proaches for the identification of high risk individuals in different populations.

The literature reviewed has permitted a clear differentiation of the following subgroups among drug users:

- Traditional drug users in rural areas, who consume coca leaf, *maconha* and hallucinogenic fungi for culturally accepted reasons. Nutritional and native religious practices have been important factors reinforcing these habits.
- Middle and upper-class individuals, usually young adults, of large metropolitan areas, who follow international trends and fashions in drug use. These were the typical users of LSD in the 1960s, MDA in the 1970s, and cocaine in the 1980s.
- Poorly educated slum dwellers, for whom chemical stimulants are part of their "poverty life-style." They inhale solvents as children and drink alcohol heavily later in life.

The technology needed to conduct methodologically adequate studies, which can further illuminate some of these areas, is available and has been systematically disseminated by the World Health Organization. The United States National Institute on Drug Abuse (NIDA) has also devoted several publications to the methodology of international drug abuse and trend studies. There are several research groups in Latin America and the Caribbean that could collaborate in a joint effort to study this area. WHO has outlined projects and activities on prevention and other drug dependence aspects. However, their effectiveness depends on an accurate assessment of the extent of specific drug consumption in each country and a realistic awareness of the local situation.

Some research groups have published adequately designed studies in Brazil, Chile, Colombia, Costa Rica, Mexico, and Peru. There may be others, not mentioned in this review, that could participate in the challenge of improving the amount and quality of information on drug use in the countries of the Americas.

Bibliographic references on this topic may be requested from the Health of Adults Program (HPA), PAHO.

(Source: Abstracted from: Epidemiology of Drug Use in Central and South America, by Ramon U. Florenzano, School of Medicine, University of Chile, Santiago, Chile.)

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AIDS Surveillance in the Americas: Report through 31 December 1985

Overview

Acquired immune deficiency syndrome (AIDS) cases in the Region of the Americas continue to increase, with the vast majority of cases (93.1%) reported from North America. Excluding the United States of America and Canada, 1,250 cases have been notified from all other countries combined. The Caribbean Area (Latin American and non-Latin American) has confirmed a total of 538 cases or 17.5 cases per million population. Latin American countries, including the Central American Isthmus, Brazil, and Mexico have reported a total of 685 cases, or 2.1 cases per million population. The countries with the greatest number of cases include the United States (16,130), Brazil (540), Canada (435), and Haiti (377), which together account for 17,482 cases or 98.1%, of the Region's total. Table 1 shows the number of AIDS cases and deaths reported in the Region through 31 December 1985.

For the first time since 1983, when PAHO initiated its current surveillance system, many countries failed to report the new cases diagnosed during the second semester (1 July through 31 December 1985) in time for inclusion in the year's report. These countries include Anguilla, Argentina, Cayman Islands, Costa Rica, Grenada, Haiti, Jamaica, Trinidad and Tobago, Saint Vincent and the Grenadines, and Turks and Caicos Islands. Thus this report may underestimate the actual total of AIDS cases in the Region.

As of 31 December 1985, no AIDS cases had been diagnosed in the following countries: Antigua, Belize, British Virgin Islands, Cuba, Dominica, Guyana, Montserrat, Nicaragua, and Paraguay.

Table 1. Number of AIDS cases and deaths reported in the Americas through 31 December 1985.

Subregion and country	No. of confirmed cases	No. of deaths
Latin America, Andean Group		
Bolivia	1	1
Colombia	5	3
Ecuador	4	3
Peru	9	4
Venezuela	32	22
Subtotal	*51*	*33*
Latin America, Southern Cone		
Argentina	26[a]	13[a]
Chile	7	4
Uruguay	10	4
Subtotal	*43*	*21*
Brazil	540	252
Central American Isthmus		
Costa Rica	6[a]	2[a]
El Salvador	1	1
Guatemala	2	2
Honduras	1	1
Panama	8	3
Subtotal	*18*	*9*
Mexico	33	11
Dominican Republic	39	22
Haiti	377[a]	88[a]
Subtotal	*416*	*110*
Non-Latin Caribbean		
Bahamas	38	7
Barbados	4	4
French Guiana	31	15
Grenada	2[a]	0[a]
Guadeloupe, St. Martin and St. Bartholomew	12[b]	0[b]
Jamaica	2[a]	1[a]
Martinique	2[b]	0[b]
St. Christopher and Nevis	1	0
Saint Lucia	10	2
Saint Vincent and the Grenadines	1[a]	1[a]
Suriname	3	1
Trinidad and Tobago	16[a]	0[a]
Subtotal	*122*	*31*
North America		
Bermuda	27[c]	17[c]
Canada	435	207
United States of America	16,130	8,216
Subtotal	*16,592*	*8,440*
Total	17,815	8,907

[a]Did not report for the final semester of 1985 (1 July through 31 December).

[b]Includes data through April 1985 only.

[c]Includes data through 31 October 1985 only.

Discussion

The AIDS problem keeps on growing in magnitude and importance, while the list of countries which have yet to report this disease shrinks dramatically. Much remains to be learned about the epidemiology of the disease in individual countries, inasmuch as different population groups may be at risk. In Brazil, for instance, over 85% of AIDS patients are homosexual males, and very few (less than 2%) are drug addicts. In the Bahamas, however, the reverse is true. The increasing availability of the ELISA serological test in the Region should contribute to a better knowledge of the epidemiology of AIDS and its modes of transmission.

PAHO has distributed Guidelines for AIDS to all its Member Governments, Country Officers, and Centers. Individual copies may be obtained by writing to PAHO's Health Situation and Trend Assessment Program. In addition to discussing many aspects of AIDS, the Guidelines recommend that more detailed, more frequent surveillance information be collected. As of 1 July 1986, PAHO initiated quarterly surveillance by requesting minimum data which will include age, sex, and overall characteristics of patients or risk groups (e.g., homosexual, drug addict, hemophiliac, transfusion recipient, etc.). From this same date on, PAHO's Caribbean Epidemiology Center will coordinate all surveillance for the non-Latin Caribbean countries. Country collaboration will be important for rapid feedback regarding the AIDS situation in the Americas.

(Source: Health Situation and Trend Assessment Program, PAHO.)