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ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) IN THE AMERICAS

Since 1987, PAHO has been promoting the establishment of national AIDS prevention and control programs in the territories and countries of the Region of the Americas in accordance with the standards set by the Global Program on AIDS (GPA) of the World Health Organization. To accomplish this task, more than \$20 million has been allocated from GPA resources for the direct support of national programs and more than \$7.5 million for regional activities. This document summarizes the status of the AIDS epidemic and regional prevention activities in the Americas.

The Members of the Executive Committee raised questions and requested clarification on various points in the document presented at its 107th Meeting (CE107/8 and ADD. I). Specifically, they asked that the targets of the Program on AIDS in the Americas be quantified and specified, and that these targets be linked to the corresponding objectives. In addition, they requested that further information be provided on: the effectiveness of the work of the Communication, Information, and Education Centers; progress in AIDS research under the contract with the National Institute of Allergy and Infectious Diseases; steps taken to follow up on the Declaration of Kingston emanating from the meeting on "Integration of Behavior Interventions for the Prevention of AIDS and STD"; measures to prevent HIV transmission via transfusion of blood and blood products; and the transfer of technology in this area.

In response to the suggestions of the Executive Committee, the document has been revised (see Annex), and it now contains the following modifications, additions, and clarifications: targets have been specified in relation to the objectives for the biennium 1992-1993 (pages 11 and 12), and information has been added on the work of the Communication,

Information, and Education Centers (page 7), follow-up on the Declaration of Kingston (page 7), actions taken to prevent infection by transfusion (page 6), and research carried out under the contract between PAHO and the National Institute of Allergy and Infectious Diseases (pages 7 and 8).

It is asked that the Directing Council review the status of regional and national efforts for the prevention and control of AIDS and formulate recommendations for targets and lines of action to be undertaken by GPA/Americas in the biennium 1992-1993. Finally, the Directing Council is asked to consider the following resolution recommended by the Executive Committee:

THE 107th MEETING OF THE EXECUTIVE COMMITTEE,

Having examined the report on acquired immunodeficiency syndrome (AIDS) in the Americas (Document CE107/8 and ADD. I),

RESOLVES:

To recommend to the XXXV Meeting of the Directing Council the adoption of a resolution along the following lines:

THE XXXV MEETING OF THE DIRECTING COUNCIL,

Having examined the report on acquired immunodeficiency syndrome (AIDS) in the Americas (Document CD35/14);

Recalling and reaffirming Resolution XIX of the XXIII Pan American Sanitary Conference;

Having regard for the difficulties of undertaking national, regional and global efforts to prevent AIDS and human immunodeficiency virus (HIV) infection as identified therein; and

Considering the need for a concerted, continuous effort to reduce the social and economic consequences of the AIDS epidemic and of increasing HIV infection rates in the Americas,

RESOLVES:

1. To support the lines of action and biennial goals of the AIDS Program in the Americas as presented in Document CD35/14.

2. To recommend to the Member Governments that they place special emphasis on evaluating the effectiveness and efficiency of activities carried out under their national HIV and AIDS prevention and control programs, especially in the areas of infection prevention and health education.

3. To urge the Member Governments to promote the development of activities in the areas of research, technology transfer, and the dissemination of technical and scientific information.

4. To recommend to the Member Governments that they intensify activities designed to influence health behavior and prevent HIV infection through an approach based on intersectoral integration and decentralization to the state, provincial, and community levels.

5. To request the Director of the Pan American Sanitary Bureau to continue the Organization's support to national AIDS prevention and control programs through interprogram efforts coordinated both in Headquarters and in the Country Offices.

Annex

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)
IN THE AMERICAS

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ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) IN THE AMERICAS

1. Introduction

In a relatively short period of time, the human immunodeficiency virus (HIV) has managed to spread throughout the entire world. As of 15 June 1991, 162 of 180 countries and territories in the world had officially reported 366,455 cases of AIDS to the World Health Organization (WHO), but it was estimated that since cases are under-reported, the cumulative total is probably closer to 1.3 million. The number of HIV-infected adults is estimated at 8 to 10 million, 3 million of them women. By the year 2000, it is conservatively estimated that there will be at least 5 to 6 million cases of AIDS in adults and a total of 26 to 30 million persons infected with HIV, 10 million of whom will be children. The HIV/AIDS epidemic is cause for great concern in industrialized countries, and is rapidly becoming a major problem in developing countries as well. While in 1985 it was estimated that only half of all the infections in the world had occurred in developing countries, this proportion had increased to around two thirds by 1990. By the year 2000, these countries' share will be between 75% and 80%, and by 2020 it will be between 80% and 90% of the world total.

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

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

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

As of 15 June 1991, the 46 countries and territories in the Americas had reported 216,632 cases of AIDS to the Pan American Health Organization (PAHO) since surveillance began in 1983. Of this number, a cumulative total of 129,359 have died (Annex I).

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

Table III of Annex I shows the annual incidence by sex for each country of the Region. Although in most of the countries the rates for women continue to be lower than those for men, in some instances there were marked increases among the female population. In Honduras, for example, the rate of 9.4 per million females in 1987 rose to 81.7 in 1990, representing a jump of more than 700% and at least paralleling the increase among men. In general, the countries that have reported larger proportions of cases due to heterosexual transmission have also had greater increases in the rates for women, which in turn are beginning to be reflected in more cases in children due to perinatal transmission. The trends in these two population groups (women and children) will need to be watched closely in the near future as more information becomes available on the extent of intravenous drug use and its importance as a risk factor for HIV transmission.

Figure 1 of Annex I shows the distribution of AIDS cases in North America, Latin America, and the non-Latin Caribbean by risk factors. In North America, transmission between homosexual or bisexual males corresponds to 61.2% of the cases, and transmission between intravenous drug users almost one fourth. In the non-Latin Caribbean, on the other hand, heterosexual transmission is almost 60%, with consequently 9% transmission from mother to child. In Latin America the proportion of cases transmitted between homosexual and bisexual males is about 50%; one fourth corresponds to heterosexual transmission; 10%, to transmission via blood and blood products, and, surprisingly, 12% to transmission through intravenous drug abuse. Perinatal transmission represents 2% of the cases.

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

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

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

- In general, still less than 10% of HIV transmissions is by blood transfusion or contaminated needles. However, this remains a persistent problem in blood banks, and represents a growing problem among intravenous drug users.
- In the Region, less than 2% of HIV infections are from an infected mother to her newborn, but this proportion is increasing.
- The HIV infections and AIDS cases are located mainly in cities, while in most of the countries the incidence of HIV and AIDS in rural areas continues to decline.
- Between 20% and 50% of the intravenous drug users in some parts of Argentina, Brazil, Uruguay, the United States of America, and other countries have been found to be HIV-infected.

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

3. Development of Programs to Combat AIDS in the Americas

The programs to combat AIDS in the Americas began taking shape in the mid-1980s, when the first emergency activities to control the disease were initiated. This stage included emergency financing provided by the Global Program on AIDS for activities in the countries. PAHO helped the Member Countries to develop both their emergency strategies and their short-term programs for the control of AIDS, giving them initial financing for those activities. By mid-1988 all the countries had received some form of financing for their AIDS control activities, and in 1989 the last of the short-term plans was approved and financed. As it became evident that the problem was going to last for a long time, priority also began to be extended to the coordination of control activities in the medium term. Short-term planning continued in parallel with medium-term planning, which involved the detailed development of national activities within a three-year planning framework.

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

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

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

3.1 Global Program on AIDS in the Americas

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

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

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

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

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

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

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

3.2 Achievements of PAHO Technical Cooperation with the Member Countries

Emergency and short-term programs began to be developed in the Region in 1987, with PAHO providing technical and financial assistance for the activities that they envisaged. Since 1988, medium-term (three-year) plans for national AIDS prevention and control programs have been developed for the following subregions: the Latin Caribbean, Mexico, Central America, and the Andean Area. Plans for the Southern Cone and Brazil are nearing completion.

In the process of developing these plans, PAHO has mobilized human resources that have made it possible to provide the Member Countries with technical assistance from expert consultants in the areas of management

and finances, epidemiology, education, health promotion, and laboratories. More than 85% of the consultants are from within the Region, not including the United States of America, which reflects the promotion of technical collaboration among developing countries.

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

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

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

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

In cooperation with the National Reference Laboratories, the Regional Program is carrying out actions related to the supply of diagnostic reagents, the transfer or incorporation of appropriate technology, training, quality control, and biosafety in the diagnosis HIV infection.

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

The Program provides technical and scientific information to the national AIDS prevention and control programs. Among the special initiatives is the establishment of three Communication, Information, and Education Centers, one each in Mexico and Brazil and one at the PAHO-administered Caribbean Epidemiology Center (CAREC). Their purpose is to collect and evaluate informational and educational materials on AIDS from as many countries as possible and then to disseminate and use them widely in the formulation of national education programs. These centers have set the stage for the creation of other centers at the country level with similar functions, to be funded under the medium-term plan. CD-ROM technology is being used to distribute scientific information to the national programs. The U.S. National Library of Medicine's entire bibliography on AIDS plus selected full-length articles from important journals throughout the world have been stored on compact disks. PAHO continued to use

innovative technology to promote AIDS education through the Third Pan American Teleconference on AIDS, held in Caracas, Venezuela, in March of the present year, as a part of the "Communicating for Health" initiative.

As a contribution to activities for the formation and technical training of in-service professionals and staff in the national programs, the Regional Program has given a series of workshops in such areas as health promotion, counseling, epidemiological surveillance, research techniques and methods, with participants from all the countries of the Region. Worthy of special mention was the meeting on behavioral interventions for the prevention of AIDS and STD held in Kingston, Jamaica, in December 1990, with the active participation of representatives and delegates from 33 countries and territories in the Americas. The results of this meeting have been disseminated in all the countries of the Region. A meeting cosponsored by the Latin American Union Against Sexually Transmitted Diseases, to be held at the end of 1991, will provide a forum for following up on the major conclusions contained in the Declaration of Kingston and on the progress that has been made in this regard.

In the area of research, under the terms of the special contract with the U.S. National Institutes of Health (National Institute of Allergy and Infectious Diseases), PAHO has established research programs on AIDS in several countries. Three research projects are already under way in the Dominican Republic, Jamaica, and Brazil, and one is soon to be executed in Mexico. The status of each of these projects is as follows:

- In the Dominican Republic a study on the seroprevalence of sexually transmitted diseases is being carried out in two clinics. The collection of samples and data has completed, and researchers are in the final phase of analyzing their material. So far, the results of this work have been presented in seven scientific papers given at international congresses on AIDS, as well as in a scientific monograph currently in press, a study that has been sent for publication, and two papers in the process of being prepared.

- In Jamaica a study is being carried out on the seroprevalence of retrovirus in an STD clinic. The samples and data for this study have already been collected and are in the process of being analyzed.

- In Brazil a study is being carried out on heterosexual transmission of HIV from men to women in couples when one is HIV-infected and the other is not. The investigation is currently in the data collection phase. Approximately half the number of couples needed for the desired sample have been recruited. Preliminary data from this study were presented in two papers at the last international congress on AIDS.

Finally, work was completed on the protocol for an investigation to be carried out in Mexico to assess the effectiveness of two regimens of tuberculosis chemotherapy in PPD-positive individuals who are also infected with HIV. Work is expected to begin in October 1991.

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

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

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

In order to ensure the continuity of external cooperation, it is indispensable that the countries shore up their capacity to monitor both technical and financial aspects of program activities so that they will be in a position to report achievements, progress, and difficulties under the program to national authorities and cooperating agencies on a timely basis. At the same time, since the availability of additional resources is linked both to the periodic reporting of progress under the national program and to local capacity to mobilize resources bilaterally within the country, PAHO will continue to support the countries in the strengthening of these two activities.

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

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

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

4.1 Leadership

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

4.2 Development of National AIDS Prevention Programs

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

4.3 Community Response

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

4.4 Behavior

Much remains to be learned about human behavior. Specifically in Latin America and the Caribbean, there has been no adequate study of the areas of human sexuality, sexual and social interaction between men and women from different socioeconomic strata, or the precise role of homosexual and bisexual men in HIV transmission. Prostitution continues to be regarded as the principal source of sexually transmitted diseases in many countries. Unfortunately, in this situation female prostitutes continue to be the only easily identifiable group for interventions which for the most part are ineffective. There is a need to concentrate efforts on the growing problem of drug and substance abuse as a factor contributing to the spread of HIV and sexually transmitted diseases in Latin America and the Caribbean.

4.5 Human Rights, AIDS, and Health

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

4.6 Women and AIDS

Inequity between men and women continues to persist in most societies, not only in Latin America and the Caribbean but also in the

rest of the world. Women continue to be stigmatized as the source of sexual transmission of disease, and as if this were not enough, it is women also who carry the greater burden of adverse social and health consequences. At the same time, women do not have the same access that men have to means of preventing STD.

4.7 Utilization of Knowledge

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

4.8 Accessibility of Technology for the Diagnosis, Treatment, and Prevention of HIV Infection

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

4.9 Attention and Support for HIV-infected Individuals and Patients with AIDS

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

4.10 Human Resources for the Prevention and Care of HIV and AIDS

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

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

So far it is only possible to speak of program development because it is too early to evaluate the impact of actions taken. However, the

Pan American Health Organization envisages several lines of action and numerous activities in the coming years that will be related to the specific program targets included in Annex II. In the present section the corresponding targets are given in parentheses after each objective or broad area of activity.

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

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

In order to reach this objective, it will be necessary to develop interventions aimed at specific population groups (target 10), which will permit the establishment of appropriate systems for the supply and distribution of condoms (target 11) and the introduction of educational interventions in the schools (target 13). The achievement of this objective also requires the development of research capability (target 21) and the capacity to evaluate interventions (target 12), as well as the implementation of an epidemiological surveillance system (target 8) and specific seroprevalence studies (target 17) for measuring progress toward its attainment.

Objective: To eliminate HIV transmission via transfusion of blood and blood products in all the countries of the Americas. This objective was proposed previously but has not yet been met.

Appropriate legislation, infrastructure, and technology will have to be in place in order to achieve this objective. The Organization will focus its efforts on the screening of blood (targets 3, 4, and 5) which is technologically and financially feasible, and it will be up to the Member Countries to develop the legislative mechanisms and create the blood bank infrastructure (target 4). In order to measure progress toward the attainment of this objective, the necessary information systems will be developed (target 8).

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

Attention will be focused on developing interprogrammatic collaboration (targets 3, 18 and 19), participation by NGOs (target 6), laboratory infrastructure (target 5), and the services needed (target 6) to care for the HIV-infected. When necessary, the capacity to conduct essential research and studies on drugs (targets 20 and 21) will be developed in order to reach this objective.

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

The attainment of this objective involves developing the capacity to conduct the research needed (targets 12, 16, 21, and 22) in order to

determine the risk factors for HIV transmission, especially with regard to perinatal transmission (target 18) and the role of STD (target 19). It also will be necessary to develop the necessary laboratory infrastructure (target 5) as well as information and surveillance systems and specific studies (targets 8, 15 and 17).

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

- Establishment and continued support for effective and efficient AIDS prevention efforts at the country level

This implies:

- a) A firm commitment on the part of the Member Countries to ensure intersectoral participation by governmental and nongovernmental agencies in the national AIDS prevention programs. In order to secure this commitment, both the Global Program on AIDS and GPA/Americas will be approaching the highest decision-making levels in the countries and will be collaborating in the identification of appropriate national resources that can be devoted to the AIDS prevention program at the national level.
 - b) Exploration of mechanisms for ensuring that there are national financial resources and international support (multilateral and bilateral), public and private, for AIDS prevention efforts. In almost all the countries there are resources in the health programs that are not being taken advantage of, often because of lack of information about the identity, mission, objectives, and capacities of specific groups and public and private agencies that might be able to give financial support in this area.
 - c) Development of national capacity to plan, carry out, monitor, and evaluate AIDS prevention activities in all the countries of the Americas, and identification of high-risk groups that should be the focus of interventions.
- Research, transfer of appropriate technology, and dissemination of technical and scientific information (targets 3-5, 9, 11, 12, 15-22)

This entails:

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

- b) Identification and development of appropriate technology (laboratory tests, medical and behavioral interventions, including vaccines and therapeutic trials, information systems, etc.).
- c) Subregional and intercountry approaches for facilitating implementation of the foregoing.
- Integration and decentralization of behavioral and public health interventions at the state, provincial, and community level (targets 3, 6, 7, 8, 9, 10, 12)

This implies:

- a) Identification and support of local health systems, both formal and informal.
- b) Collaboration between the AIDS programs and other relevant social and health services (sexually transmitted diseases, maternal and child health, tuberculosis, community development, etc.).
- c) Policies and guidelines for ensuring that these integration and decentralization processes are carried out effectively, with special emphasis on the delivery of long-term medical and social services.

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

Annexes

AIDS SURVEILLANCE IN THE AMERICAS

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

Information as of 15 June 1991

AIDS SURVEILLANCE IN THE AMERICAS

Summary

Data as received by 15 June 1991

Cumulative number of cases reported

worldwide: 366,455

Cumulative number of cases reported

in the Americas: 216,632

Cumulative number of deaths reported

in the Americas: 129,359

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

| SUBREGION Country | Number of cases | | | | | | Cumulative total (a) | Total deaths | Date of last report |
|--------------------------------|-----------------|--------|--------|--------|--------|-------|-------------------------|-----------------|---------------------------|
| | Through 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | | | |
| REGIONAL TOTAL | 45,471 | 33,198 | 41,899 | 47,283 | 43,079 | 5,504 | 216,832 | 129,359 | |
| LATIN AMERICA b) | 3,679 | 4,683 | 7,510 | 8,866 | 8,821 | 476 | 33,860 | 14,210 | |
| ANDEAN AREA | 181 | 398 | 649 | 808 | 841 | 247 | 3,234 | 1,538 | |
| Bolivia | 3 | 3 | 10 | 2 | 7 | ... | 25 | 20 | 31/Dec/90 |
| Colombia | 61 | 181 | 283 | 330 | 450 | 198 | 1,483 | 647 | 31/Mar/91 |
| Ecuador | 13 | 19 | 25 | 15 | 34 | ... | 127 | 79 | 31/Dec/90 |
| Peru | 12 | 60 | 68 | 117 | 141 | ... | 398 | 155 | 31/Dec/90 |
| Venezuela | 92 | 135 | 283 | 342 | 209 | 49 | 1,201 | 637 | 31/Mar/91 |
| SOUTHERN CONE | 112 | 128 | 264 | 335 | 523 | 13 | 1,373 | 430 | |
| Argentina | 73 | 72 | 169 | 229 | 377 | ... | 920 | 263 | 31/Dec/90 |
| Chile | 29 | 40 | 63 | 65 | 58 | ... | 255 | 60 | 31/Dec/90 |
| Paraguay | 2 | 5 | 4 | 3 | 12 | ... | 26 | 18 | 31/Dec/90 |
| Uruguay | 8 | 9 | 28 | 38 | 76 | 13 | 172 | 89 | 31/Mar/91 |
| BRAZIL | 1,584 | 2,162 | 3,580 | 4,518 | 4,421 | 77 | 16,340 | 7,899 | 31/Mar/91 |
| CENTRAL AMERICAN ISTHMUS | 87 | 189 | 380 | 531 | 833 | 125 | 2,161 | 796 | |
| Belize | 1 | 6 | 4 | 0 | 1 | ... | 12 | 8 | 31/Mar/90 |
| Costa Rica | 20 | 23 | 52 | 56 | 81 | ... | 232 | 122 | 31/Dec/90 |
| El Salvador | 7 | 16 | 55 | 149 | 96 | 34 | 357 | 63 | 31/Mar/91 |
| Guatemala | 16 | 12 | 18 | 18 | 78 | 23 | 165 | 83 | 31/Mar/91 |
| Honduras | 17 | 102 | 188 | 231 | 513 | 66 | 1,133 | 359 | 31/Mar/91 |
| Nicaragua | 0 | 0 | 2 | 2 | 7 | 2 | 13 | 12 | 31/Mar/91 |
| Panama | 26 | 30 | 61 | 75 | 57 | ... | 249 | 149 | 31/Dec/90 |
| MEXICO | 793 | 1,065 | 1,558 | 1,673 | 1,017 | 1 | 6,107 | 3,022 | 31/Mar/91 |
| LATIN CARIBBEAN c) | 922 | 723 | 1,079 | 994 | 886 | 13 | 4,665 | 525 | |
| Cuba | 3 | 24 | 24 | 12 | 10 | ... | 73 | 40 | 31/Dec/90 |
| Dominican Republic | 124 | 222 | 324 | 529 | 246 | 13 | 1,506 | 188 | 31/Mar/91 |
| Haiti | 795 | 477 | 731 | 453 | 630 | ... | 3,086 | 297 | 31/Dec/90 |
| CARIBBEAN | 465 | 374 | 489 | 725 | 699 | 38 | 2,802 | 1,572 | |
| Anguilla | 0 | 0 | 1 | 2 | 1 | ... | 4 | 3 | 30/Sep/90 |
| Antigua | 2 | 1 | 0 | 0 | 3 | ... | 6 | 5 | 31/Dec/90 |
| Bahamas | 86 | 90 | 93 | 168 | 162 | ... | 599 | 296 | 31/Dec/90 |
| Barbados | 32 | 24 | 15 | 40 | 61 | 20 | 192 | 134 | 31/Mar/91 |
| Cayman Islands | 2 | 1 | 1 | 1 | 2 | ... | 7 | 7 | 31/Dec/90 |
| Dominica | 0 | 5 | 2 | 3 | 2 | ... | 12 | 11 | 30/Jun/90 |
| French Guiana | 78 | 25 | 34 | 54 | 41 | ... | 232 | 144 | 30/Sep/90 |
| Grenada | 3 | 5 | 3 | 8 | 5 | ... | 24 | 15 | 31/Dec/90 |
| Guadeloupe | 47 | 41 | 47 | 47 | ... | ... | 182 | 85 | 31/Dec/89 |
| Guyana | 0 | 10 | 34 | 40 | 61 | ... | 145 | 49 | 31/Dec/90 |
| Jamaica | 11 | 32 | 30 | 66 | 62 | ... | 201 | 92 | 31/Dec/90 |
| Martinique | 25 | 23 | 30 | 51 | 42 | 6 | 177 | 102 | 31/Mar/91 |
| Montserrat | 0 | 0 | 0 | 1 | 0 | ... | 1 | 0 | 30/Sep/90 |
| Netherlands Antilles | 9 | 12 | 9 | 16 | 31 | ... | 77 | 16 | 31/Dec/90 |
| Saint Lucia | 4 | 4 | 2 | 8 | 3 | ... | 33 | 16 | 31/Dec/90 |
| St. Christopher-Nevis | 6 | 4 | 9 | 5 | 8 | ... | 32 | 19 | 31/Dec/90 |
| St. Vincent and the Grenadines | 2 | 5 | 8 | 6 | 4 | ... | 25 | 12 | 31/Dec/90 |
| Suriname | 4 | 5 | 4 | 35 | 35 | ... | 83 | 65 | 31/Dec/90 |
| Trinidad and Tobago | 151 | 85 | 160 | 167 | 173 | 11 | 747 | 486 | 31/Mar/91 |
| Turks and Caicos Islands | 3 | 2 | 6 | 7 | 1 | 1 | 20 | 15 | 31/Mar/91 |
| Virgin Islands (UK) | 0 | 0 | 1 | 0 | 2 | ... | 3 | 0 | 31/Dec/90 |
| NORTH AMERICA | 41,327 | 28,161 | 33,900 | 37,713 | 33,869 | 4,990 | 179,950 | 113,577 | |
| Bermuda | 51 | 21 | 28 | 35 | 33 | 4 | 172 | 135 | 31/Mar/91 |
| Canada | 1,185 | 865 | 989 | 1,099 | 704 | 43 | 4,885 | 2,912 | 31/Mar/91 |
| United States of America c) | 40,091 | 27,275 | 32,883 | 36,579 | 33,122 | 4,943 | 174,893 | 110,530 | 31/Mar/91 |

a) May include cases for year of diagnosis unknown.

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

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

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

| SUBREGION Country | RATE PER MILLION | | | |
|---------------------------------|------------------|--------------|--------------|--------------|
| | 1987 | 1988 | 1989 | 1990* |
| LATIN AMERICA a) | 11.4 | 17.9 | 20.7 | 19.5 |
| ANDEAN AREA | 4.6 | 7.4 | 9.0 | 9.1 |
| Bolivia | 0.4 | 1.4 | 0.3 | 1.0 |
| Colombia | 6.0 | 8.6 | 10.6 | 14.1 |
| Ecuador | 1.9 | 2.5 | 1.4 | 3.2 |
| Peru | 2.9 | 3.2 | 5.4 | 6.3 |
| Venezuela | 7.4 | 15.1 | 17.8 | 10.6 |
| SOUTHERN CONE | 2.5 | 5.1 | 6.4 | 9.9 |
| Argentina | 2.3 | 5.4 | 7.2 | 11.7 |
| Chile | 3.2 | 4.9 | 5.0 | 4.4 |
| Paraguay | 1.3 | 1.0 | 0.7 | 2.8 |
| Uruguay | 2.9 | 9.1 | 12.2 | 24.3 |
| BRAZIL | 15.3 | 24.8 | 30.6 | 29.4 |
| CENTRAL AMERICAN ISTHMUS | 7.1 | 13.8 | 18.8 | 28.7 |
| Belize | 35.3 | 23.0 | 0.0 | 5.5 |
| Costa Rica | 8.2 | 18.1 | 19.0 | 26.9 |
| El Salvador | 3.2 | 10.9 | 29.0 | 18.3 |
| Guatemala | 1.4 | 2.1 | 2.0 | 8.5 |
| Honduras | 21.8 | 38.9 | 46.4 | 99.8 |
| Nicaragua | 0.0 | 0.6 | 0.5 | 1.8 |
| Panama | 13.2 | 26.3 | 31.6 | 23.6 |
| MEXICO | 12.8 | 18.4 | 19.3 | 11.5 |
| LATIN CARIBBEAN b) | 31.5 | 46.3 | 42.1 | 36.9 |
| Cuba | 2.4 | 2.4 | 1.2 | 1.0 |
| Dominican Republic | 33.1 | 47.2 | 75.4 | 34.3 |
| Haiti | 77.6 | 116.7 | 71.0 | 96.8 |
| CARIBBEAN | 52.2 | 67.3 | 98.4 | 82.8 |
| Anguilla | 0.0 | 142.2 | 284.5 | 142.9 |
| Antigua | 12.0 | 0.0 | 0.0 | 0.0 |
| Bahamas | 361.4 | 367.5 | 653.7 | 623.1 |
| Barbados | 93.8 | 58.4 | 154.6 | 233.7 |
| Cayman Islands | 47.5 | 47.5 | 47.6 | 95.2 |
| Dominica | 64.1 | 25.3 | 37.5 | 24.7 |
| French Guiana | 290.6 | 386.3 | 600.7 | 445.7 |
| Grenada | 51.0 | 30.0 | 79.5 | 48.5 |
| Guadeloupe | 121.7 | 139.0 | 138.6 | ... |
| Guyana | 10.1 | 33.8 | 39.1 | 58.6 |
| Jamaica | 13.3 | 12.3 | 26.6 | 24.6 |
| Martinique | 70.0 | 90.9 | 154.3 | 126.9 |
| Montserrat | 0.0 | 0.0 | 76.7 | 0.0 |
| Netherlands Antilles | 64.5 | 47.9 | 83.7 | 160.6 |
| Saint Lucia | 30.5 | 15.0 | 59.3 | 22.1 |
| St. Christopher-Nevis | 83.2 | 187.5 | 103.1 | 160.0 |
| St. Vincent and the Grenadines | 47.2 | 74.1 | 55.0 | 36.0 |
| Suriname | 13.0 | 10.2 | 87.9 | 86.8 |
| Trinidad and Tobago | 69.5 | 128.7 | 132.2 | 134.8 |
| Turks and Caicos Islands | 250.3 | 750.9 | 876.1 | 111.1 |
| Virgin Islands (UK) | 0.0 | 76.7 | 0.0 | 25.8 |
| NORTH AMERICA | 104.6 | 124.7 | 137.4 | 122.6 |
| Bermuda | 368.5 | 490.8 | 601.4 | 569.0 |
| Canada | 33.4 | 37.9 | 41.8 | 26.5 |
| United States of America b) | 112.0 | 133.8 | 147.4 | 132.9 |

* Data for 1990 are incomplete due to delayed reporting.

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

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

TABLE III. ANNUAL INCIDENCE RATES OF AIDS (PER MILLION POPULATION), BY SEX, BY COUNTRY, AND BY YEAR.

As of 15 June 1991.

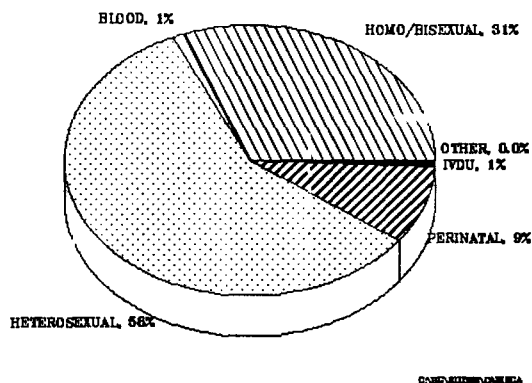
| SUBREGION Country | RATE PER MILLION POPULATION | | | | | | | |
|---------------------------------|-----------------------------|--------------|--------------|--------------|-------------|-------------|-------------|-------------|
| | MALE | | | | FEMALE | | | |
| | 1987 | 1988 | 1989 | 1990* | 1987 | 1988 | 1989 | 1990* |
| LATIN AMERICA a) | 17.9 | 26.5 | 33.4 | 35.4 | 2.4 | 4.9 | 6.1 | 6.4 |
| ANDEAN AREA | 8.8 | 11.7 | 11.9 | 15.8 | 0.4 | 1.0 | 1.2 | 2.3 |
| Bolivia | 0.9 | 2.9 | 0.0 | 1.9 | 0.0 | 0.0 | 0.6 | 0.0 |
| Colombia | 11.9 | 17.1 | 20.8 | 33.3 | 0.5 | 1.7 | 1.8 | 2.8 |
| Ecuador | 3.8 | 4.9 | 2.5 | 5.7 | 0.0 | 0.0 | 0.4 | 0.8 |
| Peru | 5.4 | 5.7 | 9.4 | 8.1 | 0.4 | 0.6 | 1.2 | 4.5 |
| Venezuela | 13.3 | 16.6 | 9.9 | 7.1 | 0.6 | 1.3 | 0.7 | 0.7 |
| SOUTHERN CONE | 5.0 | 9.6 | 11.3 | 14.0 | 0.0 | 0.7 | 1.2 | 0.8 |
| Argentina | 4.6 | 10.4 | 12.6 | 14.9 | 0.0 | 0.4 | 1.2 | 0.6 |
| Chile | 6.4 | 8.7 | 8.9 | 8.1 | 0.0 | 1.2 | 1.2 | 0.1 |
| Paraguay | 2.6 | 2.0 | 1.4 | 4.6 | 0.0 | 0.0 | 0.0 | 0.9 |
| Uruguay | 6.0 | 15.8 | 21.6 | 42.9 | 0.0 | 2.6 | 2.5 | 6.3 |
| BRAZIL | 27.8 | 43.3 | 54.3 | 51.2 | 2.8 | 6.0 | 6.3 | 5.4 |
| CENTRAL AMERICAN ISTHMUS | 7.1 | 12.0 | 20.4 | 36.4 | 1.8 | 4.1 | 9.6 | 15.7 |
| Belize | 23.5 | 23.0 | 0.0 | 11.0 | 11.8 | 11.5 | 0.0 | 0.0 |
| Costa Rica | 16.3 | 33.2 | 33.0 | 47.9 | 0.0 | 2.8 | 4.8 | 5.4 |
| El Salvador | ... | ... | ... | ... | ... | ... | ... | ... |
| Guatemala | 2.3 | 2.7 | 0.0 | 9.5 | 0.2 | 0.2 | 0.0 | 1.5 |
| Honduras | 18.3 | 33.0 | 72.0 | 145.8 | 9.4 | 20.8 | 48.3 | 81.7 |
| Nicaragua | 0.0 | 1.1 | 1.1 | 3.1 | 0.0 | 0.0 | 0.0 | 0.5 |
| Panama | 15.5 | 18.6 | 48.8 | 23.6 | 0.0 | 0.0 | 6.9 | 2.5 |
| MEXICO | 17.1 | 19.0 | 33.3 | 41.0 | 1.8 | 3.3 | 6.1 | 8.0 |
| LATIN CARIBBEAN b) | 35.3 | 60.1 | 49.9 | 36.0 | 16.2 | 29.4 | 30.5 | 23.2 |
| Cuba | 4.1 | 3.9 | 0.2 | 0.8 | 1.2 | 0.8 | 0.2 | 0.0 |
| Dominican Republic | 31.1 | 59.9 | 90.0 | 16.5 | 16.5 | 24.0 | 51.1 | 6.2 |
| Haiti | 92.7 | 154.4 | 87.1 | 116.2 | 39.8 | 80.0 | 55.4 | 76.7 |
| CARIBBEAN | 75.1 | 94.6 | 126.5 | 106.9 | 29.0 | 36.4 | 59.9 | 47.3 |
| Anguilla | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 281.7 | 0.0 | 284.1 |
| Antigua | 24.6 | 0.0 | 0.0 | ... | 0.0 | 0.0 | 0.0 | ... |
| Bahamas | 430.0 | 448.0 | 701.3 | 747.8 | 294.2 | 289.0 | 607.2 | 501.5 |
| Barbados | 173.3 | 73.9 | 244.5 | 409.6 | 22.3 | 44.4 | 73.5 | 73.2 |
| Cayman Islands | 96.2 | 0.0 | 96.2 | 96.2 | 0.0 | 93.9 | 0.0 | 0.0 |
| Dominica | 101.3 | 49.9 | 49.3 | 48.7 | 26.0 | 0.0 | 25.4 | 0.0 |
| French Guiana | 395.2 | 545.0 | 735.0 | ... | 186.0 | 204.6 | 466.7 | ... |
| Grenada | 62.0 | 20.2 | 100.3 | 78.7 | 20.2 | 39.5 | 0.0 | 19.2 |
| Guadeloupe | 187.9 | 217.6 | 210.9 | ... | 58.1 | 63.7 | 69.3 | ... |
| Guyana | 28.2 | 61.4 | 42.9 | 86.3 | 0.0 | 10.0 | 9.8 | 30.9 |
| Jamaica | 15.9 | 18.2 | 38.2 | 32.6 | 10.7 | 6.5 | 15.2 | 16.6 |
| Martinique | 100.1 | 137.2 | 230.1 | 172.8 | 41.5 | 47.2 | 82.4 | 82.9 |
| Montserrat | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Netherlands Antilles | 110.2 | 10.9 | ... | ... | 21.0 | 20.8 | ... | ... |
| Saint Lucia | 47.3 | 15.5 | 107.4 | 15.2 | 14.8 | 14.6 | 14.3 | 28.4 |
| St. Christopher-Nevis | 85.0 | 381.0 | 126.6 | 248.1 | 81.5 | 0.0 | 80.6 | 77.5 |
| St. Vincent and the Grenadines | 77.6 | 57.2 | 37.7 | 55.6 | 18.4 | 72.0 | 89.3 | 17.5 |
| Suriname | 15.8 | 20.7 | 137.5 | 125.0 | 10.2 | 0.0 | 39.7 | 49.3 |
| Trinidad and Tobago | 103.3 | 187.1 | 193.7 | 144.0 | 26.1 | 70.6 | 71.1 | 54.3 |
| Turks and Caicos Islands | 253.2 | 1012.7 | 1519.0 | 0.0 | 247.5 | 495.0 | 247.5 | 219.5 |
| Virgin Islands (UK) | 0.0 | 0.0 | 0.0 | 144.0 | 0.0 | 0.0 | 0.0 | 14.2 |
| NORTH AMERICA | 149.7 | 223.3 | 241.6 | 287.8 | 13.3 | 25.8 | 28.6 | 37.5 |
| Bermuda | 638.3 | 850.2 | 975.6 | 489.5 | 104.2 | 138.8 | 237.3 | 238.1 |
| Canada | 63.7 | 72.3 | 79.5 | 51.8 | 3.8 | 4.1 | 4.7 | 1.8 |
| United States of America b) | 158.9 | 239.4 | 258.9 | 313.3 | 14.3 | 28.1 | 31.0 | 41.2 |

* Data for 1990 are incomplete due to delayed reporting.

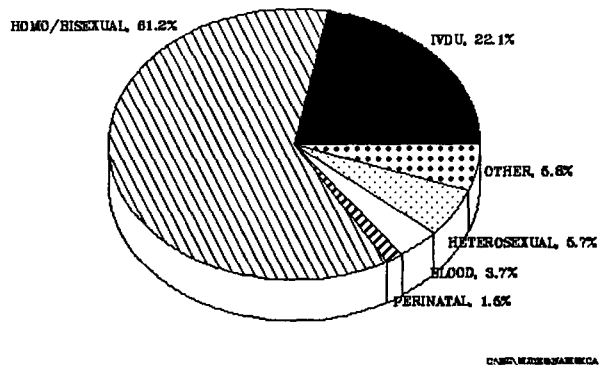
a) French Guiana, Guyana, and Suriname included in the Caribbean.

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

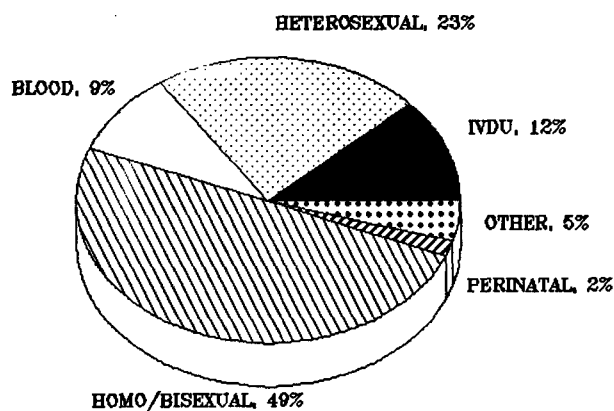
FIGURE 1
PERCENT DISTRIBUTION OF AIDS CASES BY
RISK FACTOR, BY SUBREGION,
CUMULATIVE THROUGH 1990.



CARIBBEAN



NORTH AMERICA



LATIN AMERICA

BLOOD INCLUDES HEMOPHILIACS AND TRANSFUSION.

C:\BG\SLIDES\LARISKCA

SPECIFIC TARGETS

BPB 1992-1993

**HIV Prevention in the Americas
GPA/AMRO**

Biennial Targets

1. By the end of each year of the biennium, the regional program, the subregional initiatives and all National AIDS Programs (NAP's) will have carried out successfully at least 85% of all planned activities for AIDS prevention described in their Annual Program Budget (APB).
2. By the end of 1992, all Member Countries will have in place a functioning system for planning and budgeting and for reporting activities and budget execution based on the APB and the four-month planning document (PTC). These plans and progress reports will be sent by the National AIDS Programs through the PAHO/WHO Representative (PWR) office to GPA/AMRO (HIV/PAHO) for review and forwarding to GPA/HQRS.
3. At the regional and subregional levels, at least six successful collaborative efforts between AIDS programs and other health programs will be fully operational. These efforts will involve the participation of various countries and relevant external agencies and will include areas such as blood safety, STD control, and health manpower development.
4. By the end of 1993, all Member Countries will have established systems for eliminating the risk of blood-borne transmission of the human immunodeficiency virus (HIV), including identification of reliable, uninfected, voluntary donor pools, testing of donated blood, and avoidance of unnecessary transfusions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

directing council



**PAN AMERICAN
HEALTH
ORGANIZATION**

XXXV Meeting

regional committee

**WORLD
HEALTH
ORGANIZATION**



XLIII Meeting

Washington, D.C.
September 1991

Provisional Agenda Item 5.2

CD35/14, ADD. I (Eng.)
16 September 1991
ORIGINAL: ENGLISH

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) IN THE AMERICAS

The Director is pleased to present to the Directing Council a summary update of AIDS surveillance in the Americas as of 16 September 1991.

Annexes

AIDS SURVEILLANCE IN THE AMERICAS

Summary

Data as received by 16 September 1991

Cumulative number of cases reported

worldwide: 371,802

Cumulative number of cases reported

in the Americas: 233,813

Cumulative number of deaths reported

in the Americas: 138,148

Table I. NUMBER OF REPORTED CASES OF AIDS BY YEAR, AND CUMULATIVE CASES AND DEATHS, BY COUNTRY AND SUBREGION.

As of 18 September 1991.

| SUBREGION Country | Number of cases | | | | | | Cumulative total (a) | Total deaths | Date of last report |
|--------------------------------|-----------------|--------|--------|--------|--------|--------|-------------------------|-----------------|---------------------------|
| | Through 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | | | |
| REGIONAL TOTAL | 45,054 | 33,116 | 41,669 | 48,065 | 48,458 | 17,262 | 233,813 | 138,148 | |
| LATIN AMERICA b) | 3,129 | 4,440 | 6,964 | 8,832 | 11,029 | 3,940 | 38,511 | 14,871 | |
| ANDEAN AREA | 181 | 398 | 649 | 806 | 841 | 325 | 3,312 | 1,585 | |
| Bolivia | 3 | 3 | 10 | 2 | 7 | 3 | 28 | 24 | 31/Mar/91 |
| Colombia | 61 | 181 | 263 | 330 | 450 | 198 | 1,483 | 647 | 31/Mar/91 |
| Ecuador | 13 | 19 | 25 | 15 | 34 | 7 | 134 | 99 | 30/Jun/91 |
| Peru | 12 | 60 | 68 | 117 | 141 | 68 | 466 | 178 | 30/Jun/91 |
| Venezuela | 92 | 135 | 283 | 342 | 209 | 49 | 1,201 | 637 | 31/Mar/91 |
| SOUTHERN CONE | 112 | 126 | 264 | 335 | 523 | 167 | 1,527 | 479 | |
| Argentina | 73 | 72 | 169 | 229 | 377 | 99 | 1,019 | 280 | 31/Mar/91 |
| Chile | 29 | 40 | 63 | 65 | 58 | 25 | 280 | 78 | 30/Jun/91 |
| Paraguay | 2 | 5 | 4 | 3 | 12 | 2 | 28 | 18 | 31/Mar/91 |
| Uruguay | 8 | 9 | 28 | 38 | 76 | 41 | 200 | 103 | 31/Aug/91 |
| BRAZIL | 1,582 | 2,200 | 3,627 | 4,654 | 5,498 | 1,800 | 19,361 | 7,899 | 30/Jun/91 |
| CENTRAL AMERICAN ISTHMUS | 87 | 189 | 381 | 544 | 883 | 335 | 2,436 | 924 | |
| Belize | 1 | 6 | 4 | 0 | 1 | ... | 12 | 8 | 31/Mar/90 |
| Costa Rica | 20 | 23 | 52 | 56 | 81 | 44 | 276 | 153 | 30/Jun/91 |
| El Salvador | 7 | 16 | 55 | 149 | 96 | 47 | 370 | 70 | 30/Jun/91 |
| Guatemala | 16 | 12 | 18 | 18 | 78 | 34 | 176 | 86 | 30/Jun/91 |
| Honduras | 17 | 102 | 189 | 244 | 559 | 178 | 1,306 | 418 | 30/Jun/91 |
| Nicaragua | 0 | 0 | 2 | 2 | 7 | 5 | 16 | 17 | 30/Jun/91 |
| Panama | 26 | 30 | 61 | 75 | 61 | 27 | 280 | 172 | 30/Jun/91 |
| MEXICO | 245 | 804 | 964 | 1,499 | 2,395 | 1,263 | 7,170 | 3,452 | 30/Jun/91 |
| LATIN CARIBBEAN c) | 922 | 723 | 1,079 | 994 | 889 | 50 | 4,705 | 532 | |
| Cuba | 3 | 24 | 24 | 12 | 10 | 11 | 84 | 47 | 30/Jun/91 |
| Dominican Republic | 124 | 222 | 324 | 529 | 249 | 39 | 1,535 | 188 | 30/Jun/91 |
| Haiti | 795 | 477 | 731 | 453 | 630 | ... | 3,086 | 297 | 31/Dec/90 |
| CARIBBEAN c) | 465 | 374 | 489 | 725 | 699 | 219 | 2,983 | 1,692 | |
| Anguilla | 0 | 0 | 1 | 2 | 1 | ... | 4 | 3 | 30/Sep/90 |
| Antigua | 2 | 1 | 0 | 0 | 3 | ... | 6 | 5 | 31/Dec/90 |
| Bahamas | 86 | 90 | 93 | 168 | 162 | 60 | 659 | 296 | 31/Mar/91 |
| Barbados | 32 | 24 | 15 | 40 | 61 | 36 | 208 | 143 | 30/Jun/91 |
| Cayman Islands | 2 | 1 | 1 | 1 | 2 | 3 | 10 | 8 | 31/Mar/91 |
| 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 | 3 | 27 | 17 | 30/Jun/91 |
| Guadeloupe | 47 | 41 | 47 | 47 | ... | ... | 182 | 85 | 31/Dec/89 |
| Guyana | 0 | 10 | 34 | 40 | 61 | 32 | 177 | 59 | 30/Jun/91 |
| Jamaica | 11 | 32 | 30 | 66 | 62 | 15 | 216 | 137 | 31/Mar/91 |
| Martinique | 25 | 23 | 30 | 51 | 42 | 10 | 181 | 109 | 30/Jun/91 |
| Montserrat | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 30/Jun/91 |
| Netherlands Antilles | 9 | 12 | 9 | 16 | 31 | ... | 77 | 16 | 31/Dec/90 |
| Saint Lucia | 4 | 4 | 2 | 8 | 3 | 3 | 36 | 18 | 30/Jun/91 |
| St. Christopher-Nevis | 6 | 4 | 9 | 5 | 8 | 1 | 33 | 19 | 30/Jun/91 |
| St. Vincent and the Grenadines | 2 | 5 | 8 | 6 | 4 | 6 | 31 | 18 | 30/Jun/91 |
| Suriname | 4 | 5 | 4 | 35 | 35 | ... | 83 | 65 | 31/Dec/90 |
| Trinidad and Tobago | 151 | 85 | 160 | 167 | 173 | 49 | 785 | 524 | 31/Mar/91 |
| Turks and Caicos Islands | 3 | 2 | 6 | 7 | 1 | 1 | 20 | 15 | 31/Mar/91 |
| Virgin Islands (UK) | 0 | 0 | 1 | 0 | 2 | 0 | 3 | 0 | 31/Mar/91 |
| NORTH AMERICA | 41,460 | 28,302 | 34,216 | 38,508 | 36,730 | 13,103 | 192,319 | 121,585 | |
| Bermuda | 51 | 21 | 28 | 35 | 33 | 10 | 178 | 135 | 30/Jun/91 |
| Canada | 1,199 | 876 | 1,007 | 1,135 | 868 | 161 | 5,246 | 3,039 | 31/Jul/91 |
| United States of America c) | 40,210 | 27,405 | 33,181 | 37,338 | 35,829 | 12,932 | 186,895 | 118,411 | 31/Jul/91 |

a) May include cases for year of diagnosis unknown.

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

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

TABLE II. ANNUAL INCIDENCE RATES OF AIDS (PER MILLION POPULATION), BY COUNTRY AND BY YEAR,
AS OF 16 SEPTEMBER 1991.

| SUBREGION | RATE PER MILLION | | | |
|--------------------------------|------------------|--------------|--------------|--------------|
| Country | 1987 | 1988 | 1989 | 1990 |
| LATIN AMERICA a) | 10.7 | 16.5 | 20.3 | 22.7 |
| ANDEAN AREA | 4.6 | 7.4 | 9.0 | 9.1 |
| Bolivia | 0.4 | 1.4 | 0.3 | 1.0 |
| Colombia | 6.0 | 8.6 | 10.6 | 14.1 |
| Ecuador | 1.9 | 2.5 | 1.4 | 3.2 |
| Peru | 2.9 | 3.2 | 5.4 | 6.3 |
| Venezuela | 7.4 | 15.1 | 17.8 | 10.6 |
| SOUTHERN CONE | 2.5 | 5.1 | 6.4 | 9.9 |
| Argentina | 2.3 | 5.4 | 7.2 | 11.7 |
| Chile | 3.2 | 4.9 | 5.0 | 4.4 |
| Paraguay | 1.3 | 1.0 | 0.7 | 2.8 |
| Uruguay | 2.9 | 9.1 | 12.2 | 24.3 |
| BRAZIL | 15.3 | 24.8 | 30.6 | 29.4 |
| CENTRAL AMERICAN ISTHMUS | 7.1 | 13.8 | 18.8 | 28.8 |
| Belize | 35.3 | 23.0 | 0.0 | 5.5 |
| Costa Rica | 8.2 | 18.1 | 19.0 | 26.9 |
| El Salvador | 3.2 | 10.9 | 29.0 | 18.3 |
| Guatemala | 1.4 | 2.1 | 2.0 | 8.5 |
| Honduras | 21.8 | 38.9 | 46.4 | 99.8 |
| Nicaragua | 0.0 | 0.6 | 0.5 | 1.8 |
| Panama | 13.2 | 26.3 | 31.6 | 25.2 |
| MEXICO | 9.7 | 11.4 | 17.3 | 27.0 |
| LATIN CARIBBEAN b) | 31.5 | 46.3 | 42.1 | 36.9 |
| Cuba | 2.4 | 2.4 | 1.2 | 1.0 |
| Dominican Republic | 33.1 | 47.2 | 75.4 | 34.3 |
| Haiti | 77.6 | 116.7 | 71.0 | 96.8 |
| CARIBBEAN b) | 52.2 | 67.3 | 98.4 | 92.8 |
| Anguilla | 0.0 | 142.2 | 284.5 | 142.9 |
| Antigua | 12.0 | 0.0 | 0.0 | 34.9 |
| Bahamas | 361.4 | 367.5 | 653.7 | 623.1 |
| Barbados | 93.8 | 58.4 | 154.6 | 233.7 |
| Cayman Islands | 47.5 | 47.5 | 47.6 | 95.2 |
| Dominica | 64.1 | 25.3 | 37.5 | 24.7 |
| French Guiana | 290.6 | 386.3 | 600.7 | 445.7 |
| Grenada | 51.0 | 30.0 | 79.2 | 48.5 |
| Guadeloupe | 121.7 | 139.0 | 138.6 | ... |
| Guyana | 10.1 | 33.8 | 39.1 | 58.6 |
| Jamaica | 13.3 | 12.3 | 26.6 | 24.6 |
| Martinique | 70.0 | 90.9 | 154.3 | 126.9 |
| Montserrat | 0.0 | 0.0 | 76.7 | 0.0 |
| Netherlands Antilles | 64.5 | 47.9 | 83.7 | 160.8 |
| Saint Lucia | 30.5 | 15.0 | 59.3 | 22.1 |
| St. Christopher-Nevis | 83.2 | 187.5 | 103.1 | 160.0 |
| St. Vincent and the Grenadines | 47.2 | 74.1 | 55.0 | 36.0 |
| Suriname | 13.0 | 10.2 | 87.9 | 86.8 |
| Trinidad and Tobago | 69.5 | 128.7 | 132.2 | 134.8 |
| Turks and Caicos Islands | 250.3 | 750.9 | 876.1 | 111.1 |
| Virgin Islands (UK) | 0.0 | 76.7 | 0.0 | 25.8 |
| NORTH AMERICA | 104.4 | 124.4 | 137.4 | 122.8 |
| Bermuda | 368.5 | 490.8 | 601.4 | 569.0 |
| Canada | 33.4 | 37.9 | 41.8 | 26.5 |
| United States of America b) | 111.9 | 133.5 | 147.4 | 132.9 |

* Data for 1990 are incomplete due to delayed reporting.

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

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

TABLE III. ANNUAL INCIDENCE RATES OF AIDS (PER MILLION POPULATION), BY SEX, BY COUNTRY, AND BY YEAR.
As of 16 September 1991.

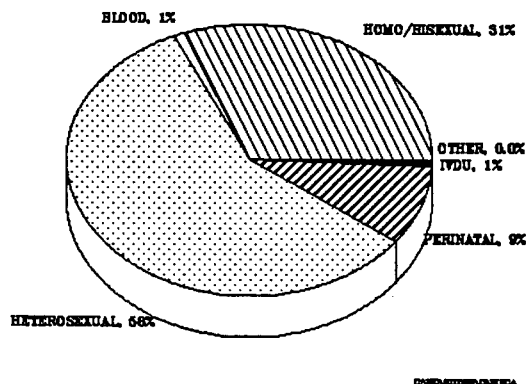
| SUBREGION Country | RATE PER MILLION POPULATION | | | | | | | |
|---------------------------------|-----------------------------|--------------|--------------|--------------|-------------|-------------|-------------|-------------|
| | MALE | | | | FEMALE | | | |
| | 1987 | 1988 | 1989 | 1990* | 1987 | 1988 | 1989 | 1990* |
| LATIN AMERICA a) | 17.9 | 26.5 | 33.4 | 35.4 | 2.4 | 4.9 | 6.1 | 6.4 |
| ANDEAN AREA | 8.8 | 11.7 | 11.9 | 15.8 | 0.4 | 1.0 | 1.2 | 2.3 |
| Bolivia | 0.9 | 2.9 | 0.0 | 1.9 | 0.0 | 0.0 | 0.6 | 0.0 |
| Colombia | 11.9 | 17.1 | 20.8 | 33.3 | 0.5 | 1.7 | 1.8 | 2.8 |
| Ecuador | 3.8 | 4.9 | 2.5 | 5.7 | 0.0 | 0.0 | 0.4 | 0.6 |
| Peru | 5.4 | 5.7 | 9.4 | 8.1 | 0.4 | 0.6 | 1.2 | 4.5 |
| Venezuela | 13.3 | 16.6 | 9.9 | 7.1 | 0.6 | 1.3 | 0.7 | 0.7 |
| SOUTHERN CONE | 5.0 | 9.6 | 11.3 | 14.0 | 0.0 | 0.7 | 1.2 | 0.8 |
| Argentina | 4.6 | 10.4 | 12.6 | 14.9 | 0.0 | 0.4 | 1.2 | 0.6 |
| Chile | 6.4 | 8.7 | 8.9 | 8.1 | 0.0 | 1.2 | 1.2 | 0.1 |
| Paraguay | 2.6 | 2.0 | 1.4 | 4.6 | 0.0 | 0.0 | 0.0 | 0.9 |
| Uruguay | 6.0 | 15.8 | 21.6 | 42.9 | 0.0 | 2.6 | 2.5 | 6.3 |
| BRAZIL | 27.8 | 43.3 | 54.3 | 51.2 | 2.8 | 6.0 | 6.3 | 5.4 |
| CENTRAL AMERICAN ISTHMUS | 7.1 | 12.0 | 20.4 | 36.4 | 1.8 | 4.1 | 9.6 | 15.7 |
| Belize | 23.5 | 23.0 | 0.0 | 11.0 | 11.8 | 11.5 | 0.0 | 0.0 |
| Costa Rica | 16.3 | 33.2 | 33.0 | 47.9 | 0.0 | 2.8 | 4.8 | 5.4 |
| El Salvador | ... | ... | ... | ... | ... | ... | ... | ... |
| Guatemala | 2.3 | 2.7 | 0.0 | 9.5 | 0.2 | 0.2 | 0.0 | 1.5 |
| Honduras | 18.3 | 33.0 | 72.0 | 145.8 | 9.4 | 20.8 | 48.3 | 81.7 |
| Nicaragua | 0.0 | 1.1 | 1.1 | 3.1 | 0.0 | 0.0 | 0.0 | 0.5 |
| Panama | 15.5 | 18.6 | 48.8 | 23.6 | 0.0 | 0.0 | 6.9 | 2.5 |
| MEXICO | 17.1 | 19.0 | 33.3 | 41.0 | 1.8 | 3.3 | 6.1 | 8.0 |
| LATIN CARIBBEAN b) | 35.3 | 60.1 | 49.9 | 36.0 | 16.2 | 29.4 | 30.5 | 23.2 |
| Cuba | 4.1 | 3.9 | 0.2 | 0.8 | 1.2 | 0.8 | 0.2 | 0.0 |
| Dominican Republic | 31.1 | 59.9 | 90.0 | 16.5 | 16.5 | 24.0 | 51.1 | 6.2 |
| Haiti | 92.7 | 154.4 | 87.1 | 116.2 | 39.8 | 80.0 | 55.4 | 76.7 |
| CARIBBEAN b) | 75.1 | 94.9 | 128.5 | 108.9 | 29.0 | 38.4 | 59.9 | 47.3 |
| Anguilla | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 281.7 | 0.0 | 284.1 |
| Antigua | 24.6 | 0.0 | 0.0 | ... | 0.0 | 0.0 | 0.0 | ... |
| Bahamas | 430.0 | 448.0 | 701.3 | 747.8 | 294.2 | 289.0 | 607.2 | 501.5 |
| Barbados | 173.3 | 73.9 | 244.5 | 409.6 | 22.3 | 44.4 | 73.5 | 73.2 |
| Cayman Islands | 96.2 | 0.0 | 96.2 | 96.2 | 0.0 | 93.9 | 0.0 | 0.0 |
| Dominica | 101.3 | 49.9 | 49.3 | 48.7 | 26.0 | 0.0 | 25.4 | 0.0 |
| French Guiana | 395.2 | 545.0 | 735.0 | ... | 186.0 | 204.6 | 466.7 | ... |
| Grenada | 62.0 | 20.2 | 100.3 | 78.7 | 20.2 | 39.5 | 0.0 | 19.2 |
| Guadeloupe | 187.9 | 217.6 | 210.9 | ... | 58.1 | 63.7 | 69.3 | ... |
| Guyana | 28.2 | 61.4 | 42.9 | 86.3 | 0.0 | 10.0 | 9.8 | 30.9 |
| Jamaica | 15.9 | 18.2 | 38.2 | 32.6 | 10.7 | 6.5 | 15.2 | 16.6 |
| Martinique | 100.1 | 137.2 | 230.1 | 172.8 | 41.5 | 47.2 | 82.4 | 82.9 |
| Montserrat | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Netherlands Antilles | 110.2 | 10.9 | ... | ... | 21.0 | 20.8 | ... | ... |
| Saint Lucia | 47.3 | 15.5 | 107.4 | 15.2 | 14.8 | 14.6 | 14.3 | 28.4 |
| St. Christopher-Nevis | 85.0 | 381.0 | 126.6 | 248.1 | 81.5 | 0.0 | 80.6 | 77.5 |
| St. Vincent and the Grenadines | 77.6 | 57.2 | 37.7 | 55.6 | 18.4 | 72.0 | 89.3 | 17.5 |
| Suriname | 15.8 | 20.7 | 137.5 | 125.0 | 10.2 | 0.0 | 39.7 | 49.3 |
| Trinidad and Tobago | 103.3 | 187.1 | 193.7 | 144.0 | 26.1 | 70.6 | 71.1 | 54.3 |
| Turks and Caicos Islands | 253.2 | 1012.7 | 1519.0 | 0.0 | 247.5 | 495.0 | 247.5 | 219.5 |
| Virgin Islands (UK) | 0.0 | 0.0 | 0.0 | 144.0 | 0.0 | 0.0 | 0.0 | 14.2 |
| NORTH AMERICA | 149.7 | 223.3 | 241.6 | 287.8 | 13.3 | 25.8 | 28.6 | 37.5 |
| Bermuda | 638.3 | 850.2 | 975.6 | 489.5 | 104.2 | 138.8 | 237.3 | 238.1 |
| Canada | 63.7 | 72.3 | 79.5 | 51.8 | 3.8 | 4.1 | 4.7 | 1.8 |
| United States of America b) | 158.9 | 239.4 | 258.9 | 313.3 | 14.3 | 28.1 | 31.0 | 41.2 |

* Data for 1990 are incomplete due to delayed reporting.

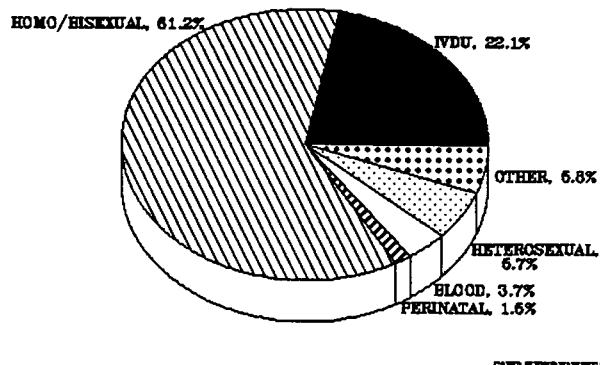
a) French Guiana, Guyana, and Suriname included in the Caribbean.

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

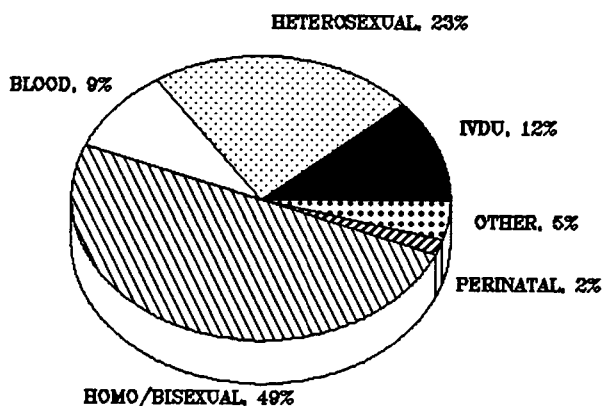
PERCENT DISTRIBUTION OF AIDS CASES BY RISK FACTOR, BY SUBREGION, CUMULATIVE THROUGH 1990.



CARIBBEAN



NORTH AMERICA



LATIN AMERICA

BLOOD INCLUDES HEMOPHILIACS AND TRANSFUSION.

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Table IV. Range of Seroprevalence in women, by subregion, selected studies.

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

* Low = Prenatal screening. High = Prostitutes or partners of HIV+.

** Pape, J., et. al. personal communication, 1990.

*** Danish Red Cross, Costa Rica, 1990, personal communication.

Source: PAHO. AIDS Surveillance Report.

TABLE V

HIV seroprevalence rates in pregnant women, selected studies*

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

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