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TRENDS AND PATTERNS OF HIV/AIDS INFECTION IN SELECTED DEVELOPING COUNTRIES

Country Profiles
December 1994

Health Studies Branch
International Programs Center
Population Division
U.S. Bureau of the Census
Washington, DC 20233

Research Note
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Preface

The International Programs Center of the Population Division conducts specialized studies of population, economics, labor force, health, and aging issues. However, the use of data not generated by the U.S. Bureau of the Census precludes performing the same statistical reviews normally conducted on Census Bureau data.

This research note is a compilation of briefing materials by country resulting from analysis conducted in the Health Studies Branch. This research note is intended for a rapid dissemination of results to a specialized audience, highlighting demographic indicators and recent developments and emerging trends. Reports containing a more thorough presentation and discussion of research findings will continue to be issued in the International Programs Center Staff Paper series.

This briefing was written and compiled by Jinkie Corbin and Anne Ryan with support from Lisa Mayberry, David Rudolph, and Peggy Seybolt. This report was prepared under the supervision of Karen Stanecki De Lay, Chief, Health Studies Branch. Peter O. Way, Special Assistant, International Programs Center, also reviewed the report and provided comments. The preparation of this report was supported by funding from the U.S. Agency for International Development.

Comments and questions regarding this report should be addressed to: Karen Stanecki De Lay or Peter Way, Health Studies Branch, International Programs Center, Population Division, U.S. Bureau of the Census, Washington, DC 20233-8860; telephone: (301) 457-1406.

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TRENDS AND PATTERNS OF HIV INFECTION IN SELECTED DEVELOPING COUNTRIES

Introduction

A critical issue for policy makers and program planners in the development assistance community is current status and trends over time in the spread of HIV infection and the AIDS epidemic in developing countries. The identification of "hot spots" in the spread of infection is important in decision-making regarding the allocation of scarce program funds.

Until recently, data on levels of HIV infection for developing countries were not sufficiently voluminous to allow any but a one-time snapshot of the situation in a particular region or country. However, this picture is rapidly changing as repeated surveys and sentinel surveillance projects established over the past several years begin to use consistent methods of HIV serologic data collection over a period of years. These data are being compiled by the International Programs Center, Population Division, U.S. Bureau of the Census, and are the focus of this report.

The data presented in each country profile were drawn from the December 1994 release of the **HIV/AIDS Surveillance Database**, a compilation of HIV seroprevalence information contained in journals, articles, and public presentations. The database was developed and has been maintained at the U.S. Bureau of the Census since 1987 with funding support from the Africa Bureau and the Office of Health, HIV-AIDS Division, U.S. Agency for International Development. Currently, the database contains approximately 23,000 individual data records drawn from 3,037 publications and presentations. Although every attempt has been made to present the most reliable data, given the quality of the original data, the trends and patterns described should be considered tentative indications, rather than precise estimates of the problem. Therefore, caution should be used in drawing conclusions.

These country profiles examine the patterns and trends of the epidemic using the best of the imperfect data available. In order to minimize the biases and confusion in using current seroprevalence estimates, we have developed several criteria to select the most representative sample estimate: larger samples are generally favored over smaller samples, more recent estimates are selected over older estimates, and better documented data are usually selected over poorly documented data. Each briefing highlights patterns of infection within population subgroups, patterns of infection by age, by sex, by race, and recent time trends in infection levels.

Also, this country profile has a new section called "Demographic Indicators." This section includes infant mortality rates, life expectancy, and cumulative AIDS cases and rates based on 1,000 population. Data were taken from the following sources:

U.S. Bureau of the Census, 1994, International Database, International Programs Center, Population Division, U.S. Bureau of the Census, Washington, DC.

United Nations, 1993, *World Urbanization Prospects: The 1992 Revision*, New York, pp. 74-81.

World Health Organization, 1994, "The Current Global Situation of the HIV/AIDS Pandemic," July.

This research note is an update of and a supplement to Research Notes Nos. 5, 8, 10, 12, and 14 - **Trends and Patterns of HIV/AIDS Infection in Selected Developing Countries - Country Profiles.** This update highlights the most recent information for countries reported earlier, as well as additional profiles. We make no attempt to duplicate any country profiles that are available in Research Notes Nos. 5, 8, 10, 12, and 14. A copy of these research notes can be obtained upon request. As before, these profiles have been 3-hole punched for use in a loose leaf binder for ease of insertion or substitution of new profiles.

We welcome copies of articles or reference to information which may have been overlooked.

AFRICA

Central African Republic

Demographic Indicators

Population (1,000s)	3,142	Growth Rate (%)	2.2
Infant Mortality Rate		Life Expectancy	
Both Sexes	137	Both Sexes	43
Male	146	Male	41
Female	128	Female	44
Crude Birth Rate	42	Crude Death Rate	21
Total Fertility Rate	5.4	Percent Urban	50

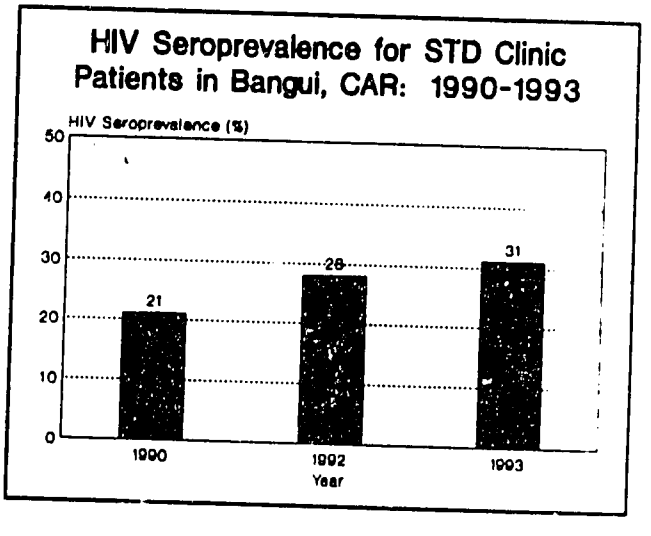
Note: Above indicators are for 1994.

Cumulative AIDS rate (per 1,000) as of 11/30/92	1.23
Cumulative AIDS cases as of 11/30/92	3,730

Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

Epidemiological Data

- In the capital city Bangui, seropevalence studies report a steady increase of HIV infection from 21 percent in 1990 to 31 percent in 1993 among STD patients.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

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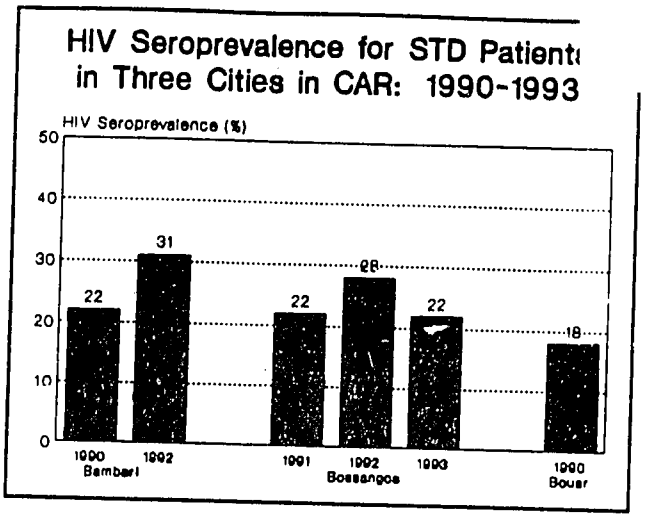
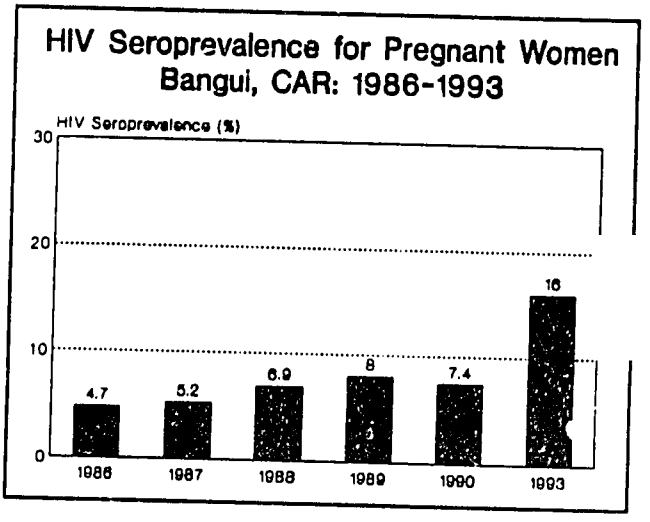
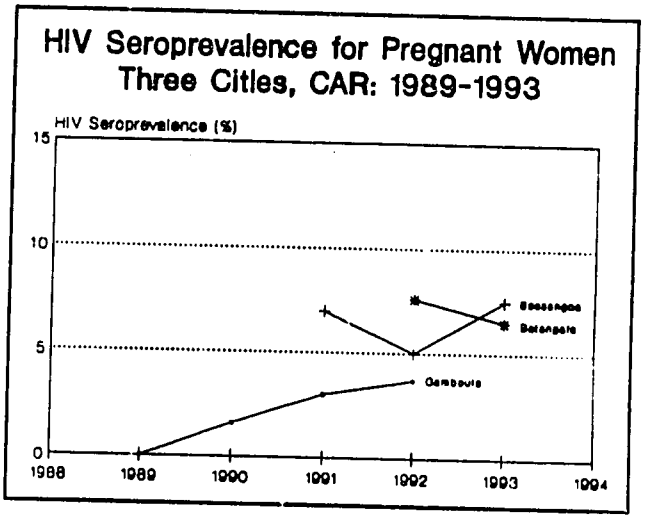
- Sentinel surveillance of STD clinic patients in three other cities indicates similar HIV infection levels. In Bambari, HIV infection increased among STD patients from 22 percent in 1990 to 31 percent in 1992. A study conducted in Bossangoa from 1991 to 1993 reported HIV infection levels fluctuating between 20 and 30 percent. In Bouar, the HIV infection level among STD patients was 18 percent in 1990.



- Annual surveys of pregnant women have documented a slow but steady increase of HIV-1 infection in Bangui over the 1986-1990 period from nearly 5 to 7.4 percent. However, data collected by local maternity clinics in 1993 reported HIV seroprevalence levels of 16 percent.

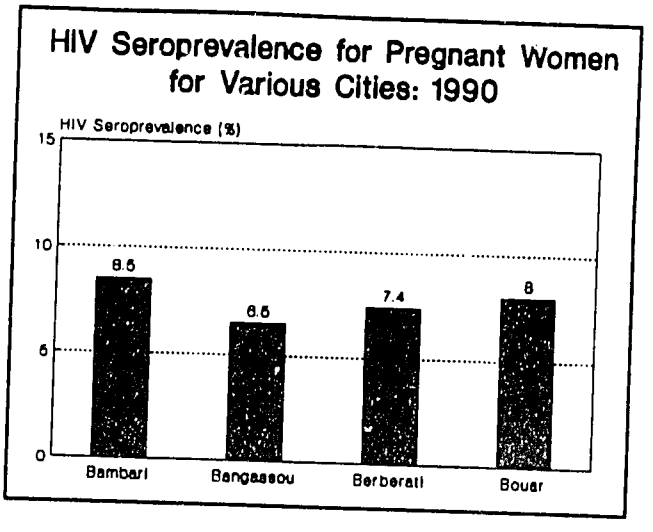


- A study conducted among pregnant women in three cities in Central African Republic reported different HIV seroprevalence levels. In Gamboula, located in Haute Sangha Prefecture on the border with Cameroon, the study found no HIV infection in 1989, but by 1992, the HIV infection level rose to 3.7 percent. In Batangafo, located in Quham Prefecture, and in Bossangoa, HIV infection levels fluctuated between 5 and 7 percent from 1991 to 1993.

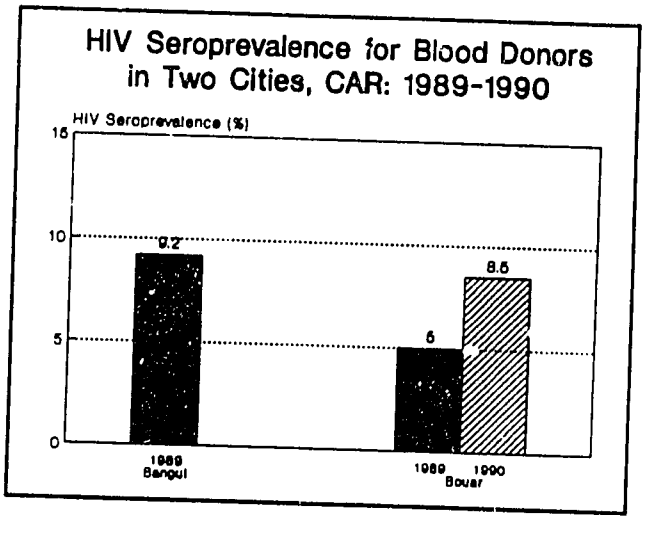


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

- In 1990, studies among pregnant women in various cities indicated HIV seroprevalence levels ranging from 6.5 percent to 8.5.



- A 1989 study reported the percent of blood donors positive for the HIV virus to be 9.2 percent in Bangui and 5 percent in Bouar. However, a 1990 study reported an increase in HIV level for Bouar to 8.5 percent.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

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G0059 Georges, A. J., M. C. Georges-Courbot, P. M. V. Martin, et al., 1989, Infection and Morbidity due to HIV in Central African Republic, IV Internat. Conf.: AIDS and Assoc. Cancers in Africa, Marseille, Oct. 18-20, Poster 077.

G0120 Gresenguet, G., A. Todesco, B. Pascal, et al., 1993, Use of STD National Clinic in Bangui to Control HIV Infection in Central Africa Rep., IX International Conference on AIDS, Berlin, 6/6-11, Poster PO-C20-3089.

L0107 Louis, J. P., R. Trebucq, R. Migliani, et al., 1992, Avancee du Front Epidemique de l'Infection a VIH 1 en Afrique Centrale, VII International Conference on AIDS in Africa, Yaounde, Cameroon, 12/8-11, Poster T.O.008.

S0069 Somse, P., A. J. Georges, R. M. Siopathis, et al., 1989, Les Aspects Epidemiologiques des Affections Liees Aux VIH 1 et 2 en Republique Centrafricaine, V International Conference on AIDS, Montreal, 6/4-9, Poster W.G.O. 28.

U0027 U.S. Department of State, 1994, AIDS in the Central African Republic, Unclassified Cable, April, Bangui 001505.

W0069 World Health Organization, 1991, Global Programme on AIDS, Weekly Epidemiological Record, vol. 66, no. 35, pp. 257-259.

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Eritrea

Demographic Indicators

Population (1,000s)	3,309	Growth Rate (%)	6.5
Infant Mortality Rate		Life Expectancy	
Both Sexes	122	Both Sexes	50
Male	133	Male	48
Female	112	Female	51
Crude Birth Rate	43	Crude Death Rate	16
Total Fertility Rate	6.6	Percent Urban	13

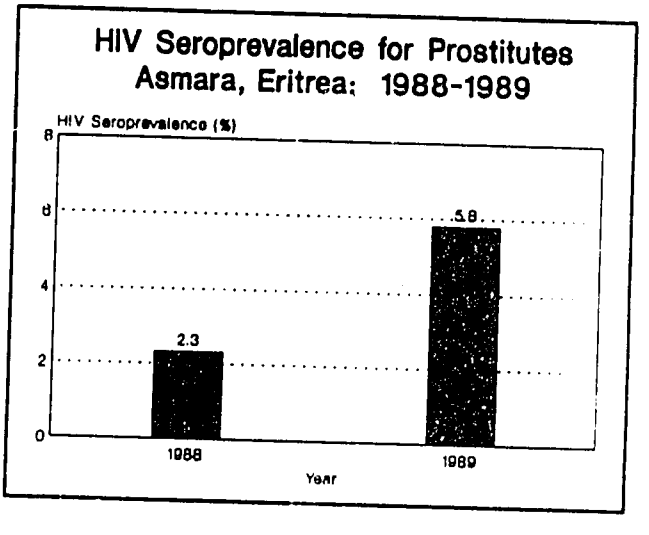
Notes: Above indicators are for 1994. Percent urban refers to Ethiopia before Eritrea's independence.

Cumulative AIDS rate (per 1,000) as of 12/31/92	0.12
Cumulative AIDS cases as of 12/31/92	372

Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

Epidemiological Data

- Very few studies among prostitutes in Eritrea have been reported. Results from studies conducted in Asmara, the capital, show HIV infection levels more than doubled from 1988 to 1989.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

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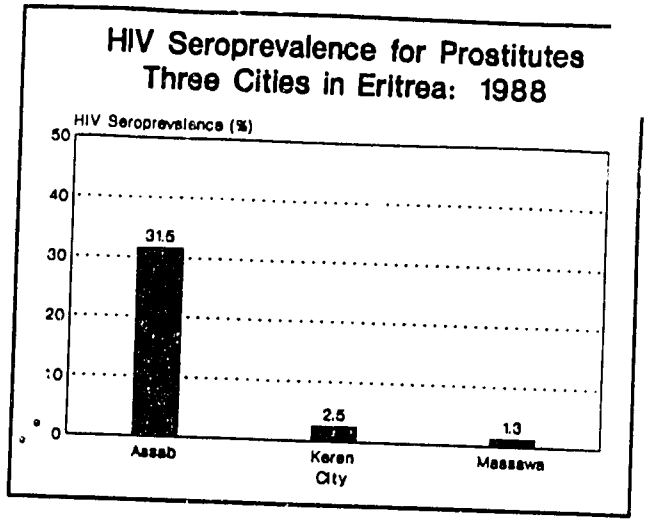
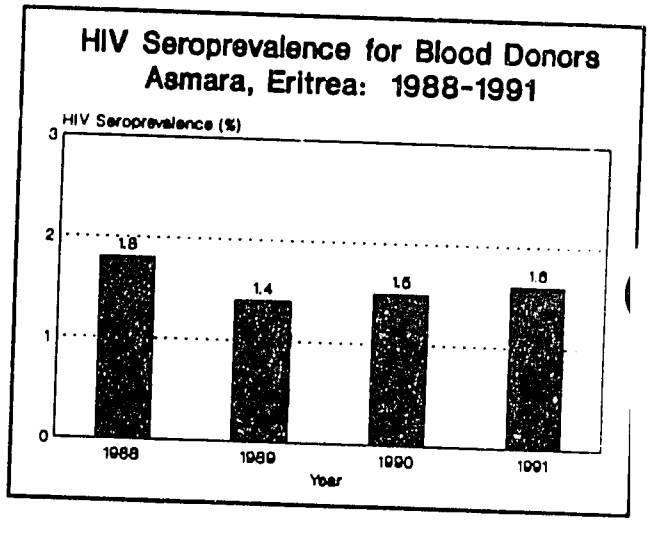
- In 1988, an HIV seroprevalence study was conducted among prostitutes in different urban areas in Eritrea. Assab, located near Djibouti, had the highest HIV infection level, 31.5 percent. Results from Keren and Massawa, both located near Sudan, were much lower at 2.5 and 1.3 percent, respectively.



- Results from the Ethiopian Red Cross Society blood bank in Asmara show that between 1988 and 1991, approximately 1.5 percent of blood donors were HIV infected.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

Ethiopia

Demographic Indicators

Population (1,000s)	54,253	Growth Rate (%)	3.2
Infant Mortality Rate		Life Expectancy	
Both Sexes	122	Both Sexes	50
Male	133	Male	48
Female	112	Female	51
Crude Birth Rate	47	Crude Death Rate	16
Total Fertility Rate	7.1	Percent Urban	13

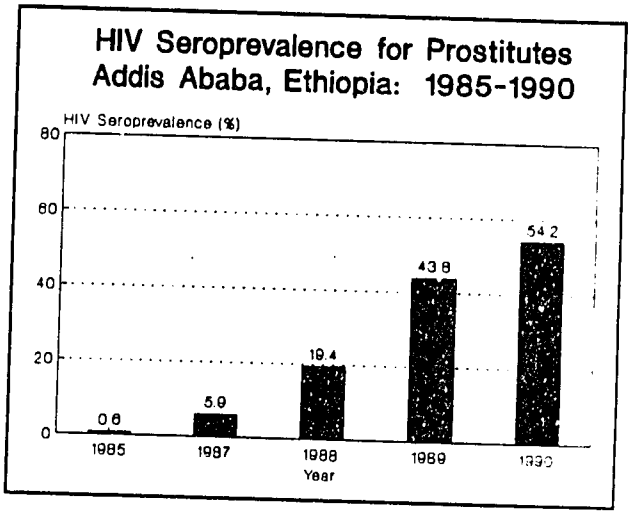
Notes: Above indicators are for 1994. Percent urban refers to Ethiopia before Eritrea's independence.

Cumulative AIDS rate (per 1,000) as of 6/3/94	0.24
Cumulative AIDS cases as of 6/3/94	12,958

Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

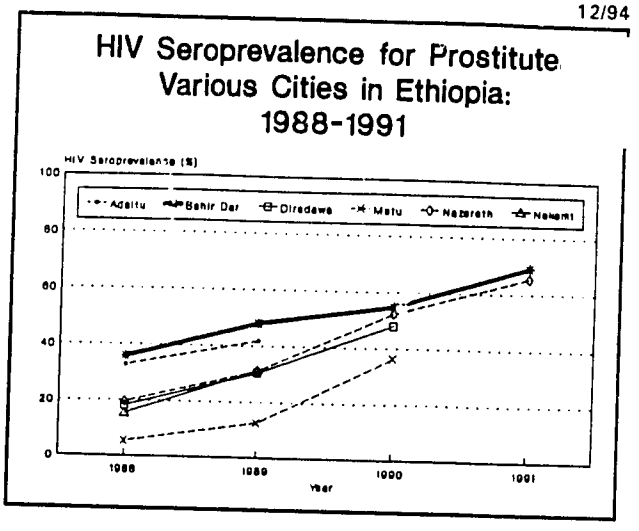
Epidemiological Data

- In high risk populations, significant levels of HIV infection have been seen in Ethiopia. In Addis Ababa, the HIV infection level among prostitutes increased from 0.6 percent in 1985 to 54.2 percent in 1990.

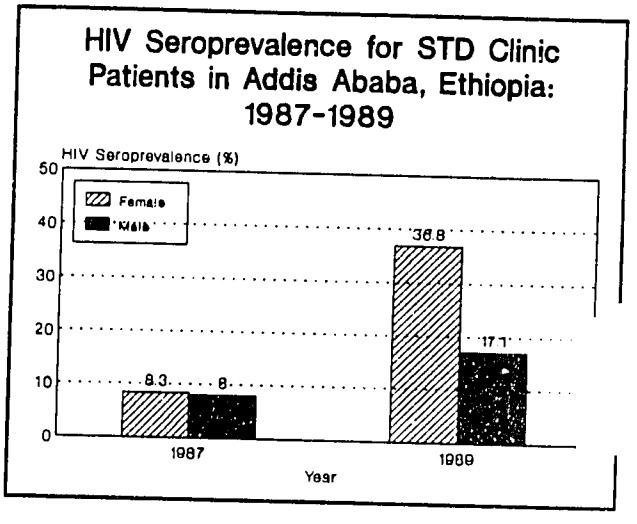


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

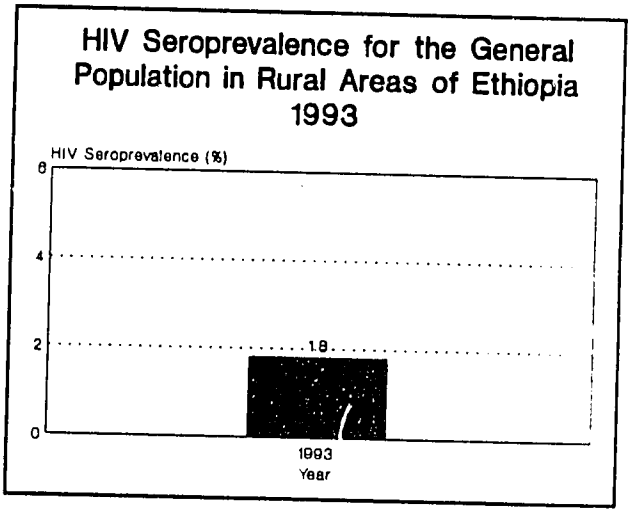
- Significant levels of HIV infection have also been observed outside of Addis Ababa. The level of HIV infection observed in Metu's prostitutes was lower than any other city. However, all cities showed increasing levels of HIV infection.



- Studies conducted in Addis Ababa in 1987 and 1989 show more than a quadrupling of HIV infection for female STD patients and a doubling for males during this two-year period.



- Very few studies of HIV infection in the general population of Ethiopia have been published. However, in 1993, a study conducted in six rural areas reported an HIV seroprevalence level of 1.8 percent among the general population (age range 15-49).



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

Sources for Eritrea

M0327 Mehret, M., L. Khodakevich, D. Zewdie, et al., 1990, HIV-1 Infection and Related Risk Factors among Female Sex Workers in Urban Areas of Ethiopia, Ethiopian Journal of Health Development, vol. 4, no. 2, pp. 163-170.

N0083 NACP/MOH (Ethiopia), 1992, Surveillance and Research Activities on HIV/AIDS: Activities Accomplished So Far in Ethiopia, 1984-1991, Ethiopia NACP/MOH data, unpublished report.

Z0041 Zewdie, D., Y. Sisay, D. Kebede, et al., 1992, HIV Infection in Ethiopian Blood Donors: Prevalence, Trends and Future Projections, Ethiopian Journal of Health Development, vol. 6, no. 2, pp. 1-8.

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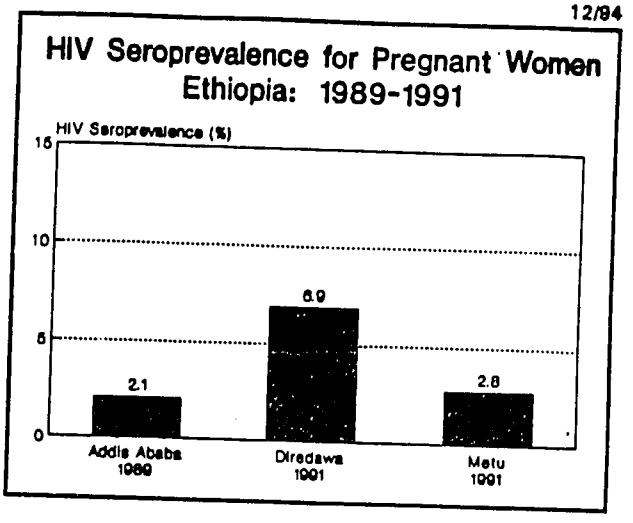
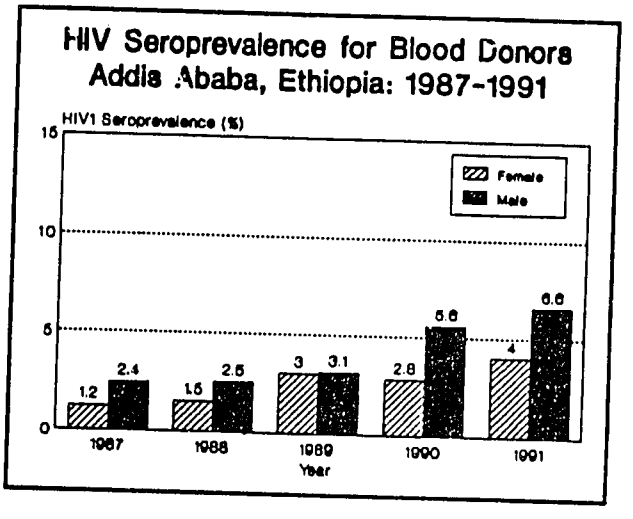
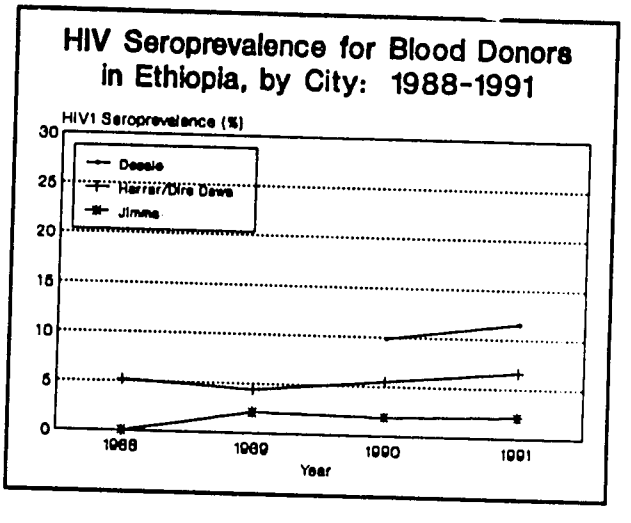
- In 1989, a study conducted in the capital city, Addis Ababa, reported a level of HIV infection among pregnant women of 2.1 percent. Another study conducted in Dire Dawa and Metu reported HIV infection levels of 6.9 and 2.8 percent, respectively, in 1991.



- HIV seroprevalence data from the Ethiopian Red Cross Society blood banks show an increase in HIV infection levels among both sexes. Furthermore, HIV seroprevalence levels are higher among males than females.



- Data from the above study indicate HIV infection levels increased from 1990 to 1991 among blood donors in Dessie and Harrar/Dire Dawa. In Jimma, HIV levels remained relatively the same from 1989 to 1991.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

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A0012 Ayehunie, S., D. Zewde, F. Ketema, et al., 1988, Seropositivity to HIV-1 Antibodies in Addis Ababa, Ethiopia, IV International Conference on AIDS, Stockholm, 6/13-14, Poster 5044.

H0046 Hailu, K., B. Desta, D. Zewdie, 1990, Prevalence of HIV-1 Antibodies in Pregnant Women in Addis Ababa, Ethiopia, VI International Conference on AIDS, San Francisco, 6/20-24, Abstract 3154.

H0112 Hailu, N., 1994, HIV Serosurvey among Rural Population 1993, Ethiopia, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Abstract P.C.0046.

M0327 Mehret, M., L. Khodakevich, D. Zewdie, et al., 1990, HIV-1 Infection and Related Risk Factors among Female Sex Workers in Urban Areas of Ethiopia, Ethiopian Journal of Health Development, vol. 4, no. 2, pp. 163-170.

M0328 Mehret, M., L. Khodokevich, D. Zewdie, et al., 1990, HIV-1 Infection and Some Related Risk Factors among Female Se Workers in Addis Ababa, The Ethiopian Journal of Health Development, vol. 4, no. 2, pp. 171-176.

N0083 NACP/MOH (Ethiopia), 1992, Surveillance and Research Activities on HIV/AIDS: Activities Accomplished So Far in Ethiopia, 1984-1991, Ethiopia NACP/MOH data, unpublished report.

Z0011 Zewdie, D., M. Abdurahman, S. Ayhunie, et al., 1989, High Prevalence of HIV-1 Antibodies in STD Patients with Genital Ulcers, V International Conference on AIDS, Montreal, 6/4-9, Poster T.A.P. 102.

Z0041 Zewdie, D., Y. Sisay, D. Kebede, et al., 1992, HIV Infection in Ethiopian Blood Donors: Prevalence, Trends and Future Projections, Ethiopian Journal of Health Development, vol. 6, no. 2, pp. 1-8.

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The Gambia

Demographic Indicators

Population (1,000s)	959	Growth Rate (%)	3.1
Infant Mortality Rate		Life Expectancy	
Both Sexes	124	Both Sexes	50
Male	136	Male	48
Female	111	Female	52
Crude Birth Rate	46	Crude Death Rate	16
Total Fertility Rate	6.3	Percent Urban	25

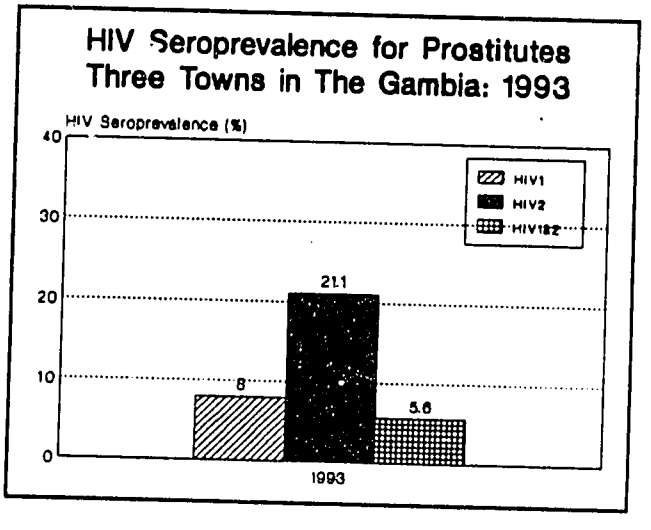
Note: Above indicators are for 1994.

Cumulative AIDS rate (per 1,000) as of 12/31/93	0.29
Cumulative AIDS cases as of 12/31/93	277

Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

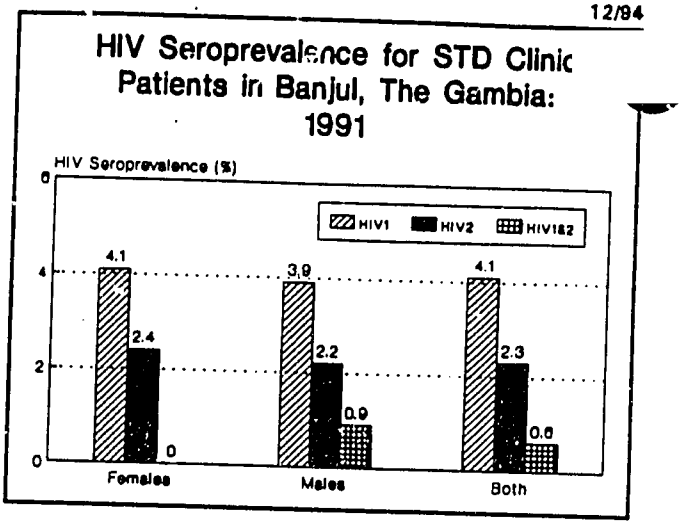
Epidemiological Data

- Similar to other countries in West Africa, The Gambia has higher HIV-2 infection levels than HIV-1. Evidence of this is shown in this study conducted among prostitutes in three urban towns in The Gambia. The HIV-2 infection level is 21 percent while HIV-1 is 8 percent. About 6 percent of the prostitutes are dually infected with HIV-1 and HIV-2.

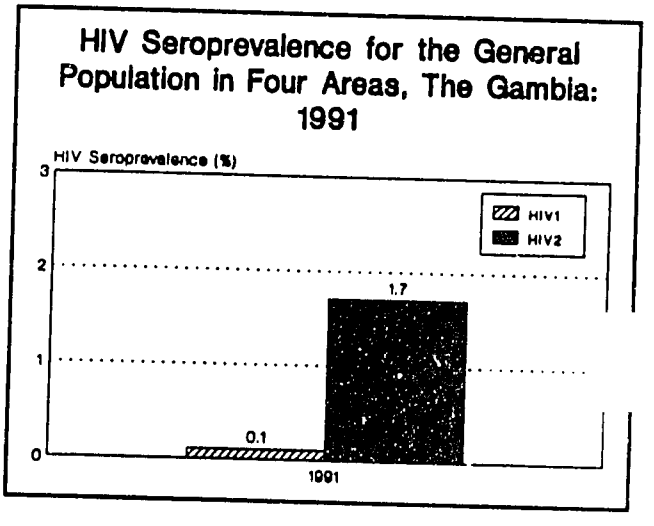


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

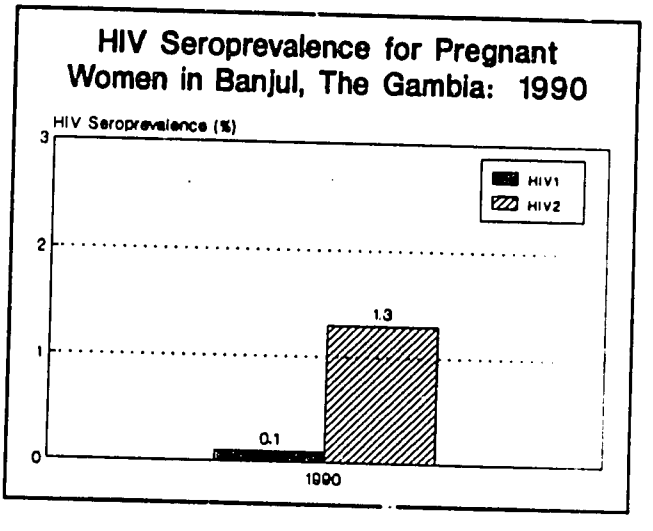
- In Banjul, the capital city, a seroprevalence study of STD patients found somewhat equal levels of infection in both sexes. The most noticeable deviation occurred with dual infection. None of the females showed dual infection, while nearly 1 percent of males were so infected.



- A serosurvey carried out in greater Banjul and three other areas found about 2 percent of a sample of adults infected with HIV-2 but only 0.1 percent infected with HIV-1.

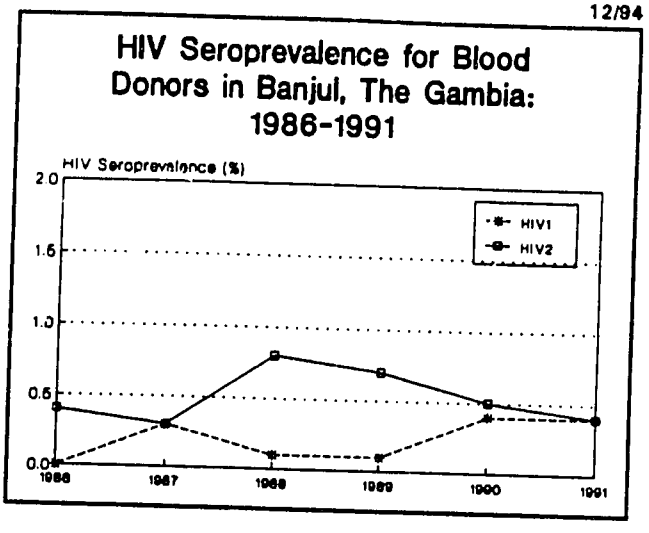


- In Banjul, at the Royal Victoria Hospital, a study of pregnant women found a notable difference between HIV-1 and HIV-2 infection levels. HIV-1 seroprevalence was only 0.1 percent compared with 1.3 percent for HIV-2.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

- HIV infection among blood donors has remained under 1 percent as indicated by this study from Banjul. HIV-1 has fluctuated between 0 and 0.4 percent of donors. On the other hand, HIV-2 appears to have peaked in 1988 and has gradually declined to around 0.4 percent in 1991.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

Sources for Gambia

H0117 Hawkes, S., H. Whittle, R. Jagne, et al., 1994, The Increase in HIV-1 Prevalence in Commercial Sex Workers (CSWs) in the Gambia, and Association with Other STDs Including ..., Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Session 393C.

M0031 Mabey, D. C. W., R. S. Tedder, A. S. Hughes, et al., 1988, Human Retroviral Infections in the Gambia: Prevalence and Clinical Features, British Medical Journal, Jan. 9, vol. 296, pp. 83-86.

M0197 Manneh, K. K., R. S. Njie, R. Sarr, et al., 1991, The Prevalence of HIV Seropositivity in STD Patients in a Relatively Low Prevalence General Population, VI International Conference on AIDS in Africa, Dakar, Senegal, 12/16-19, Poster W.A.154.

M0203 Manneh, K. K., R. S. Njie, R. Sarr, et al., 1992, HIV Status of Antenatal Women Reporting for Routine Blood Tests at the Royal Victoria Hospital, VIII International Conference on AIDS, Amsterdam, 7/19-24, Abstract PuC 8133.

S0160 Sarge-Njie, R., E. G. Sarr, K. K. Manneh, et al., 1992, The Role of Donors in HIV Transmission, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoD 5683.

W0027 Wilkins, A., R. Hayes, P. Alonso, et al., 1991, Risk Factors for HIV-2 Infection in the Gambia, AIDS, vol. 5, no. 9, pp. 1127-1132.

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Malawi

Demographic Indicators

Population (1,000s)	9,732	Growth Rate (%)	-1.1
Infant Mortality Rate		Life Expectancy	
Both Sexes	141	Both Sexes	40
Male	149	Male	39
Female	133	Female	41
Crude Birth Rate	50	Crude Death Rate	23
Total Fertility Rate	7.4	Percent Urban	13

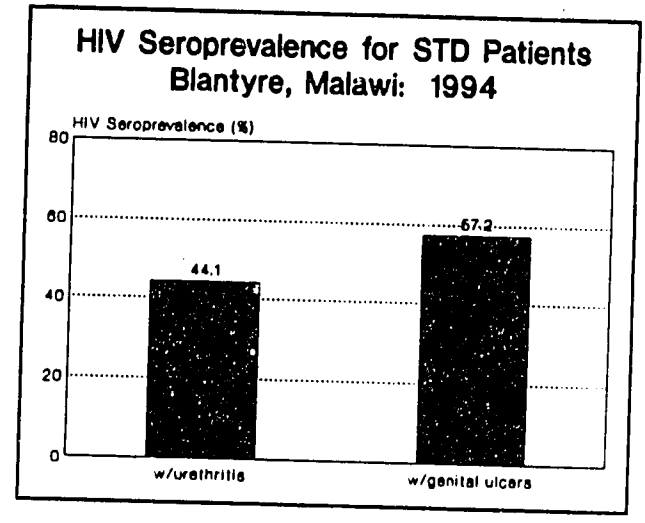
Note: Above indicators are for 1994.

Cumulative AIDS rate (per 1,000) as of 2/10/94	3.26
Cumulative AIDS cases as of 3/14/94	31,857

Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

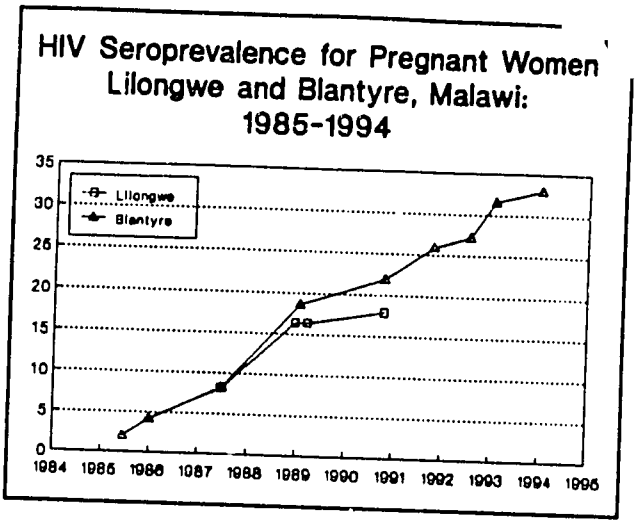
Epidemiological Data

- The results of this HIV seroprevalence study among male STD clinic patients show infection levels were higher among those with a current genital ulcer, 57.2 percent, than those with urethritis, 44.1 percent. According to another study, levels of HIV infection among STD patients is high, 62.4 percent, in the capital, Lilongwe.

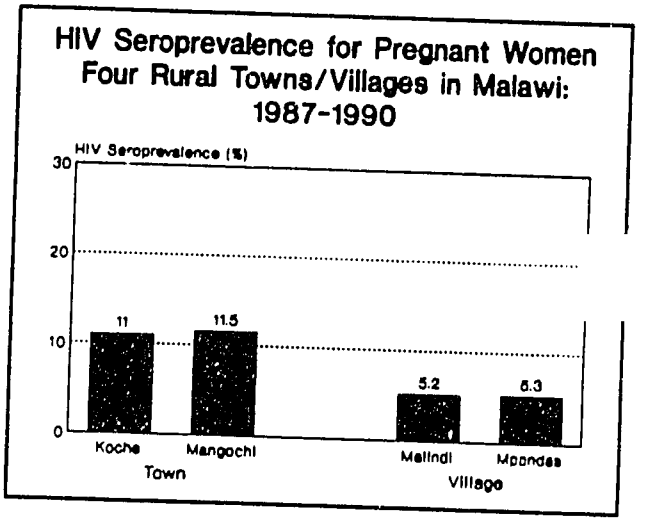


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

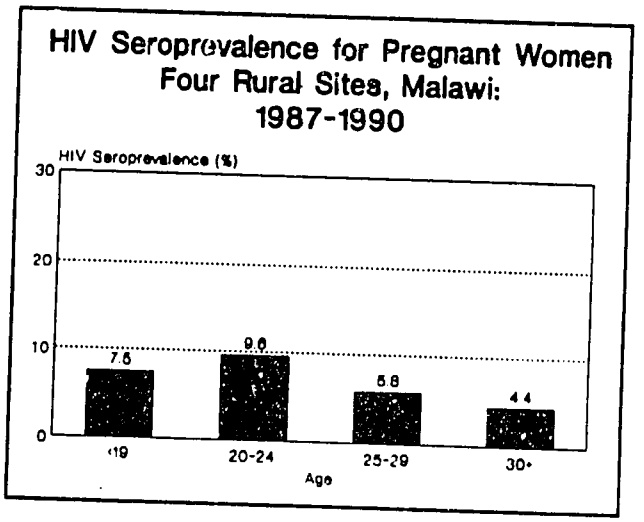
- In the capital city of Lilongwe, the HIV infection level among pregnant women has increased from 8.2 percent in 1987 to 17.9 percent in 1990. In Blantyre, HIV infection levels rose from 2 percent in 1985 to 33.0 percent in 1994.



- HIV infection varied by site of enrollment among pregnant women in rural Malawi. All four sites are located in Mangochi district. The highest levels, 11 percent, are found among those attending antenatal clinics in towns. Lower levels of 5 percent are found among women attending village clinics.



- The above study also presents HIV seroprevalence levels by age for the four sites. Pregnant women 20-24 years of age were at greater risk of HIV infection than any other age group. HIV infection was lowest among women 30 years of age and older.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

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C0068 Chiphangwi, J., E. Ndovi, G. Dallabetta, et al., 1989, Factors Associated with Prevalent HIV-1 Infection in Pregnant Women in Malawi, V International Conference on AIDS, Montreal, 6/4-9, Abstract Th.G.O. 28.

G0005 Gurtler, L., J. Eberle, F. Deinhardt, et al., 1987, Prevalence of HIV-1 in Selected Populations of Areas in Malawi II International Symposium: AIDS and Associated Cancers in Africa, Naples, Italy, 10/7-9, Abstract TH-44.

L0163 Lule, G., F. Behets, I. Hoffman, et al., 1994, HIV Infection among Patients with Urethritis (U) and Genital Ulcer Disease (GUD) in Blantyre, Malawi, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0564.

S0298 Slutsker, L., J. Cabeza, J. J. Wirima, et al., 1994, HIV-1 Infection among Women of Reproductive Age in a Rural District in Malawi, AIDS, vol. 8, no. 9, pp. 1337-1340.

U0016 U.S. Department of State, 1993, AIDS/HIV in Malawi - A Status Report, Unclassified cable, 8/93, Lilongwe 03703.

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Mozambique

Demographic Indicators

Population (1,000s)	17,346	Growth Rate (%)	5.9
Infant Mortality Rate		Life Expectancy	
Both Sexes	129	Both Sexes	49
Male	140	Male	47
Female	117	Female	50
Crude Birth Rate	45	Crude Death Rate	16
Total Fertility Rate	6.3	Percent Urban	33

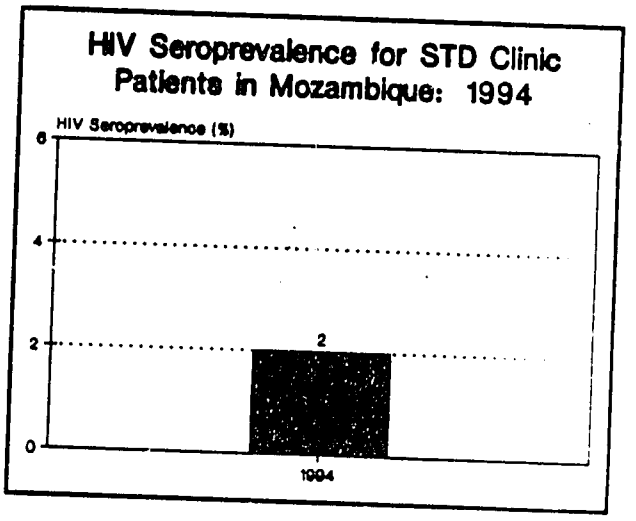
Note: Above indicators are for 1994.

Cumulative AIDS rate (per 1,000) as of 12/31/93	0.05
Cumulative AIDS cases as of 12/31/93	826

Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

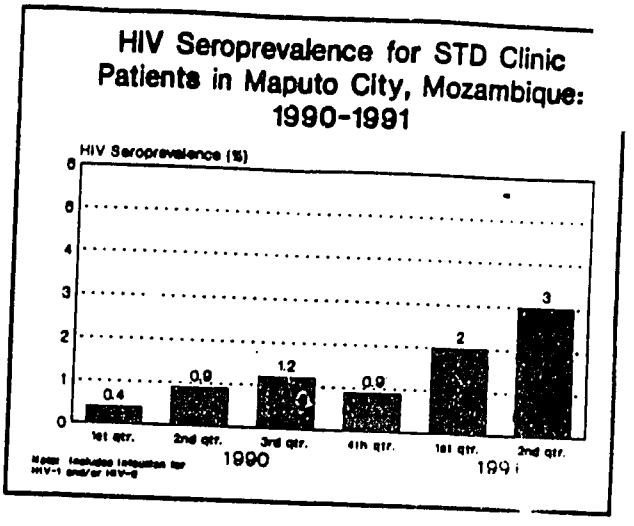
Epidemiological Data

- In Mozambique, the HIV seroprevalence level for STD patients has been low. In 1994, sentinel surveillance reports HIV seroprevalence to be 2.0 percent.

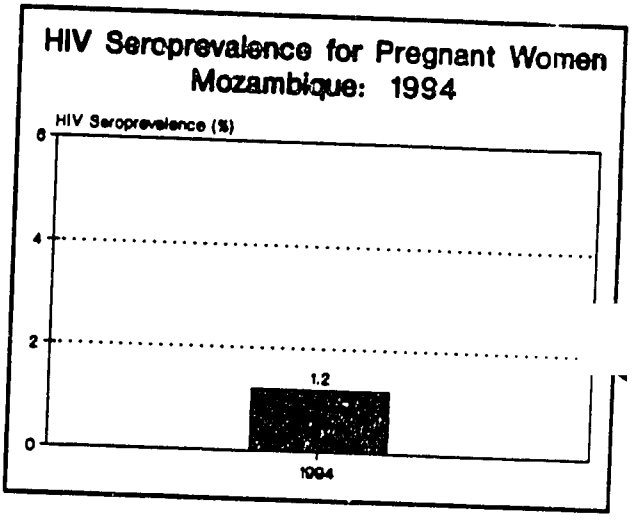


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

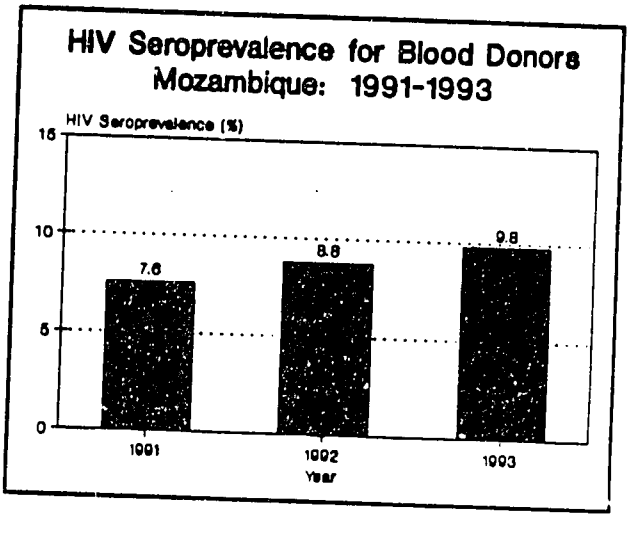
- In Maputo city, the HIV infection level among STD clinic patients shows an increase. In one year, the HIV seroprevalence level more than tripled from 0.9 percent in the 2nd quarter of 1990 to 3.0 percent in the 2nd quarter of 1991.



- Compared to the surrounding countries, HIV seroprevalence as reported from 1994 sentinel surveillance among pregnant women is low, 1.2 percent.



- Blood donor screening for the whole country shows a slow but steady increase in HIV prevalence among blood donors. The HIV level rose from 7.6 percent in 1991 to 9.8 percent in 1993.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

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B0246 Barreto, A., B. De Hulsiers, A. Noya, et al., 1994, Interventions to Control STD/HIV Risk Situation Induced by Population Movements during Resettlement in Post-War Mozambique, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.D.0531.

U0009 USAID Mission to Mozambique, 1992, Analise Epidemiologica do SIDA em Mocambique 1986 - Agosto de 1991, FAX from Mary Pat Selvaggio, HPN Officer, unpublished report.

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Nigeria

12/94

Demographic Indicators

Population (1,000s)	98,091	Growth Rate (%)	3.1
Infant Mortality Rate		Life Expectancy	
Both Sexes	75	Both Sexes	55
Male	78	Male	54
Female	72	Female	57
Crude Birth Rate	44	Crude Death Rate	12
Total Fertility Rate	6.4	Percent Urban	38

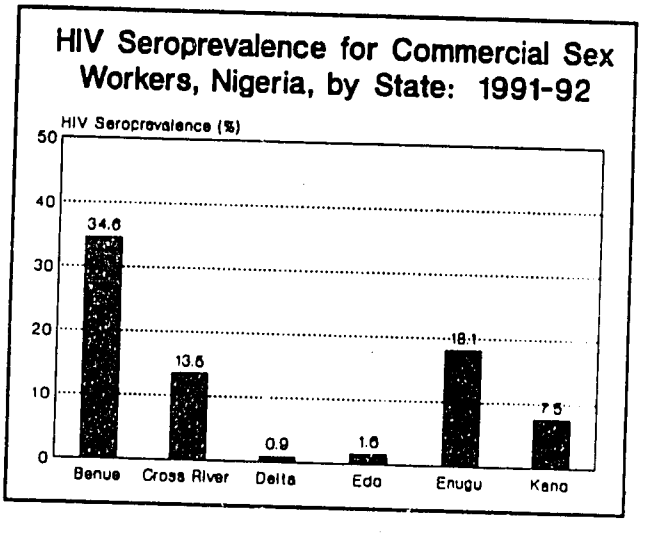
Note: Above indicators are for 1994.

Cumulative AIDS rate (per 1,000) as of 4/4/94	0.01
Cumulative AIDS cases as of 4/4/94	1,148

Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

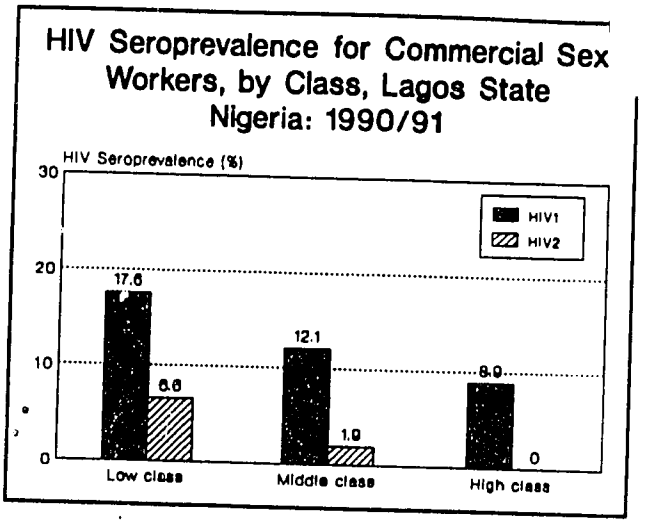
Epidemiological Data

- The Federal Ministry of Health and Human Services with the World Health Organization conducted a serosurvey of HIV infection at selected sentinel sites in various states of Nigeria. The results of all the sites in each state show the range of HIV infection among commercial sex workers from 0.9 percent in Delta state to 34.6 in Benue state.

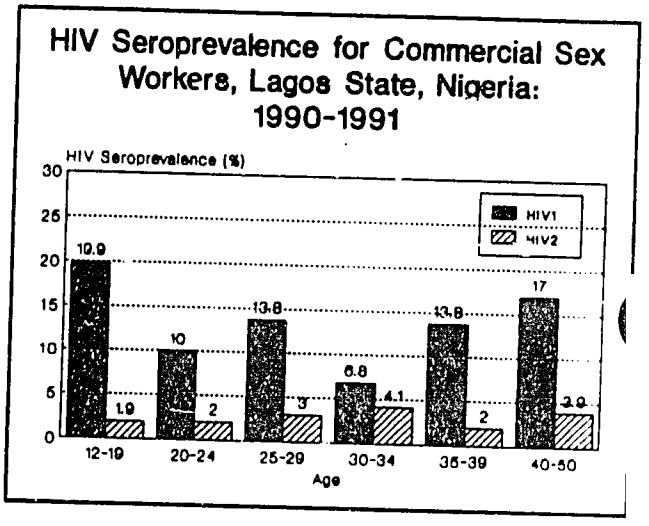


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

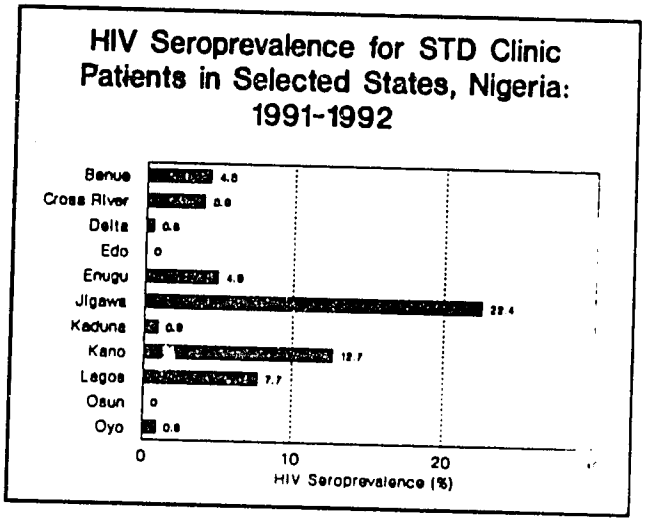
- Another study of commercial sex workers in Lagos State measured the seroprevalence of HIV-1 and HIV-2. Women in the lower class were not as likely to use condoms as the high class woman. The overall prevalence rate varied by class: low class women had the highest HIV prevalence levels.



- The peak age for HIV-1 infection among commercial sex workers in Lagos State in this 1990-1991 study is 12-19 years of age. Infection with HIV-2 is present but the levels are much lower. HIV-2 infection levels vary from 1.9 percent among those 12-19 years of age to 4.1 percent among those 30-34 years old.

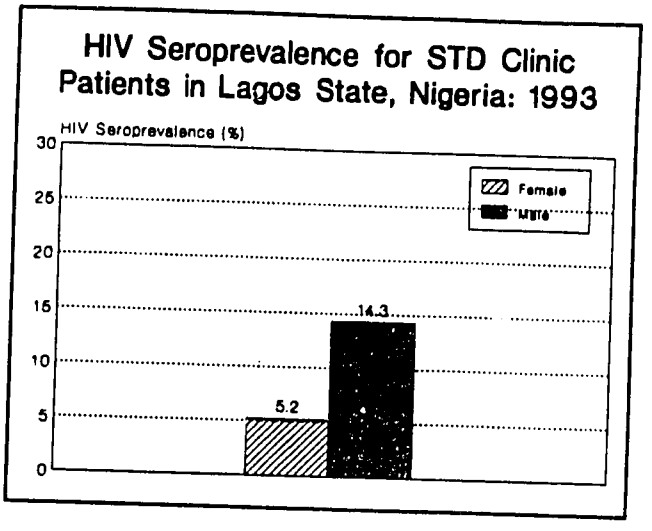


- The results from selected sentinel sites in various states show the range of HIV infection among STD clinic patients from 0.0 percent to 22.4 percent.

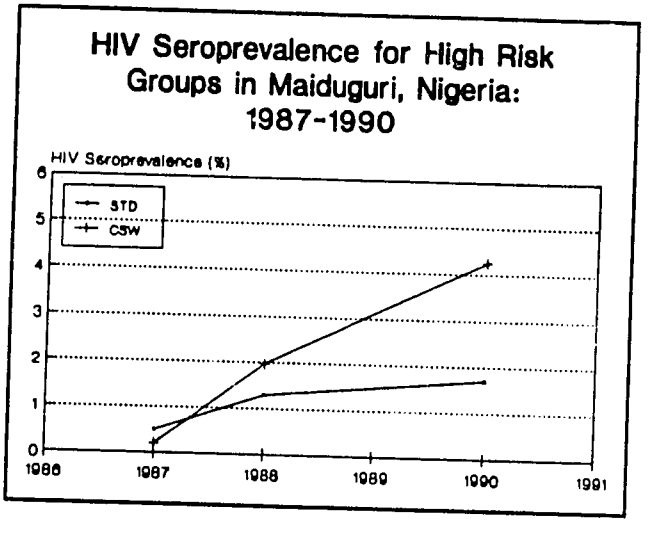


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

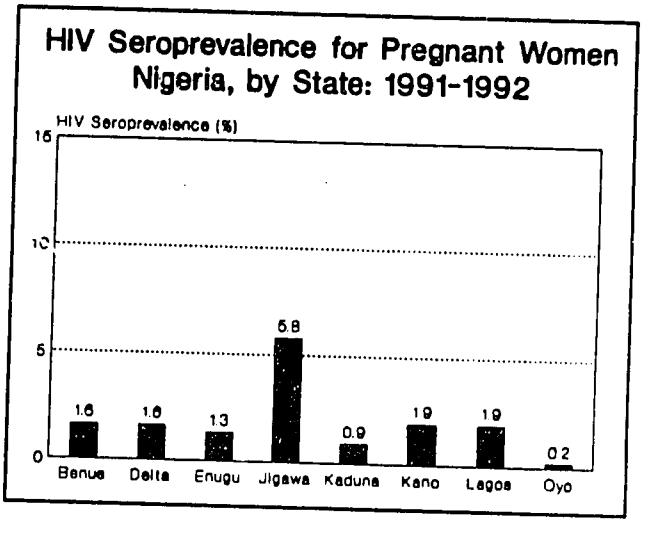
- The HIV infection level among male STD clinic patients in Lagos State is 14.3 percent which is more than double the infection level of 5.2 percent found among female patients attending the same clinic.



- Data collected on high risk populations in Maiduguri, Nigeria, show a steady increase in HIV infection between 1987 and 1990. In 1990, HIV seroprevalence reached 1.7 percent among STD patients and 4.3 percent among commercial sex workers (CSW).

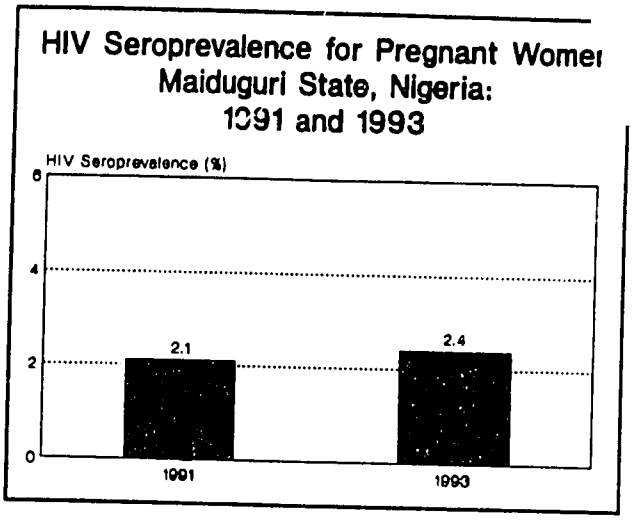


- Reports from sentinel sites within the states of Nigeria show the overall HIV seroprevalence level among pregnant women to range from 0.2 percent in Oyo state to 5.8 percent in Jigawa state.

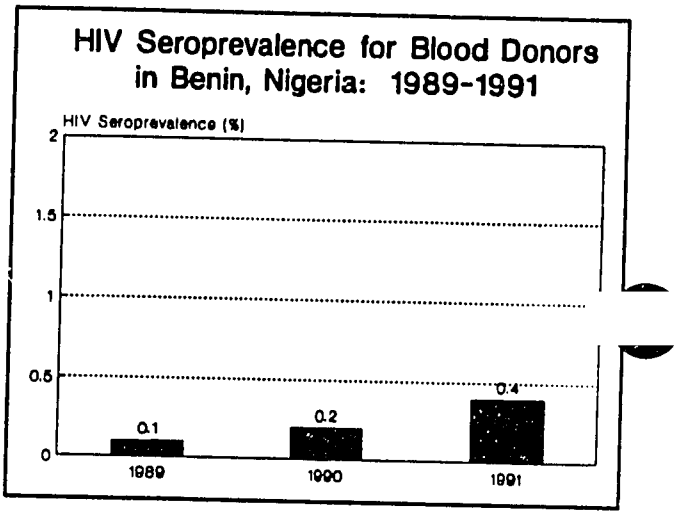


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

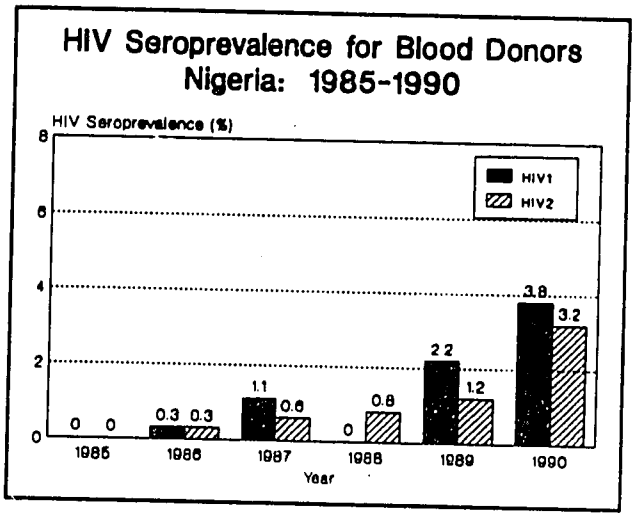
- Studies conducted among women attending an antenatal clinic in Maiduguri State in 1991 and 1993 report an HIV seroprevalence level of 2.1 percent and 2.4 percent, respectively.



- In Benin city, the HIV infection levels among the blood donors show a slow but steady increase to 0.4 percent in 1991.

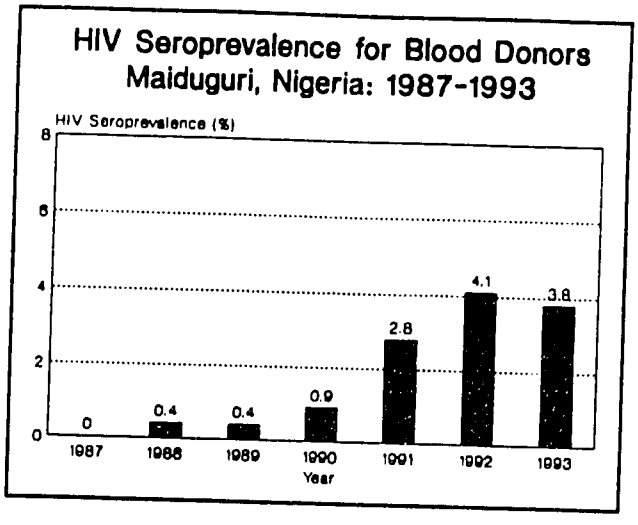


- National HIV seroprevalence surveys among blood donors were conducted annually from 1985 through 1990 in Nigeria. The results show a steady increase in both HIV-1 and HIV-2 infection, from no evidence of infection in 1985 to 3.8 percent and 3.2 percent in 1990.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

- Studies conducted in Maiduguri City between 1987 and 1993 showed an increase in the HIV infection levels among blood donors. HIV seroprevalence levels increased from 0 percent in 1987 to 4.1 percent in 1992.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

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A0101 Asagba, A. O., J. J. Andy, T. Ayele, et al., 1992, HIV Sentinel Surveillance in Nigeria, Nigeria Bulletin of Epidemiology, vol. 2, no. 2, pp. 10-13.

CC109 Chikwem, J. O., I. Mohammed, H. G. Bwala, et al., 1990, Human Immunodeficiency Virus (HIV) Infection in Patients Attending a Sexually Transmitted Diseases Clinic in Borno State of ..., Tropical and Geographical Medicine, vol. 42, pp. 17-22.

D0120 Dada, A. J., F. Oyewole, R. Onofowokan, et al., 1993, Demographic Characteristics of Retroviral Infections (HIV-1, HIV-2, and HTLV-1) among Female Professional Sex Workers in ..., Journal of Acquired Immune Deficiency Syndromes, vol. 6, no. 12, pp. 1358-1363.

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H0087 Harry, T. O., A. E. Moses, T. O. Ola, et al., 1992, Increasing Risk of Transfusion-Associated AIDS as the Pandemic Spreads: Experience in Maiduguri, Nigeria, VII International Conference on AIDS in Africa, Yaounde, Cameroon, 12/8-11, Poster T.P.154.

H0113 Harry, T., 1994, Seven Years of HIV/AIDS in Maiduguri, Nigeria, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Abstract P.C.0043.

I0034 Ilori, O., C. M. Awolaru, G. K. Macaulay, et al., 1994, STD and HIV among Patients at a Public Health Lab, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0565.

O0039 Offor, E., L. Okafor, I. Osunde, et al., 1994, Changes in HIV Seroprevalence among Blood Donors in Benin City, Nigeria, AIDS, vol. 8, no. 9, pp. 1352-1354.

O0055 Olaleye, O. D., L. Bernstein, C. C. Ekweozor, et al., 1993, Prevalence of Human Immunodeficiency Virus Types 1 and 2 Infections in Nigeria, Journal of Infectious Diseases, vol. 167, no. 3, pp. 710-714.

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South Africa

Demographic Indicators

Population (1,000s)	43,931	Growth Rate (%)	2.6
Infant Mortality Rate		Life Expectancy	
Both Sexes	47	Both Sexes	65
Male	45	Male	62
Female	49	Female	68
Crude Birth Rate	34	Crude Death Rate	8
Total Fertility Rate	4.4	Percent Urban	50

Note: Above indicators are for 1994.

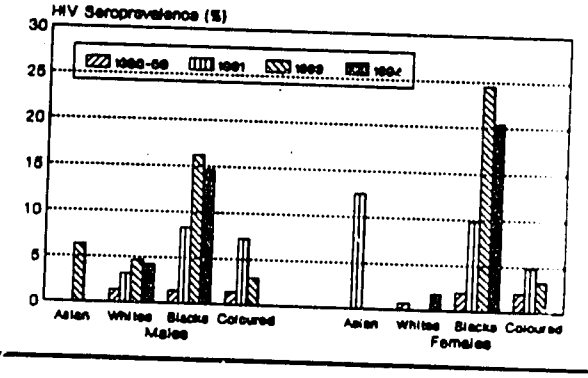
Cumulative AIDS rate (per 1,000) as of 2/28/94	0.07
Cumulative AIDS cases as of 2/28/94	3,210

Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

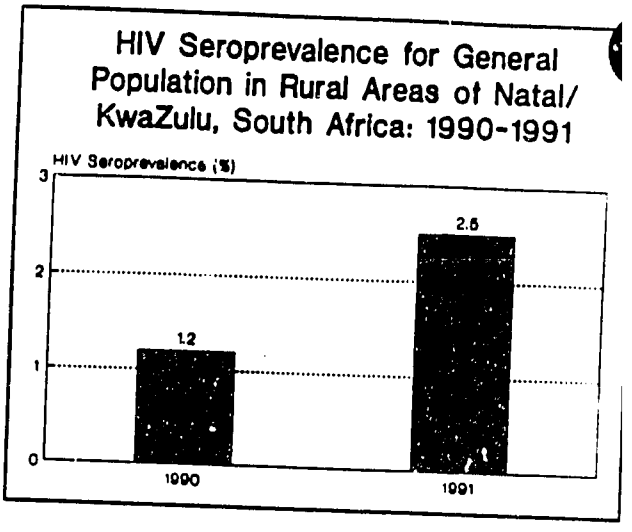
Epidemiological Data

- All population groups should be considered to be at risk if they are engaging in high-risk behavior. Studies of STD clinic patients in Johannesburg indicate an increase in the level of HIV infection among both males and females for almost all population groups from 1988 to the early 1990's.

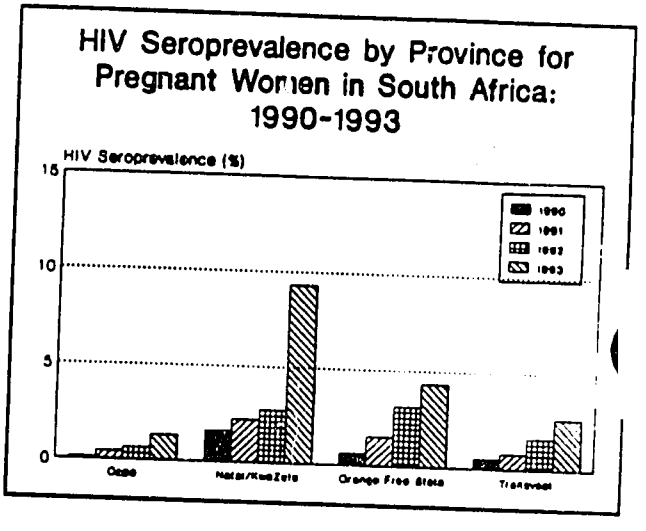
HIV Seroprevalence for STD Clinic Patients in Johannesburg, South Africa: 1988-1994



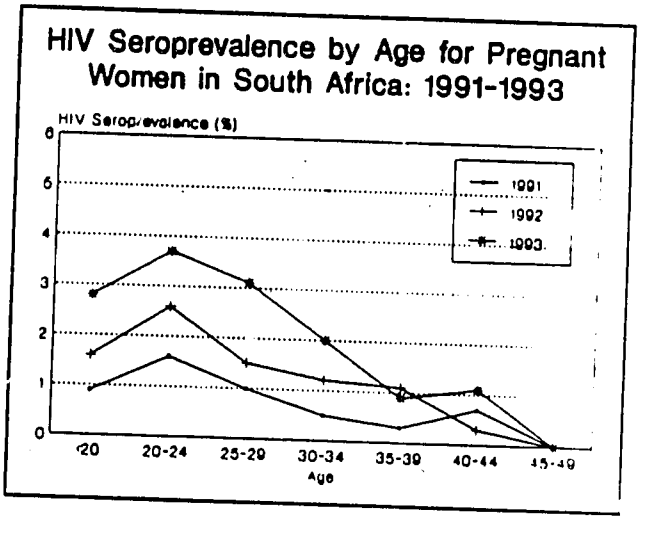
- Available evidence among the general population shows HIV infection levels in Natal/KwaZulu Province's rural areas to have doubled in one year.



- In 1993, the fourth national HIV seroprevalence survey was conducted in South Africa among pregnant women. Based on all four surveys, HIV infection increased in all four provinces. However, the HIV level in Natal/KwaZulu Province more than tripled.

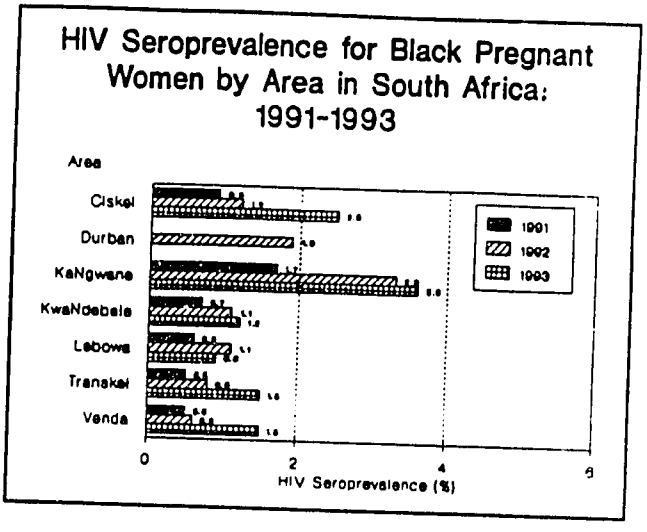


- The 1991, 1992 and 1993 national HIV seroprevalence surveys documented the pattern of HIV infection by age. Data from all three years show a similarity in age patterns; the highest peak of HIV infection is in the 20-24 age group.

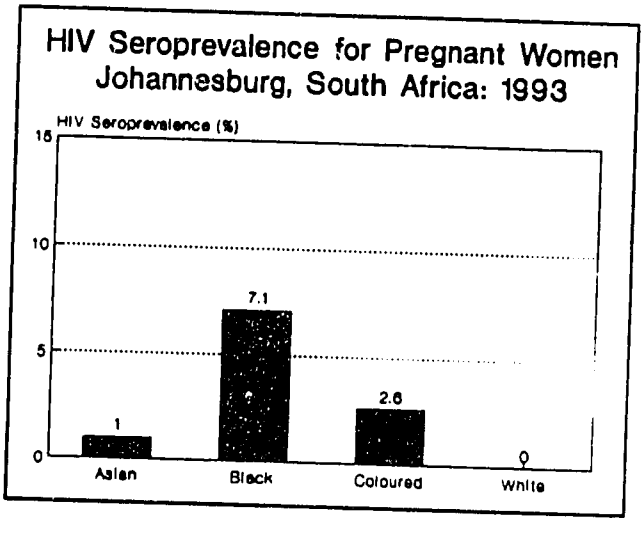


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

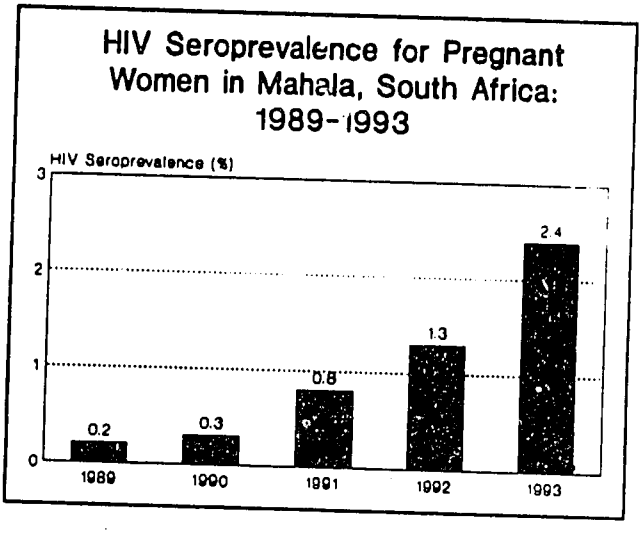
- HIV seroprevalence levels among black pregnant women vary by area. The 1993 data show a doubling in HIV levels for Ciskei, Transkei and Venda. However, KaNgwane continues to have the highest HIV infection level.



- Serosurveillance conducted by the National Institute for Virology and the Johannesburg City Health Department, indicate a variation in HIV infection among pregnant women. HIV infection levels among black pregnant women were the highest compared to White, Asian and Coloured pregnant women.

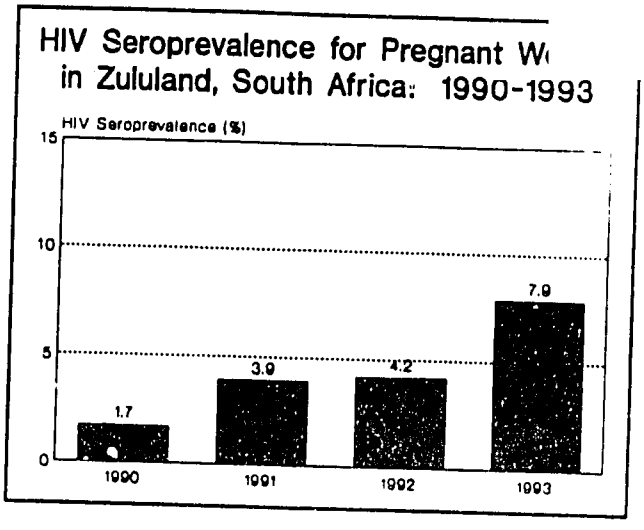


- In the Mahala area, located in Gazankulu region, HIV infection among pregnant women increased from 0.2 percent in 1989 to 2.4 percent in 1993.

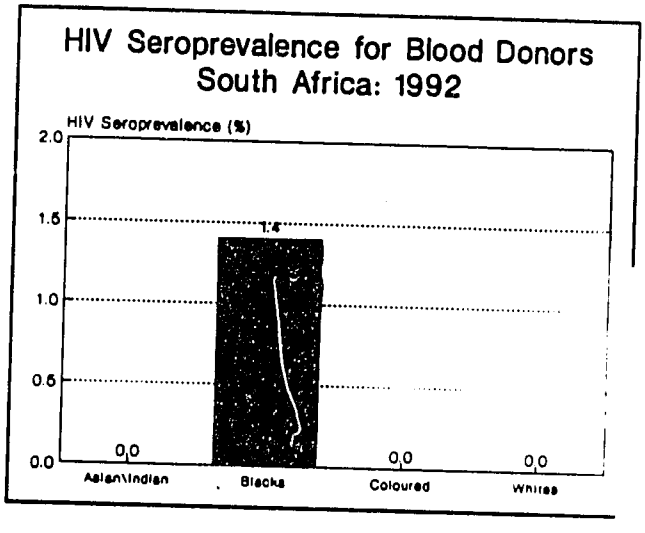


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

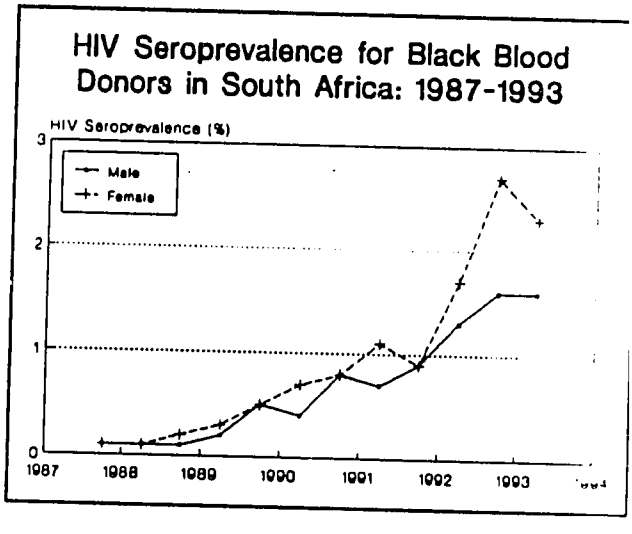
- HIV seroprevalence surveys among women attending antenatal clinics in a rural health district hospital, Hlabisa Health Ward, located in northern Zululand, South Africa, reported an increase in HIV levels. The data indicate rapidly rising HIV seroprevalence to 7.9 percent in 1993.



- National data from the South African blood transfusion services in 1992 show 1.4 percent HIV infection levels from black donors and lower levels for other groups. Potential blood donors, however, may choose not to donate if they consider themselves to be at risk of infection.



- According to this study, HIV prevalence among black blood donors rose from 1987 through 1992. Data for 1993 show a leveling off among men and a slight decrease among women.



Source: International Programs Center, Population Division, U.S. Bureau of the Cencus, HIV/AIDS Surveillance Data Base, Dec. 1994

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R0066 RSA Department of National Health and Population Development, 1991, First National HIV Survey of Women Attending Antenatal Clinics, South Africa, Oct/Nov 1990, Epidemiological Comments, vol. 18, no. 2, pp. 35-44.

R0074 RSA Department of National Health and Population Development, 1992, Second National Survey of Women Attending Antenatal Clinics, South Africa, October/November 1991, Epidemiological Comments, vol. 19 no. 5, pp. 80-92.

R0089 RSA Dept. of National Health and Population Development, 1993, Third National HIV Survey of Women Attending Antenatal Clinics, South Africa, October/November 1992, Epidemiological Comments, vol. 20, no. 3, pp. 35-50.

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Togo

Demographic Indicators

Population (1,000s)	4,255	Growth Rate (%)	3.6
Infant Mortality Rate		Life Expectancy	
Both Sexes	89	Both Sexes	57
Male	96	Male	55
Female	82	Female	59
Crude Birth Rate	47	Crude Death Rate	11
Total Fertility Rate	6.9	Percent Urban	30

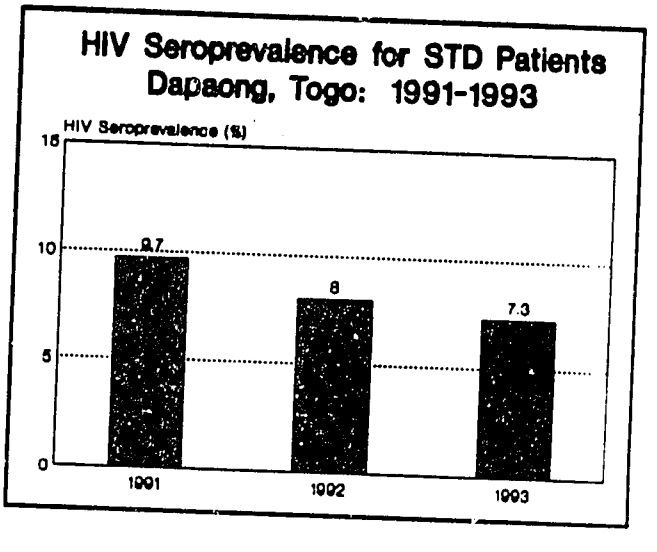
Note: Above indicators are for 1994.

Cumulative AIDS rate (per 1,000) as of 2/23/94	0.83
Cumulative AIDS cases as of 2/23/94	3,472

Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

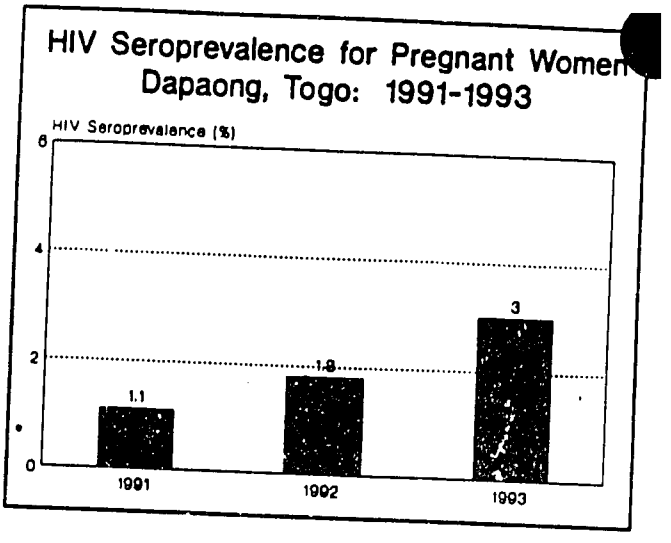
Epidemiological Data

- In a rural area around Dapaong, the largest town in Northern Togo, sentinel surveillance reports HIV seroprevalence among STD patients falling from 9.7 percent in 1991 to 7.3 percent in 1993. The results are contradictory to the results among pregnant women from the same area shown in the following chart.

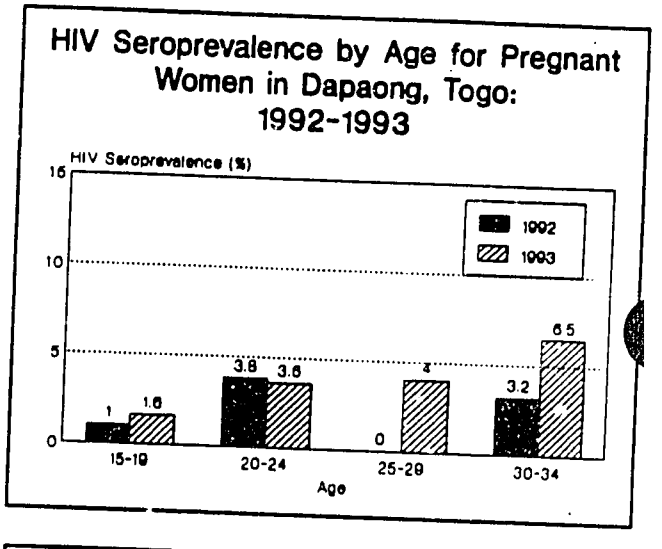


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

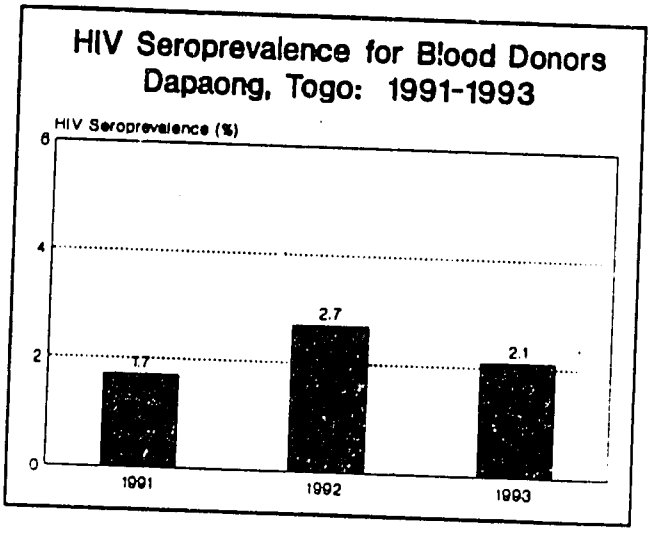
- Women attending an antenatal clinic in the rural area around Dapaong were screened for HIV infection. Researchers found a three-fold increase in the HIV infection level among pregnant women, from 1.1 percent in 1991 to 3.0 percent in 1993.



- According to the same study, HIV seroprevalence levels among pregnant women showed a peak in the age group 20-24 years old in 1992. In 1993, the highest seroprevalence level was found in the 30-34 year age group.



- HIV seroprevalence levels among blood donors in the same rural area around Dapaong fluctuated around 2 percent between 1991 and 1993.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

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M0375 Mattke, P., M. Grunitzky-Bekele, E. Klee, 1994, Sentinel Surveillance among Pregnant Women in Northern Togo during 1992 and 1993, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0051.

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ASIA & OCEANIA

Cambodia

Demographic Indicators

Population (1,000s)	10,265	Growth Rate (%)	2.9
Infant Mortality Rate		Life Expectancy	
Both Sexes	111	Both Sexes	49
Male	119	Male	48
Female	102	Female	51
Crude Birth Rate	45	Crude Death Rate	16
Total Fertility Rate	5.8	Percent Urban	13

Note: Above indicators are for 1994.

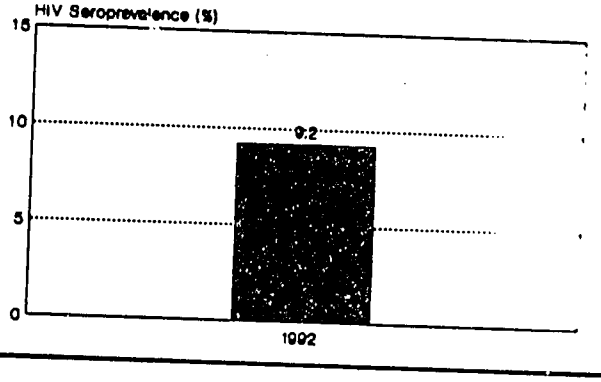
Cumulative AIDS rate (per 1,000) as of 3/31/94	0.00
Cumulative AIDS cases as of 3/31/94	0

Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

Epidemiological Data

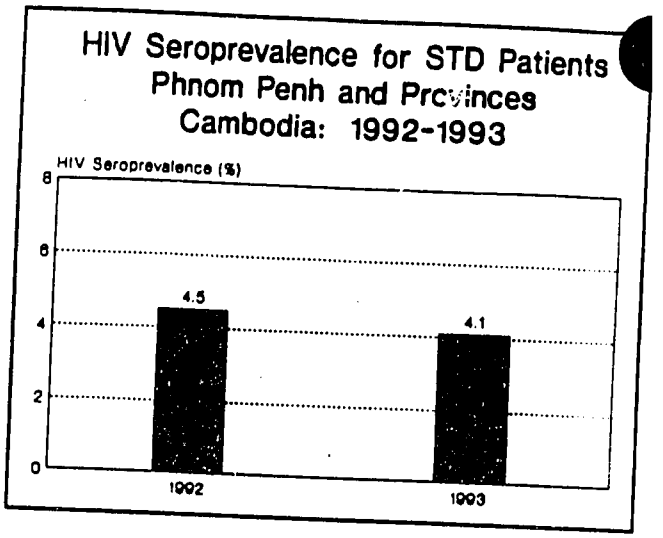
- Very few studies on HIV seroprevalence among commercial sex workers have been available for Cambodia. However, in an AIDS surveillance report from the World Health Organization, HIV infection among commercial sex workers in Phnom Penh and the provinces was reported to be 9.2 percent for 1992.

HIV Seroprevalence for Commercial Sex Workers in Phnom Penh and Provinces Cambodia: 1992

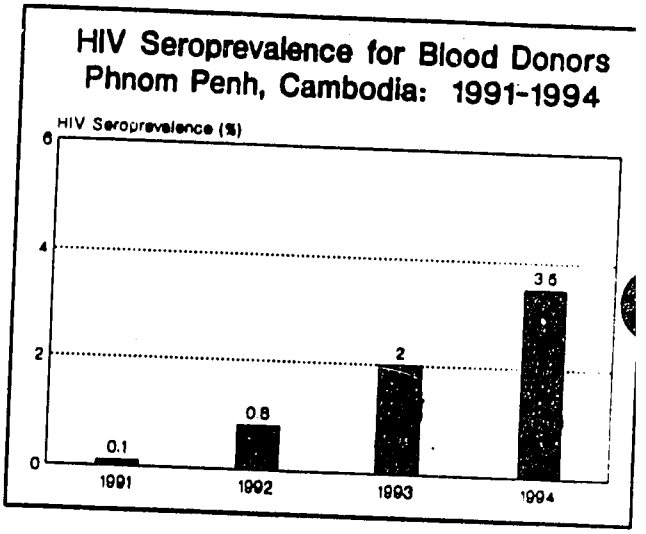


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec 1994

- Seroprevalence studies conducted in Phnom Penh and the provinces in 1992 and 1993 found HIV infection levels to be over 4 percent among STD patients.



- Data from the National Blood Transfusion Center in Phnom Penh, the capital, indicate a rapid increase in HIV seroprevalence rates among blood donors from 0.1 percent in 1991 to 3.5 percent in 1994. This increase in the general population, as seen among blood donors, shows an alarming situation for the Cambodian government.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

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China, Mainland

12/94

Demographic Indicators

Population (1,000s)	1,190,431	Growth Rate (%)	1.1
Infant Mortality Rate		Life Expectancy	
Both Sexes	52	Both Sexes	68
Male	40	Male	67
Female	66	Female	69
Crude Birth Rate	18	Crude Death Rate	7
Total Fertility Rate	1.8	Percent Urban	29

Note: Above indicators are for 1994.

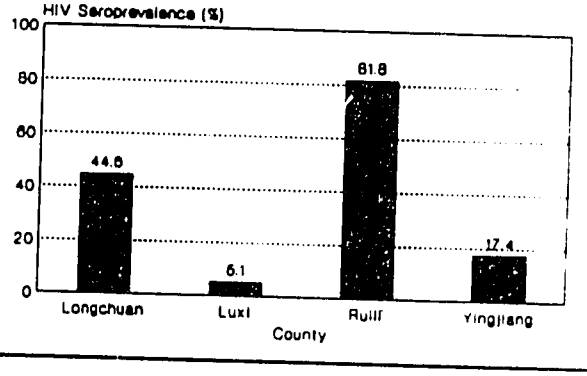
Cumulative AIDS rate (per 1,000) as of 12/31/93	0.0
Cumulative AIDS cases as of 12/31/93	36

Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

Epidemiological Data

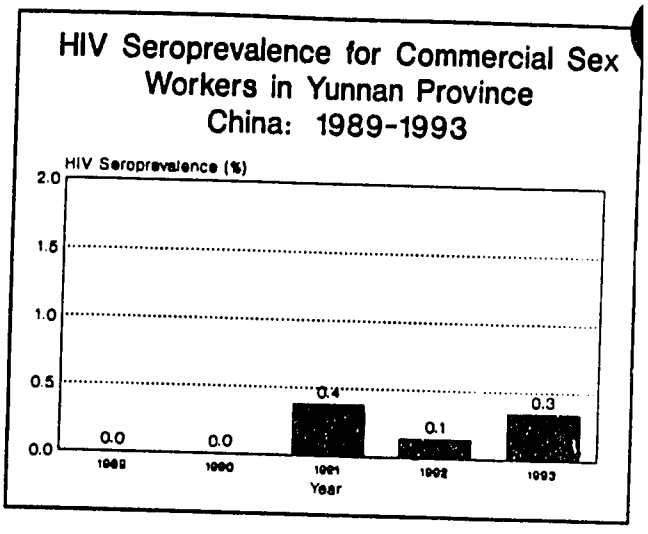
- Yunnan Province, bordering Burma, Laos and Vietnam, reports high levels of HIV seroprevalence among intravenous drug users. These four counties indicate a wide range in prevalence levels varying from 5.1 percent in Luxi to 81.8 percent in Ruili.

HIV Seroprevalence for IVDU in Four Counties, Yunnan Province China, Mainland: 1992

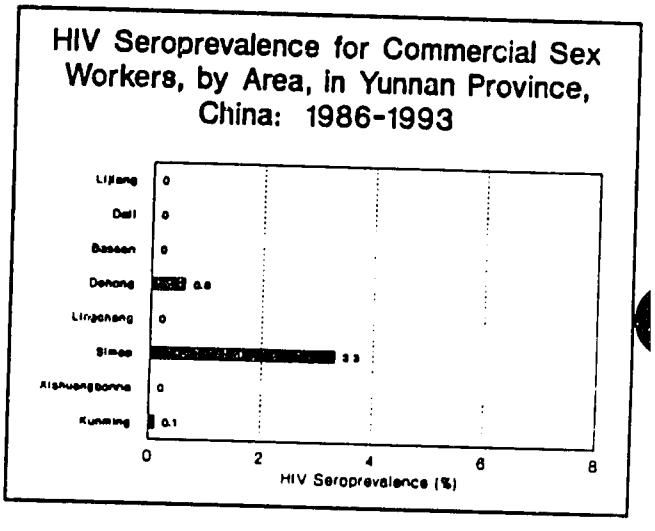


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

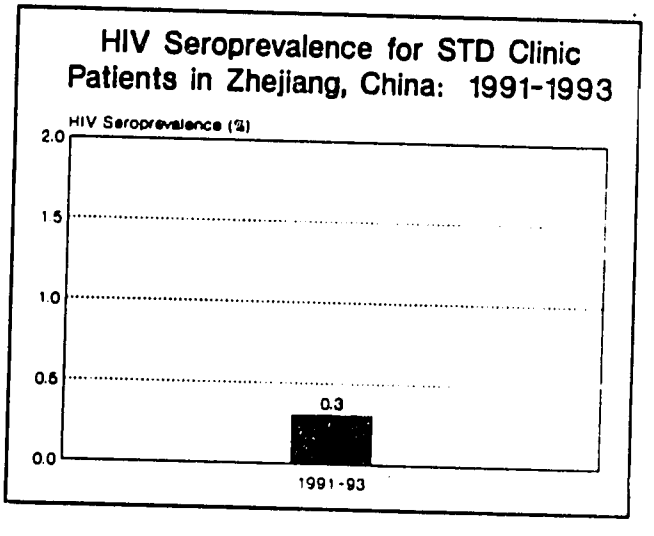
- In Yunnan Province, located in south western China, HIV seroprevalence among commercial sex workers showed no evidence of the virus in 1989 and 1990. However, since 1991 prevalence levels have ranged from 0.1 percent to 0.4 percent.



- Data available from prefectures in Yunnan Province show the highest levels of HIV infection among commercial sex workers are located in those prefectures bordering Burma. Sentinel surveillance conducted in Simao prefecture revealed the highest HIV seroprevalence level, 3.3 percent. The remaining prefectures report HIV levels of less than 1 percent.



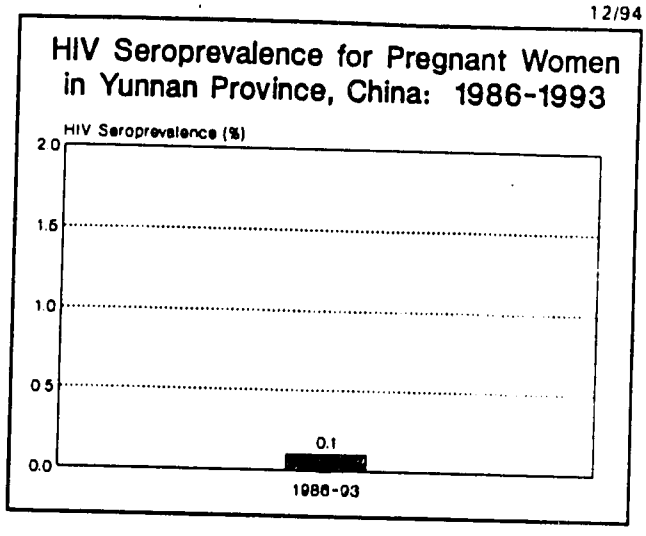
- A study conducted from 1991-1993 among STD clinic patients in Zhejiang reports HIV seroprevalence levels of 0.3 percent.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

- Sentinel surveillance of HIV prevalence among pregnant women in Yunnan Province found a level of 0.1 percent for 1986-1993. Another study conducted among 83,109 blood donors reported a prevalence level of 0.0 percent.

12/94



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

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India

Demographic Indicators

Population (1,000s)	919,903	Growth Rate (%)	1.8
Infant Mortality Rate		Life Expectancy	
Both Sexes	78	Both Sexes	59
Male	78	Male	58
Female	79	Female	59
Crude Birth Rate	28	Crude Death Rate	10
Total Fertility Rate	3.5	Percent Urban	27

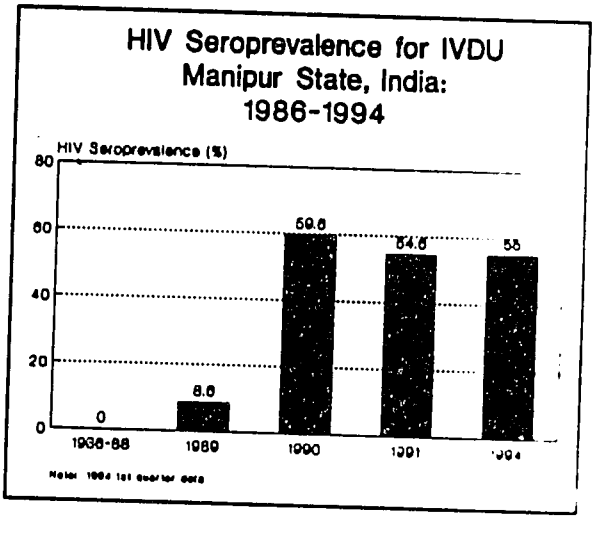
Note: Above indicators are for 1994.

Cumulative AIDS rate (per 1,000) as of 6/14/94	0.00
Cumulative AIDS cases as of 6/14/94	713

Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

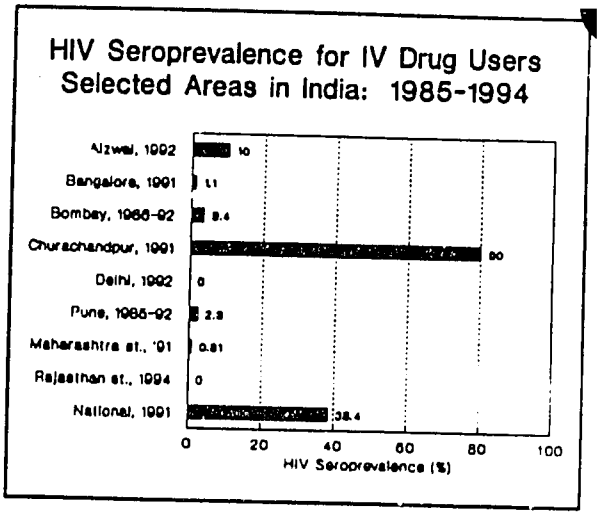
Epidemiological Data

- In the northeastern states, HIV infection among intravenous drug users (IVDU) has skyrocketed. HIV prevalence levels rose from 8.6 in 1989 to over 50 percent in the 1990's.

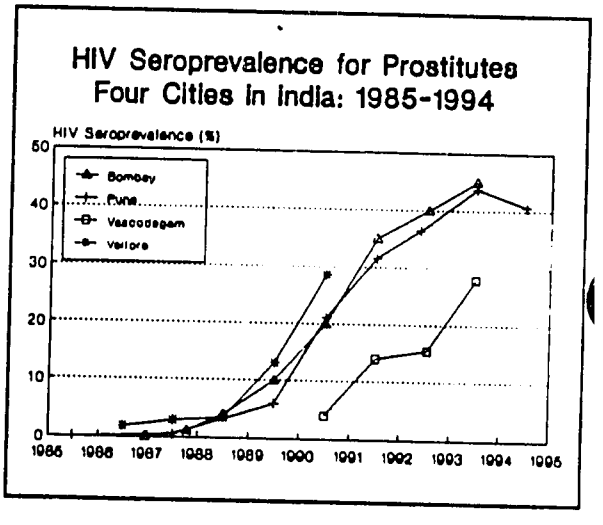


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

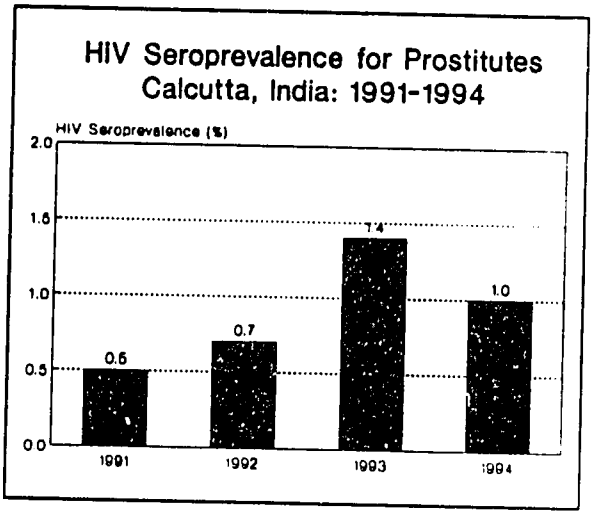
- Studies of HIV infection among IVDU in various areas reported levels up to 80 percent. In addition, a 1991 national survey of 3,521 IVDU reported a seroprevalence level of 38.4 percent.



- Various studies clearly document the spread of HIV among prostitutes. In this high risk population, HIV infection increased sharply in these cities over the past six years. The highest levels of HIV infection were found in Bombay, 45 percent and Pune, 40.7 percent.

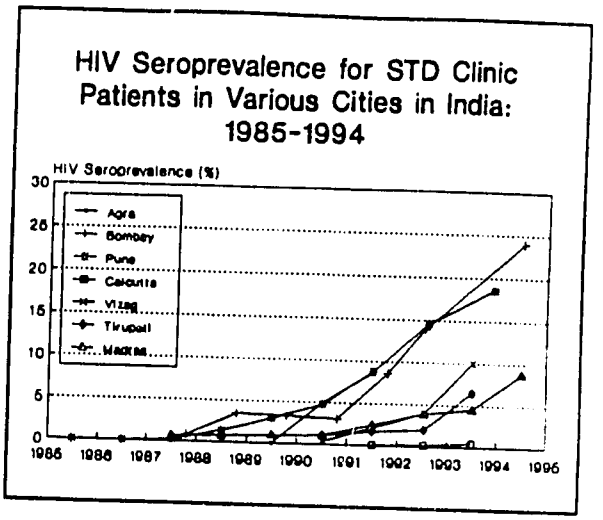


- HIV infection levels among prostitutes in Calcutta are relatively low, less than 2 percent.

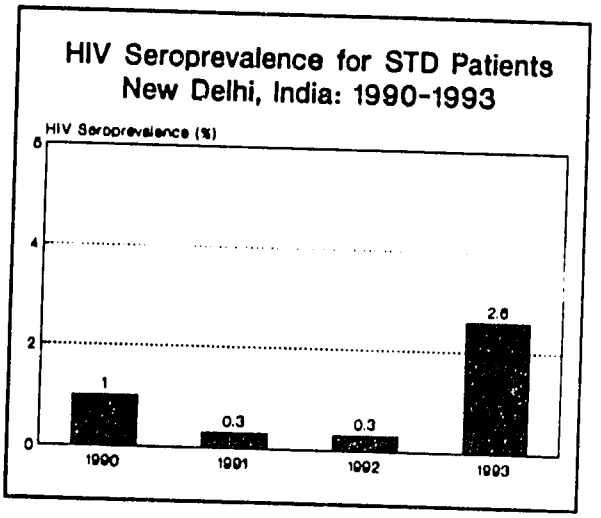


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

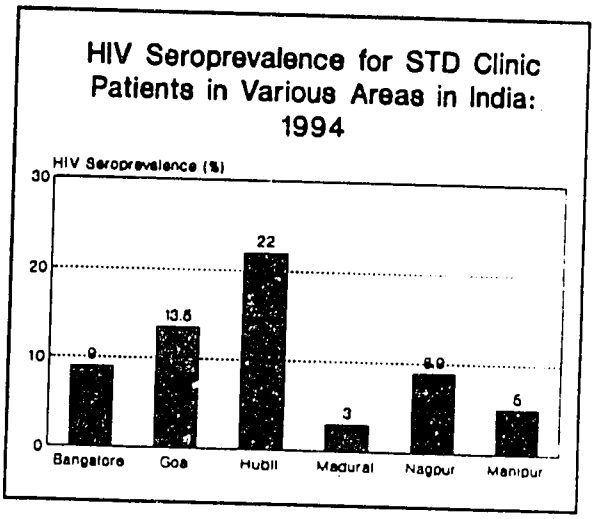
- HIV infection levels among STD clinic patients in various cities in India increased rapidly over the past few years. In Bombay, levels rose from less than 1 percent in 1987-88 to 24.0 percent in 1994. In Pune, HIV infection levels increased rapidly to 18.6 percent by 1993. Calcutta reports the lowest level of only 0.5 percent in 1993.



- In New Delhi, the capital, HIV levels among STD patients reached 2.6 percent in 1993.

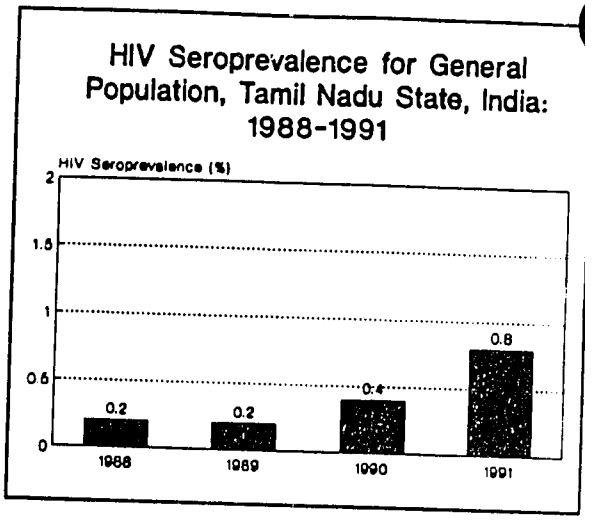


- Studies of HIV seroprevalence among STD clinic patients in various areas of India report HIV infection levels ranging from 22 percent in Hubli to 3 percent in Madurai.

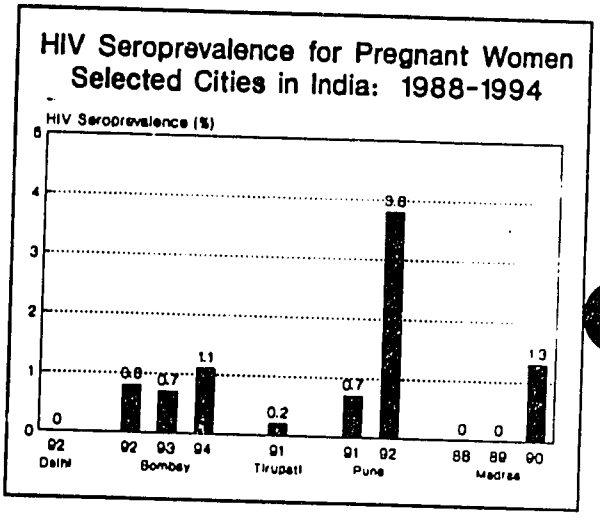


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

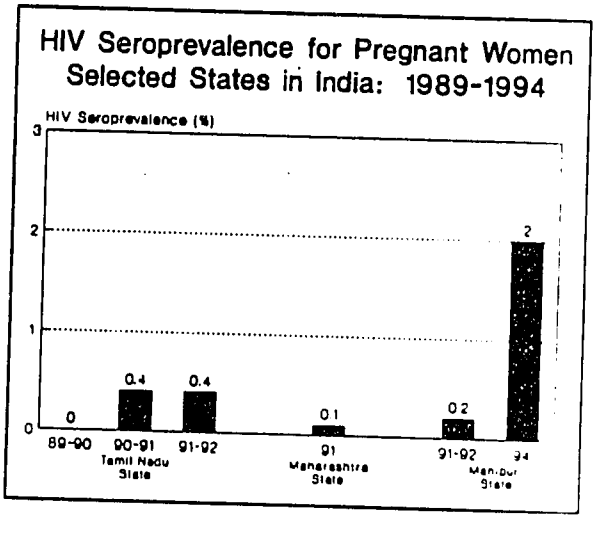
- HIV infection has also been found among low-risk populations in India. According to this study in Tamil Nadu State, HIV infection levels in the general population have doubled each year since 1989.



- Among selected cities, levels of HIV seroprevalence in pregnant women varied. In Pune, HIV levels increased dramatically from 0.7 in 1991 to 3.8 in 1992.

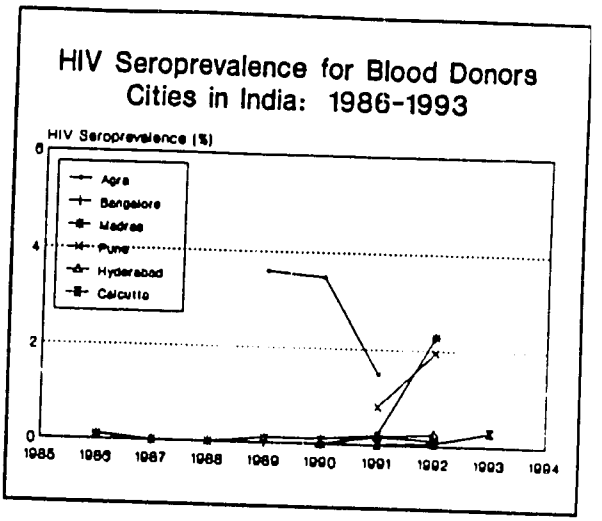


- Data from some states show HIV infection levels among pregnant women less than 1 percent. However, sentinel surveillance for the first quarter in 1994 in Manipur State reported a level of 2 percent.

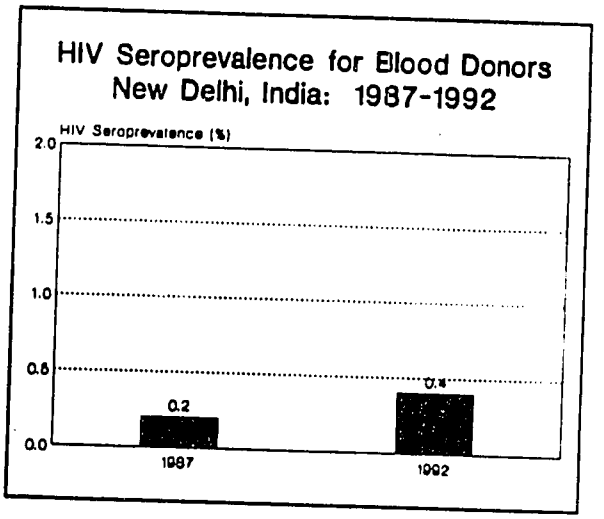


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

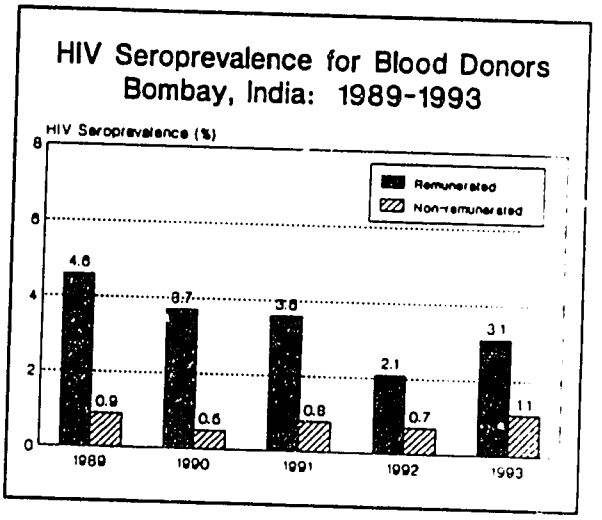
- HIV seroprevalence data for blood donors in several cities show a variety of different patterns over time. In Agra, HIV infection levels have decreased, while HIV infection levels in Madras and Pune have increased. HIV levels in the other cities remained the same during this period. These variations may reflect differences in blood screening programs.



- HIV seroprevalence data for blood donors in New Delhi report low levels of less than 1 percent. However, the infection level increased from 0.2 percent in 1987 to 0.4 percent in 1992.

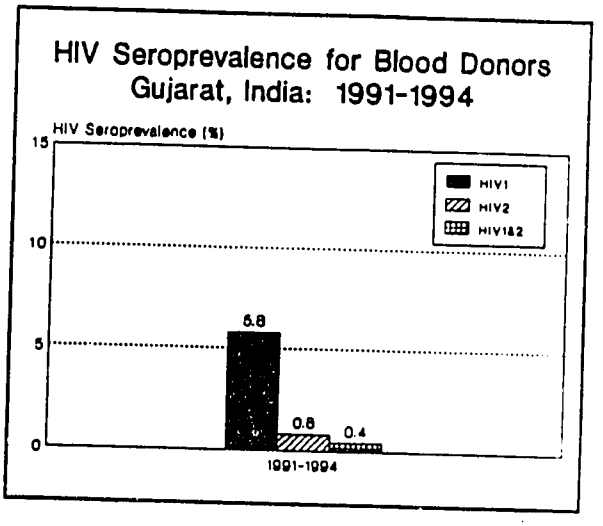


- HIV seroprevalence levels among blood donors in Bombay report higher levels of infection among the remunerated donors from 1989 to 1993. The infection levels among non-remunerated donors remained steady over the 5 year period.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

- HIV seroprevalence data on blood donors in Gujarat from 1991-1994 show HIV-1 infection is more prevalent. However, HIV-2 and dual infection are also present.



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R0080 Ralte, J. S., S. Sarkar, S. Panda, et al., 1992, Drug Addiction and HIV Infection in Mizoram, 2nd International Congress on AIDS in Asia and Pacific, New Delhi, India, 11/8-12, Abstract B209.

R0106 Raman, R., 1994, HIV Seroaurveillance in High Risk Groups and Effect of Mass Media Approach, Tenth Internctional Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0452.

R0107 Rodrigues, J., S. Mehendale, M. Shepherd, et al., 1994, The Preparation for AIDS Vaccine Efficacy Trial in India, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0290.

S0129 Sankari, S., S. Solomon, et al., 1991, Trends of HIV Infections in Antenatal/Infertility Clinic - An Ominous Sign:, VII International Conference on AIDS, Florence, Italy, 6/16-21, Poster W.C.3236.

S0171 Solomon, S., T. Jagadeeswari, K. Anuradha, 1992, Sentinel Surveillance for HIV Infection, VIII International Conference on AIDS, Amsterdam, 7/19-24, Abstract PoC 4086.

S0176 Saraswathi, V., 1992, HIV Donor Screening NIMS Experience, 2nd International Congress on AIDS in Asia and Pacific, New Delhi, India, 11/8-12, Poster B336.

S0183 Sarkar, S., T. N. Naik, K. Sarkar, et al., 1992, IDU Related HIV Infections in North Eastern States of India, 2nd International Congress on AIDS in Asia and Pacific, New Delhi, India, 11/8-12, Poster B210.

S0185 Sengupta, U., V. P. Bharadwaj, 1992, HIV Antibody Positivity in Risk Groups, 2nd International Congress on AIDS in Asia and Pacific, New Delhi, India, 11/8-12, Poster B339.

S0194 Sattaur, O., 1991, India Wakes Up to AIDS, New Scientist, vol. 132, no. 2, pp. 25-29.

S0207 Simoes, E. A. F., P. G. Babu, H. M. Jeyakumari, et al., 1993, The Initial Detection of Human Immunodeficiency Virus 1 and its Subsequent Spread in Prostitutes in Tamil Nadu, India, Journal of Acquired Immune Deficiency Syndromes, vol. 6, no. 9, pp. 1030-1034.

S0288 Salunke, S. R., 1994, Transmission and Prevalence of HIV in Bombay-India, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Abstract P.C.0368.

S0295 Seth, P., N. Khanna, S. Broor, et al., 1994, HIV Infection in STD Patients in New Delhi, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0567.

T0087 Tripathy, S., K. Banerjee, J. Rodrigues, et al., 1993, Increasing HIV Infection in Western India, IX International Conference on AIDS, Berlin, 6/6-11, Poster PO-C08-2764.

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Laos

12/94

Demographic Indicators

Population (1,000s)	4,702	Growth Rate (%)	2.8
Infant Mortality Rate		Life Expectancy	
Both Sexes	102	Both Sexes	52
Male	112	Male	50
Female	91	Female	53
Crude Birth Rate	43	Crude Death Rate	15
Total Fertility Rate	6.1	Percent Urban	21

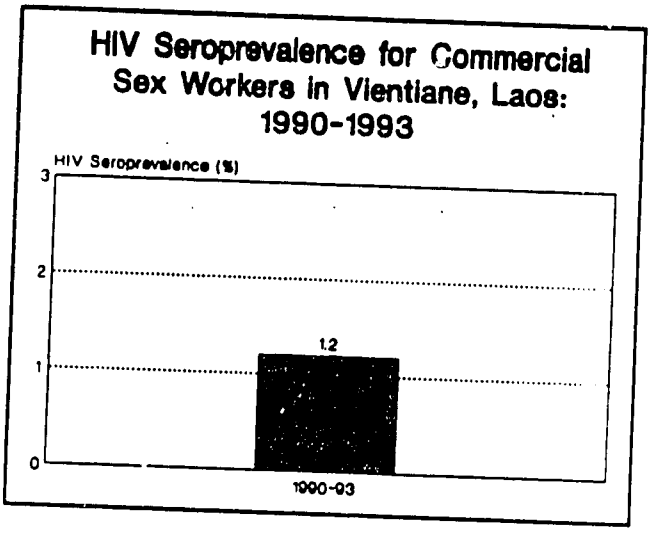
Note: Above indicators are for 1994.

Cumulative AIDS rate (per 1,000) as of 3/31/94	0.0
Cumulative AIDS cases as of 3/31/94	14

Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

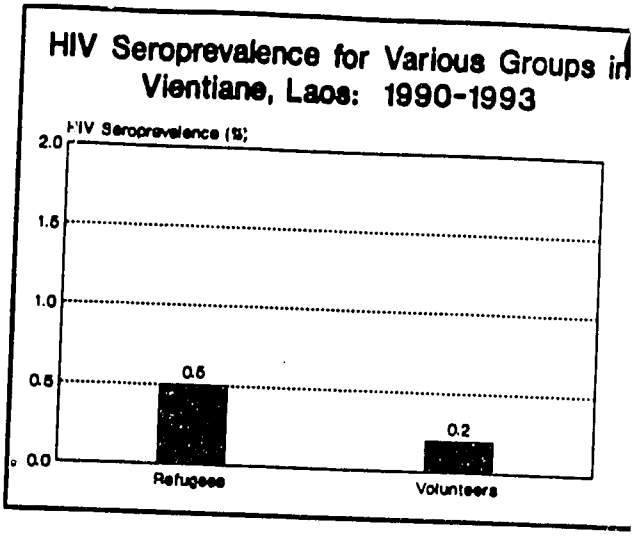
Epidemiological Data

- Very few reports on HIV seroprevalence in Laos are available. A study conducted among commerical sex workers from January 1990 through April 1993 found a prevalence level of 1.2 percent.

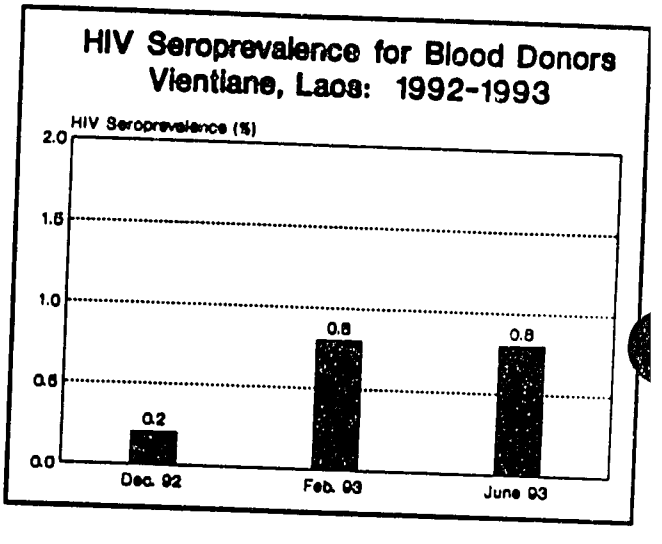


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

- An HIV seroprevalence study among refugees from Thailand and China reported an HIV infection level of 0.5 percent. Individuals voluntarily tested for HIV infection had a prevalence level of 0.2 percent.



- The 1993 report from the Ministry of Health in Laos showed HIV seroprevalence levels among blood donors less than 1 percent from 1992 through June 1993.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

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M0309 Ministry of Health (Lao People's Democratic Republic), 1993, Second Quarterly Report: April - June 1993, National Committee for the Control of AIDS (NCCA), Vientiane, August, unpublished report.

P0122 Prasongsith, B. C., P. Blanche, K. Phouvang, et al., 1994, HIV Infection in Lao Republic, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0084.

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Thailand

Demographic Indicators

Population (1,000s)	59,510	Growth Rate (%)	1.3
Infant Mortality Rate		Life Expectancy	
Both Sexes	37	Both Sexes	68
Male	40	Male	65
Female	34	Female	72
Crude Birth Rate	19	Crude Death Rate	6
Total Fertility Rate	2.1	Percent Urban	25

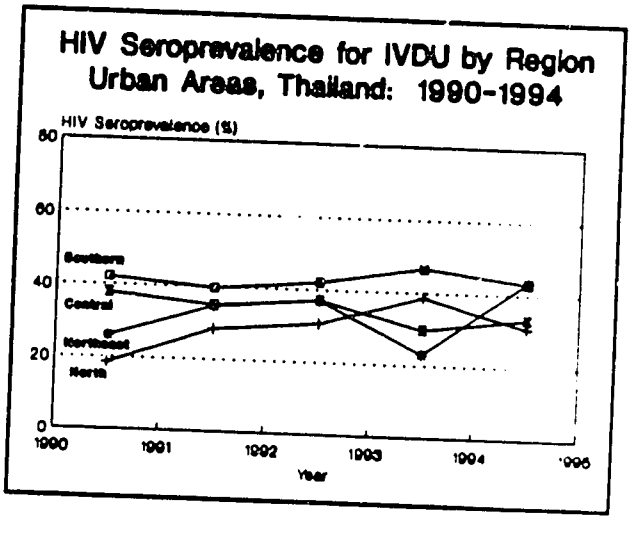
Note: Above indicators are for 1994.

Cumulative AIDS rate (per 1,000) as of 6/14/94	0.10
Cumulative AIDS cases as of 6/14/94	5,654

Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

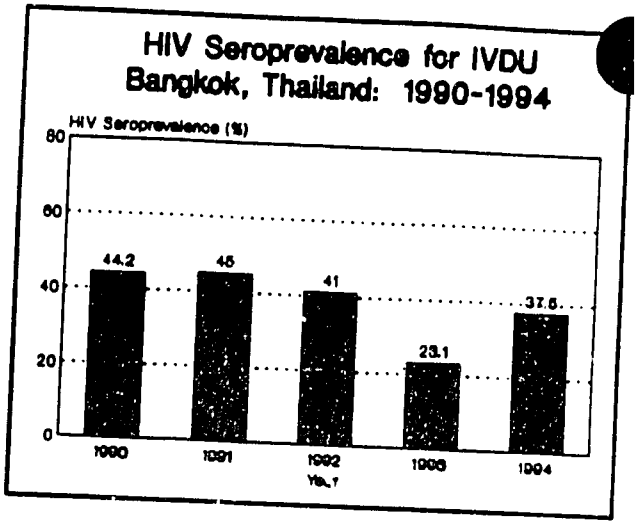
Epidemiological Data

- The AIDS situation has exploded in Thailand within the past few years. Based on sentinel surveillance data, the Thailand Ministry of Health reported that over 30 percent of the intravenous drug users in all four regions of Thailand were infected with HIV.

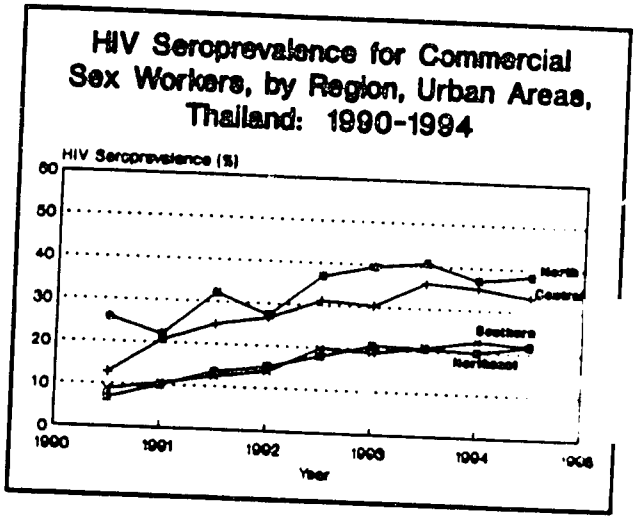


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

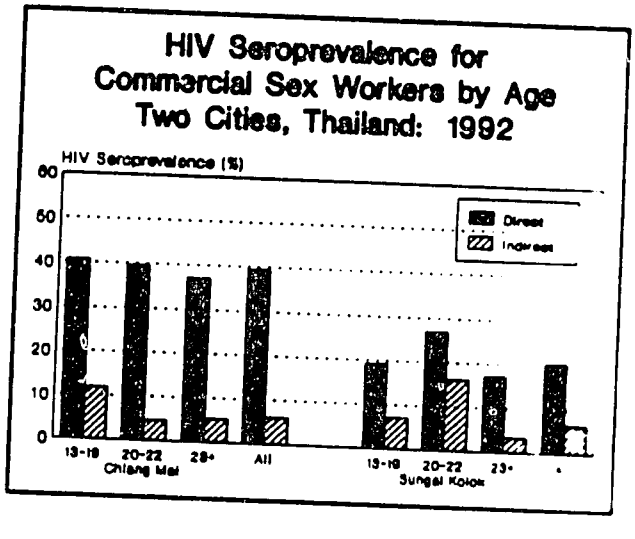
- Since 1990, HIV prevalence levels among IVDU in Bangkok have remained high. However, HIV prevalence levels declined to below 40 percent after 1992.



- HIV seroprevalence among commercial sex workers continues to grow throughout Thailand. Based on sentinel surveillance data, since June 1990, the virus is increasing at a fast rate among commercial sex workers in the North and Central regions. The Northeast and Southern regions show an increase in HIV infection but not as rapidly as the other regions.

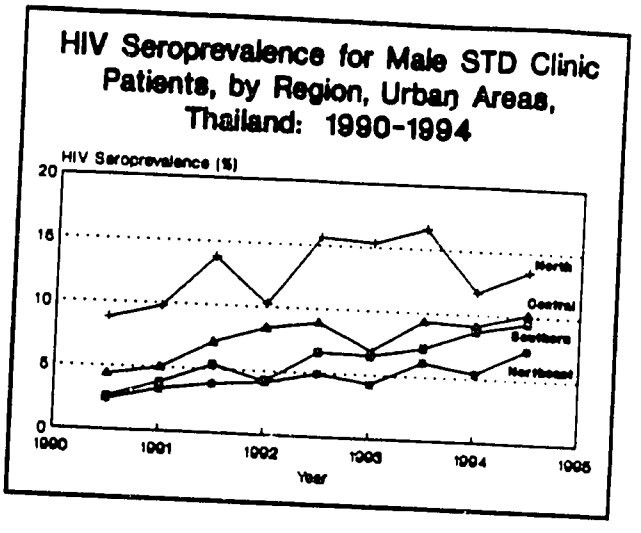


- In this 1992 study of HIV seroprevalence among commercial sex workers in the northern urban area of Chiang Mai and the southern urban area of Sungai Kolok, higher infection levels were found for those working in brothels versus those working in more indirect settings.

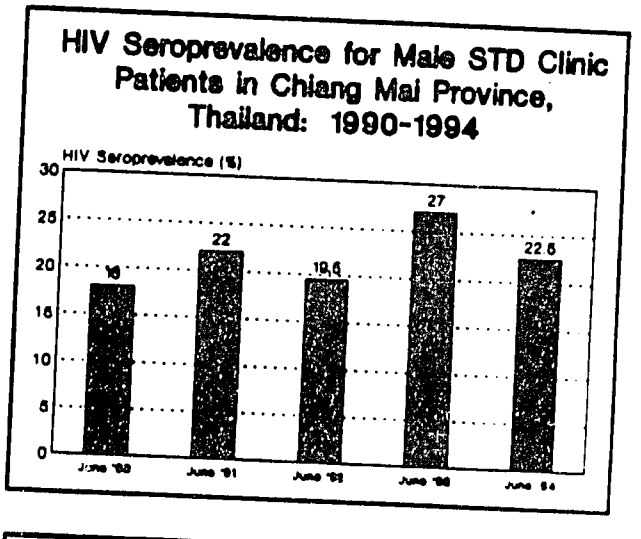


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec 1994

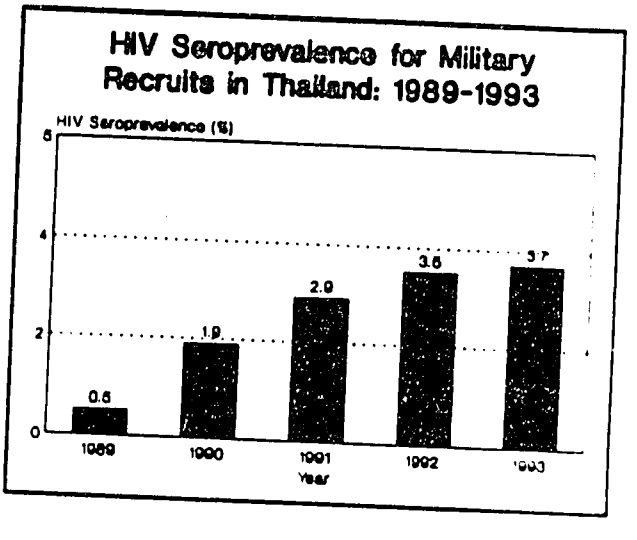
- Between June 1990 and June 1994, Thailand's sentinel surveillance system documented that the North started and remained at the highest level, while the other three regions saw a near doubling of HIV infection among urban STD clinic attendees.



- In the city of Chiang Mai, northern Thailand, HIV infection levels among STD clinic patients have remained virtually the same over the past 5 years.

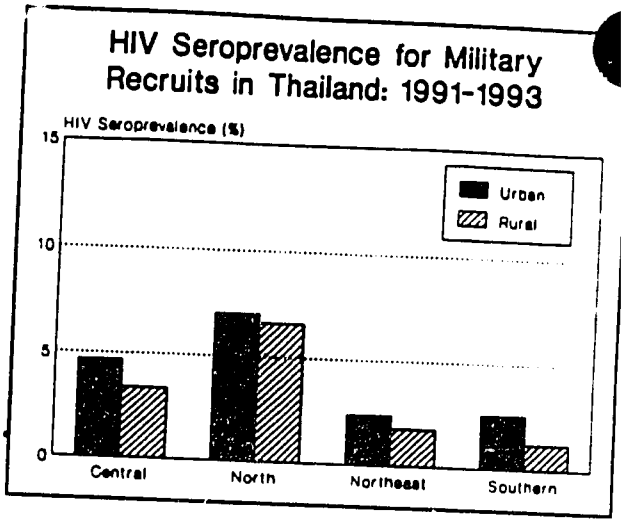


- National HIV seroprevalence data among young adult males entering the Royal Thai Army reported a steady increase in HIV infection from 0.5 percent in 1989 to 3.7 percent in 1993. In addition, this study reported that the highest HIV infection level was found in the North region of Thailand.

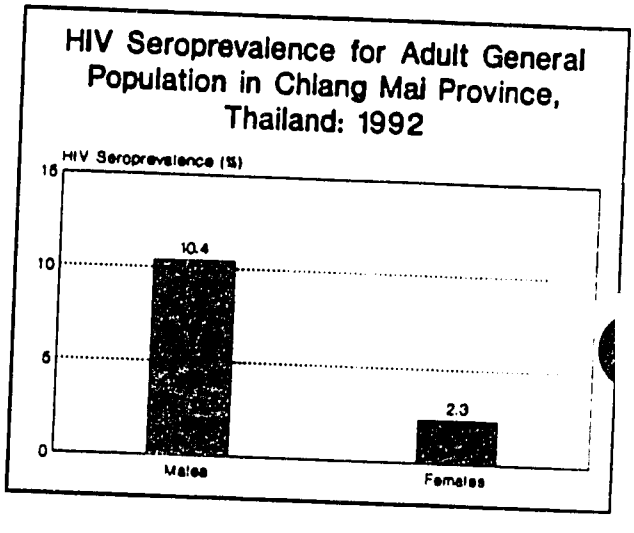


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec 1994

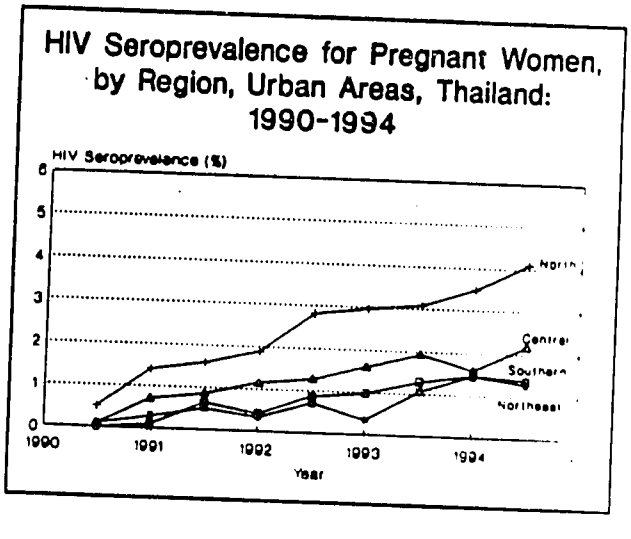
- This study describes the urban/rural differentiation in HIV infection levels among Royal Thai Army recruits. All four regions report higher levels among urban recruits. The North region reported the highest urban and rural levels.



- The HIV prevalence among male residents of four villages in northern Thailand was 10.4 percent. This prevalence level is more than three times higher than females.

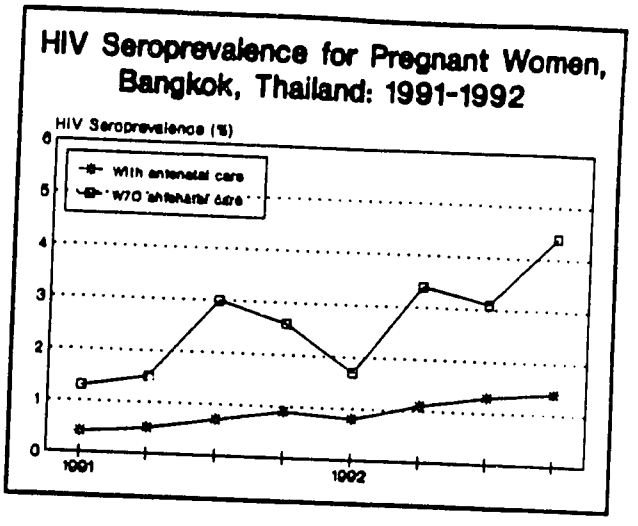


- The June 1994 sentinel surveillance data of HIV infection levels among pregnant women increased only for the North and Central regions over the 1993 levels. HIV infection levels in the Southern and Northeast regions remained the same as their June 1993 levels.

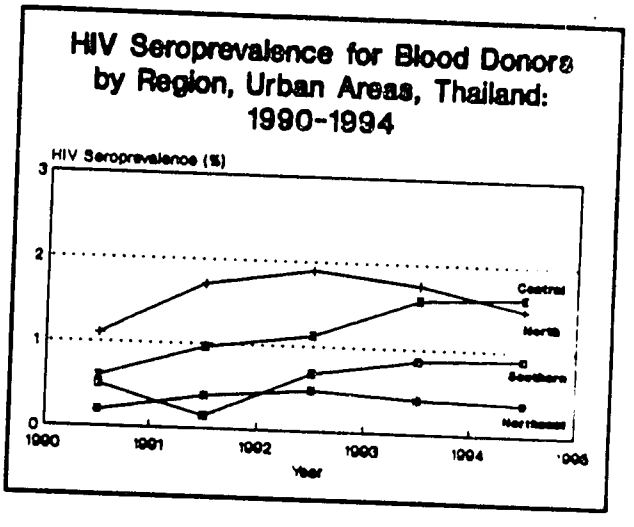


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

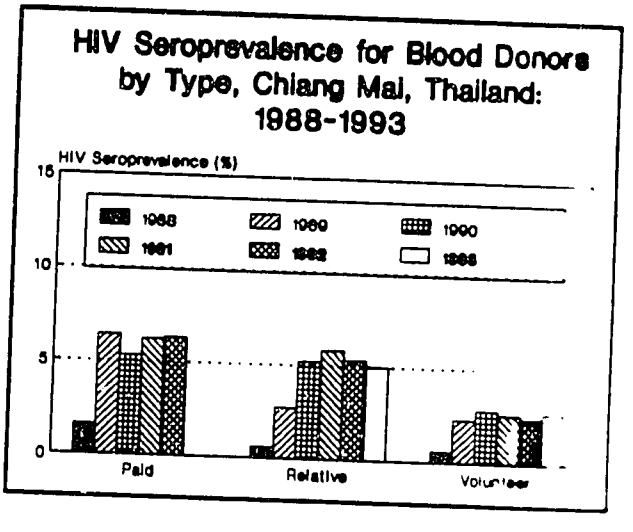
- A study conducted among pregnant women in Rajvithi hospital, a large public hospital in Bangkok, showed an increase in HIV infection. HIV seroprevalence among pregnant women delivering with no antenatal clinic care had an HIV level three times as high as those women receiving antenatal clinic care.



- The rates of infection in blood donors remained the same from June 1993 to June 1994 for all regions except for the North. For the first time since 1990, prevalence levels among blood donors in the Central region were higher than those in the North region.



- This study shows the HIV infection trend among blood donors in Chiang Mai from 1988 to 1992. The highest prevalence levels for all years are among the paid ("professional") blood donors. The lowest levels are reported for the volunteer donors.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec 1994

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C0146 Chaisiri, N., V. Danutra, B. Limanonda, 1993, Prevalence of Syphilis and Anti-HIV-1 Seropositive among [illegible]itutes in Two Urbans Areas of Thailand, IX International Conference on AIDS, Berlin, 6/6-11, Poster PO-C14-2896.

J0042 Jugsudee, A., et al., 1994, HIV-1 Seroprevalence among Young Thai Men 1990 to 1993, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Postar P.C.0074.

K0172 Kamtorn, N., Y. Mundee, S. Chaiyaphruck, et al., 1994, Prevalence of Anti-HIV P24 Antigen and Other Markers in Blood Donors, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Abstract P.C.0373.

N0103 Nelson, K. E., V. Suriyanon, E. Taylor, et al., 1994, The Incidence of HIV-1 Infections in Village Populations of Northern Thailand, AIDS, vol. 8, no. 7, pp. 951-955.

S0213 Siriwasin, W., S. Singhaneti, G. Kasuchaiyo, et al., 1993, Rapid Rise in Maternal HIV-1 Seroprevalence, Bangkok, Thailand, IX International Conference on AIDS, Berlin, 6/6-11, Poster PO-C08-2767.

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T0079 Thailand Ministry of Public Health, 1992, National Sentinel Seroprevalence Survery, June, unpublished tables.

T0088 Thailand Ministry of Public Health, 1992, National Sentinel Seroprevalence, September, unpublished tables.

T0100 Thailand Ministry of Public Health, 1993, National Sentinel Seroprevalence, June, unpublished tables.

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T0117 Torugsa, K., et al., 1994, Prevalence of HIV-1 Infection in Young Men Entering the Royal Thai Army; Trends and Risk Factors, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0057.

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W0068 Weniger, B. G., K. Limpakarnjanarat, K. Ungchusak, et al., 1991, The Epidemiology of HIV Infection and AIDS in Thailand, AIDS, vol. 5 (suppl 2), pp. S71-S85.

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LATIN AMERICA & CARIBBEAN

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Brazil

12/94

Demographic Indicators

Population (1,000s)	158,739	Growth Rate (%)	1.3
Infant Mortality Rate		Life Expectancy	
Both Sexes	60	Both Sexes	62
Male	64	Male	57
Female	55	Female	67
Crude Birth Rate	21	Crude Death Rate	9
Total Fertility Rate	2.4	Percent Urban	78

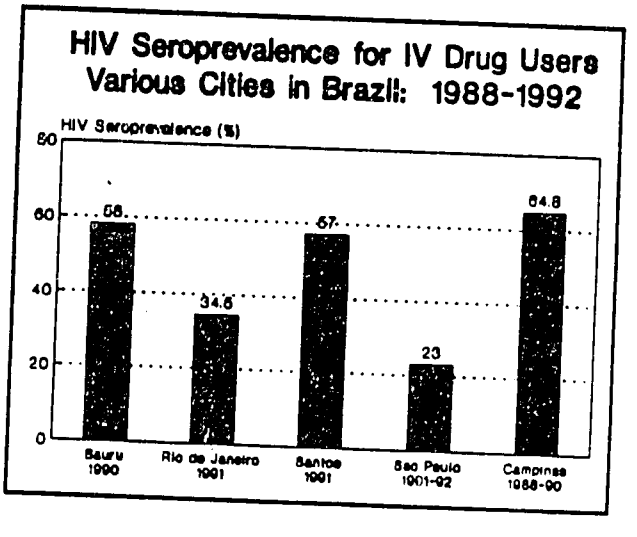
Note: Above indicators are for 1994.

Cumulative AIDS rate (per 1,000) as of 2/26/94	0.31
Cumulative AIDS cases as of 2/26/94	49,312

Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

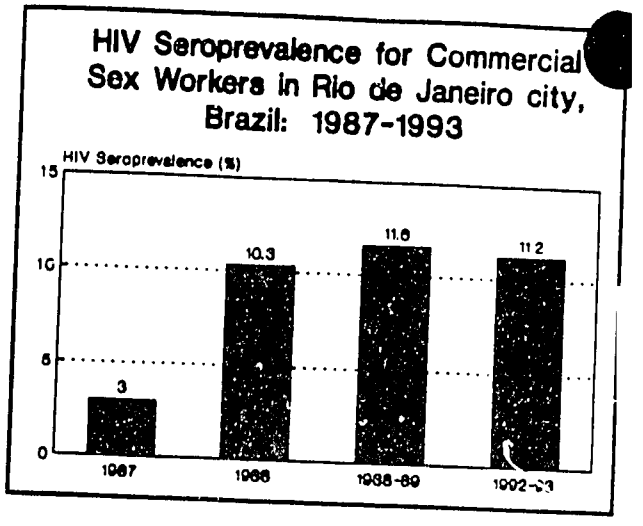
Epidemiological Data

- In the early 90's, studies conducted in various cities of Brazil showed extremely high levels of HIV infection among IV drug users. Since the 80's, IV drug use has been a major factor in HIV transmission in Brazil and according to these studies, this is still the case.

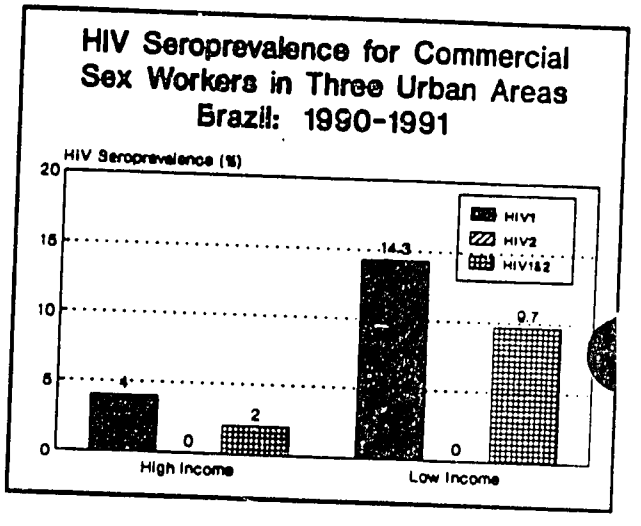


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

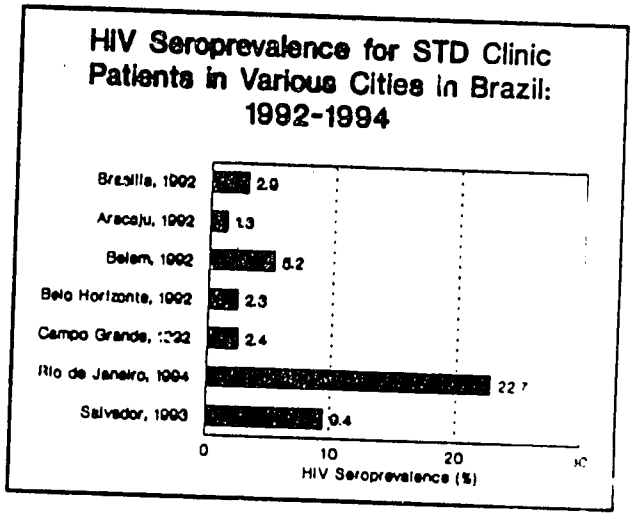
- In Rio de Janeiro city, the HIV seroprevalence level among commercial sex workers has increased. In a study conducted in 1992-93, the level of HIV infection rose to 11.2 percent from 3 percent found in 1987.



- The low social status of women in many developing countries is an important contributor to high HIV levels. Evidence of this is found in a recent study during the early 90's among commercial sex workers. Low income workers' HIV-1 and dual infection levels were more than triple those of high income workers. No evidence of HIV-2 was found in either group.

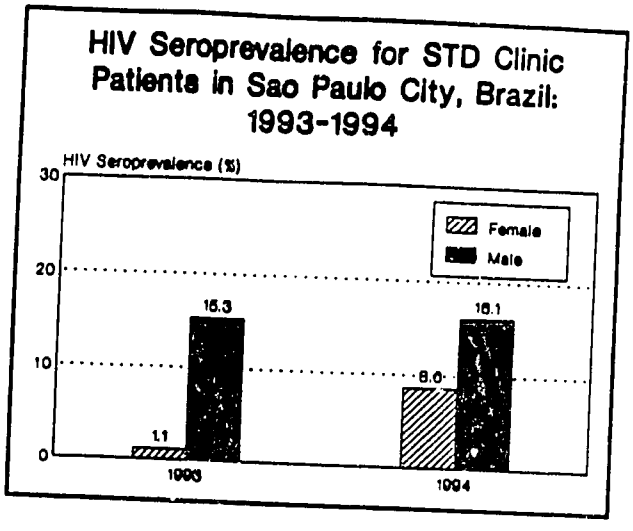


- Sentinel surveillance conducted among STD clinic patients in various cities in Brazil shows HIV infection levels varying from 1.3 percent in Aracaju to 22.7 percent in Rio de Janeiro city.

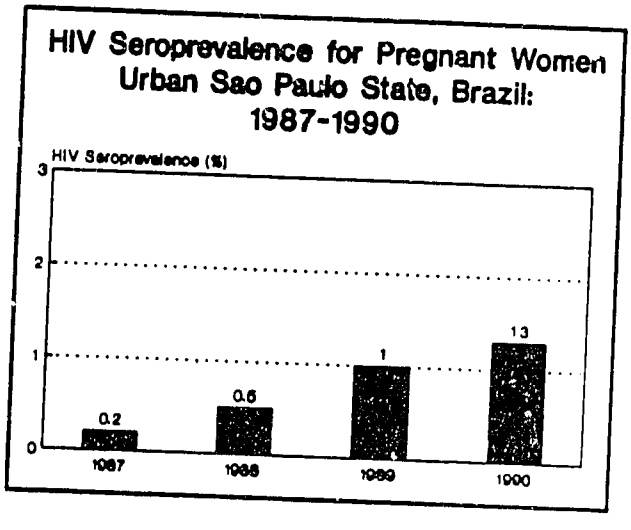


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec 1993

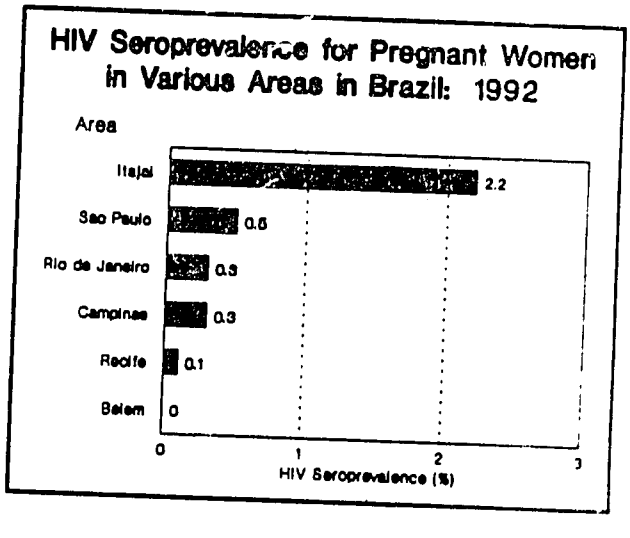
- Sentinel surveillance in Sao Paulo city among STD clinic patients in 1993 and 1994 reports a higher level of HIV infection among males than females. The level among males remained essentially unchanged from 1993 to 1994. However, the level among females increased from 1.1 percent in 1993 to 8.6 percent in 1994.



- Available evidence shows HIV infection levels in Brazil's urban areas increasing. Among pregnant women cared for at the University of Sao Paulo Hospital, HIV infection increased from 0.2 percent to 1.3 percent between 1987 and 1990. Infection levels in other urban areas are also increasing. Little information is available on infection levels among the less urbanized population.

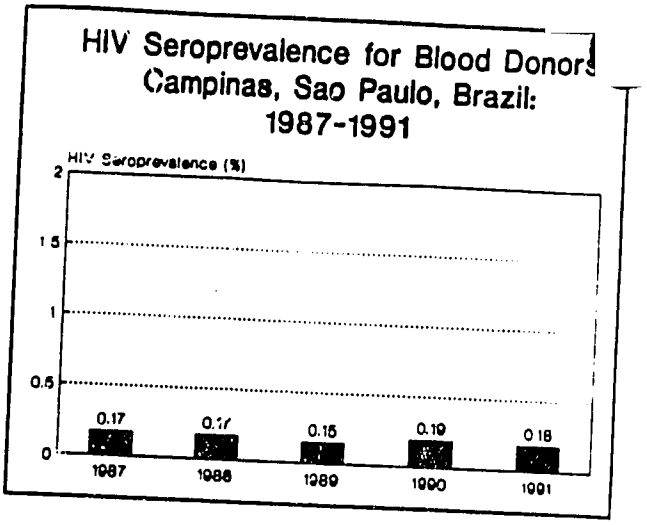


- Studies conducted among pregnant women in different areas of Brazil report relatively low levels of HIV infection. Itajai reported the highest HIV infection level, 2.2 percent, which is more than four times as high as the HIV level reported for Sao Paulo.

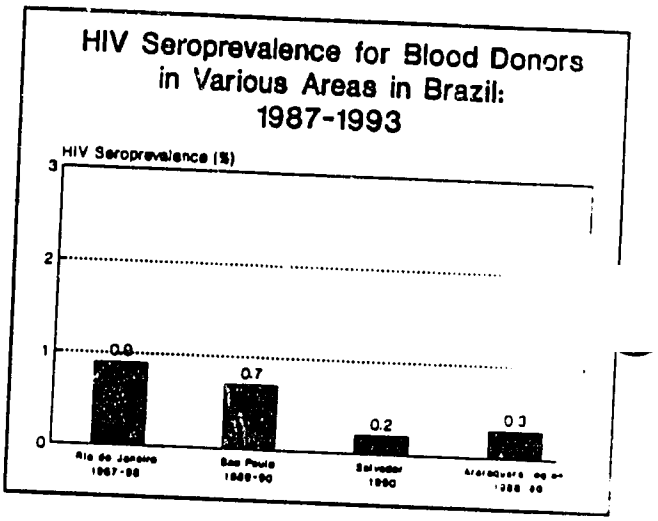


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

- In Campinas, Sao Paulo, HIV infection levels among blood donors remained stable and less than .5 percent from 1987 to 1991.



- Data from four areas in Brazil reported HIV infection among blood donors ranging from 0.2 percent in Salvador to 0.9 percent in Rio de Janeiro.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec 1994

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D0038 De Meis, C., A. C. P. De Vasconcellos, D. Linhares, et al., 1991, HIV-1 Infection among Prostitutes in Rio de Janeiro, Brezil, AIDS, vol. 5, no. 2, pp. 236-237.

D0087 Duarte, G., M. M. Mussi-Pinhata, M. C. C. Feres, et al., 1991, The Ascendent Pattern of Seropositivity for HIV Antibody and the Risk Factors Associated to the HIV Transmission in ..., VII International Conference on AIDS, Florence, Italy, 6/16-21, Abstract W.C.3257.

D0152 DeLorenzi, A., S. A. Nogueira, V. M. Lessa, et al., 1994, Prevalence of HIV1 among Female Sex Workers in Rio de Janeiro, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0357.

F0045 Ferreira, A., E. Arevalo, M. E. L. Fernandes, et al., 1992, HIV Infection among Users and Non Users of Injected Drugs, VIII International Conference on AIDS, Amsterdam, 7/19-24, Abstract PuC 8072.

F0047 Fernandes, M. E., A. Reingold, N. Hearst, et al., 1992, HIV in Commercial Sex Workers in Sao Paulo, Brazil, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4190.

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G0103 Goncales, N. S. L., J. Pellegrino, F. L. Goncales, et al., 1992, Evaluation of Co-Positivity between Enzymeimmunoassay and Western-Blot for HIV-1 on Voluntary Blood Donors from Campinas-Brazil, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4047.

H0071 Hendry, R. M., D. E. Parks, D. L. A. Campos Mello, et al., 1991, Lack of Evidence for HIV-2 Infection among At-Risk Individuals in Brazil, Journal of Acquired Immune Deficiency Syndromes, vol. 4, no. 6, pp. 623-627.

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L0100 Lima, V. C. P., C. S. Chiattoni, M. N. Buratini, et al., 1992, Seroprevalence Study of Hepatitis C Virus Antibody and HIV-1 Infection among Volunteer Blood Donors in Sao Paulo, Brazil, VIII International Conference on AIDS, Amsterdam, 7/19-24, Abstract PoC 4677.

M0168 Mesquita, F., A. R. Moss, A. L. Reingold, et al., 1991, Pilot Study of HIV Antibody Seroprevalence among IVDUs in the City of Santos Sao Paulo State, Brasil, VII International Conference on AIDS, Florence, Italy, 6/16-21, Poster M.C.3008.

P0123 Pilotto, J., V. Veloso, B. Grinsztejn, et al., 1994, Seroprevalence of HIV, HBV and Syphilis among Blood Donors in a Slum-Based Hospital of Rio de Janeiro, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0395.

R0071 Rocha, M., M. Lima, P. Tanibata, et al., 1992, Seroprevalence of the Markers the Hepatitis B Virus and Syphilis in Heterosexual Drug Users, VIII International Conference on AIDS, Amsterdam, 7/19-24, Abstract PoC 4696.

R0087 Ribeiro, T. T., C. Brites, E. D. Moreira, et al., 1993, Serologic Validation of HIV Infection in a Tropical Area, Journal of Acquired Immune Deficiency Syndromes, vol. 6, no. 3, pp. 319-322.

R0110 Rodrigues, L., L. Lauria, O. Berro, et al., 1994, HIV Serosurveillance in Brazil: A New Epidemic Emerges, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Session 072C.

S0280 Santos, C., E. Sampaio, I. Santana, et al., 1994, Evidence for Sexual Transmission of HTLVI/II in Brazil, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Abstract P.C.0600.

S0285 Sole Pla, M., E. P. Quinhoes, K. Valente, et al., 1994, Surveillance System for HIV Infection in Rio de Janeiro, Brazil, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Abstract P.C.0563.

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Colombia

12/94

Demographic Indicators

Population (1,000s)	35,578	Growth Rate (%)	1.8
Infant Mortality Rate		Life Expectancy	
Both Sexes	28	Both Sexes	72
Male	32	Male	69
Female	25	Female	75
Crude Birth Rate	23	Crude Death Rate	5
Total Fertility Rate	2.5	Percent Urban	72

Note: Above indicators are for 1994.

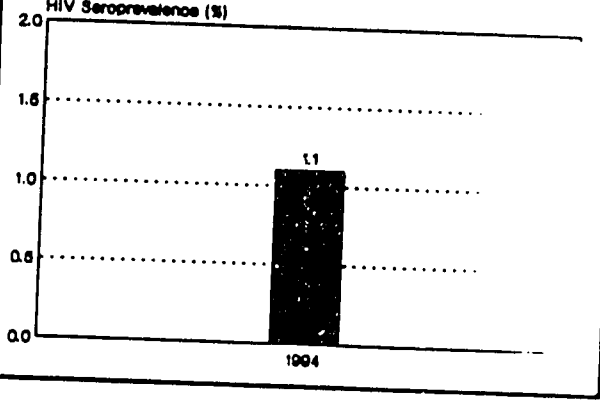
Cumulative AIDS rate (per 1,000) as of 3/31/94	0.13
Cumulative AIDS cases as of 3/31/94	4,583

Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

Epidemiological Data

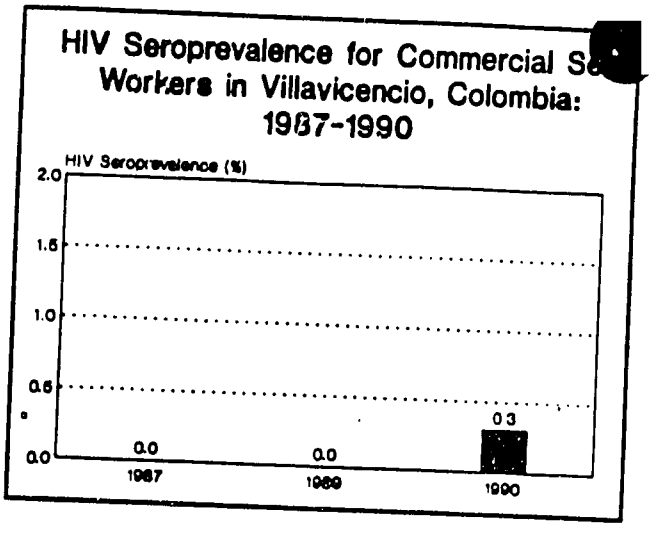
- An HIV surveillance study conducted among commercial sex workers in Cartagena, an important tourist city and harbor, found a prevalence level of 1.1 percent in 1994.

HIV Seroprevalence for Commercial Sex Workers in Cartagena, Colombia: 1994

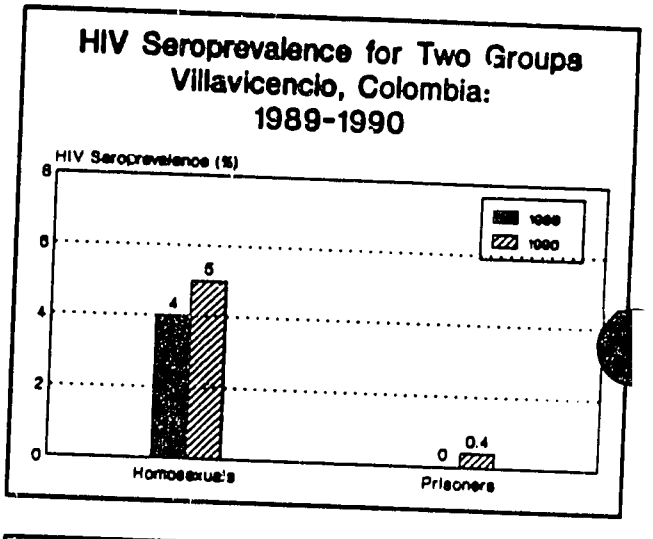


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec 1994

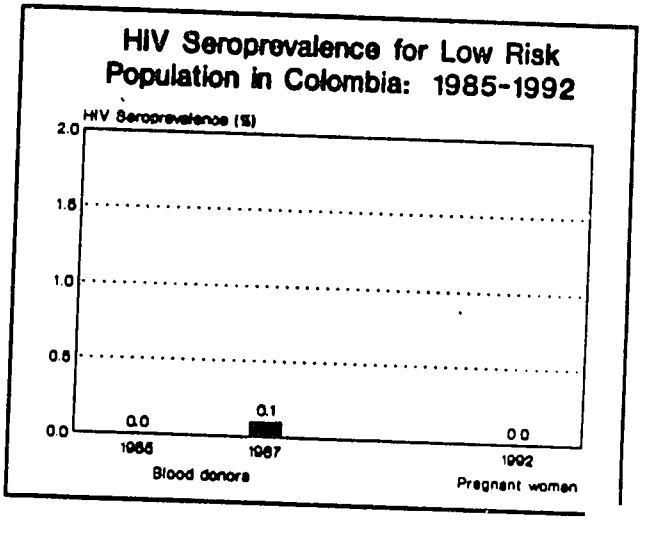
- In Villavicencio, the capital of the Meta Department located in Eastern Plains, serological surveys of commercial sex workers were carried out in 1987, 1989, and 1990. There was no evidence of HIV infection in 1987 and 1989. However, a prevalence level of 0.3 percent was reported in 1990.



- According to the same study, the HIV prevalence level among prisoners was similar to that found among commercial sex workers. However, higher levels of 4 and 5 percent were found among homosexuals in 1989 and 1990.



- Results of HIV screening by the Colombian Red Cross in 1985 and 1987 among volunteer blood donors from 7 major cities in Colombia found no evidence of infection in 1985 and an infection level of 0.1 percent in 1987. In a more recent study in Cali, no evidence of the HIV virus was found among pregnant women.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

Sources for Colombia

B0027 Boshell, J. S., M. G. Gacharna, D. Saavedra et al., 1988, AIDS in Colombia, IV International Conference on AIDS, Stockholm, 6/13-14, Poster 5080.

B0043 Boshell, J. S., M. G. Gacharna, M. Garcia, et al., 1989, AIDS in Columbia, In: AIDS Profile of an Epidemic, PAHO, Scientific Publication no. 514, pp. 37-44.

B0244 Bolling, N., P. Rovero, O. Dathe, et al., 1994, Prevalence and Risk Factors of Infection with HIV-I and HTLV-I/II in Surgical and Gynecological Patients of Cali, Colombia, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0602.

N0133 Navas, M. C., J. Boshell, 1994, Seroprevalence and Risk Factors for HIV Infection among Prostitutes in Cartagena, Colombia, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Abstract P.C.0359.

R0053 Restrepo, M., S. Gonzalez, E. Y. Prade, et al., 1991, Prevalence of HIV Infection among Selected High Risk Individuals in a Tropical Medium Size City in Colombia, South America, VII International Conference on AIDS, Florence, Italy, 6/16-21, Poster M.C.3254.

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Dominican Republic

12/94

Demographic Indicators

Population (1,000s)	7,826	Growth Rate (%)	1.8
Infant Mortality Rate		Life Expectancy	
Both Sexes	52	Both Sexes	68
Male	56	Male	66
Female	47	Female	71
Crude Birth Rate	25	Crude Death Rate	6
Total Fertility Rate	2.8	Percent Urban	64

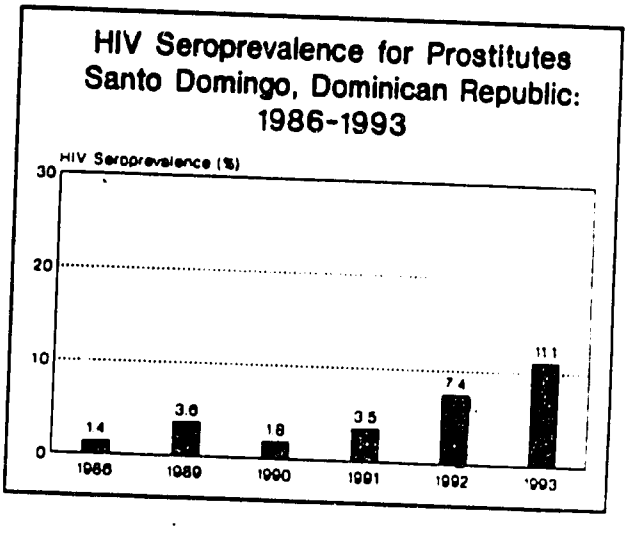
Note: Above indicators are for 1994.

Cumulative AIDS rate (per 1,000) as of 3/31/94	0.30
Cumulative AIDS cases as of 3/31/94	2,353

Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

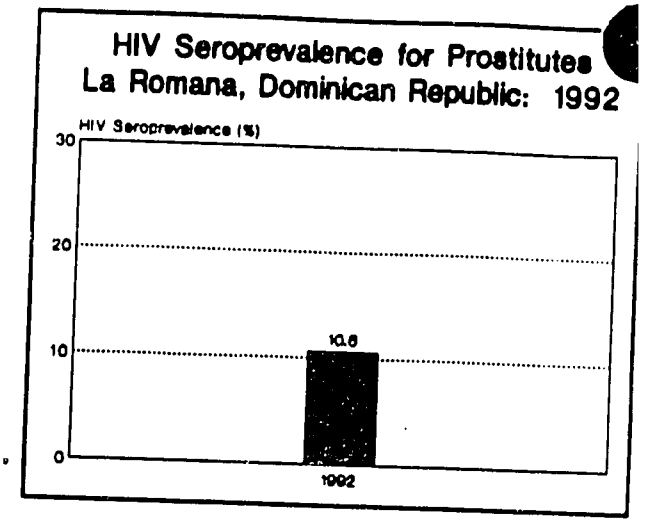
Epidemiological Data

- In the capital city, Santo Domingo, the HIV infection level among prostitutes increased from 1.4 in 1986 to 11.1 percent in 1993.

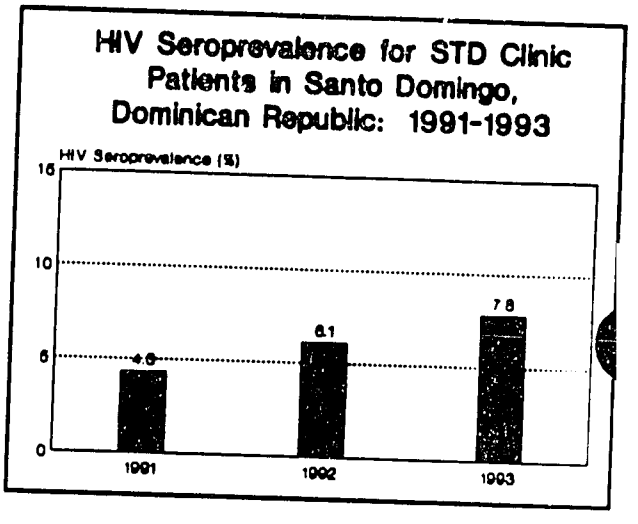


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

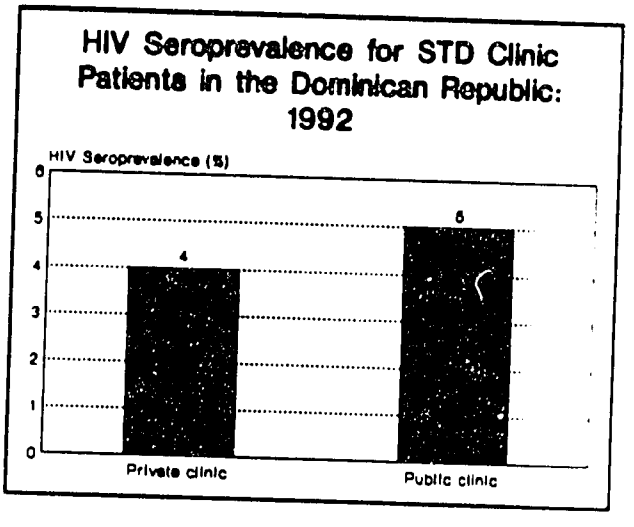
- A study conducted among prostitutes from July to November 1992 in La Romana, a tourist city, reported an HIV seroprevalence level of 10.6 percent.



- Sentinel surveillance of STD patients attending the Centro Saniterio clinic in Santo Domingo reports a steady increase in HIV prevalence from 4.3 percent in 1991 to 7.8 percent in 1993.

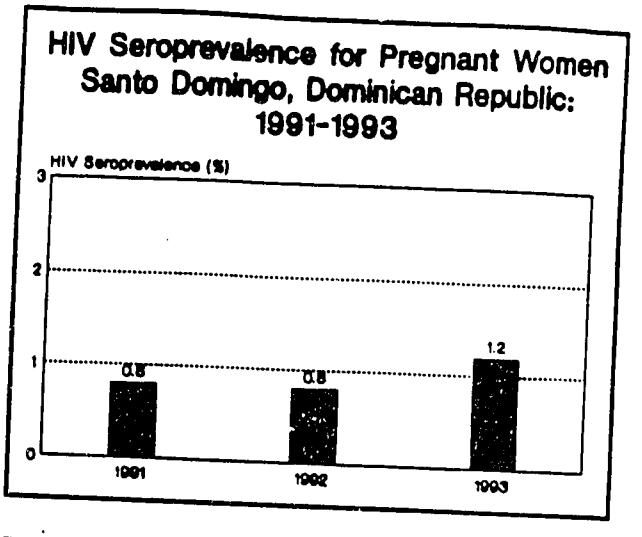


- A study in 1992 of STD clinic patients attending public and private clinics showed virtually no difference in HIV infection. The public clinic reported 5 percent prevalence while the private clinic reported 4 percent prevalence.

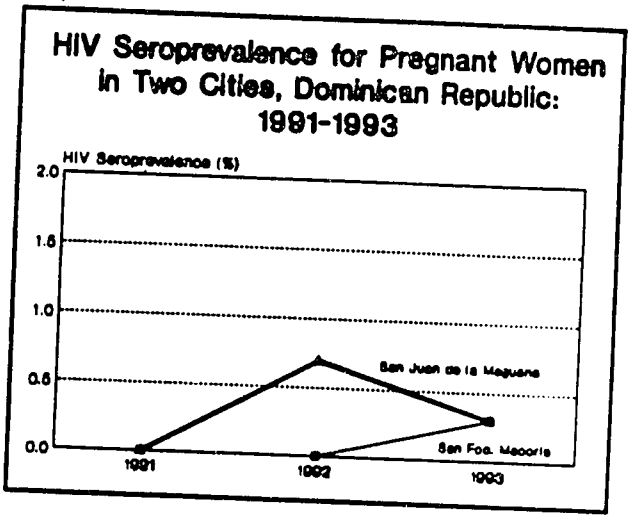


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

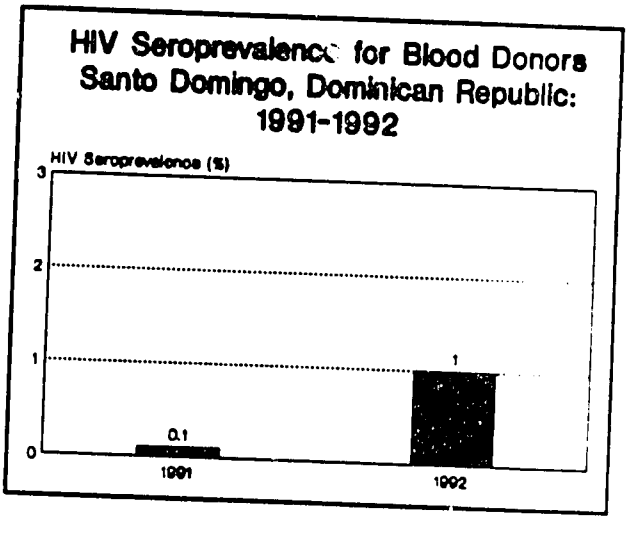
- An HIV seroprevalence survey conducted in Santo Domingo among pregnant women reported HIV infection levels increasing to 1.2 percent in 1993. This survey suggests that HIV infection is steadily moving into the general population.



- HIV infection levels among pregnant women seeking care at regional maternity hospitals in two cities show a pattern of low HIV infection, less than 1 percent.



- According to these studies conducted in Santo Domingo, the HIV infection level among adult blood donors rose from 0.1 percent in 1991 to 1 percent in 1992.



Source: Center for International Research, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

Sources for Dominican Republic

B0214 Bancos de Sangre, 1991, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Orga[redacted]on.

D0123 Dominican Republic, 1990, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.

G0100 Gomez, E., A. Ramirez, C. Pena, et al., 1992, Sentinel Seroprevalence Surveys for HIV-1 Infection in the Dominicar Republic, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4066.

G0145 Gomez, E., M. Sweat, M. Arbaje, et al., 1994, HIV and AIDS in the Dominican Republic: Current Status and Projected Impact, SESPAS/ PROCETS, Dominican Ministry of Health, report.

K0005 Koenig, R. E., L.De Castro, J. Acra, et al., 1987, Prevalence of Antibodies to HIV in Prostitutes and Dominican an Hatian Cane Cutters in Dominican Republic, III International Conference on AIDS, Washington, D.C., 6/1-5, Abstract TP.187.

N0112 Notificacion Bancos de Sangre de Rep. Doninicana, 1992, PAHO/WHO HIV Surveillance, Pan American Heal Organization/World Health Organziation.

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Ecuador

Demographic Indicators

Population (1,000s)	10,677	Growth Rate (%)	2.0
Infant Mortality Rate		Life Expectancy	
Both Sexes	39	Both Sexes	70
Male	44	Male	68
Female	34	Female	73
Crude Birth Rate	26	Crude Death Rate	6
Total Fertility Rate	3.1	Percent Urban	60

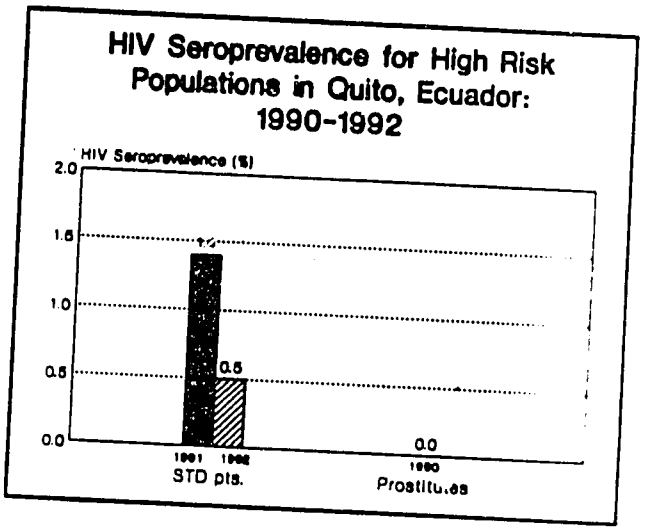
Note: Above indicators are for 1994.

Cumulative AIDS rate (per 1,000) as of 3/31/94	.04
Cumulative AIDS cases as of 3/31/94	381

Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

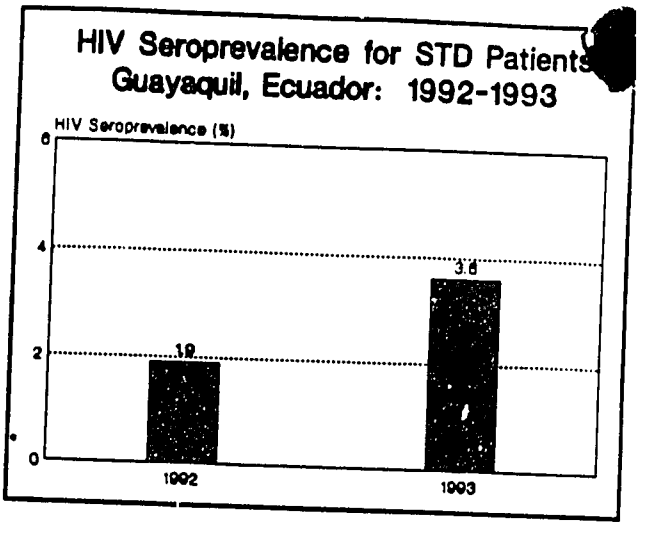
Epidemiological Data

- Very few studies on HIV seroprevalence in the capital city, Quito, have been published. A 1990 study among prostitutes indicated no evidence of HIV infection. However, another study in Quito reported measurable HIV seroprevelance among STD patients. Various STD treatment sites report levels of HIV infection of 1.4 percent in 1991 and 0.5 percent in 1992 among the STD patients.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

- Previous published HIV seroprevalence studies have revealed low prevalence levels among high risk individuals in Ecuador. However, data from Guayaquil reveal a different story. Reports from one of the main STD clinics in Guayaquil, the largest city and most important seaport of Ecuador, indicate HIV seroprevalence among STD patients of 1.9 percent for 1992. By 1993, HIV infection levels approximately doubled to 3.6 percent.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

Sources for Ecuador

R0054 Reyes, O., M. Oberie, G. Leoro, et al., 1991, HIV-1 Seroprevalence and Sexual Behavior in Quitos Prostitutes, VII International Conference on AIDS, Florence, Italy, 6/16-21, Poster M.D.4240.

R0093 R.yes, O., G. Leoro, M. Aguilar, et al., 1993, Sentinel Serosurveillance for HIV in STD Patients, Quito, Ecuador, 1991-1992, IX International Conference on AIDS, Berlin, 6/6-11, Poster PO-C20-3085.

R0104 Reyes, O., M. Baquerizo, N. Hearst, et al., 1994, HIV Sentinel Serosurveillance in STD Patients. Ecuador, 1991-93., Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0561.

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El Salvador

12/94

Demographic Indicators

Population (1,000s)	5,753	Growth Rate (%)	2.0
Infant Mortality Rate		Life Expectancy	
Both Sexes	41	Both Sexes	67
Male	47	Male	64
Female	34	Female	70
Crude Birth Rate	33	Crude Death Rate	6
Total Fertility Rate	3.8	Percent Urban	46

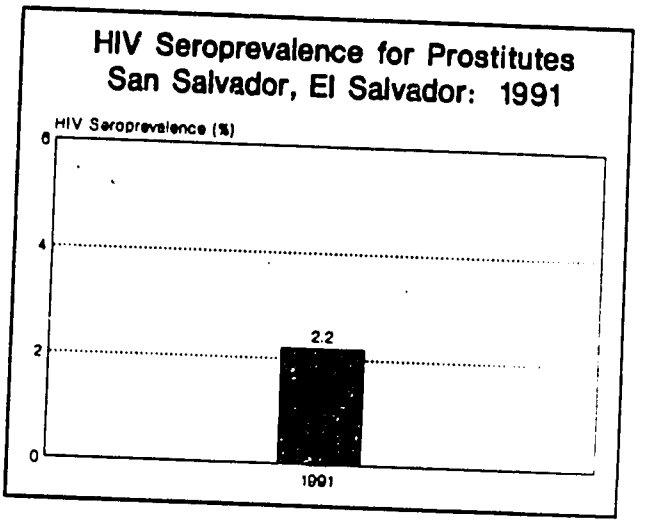
Note: Above indicators are for 1994.

Cumulative AIDS rate (per 1,000) as of 3/31/94	.11
Cumulative AIDS cases as of 3/31/94	630

Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

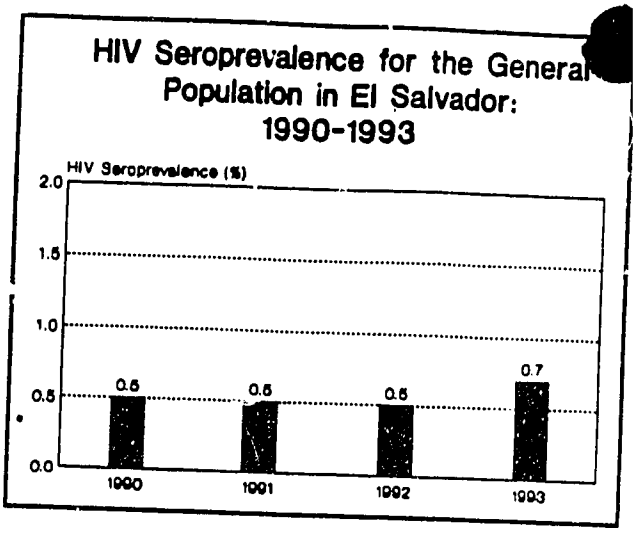
Epidemiological Data

- Very few studies of HIV seroprevalence have been published on El Salvador. However, data obtained from the Pan American Health Organization (PAHO) indicate that in San Salvador, the capital city, the HIV infection level among prostitutes was 2.2 percent for May-July 1991.

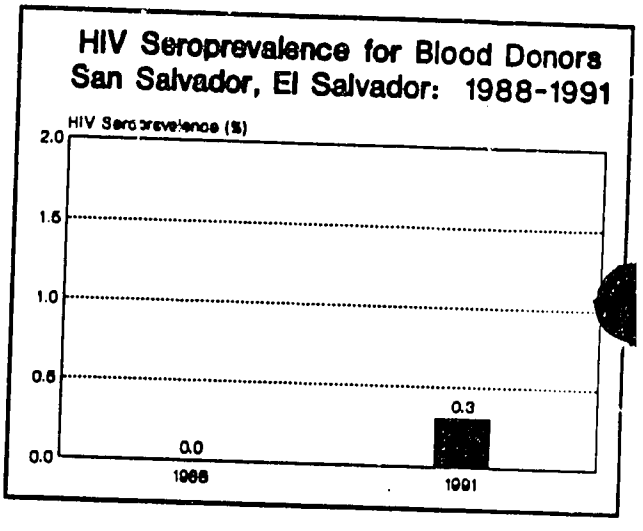


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

- According to this study, HIV infection has been found in the general population. HIV seroprevalence has remained under 1 percent from 1990 to 1993.



- Studies from Rosales Hospital in San Salvador of blood donors report no HIV infection in 1988 and an infection level of 0.3 percent in 1991.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

Sources for El Salvador

E0036 Epidemiology Unit, Centinel Site, 1991, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.

M0235 Martinez, A. B., 1992, AIDS in El Salvador, Links, vol. 9, no. 1, p. 16.

S0300 Schoenenberg, M., E. Wollants, G. Bonilla, et al., 1994, Epidemiology of HIV-1 Infection in El Salvador, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0038.

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Haiti

Demographic Indicators

Population (1,000s)	6,491	Growth Rate (%)	1.6
Infant Mortality Rate		Life Expectancy	
Both Sexes	109	Both Sexes	45
Male	116	Male	44
Female	101	Female	47
Crude Birth Rate	40	Crude Death Rate	19
Total Fertility Rate	5.9	Percent Urban	31

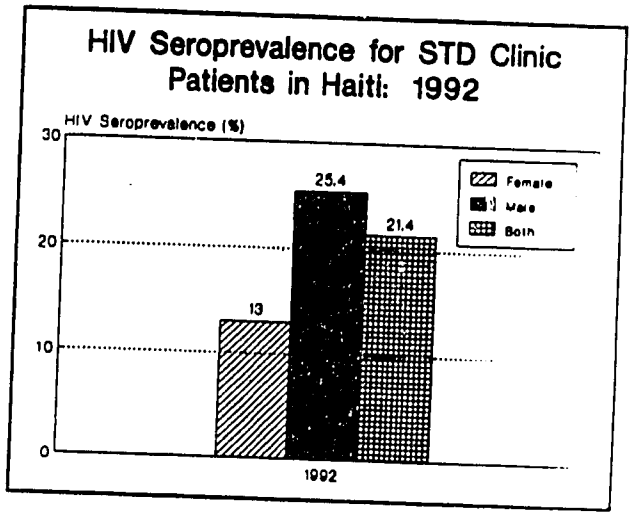
Note: Above indicators are for 1994.

Cumulative AIDS rate (per 1,000) as of 12/31/92	0.78
Cumulative AIDS cases as of 12/31/92	4,967

Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

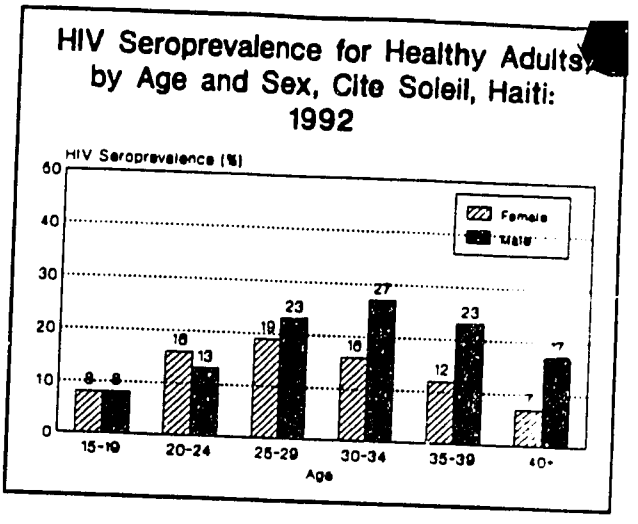
Epidemiological Data

- Only one study has documented HIV seroprevalence among the STD clinic patients in Haiti. This study shows higher HIV infection levels for males than for females. The HIV level in males, 25.4 percent, is double the HIV level in females, 13.0 percent.

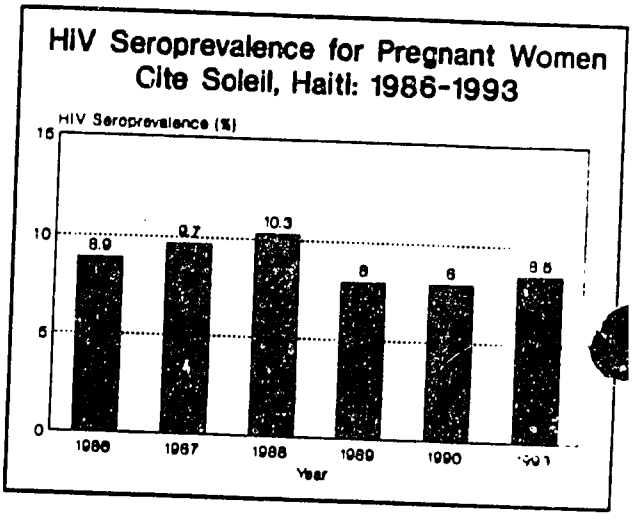


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec 1994

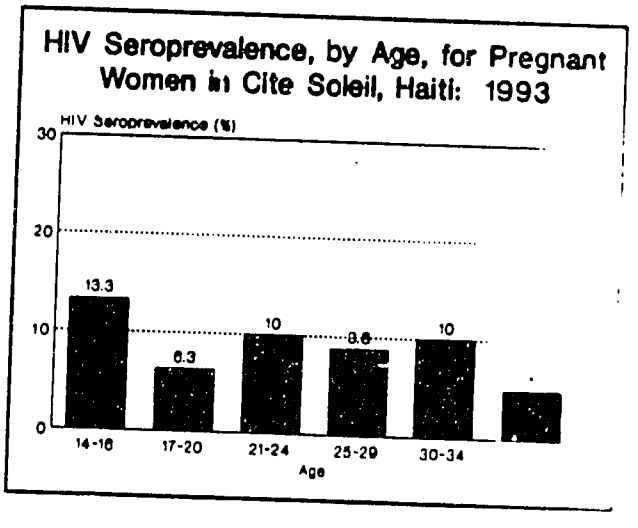
- A 1992 study of HIV seroprevalence among healthy adults was conducted in Cite Soleil, a periurban community of Port-au-Prince. Similar to the age distribution of HIV infection seen in African countries, the results found males to have a higher infection level than females in the older age categories. The peak age group for infection among men was 30-34 and 25-29 among women.



- In Cite Soleil, data from the past 6 years show a flat epidemic among pregnant women. The variation seen over this time period is probably due to sample variation rather than to any actual difference over the years.

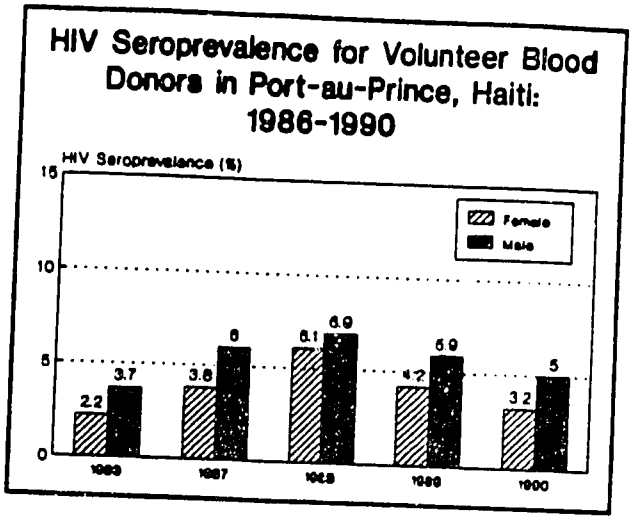


- Infection levels among pregnant women attending antenatal clinics in Cite Soleil varied from 5 percent among those 35 years and older to 13.3 percent among those 14-16 years old. This pattern of infection by age shows women becoming infected at very young ages.

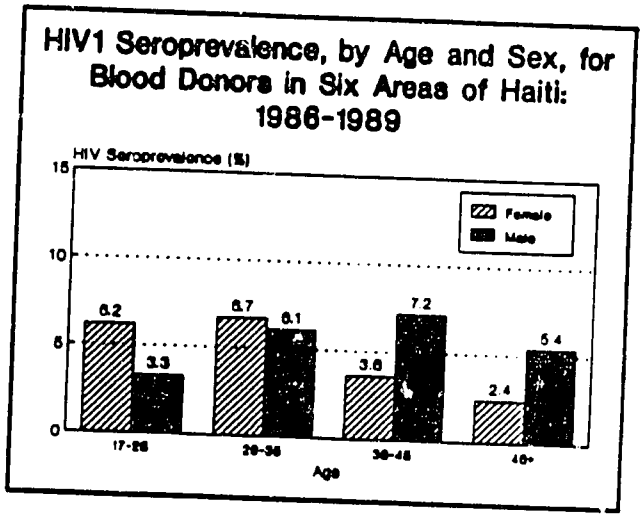


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec 1994.

- In Port-au-Prince, a study conducted from 1986 to 1990 showed peak levels of HIV infection among volunteer blood donors in 1988. Since 1988, the HIV infection levels in blood donors have been decreasing, perhaps due to increased awareness among donors or pre-screening at clinics.



- HIV infection among blood donors over the past several years conforms to age patterns of infection found elsewhere. Peak infection levels for men occur at somewhat older ages than among women.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

Sources for Haiti

B0085 Boulos, R., N. A. Halsey, E. Holt, et al., 1990, HIV-1 in Haitian Women 1982-1988, Journal of Acquired Immune Deficiency Syndromes, vol. 3, pp. 721-728.

B0116 Boulos, R., E. Holt, P. Kissinger, et al., 1991, Stable HIV-1 Seroprevalence Rates in Pregnant Women Residing in a Haitian Urban Slum, VII International Conference on AIDS, Florence, Italy, 6/16-21, Poster M.C.3015.

B0138 Boulos, R., J. Coberly, P. Losikoff, et al., 1992, Risk Factors Associated with HIV Infection in Adults Responding to a Community Based TB/HIV Prevention Program, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4061.

B0245 Boulos, R., F. Behets, J. Desormeaux, et al., 1994, HIV and Other Sexually Transmitted Diseases (STDs) among Women Attending Two Antenatal (AN) Clinics in Cite Soleil, Haiti, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0183.

L0099 Liautaud, B., L. R. Mellon, J. Denize-Vieux, et al., 1992, Preliminary Data on STDs in Haiti, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4302.

M0169 Metelus-Chalumanu, E., P. Larco, G. Poumerol, 1991, Four Years (April 1986 - June 1990) of Epidemiological Trends of HIV Infections among Blood Donors in Port-au-Prince, Haiti, VII International Conference on AIDS, Florence, Italy, 6/16-21, Poster M.C.2018.

S0082 The Section of Blood Transfusion of the Haitians Red Cross Group, 1989, Situation of Blood Transfusion in Haiti, IV Internat. Conf.: AIDS and Assoc. Cancers in Africa, Marseille, Oct. 18-20, Poster 226.

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Jamaica

Demographic Indicators

Population (1,000s)	2,555	Growth Rate (%)	1.0
Infant Mortality Rate		Life Expectancy	
Both Sexes	17	Both Sexes	74
Male	19	Male	72
Female	15	Female	77
Crude Birth Rate	22	Crude Death Rate	6
Total Fertility Rate	2.4	Percent Urban	55

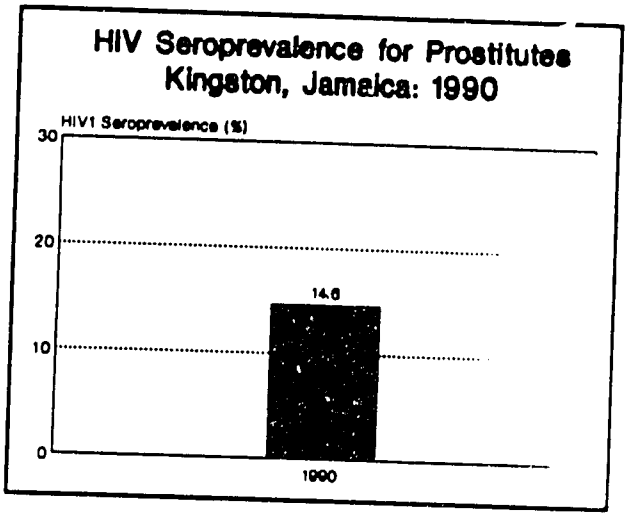
Note: Above indicators are for 1994.

Cumulative AIDS rate (per 1,000) as of 12/31/93	0.26
Cumulative AIDS cases as of 13/31/93	669

Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

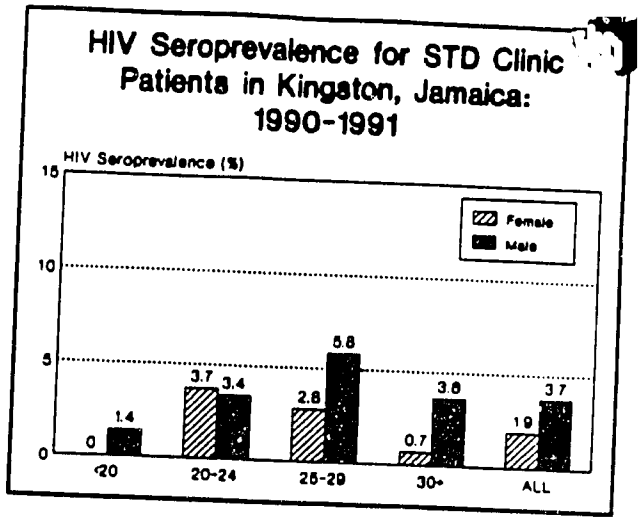
Epidemiological Data

- Very few studies of HIV infection in prostitutes for Jamaica have been published. However, a study conducted in Kingston in 1990 shows substantial levels of HIV infection in this group.

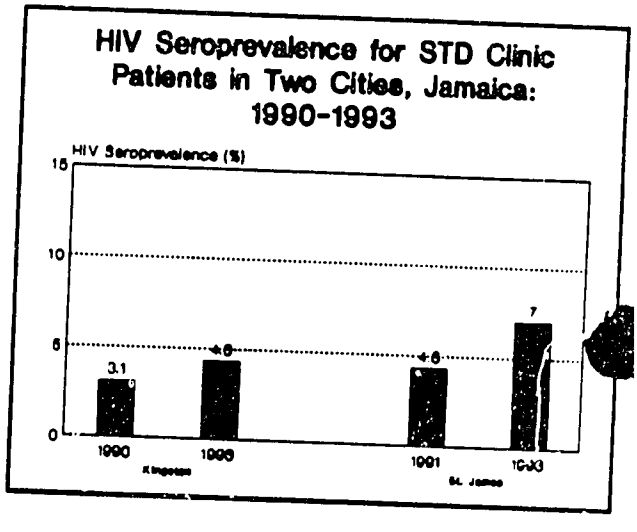


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec 1994

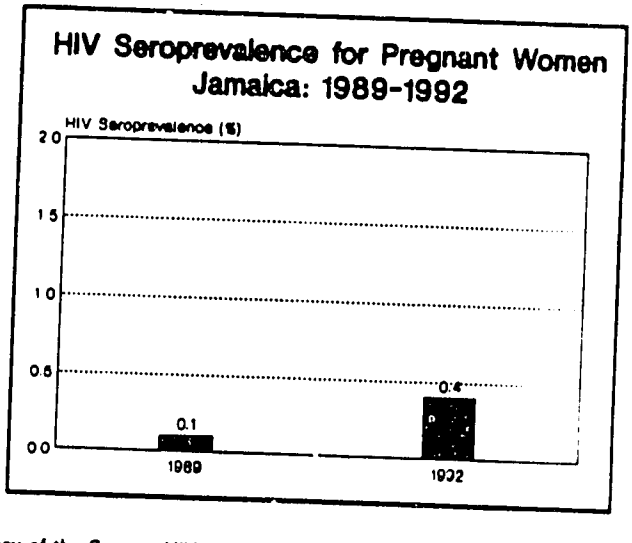
- In Kingston, the capital city, a survey was conducted between November 1990 and January 1991 among heterosexual male and female STD clinic attendees. HIV prevalence level among males was double that of females. Observing the age pattern, HIV infection in females peaked at 3.7 percent in ages 20-24 years while infection levels in males peaked at 5.8 percent in ages 25-29 years.



- A study among STD clinic patients reported an increase in HIV seroprevalence. In Kingston, the capital, the HIV prevalence level increased from 3.1 percent in 1990 to 4.3 percent in 1993. Results from St. James indicate a larger increase from 4.3 percent in 1991 to 7.0 percent in 1993.

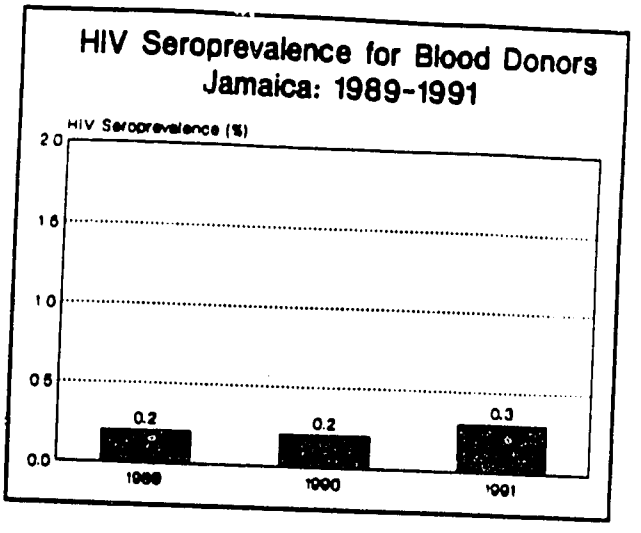


- Information available on the prevalence of HIV among pregnant women in Jamaica shows HIV levels under 1 percent. However, the HIV prevalence level increased from 0.1 percent in 1989 to 0.4 percent in 1992.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

- Results from several studies indicate HIV infection among blood donors for the last 3 years has been relatively low, less than 0.5 percent.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

Sources for Jamaica

F0043 Figueroa, J. P., A. Brathwaite, J. Morris, et al., 1992, Risk Factors for HIV in Heterosexual STD Jamaica, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4322.

F0054 Figueroa, J. P., A. Brathwaite, J. Morris, et al., 1994, Rising HIV-1 Prevalence among Sexually Transmitted Dise Clinic Attenders in Jamaica: Traumatic Sex and Genital Ulcers as ..., Journal of Acquired Immune Deficiency Syndrome, vol. 7, no. 3, pp. 310-316.

F0072 Figueroa, J. P., 1994, Review of HIV/STD Control Program: March 8, 1994, Jamaica Ministry of Health, Epidemiology Unit.

G0123 Gayle, C., J. Farley, 1993, Trends in Patterns of Transmission Ovar 10 Years of the AIDS Epidemic in the English-Speaking Caribbean and Suriname, IX International Conference on AIDS, Berlin, 6/6-11, Poster PO-C06-2710.

J0034 Jamaica Ministry of Heelth Epidemiology Unit, 1991, PAHO/WHO HIV Surveillance, May 1, Pan American Health Organization/World Health Organization.

S0058 St. John, R. K., M. Clifford, F. R. K. Zacarias, 1989, The Epidemiology of AIDS in the Americas, V International Conference on AIDS, Montreal, 6/4-9, Poster T.G.P. 2.

W0036 White, E., P. Weller; J. P. Figueroa, et al., 1990, National AIDS Control Program, Jamaica Program Director, University of California, San Francisco, VI International Conference on AIDS, San Francisco, 6/20-24, Abstract F.C.591.

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Mexico

12/94

Demographic Indicators

Population (1,000s)	92,202	Growth Rate (%)	1.9
Infant Mortality Rate		Life Expectancy	
Both Sexes	27	Both Sexes	73
Male	33	Male	69
Female	22	Female	77
Crude Birth Rate	27	Crude Death Rate	5
Total Fertility Rate	3.2	Percent Urban	75

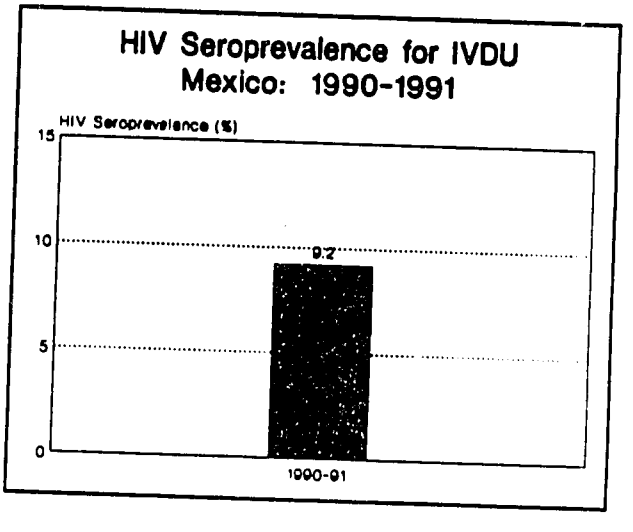
Note: Above indicators are for 1994.

Cumulative AIDS rate (per 1,000) as of 3/31/94	0.20
Cumulative AIDS cases as of 3/31/94	18,353

Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

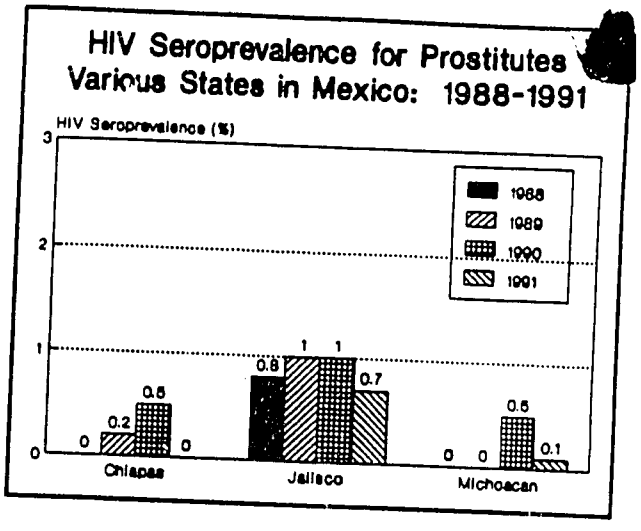
Epidemiological Data

- National Sentinel Surveillance of intravenous drug users in Mexico shows an HIV infection level of 9.2 percent in 1990-1991.

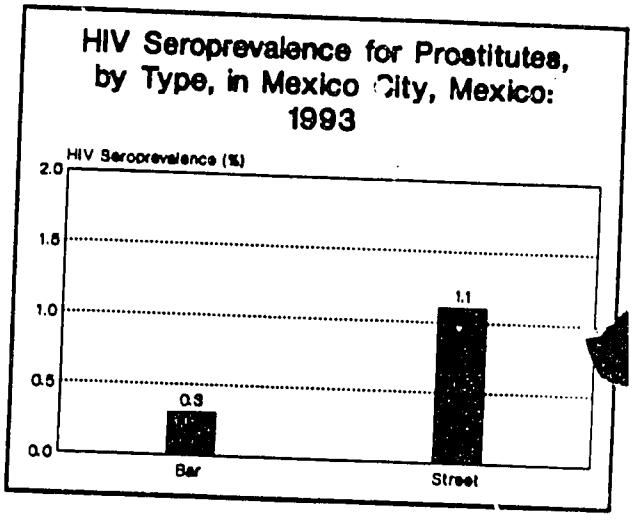


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

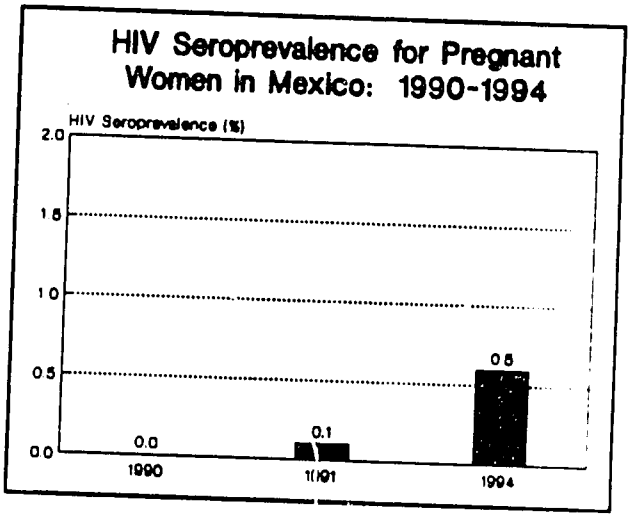
- In Mexico, the HIV epidemic continues to affect specific groups. The National Sentinel Surveillance program conducted since 1988 in three states reported HIV-1 infection levels under 1 percent among prostitutes. Jalisco state had the highest level of infection compared to Michoacan and Chiapas states during the four year period.



- In 1993, HIV seroprevalence among street prostitutes in Mexico City was much higher than among bar prostitutes (1.1 percent compared to 0.3 percent).

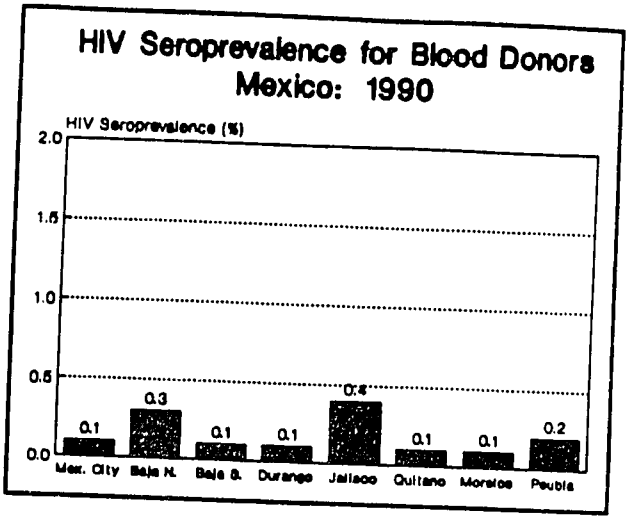


- In these studies, HIV seroprevalence among pregnant women has increased from no evidence for 1990 to 0.6 percent for 1994. The potential for the spread of HIV exists in Mexico despite the current relatively low seroprevalence of HIV.

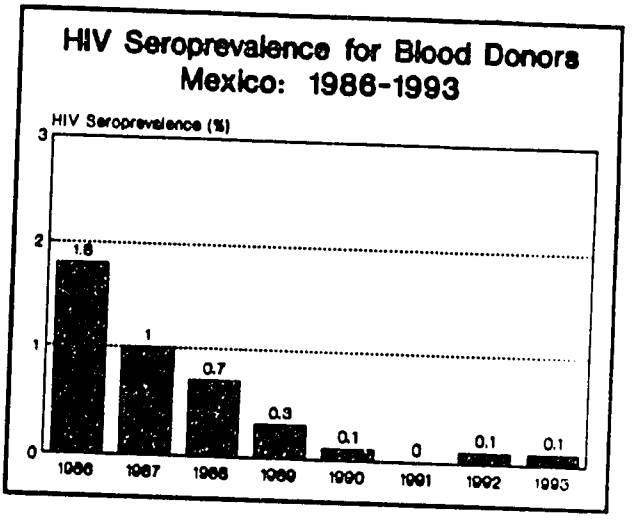


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

- Although infection levels are still low, several states in Mexico have reported HIV infection in blood donors. Rates of infection range from 0.1 to 0.4 percent.



- Due to the program implemented in Mexico to safeguard the blood supply, HIV infection among blood donors over this study period decreased and has remained relatively low.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

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G0084 Gonzalez, M. G., C. L. Magis, M. L. Garcia, et al., 1991, Evolution of Cross Sectional Studies to Cen[redacted] Studies in Mexico 1986-1990, VII International Conference on AIDS, Florence, Italy, 6/16-21, Poster M.C.3267.

G0148 Garcia, M. L., J. L. Valdespino, A. Salcedo, et al., 1994, Impact of Prevention on Blood Transmission, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0394.

G0151 Garcia, M. L., J. L. Valdespino, S. Balandrano, et al., 1994, Multirresistant M. TB among Persons Living with HIV in Mexico, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Session 262C.

H0067 Herrera, F., 1991, Nation-wide HIV-1 Seroprevalence in Blood Donors in Mexico a Second Report, VII International Conference on AIDS, Florence, Italy, 6/16-21, Poster M.C.3288.

H0083 Herrera, F., M. E. Gallardo, 1992, Nation-Wide HIV1 Seroprevalence in Mexican Blood Donors: Third Report, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4065.

M0209 Magis, C. L., M. L. Garcia, M. G. Gonzalez, et al., 1992, First Data on a New National Problem: IV Drug Use and HIV-1 Prevalence in Mexico, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4260.

U0029 Uribe, F., M. Hernandez-Avila, C. Conde, et al., 1994, STDs Prevalences among FCSW from Mexico City. A Population Based Study, Tenth International Conference on AIDS, Yokohama, Japan, Poster, P.C.0353.

V0052 Valdespino, J. L., M. L. Garcia, E. Loo, et al., 1992, HIV-1 Infection in Mexico Through National Sentinel Surveillance System. An Update, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4063

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St. Lucia

Demographic Indicators

Population (1,000s)	145	Growth Rate (%)	.5
Infant Mortality Rate		Life Expectancy	
Both Sexes	19	Both Sexes	69
Male	20	Male	67
Female	17	Female	72
Crude Birth Rate	23	Crude Death Rate	6
Total Fertility Rate	2.5	Percent Urban	46

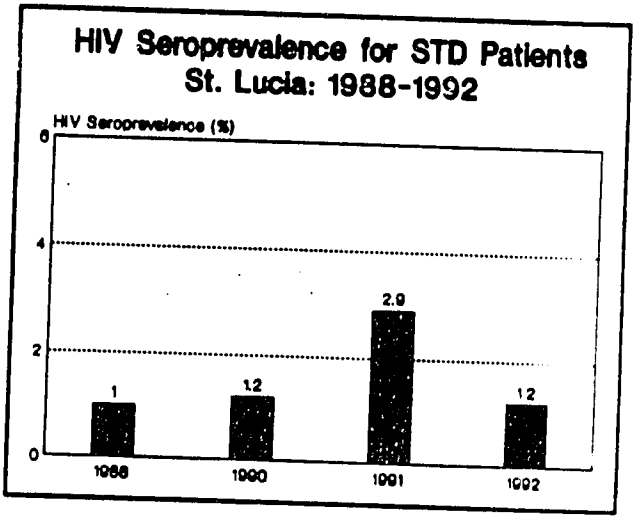
Note: Above indicators are for 1994.

Cumulative AIDS rate (per 1,000) as of 3/31/94	0.39
Cumulative AIDS cases as of 3/31/94	56

Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

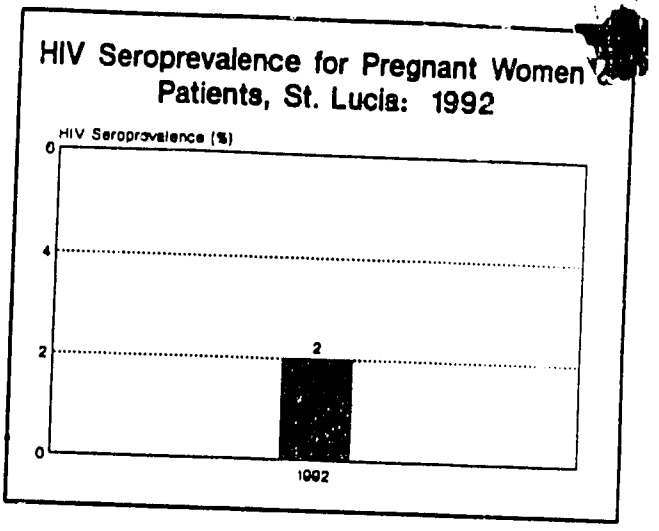
Epidemiological Data

- Data reported to the Pan American Health Organization (PAHO) from St. Lucia show HIV levels among STD patients under 3 percent for 1988-1992. These studies reported a sharp increase of 2.9 percent in 1991 followed by a decline to 1.2 percent in 1992.

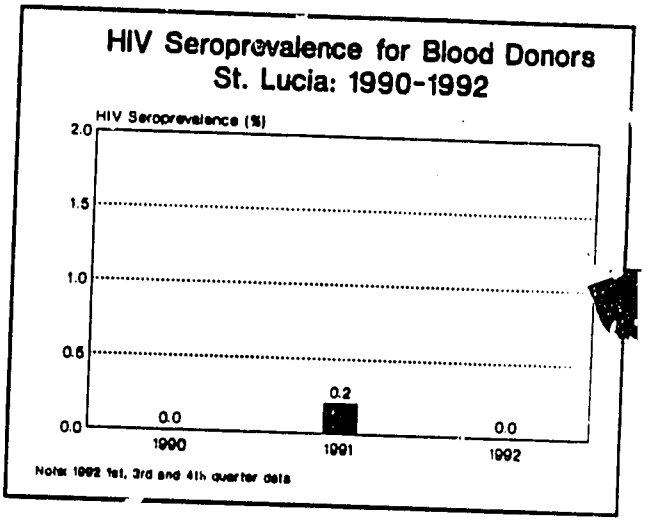


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

- The Pan American Health Organization also reported HIV infection among pregnant women and patients to be 2 percent for 1992.



- Based on several studies, HIV infection among blood donors from 1990 to 1992 has been relatively low, less than 0.5 percent.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

Sources for St. Lucia

G0123 Gayle, C., J. Farley, 1993, Trends in Patterns of Transmission Over 10 Years of the AIDS Epidemic in the English-Speaking Caribbean and Suriname, IX International Conference on AIDS, Berlin, 6/6-11, Poster PO-C06-2710.

S0217 Saint Lucia STD/HIV Prevention Programme, 1992, PAHO/WHO HIV Surveillance, June 30, Pan American Health Organization/World Health Organization.

S0218 Saint Lucia STD/HIV Prevention Programme, 1992, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.

S0219 Saint Lucia STD/HIV Prevention Programme, 1992, PAHO/WHO HIV Surveillance, Jan. 14, Pan American Health Organization/World Health Organization.

S0220 Saint Lucia STD/HIV Prevention Programme, 1993, PAHO/WHO HIV Surveillance, Jan. 10, Pan American Health Organization/World Health Organization.

S0221 Saint Lucia STD/HIV Prevention Programme, 1992, PAHO/WHO HIV Surveillance, Oct. 8, Pan American Health Organization/World Health Organization.

S0222 Saint Lucia STD/HIV Prevention Programme, 1991, PAHO/WHO HIV Surveillance, July 29, Pan American Health Organization/World Health Organization.

S0223 Saint Lucia, 1991, PAHO/WHO HIV Surveillance, Apr. 23, Pan American Health Organization/World Health Organization.

S0224 Saint Lucia, 1990, PAHO/WHO HIV Surveillance, Oct. 24, Pan American Health Organization/World Health Organization.

S0225 Saint Lucia STD/HIV Prevention Programme, 1991, PAHO/WHO HIV Surveillance, Oct. 12, Pan American Health Organization/World Health Organization.

Appendix

For some countries, the most recent information is provided in a previous research note. The following list identifies those countries and the location of the most recent update.

Country	Research Note
Africa	
Benin	#14
Botswana	#14
Burkina Faso	#8
Burundi	#14
Cameroon	#14
Chad	#12
Congo	#10
Cote d'Ivoire	#10
Djibouti	#10
Egypt	#14
Gabon	#14
Ghana	#10
Guinea	#5
Kenya	#10
Lesotho	#14
Madagascar	#5
Mali	#14
Morocco	#14
Namibia	#14
Niger	#14
Rwanda	#12
Senegal	#14
Sierra Leone	#10
Swaziland	#14
Tanzania	#14
Uganda	#12
Zaire	#12
Zambia	#14
Zimbabwe	#14
Asia	
Burma	#12
Philippines	#5
Latin America/Caribbean	
Argentina	#12
Bahamas	#12
Barbados	#12
Guyana	#14
Honduras	#10
Martinique	#5
Saint Vincent & Grenadines	#12
Trinidad & Tobago	#12
Uruguay	#12