems and provides feasible strategies.

The achievements of the PAHO Program on AIDS and STDs in Latin America and the Caribbean are especially noticeable in its collaboration with national AIDS programs and in its execution of intercountry and regional interventions. As a result, medium-term plans have been developed in most countries, and these show multisectoral and interprogrammatic participation.

Cooperation of multilateral and bilateral agencies is essential to ensure effectiveness in the mobilization of resources and the development of efficient and effective HIV/AIDS/STD programs. For that reason, six United Nations agencies, including the World Health Organization, have joined forces to establish a Joint United Nations Program on AIDS (UNAIDS). Although WHO Regional Offices at the moment are to have no management or administrative role in the new program, regional mechanisms will be required to respond to the epidemic, and it will be essential to take advantage of PAHO's already existing structure and capacity to deliver technical cooperation in HIV/AIDS and STDs. Constitutionally, PAHO has the responsibility to maintain its commitment to work with Member States in the formulation and execution of effective programs to control and prevent HIV/AIDS.

The goal of the Regional Plan is to assist national HIV/AIDS and STD programs in order to reduce the rates of transmission of HIV/STDs and the impact of HIV/AIDS/STDs on individuals, families, and communities. Its objectives are to ensure a multisectoral response to the HIV/AIDS epidemic, establish adequate surveillance, validate and adapt specific interventions, strengthen the institutional response of the health sector, and reinforce national HIV/AIDS and STD programs.

The Plan will operate at three levels. At the country level it will apply the technical and administrative expertise available at PAHO's country offices. At the subregional level, PAHO will continue to promote intercountry collaboration and realize joint activities beneficial to each group of countries. At the regional level, PAHO will continue its efforts to provide technical cooperation in the Hemisphere and to assist the UN Program in mobilizing resources for the countries of the Americas.

The achievement of the Regional Plan's objectives would require between $1.5-$2 million annually.

1. Situation Analysis

In spite of the considerable progress attained in developing and implementing national AIDS prevention and control plans, it is estimated that well over 300,000 new human immunodeficiency virus (HIV) infections occur every year in Latin America and the Caribbean. That represents approximately 1,000 new HIV infections per day. As of 1 January 1995, a total of 1,025,073 cases of acquired immunodeficiency syndrome (AIDS) had been reported throughout the world; and, of this total, 526,682 (51.4%) occurred in the Region of the Americas. AIDS has already become the number one killer of young adults of both sexes in several countries of the Region.

The rapid and unpredicted emergence of HIV/AIDS has put an important social and economic burden on society. AIDS is affecting the most economically active and socially productive segments of our societies. Not only is productivity being curtailed, but the natural history of the disease entails a long illness in which costly medical and ancillary care is needed to mitigate the level of human suffering that accompanies HIV disease. It is estimated that the direct cost of treating all the AIDS patients in Latin America and the Caribbean will amount to US$ 2,000 million by 1999.

Other sexually transmitted diseases (STDs) affect an estimated 25 million people in Latin America and the Caribbean. The presence of inflammatory or ulcerative lesions of the genital tract, which occurs in most sexually transmitted infections, can enhance manyfold the rate of transmission of HIV during sexual contact between an infected and an uninfected partner. Many STDs produce long term sequelae, especially if they are not treated adequately.

The exact year in which widespread transmission of HIV began, the incidence rates of HIV infection in various groups, and the overall magnitude of the problem have varied between countries and within countries of the Americas. In general, heterosexual contact has become or is rapidly becoming the predominant route of transmission in most countries of the Americas. Epidemiological data indicate that new infections are occurring mainly in persons between the ages of 15 and 25 years and that female adolescents and young women are especially vulnerable. In addition, there is a growing tendency for HIV to be associated with poverty and lack of access to basic health and education services.

Using available seroprevalence data, estimates of HIV infections have been made for countries of the Americas, suggesting that there are between 1.2 and 2 million people infected in Latin America and the Caribbean, and approximately 1 million in North America. Given the limitations of currently available seroprevalence studies, it is difficult to know how accurate these estimates really are. However, data suggest that populations which are the most socially and economically disadvantaged have a tendency

to be more severely affected by HIV/AIDS. Places where tourism and commercial sex constitute an important economic activity have higher prevalence rates of HIV. Internal migration of young, sexually active people also seems to entail a high risk of HIV transmission.

While it is difficult to pinpoint exactly which of the components of social and economic disparity are leading to increased HIV transmission, it is clear that marginalized populations have limited access to basic health services, are not exposed to health education messages, and probably lack both economic and physical access to condoms. Therefore, targeting services to these geographical and social groups is very important in achieving PAHO's goal of reducing HIV/AIDS/STD transmission in the Americas. This can be done if resources are concentrated in the areas where there is most need. National Plans of Action (Medium-Term Plans) and Country Annual Work Plans (Annual Planning Budgets) will need to identify these areas and populations. Districts known to have a high risk of HIV/STDs should be targeted, and, if possible, resources and activities should be concentrated and directed towards members of high risk groups within such districts.

Another significant problem to be addressed is the current reliance on external resources for much of the funding for HIV/AIDS/STD national programs. Furthermore, there is still too little involvement of public and private organizations other than the ministry of health in many countries. Through the coordinating and planning mechanisms of PAHO's Regional Plan of Action, both these problems can be addressed, thereby significantly improving the sustainability of HIV/AIDS and STD control in the Region of the Americas.

2. Achievements of the PAHO Program on AIDS and STDs in the Prevention and Control of HIV/AIDS and STDs in the Americas

Prevention and control of HIV/AIDS continues to be a priority for PAHO, according to the Strategic and Programmatic Orientations (SPO) for 1995-1998. Since 1983, the Regional Program on AIDS/STDs for the Americas has been providing formal technical cooperation to Member States. In 1983 PAHO initiated regional surveillance of AIDS after convening a meeting of experts from the six countries in which the first AIDS cases were occurring. In 1985 and 1986, PAHO produced the first guidelines to address this new epidemic regionally. In 1987, with the establishment of the Special Program on AIDS at WHO headquarters (later renamed the Global Program on AIDS-GPA), PAHO staff working on HIV/AIDS and STD prevention in the Americas became part of this global effort.

2.1 *National AIDS Program Development*

It would be difficult if not impossible to estimate what the present magnitude of the HIV/AIDS epidemic in Latin America and the Caribbean would have been in the absence of national programs and early intercountry and regional interventions. The fact is that, although a number of countries now have moderate to severe epidemics of HIV/AIDS, the pace and impact of the epidemic in most of Latin America and the Caribbean have not been as fast and serious as in Africa or South-East Asia. Although this is not a motive for complacency and several other factors (e.g., subtypes of HIV, population behavior) may account for the slower pace of the epidemic in this Region, Member States are now better prepared to address the future increase in HIV infection and AIDS.

At the country level, national programs to combat AIDS in the Americas began forming in the mid-1980s, when the first activities to control the disease were initiated. PAHO provided technical cooperation to Member States to develop both their emergency strategies and their short-term programs for the control of AIDS, channeling financial resources from WHO's Global Program on AIDS for those activities. As it became possible to develop more permanent programs, priority was extended to the coordination of control activities over the longer term. Short-term planning continued in parallel with medium-term planning, which involved the detailed development of national programs with a three-to-five-year planning framework.

Multidisciplinary teams of experts supported by PAHO advisors assisted all Member Governments in the planning, implementation, and evaluation of their HIV/AIDS prevention activities, which culminated with the finalization of medium-term plans (MTPs) for all the countries in 1990. As of November 1994, almost all the Member Governments of the Region had these medium-term plans in full operation. All existing MTP documents and progress reports show multisectoral and interprogrammatic participation in project execution. Without exception, the countries and territories in the Americas now have national technical expertise and programmatic experience from which further intersectoral responses and actions can be developed, promoted, and supported.

2.2 *Regional Strategies of Cooperation*

In order to strengthen national AIDS programs in Member States, the PAHO AIDS/STD Program uses the regional approaches of advocacy, management strengthening, involvement of nongovernmental organizations, regional coordination, direct technical cooperation, promotion of research, dissemination of information, and mobilization of resources.

3. Present and Future Role of the Pan American Health Organization in HIV/AIDS and STD Prevention in the Americas

AIDS is fundamentally a health problem with significant implications for other sectors of society. The response to the problem requires multisectoral participation, with intersectoral cooperation and coordination under strong governmental leadership and the technical guidance of the health sector.

HIV/AIDS is a regional, as well as a global, concern. Cooperation of multilateral and bilateral agencies is essential to ensure effectiveness in the mobilization of resources and the development of efficient and effective programs.

In response to this need for a multisectoral approach, five agencies of the United Nations (UNDP, UNICEF, UNFPA, UNESCO, and the World Bank) have joined efforts with the World Health Organization to establish a Joint United Nations Program on AIDS (UNAIDS). This program will become operational in January 1996 and, in theory, will serve as a model for future responses of the UN system to other health and social problems. A Committee of Cosponsoring Organizations (CCO) has already been established, and a transition team is now providing support to the newly appointed Director of UNAIDS. The Program will be administered by WHO.

A report of the Committee of Cosponsoring Organizations to the Economic and Social Council on UNAIDS (23 January 1995) quotes paragraph 11 of the annex to ECOSOC resolution 1994/24 that ". . . while the program will not have a uniform regional structure, it will support intercountry or regional activities that may be required in response to the epidemic, utilizing regional mechanisms of the cosponsors where appropriate" (paragraph 70). Similarly, ". . . the cosponsors' intercountry and regional structures will be expected to provide complementary technical support for activities, as required by the (country AIDS) Theme Groups or the director of the joint program" (paragraph 71). Although the report specifically states that ". . . in order to streamline and simplify operations, there will be no intermediate managerial level between the joint program at global level and the country Theme Groups/Resident Coordinator system" (paragraph 70), it would be wise to take advantage of PAHO's already existing structure and capacity to deliver technical cooperation in health in the Region of the Americas.

In addition, because of its constitutional mandate and agreement with the Organization of American States, PAHO must continue to work with its Member States to assist them in the formulation and execution of effective programs to control and prevent HIV/AIDS. This will be done within the context of UNAIDS and in collaboration and coordination with other agencies of the United Nations and the inter-American systems, such as the Inter-American Development Bank (IDB), as well as other international and bilateral agencies working in the Americas.

4. *Goal and Purpose of the Regional Plan of Action on HIV/AIDS and STDs, 1996-1999*

The goal of this regional plan is to provide assistance to national HIV/AIDS and STD programs in order that they can reduce rates of transmission of HIV and other sexually transmitted diseases (STDs) and reduce the impact of HIV/AIDS/STDs on individuals, families, and communities. Special emphasis will be placed on reducing sexual transmission of HIV/AIDS, as well as sexually transmitted diseases, during the four-year-plan period. By the end of the plan, it is expected that all countries will have reduced HIV/STD transmission among high risk groups through targeted interventions.

This goal will be achieved by strengthening technical and strategic planning skills of national programs, promoting the use of epidemiologic and programmatic information in the planning and implementation of focused interventions, maximizing the utilization of the existing resources of the health sector, and coordinating effectively to mobilize resources of other sectors in an articulated intersectoral response. This plan refers exclusively to PAHO's technical collaboration as the specialized agency for health in the Western Hemisphere.

The purpose of PAHO's Regional Plan of Action is to contribute to the successful establishment of an effective, multinational and multisectoral response for the prevention and control of HIV/AIDS and STDs in the Region of the Americas. This will be done within the framework of the Joint United Nations Program on AIDS by using PAHO's comparative advantages in the following areas of public health: epidemiology, health policy and management, health information systems, prevention and care methods, and health services and evaluation research. Within this context, PAHO will foster comprehensive national, intercountry, and regional responses from the health sector, focusing on the prevention of sexual transmission of HIV/AIDS/STDs. These efforts will benefit from PAHO's knowledge, cultural specificity, and long-standing presence and achievements in all the countries of the Western Hemisphere.

5. *Objectives of the Regional Plan, 1996-1999*

Accordingly, PAHO's Regional Plan of Action will have the following objectives:

- To strengthen the necessary interprogrammatic and intersectoral linkages to ensure a multisectoral response to the HIV/AIDS/STD epidemic in all the Member States.

- To contribute to the establishment of health information systems and networks including technical, scientific, epidemiological, and programmatic data necessary for decision-making and strategic planning.

- To contribute to the establishment of health information systems and networks including technical, scientific, epidemiological, and programmatic data necessary for decision-making and strategic planning.

- To validate and adapt regionally specific interventions and evaluation methods according to the needs and resources of the Member States.

- To strengthen the institutional response of the health sector in all areas of prevention and care, including domiciliary care, of HIV/AIDS/STDs in the Americas.

- To strengthen HIV/AIDS/STD programs and seek the integration of prevention and care of STDs, including HIV, at all levels of the health system.

6. Description of the Regional Plan

PAHO's strength stems from its knowledge and understanding of its members' needs, its extensive network of country offices as well as training and research centers, and its ability to respond rapidly, decisively, and efficiently to acute emergencies as well as to chronic threats to the health of the peoples of the Americas.

In order to be successful, a joint (interagency) program in the Americas must take advantage of PAHO's structure and resources at the regional, subregional (intercountry), and country levels. These resources cover all areas of technical cooperation in health and human resource development.

6.1 *Country Level*

In the specific area of HIV/AIDS/STDs, PAHO proposes to use the technical and administrative expertise and knowledge available in its country offices and centers to ensure representation as well as the appropriate technical input of the health sector in the United Nations Theme Groups on AIDS. Accordingly, during 1995 the PAHO/WHO Representatives (PWRs) will take the steps necessary, in coordination with the UN Resident Coordinator, to help establish functional interagency linkages and working relationships with all agencies with current and potential interests and/or involvement in HIV/AIDS/STD prevention in each country. It must be pointed out that, by 1995, full-time national HIV/AIDS/STD advisors were based at the PAHO offices in 14 countries. These professionals could be available to UNAIDS starting in January 1996, if financial support for their positions is identified beyond the end of December 1995.

6.2 *Subregional Level*

PAHO Member States have for many years elected to work together to solve common problems. Four groupings of neighboring countries exchange health and policy information and programmatic experiences on a regular basis: the Caribbean Community (CARICOM) countries, the Central America Isthmus; the Andean area; and the Southern Cone. PAHO proposes to continue promoting intercountry collaboration and providing technical cooperation through intercountry advisors based at PAHO's Caribbean Epidemiology Center (CAREC) in Trinidad and Tobago, and in selected countries in the three other subregions. If additional funds become available, PAHO or UN international advisors should be placed in Brazil, Mexico, and in the Latin Caribbean (Haiti and/or the Dominican Republic).

6.3 *Regional Level*

In compliance with the Economic and Social Council Resolution 1994/24, PAHO will dedicate its efforts to providing technical cooperation specifically within the Region of the Americas, and to assisting the Director of UNAIDS to mobilize resources for the countries of the Americas. PAHO's constitutionally mandated role as the specialized health agency of the inter-American system will be particularly advantageous to UNAIDS since it would have an already functioning interagency structure in the Americas at the beginning of 1996. To avoid duplication of functions with UNAIDS, the technical staff in Washington, D.C., will consist of a small cadre of highly qualified multilingual staff with broad experience and a fundamental understanding of Latin America and the Caribbean.

The PAHO professional staff at the regional level will direct their efforts at the country level in three major areas: training, direct technical cooperation in areas relevant to the achievement of the objectives of this Regional Plan, and identification and deployment of the most appropriate consultants in support of specific country needs.

Table 1 lists the tentative budget for activities during the years 1996-1999. (Activities for 1995 are already funded through PAHO.) Maintenance of a minimal regional and intercountry staff covering all of PAHO's subregions would require between $1.5 and $2 million annually and should ensure execution of activities and the achievement of the Plan's objectives. Efforts are under way to secure extrabudgetary funding, but the support of PAHO's Governing Bodies will be essential in mobilizing the international resources necessary for the Plan's execution.

Table 1: Funding Requirements* - 1996-1999

	1996	1997	1998	1999
Objective 1 To strengthen the necessary interprogrammatic and intersectoral linkages to ensure a multisectoral response to the AIDS/HIV/STD epidemic in all Member States.	336,000	352,800	370,440	388,962
Specific Outputs				
Strengthened national capacity to plan, execute, coordinate, monitor, and evaluate, effectively and efficiently, AIDS/HIV/STD prevention and control activities.	100,000	105,000	110,250	115,763
Strengthening of national plans of action for AIDS/STD prevention and care. Plans will be nationally budgeted, technically sound, and intersectoral.	110,000	115,500	121,275	127,339
Functional interprogrammatic and interagency linkages at the regional and subregional levels.	126,000	132,300	138,915	145,861
Objective 2 To contribute to the establishment of health information systems and networks, including technical, scientific, epidemiological, and programmatic data necessary for decision-making and strategic planning.	230,000	241,500	253,575	266,254
Specific Outputs				
Collection, collation, and dissemination of technical and scientific data/information, to and from the countries, needed for the implementation and evaluation of regional, subregional, and country plans designed to interrupt the transmission of HIV.	75,000	78,750	82,688	86,822
Organized and strengthened country capability to obtain and provide information on the status of the laboratory performance and the use of laboratory data in surveillance.	75,000	78,750	82,688	86,822
Functional surveillance system of STDs, including HIV.	80,000	84,000	88,200	92,610

* Budget for 1995 has been covered in its entirety by PAHO/WHO. Budget excludes staff costs.

	1996	1997	1998	1999
Objective 3 To validate and adapt regionally specific intervention and evaluation methods according to the needs and resources of the Member States.	270,000	283,500	297,675	312,559
Specific Outputs				
Strengthened evaluative capacity at the national level, based upon regional guidelines, procedures, and methods.	110,000	115,500	121,275	127,339
Support validation studies and operational research activities, including health services research, evaluation research, and health-related behavior, relevant to the control of HIV transmission.	120,000	126,000	132,300	138,915
Timely and appropriate programming of preventive interventions and resources to interrupt blood-borne, sexual, and perinatal transmission of HIV.	40,000	42,000	44,100	46,305
Objective 4 To strengthen the institutional response of the health sector in all areas of prevention and care (including domiciliary care) of HIV/STDs in the Americas.	370,000	388,500	407,925	428,321
Specific Outputs				
Incorporation of HIV/STD prevention into programs aimed at providing comprehensive interventions, including improved care for women (e.g., antenatal care, cancer detections, other reproductive health care)	90,000	94,500	99,225	104,186
Promotion of the use of condoms, other barriers, virucides, and any other effective practice to reduce the transmission of HIV and STDs in a culturally sensitive way among epidemiologically relevant groups.	100,000	105,000	110,250	115,763
Continuous training of health care providers in appropriate, comprehensive, and humane care of people affected by HIV/AIDS.	100,000	105,000	110,250	115,763
Promotion of culturally appropriate alternative assistance models (e.g., day hospitals, ambulatory services, domiciliary care) to alleviate the extra burden on health services.	80,000	84,000	88,200	92,610

	1996	1997	1998	1999
Objective 5 **To strengthen sexually transmitted diseases and HIV prevention programs and to seek the integration of prevention and care of STDs, including HIV, at all levels of the health systems.**	330,000	346,500	363,825	382,016
Specific Outputs				
Plan of action for elimination of congenital syphilis developed and implemented in the Region.	80,000	84,000	88,200	92,610
Establish regional syphilis serology quality control network to monitor problems to test validity.	110,000	115,500	121,275	127,339
Establish Regional STD Susceptibility Network to monitor susceptibility patterns and guide national STD treatment guidelines in the Americas.	80,000	84,000	88,200	92,610
Simplify approaches to case management of STD patients integrated into health care services.	60,000	63,000	66,150	69,458
Subtotal	1,536,000	1,612,800	1,693,440	1,778,112
Program Support Cost (13%)	199,680	209,664	220,147	231,155
GRAND TOTAL	1,735,680	1,822,464	1,913,587	2,009,267

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10 June 1995
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ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) IN THE AMERICAS

The Director is pleased to present to the Executive Committee, for its consideration, a report on the epidemiological survillance of AIDS in the Americas, updated as of 10 June 1995.

Annex

AIDS SURVEILLANCE IN THE AMERICAS
Summary

Data received by 10 June 1995

Cumulative number of cases reported

worldwide: 1,078,520

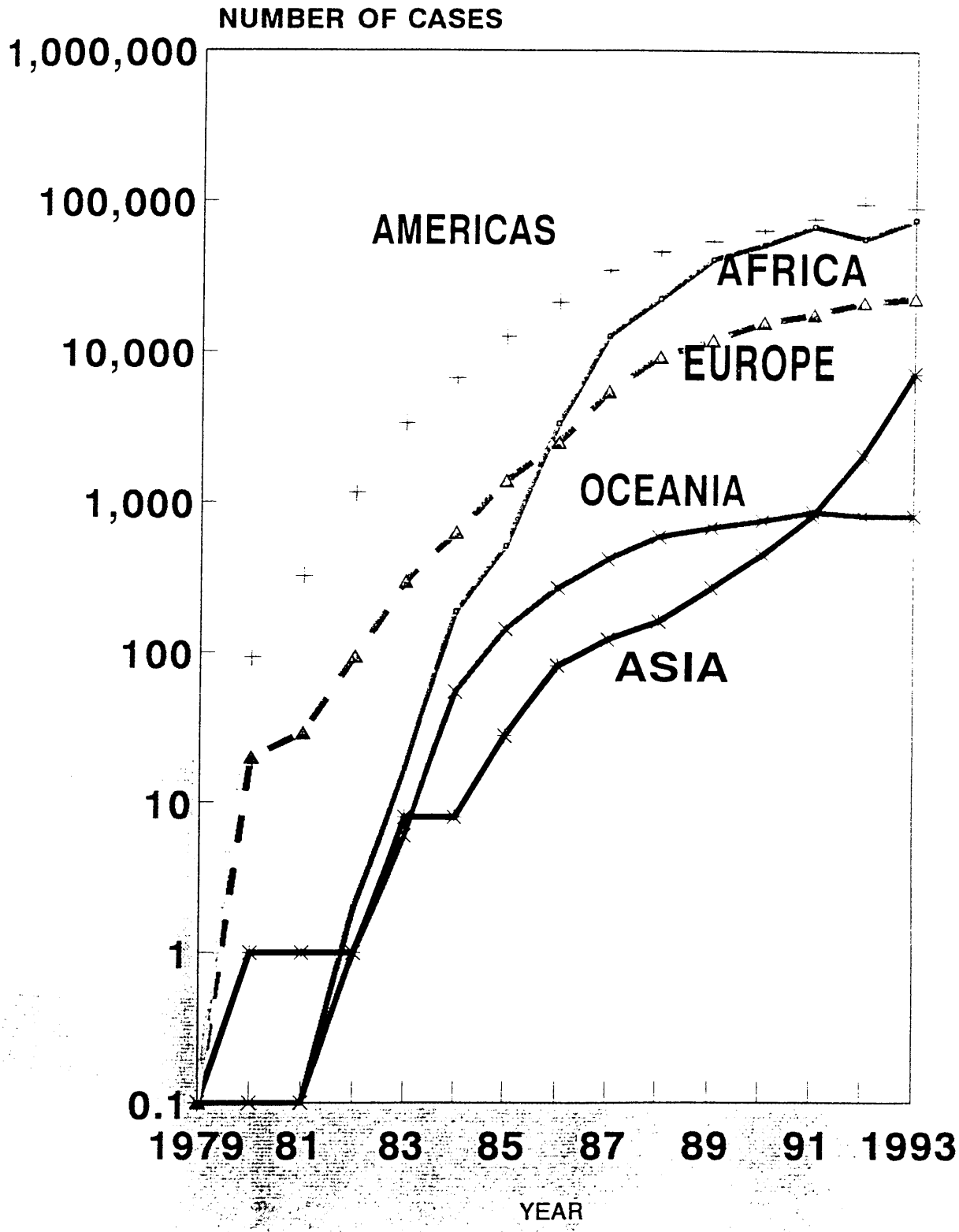
Cumulative number of cases reported

in the Americas: 580,129

Cumulative number of deaths reported

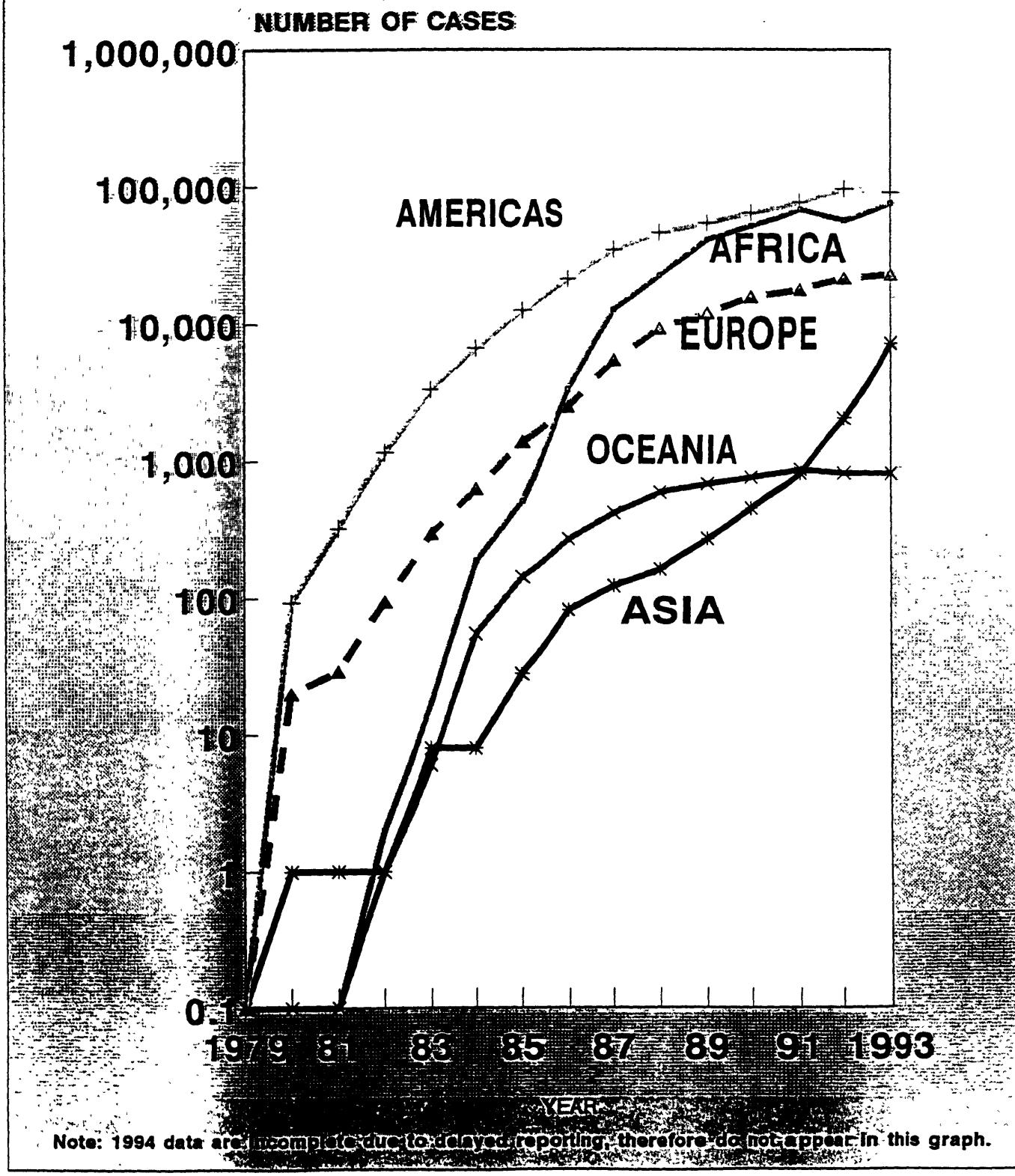
in the Americas: 304,493

FIG. 1. ANNUAL INCIDENCE OF AIDS CASES, BY REGION OF THE WHO, BY YEAR, 1979-93.



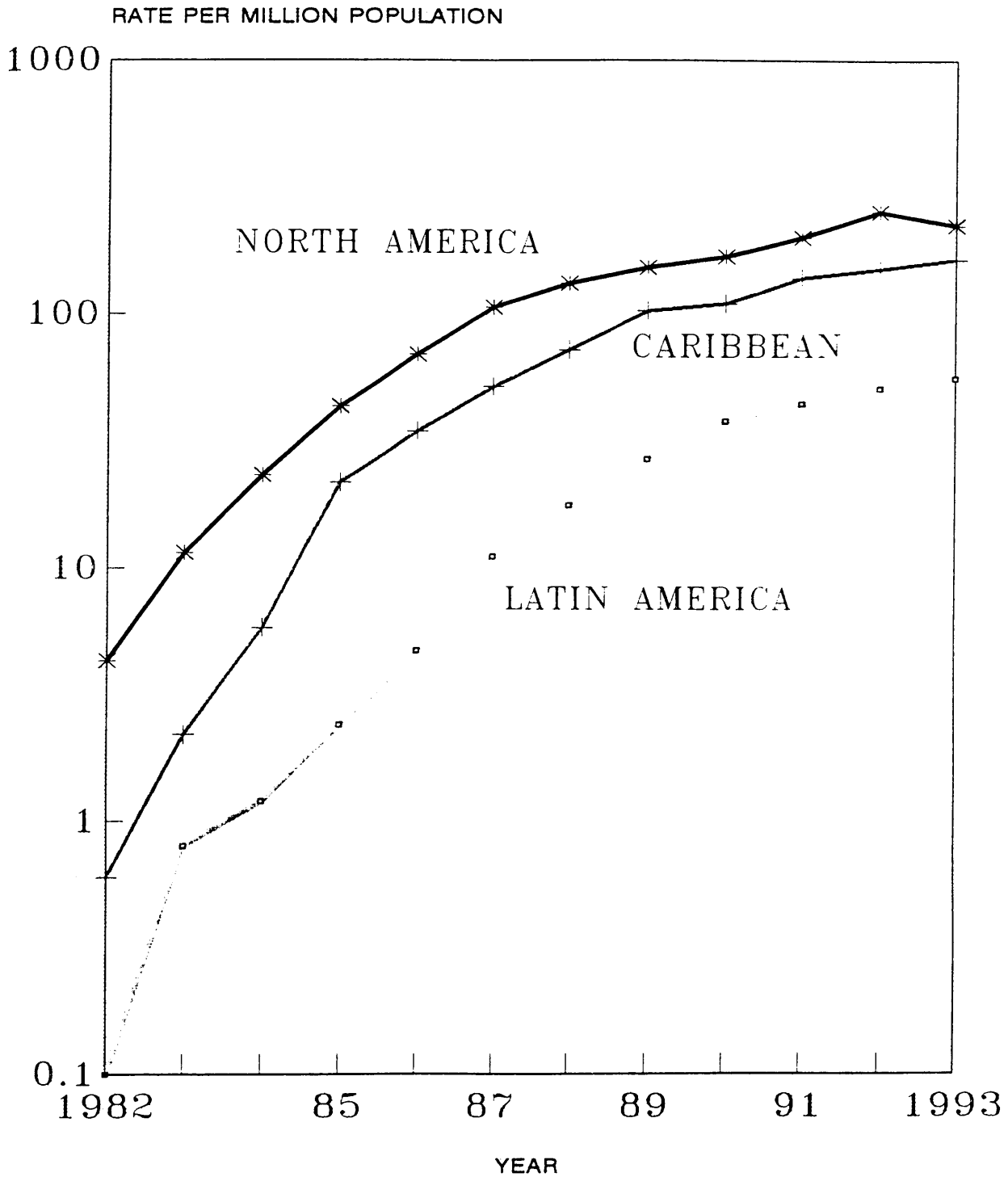
Note: 1994 data are incomplete due to delayed reporting, therefore do not appear in this graph.

FIG. 1. ANNUAL INCIDENCE OF AIDS CASES, BY REGION OF THE WHO, BY YEAR, 1979-93.



Note: 1994 data are incomplete due to delayed reporting, therefore do not appear in this graph.

FIG. 2. ANNUAL INCIDENCE RATES OF AIDS IN THE AMERICAS (PER MILLION), THREE MAJOR SUBREGIONS, 1982-1993.



Note: 1994 data are incomplete due to delayed reporting, therefore do not appear in this graph.

TABLE 1. NUMBER OF REPORTED CASES OF AIDS BY YEAR, AND CUMULATIVE CASES AND DEATHS, BY COUNTRY AND SUBREGION. As of 10 June, 1995.

SUBREGION Country	Number of cases: Through 1989	1990	1991	1992	1993	1994	1995(a)	Cumulative total(b)	Total deaths	Date of last report
REGIONAL TOTAL	**179,975**	**63,853**	**76,286**	**95,305**	**90,307**	**33,213**	**1,186**	**580,129**	**304,493**	
LATIN AMERICA	**29,854**	**16,482**	**18,601**	**22,884**	**25,489**	**18,210**	**1,105**	**119,777**	**56,622**	
ANDEAN AREA	**2,577**	**1,501**	**1,778**	**2,047**	**1,866**	**1,834**	**72**	**11,816**	**6,041**	
Bolivia	18	9	18	18	20	14	...	97	74	31/Dec/94
Colombia	1,160	771	857	921	725	1,143	...	5,577	2,503	28/Feb/95
Ecuador	95	44	55	66	85	117	24	491	351	31/Mar/95
Peru	222	168	173	250	240	77	...	1,176	420	31/Dec/94
Venezuela	1,082	509	675	792	796	483	48	4,475	2,693	31/Mar/95
SOUTHERN CONE	**975**	**697**	**987**	**1,335**	**1,669**	**2,025**	**162**	**7,874**	**2,865**	
Argentina	654	481	704	1,038	1,358	1,820	132	6,187	1,882	31/Mar/95
Chile	226	134	192	190	178	73	...	1,016	623	30/Jun/94
Paraguay	12	6	5	17	30	13	...	84	53	31/Dec/94
Uruguay	83	76	86	90	103	119	30	587	307	31/Mar/95
BRAZIL	**13,527**	**7,331**	**9,688**	**11,612**	**12,491**	**7,665 ***	**<---**	**62,314**	**23,341**	**25/Feb/95**
CENTRAL AMERICAN ISTHMUS	**1,162**	**909**	**935**	**1,219**	**1,603**	**1,650**	**233**	**7,798**	**2,459**	
Belize	25	11	10	13	24	8	...	100	82	30/Jun/94
Costa Rica	155	84	92	126	124	148	27	760	423	31/Mar/95
El Salvador	129	54	132	114	176	387	104	1,096	211	31/Mar/95
Guatemala	84	92	96	94	118	110	...	594	220	31/Dec/94
Honduras	563	592	505	745	965	785	71	4,283	947	31/Mar/95
Nicaragua	4	7	13	6	17	37	...	101	67	31/Dec/94
Panama	202	69	87	121	179	175	31	864	509	31/Mar/95
MEXICO	**3,317**	**2,588**	**3,167**	**3,220**	**5,095**	**4,049**	**619**	**22,055**	**12,716**	**31/Mar/95**
LATIN CARIBBEAN	**8,296**	**3,336**	**3,046**	**3,451**	**2,765**	**987**	**19**	**7,920**	**9,200**	
Cuba	44	29	37	68	80	87	19	364	231	31/Mar/95
Dominican Republic	1,188	257	279	327	311	227	...	2,589	489	31/Dec/94
Haiti	2,453	1,216	492	806	...	...	...	4,967	297	31/Dec/92
Puerto Rico	4,611	1,834	2,238	2,250	2,374	673	...	13,980 **	8,183	30/Sep/94
CARIBBEAN	**2,052**	**784**	**990**	**1,089**	**1,198**	**1,244**	**8**	**7,365**	**4,557**	
Anguilla	3	1	1	0	0	0	0	5	3	31/Mar/95
Antigua and Barbuda	5	3	6	13	7	6	...	40	9	31/Dec/94
Aruba	2	4	1	0	2	2	...	11	10	30/Jun/94
Bahamas	440	168	230	254	297	322	...	1,711	958	31/Dec/94
Barbados	111	61	80	78	88	119	...	537	421	31/Dec/94
Cayman Islands	5	2	4	4	0	3	...	18	15	31/Dec/94
Dominica	10	2	0	0	14	5	...	31	11	30/Jun/94
French Guiana	170	59	46	67	17	...	...	359	226	31/Mar/93
Grenada	19	5	7	4	21	7	...	63	46	31/Dec/94
Guadeloupe	185	53	67	48	17	...	...	370	226	31/Mar/93
Guyana	84	61	85	160	107	105	...	602	144	31/Dec/94
Jamaica	139	62	133	99	237	359	...	1,029	606	31/Dec/94
Martinique	124	44	30	42	26	...	...	266	184	30/Sep/93
Montserrat	3	1	2	0	1	0	0	7	0	31/Mar/95
Netherlands Antilles	47	30	23	10	47	...	...	157	79	30/Jun/93
Saint Kitts and Nevis	24	8	1	4	3	5	1	46	28	31/Mar/95
Saint Lucia	23	4	6	8	12	13	3	69	60	31/Mar/95
St. Vincent and the Grenadines	21	6	14	5	8	8	4	66	65	31/Mar/95
Suriname	57	33	16	28	35	20	...	189	172	31/Dec/94
Trinidad and Tobago	561	174	235	260	243	269	...	1,742	1,261	31/Dec/94
Turks and Caicos Islands	18	1	2	4	14	...	...	39	30	30/Sep/93
Virgin Islands (UK)	1	2	1	1	2	1	0	8	3	31/Mar/95
NORTH AMERICA	**148,069**	**46,617**	**55,798**	**71,332**	**63,620**	**13,759**	**73**	**452,987**	**243,314**	
Bermuda	135	33	23	17	15	44	...	267	194	31/Dec/94
Canada	4,500	1,305	1,360	1,504	1,417	1,033	73	11,192	7,880	31/Mar/95
United States of America	143,434	45,279	54,415	69,811	62,188	12,682	...	441,528 **	235,240	31/Dec/94

* Includes cases diagnosed in 1994 and 1995, as of 25 Feb 1995.
** Cumulative total number of cases for the United States of America includes data from Puerto Rico, total number of cases reported by Puerto Rico as of 30/Sep/94 has not been included in the Latin Caribbean totals.
a) 1995 data are incomplete due to delayed reporting.
b) May include cases for year of diagnosis unknown.

TABLE 2. ANNUAL INCIDENCE RATES OF AIDS (PER MILLION POPULATION), BY COUNTRY AND BY YEAR, 1989 – 1994, AS OF 10 JUNE 1996.

SUBREGION	RATE PER MILLION					
Country	1989	1990	1991	1992	1993	1994*
LATIN AMERICA	**26.9**	**37.9**	**44.3**	**50.0**	**55.0**	**58.0**
ANDEAN AREA	**11.6**	**17.5**	**19.2**	**21.6**	**19.3**	**18.6**
Bolivia	0.3	1.3	2.5	2.4	2.6	1.8
Colombia	14.3	23.9	26.1	27.6	21.3	33.1
Ecuador	2.6	4.2	5.1	6.0	7.5	10.1
Peru	5.6	7.8	7.9	11.1	10.5	3.3
Venezuela	23.0	31.0	34.2	39.2	38.6	22.9
SOUTHERN CONE	**7.9**	**13.2**	**18.4**	**24.6**	**30.3**	**36.3**
Argentina	9.0	14 9	21.5	31.4	40.6	53.7
Chile	6.5	10.2	14 3	14.0	12.9	5.2
Paraguay	0.7	1.4	1.1	3.8	6.5	2.7
Uruguay	12.3	24.6	27.6	28.8	32.7	37.6
BRAZIL	**36.5**	**49.2**	**63.9**	**75.3**	**79.8**	**48.2**
CENTRAL AMERICAN ISTHMUS	**18.2**	**31.5**	**31.6**	**40.0**	**51.2**	**51.3**
Belize	74.3	61.7	54.9	69.9	129.0	43.0
Costa Rica	19.3	27.7	29.6	39.5	37.9	44.2
El Salvador	14.2	10.4	25.0	21.1	31.9	68.6
Guatemala	3.6	10.0	10.1	9.6	11.8	10.7
Honduras	51.0	115.2	95.3	136.4	171.5	135.4
Nicaragua	0.6	1.9	3.4	1.5	4.1	8.7
Panama	33.8	28.5	35.3	48.1	69.8	67 0
MEXICO	**19.4**	**30.6**	**36.7**	**36.5**	**56.6**	**44.1**
LATIN CARIBBEAN a)	**93.3**	**120.0**	**108.0**	**120.5**	**95.2**	**33.5**
Cuba	1.3	2.7	3.5	6 3	7.3	7.9
Dominican Republic	68 5	35.8	38.1	43.8	40.8	29.2
Haiti	71 0	187.5	74 3	119.3	...	...
Puerto Rico	459.1	519.5	628.3	626.0	654.7	184.0
CARIBBEAN	**103.3**	**110.2**	**138.3**	**149.9**	**163.4**	**168.1**
Anguilla	285.7	142.9	142.9	0	0	0
Antigua and Barbuda	0	39 5	78.9	168.8	90.9	77 9
Aruba	0	65 6	16.1	0	32.3	32.3
Bahamas	677 3	658.8	884.6	962.1	1108.2	1163.6
Barbados	156.3	237 4	310.1	301.2	338.5	457.7
Cayman Islands	39.4	80.0	153.8	148.1	0	111.1
Dominica	37 5	24.4	0	0	168.7	60.2
French Guiana	588.9	641.3	500.0	728.3	184.8	...
Grenada	86.0	53.5	73.9	42.4	222.8	74.3
Guadeloupe	143.6	135.9	169.6	120.0	42.0	...
Guyana	50.4	76.6	106.1	198.0	131.1	127.3
Jamaica	27.5	25.6	54.4	40.1	95.0	142.4
Martinique	132.0	122.2	82.4	114.1	70.1	...
Montserrat	269.8	90.1	191.5	0	95.7	0
Netherlands Antilles	83.8	153.8	119.2	51.8	243.5	...
Saint Kitts and Nevis	119.2	180.6	22.6	90.1	67.6	112.7
Saint Lucia	53.7	26.3	44.1	50.7	76.0	82.3
St. Vincent and the Grenadines	60.7	51.4	131.5	41 7	66.8	66.8
Suriname	70.2	78.2	37.2	63.9	78.5	44.0
Trinidad and Tobago	136.7	140.8	187.8	205.5	190.0	208.2
Turks and Caicos Islands	700.0	100.0	200.0	400.0	1400.0	...
Virgin Islands (UK)	0	155 8	60.1	76.9	153.8	76.9
NORTH AMERICA	**152.7**	**168.5**	**199.8**	**232.4**	**222.7**	**47.7**
Bermuda	603.4	569.0	396.6	293.1	258.6	758.6
Canada	46.1	49.0	50.4	55.0	51.1	36.7
United States of America a)	163.7	181.1	215.5	273.6	241.2	48.7

* Data incomplete due to delayed reporting.

a) Puerto Rico is no longer included in the United States of America, its data are presented separately under Latin Caribbean.

TABLE 3. ANNUAL INCIDENCE RATE OF AIDS (PER MILLION POPULATION), BY SEX, BY COUNTRY AND BY YEAR, 1989–1994.

SUBREGION / Country	RATE PER MILLION POPULATION											
	MALE RATES						FEMALE RATES					
	1989	1990	1991	1992	1993	1994*	1989	1990	1991	1992	1993	1994*
LATIN AMERICA	**38.8**	**55.2**	**63.8**	**70.6**	**77.2**	**52.1**	**6.9**	**11.3**	**12.6**	**16.3**	**18.9**	**12.4**
ANDEAN AREA	19.6	29.8	27.5	23.6	14.0	12.7	1.8	2.4	2.0	2.3	1.7	1.7
Bolivia	0	2.0	4.4	1.9	1.8	2.0	0.6	0	0	1.1	0.3	1.3
Colombia	23.4	40.7	31.6	24.3	21.7	25.1	2.3	3.1	1.9	1.8	1.9	2.4
Ecuador	4.6	7.2	9.0	10.8	12.3	16.3	0.6	1.1	1.1	1.1	2.7	3.8
Peru	10.3	14.1	13.6	19.8	16.3	0.8	0.9	1.2	0.8	2.0	2.3	0.2
Venezuela	39.3	51.6	54.9	41.4	4.6	8.0	3.1	4.3	4.9	4.7	0.8	1.1
SOUTHERN CONE	12.4	20.5	26.3	31.6	43.6	32.3	1.1	2.1	2.2	6.6	10.2	7.7
Argentina	13.0	21.6	26.8	35.7	58.2	43.5	1.2	2.4	2.5	8.9	15.1	10.6
Chile	12.2	19.1	27.5	25.6	24.2	9.5	0.8	0.9	1.5	2.6	1.9	1.0
Paraguay	1.4	...	2.2	7.0	1.7	2.1	0	...	0	0.4	0.9	0.4
Uruguay	22.7	43.8	50.8	51.1	35.8	59.6	2.5	6.3	5.6	7.5	7.4	16.6
BRAZIL	64.5	86.0	107.7	123.1	125.9	75.7	8.9	12.6	20.3	27.9	34.0	20.9
CENTRAL AMERICAN ISTHMUS	22.1	41.2	45.9	58.3	62.5	42.8	8.0	17.0	15.2	18.4	22.0	17.2
Belize	...	...	...	...	...	...	...	...	...	...	...	...
Costa Rica	32.1	45.0	51.5	67.5	49.0	52.6	4.8	5.3	2.6	5.1	1.9	7.9
El Salvador	...	...	37.5	31.8	57.4	22.5	...	...	12.6	8.0	13.8	9.4
Guatemala	5.8	16.6	16.5	16.7	28.8	14.2	1.4	3.3	3.6	2.5	6.4	6.8
Honduras	66.0	148.1	129.8	185.8	168.7	126.2	36.5	83.3	57.1	81.6	91.4	61.9
Nicaragua	1.2	3.4	4.9	2.6	6.5	16.3	0	0.5	0.5	0	0.9	1.4
Panama	55.6	45.5	52.6	74 3	79.1	45.2	8.6	8.4	16.5	14.6	11.1	15.6
MEXICO	33.0	51.4	62.2	62.1	96.7	76.5	5.9	9.9	11.3	11.1	16.7	11.8
LATIN CARIBBEAN a)	48.8	66.3	36.1	55.2	26.9	14.3	28.5	54.5	28.3	35.1	12.2	5.9
Cuba	0.2	0.7	4.3	5.9	8.9	11.9	0.2	0	1.3	2.4	3.7	3.8
Dominican Republic	86.6	46.9	49.2	55.3	52.4	17.5	46.3	21.3	24.7	19.1	24.5	8.9
Haiti	88.0	198.4	73.9	136.1	...	...	55.2	177.0	74 7	103.2	..	...
Puerto Rico	...	...	...	...	..	...	...	...	...	...	...	
CARIBBEAN	**140.4**	**143.7**	**161.4**	**199.9**	**212.6**	**208.4**	**63.2**	**69.0**	**88.0**	**95.2**	**100.1**	**124.6**
Anguilla	...	0	0	0	0	0	...	281.7	281.7	0	0	0
Antigua and Barbuda	0	...	26.8	264.2	158.5	132.1	0	...	...	76.6	25.5	25.5
Aruba	...	...	...	...	...	...	...	...	...	...	..	...
Bahamas	750.0	803.1	1131.8	1206.1	1323.3	1540.7	611.1	511.6	641.2	721 8	896.3	832.1
Barbados	243.9	414.6	516.1	467.7	480.0	520.0	75.2	74.6	104.5	148.1	222.2	148.1
Cayman Islands	80.8	161.8	155.6	150.2	0	75.1	0	0	151.6	146.2	0	146.2
Dominica	49.3	48.0	...	...	...	71.2	25.4	0	...	...	...	48.9
French Guiana	801.8	739.6	674.4	891.9	195.8	...	377.8	542.7	325.6	564.4	173.6	...
Grenada	104.9	83.5	64.4	20.7	351.9	62.1	0	21.9	83.0	0	65.3	87.0
Guadeloupe	224.6	194.7	248.7	173.5	...	...	66.3	80.4	94.1	68.3	...	...
Guyana	76.3	114.2	149.0	267.5	185.6	137.3	24.9	39.8	64.4	129.9	77.7	117.5
Jamaica	39.4	34.1	60.0	53.7	125.4	159.0	15.7	17.3	48.9	25.8	63.9	125.9
Martinique	215.1	178.2	113.6	89.9	188.9	...	76.1	75.3	31.9	47.4	36.6	...
Montserrat	...	...	...	0	0	0	...	...	...	0	191.4	0
Netherlands Antilles	...	...	...	...	...	...	...	...	...	...	...	...
Saint Kitts and Nevis	136.9	281.4	46.8	140.4	46.8	140.4	99.8	87.0	0.0	43.4	86.8	86.8
Saint Lucia	97.0	27.2	75.8	52.3	78.4	104.6	13.0	25.5	14.3	49.1	73.7	61.4
Saint Vincent and the Grenadines	35.8	70.7	150.5	68.9	86.1	103.3	84.2	33.3	112.5	16.2	48.6	32.4
Suriname	102.4	114.8	56.3	87.6	112.6	48.7	38.5	42.5	18.4	40.7	44.4	39.3
Trinidad and Tobago	201.3	187.6	259.7	293.9	297.0	278.6	73.1	94.6	117.3	118.9	85.1	139.4
Turks and Caicos Islands	1214.6	0	404.9	809.7	1417.0	...	196.9	196.9	0	0	1378.0	...
Virgin Islands (UK)	0	157.0	116.7	155.0	0	155.0	0	153.6	0	151.7	303.5	0
NORTH AMERICA	**243.2**	**291.5**	**298.8**	**306.7**	**97.8**	**71.2**	**28.7**	**37.6**	**42.9**	**46.9**	**6.5**	**6.2**
Bermuda	949.2	489.2	663.9	419.3	419.3	1257.9	237.3	238.0	136.0	170.0	102.0	272.0
Canada	92.4	94.9	96.5	104.8	97.2	68.7	5.5	4.4	5.6	6.6	6.3	5.7
United States of America a)	259.3	312.6	320.6	328.5	...	...	31.1	41.0	46.8	51.2	...	...

* 1994 data are incomplete due to delayed reporting.
"..." Data not available by sex.
a) Puerto Rico is no longer included in the United States of America, its data are presented separately under Latin Caribbean

TABLE 4. MALE:FEMALE RATIO OF REPORTED AIDS CASES, BY COUNTRY AND BY YEAR, 1989–1994.

SUBREGION / Country	MALE:FEMALE RATIO					
	1989	1990	1991	1992	1993	1994*
LATIN AMERICA	**5.6**	**4.9**	**5.0**	**4.3**	**4.1**	**4.2**
ANDEAN AREA	11.1	12.3	13.6	10.2	8.2	7.6
Bolivia	0	N/A	N/A	1.8	7.0	1.6
Colombia	10.2	13.0	16.6	13.4	11.1	10.2
Ecuador	8.0	6.3	8.2	10.0	4.7	4.3
Peru	12.1	11.8	16.7	10.2	7.2	4.5
Venezuela	12.9	12.3	11.4	9.0	6.0	7.1
SOUTHERN CONE	11.0	9.7	11.6	4.7	4.2	4.1
Argentina	10.3	8.9	10.6	3.9	3.8	4 0
Chile	15.6	20.7	18.2	9.6	12.7	9 4
Paraguay	N/A	...	N/A	16.0	2.0	5.0
Uruguay	8.5	6.6	8.6	6.5	4.6	3.4
BRAZIL	7.2	6.8	5.3	4.4	3.7	3.6
CENTRAL AMERICAN ISTHMUS	2.7	2.4	3.0	3.2	2.8	2.5
Belize	...	...	...	..	...	...
Costa Rica	6.9	8.6	20.3	13.6	26.7	6.8
El Salvador	...	...	2.9	3.8	4.0	2.3
Guatemala	4.3	5.1	4.6	6.8	4.6	2.1
Honduras	1.8	1.8	2.3	2.3	1.9	2.1
Nicaragua	N/A	6.0	9.0	N/A	6.5	11.3
Panama	6.7	5.6	3.3	5.3	7 4	3.0
MEXICO	5.6	5.2	5.5	5.6	5.8	6.4
LATIN CARIBBEAN	1.7	1.2	1.3	1.6	2.3	2.5
Cuba	1.0	N/A	3 3	2.5	2 5	3 1
Dominican Republic	1.9	2.3	2.1	3.0	2.2	2.0
Haiti	1.5	1 1	1.0	1.3		..
Puerto Rico	...	...	..	..	...	. .
CARIBBEAN	**2.2**	**2.0**	**2.0**	**2.1**	**2.1**	**1.6**
Anguilla	...	0	0	N/A	N/A	N/A
Antigua and Barbuda	N/A	...	...	3.3	6 0	5.0
Aruba	...	...	...	...	...	..
Bahamas	1.2	1.5	1.7	1 6	1.5	1 8
Barbados	3.0	5.1	4 6	2.9	2.0	3 3
Cayman Islands	N/A	N/A	1.0	1.0	N/A	0.5
Dominica	2.0	N/A	...	...	...	1 5
French Guiana	2.1	1.4	2.1	1.6	1.1	.
Grenada	N/A	4.0	0.8	N/A	5.7	0.8
Guadeloupe	3.2	2.3	2.5	2 4	...	..
Guyana	3.0	2.8	2.3	2.0	2 3	1 1
Jamaica	2.5	2.0	1.2	2 1	2.0	1.3
Martinique	2.6	2.2	3.3	1.8	4.9	...
Montserrat	...	...	. .	N/A	0	0
Netherlands Antilles	...	...	...	...	...	.
Saint Kitts and Nevis	1.5	3.0	N/A	3.0	0.5	1.5
Saint Lucia	7.0	1.0	5.0	1.0	1.0	1.6
Saint Vincent and the Grenadines	0.4	2.0	1.3	4.0	1.7	3.0
Suriname	2.6	2.7	3.0	2.1	2.5	1.2
Trinidad and Tobago	2.7	1.9	2.2	2.4	3.4	2.0
Turks and Caicos Islands	6.0	0.0	N/A	N/A	1.0	.
Virgin Islands (UK)	N/A	1.0	N/A	1.0	0	0
NORTH AMERICA	**8.1**	**7.4**	**6.6**	**6.2**	**14.6**	**11.1**
Bermuda	4.0	2.0	4.8	2.4	4.0	4.5
Canada	16.4	21.1	16.7	15.5	14.9	11.8
United States of America	7.9	7.2	6.5	6.1	...	.

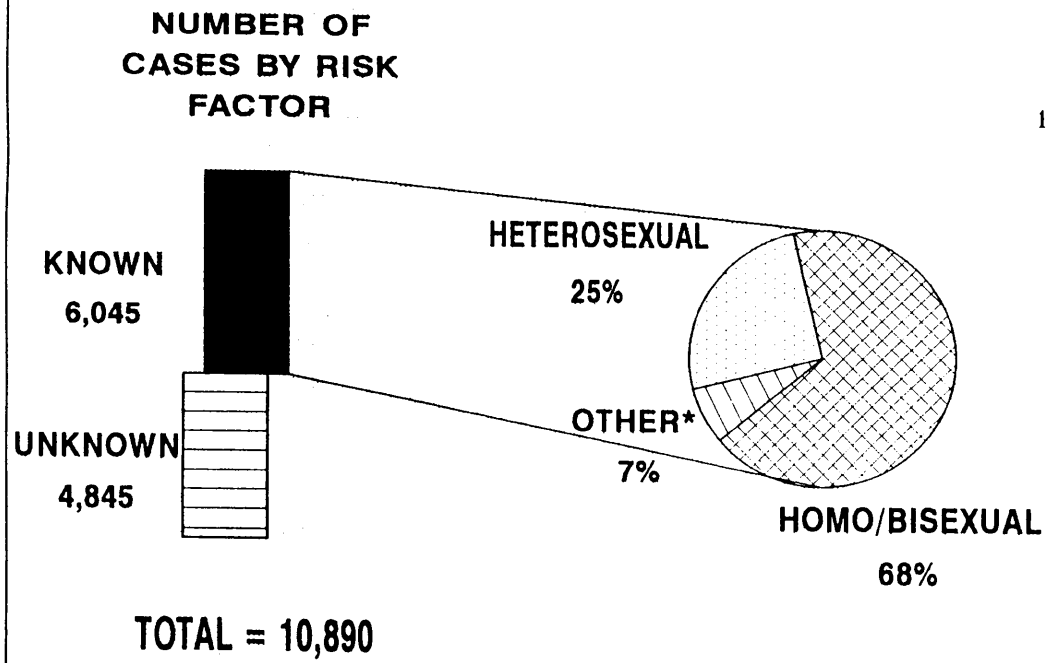
* 1994 data are incomplete due to delayed reporting
"N/A" = Not applicable No female cases reported for the period.
. . = Data not available by sex

TABLE 5. TOTAL CASES, PEDIATRIC CASES, PERCENT OF PEDIATRIC CASES FROM TOTAL; PERINATAL CASES, AND PERCENT OF PERINATAL CASES FROM PEDIATRIC, BY SUBREGION AND COUNTRY(a), THROUGH 10 JUNE 1995.

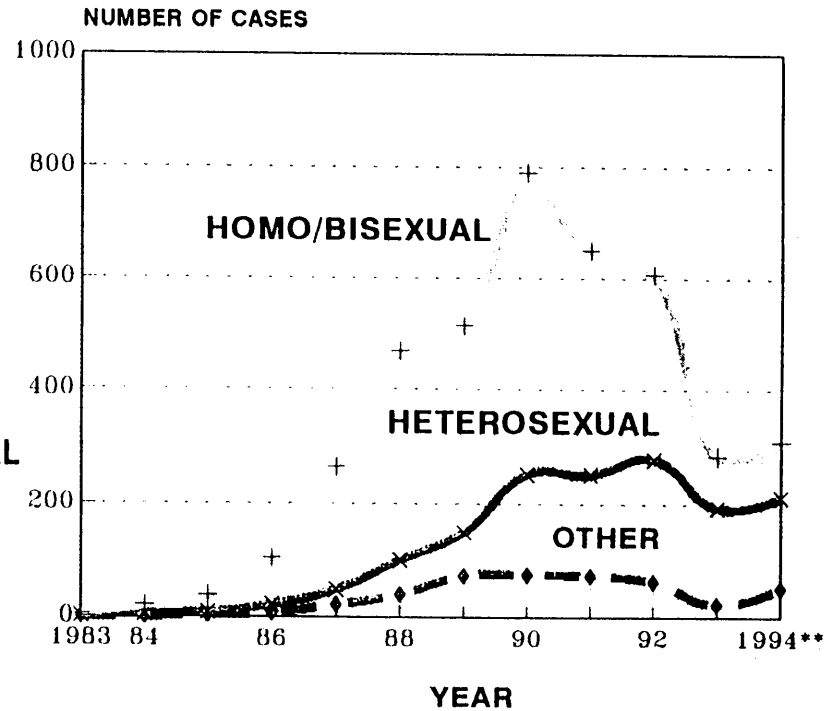
SUBREGION Country	TOTAL CASES	PEDIATRIC CASES	PERCENT PEDIATRIC	PERINATAL CASES	PERCENT PERINATAL
ANDEAN AREA					
Bolivia	97	1	1.0	1	100.0
Colombia	5,577	78	1.4	64	82.1
Ecuador	491	8	1.6	6	75.0
Peru	1,176	24	2.0	13	54.2
Venezuela	4,475	56	1.3	26	46.4
SOUTHERN CONE					
Argentina	6,187	180	2.9	143	79.4
Chile	1,016	17	1.7	14	82.4
Uruguay	587	34	5.8	31	91.2
BRAZIL	62,314	2,051	3.3	1,395	68.0
CENTRAL AMERICAN ISTHMUS					
Costa Rica	760	21	2.8	11	52.4
El Salvador	1,096	32	2.9	21	65.6
Guatemala	594	19	3.2	10	52.6
Honduras	4,283	164	3.8	152	92.7
Panama	864	24	2.8	20	83.3
MEXICO	22,055	595	2.7	285	47.9
LATIN CARIBBEAN b)					
Cuba	364	1	0.3	1	100.0
Dominican Republic	2,589	63	2.4	34	54.0
Haiti	4,967	213	4.3	16 *	7.5
Puerto Rico	13,980	299	2.1	287	96.0
CARIBBEAN					
Antigua and Barbuda	40	5	12.5	5	100.0
Bahamas	1,711	151	8.8	152	100.7
Barbados	537	24	4.5	23	95.8
Cayman Islands	18	1	5.6	0	0
Dominica	31	2	6.5	2	100.0
French Guiana	359	44	12.3	40	90.9
Grenada	63	2	3.2	2	100.0
Guadeloupe	370	16	4.3	14	87.5
Guyana	602	20	3.3	13	65.0
Jamaica	1,029	86	8.4	49	57.0
Martinique	266	12	4.5	10	83.3
Netherlands Antilles	157	1	0.6	1	100.0
Saint Kitts and Nevis	46	1	2.2	1	100.0
Saint Lucia	69	5	7.2	5	100.0
Saint Vincent and the Grenadines	66	2	3.0	2	100.0
Suriname	189	6	3.2	6	100.0
Trinidad and Tobago	1,742	133	7.6	119	89.5
Virgin Islands (UK)	8	2	25.0	1	50.0
NORTH AMERICA					
Bermuda	267	1	0.4	1	100.0
Canada	11,192	116	1.0	83	71.6
United States of America b)	441,528	5,435	1.2	4,808	88.5

* Number of perinatal cases dated as of 31/12/90.
(a) Does not include countries which have not reported AIDS cases in children.
(b) Puerto Rico is no longer included in the United States of America; its data are presented separately under Latin Caribbean.

FIG. 3a. PERCENT DISTRIBUTION OF AIDS CASES BY RISK FACTOR, CUMULATIVE THROUGH JUNE 1995, AND ANNUAL INCIDENCE OF AIDS CASES, 1983-1994, ANDEAN AREA.



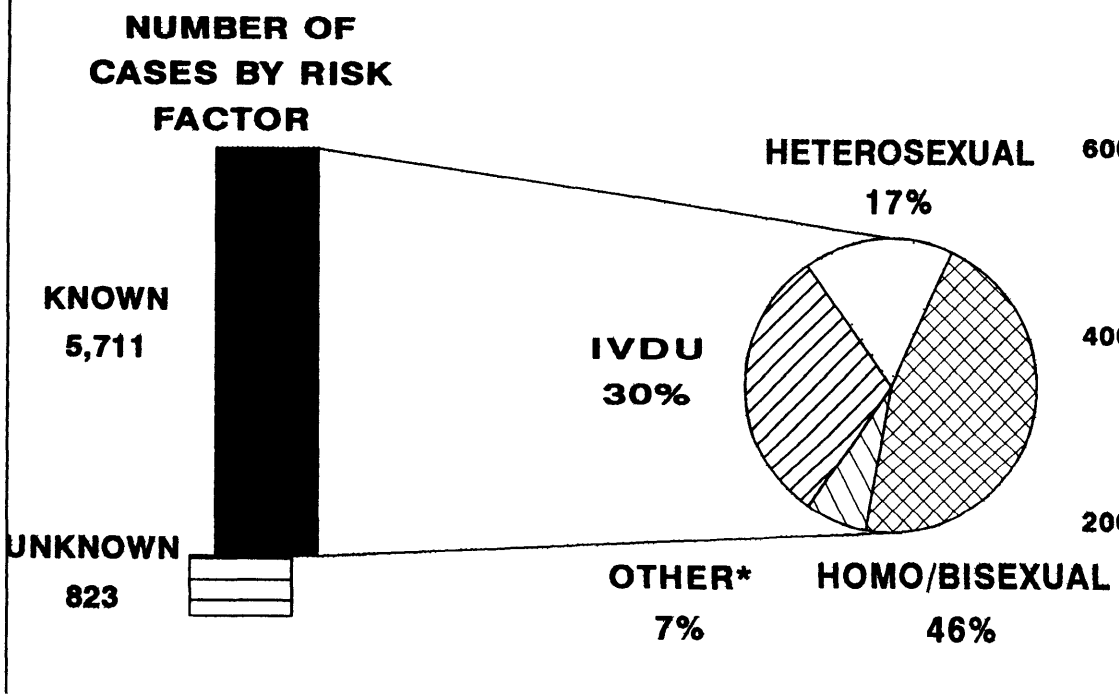
PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH JUNE 1995.



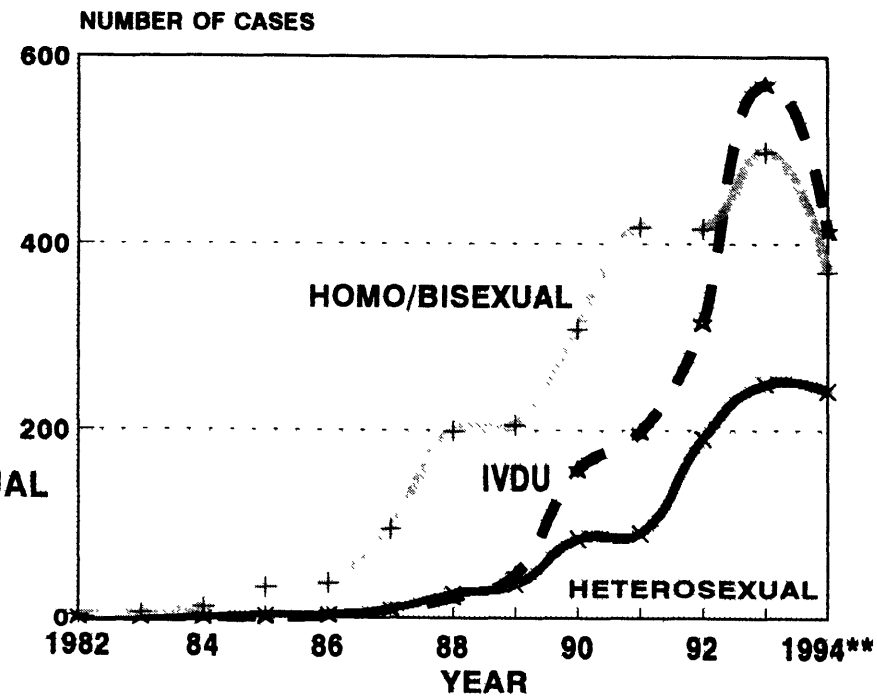
ANNUAL INCIDENCE OF AIDS CASES, BY SELECTED RISK FACTORS, 1983-1994**.

* INCLUDES 2.9% BLOOD, <1% IVDU, 1.7% PERINATAL, AND 1.4% OF OTHER KNOWN RISK FACTORS.
** 1994 DATA ARE INCOMPLETE DUE TO DELAYED REPORTING.

FIG. 3b. PERCENT DISTRIBUTION OF AIDS CASES BY RISK FACTOR, CUMULATIVE THROUGH JUNE 1995 AND ANNUAL INCIDENCE OF AIDS CASES, 1982-1994, SOUTHERN CONE.



TOTAL = 6,534

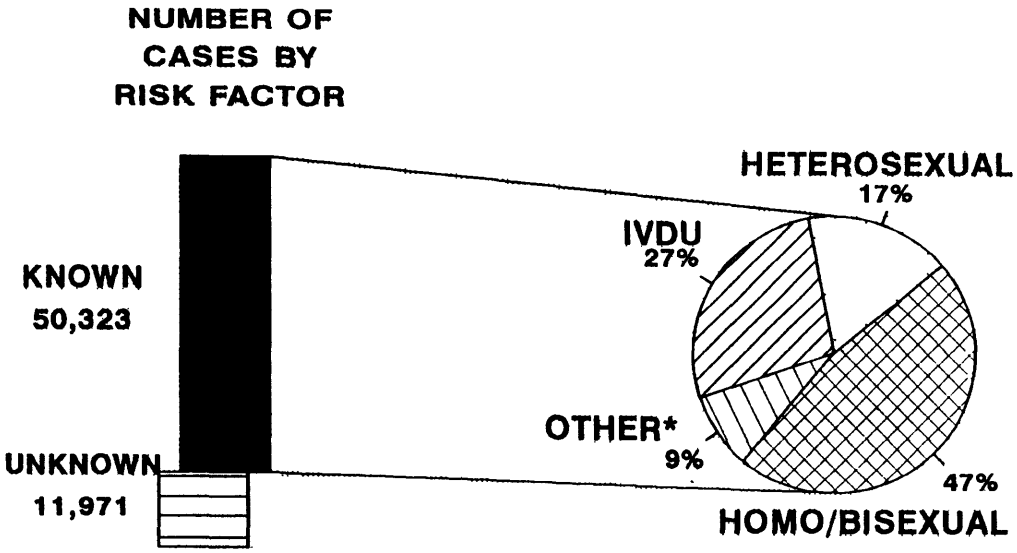


PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH JUNE 1995.

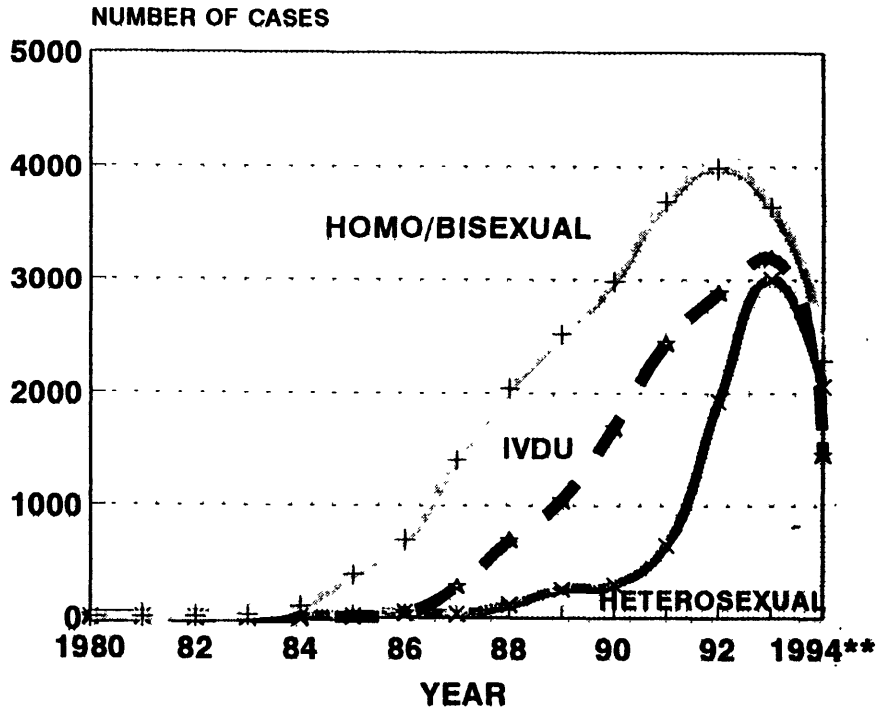
ANNUAL INCIDENCE OF AIDS CASES, BY SELECTED RISK FACTORS, 1982-1994**.

* INCLUDES 3% BLOOD, 3.3% PERINATAL AND .5% OF OTHER KNOWN RISK FACTORS.
** 1994 DATA ARE INCOMPLETE DUE TO DELAYED REPORTING.

FIG. 3c. PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH JUNE 1995, AND ANNUAL INCIDENCE OF AIDS CASES, 1980-1994, BRAZIL.



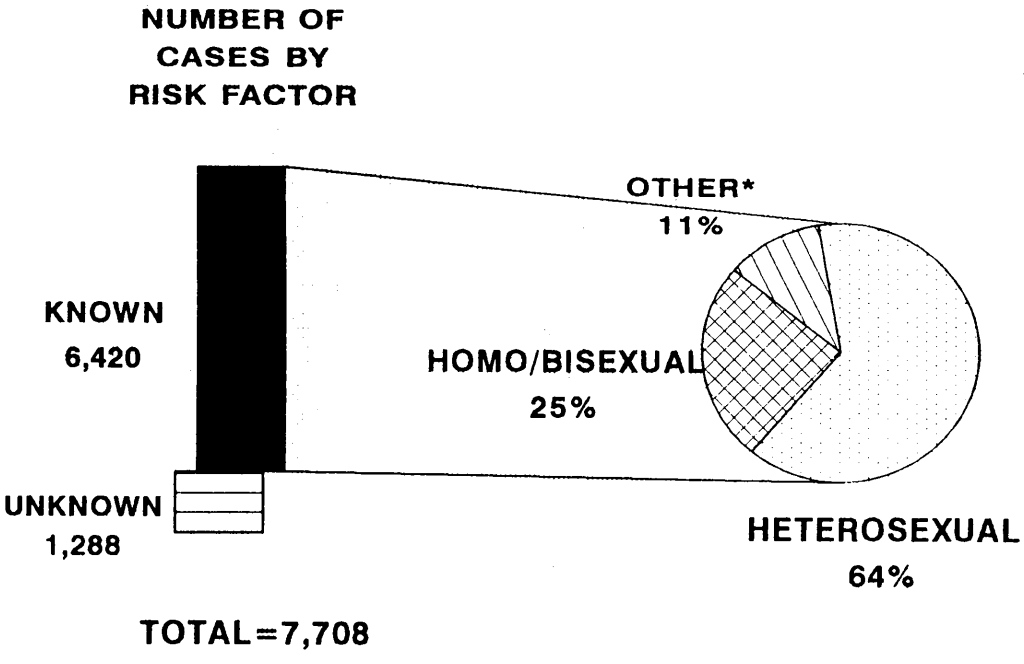
PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH JUNE 1995.

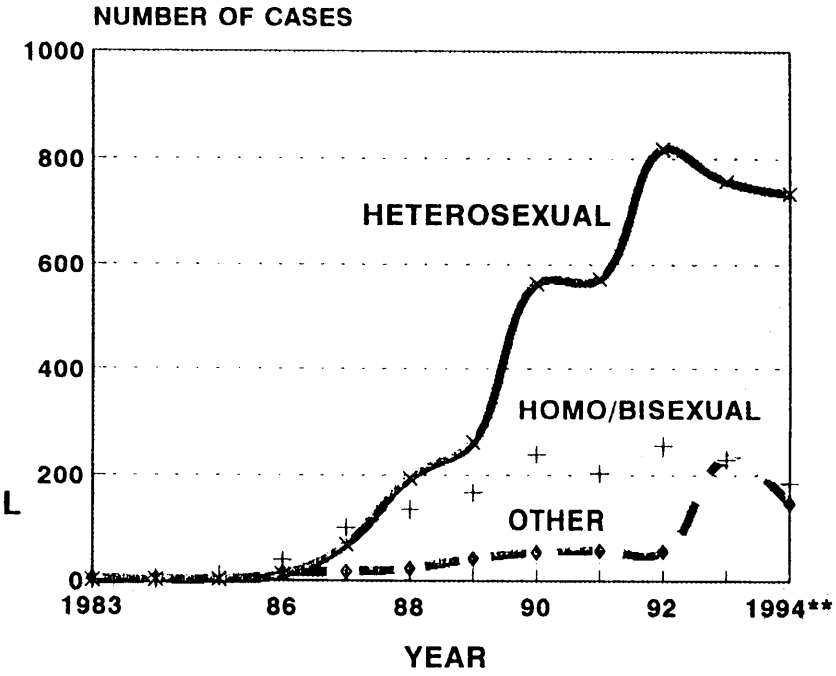


ANNUAL INCIDENCE OF AIDS CASES, BY SELECTED RISK FACTORS, 1980-1994**.

* INCLUDES 5.9% BLOOD AND 2.7% PERINATAL AND <1% OF OTHER KNOWN RISK FACTORS.
** 1994 DATA ARE INCOMPLETE DUE TO DELAYED REPORTING.

FIG. 3d. PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH JUNE 1995, AND ANNUAL INCIDENCE OF AIDS CASES, 1983-1994, CENTRAL AMERICAN ISTHMUS.



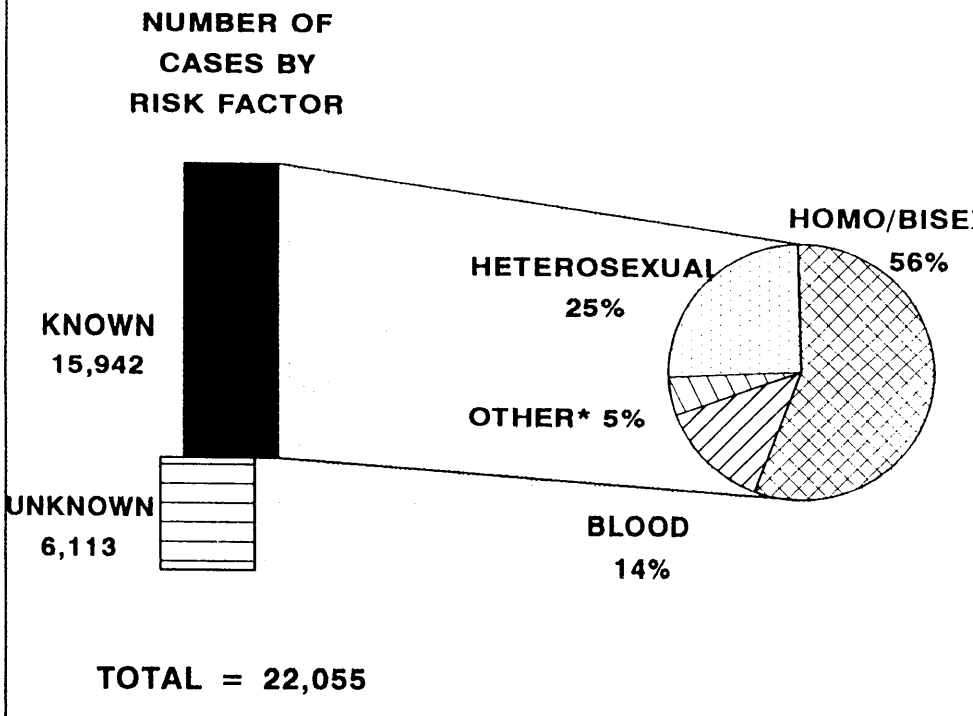


PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH JUNE 1995.

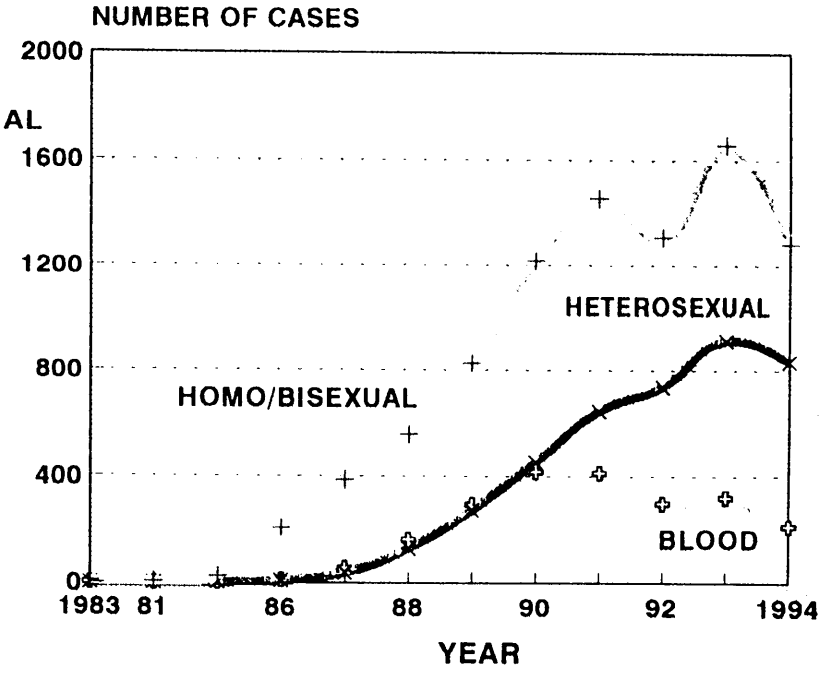
ANNUAL INCIDENCE OF AIDS CASES, BY SELECTED RISK FACTORS, 1983-1994.**

* INCLUDES 2% BLOOD, 1% IVDU, 3.3% PERINATAL AND 4.7% OF OTHER KNOWN RISK FACTORS.
** 1994 DATA ARE INCOMPLETE DUE TO DELAYED REPORTING.

FIG. 3e. PERCENT DISTRIBUTION OF AIDS CASES BY RISK FACTOR, CUMULATIVE THROUGH JUNE 1995, AND ANNUAL INCIDENCE OF AIDS CASES, 1983-1994, MEXICO.



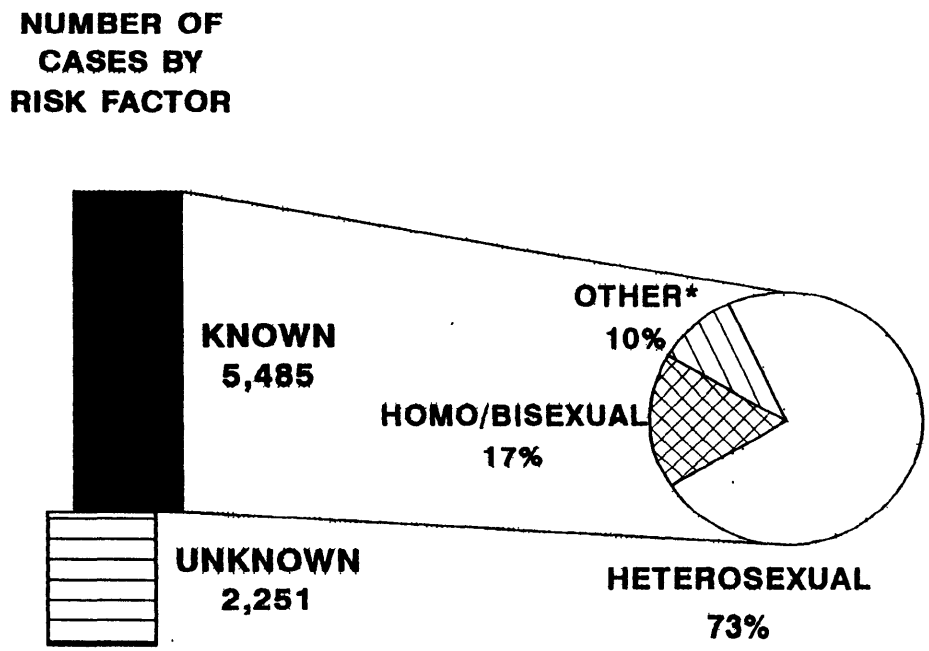
PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH JUNE 1995.



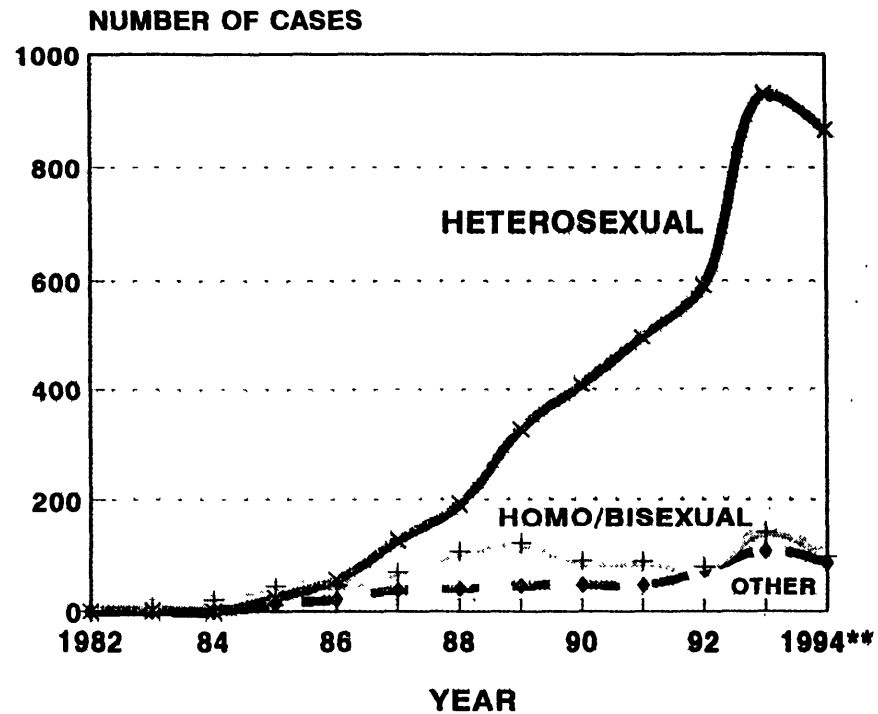
ANNUAL INCIDENCE OF AIDS CASES, BY SELECTED RISK FACTORS, 1983-1994.

* INCLUDES <1% IVDU, 2% PERINATAL AND 2.2% OF OTHER KNOWN RISK FACTORS.

FIG. 3f. PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH JUNE 1995, AND ANNUAL INCIDENCE OF AIDS CASES, 1982-1994, CARIBBEAN.



PERCENT DISTRIBUTION OF AIDS CASES, BY RISK FACTOR, CUMULATIVE THROUGH JUNE 1995.



ANNUAL INCIDENCE OF AIDS CASES, BY SELECTED RISK FACTORS, 1982-1994**.

* INCLUDES <1% BLOOD, < 1% IVDU, 8% PERINATAL AND 1.5% OF OTHER KNOWN RISK FACTORS.

** 1994 DATA ARE INCOMPLETE DUE TO DELAYED REPORTING.