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# **HIV/AIDS IN LATIN AMERICA AND THE CARIBBEAN**

**Health Studies Branch  
International Programs Center  
Population Division  
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## **Preface**

**This research note is the nineteenth of a series of short research documents resulting from analysis conducted in the Health Studies Branch of the International Programs Center, Population Division, U.S. Bureau of the Census. Distribution in the research note format allows for rapid dissemination of results to a specialized audience, highlighting recent developments or 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 note was prepared by the staff of the Health Studies Branch--Jinkie Corbin, Anne Ross, Peggy Seybolt, Lisa Mayberry, and David Rudolph and edited by Karen Stanecki De Lay, Chief, Health Studies Branch. Peter O. Way, Special Assistant, International Programs Center, Population Division, also reviewed the report and provided comments. The preparation of this report was supported by funding from the U.S. Agency for International Development.**

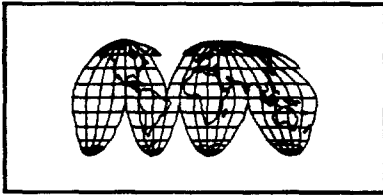
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## CONTENTS

<b>PREFACE</b> .....	<b>iii</b>
<b>INTRODUCTION</b> .....	<b>1</b>
<b>HIGH-RISK POPULATION</b> .....	<b>3</b>
<b>Intravenous Drug Users</b> .....	<b>3</b>
<b>Commercial Sex Workers</b> .....	<b>4</b>
<b>STD Patients</b> .....	<b>8</b>
<b>LOW-RISK POPULATIONS</b> .....	<b>8</b>
<b>Pregnant Women</b> .....	<b>8</b>
<b>Blood Donors</b> .....	<b>13</b>
<b>General Population</b> .....	<b>13</b>
<b>OTHER RISK GROUPS</b> .....	<b>13</b>
<b>Military</b> .....	<b>13</b>
<b>Homosexual/Bisexual Men</b> .....	<b>13</b>
<b>CONCLUSION</b> .....	<b>17</b>
<b>REFERENCES</b> .....	<b>19</b>
<b>APPENDIX</b> .....	<b>27</b>

### Country Profiles for Latin American and Caribbean Countries:

<b>Argentina</b>	<b>Haiti</b>
<b>Bahamas</b>	<b>Honduras</b>
<b>Barbados</b>	<b>Jamaica</b>
<b>Brazil</b>	<b>Martinique</b>
<b>Colombia</b>	<b>Mexico</b>
<b>Dominican Republic</b>	<b>St. Lucia</b>
<b>Ecuador</b>	<b>St. Vincent &amp; the Grenadines</b>
<b>El Salvador</b>	<b>Trinidad &amp; Tobago</b>
<b>Guyana</b>	<b>Uruguay</b>



## **International Programs Center Population Division**

**United States Bureau  
of the Census**

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### **HIV/AIDS in Latin America and the Caribbean**

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#### **Introduction**

As in other regions of the world, the number of individuals affected by the Human Immunodeficiency Virus (HIV) within Latin America and the Caribbean appears to be increasing. More importantly, the major mode of transmission in this region appears to be shifting from homosexual/bisexual transmission to heterosexual transmission.

The World Health Organization (WHO) Global Programme on AIDS estimated that, as of July 1995, 2 million adults were HIV positive in the region, 12.5 percent of the world total.<sup>1</sup> Data for Latin America and the Caribbean indicate that the spread of HIV began in the early 1980's. Several countries show rapid increases of infection from previously low levels of HIV infection. Throughout Latin America and the Caribbean, the HIV epidemic has progressed since the early 1980's. During the early stages of the epidemic, the spread of HIV was predominantly among homosexual and/or bisexual men and injecting drug users residing in large cities. However, a gradual trend towards heterosexual transmission has emerged in many countries, becoming the major mode of HIV spread.<sup>2</sup>

This report provides an overview of the epidemiological patterns and trends of HIV seroprevalence in this region. However, published data on HIV/AIDS in Latin America and the Caribbean are very limited for most countries. Due to this constraint and to get a broader and deeper look at the HIV/AIDS pandemic, the countries will be discussed by

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<sup>1</sup>World Health Organization, 1995, "The Current Global Situation of the HIV/AIDS Pandemic," July.

<sup>2</sup>Global Programme on AIDS 1992, "Current & Future Dimensions of the HIV/AIDS Pandemic--A Capsule Summary," January, World Health Organization.

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Table 1. Countries and Subregion Reported by PAHO.

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**LATIN AMERICA**

**CARIBBEAN**

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**Andean Area**

Bolivia  
Colombia  
Ecuador  
Peru  
Venezuela

**Southern Cone**

Argentina  
Chile  
Paraguay  
Uruguay

**Brazil**

**Central American Isthmus**

Belize  
Costa Rica  
El Salvador  
Guatemala  
Honduras  
Nicaragua  
Panama

**Mexico**

**Latin Caribbean**

Cuba  
Dominican Republic  
Haiti

**Anguilla**

Antigua and Barbuda  
Bahamas  
Barbados  
Cayman Islands  
Dominica  
French Guiana  
Grenada  
Guadeloupe  
Guyana  
Jamaica  
Martinique  
Montserrat  
Netherlands Antilles  
Saint Kitts and Nevis  
Saint Lucia  
St. Vincent and the Grenadines  
Suriname  
Trinidad and Tobago  
Turks and Caicos Islands  
Virgin Islands

subregions. These subregions are those used by the Pan American Health Organization (PAHO).<sup>3</sup> Table 1 presents all the countries and territories in each of the subregions of Latin America and the Caribbean.

Based on a review of available data, we examine the current status of the HIV epidemic, presenting selected and illustrative HIV prevalence data among various population groups within each region. However, much of the information available is from the 1980's and may not accurately represent the current levels of infection among the various population groups in the Latin American and Caribbean countries. Following the presentation of the regional patterns and trends, this report contains *Country Profiles* for 18 countries.

The terms "high risk" and "low risk" are used to describe various sampled populations. The high-risk category refers to studies of intravenous drug users (IVDU), commercial sex workers (CSWs), and sexually transmitted disease (STD) patients. The low-risk category refers to studies of pregnant women, blood donors, and general populations. In addition to the high-risk and low-risk populations, we also discuss the military and those with homosexual contacts.

This paper presents data based on the *HIV/AIDS Surveillance Database*, maintained by the International Programs Center, Population Division, U.S. Bureau of the Census, with funding support from the U.S. Agency for International Development. Data are regularly compiled from scientific and technical literature, as well as presentations at major international conferences. The database currently contains over 25,000 data items drawn from over 3,500 publications and presentations. For additional or more detailed information, see the appendix for the individual country profiles.

## High-Risk Population

### Intravenous Drug Users

Injecting drug use is a world wide phenomenon, from Asia, Europe, and North America to Latin America and the Caribbean. In the last several years HIV has spread among intravenous drug users (IVDU) in a greatly increased number of countries, often very rapidly. This rapid increase may be associated with 1) the lack of awareness of the HIV/AIDS threat and 2) the common use of drug injecting equipment not only among friends, but also among the larger "community" of injecting drug users.<sup>4</sup> Although published data on HIV seroprevalence among IVDU in Latin America and the Caribbean are

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<sup>3</sup>PAHO, 1992, "AIDS, HIV & STD Annual Surveillance Report for the Region of the Americas," Pan America Sanitary Bureau, Regional Office of the World Health Organization.

<sup>4</sup>Des Jarlais, D.C., S.R. Friedman, et al., 1992, "International epidemiology of HIV and AIDS among injecting drug users". AIDS, 6:1053-1068.

very limited, significant levels of HIV infection have been found among sampled populations. A study conducted in Buenos Aires, Argentina, in 1993 reported 51.9 percent of IVDU were HIV positive (Figure 1). Other studies done between 1990 and 1992 in Mexico and Brazil reported HIV levels ranging from 9 percent to 31 percent. In addition, HIV infection is found among drug addicts (those who may or may not be using a needle) in other countries. In one such study, 13.4 percent were infected in a national survey of 224 "crack" cocaine users in the Bahamas in 1990-91. Another study conducted in Montevideo, the capital city of Uruguay, found 51.9 percent of drug addicts tested were HIV positive.

In the Southern Cone subregion, trend data from the Pan American Health Organization show a sharp increase in HIV infection among drug addicts in Montevideo, Uruguay, from 20.4 percent in 1989 to 51.9 percent in early 1992. In Buenos Aires, Argentina, HIV seroprevalence has remained around 50 percent since mid-1988. Also, data from Rio de Janeiro, Brazil, indicate a steady level of HIV infection among IVDU, hovering around 30 percent (Figure 2).

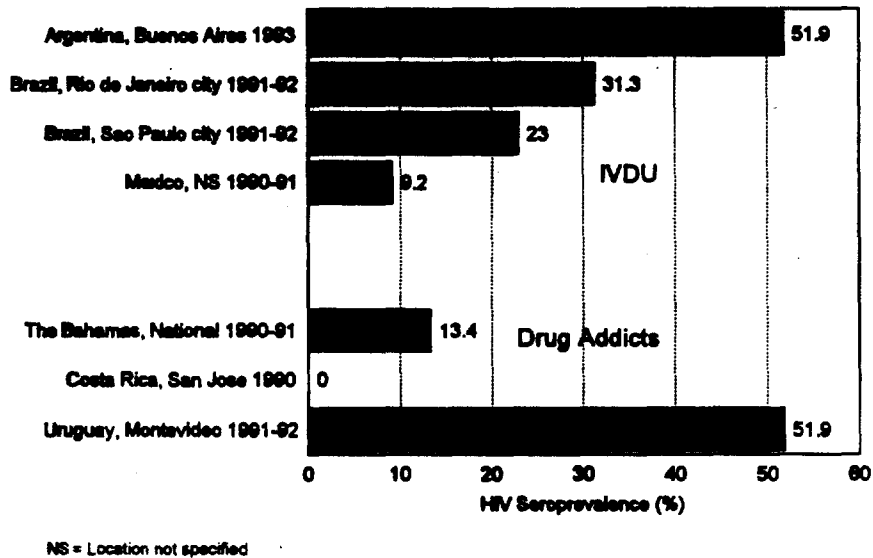
### **Commercial Sex Workers**

HIV infection among commercial sex workers (CSWs) has been detected in a number of countries within all six subregions of Latin America. In the Andean, Southern Cone, and Central America Isthmus subregions and Mexico, studies indicate HIV infection levels among this population are below 10 percent (Figure 3). Meanwhile, areas in Latin Caribbean and Brazil have reported HIV seroprevalence over 10 percent. For example, in 1990-1991, 24 percent of CSWs tested in Sao Paulo state, Brazil, were HIV positive. By 1989, over two-fifths of CSWs tested in Port-au-Prince, Haiti, were HIV positive.

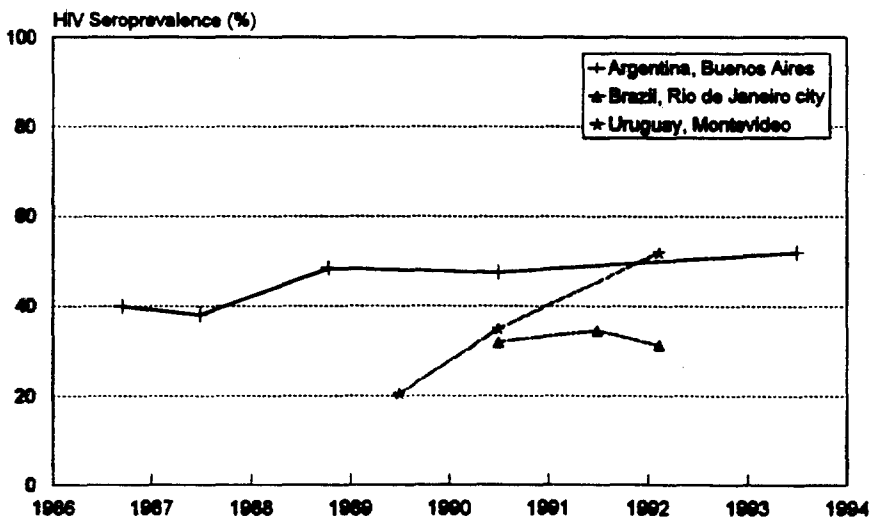
Figure 4 presents the available trend data among the commercial sex workers. Studies from the Dominican Republic and Brazil show an increase in HIV levels over a period of years. In Brazil, studies in Rio de Janeiro reported prevalence levels among CSWs increasing rapidly in the late 1980's reaching 11.2 percent in 1993. In Santo Domingo, the Dominican Republic, prevalence levels in CSWs increased slowly initially but have recently increased sharply to over 11 percent in February 1993.

In the Caribbean, available data from CSWs show considerable variation in HIV infection levels (Figure 5). Relatively high levels of infection were detected in studies conducted in Trinidad and Tobago, Jamaica, and Guyana, with one-fourth of tested CSWs HIV positive in Guyana. Lower infection levels were reported in Antigua and Barbuda and in Suriname.

**Figure 1**  
**HIV Seroprevalence for IVDU and Drug Addicts**  
**Latin America and the Caribbean: 1990-1993**

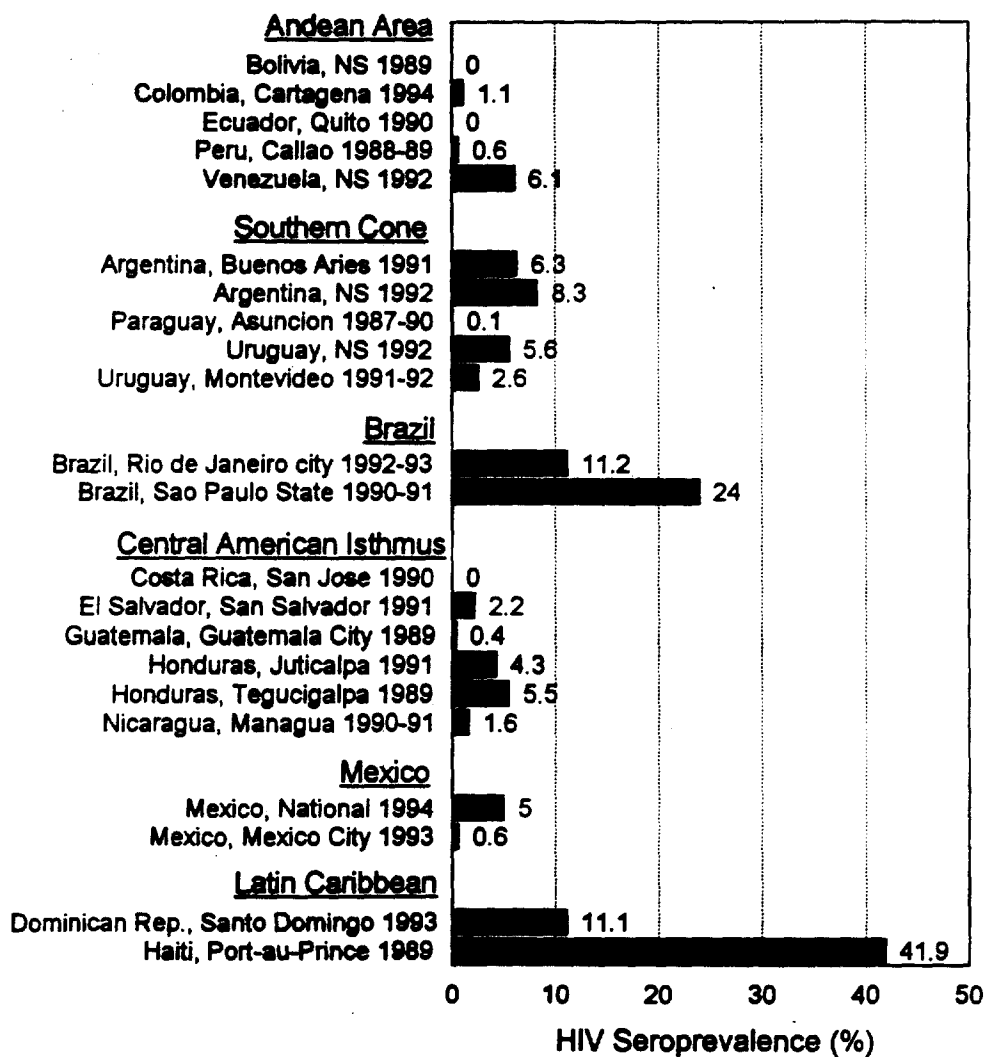


**Figure 2**  
**HIV Seroprevalence for IVDU and Drug Addicts**  
**Latin America: 1986-1993**



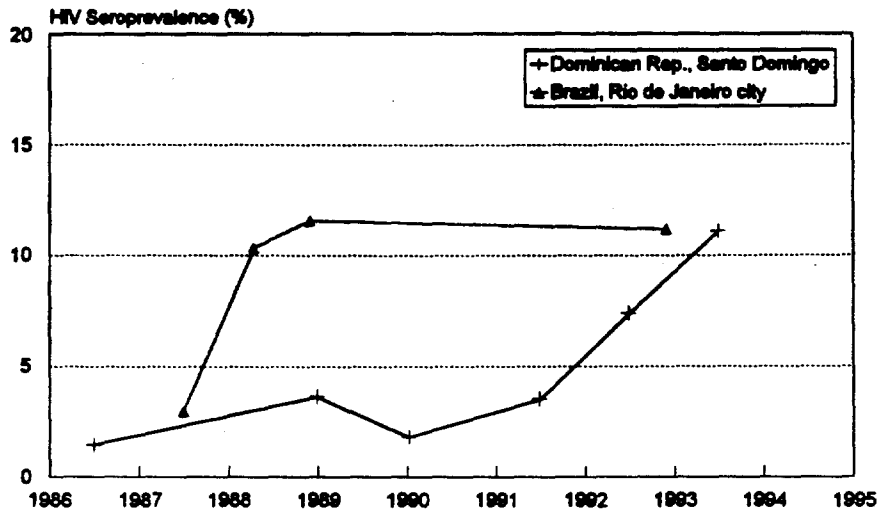


**Figure 3**  
**HIV Seroprevalence for Commercial Sex**  
**Workers in Latin America:**  
**1987-1994**

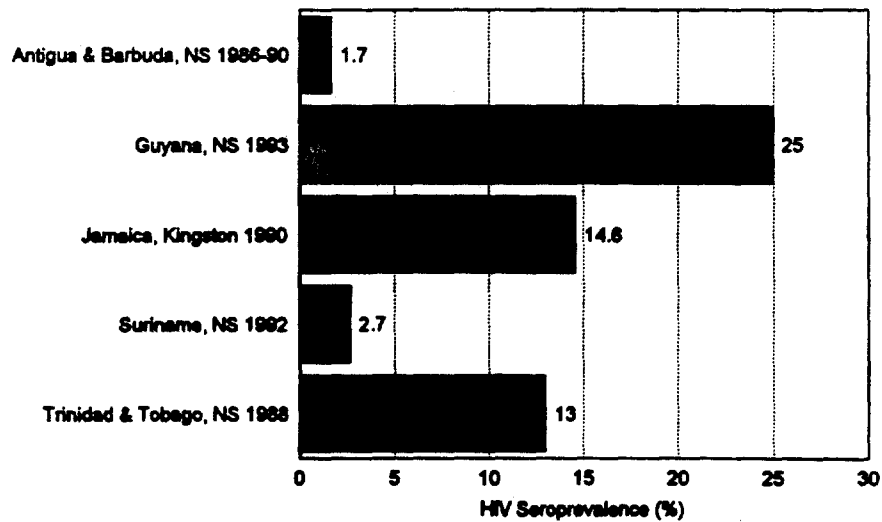


NS = Location not specified

**Figure 4**  
**HIV Seroprevalence for Commercial Sex Workers**  
**Latin America: 1986-1993**



**Figure 5**  
**HIV Seroprevalence for Commercial Sex Workers**  
**Caribbean: 1986-1993**



NS = Location not specified

## **STD Patients**

Patterns of HIV infection among sexually transmitted disease (STD) patients may more accurately reflect infection rates for those with multiple partners than the limited testing of commercial sex workers. Data on HIV infection among STD clinic patients are available for five of the six subregions of Latin America (Figure 6). In three subregions, HIV infection levels were over 7 percent for locations in one or more countries. These countries include Argentina, Honduras, Dominican Republic, and Haiti. Reports from several of the remaining countries note HIV infection levels under 1 percent among STD patients.

In the Caribbean, studies conducted among STD patients in several countries reported HIV infection levels over 10 percent (Figure 7). These countries include the Bahamas (18 percent), Guyana (37 percent), and Trinidad and Tobago (14 percent). Most other countries in the Caribbean reported some HIV infection among STD patients.

HIV infection levels for STD patients by gender are available for a limited number of countries. These data show a consistent pattern of higher infection levels for males than for females (Figure 8). In four out of the five sites, males were around twice as likely or more than twice as likely to be infected as were females.

## **Low-Risk Populations**

### **Pregnant Women**

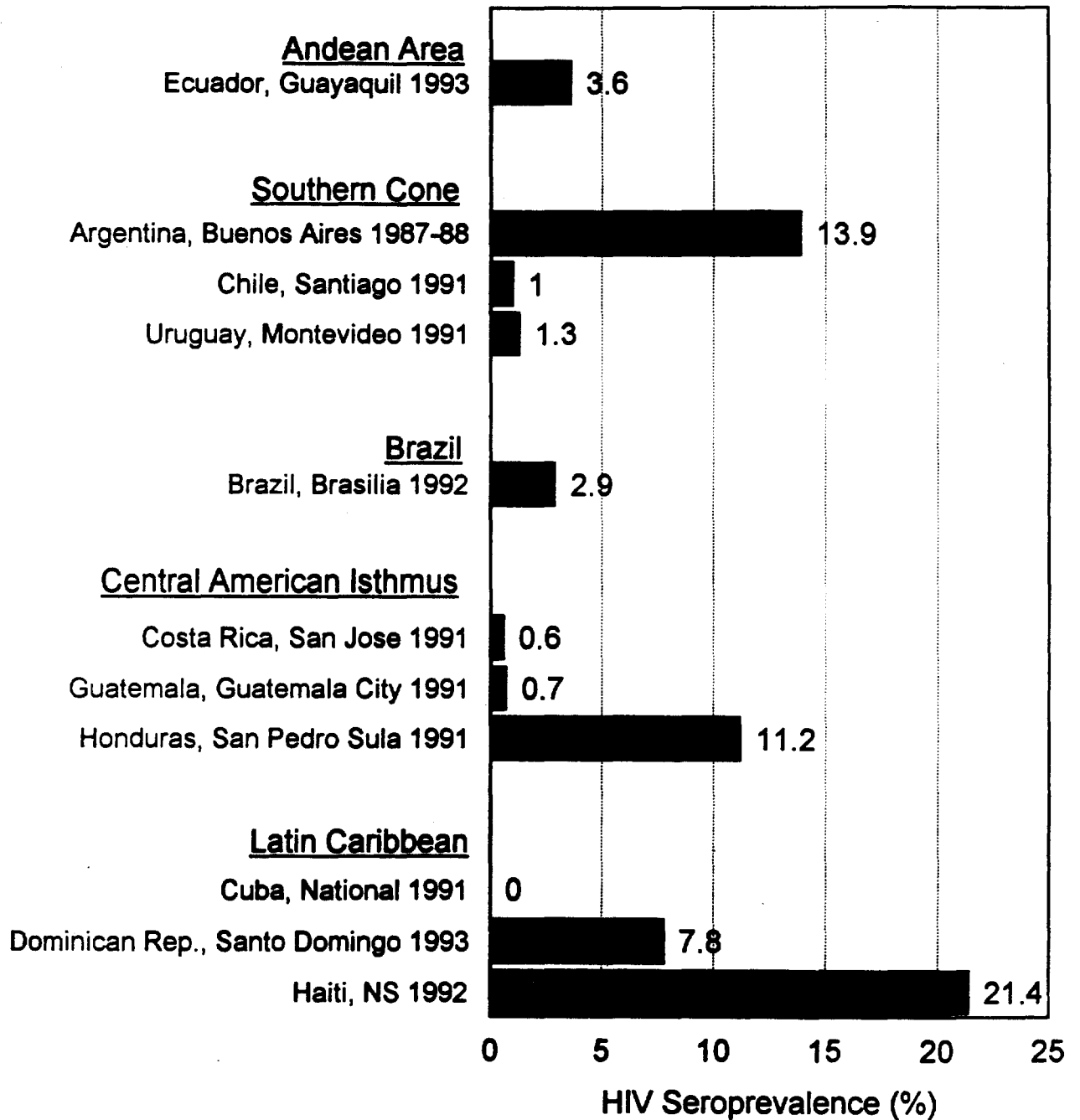
HIV infection among pregnant women is still rare in a number of Latin America and Caribbean settings. In Latin America, studies in only four countries have found HIV infection levels above 1 percent (Figure 9). Haiti, with studies showing infection levels of 6 percent and 8 percent, has by far the highest HIV prevalence levels in the region. Studies in several countries found no evidence of HIV infection among pregnant women as yet.

In the Caribbean, HIV epidemics have spread more widely. In five countries, various studies document HIV infection over 1 percent among pregnant women (Figure 10). Among those countries reporting data, HIV infection has been detected among pregnant women in all but two countries, Cayman Islands and Grenada.

The available HIV trend data among pregnant women are shown in Figure 11. Studies from the Dominican Republic, Brazil, and Martinique show increases in HIV levels over a period of several years. The consistently rising levels of infection seen here suggest that low current levels of HIV infection in the region should not be seen as a justification for complacency but rather as an opportunity for early and effective interventions.

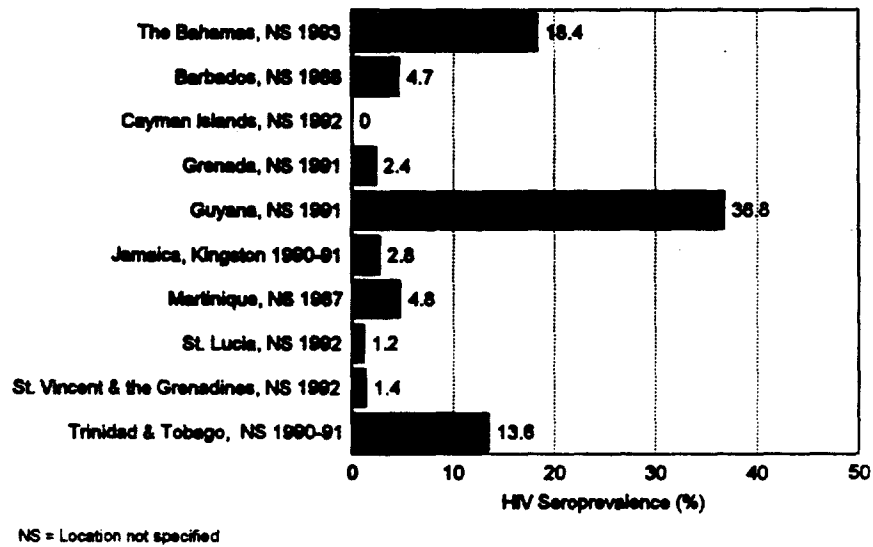
# Figure 6

## HIV Seroprevalence for STD Clinic Patients Latin America: 1987-1993

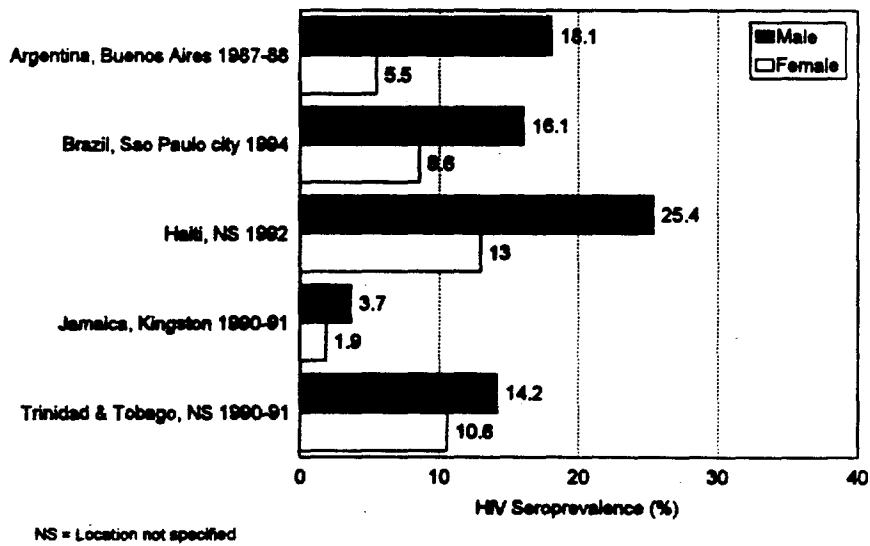


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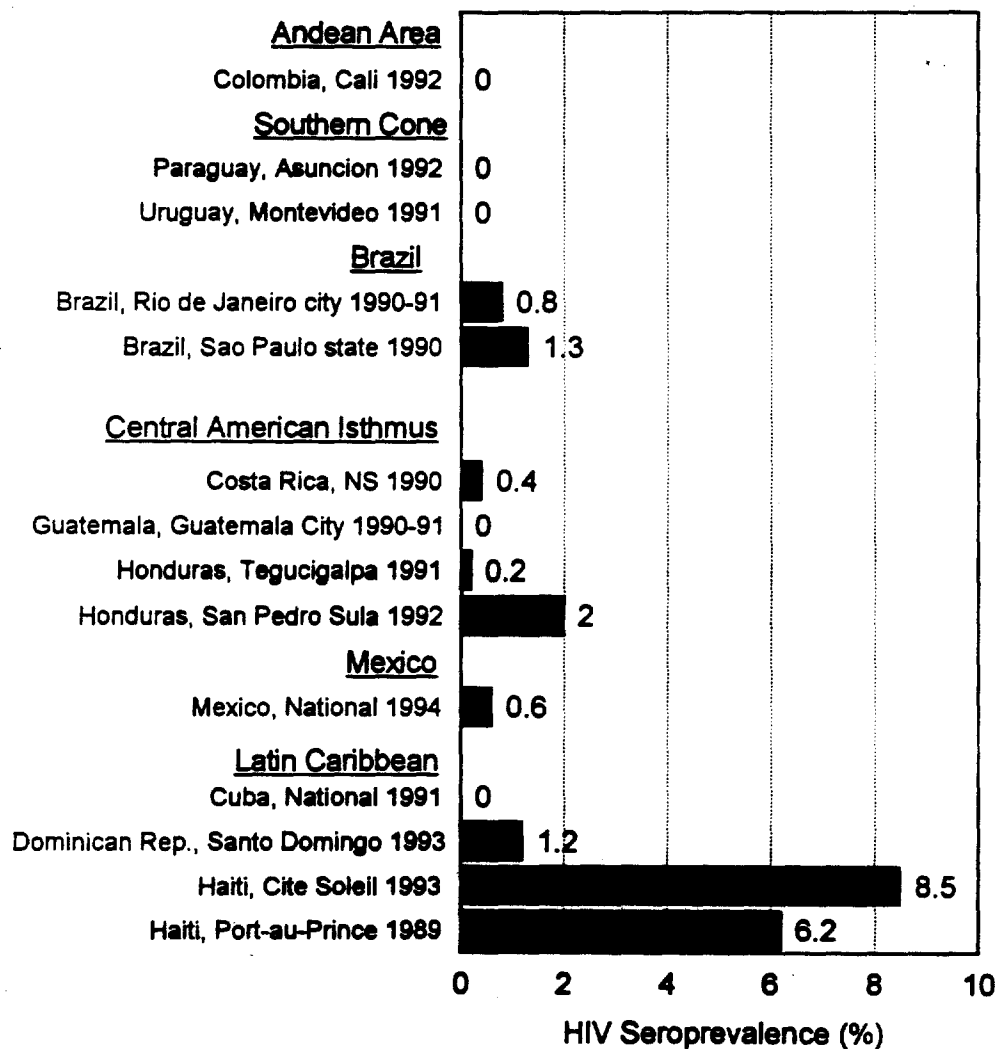
**Figure 7**  
**HIV Seroprevalence for STD Clinic Patients**  
**Caribbean: 1987-1993**



**Figure 8**  
**HIV Seroprevalence for STD Clinic Patients**  
**by Sex in Latin America and the Caribbean:**  
**1987-1994**

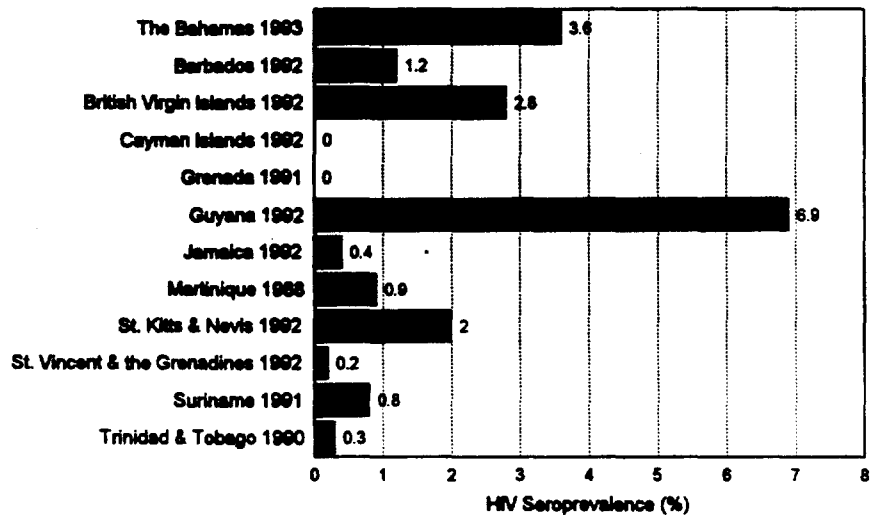


**Figure 9**  
**HIV Seroprevalence for Pregnant Women**  
**Latin America: 1989-1994**



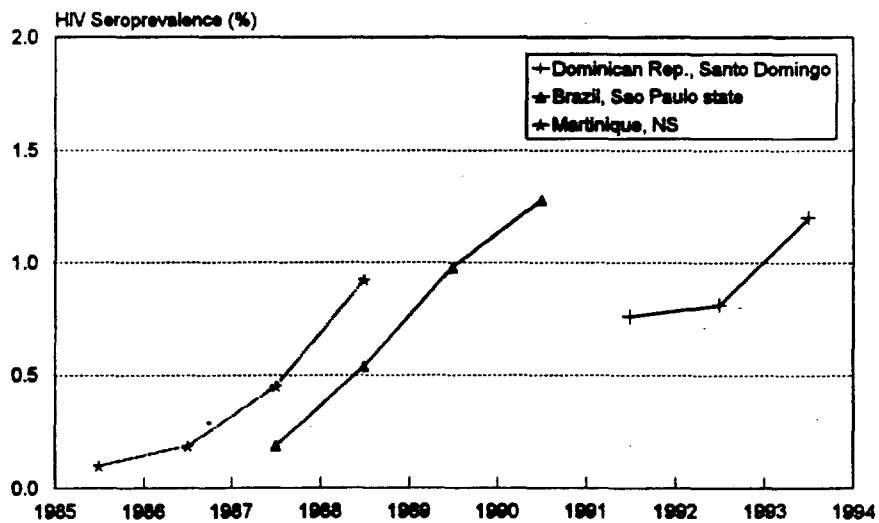
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**Figure 10**  
**HIV Seroprevalence for Pregnant Women**  
**Caribbean\*: 1988-1993**



\*Location not specified for all countries

**Figure 11**  
**HIV Seroprevalence for Pregnant Women**  
**Latin America and the Caribbean: 1985-1993**



NS = Location not specified

## **Blood Donors**

In the Dominican Republic and Haiti in the Latin Caribbean (Figure 12) and the Bahamas and Guyana in the Caribbean (Figure 13), reported infection levels among blood donors tested were 1 percent or above. Other countries in both regions show either no evidence of HIV infection or less than 1 percent. Interestingly, some Caribbean and Latin American countries show evidence of HIV among blood donors but not in the "high-risk" population groups discussed above. For example, Chile, El Salvador, Barbados, and St. Vincent all have reported HIV infection levels for blood donors of 0.3 percent or above, while data for other population groups either have not been reported or have indicated lower HIV levels.

## **General Population**

The data on HIV infection among pregnant women discussed earlier provide evidence that the HIV epidemic has moved into the general population. Most HIV seroprevalence studies have focused on particular risk groups. As a result, studies of the general population (i.e., a representative sample of the total population of an area) are relatively uncommon. In Latin America, studies of the general population have found varying levels of HIV infection. In the Dominican Republic, Haiti, and Costa Rica evidence of HIV infection above 1 percent was noted as early as the late 1980's (Figure 14). In other countries, reported HIV levels were under 0.5 percent. Data from other studies of the general population carried out in the Caribbean countries of Martinique and Trinidad and Tobago also indicate HIV seroprevalence levels below 1 percent (not shown in Figure 14).

## **Other Risk Groups**

### **Military**

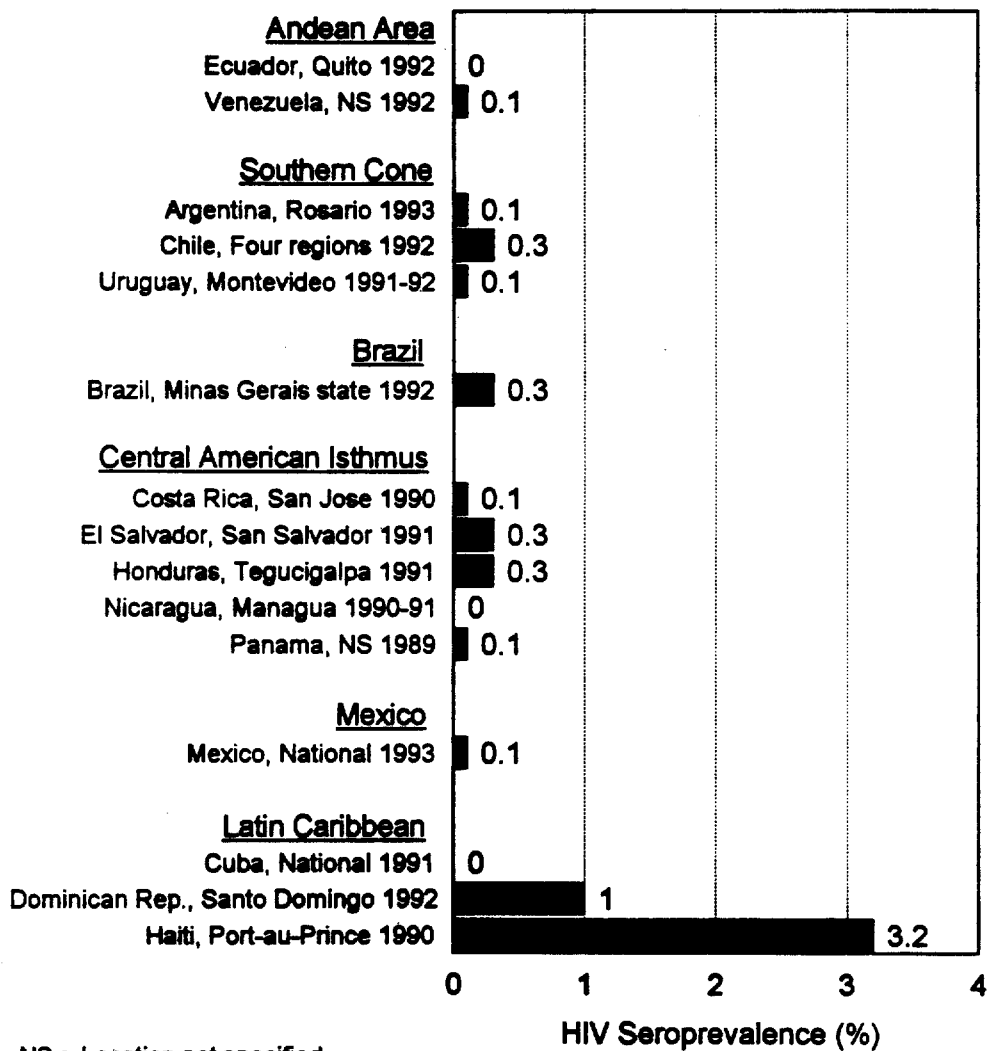
Since 1988, serological testing for HIV antibodies has been carried out among military personnel in Latin America. A 1994 study in Guatemala and a 1988-93 study in El Salvador indicate HIV infection levels around 0.4 percent (Figure 15). In Nicaragua, there was very little evidence of the virus in 1990. In the only country in the Southern Cone subregion for which data were available, Argentina, 0.8 percent of military personnel tested positive for HIV in 1992. Other studies conducted in the late 1980's (not shown in Figure 15) in the Andean Area subregion, in Bolivia, Ecuador, and Peru found no evidence of the virus.

### **Homosexual/Bisexual Men**

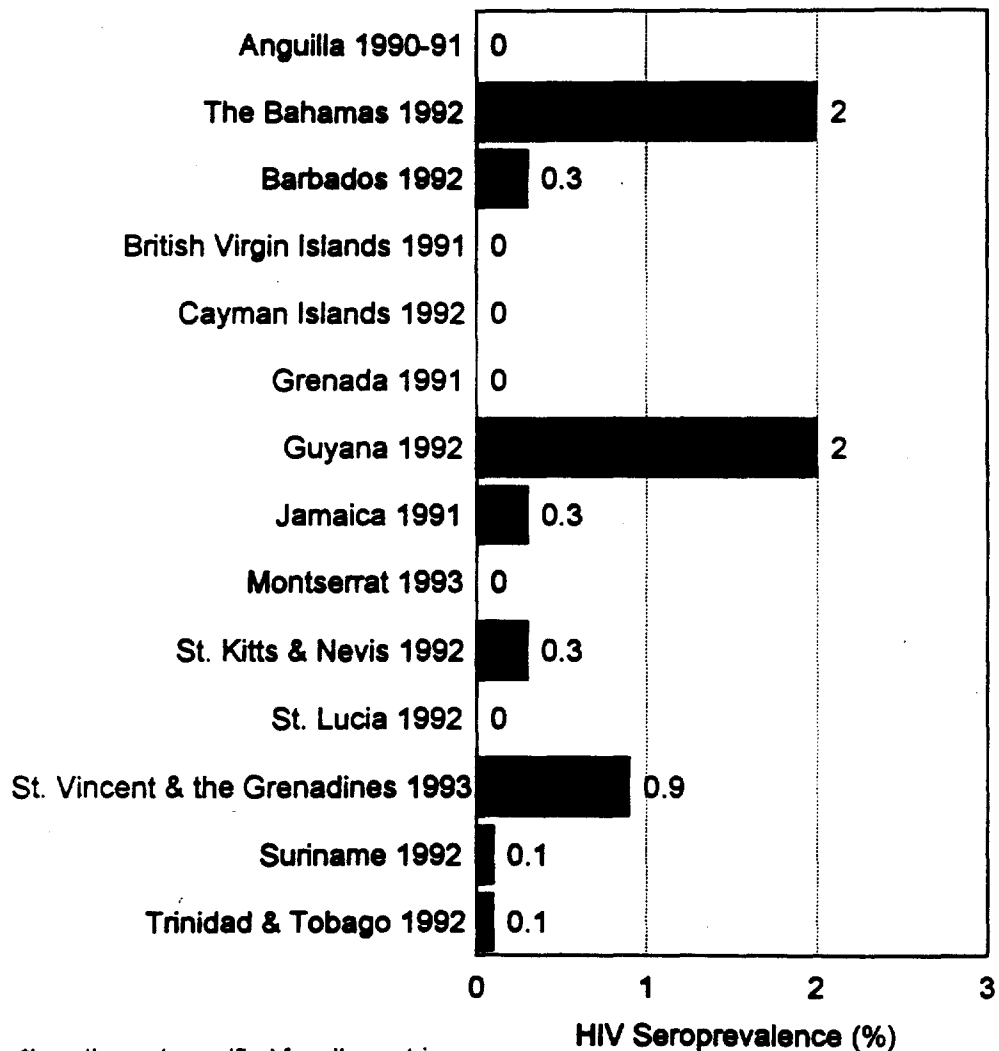
Various studies clearly document the spread of HIV infection among homosexual/bisexual men since 1984. In all the countries for which data are now available, moderate to high levels of HIV infection have been detected among members of the groups tested. In Latin America, male homosexual and bisexual contact continues to be the predominant mode of HIV transmission for the Brazil, Mexico, Central American Isthmus, and Andean Area subregions.



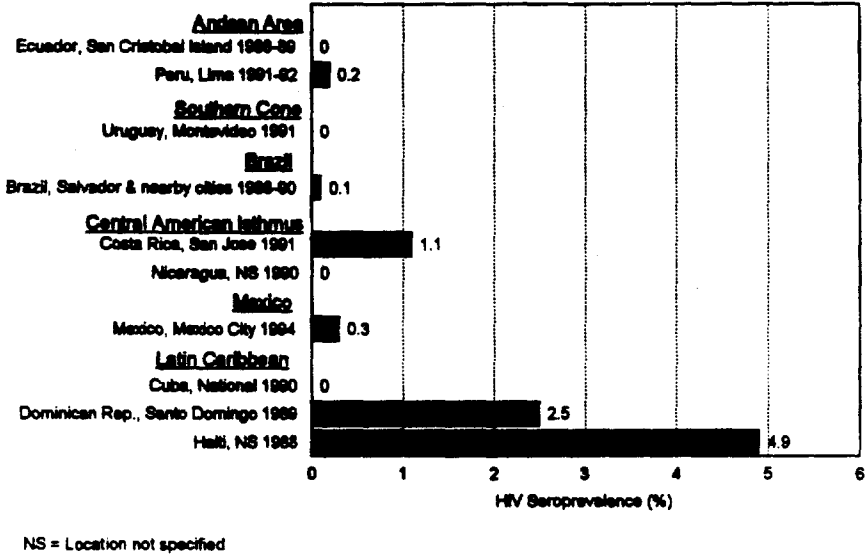
**Figure 12**  
**HIV Seroprevalence for Blood Donors**  
**Latin America: 1989-1993**



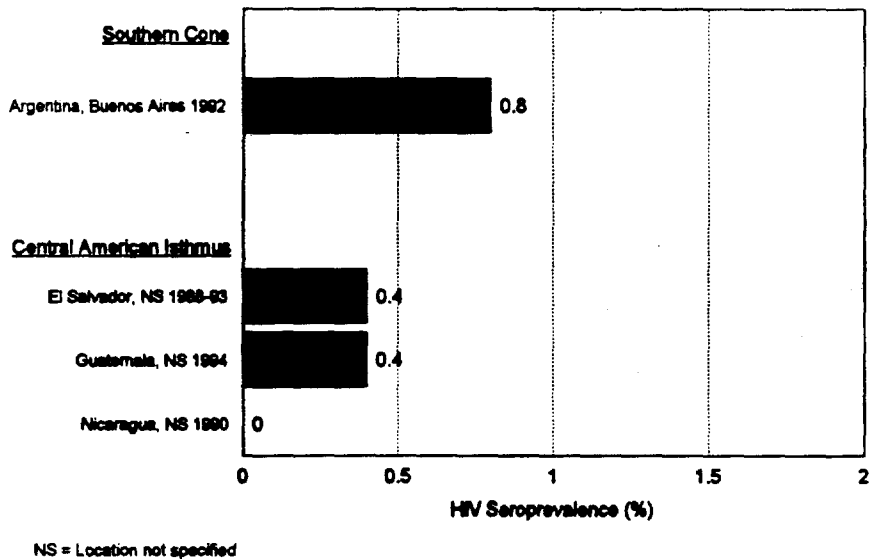
**Figure 13**  
**HIV Seroprevalence for Blood Donors**  
**Caribbean\*: 1990-1993**



**Figure 14**  
**HIV Seroprevalence for General Population**  
**Latin America: 1988-1994**



**Figure 15**  
**HIV Seroprevalence for the Military**  
**Latin America: 1988-1994**



Studies conducted in many of the capital cities in Latin America among homosexuals and/or bisexuals reported prevalence rates ranging from 3 percent in Costa Rica in 1992 to over 40 percent in Mexico City in 1992 (Figure 16). In the Andean subregion, HIV infection in various studies ranges from 5 to 6 percent in Colombia and Peru to over 30 percent in Venezuela. A recent study of homosexual/bisexual men in Rio de Janeiro city, Brazil, found nearly one in four to be HIV positive. Of the 14 countries in the region for which data are available, 4 reported infection levels of over 20 percent; in 5 other countries, various studies noted HIV seroprevalence between 10 and 20 percent; while studies in the remaining 5 countries reported between 2 and 10 percent of homosexuals and/or bisexuals tested were HIV positive.

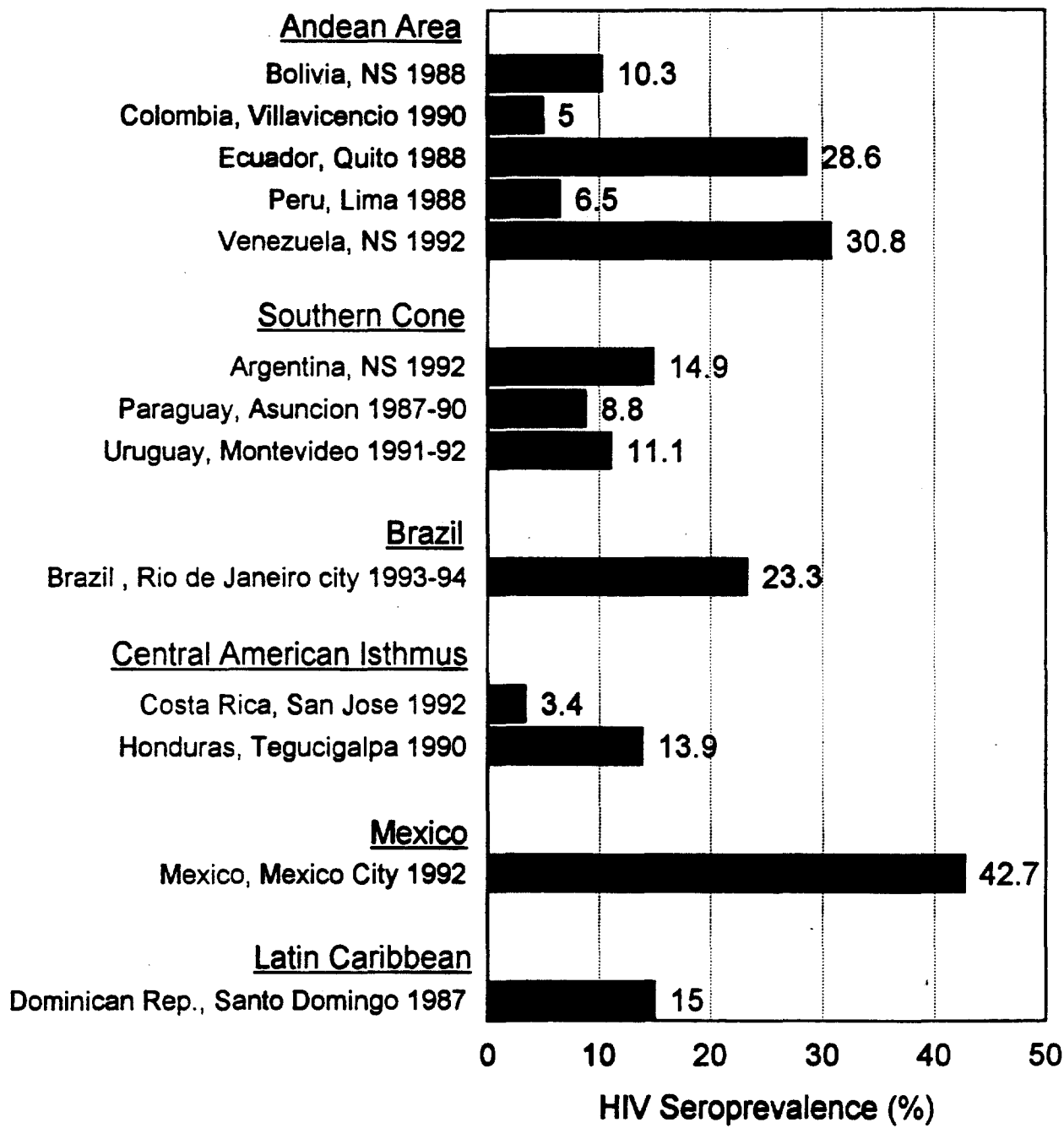
In addition, a review of available data from the Caribbean countries for this population group found only two studies reporting HIV seroprevalence during the mid-1980's (not shown in Figure 16). Nearly 40 percent of homosexuals tested in 1988 in a study in Martinique were HIV positive, while about 10 percent of those tested in Kingston, Jamaica, were infected.

### **Conclusion**

The HIV pandemic continues to spread throughout Latin America and the Caribbean region. However, HIV prevalence studies document great variation in HIV infection rates between population groups and countries. Sexual transmission continues to be the main mode of transmission in all of the countries, including homosexual, bisexual, and heterosexual transmission. HIV infection has been detected both in populations considered at highest vulnerability, as well as in populations at lower risk in a number of countries in both regions. The situation is still unfolding and HIV continues to spread, revealing itself in one country after another, indicating a need for preventive measures.

# Figure 16

## HIV Seroprevalence for Male Homosexuals and Bisexuals in Latin America: 1987-1992



NS = Location not specified

## Sources for HIV/AIDS in Latin America and the Caribbean

The following list contains the complete citation for data used in the graphs of the "HIV/AIDS in Latin American and the Caribbean" paper.

- A0035 Alarcon, J., O. Palacios, A. Tejada, et al., 1989, Incidence d'Infection HIV-1 dans Prostituees de Callao, Perou. Etude de Cohorte., V International Conference on AIDS, Montreal, 6/4-9, Poster Th.H.P. 17.
- A0067 Arauz, R., M. Low, A. Gorter, et al., 1991, AIDS in Nicaragua, Lancet, vol. 337, no. 8752, p. 1290.
- A0111 Arredondo, A., M. Bachelet, R. Child, 1993, AIDS Characteristics in Chile (1984-1992), IX International Conference on AIDS, Berlin, 6/6-11, Poster PO-C06-2706.
- A0112 Anguilla Medical Health, 1991, PAHO/WHO HIV Surveillance, July 12, Pan American Health Organization/World Health Organization.
- A0113 Anguilla Medical Health, 1990, PAHO/WHO HIV Surveillance, Oct. 1, Pan American Health Organization/World Health Organization.
- A0114 Anguilla Medical Health, 1990, PAHO/WHO HIV Surveillance, June 30, Pan American Health Organization/World Health Organization.
- A0116 Amestoy, Blanco, Conti, et al., 1991, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- A0118 Arago, Decaro, Russi, et al., 1992, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- B0063 Boxaca, M., L. Belli, R. Casco, et al., 1989, HIV Infection in Heterosexual from Buenos Aires City Consulting for Venereal Disease, V International Conference on AIDS, Montreal, 6/4-9, Poster W.G.P. 18.
- B0081 Bolanos, A., R. Andrade Arzabe, M. A., Pacheco, et al., 1989, Seroprevalencia del Antigeno de Superficie del Virus de Hepatitis B, 2nd Pan American Congress on AIDS, Santo Domingo, 11/12-17, Abstract MSMB7.
- B0118 Banegas, D. T., L. Amador, 1992, Seropositivity by HIV and Epidemiological Aspects of Women Giving Birth at the Delivery Room in "Mario Catarino Rivas" North ..., National AIDS Control Program, Ministry of Health, undergraduate thesis.
- B0150 Berriolo, R., L. Colistro, J. Rostkier, et al., 1992, HIV Seroprevalence Surveys in Uruguay, AIDS, vol. 6, no. 8, pp. 884-885.
- B0179 Bahamas Ministry of Health, Community Health Service, 1993, PAHO/WHO HIV Surveillance, May 18, Pan American Health Organization/World Health Organization.
- B0186 Barbados Ministry of Health, 1993, PAHO/WHO HIV Surveillance, Jan. 13, Pan American Health Organization/World Health Organization.
- B0187 Barbados Ministry of Health, 1992, PAHO/WHO HIV Surveillance, Oct. 23, Pan American Health Organization/World Health Organization.
- B0188 Barbados Ministry of Health, 1992, PAHO/WHO HIV Surveillance, Aug. 17, Pan American Health Organization/World Health Organization.
- B0189 Barbados Ministry of Health, 1992, PAHO/WHO HIV Surveillance, Apr. 6, Pan American Health Organization/World Health Organization.
- B0206 British Virgin Islands Public Health Department, 1992, PAHO/WHO HIV Surveillance, Sept. 15, Pan American Health Organization/World Health Organization.
- B0207 British Virgin Islands Public Health, 1991, PAHO/WHO HIV Surveillance, Oct. 16, Pan American Health Organization/World Health Organization.
- B0208 British Virgin Islands Public Health, 1991, PAHO/WHO HIV Surveillance, Sept. 3, Pan American Health Organization/World Health Organization.
- B0209 British Virgin Islands Public Health, 1991, PAHO/WHO HIV Surveillance, July 23, Pan American Health Organization/World Health Organization.
- B0213 BCO. de Sangre H. Mexico CCSS, 1990, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.

## Sources for HIV/AIDS in Latin America and the Caribbean cont'd

- 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.
- 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.
- C0048 Cortes, E., R. Detels, D. Aboulafia, et al., 1989, HIV-1, HIV-2 and HTLV-1 Infection in High-Risk Groups in Brazil, *New England Journal of Medicine*, vol. 320, no. 15, pp. 953-958.
- C0067 Chout, R., D. Cales-Quist, M. Verdier, et al., 1989, 4 Year Follow-Up Study of the HIV Infection in High Risk and Control Groups in Martinique (F.W.I.), V International Conference on AIDS, Montreal, 6/4-9, Poster T.A.P. 12.
- C0096 Casiro, A., H. Perez, P. Cahn, et al., 1989, Analisis de la Seroprevalencia en una Poblacion de Riesgo en la Ciudad de Buenos Aires, 2nd Pan American Congress on AIDS, Santo Domingo, 11/12-17, Abstract MSMB4.
- C0103 Cevallos, R., L. Barberis, L. Evans, et al., 1990, HIV-1, HIV-2 and HTLV-1 Seroprevalence Surveys in Continental Ecuador and Galapagos, *AIDS*, vol. 1, no. 12, pp. 1300-1301.
- C0112 Cabello, A., M. Cabral, E. Vera, et al., 1991, The Risk of Sexually-Acquired HIV Infection in Paraguay, VII International Conference on AIDS, Florence, Italy, 6/16-21, Poster M.C.3225.
- C0124 Caceres, C. P., E. Gotuzzo, S. Wignall, et al., 1991, Sexual Behavior and Frequency of Antibodies to Type 1 Human Immunodeficiency Virus (HIV-1) in a Group of Peruvian Male ..., *Bulletin of the Pan American Health Organization*, vol. 25, no. 4, pp. 306-319.
- C0145 Cleghorn, F., N. Jack, J. Edwards, et al., 1993, Risk Factors for HIV-1 among STD Clinic Clients in Trinidad, IX International Conference on AIDS, Berlin, 6/6-11, Poster PO-C03-2617.
- C0147 Conde-Glez, C., M. Hernandez-Avia, F. Uribe, et al., 1993, STDs Prevalence Studies among Different Populations in Mexico City, IX International Conference on AIDS, Berlin, 6/6-11, Abstract PO-C20-3070.
- C0151 CAREC, 1991, Acquired Immunodeficiency Syndromes (AIDS), CAREC Surveillance Report, vol. 17, no. 5, pp. 7-9.
- C0152 Carneiro-Proietti, A., M. V. Martins, S. Brener, et al., 1993, HIV-1/2 and HTLV-1/II among Eligible Blood Donors from Minas Gerais State, Brasil, IX International Conference on AIDS, Berlin, 6/6-11, Poster PO-C06-2714.
- C0153 Cayman Islands Public Health Services Department, 1992, PAHO/WHO HIV Surveillance, Oct. 16, Pan American Health Organization/World Health Organization.
- D0038 De Meis, C., A. C. P. De Vasconcellos, D. Linhares, et al., 1991, HIV-1 Infection among Prostitutes in Rio de Janeiro, Brazil, *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.
- D0123 Dominican Republic, 1990, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- 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.
- E0024 Echeverria de Perez, G., O. Loreto, N. E. Blanco, et al., 1992, Reappraisal of Human Retroviral Infection in Venezuela, *AIDS Research and Human Retroviruses*, vol. 8, no. 2, pp. 219-220.
- E0031 Elizondo, J. A., J. M. Shultz, M. K. Baum, et al., 1993, The Epidemiology of AIDS and HIV Infection in Costa Rica, *Bulletin of the Pan American Health Organization*, vol. 27, no. 2, pp. 145-150.
- E0036 Epidemiology Unit, Centinel Site, 1991, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- F0004 Figueroa, M., I. Rivera, H. Gutierrez, et al., 1990, AIDS in a Homosexual Cohort: 1986 - 1990, Microbiology Dept., Universidad Nacional Autonoma de Honduras, unpublished report.
- F0044 Fay, D., R. Viglianco, M. Taborda, et al., 1992, HIV Seroprevalence among Different Communities in Argentina after Four Years of Surveillance, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4064.
- F0045 Ferreira, A., E. Arevalo, N. 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.

## Sources for HIV/AIDS in Latin America and the Caribbean cont'd

- 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.
- F0054 Figueroa, J. P., A. Brathwaite, J. Morris, et al., 1994, Rising HIV-1 Prevalence among Sexually Transmitted Disease Clinic Attenders in Jamaica: Traumatic Sex and Genital Ulcers as ..., *Journal of Acquired Immune Deficiency Syndrome*, vol. 7, no. 3, pp. 310-316.
- F0065 Farley, J., 1993, Epidemiological Status of STD, HIV & AIDS, IX Latin American Conference on AIDS, Cartagena, Colombia, 11/3-6, Oral Session.
- F0068 Flores, L. E., E. G. Arathoon, 1994, Risk Factors Related to HIV in the Indigenous Population of the Guatemalan Army, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Abstract P.C.0342.
- F0072 Figueroa, J. P., 1994, Review of HIV/STD Control Program: March 8, 1994, Jamaica Ministry of Health, Epidemiology Unit.  
Organization/World Health Organization.
- G0048 Glordano, M., J. Pape, W. Blattner, et al., 1989, The Seroprevalence of HTLV-1 and HIV-1 Co-Infection in Haiti, V International Conference on AIDS, Montreal, 6/4-9, Poster M.G.P. 3.
- G0093 Gomez, M. P., R. Bain, S. Read, 1992, Seroprevalence of HIV Infection in the Commonwealth of the Bahamas, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4045.
- G0100 Gomez, E., A. Ramirez, C. Pena, et al., 1992, Sentinel Seroprevalence Surveys for HIV-1 Infection in the Dominican Republic, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4066.
- 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.
- G0130 Guyana Ministry of Health AIDS Programme, 1992, PAHO/WHO HIV Surveillance, Oct. 23, Pan American Health Organization/World Health Organization.
- G0131 Guyana Ministry of Health AIDS Programme, 1992, PAHO/WHO HIV Surveillance, May 5, Pan American Health Organization/World Health Organization.
- G0132 Guyana Ministry of Health AIDS Programme, 1992, PAHO/WHO HIV Surveillance, Mar. 12, Pan American Health Organization/World Health Organization.
- G0133 Guyana Ministry of Health AIDS Programme, 1991, PAHO/WHO HIV Surveillance, Dec. 13, Pan American Health Organization/World Health Organization.
- G0134 Guyana Ministry of Health AIDS Programme, 1991, PAHO/WHO HIV Surveillance, Aug. 8, Pan American Health Organization/World Health Organization.
- G0135 Guyana Ministry of Health AIDS Programme, 1991, PAHO/WHO HIV Surveillance, Apr. 22, Pan American Health Organization/World Health Organization.
- G0137 Guyana Ministry of Health AIDS Programme, 1993, PAHO/WHO HIV Surveillance, Feb. 1, Pan American Health Organization/World Health Organization.
- G0139 Grenada Ministry of Health, 1991, PAHO/WHO HIV Surveillance, Aug. 13, Pan American Health Organization/World Health Organization.
- G0140 Grenada Ministry of Health, 1991, PAHO/WHO HIV Surveillance, Apr. 25, Pan American Health Organization/World Health Organization.
- 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.
- 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, Multiresistant M. TB among Persons Living with HIV in Mexico, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Session 262C.
- 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.
- H0095 Hospital Maciel, Laboratorio de Salud Publica ETS, 1990, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.



## Sources for HIV/AIDS in Latin America and the Caribbean cont'd

- L0018 Ivo-dos-Santos, J., J. C. Couto-Fernandez, A. J. Santana, et al., 1991, Prevalence of HIV-1 Antibodies in Selected Groups of a Brazilian City with African Sociodemographic Characteristics, *Journal of Acquired Immune Deficiency Syndromes*, vol. 4, no. 4, pp. 448-449.
- I0032 Izazola-Licea, J. A., C. Del Rio, J. Guarner, et al., 1994, The Use of Oral Samples (Crevicular Fluid) to Detect HIV-1 Prevalence Rates, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Abstract P.B.0341.
- J0034 Jamaica Ministry of Health Epidemiology Unit, 1991, PAHO/WHO HIV Surveillance, May 1, Pan American Health Organization/World Health Organization.
- K0005 Koenig, R. E., L. De Castro, J. Acra, et al., 1987, Prevalence of Antibodies to HIV in Prostitutes and Dominican and Haitian Cane Cutters in Dominican Republic, III International Conference on AIDS, Washington, D.C., 6/1-5, Abstract TP.187.
- K0129 Kritski, A. L., E. Werneck, M. Carreira, et al., 1992, Tuberculosis and Alcoholism among IVDUs Infected or Not by HIV in Rio de Janeiro, Brazil: A Prospective Study, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4695.
- K0173 Kritski, A., A. C. C. Carvalho, M. Schechter, et al., 1994, HIV-1, HTLV-1, and Tuberculosis among Intravenous Drug Users in Rio de Janeiro, Brazil, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Abstract P.C.0278.
- L0038 Lassegue, A., R. Elie, R. Hippolithe, et al., 1989, Prevalence de l'Infection HIV et de la Tuberculose Pulmonaire dans une Population Asymptomatique en Haiti, V International Conference on AIDS, Montreal, 6/4-9, Abstract M.A.O. 29.
- L0073 Lima, E. S., F. Bastos, S. R. Friedman, 1991, HIV-1 Epidemiology among IVDUs in Rio de Janeiro, Brazil, VII International Conference on AIDS, Florence, Italy, 6/16-21, Poster W.C.3287.
- L0082 Low, M., G. D. Smith, A. Gorter, et al., 1990, AIDS and Migrant Populations in Nicaragua, *Lancet*, vol. 336, no. 8782/8783, pp. 1593-1594.
- 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.
- L0111 Lozano, F., Y. D. Tarallo, J. Fernandez, 1991, KAP's and HIV Seroprevalence of Blood Donors at Hospital Escuela in Tegucigalpa, Honduras. April 23rd 1991 - July 2nd 1991, School of Medicine, Universidad Nacional Autonoma de Honduras, National AIDS Control Program, undergraduate thesis.
- L0123 Lake, E. T., H. L. Smith, L. H. Aiken, et al., 1993, HIV Surveillance and Transmission Patterns in Santiago, Chile 1991, IX International Conference on AIDS, Berlin, 6/6-11, Poster PO-C06-2700.
- L0125 Laboratorio Nacional de Referencia, 1991, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- L0128 Lezama, L., 1990, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- L0129 Lezama, L., 1991, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- L0132 Laboratorios Hospital Maciel, 1990, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- L0133 Laboratorios Maciel, SEISP ETS-SIDA, 1989, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- L0139 Laboratorios Maciel, SEISP, 1990, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- L0161 Lima, L. A., E. Souza, S. Passos, et al., 1994, Bisexual Behavior at an Anonymous Testing Site in Brazil, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Abstract P.C.0099.
- L0168 Libonatti, O., E. Lima, A. Peruga, et al., 1993, Role of Drug Injection in the Spread of HIV in Argentina and Brazil, *International Journal of STD and AIDS*, vol. 4, pp. 135-141.
- M0078 Melgar, M. L., F. Mavario, J. Mariscalet, et al., 1989, Seroprevalence of HIV Infection in Bolivia, V International Conference on AIDS, Montreal, 6/4-9, Abstract G. 512.
- M0131 Martin, R., F. Machado, J. Menendez, et al., 1990, Study for the Detection of Antibodies and Follow-Up of Seropositives Subjects to HIV and AIDS Patients, VI International Conference on AIDS, San Francisco, 6/20-24, Poster Th.C.685.

## Sources for HIV/AIDS in Latin America and the Caribbean cont'd

- M0169 Metelus-Chalumanu, E., P. Larco, G. Pomerol, 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.
- M0205 Mejia, C., M. Samcam, E. Quinonez, et al., 1992, Human Immunodeficiency Virus (HIV) Infection in Guatemala, VIII International Conference on AIDS, Amsterdam, 7/19-24, Abstract PuC 8137.
- 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.
- M0235 Martinez, A. B., 1992, AIDS in El Salvador, Links, vol. 9, no. 1, p. 16.
- M0242 Menjivar, A., J. Fernandez, 1991, KAP's on AIDS and HIV/AIDS Seroprevalence Studyicas Sobre V.I.H./SIDA Y Estudio de Seroprevalencia de V.I.H. en Mujeres ..., National AIDS Control Program, Ministry of Health, unpublished report.
- M0260 Ministry of Health, 1991, Sentinel Site: STD's Clinic, National AIDS Control Program, unpublished report.
- M0275 May, S. B., M. A. Perez, M. E. Pinto, et al., 1993, High Prevalence of HIV-1 Infection in a Representative Sample of Childbearing Women in Rio de Janeiro, Brazil, IX International Conference on AIDS, Berlin, 6/6-11, Poster PO-C11-2856.
- M0277 Montserrat Health Department, 1993, May 25, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- M0287 Minsalud, 1991, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- M0293 Mata, L., 1992, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- M0297 Ministerio de Salud Publica, 1991, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- M0033 Narain, J. P., B. Hull, C. J. Hospedales, et al., 1989, Epidemiology of AIDS and HIV Infection in the Caribbean, In: AIDS Profile of an Epidemic, PAHO, Scientific Publication no. 514, pp. 61-71.
- M0055 Nave, F., R. Elgueta, M. Ramos, et al., 1989, Establecimiento de Parametros Epidemiologicos del Sindrome de Inmunodeficiencia Adquirida (SIDA) en Prostitutas, de la ..., 2nd Pan American Congress on AIDS, Santo Domingo, 11/12-17, Abstract PM14.
- M0110 Nicaragua, 1991, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- M0112 Notificacion Bancos de Sangre de Rep. Dominicana, 1992, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- M0133 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.
- R0020 Ringenberg, R., M. L. Merino, G. Leoro, et al., 1989, HIV Infection in Ecuador, V International Conference on AIDS, Montreal, 6/4-9, Poster M.G.O. 28.
- 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.
- R0054 Reyes, O., M. Oberie, G. Leoro, et al., 1991, HIV-1 Seroprevalence and Sexual Behavior in Quito Prostitutes, VII International Conference on AIDS, Florence, Italy, 6/16-21, Poster M.D.4240.
- R0070 Rimoldi, I., T. Arreseigor, J. Avolio, 1992, Seroprevalence of Infection by HIV in Young Men Called to the Compulsory Military Service in La Plata and Gran La Plata..., VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4712.
- R0093 Reyes, 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.
- 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.
- 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.

## Sources for HIV/AIDS in Latin America and the Caribbean cont'd

- S0154 Sanchez, J., E. Gottuzzo, J. Escaille, et al., 1992, Prevalence of STD and Retroviral Infections in Relation to Sexual Behavioral Knowledge Attitudes and Practices among the ..., VIII International Conference on AIDS, Amsterdam, 7/19-24, Abstract ThC 1554.
- S0198 Sandoval, L. Y., J. Fernandez, 1991, Seroprevalence of Anti-HIV Antibodies and KAP's Study on AIDS in the Prostitutes of Juticalpa and Catacamas, Olancho, ..., School of Medicine, Universidad Nacional Autonoma de Honduras, National AIDS Control Program, undergraduate thesis.
- S0209 Somma, V., B. Rivas, M. Correa, 1993, Prostitution and AIDS in Uruguay, IX International Conference on AIDS, Berlin, 6/6-11, Abstract PO-D09-3669.
- 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.
- 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.
- S0226 St. Kitts & Nevis Ministry of Health & Women's Affairs, 1992, PAHO/WHO HIV Surveillance, July 31, Pan American Health Organization/World Health Organization.
- S0227 St. Kitts & Nevis Ministry of Health & Women's Affairs, 1992, PAHO/WHO HIV Surveillance, Apr. 14, Pan American Health Organization/World Health Organization.
- S0232 St. Vincent & the Grenadines Public Health Department, 1993, PAHO/WHO HIV Surveillance, Apr. 22, Pan American Health Organization/World Health Organization.
- S0233 St. Vincent & the Grenadines Public Health Department, 1993, PAHO/WHO HIV Surveillance, Jan. 28, Pan American Health Organization/World Health Organization.
- S0234 St. Vincent & the Grenadines Public Health Department, 1992, PAHO/WHO HIV Surveillance, Apr. 13, Pan American Health Organization/World Health Organization.
- S0235 St. Vincent & the Grenadines Public Health Department, 1992, PAHO/WHO HIV Surveillance, July 21, Pan American Health Organization/World Health Organization.
- S0236 St. Vincent & the Grenadines Public Health Department, 1992, PAHO/WHO HIV Surveillance, Oct. 5, Pan American Health Organization/World Health Organization.
- S0241 St. Kitts & Nevis Ministry of Health & Women's Affairs, 1993, PAHO/WHO HIV Surveillance, Jan. 29, Pan American Health Organization/World Health Organization.
- S0242 St. Kitts & Nevis Ministry of Health & Women's Affairs, 1992, PAHO/WHO HIV Surveillance, Oct. 27, Pan American Health Organization/World Health Organization.
- S0244 Surinam National AIDS Programme, 1991, PAHO/WHO HIV Surveillance, Apr. 25, Pan American Health Organization/World Health Organization.
- S0245 Surinam National AIDS Programme, 1991, PAHO/WHO HIV Surveillance, Sept. 11, Pan American Health Organization/World Health Organization.
- S0252 Surinam National AIDS Programme, 1992, PAHO/WHO HIV Surveillance, July 27, Pan American Health Organization/World Health Organization.
- T0047 Tapia, V., E. A. De Moya, H. Koenig, 1991, Experimental Reduction of Anxiety During HIV Testing as a Function of Psychological Counselling in Santo Domingo, 1989, VII International Conference on AIDS, Florence, Italy, 6/16-21, Abstract W.D.4287.
- T0065 Terraza S., R. Solorzano, B. Samayoa, et al., 1992, HIV Infection and Risk Behaviors in a STD Clinic in Guatemala City, VIII International Conference on AIDS, Amsterdam, 7/19-24, Abstract PuC 8227.
- T0116 Taborda, M., L. Rubio, E. Rodenas, et al., 1994, Changes in the Laboratory Test Require during the Spread of HIV Infection in Rosario, Argentina, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0249.
- 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.

## Sources for HIV/AIDS in Latin America and the Caribbean cont'd

- V0058 Vera, E., M. Cabral, R. Jimenez, et al., 1992, The First Study of HIV, HBV and Syphilis in Pregnant Women in Paraguay, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4068.
- V0067 Vieto, E., 1990, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- 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.
- W0095 Wollants, E. S., M. Schoenenberg, F. Concepcion, et al., 1994, Behavior Patterns of HIV/AIDS Transmission in the Military in El Salvador, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0343.
- Z0030 Zapiola, I., M. B. Bouzas, G. Muchnik, et al., 1992, HIV-1 and HTLV-I/II among Prostitutes in Buenos Aires, Argentina, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4661.
- Z0035 Zelaya, J. E., M. Thibaud, R. Oviedo, et al., 1989, Seroprevalence of Anti-HIV Antibodies in Prostitutes from Tegucigalpa and San Pedro Sula, Honduras, National AIDS Control Program: Science and Technology Unit, Family Health International, unpublished report.

# ***APPENDIX***

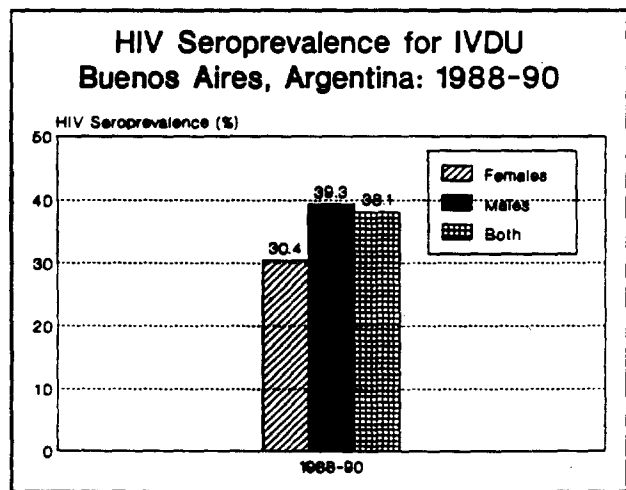
# Argentina

## Demographic Indicators

Population (1,000s)	33,913	Growth Rate (%)	1.1
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	29	Both Sexes	71
Male	33	Male	68
Female	26	Female	75
Crude Birth Rate (per 1,000)	20	Crude Death Rate (per 1,000)	9
Total Fertility Rate	2.7	Percent Urban	87
Note: Above indicators are for 1994.			
Cumulative AIDS rate (per 1,000) as of 3/31/94	0.12		
Cumulative AIDS cases as of 3/31/94	3,904		
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.			

## Epidemiological Data

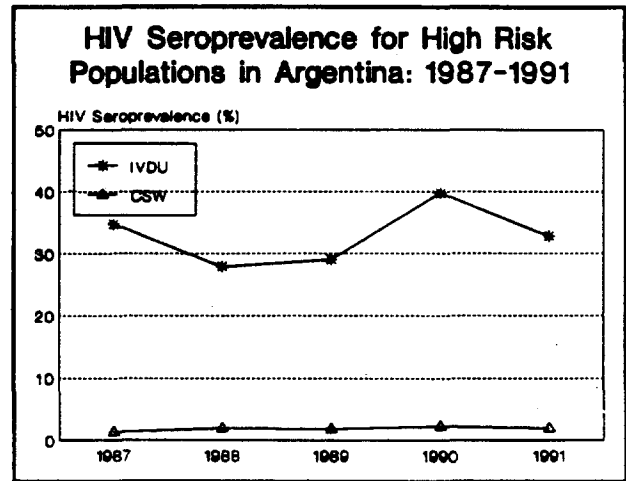
- IVDU is one of the predominant modes of HIV transmission along with homosexual/bisexual transmission in the Southern Cone of Latin America. The prevalence of HIV among intravenous drug users admitted to a drug treatment center in Buenos Aires between June 1988 and July 1990 was extremely high, 38 percent. The HIV infection level for males was higher than for females.



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

## Argentina

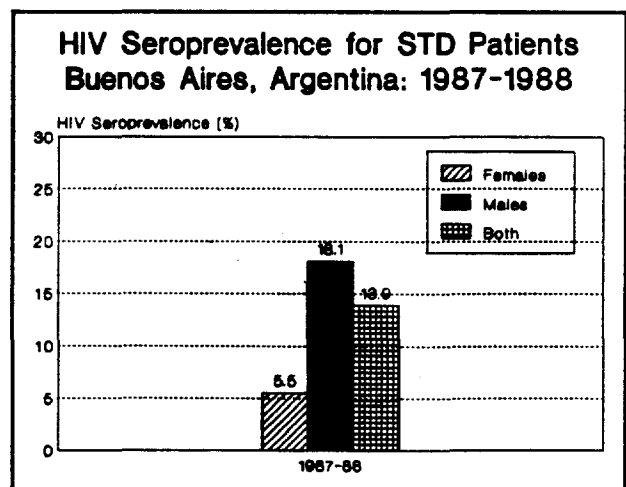
- A study conducted among different communities in Argentina over a 5-year period found high HIV infection levels in IVDU. HIV infection levels among IVDU were much higher than those among commercial sex workers (CSW) in the same communities.



- Since 1985, serological testing for HIV antibodies has been carried out in Buenos Aires city among commercial sex workers. However, no evidence of the virus was found until 1988.

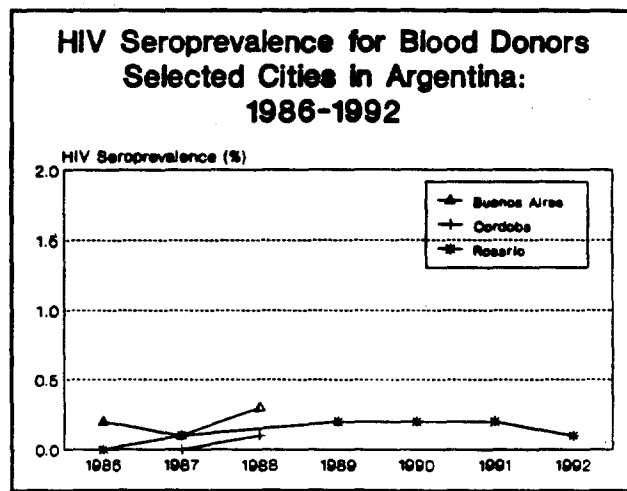


- In a study of STD clinic patients in Buenos Aires from 1987-1988, 18.1 percent of the males were HIV infected. This is more than triple the HIV infection level of 5.5 percent for females.



## Argentina

- Seroprevalance studies conducted at blood banks document HIV infection levels among blood donors under 0.5 percent in three major cities.





## Sources for Argentina

- B0063 Boxaca, M., L. Belli, R. Casco, et al., 1989, HIV Infection in Heterosexual from Buenos Aires City Consulting for Venereal Disease, V International Conference on AIDS, Montreal, 6/4-9, Poster W.G.P. 18.
- B0175 Bonvehi, P. E., O. Gomez-Marin, I. Cassetti, et al., 1993, HIV Infection and Associated Factors among Intravenous Drug Users in Buenos Aires, IX International Conference on AIDS, Berlin, 6/6-11, Poster PO-C15-2918.
- F0024 Fay, O., G. Muchnik, J. Rey, et al., 1989, HIV-Infection in Voluntary Blood Donors in Argentina, V International Conference on AIDS, Montreal, 6/4-9, Poster M.G.O. 29.
- F0037 Fay, O., M. Taborda, A. Fernandez, et al., 1991, HIV Seroprevalence among Different Communities in Argentina after Four Years of Surveillance, VII International Conference on AIDS, Florence, Italy, 6/16-21, Poster M.C.3263.
- F0060 Fay, O.; R. Viglianco, A. Fernandez, et al., 1993, Reduction of HIV Positive Blood Donors in Rosario, Argentina, IX International Conference on AIDS, Berlin, 6/6-11, Poster PO-C06-2707.
- M0065 Muchnik, G. R., G. R. Picchio, M. B. Bouzas, et al., 1988, Seroepidemiology of Human Immunodeficiency Virus in Low and High Risk Groups in Buenos Aires, Argentina, AIDS-Forschung, vol. 3, no. 2, pp. 89-93.
- M0088 Multare, S., M. Zarate, M. Boxaca, et al., 1989, Anti-HIV Antibodies in Male and Female Streetwalkers in Buenos Aires City, V International Conference on AIDS, Montreal, 6/4-9, Poster W.G.P. 21.
- M0104 Muchnik, G., G. Picchio, B. Livellara, et al., 1987, HIV Antibody in Blood Donors in Argentina, Boll 1st Sieroter Milan, vol. 66, no. 6, pp. 491-492.
- Z0030 Zapiola, I., M. B. Bouzas, G. Muchnik, et al., 1992, HIV-1 and HTLV-I/II among Prostitutes in Buenos Aires, Argentina, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4661.

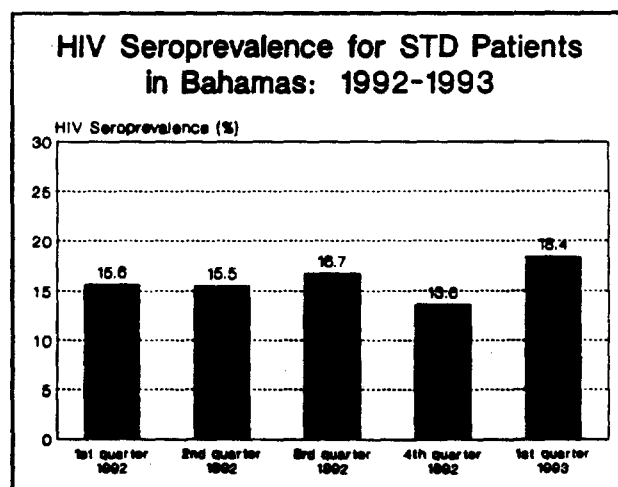
# Bahamas

## Demographic Indicators

Population (1,000s)	273	Growth Rate (%)	1.6
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	34	Both Sexes	72
Male	35	Male	68
Female	32	Female	76
Crude Birth Rate (per 1,000)	19	Crude Death Rate (per 1,000)	5
Total Fertility Rate	1.9	Percent Urban	66
<b>Note:</b> Above indicators are for 1994.			
Cumulative AIDS rate (per 1,000) as of 12/31/93	5.13		
Cumulative AIDS cases as of 12/31/93	1,389		
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.			

## Epidemiological Data

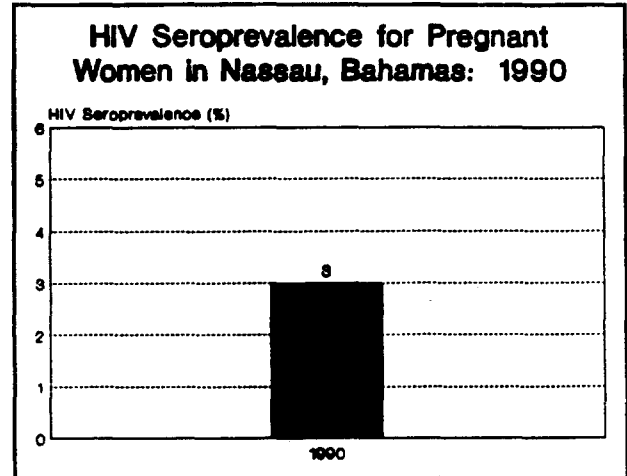
- The Bahamas Ministry of Health Community Health Service reported HIV infection levels among STD clinic patients by quarters ranging from 13.6 percent to 16.7 percent for 1992. There was a reported increase in the first quarter of 1993 to 18.4 percent.



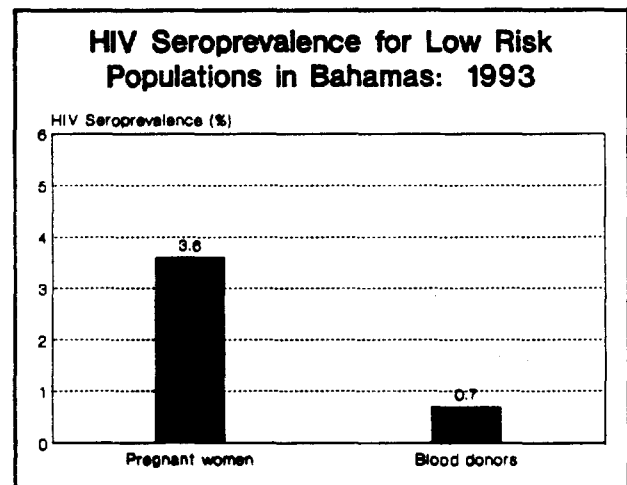
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1993.

## Bahamas

- There is a limited amount of data from Nassau, the capital city, on HIV seroprevalence among pregnant women. However, a study in 1990 reported 3 percent of pregnant women tested were HIV positive.



- The Bahamas Ministry of Health reported 3.6 percent of pregnant women and 0.7 percent of blood donors tested positive for HIV during the first quarter of 1993.



## Sources for Bahamas

- B0176 Bahamas Ministry of Health, Community Health Service, 1992, PAHO/WHO HIV Surveillance, Apr. 30, Pan American Health Organization/World Health Organization.
- B0177 Bahamas Ministry of Health, Community Health Service, 1992, PAHO/WHO HIV Surveillance, Aug. 25, Pan American Health Organization/World Health Organization.
- B0178 Bahamas Ministry of Health, Community Health Service, 1993, PAHO/WHO HIV Surveillance, Feb. 17, Pan American Health Organization/World Health Organization.
- B0179 Bahamas Ministry of Health, Community Health Service, 1993, PAHO/WHO HIV Surveillance, May 18, Pan American Health Organization/World Health Organization.
- 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.
- W0013 World Health Organization, 1988, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 2, no. 6, pp. 487-490.
- W0032 World Health Organization, 1989, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 3, no. 6, pp. 405-406.
- W0033 World Health Organization, 1989, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 3, no. 9, pp. 619-620.
- W0042 World Health Organization, 1990, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 4, no. 6, pp. 605-606.
- W0045 World Health Organization, 1989, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 4, no. 12, pp. 1305-1306.
- W0047 World Health Organization, 1991, Statistics from the who and the Centers for Disease Control, AIDS, 5(6):785-790.
- W0057 World Health Organization, 1992, World Health Organization Global AIDS Statistics, AIDS Care, vol. 4, no. 1, pp. 125-128.
- W0058 World Health Organization, 1992, World Health Organization Global AIDS Statistics, AIDS Care, vol. 4, no. 2, pp. 231-234.
- W0072 World Health Organization, 1993, World Health Organization Global AIDS Statistics, AIDS, vol. 5, no. 1, pp. 125-128.
- W0079 World Health Organization, 1993, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 7, no. 9, pp. 1287-1291.

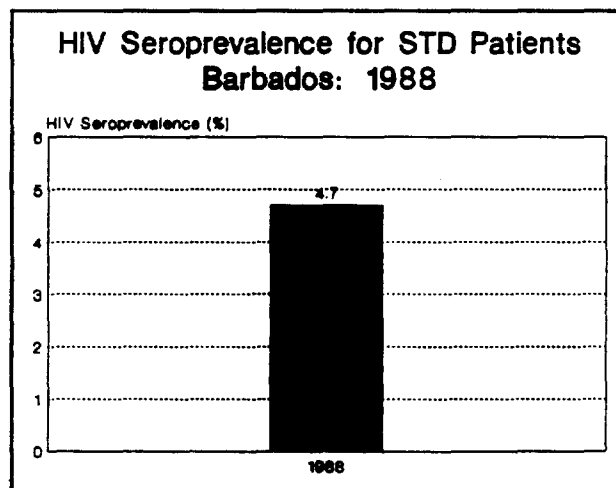
# Barbados

## Demographic Indicators

Population (1,000s)	256	Growth Rate (%)	0.2
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	20	Both Sexes	74
Male	23	Male	71
Female	18	Female	77
Crude Birth Rate (per 1,000)	16	Crude Death Rate (per 1,000)	8
Total Fertility Rate	1.8	Percent Urban	47
<b>Note: Above indicators are for 1994.</b>			
Cumulative AIDS rate (per 1,000) as of 12/31/93	1.64		
Cumulative AIDS cases as of 12/31/93	418		
<b>Sources: U.S. Bureau of the Census, United Nations, World Health Organization.</b>			

## Epidemiological Data

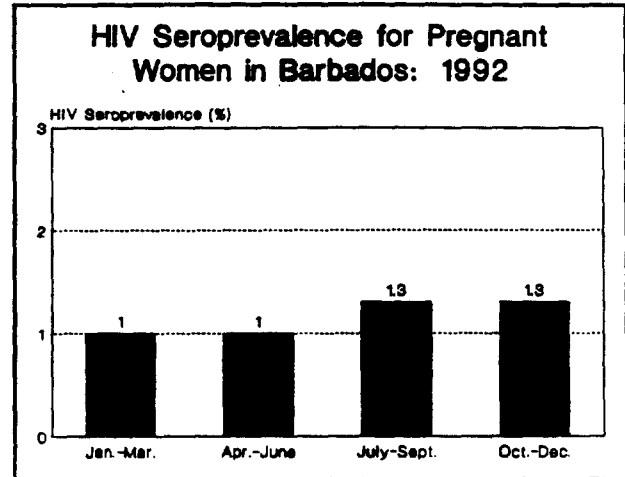
- Very few studies of HIV infection among STD patients in Barbados have been published. However, a study conducted in 1988 reported 4.7 percent of STD clinic patients tested were HIV positive.



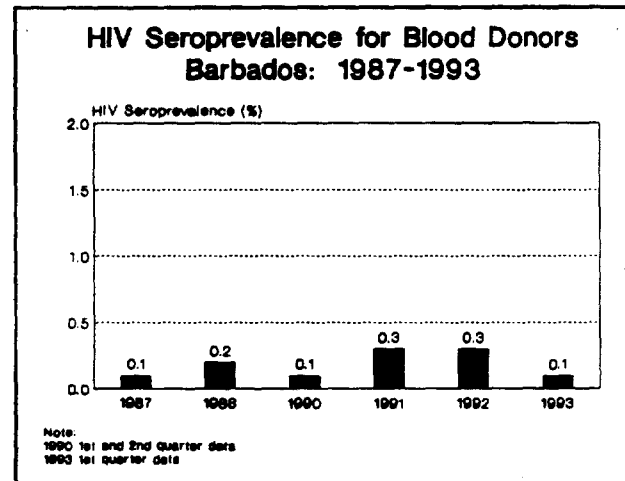
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1993.

## Barbados

- Data obtained from the Pan American Health Organization (PAHO) indicate that 1 percent of pregnant women tested during the first half of 1992 and 1.3 percent tested during the second half of the year were HIV positive.



- Between 1987 and 1993, HIV infection in blood donors of Barbados was very low ranging from 0.1 to 0.3 percent.



## Sources for Barbados

- B0183 Barbados, 1987, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- B0185 Barbados Ministry of Health, 1993, PAHO/WHO HIV Surveillance, Apr. 26, Pan American Health Organization/World Health Organization.
- B0186 Barbados Ministry of Health, 1993, PAHO/WHO HIV Surveillance, Jan. 13, Pan American Health Organization/World Health Organization.
- B0187 Barbados Ministry of Health, 1992, PAHO/WHO HIV Surveillance, Oct. 23, Pan American Health Organization/World Health Organization.
- B0188 Barbados Ministry of Health, 1992, PAHO/WHO HIV Surveillance, Aug. 17, Pan American Health Organization/World Health Organization.
- B0189 Barbados Ministry of Health, 1992, PAHO/WHO HIV Surveillance, Apr. 6, Pan American Health Organization/World Health Organization.
- B0190 Barbados Ministry of Health, 1992, PAHO/WHO HIV Surveillance, Jan. 31, Pan American Health Organization/World Health Organization.
- B0191 Barbados Ministry of Health, 1991, PAHO/WHO HIV Surveillance, Oct. 8, Pan American Health Organization/World Health Organization.
- B0192 Barbados Ministry of Health, 1991, PAHO/WHO HIV Surveillance, Aug. 29, Pan American Health Organization/World Health Organization.
- B0193 Barbados Ministry of Health, 1991, PAHO/WHO HIV Surveillance, July 8, Pan American Health Organization/World Health Organization.
- B0194 Barbados Ministry of Health, 1990, PAHO/WHO HIV Surveillance, Oct. 14, Pan American Health Organization/World Health Organization.
- B0195 Barbados Ministry of Health, 1990, PAHO/WHO HIV Surveillance, Apr. 12, Pan American Health Organization/World Health Organization.
- 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.

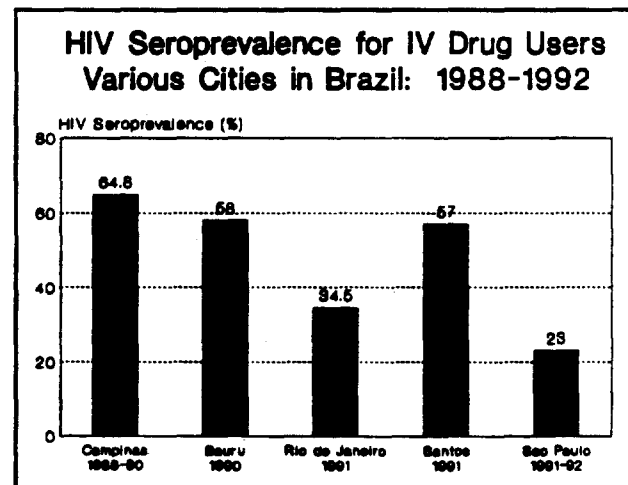
# Brazil

## Demographic Indicators

Population (1,000s)	158,739	Growth Rate (%)	1.3
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	60	Both Sexes	62
Male	64	Male	57
Female	55	Female	67
Crude Birth Rate (per 1,000)	21	Crude Death Rate (per 1,000)	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.

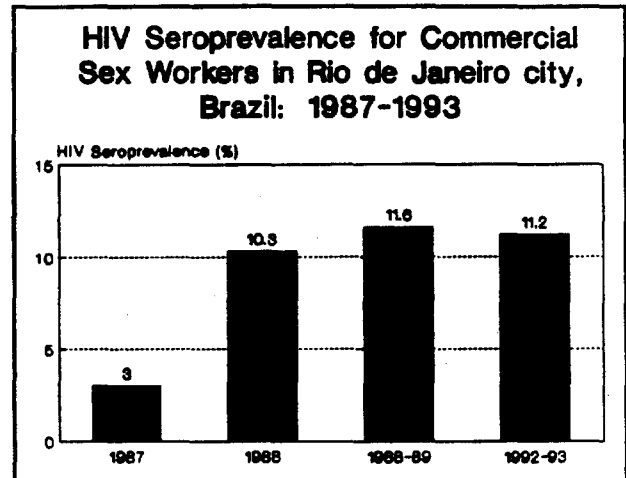


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

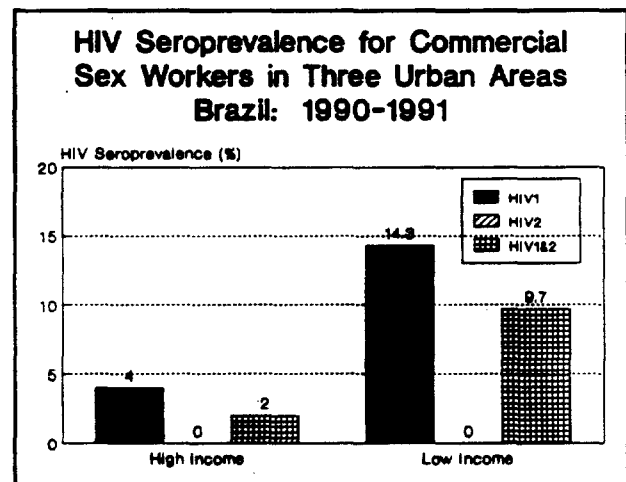


## Brazil

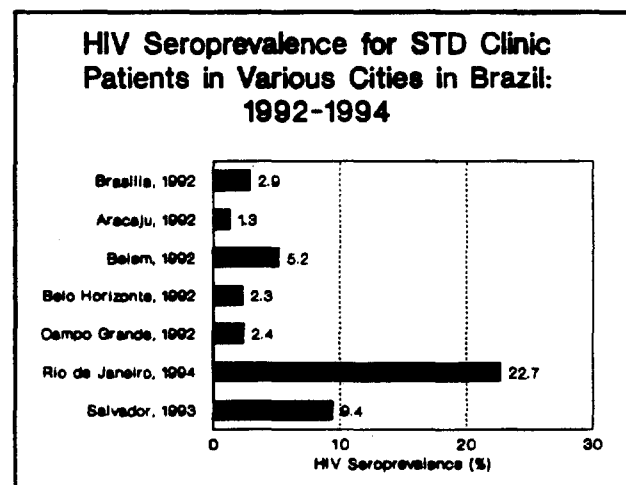
- In Rio de Janeiro city, the HIV seroprevalence level among commercial sex workers has increased. In a study conducted in 1992-93, the level of HIV infection rose to 11.2 percent from 3 percent in 1987.



- The low social status of women in many developing countries is an important contributor to high HIV levels. Evidence of this was 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.

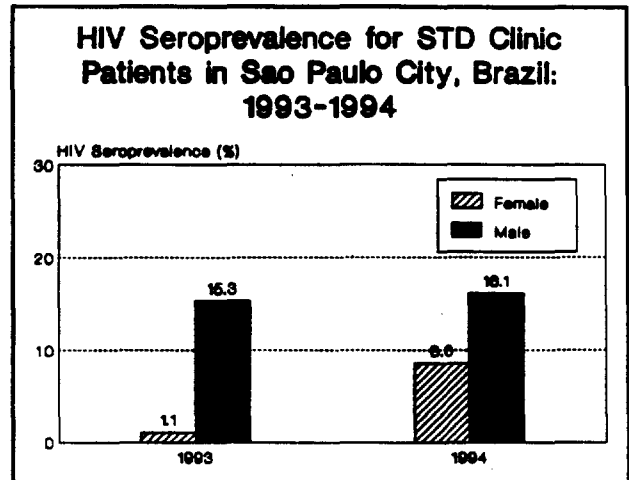


- Sentinel surveillance conducted among STD clinic patients in various cities in Brazil showed HIV infection levels varying from 1.3 percent in Aracaju to 22.7 percent in Rio de Janeiro city.

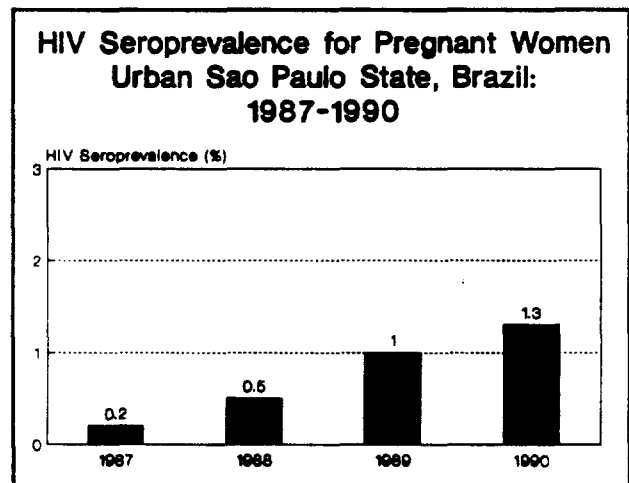


## Brazil

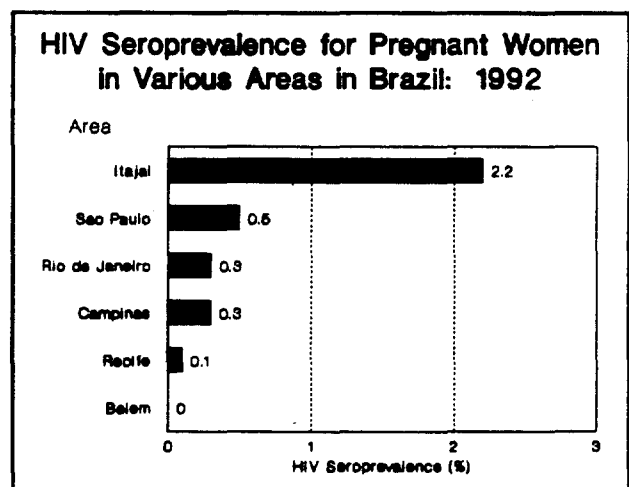
- Sentinel surveillance in Sao Paulo city among STD clinic patients in 1993 and 1994 reports a higher level of HIV infection among males than females. The level among males remained essentially unchanged from 1993 to 1994. However, the level among females increased from 1.1 percent in 1993 to 8.6 percent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

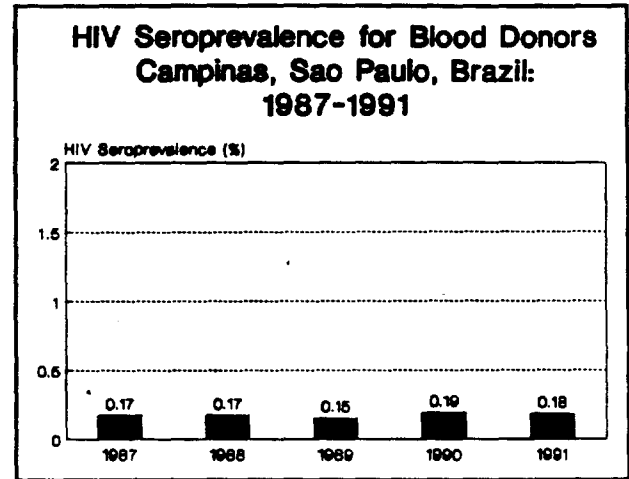


- Sentinel surveillance studies conducted among pregnant women in different areas of Brazil reported relatively low levels of HIV infection. Itajai reported the highest HIV infection level, 2.2 percent, which is more than four times as high as the HIV level reported for Sao Paulo city.

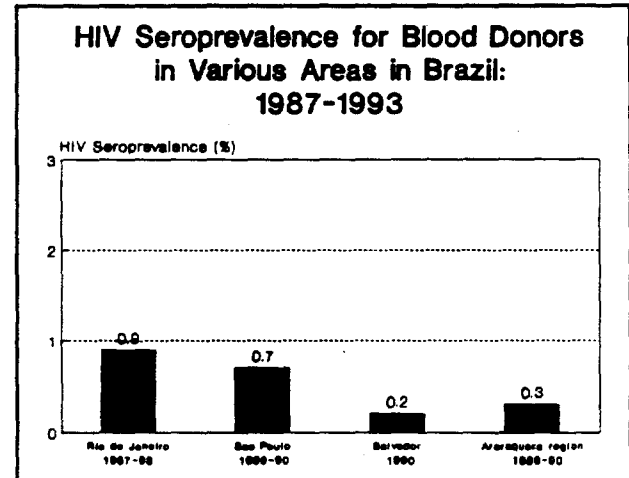


## Brazil

- 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.



## Sources for Brazil

- A0100 Alvarenga, V. L., C. P. Mendonca, E. L. Pizzolitto, et al., 1991, Serology for Blood Banks: Data on Population Morbidity?, *Revista de Ciências Farmacêuticas*, vol. 13, pp. 155-160.
- A0134 Amaral, E., A. Faundes, 1992, HIV and Treponema Pallidum Infections among Women Delivering in Campinas/SP/Brazil Reflection of a Brazilian Urban Population, CAISM - UNICAMP, July 17, unpublished report.
- C0048 Cortes, E., R. Detels, D. Aboulaifa, et al., 1989, HIV-1, HIV-2 and HTLV-1 Infection in High-Risk Groups in Brazil, *New England Journal of Medicine*, vol. 320, no. 15, pp. 953-958.
- D0038 De Meis, C., A. C. P. De Vasconcellos, D. Linhares, et al., 1991, HIV-1 Infection among Prostitutes in Rio de Janeiro, Brazil, *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, N. 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 PoC 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.
- G0102 Gianna, M. C., R. Munhoz, A. Granjeiro, et al., 1992, HIV Seroprevalence in Malaria Outbreak Related to the IVDU, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4253.
- G0103 Goncalves, M. S. L., J. Pellegrino, F. L. Goncalves, 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.
- K0129 Kritski, A. L., E. Werneck, M. Carreira, et al., 1992, Tuberculosis and Alcoholism among IVDUs Infected or Not by HIV in Rio de Janeiro, Brazil: A Prospective Study, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4695.
- L0100 Lima, V. C. P., C. S. Chiattoni, M. M. 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 Meterosexual 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, D. 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.

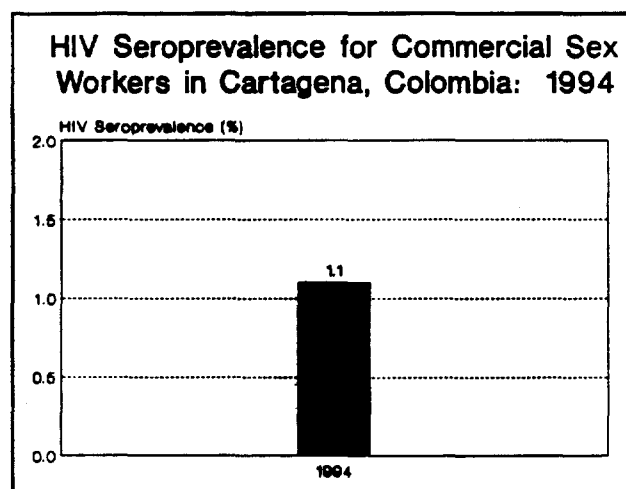
# Colombia

## Demographic Indicators

Population (1,000s)	35,578	Growth Rate (%)	1.8
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	28	Both Sexes	72
Male	32	Male	69
Female	25	Female	75
Crude Birth Rate (per 1,000)	23	Crude Death Rate (per 1,000)	5
Total Fertility Rate	2.5	Percent Urban	72
<b>Note: Above indicators are for 1994.</b>			
Cumulative AIDS rate (per 1,000) as of 3/31/94		0.13	
Cumulative AIDS cases as of 3/31/94		4,583	
<b>Sources: U.S. Bureau of the Census, United Nations, World Health Organization.</b>			

## Epidemiological Data

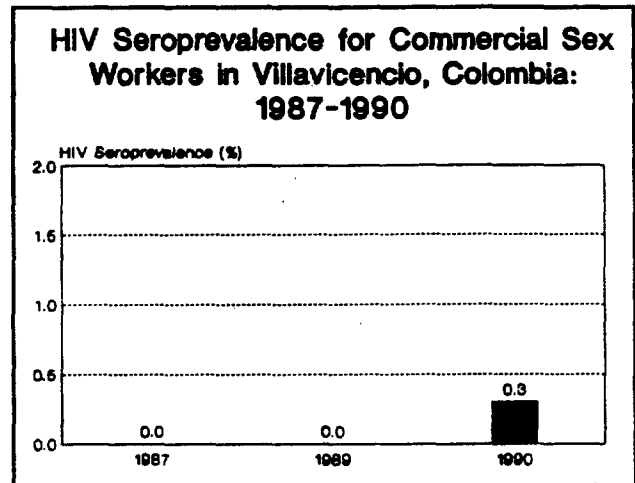
- An HIV surveillance study conducted among commercial sex workers in Cartagena, an important tourist city and harbor, found a prevalence level of 1.1 percent in 1994.



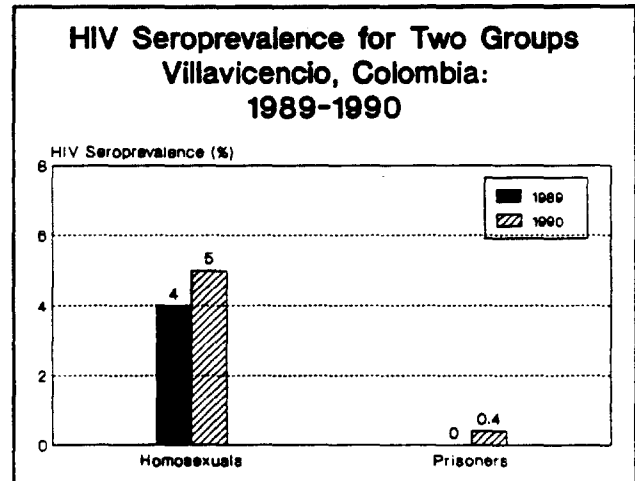
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

## Colombia

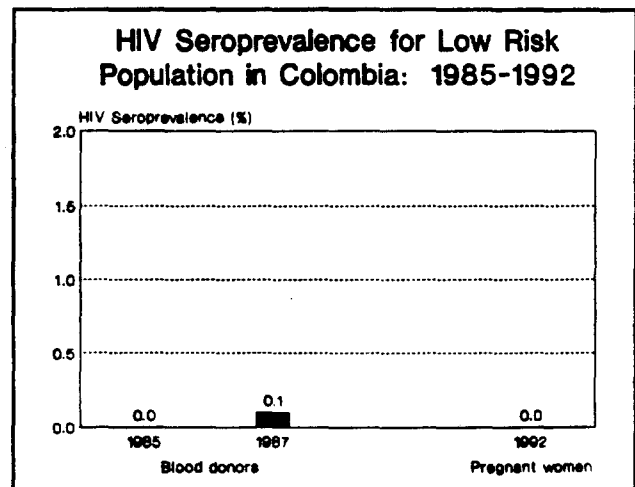
- In Villavicencio, the capital of the Meta Department located in Eastern Plains, serological surveys of commercial sex workers were carried out in 1987, 1989, and 1990. There was no evidence of HIV infection in 1987 and 1989. However, a prevalence level of 0.3 percent was reported in 1990.



- 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.



## Sources for Colombia

- B0027 Boshell, J. S., N. 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., N. G. Gacharna, M. Garcia, et al., 1989, AIDS in Colombia, In: AIDS Profile of an Epidemic, PAHO, Scientific Publication no. 514, pp. 37-44.
- B0244 Bolling, M., P. Rovero, O. Bathe, et al., 1994, Prevalence and Risk Factors of Infection with HIV-1 and HTLV-1/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.

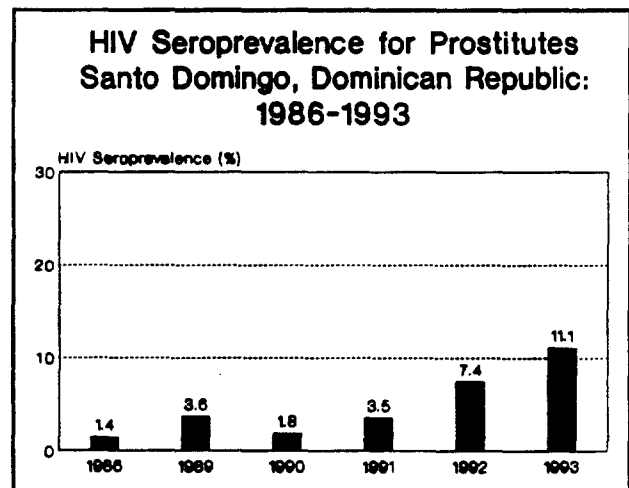
# Dominican Republic

## Demographic Indicators

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

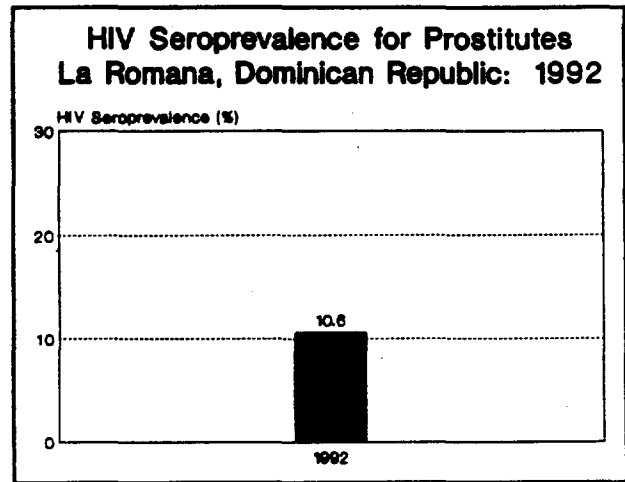


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

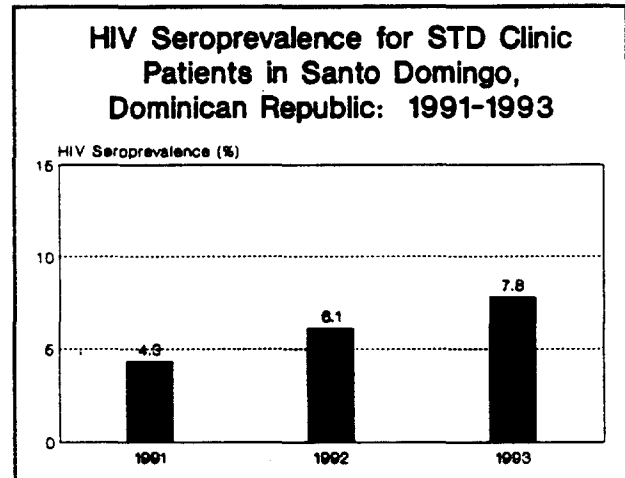


## Dominican Republic

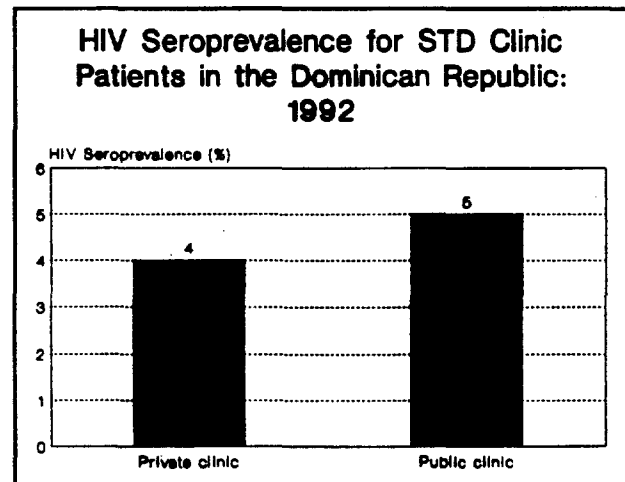
- A study conducted among prostitutes from July to November 1992 in La Romana, a tourist city, reported an HIV seroprevalence level of 10.6 percent.



- 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.

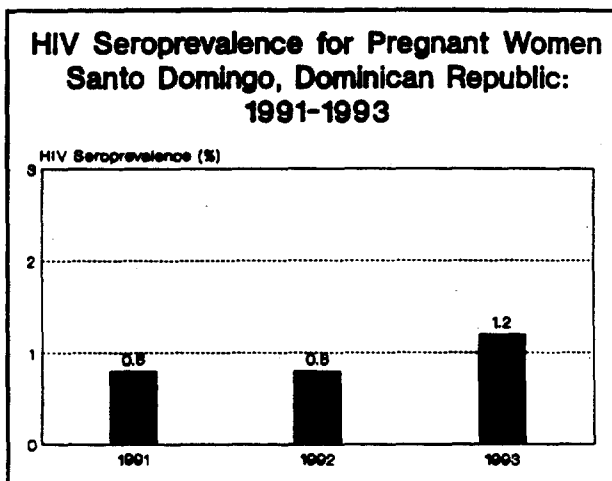


- A study in 1992 of STD clinic patients attending public and private clinics showed virtually no difference in HIV infection. The public clinic reported 5 percent prevalence while the private clinic reported 4 percent prevalence.

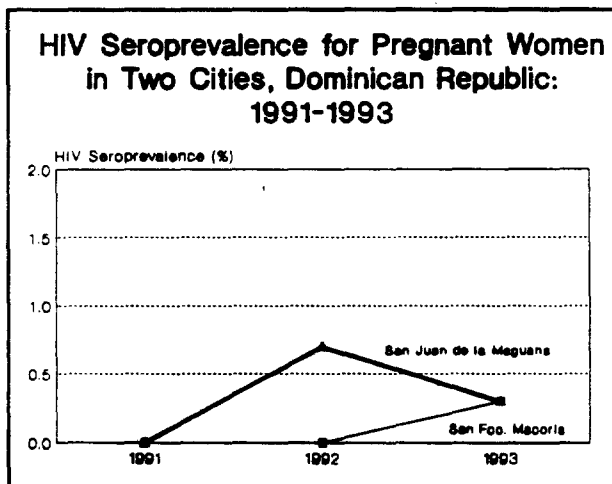


## Dominican Republic

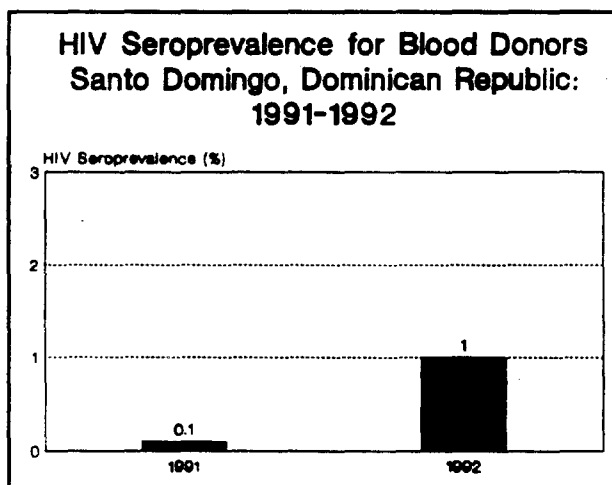
- An HIV seroprevalence survey conducted in Santo Domingo among pregnant women reported HIV infection levels increasing to 1.2 percent in 1993. This survey suggests that HIV infection is steadily moving into the general population.



- 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.



## **Sources for Dominican Republic**

- B0214 Bancos de Sangre, 1991, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- 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 Dominican Republic, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4066.
- G0145 Gomez, E., M. Sweet, M. Arbaje, et al., 1994, HIV and AIDS in the Dominican Republic: Current Status and Projected Impact, SESPAS/ PROCEYS, 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 and Haitian 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. Dominicana, 1992, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.

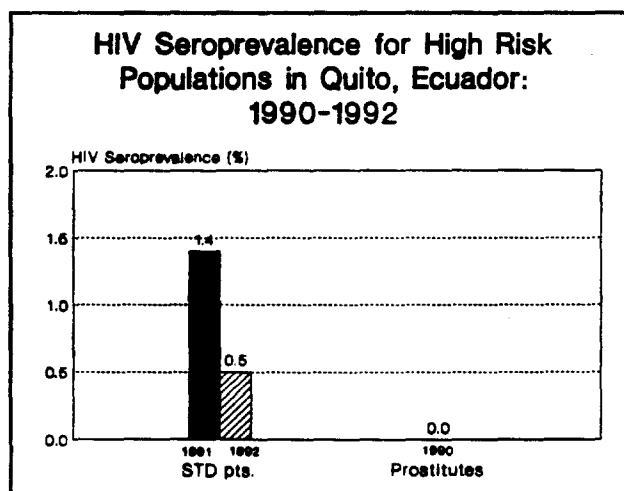
# Ecuador

## Demographic Indicators

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

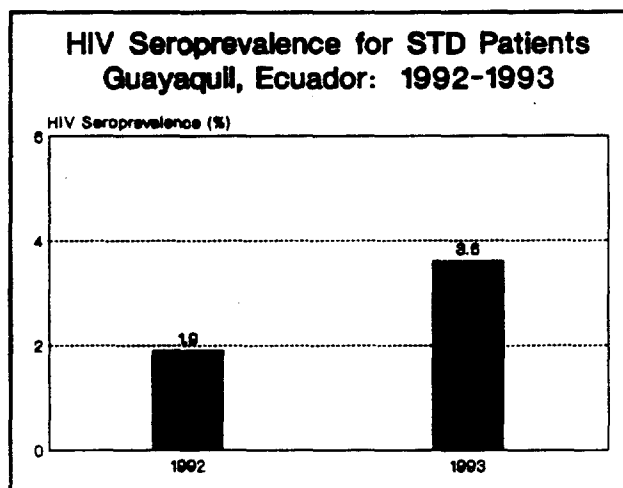
- Very few studies on HIV seroprevalence in the capital city, Quito, have been published. A 1990 study among prostitutes indicated no evidence of HIV infection. However, another study in Quito reported measurable HIV seroprevalence among STD patients. Various STD treatment sites report levels of HIV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

## Ecuador

- 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.



## **Sources for Ecuador**

- R0054 Reyes, O., M. Oberie, G. Leoro, et al., 1991, HIV-1 Seroprevalence and Sexual Behavior in Quito Prostitutes, VII International Conference on AIDS, Florence, Italy, 6/16-21, Poster M.D.4240.
- R0093 Reyes, 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, M. 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.

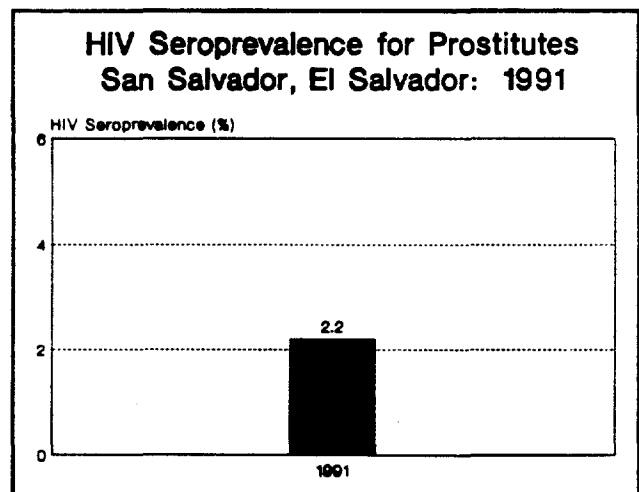
# El Salvador

## Demographic Indicators

Population (1,000s)	5,753	Growth Rate (%)	2.0
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	41	Both Sexes	67
Male	47	Male	64
Female	34	Female	70
Crude Birth Rate (per 1,000)	33	Crude Death Rate (per 1,000)	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

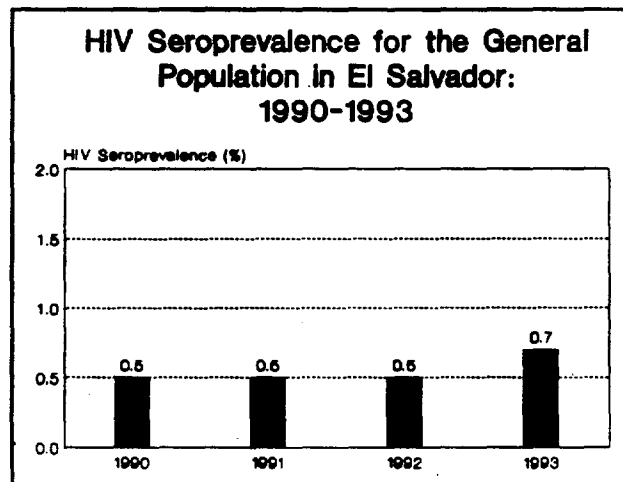
- Very few studies of HIV seroprevalence have been published on El Salvador. However, data obtained from the Pan American Health Organization (PAHO) indicate that in San Salvador, the capital city, the HIV infection level among prostitutes was 2.2 percent for May-July 1991.



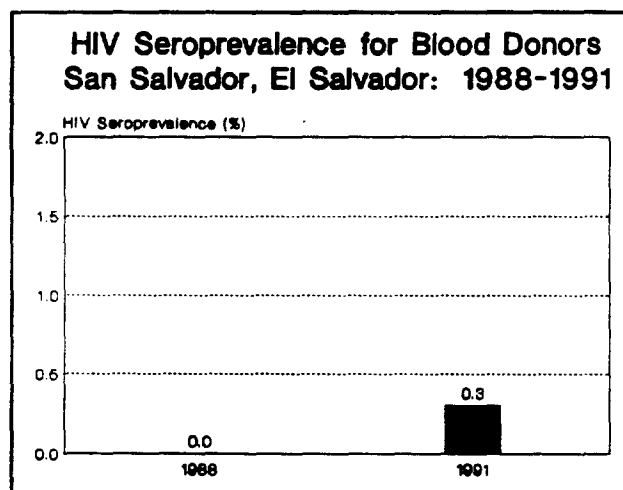
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

## El Salvador

- 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.





## **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.

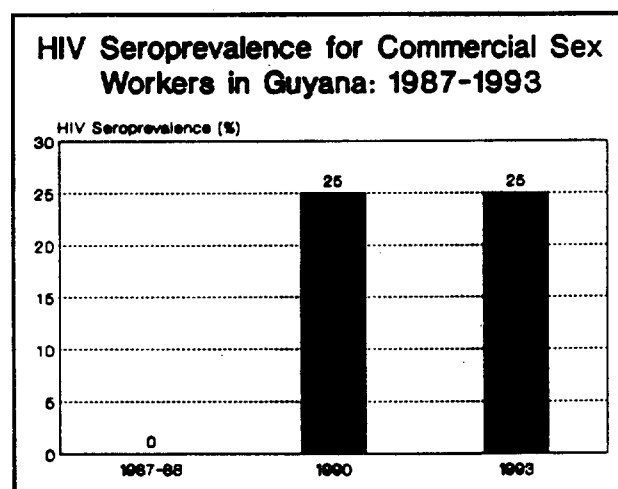
# Guyana

## Demographic Indicators

Population (1,000s)	729	Growth Rate (%)	-0.8
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	49	Both Sexes	65
Male	53	Male	62
Female	44	Female	68
Crude Birth Rate (per 1,000)	20	Crude Death Rate (per 1,000)	7
Total Fertility Rate	2.3	Percent Urban	35
Note: Above indicators are for 1994.			
Cumulative AIDS rate (per 1,000) as of 3/31/94		0.64	
Cumulative AIDS cases as of 3/31/94		465	
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.			

## Epidemiological Data

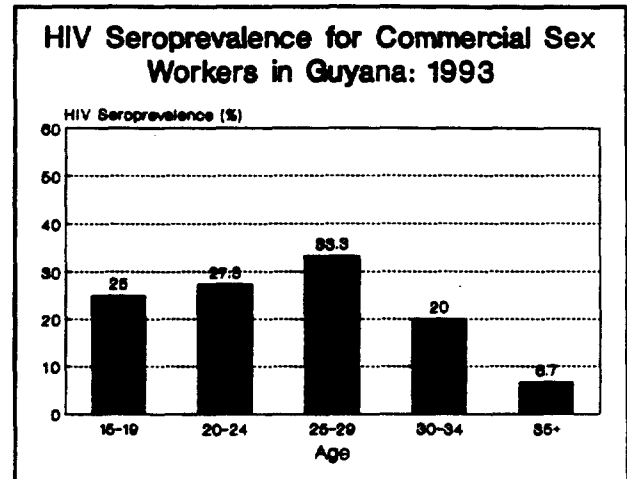
- No HIV infection was detected among commercial sex workers in 1987-88. However, by 1990 HIV infection levels had reached 25 percent among commercial sex workers. Similar results were seen in 1993.



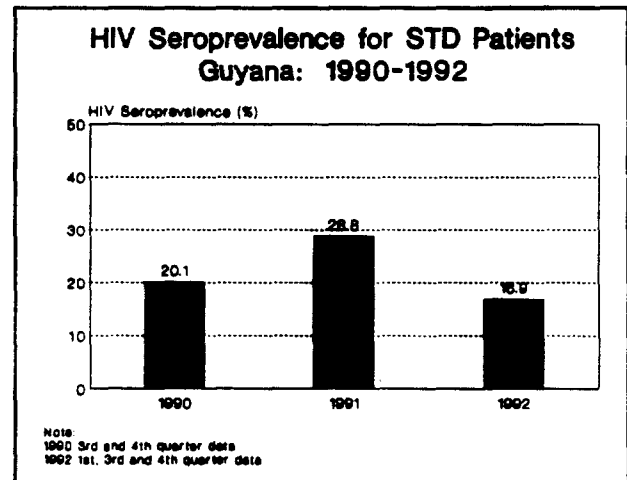
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1994.

## Guyana

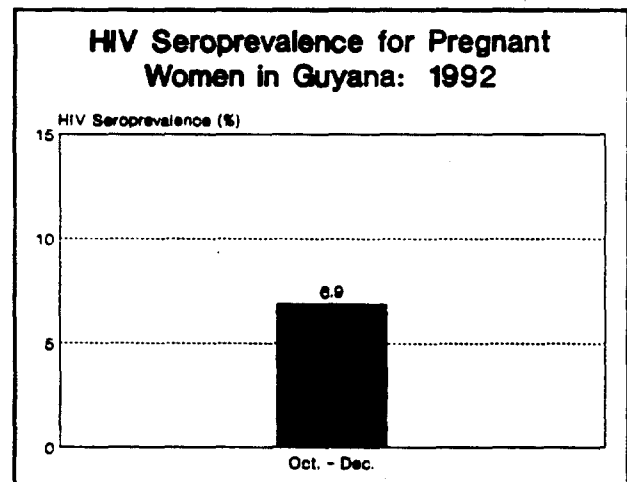
- The pattern of HIV infection by age in Guyana is similar to that found in other countries, with peak infection levels for women in their twenties. This study of commercial sex workers also showed younger women, 15 to 19 years, with high levels of HIV infection.



- Reports in the early 1990's from Guyana's Ministry of Health AIDS Programme provided by the Pan American Health Organization showed overall HIV seroprevalence ranging from 17 percent to 29 percent among STD patients.

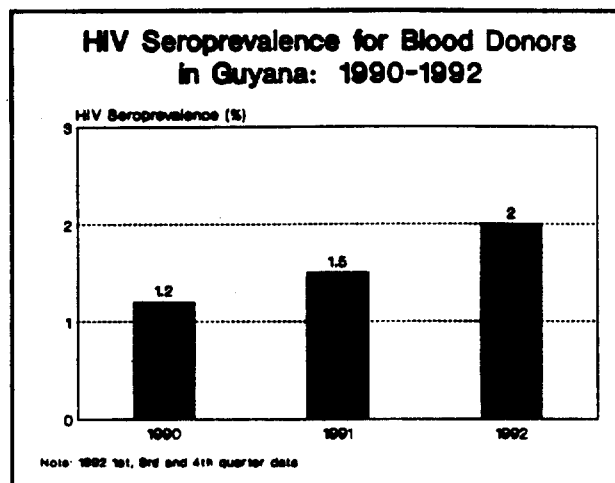


- The HIV infection level reported among pregnant women in Guyana for the last quarter of 1992 was 6.9 percent.



## Guyana

- Levels of HIV seropositivity have been slowly but steadily increasing in Guyana among blood donors. These reports show levels of HIV infection increased from 1.2 percent in 1990 to 2.0 percent for three-quarters of 1992.



## Sources for Guyana

- F0065 Farley, J., 1993, Epidemiological Status of STD, HIV & AIDS, IX Latin American Conference on AIDS, Cartagena, Colombia, 11/3-6, Oral Session.
- 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.
- G0128 Guyana Ministry of Health AIDS Programme, 1991, PAHO/WHO HIV Surveillance, Mar. 8, Pan American Health Organization/World Health Organization.
- G0129 Guyana Ministry of Health AIDS Programme, 1991, PAHO/WHO HIV Surveillance, Apr. 3, Pan American Health Organization/World Health Organization.
- G0130 Guyana Ministry of Health AIDS Programme, 1992, PAHO/WHO HIV Surveillance, Oct. 23, Pan American Health Organization/World Health Organization.
- G0131 Guyana Ministry of Health AIDS Programme, 1992, PAHO/WHO HIV Surveillance, May 5, Pan American Health Organization/World Health Organization.
- G0132 Guyana Ministry of Health AIDS Programme, 1992, PAHO/WHO HIV Surveillance, Mar. 12, Pan American Health Organization/World Health Organization.
- G0133 Guyana Ministry of Health AIDS Programme, 1991, PAHO/WHO HIV Surveillance, Dec. 13, Pan American Health Organization/World Health Organization.
- G0134 Guyana Ministry of Health AIDS Programme, 1991, PAHO/WHO HIV Surveillance, Aug. 8, Pan American Health Organization/World Health Organization.
- G0135 Guyana Ministry of Health AIDS Programme, 1991, PAHO/WHO HIV Surveillance, Apr. 22, Pan American Health Organization/World Health Organization.
- G0137 Guyana Ministry of Health AIDS Programme, 1993, PAHO/WHO HIV Surveillance, Feb. 1, Pan American Health Organization/World Health Organization.
- N0033 Narain, J. P., B. Hull, C. J. Hospedales, et al., 1989, Epidemiology of AIDS and HIV Infection in the Caribbean, In: AIDS Profile of an Epidemic, PAHO, Scientific Publication no. 514, pp. 61-71.
- W0003 World Health Organization, 1989, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 3, no. 3, pp. 187-188.
- W0013 World Health Organization, 1988, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 2, no. 6, pp. 487-490.
- W0033 World Health Organization, 1989, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 3, no. 9, pp. 619-620.
- W0040 World Health Organization, 1990, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 4, no. 9, pp. 937-941.
- W0042 World Health Organization, 1990, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 4, no. 6, pp. 605-606.
- W0045 World Health Organization, 1989, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 4, no. 12, pp. 1305-1306.
- W0047 World Health Organization, 1991, Statistics from the who and the Centers for Disease Control, AIDS, 5(6):785-790.
- W0057 World Health Organization, 1992, World Health Organization Global AIDS Statistics, AIDS Care, vol. 4, no. 1, pp. 125-128.
- W0058 World Health Organization, 1992, World Health Organization Global AIDS Statistics, AIDS Care, vol. 4, no. 2, pp. 231-234.
- W0067 World Health Organization, 1992, World Health Organization Global AIDS Statistics, AIDS Care, vol. 4, no. 3, pp. 365-368.
- W0079 World Health Organization, 1993, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 7, no. 9, pp. 1287-1291.

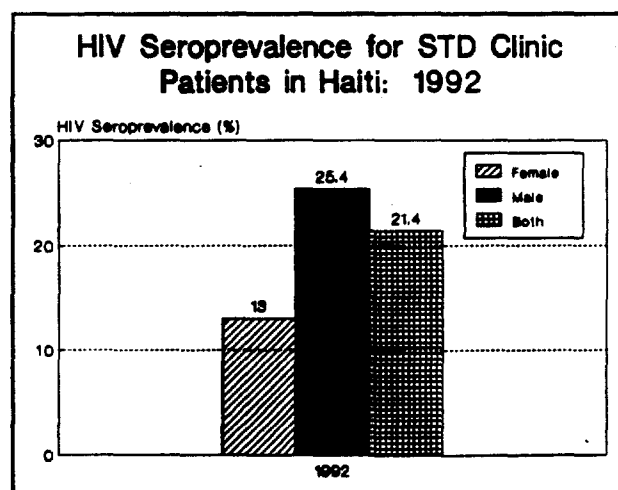
# Haiti

## Demographic Indicators

Population (1,000s)	6,491	Growth Rate (%)	1.6
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	109	Both Sexes	45
Male	116	Male	44
Female	101	Female	47
Crude Birth Rate (per 1,000)	40	Crude Death Rate (per 1,000)	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

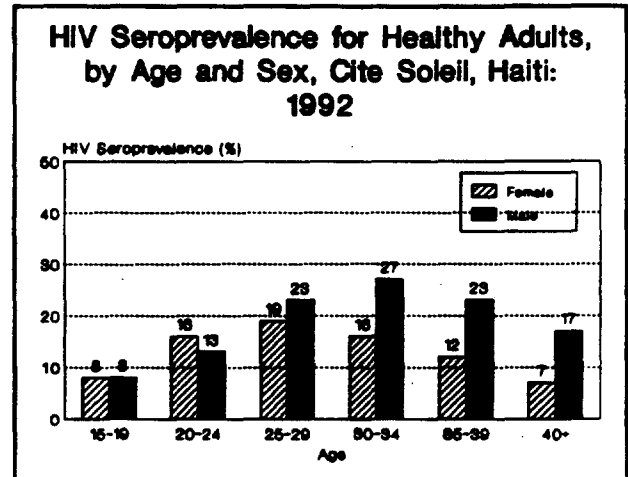
- Only one study has documented HIV seroprevalence among the STD clinic patients in Haiti. This study shows higher HIV infection levels for males than for females. The HIV level in males, 25.4 percent, is double the HIV level in females, 13.0 percent.



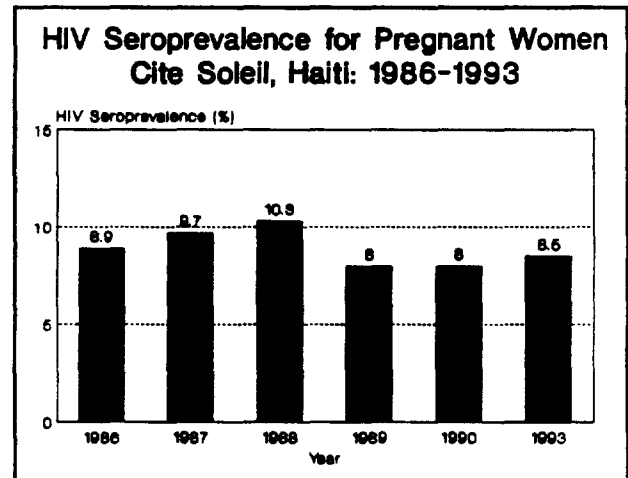
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

## Haiti

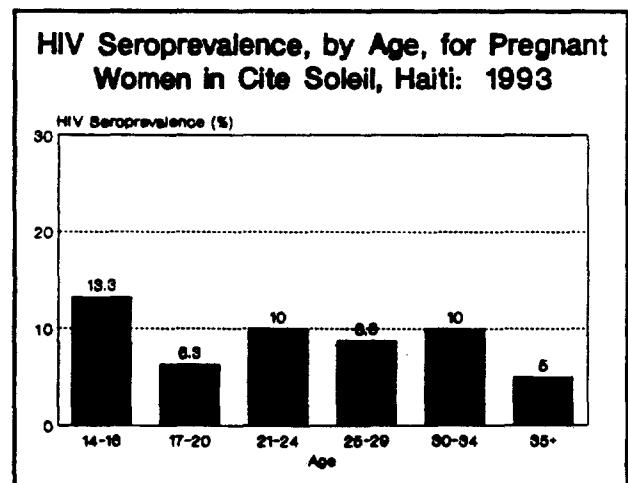
- A 1992 study of HIV seroprevalence among healthy adults was conducted in Cite Soleil, a periurban community of Port-au-Prince. Similar to the age distribution of HIV infection seen in African countries, the results found males to have a higher infection level than females in the older age categories. 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.

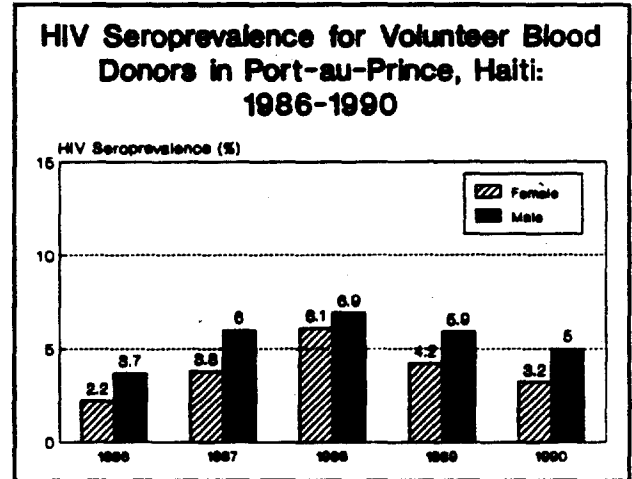


- Infection levels among pregnant women attending antenatal clinics in Cite Soleil varied from 5 percent among those 35 years and older to 13.3 percent among those 14-16 years old. This pattern of infection by age shows women becoming infected at very young ages.

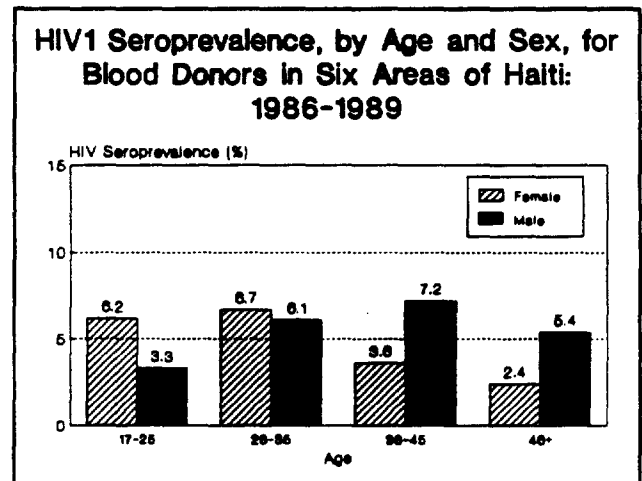


## Haiti

- 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.





## Sources for Haiti

- B0085 Boulos, R., N. A. Nalsey, 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 an 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. Pomerol, 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.

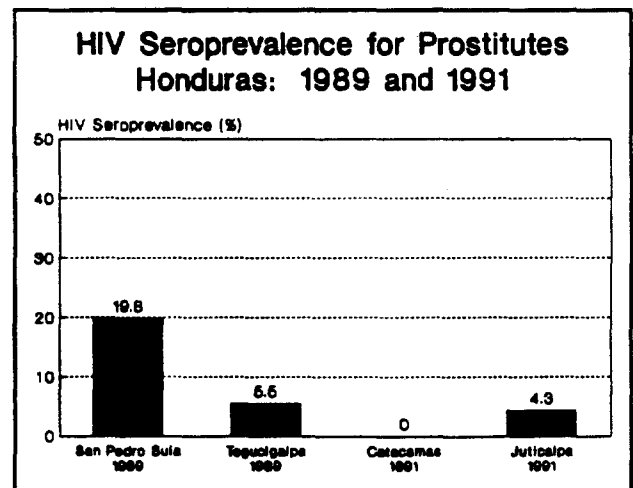
# Honduras

## Demographic Indicators

Population (1,000s)	5,315	Growth Rate (%)	2.7
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	45	Both Sexes	68
Male	49	Male	65
Female	41	Female	70
Crude Birth Rate (per 1,000)	35	Crude Death Rate (per 1,000)	6
Total Fertility Rate	4.7	Percent Urban	47
<b>Note:</b> Above indicators are for 1994.			
Cumulative AIDS rate (per 1,000) as of 3/31/94		0.66	
Cumulative AIDS cases as of 3/31/94		3,473	
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.			

## Epidemiological Data

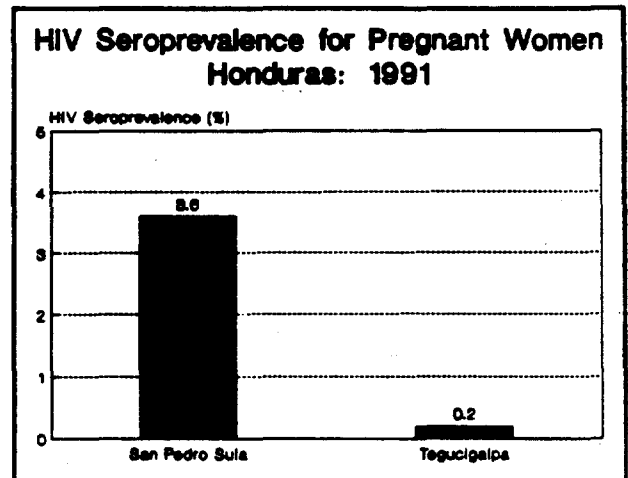
- Seroprevalence studies conducted in San Pedro Sula reported 20 percent of prostitutes tested were HIV positive. Lower infection levels were found in Tegucigalpa and Juticalpa. There was no evidence of HIV in Catacamas city.



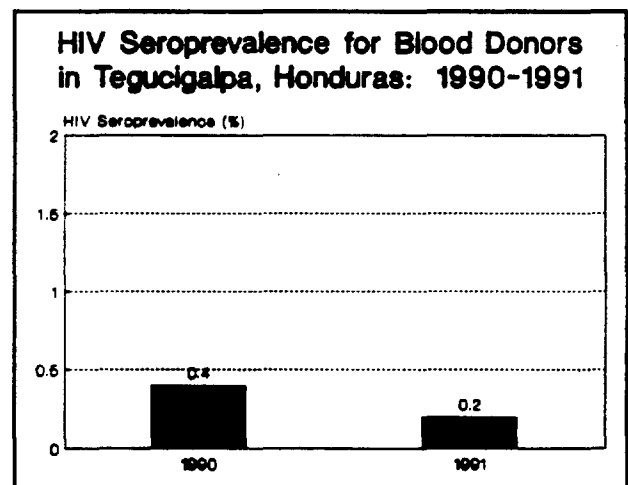
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1993.

## Honduras

- Results from seroepidemiological studies among pregnant women indicate HIV infection was lower in the central region of Honduras, Tegucigalpa, than in the northern coastal region, San Pedro Sula.



- Among voluntary blood donors from the Honduran Red Cross National Blood Program in Tegucigalpa, there was a clear reduction in the HIV prevalence level from 1990 to 1991. This may be due to the fact that direct control in the donor selection procedures had an impact on reducing HIV prevalence among blood donors.



## Sources for Honduras

- M0242 Menjivar, A., J. Fernandez, 1991, KAP's on AIDS and HIV/AIDS Seroprevalence Studyicas Sobre V.I.H./SIDA Y Estudio de Seroprevalencia de V.I.H. en Mujeres ..., National AIDS Control Program, Ministry of Health, unpublished report.
- P0029 Pan American Health Organization, 1989, AIDS Surveillance in the Americas, PAHO, Pan American Sanitary Burears, Regional Office of the WHO.
- S0198 Sandoval, L. Y., J. Fernandez, 1991, Seroprevalence of Anti-HIV Antibodies and KAP's Study on AIDS in the Prostitutes of Juticalpa and Catacamas, Olancho, ..., School of Medicine, Universidad Nacional Autonoma de Honduras, National AIDS Control Program, undergraduate thesis.
- W0059 Vinelli, E., L. Pavon, 1992, Reducing the Prevalence of HIV Positive Blood Donors by Direct Questioning of Their Sexual Behavior, VIII International Conference on AIDS, Amsterdam, 7/19-24, Abstract PoD 5170.
- W0003 World Health Organization, 1989, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 3, no. 3, pp. 187-188.
- W0040 World Health Organization, 1990, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 4, no. 9, pp. 937-941.
- W0041 World Health Organization, 1990, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 4, no. 3, pp. 277-278.
- W0042 World Health Organization, 1990, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 4, no. 6, pp. 605-606.
- W0046 World Health Organization, 1991, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 5, no. 3, pp. 349-350.
- W0047 World Health Organization, 1991, Statistics from the who and the Centers for Disease Control, AIDS, 5(6):785-790.
- W0057 World Health Organization, 1992, World Health Organization Global AIDS Statistics, AIDS Care, vol. 4, no. 1, pp. 125-128.
- W0058 World Health Organization, 1992, World Health Organization Global AIDS Statistics, AIDS Care, vol. 4, no. 2, pp. 231-234.
- W0072 World Health Organization, 1993, World Health Organization Global AIDS Statistics, AIDS, vol. 5, no. 1, pp. 125-128.
- Z0033 Zelaya, J. E., M. Rocha, A. M. Kimball, 1991, Case Control Seroepidemiological Study of HIV in Women in Reproductive Age, San Pedro Sula, Honduras, National AIDS Control Program, Ministry of Health, Panamerican Health Organization, unpublished report.
- Z0035 Zelaya, J. E., M. Thibaud, R. Oviedo, et al., 1989, Seroprevalence of Anti-HIV Antibodies in Prostitutes from Tegucigalpa and San Pedro Sula, Honduras, National AIDS Control Program: Science and Technology Unit, Family Health International, unpublished report.

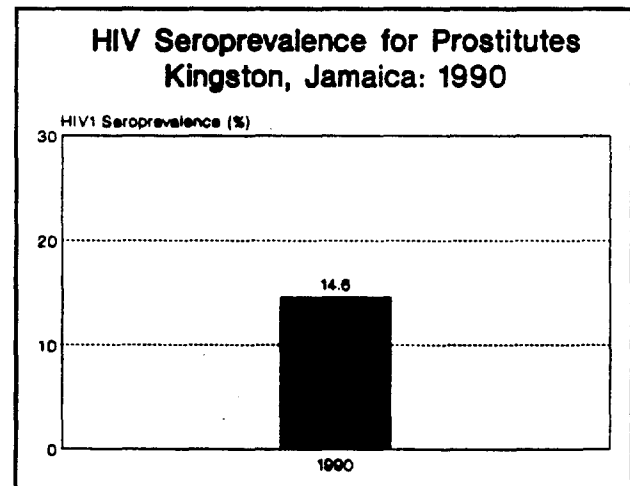
# Jamaica

## Demographic Indicators

Population (1,000s)	2,555	Growth Rate (%)	1.0
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	17	Both Sexes	74
Male	19	Male	72
Female	15	Female	77
Crude Birth Rate (per 1,000)	22	Crude Death Rate (per 1,000)	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 12/31/93	669		
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.			

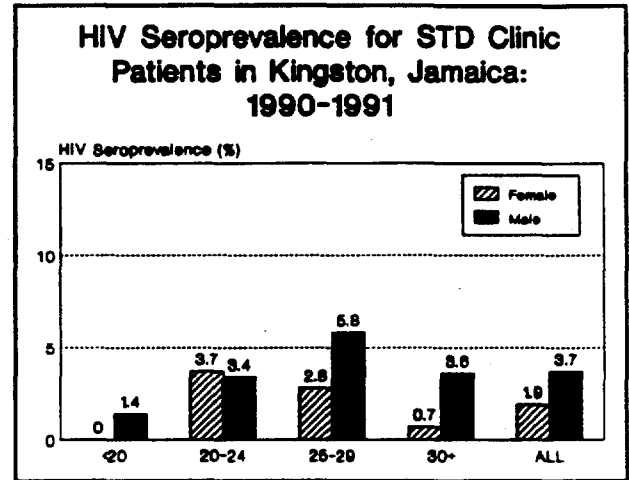
## Epidemiological Data

- 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.

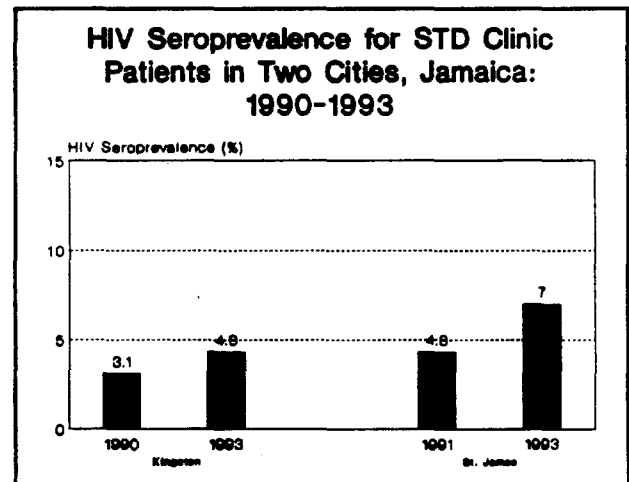


## Jamaica

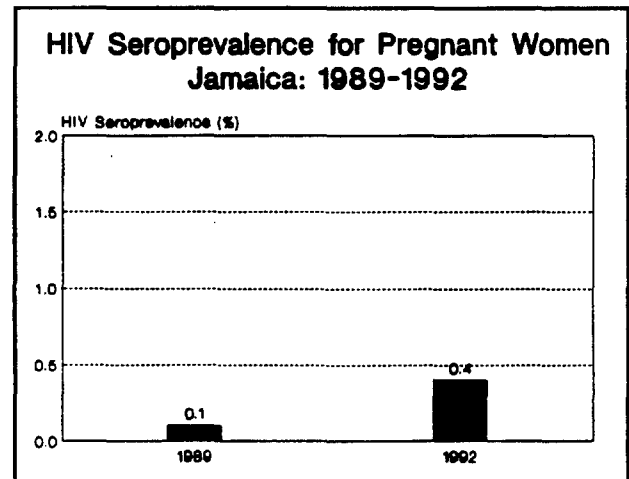
- In Kingston, the capital city, a survey was conducted between November 1990 and January 1991 among heterosexual male and female STD clinic attendees. HIV prevalence level among males was double that of females. Observing the age pattern, HIV infection in females peaked at 3.7 percent in ages 20-24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

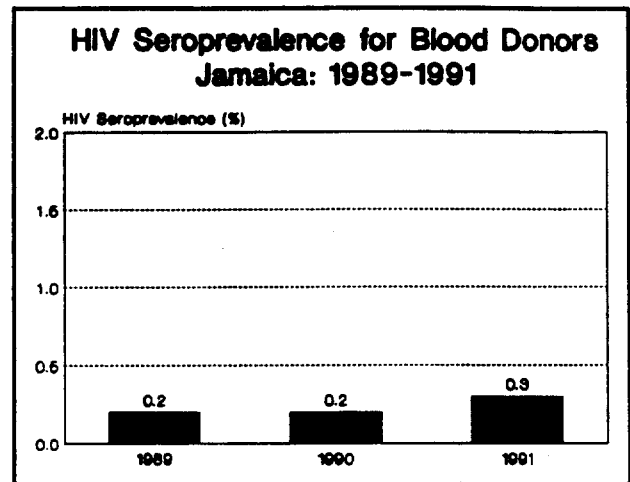


- Information available on the prevalence of HIV among pregnant women in Jamaica shows HIV levels under 1 percent. However, the HIV prevalence level increased from 0.1 percent in 1989 to 0.4 percent in 1992.



## Jamaica

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



## Sources for Jamaica

- F0043 Figueroa, J. P., A. Brathwaite, J. Morris, et al., 1992, Risk Factors for HIV in Heterosexual STD Patients in 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 Disease 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 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.
- J0034 Jamaica Ministry of Health 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.



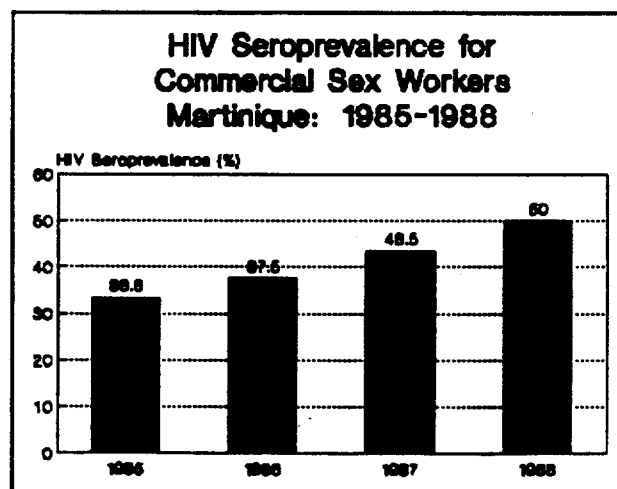
# Martinique

## Demographic Indicators

Population (1,000s)	392	Growth Rate (%)	1.2
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	10	Both Sexes	78
Male	11	Male	75
Female	9	Female	81
Crude Birth Rate (per 1,000)	18	Crude Death Rate (per 1,000)	6
Total Fertility Rate	1.9	Percent Urban	77
<b>Note:</b> Above indicators are for 1994.			
Cumulative AIDS rate (per 1,000) as of 9/30/93		0.68	
Cumulative AIDS cases as of 9/30/93		266	
<b>Sources:</b> U.S. Bureau of the Census, United Nations, World Health Organization.			

## Epidemiological Data

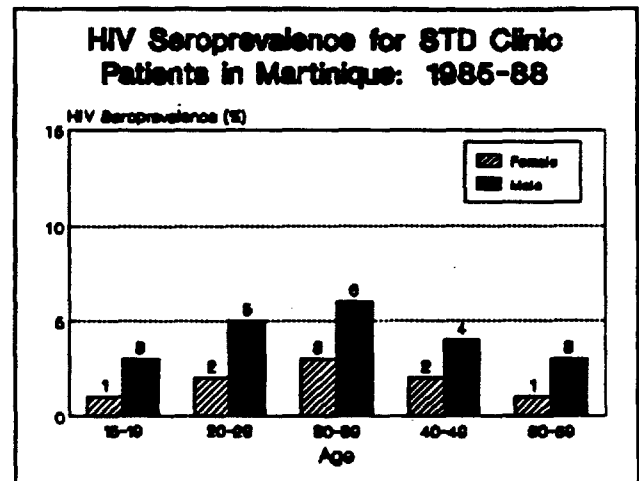
- HIV infection among commercial sex workers tested in Martinique increased steadily from 1985 to 1988. The levels of infection increased 50 percent from 1985 (33.3 percent) to 1988 (50 percent).



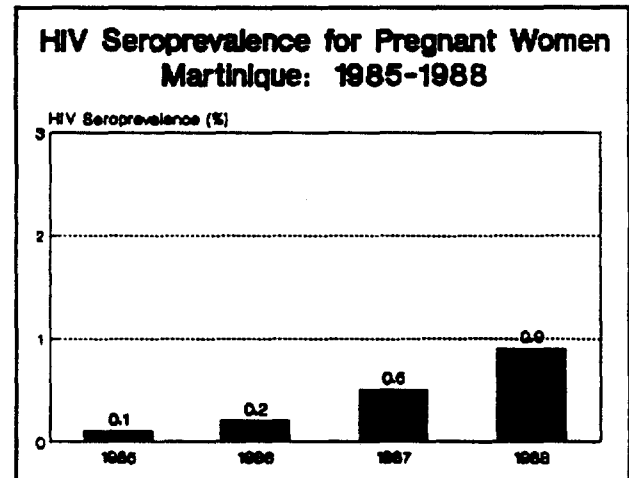
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Feb. 1992.

## Martinique

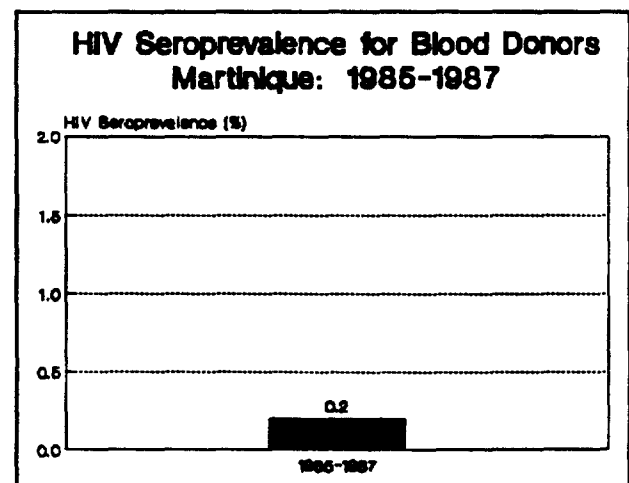
- In Martinique, a study conducted over the 1985-88 period reported that males visiting STD clinics were twice as likely to be HIV positive as females. Data by age showed a progression of infection levels peaking at age 30-39.



- Between 1985 and 1989, HIV infection among pregnant women tested in Martinique increased from 0.1 to 0.9 percent. While still showing relatively low infection levels, the rate of increase over this 4-year period is cause for concern.



- Between 1985-1987, 0.2 percent of blood donors were found HIV positive.



## Sources for Martinique

- CD067 Chout, R., D. Cales-Quist, M. Verdier, et al., 1989, 4 Year Follow-Up Study of the HIV Infection in High Risk and Control Groups in Martinique (F.W.I), V International Conference on AIDS, Montreal, 6/4-9, Poster T.A.P. 12.
- MO019 Monplaisir, N., C. Niesson-Vernant, G. Sobesky, et al., 1987, Epidemiology of HIV Infection in Martinique, French Department in the West Indies, III International Conference on AIDS, Washington, D.C., 6/1-5, Abstract MP.96.

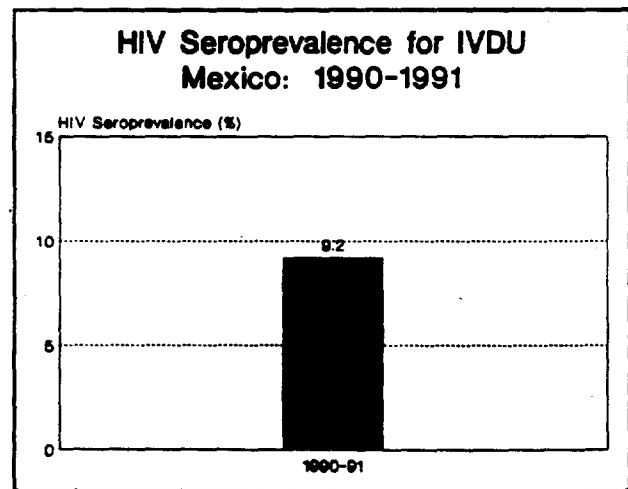
# Mexico

## Demographic Indicators

Population (1,000s)	92,202	Growth Rate (%)	1.9
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	27	Both Sexes	73
Male	33	Male	69
Female	22	Female	77
Crude Birth Rate (per 1,000)	27	Crude Death Rate (per 1,000)	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

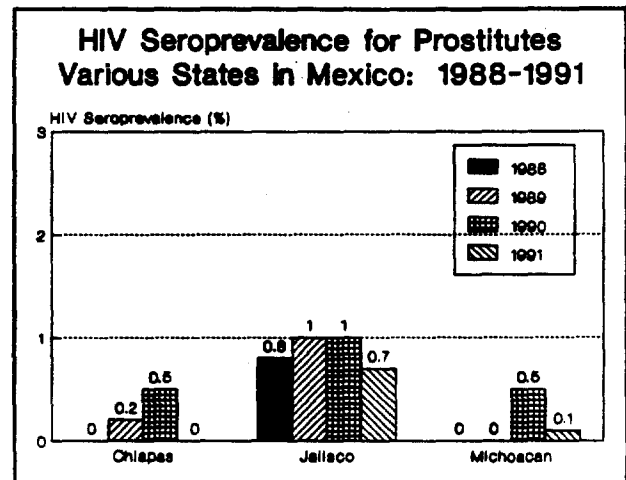
- National Sentinel Surveillance of intravenous drug users in Mexico shows an HIV infection level of 9.2 percent in 1990-1991.



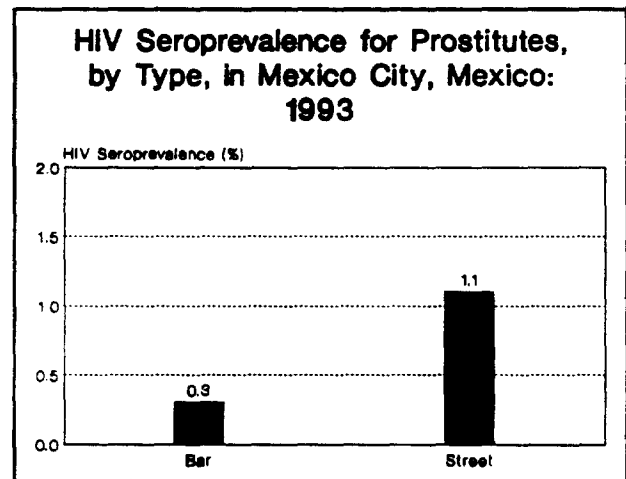
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

## Mexico

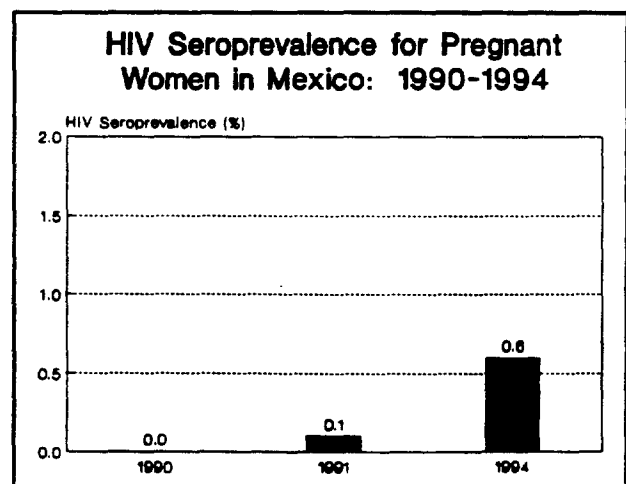
- In Mexico, the HIV epidemic continues to affect specific groups. The National Sentinel Surveillance program conducted since 1988 in three states reported HIV-1 infection levels under 1 percent among prostitutes. Jalisco state had the highest level of infection compared to Michoacan and Chiapas states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

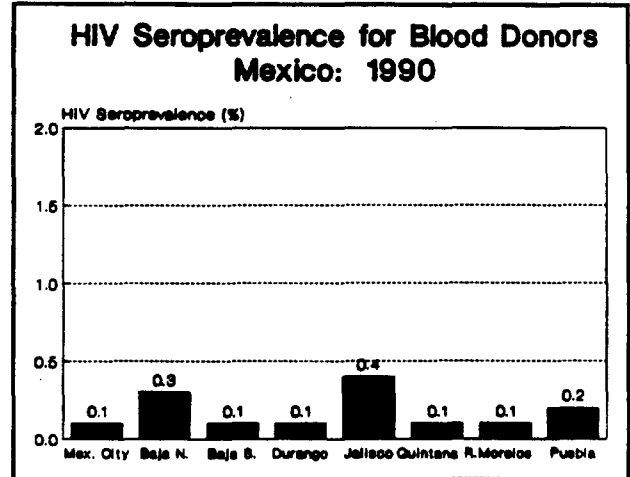


- In these studies, HIV seroprevalence among pregnant women has increased from no evidence for 1990 to 0.6 percent for 1994. The potential for the spread of HIV exists in Mexico despite the current relatively low seroprevalence of HIV.

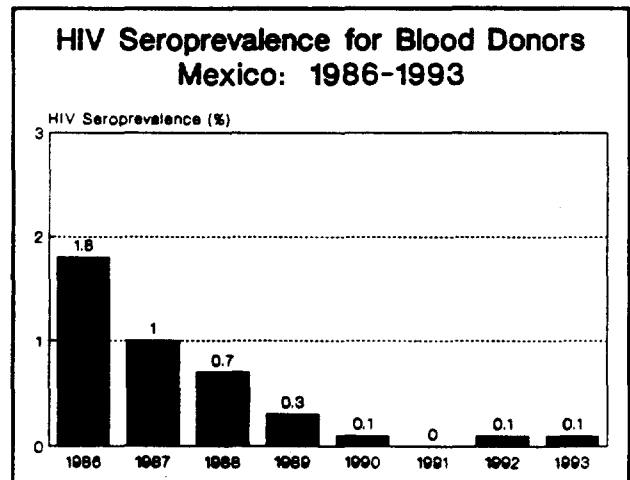


## Mexico

- 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.



## Sources for Mexico

- G0084 Gonzalez, M. G., C. L. Magis, M. L. Garcia, et al., 1991, Evolution of Cross Sectional Studies to Centinel 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.
- M0067 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.
- M0083 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.

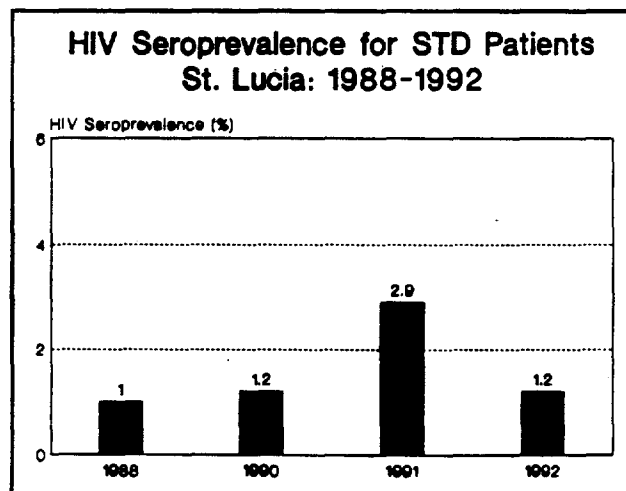
# St. Lucia

## Demographic Indicators

Population (1,000s)	145	Growth Rate (%)	.5
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	19	Both Sexes	69
Male	20	Male	67
Female	17	Female	72
Crude Birth Rate (per 1,000)	23	Crude Death Rate (per 1,000)	6
Total Fertility Rate	2.5	Percent Urban	46
<b>Note: Above indicators are for 1994.</b>			
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.

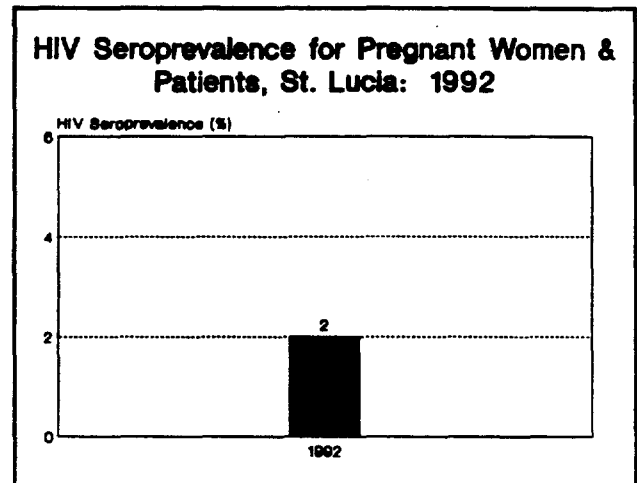


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

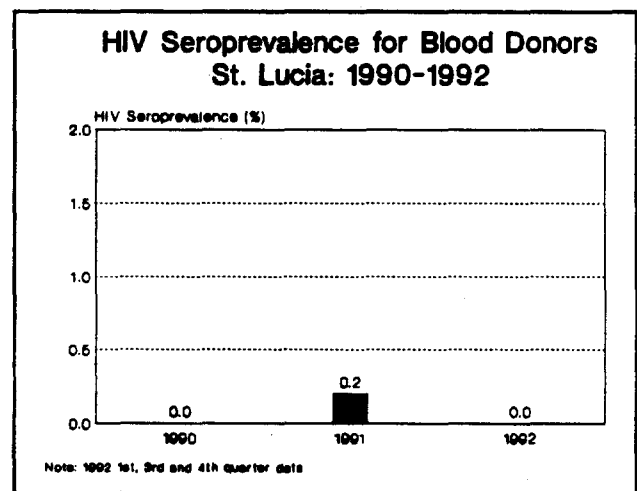


## St. Lucia

- 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.



## 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.

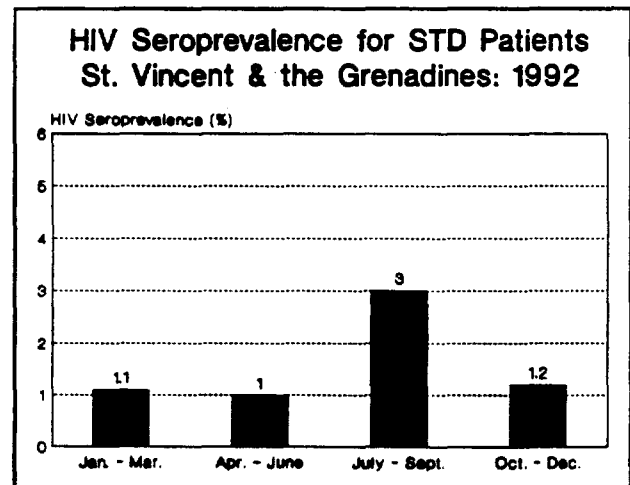
# St. Vincent and the Grenadines

## Demographic Indicators

Population (1,000s)	115	Growth Rate (%)	0.8
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	17	Both Sexes	72
Male	18	Male	71
Female	16	Female	74
Crude Birth Rate (per 1,000)	20	Crude Death Rate (per 1,000)	5
Total Fertility Rate	2.1	Percent Urban	22
Note: Above indicators are for 1994.			
Cumulative AIDS rate (per 1,000) as of 3/31/94		0.49	
Cumulative AIDS cases as of 3/31/94		56	
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.			

## Epidemiological Data

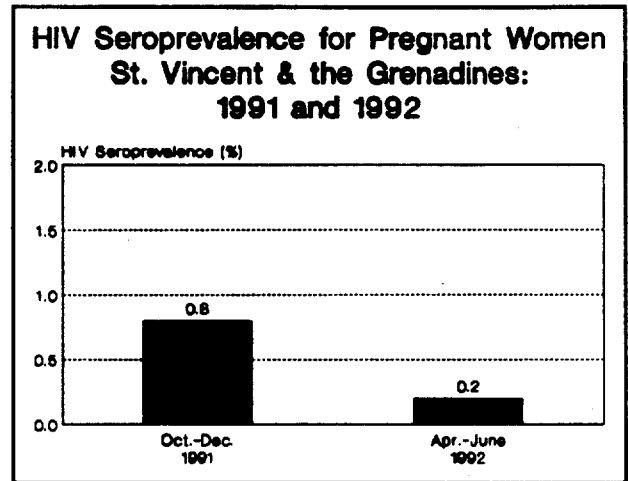
- Sentinel surveillance reports from St. Vincent and the Grenadines Public Health Department indicated that HIV infection levels by quarter for 1992 ranged from 1 to 3 percent among STD clinic patients.



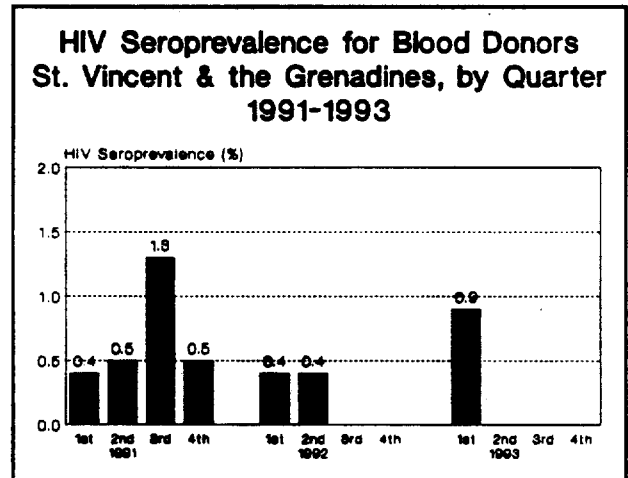
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1993.

## St. Vincent and the Grenadines

- From the same reports, low prevalence of HIV infection was found among pregnant women tested. HIV prevalence for the fourth quarter of 1991 was 0.8 percent and for the second quarter of 1992 it was 0.2 percent.



- Quarterly reports from the Public Health Department, between 1991 and 1993, indicated HIV infection levels among blood donors ranged from 0.4 to 1.3 percent.



## Sources for St. Vincent & the Grenadines

- S0232 St. Vincent & the Grenadines Public Health Department, 1993, PAHO/WHO HIV Surveillance, Apr. 22, Pan American Health Organization/World Health Organization.
- S0233 St. Vincent & the Grenadines Public Health Department, 1993, PAHO/WHO HIV Surveillance, Jan. 28, Pan American Health Organization/World Health Organization.
- S0234 St. Vincent & the Grenadines Public Health Department, 1992, PAHO/WHO HIV Surveillance, Apr. 13, Pan American Health Organization/World Health Organization.
- S0235 St. Vincent & the Grenadines Public Health Department, 1992, PAHO/WHO HIV Surveillance, July 21, Pan American Health Organization/World Health Organization.
- S0236 St. Vincent & the Grenadines Public Health Department, 1992, PAHO/WHO HIV Surveillance, Oct. 5, Pan American Health Organization/World Health Organization.
- S0237 St. Vincent & the Grenadines Public Health Department, 1992, PAHO/WHO HIV Surveillance, Feb. 3, Pan American Health Organization/World Health Organization.
- S0238 St. Vincent & the Grenadines Public Health Department, 1991, PAHO/WHO HIV Surveillance, Oct. 14, Pan American Health Organization/World Health Organization.
- S0239 St. Vincent & the Grenadines Public Health Department, 1991, PAHO/WHO HIV Surveillance, July 3, Pan American Health Organization/World Health Organization.
- S0240 St. Vincent & the Grenadines Public Health Department, 1991, PAHO/WHO HIV Surveillance, Apr. 30, Pan American Health Organization/World Health Organization.

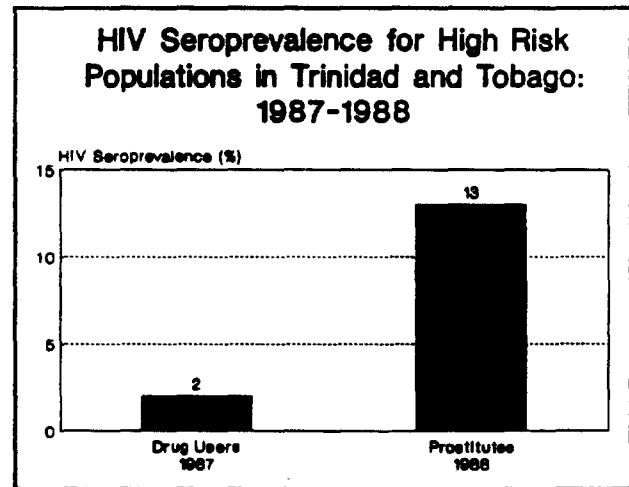
# Trinidad and Tobago

## Demographic Indicators

Population (1,000s)	1,271	Growth Rate (%)	0.1
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	19	Both Sexes	70
Male	21	Male	68
Female	16	Female	73
Crude Birth Rate (per 1,000)	17	Crude Death Rate (per 1,000)	7
Total Fertility Rate	2.0	Percent Urban	72
Note: Above indicators are for 1995.			
Cumulative AIDS rate (per 1,000) as of 12/31/94		1.37	
Cumulative AIDS cases as of 12/31/94		1,742	
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.			

## Epidemiological Data

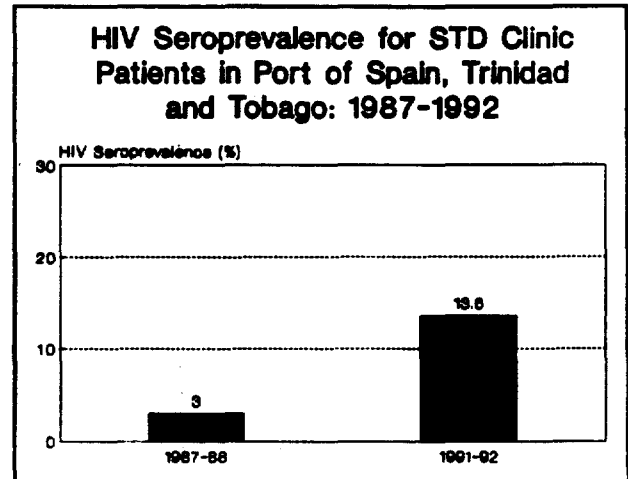
- Studies of HIV infection among low risk groups in the late 1980's reported low or no evidence of HIV infection. Among high risk groups during that same time period significant levels of HIV infection were reported. HIV infection levels were highest among prostitutes, 13 percent. Among IV drug users tested, the HIV infection level was 2 percent.



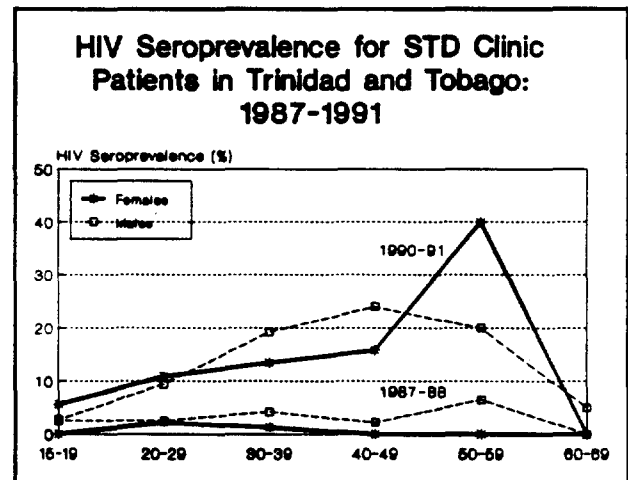
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, July 1985.

## Trinidad and Tobago

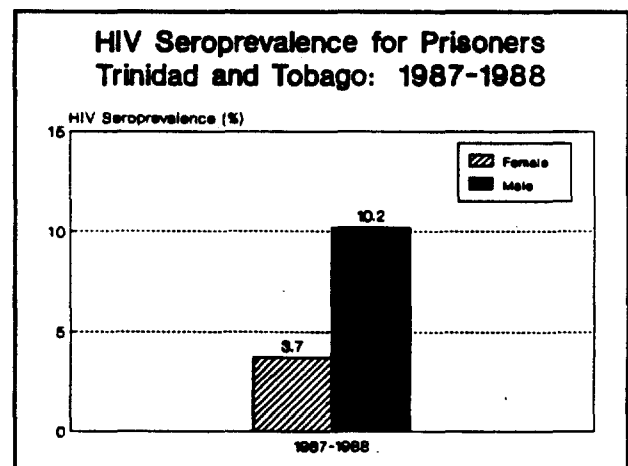
- Data for STD clinics in Port of Spain, Trinidad, and Tobago in the late 1980's indicated that 3.0 percent of patients were HIV positive. More recent data showed HIV infection levels increased more than fourfold to 13.6 percent.



- Specific age-sex data from another study of STD clinic patients documented an increase in HIV infection over time for all age categories except males, age 15-19.

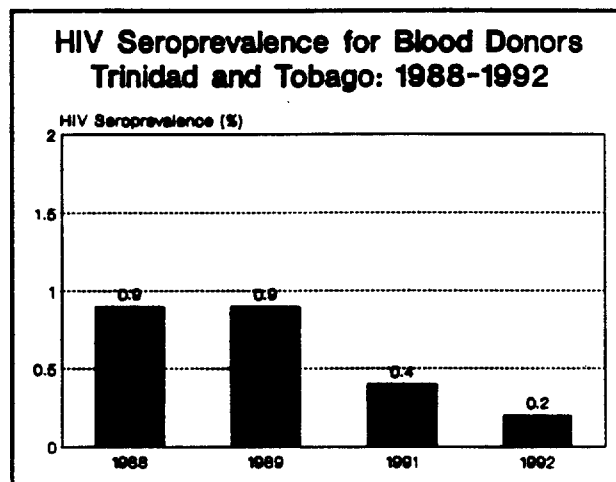


- In this study, conducted in 1987-1988, the HIV infection level among male prisoners was more than double that of the female prisoners.



## Trinidad and Tobago

- Levels of HIV infection in blood donors have remained under 1 percent. The decreases seen in 1991 and 1992 may be due to donor screening.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, July 1995.

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## Sources for Trinidad & Tobago

- C0143 Cleghorn, F., M. Jack, M. Greenberg, et al., 1993, HIV-1 Seroincidence in an STD Clinic in Trinidad: Rapid Spread of an Mn-like Virus, IX International Conference on AIDS, Berlin, 6/6-11, Abstract WS-C14-3.
- C0145 Cleghorn, F., M. Jack, J. Edwards, et al., 1993, Risk Factors for HIV-1 among STD Clinic Clients in Trinidad, IX International Conference on AIDS, Berlin, 6/6-11, Poster PO-C03-2617.
- 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.
- J0019 Jack, M., F. Cleghorn, J. Murphy, et al., 1992, Rising Seroprevalence of HIV-1 and HTLV-1 in STD Patients in Trinidad and Tobago, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4324.
- W0033 Narain, J. P., B. Mull, C. J. Hoopedales, et al., 1989, Epidemiology of AIDS and HIV Infection in the Caribbean, In: AIDS Profile of an Epidemic, PAHO, Scientific Publication no. 514, pp. 61-71.
- 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.
- T0091 Trinidad & Tobago Ministry of Health, 1993, PAHO/WHO HIV Surveillance, Jan. 20, Pan American Health Organization/World Health Organization.
- T0092 Trinidad & Tobago Ministry of Health, 1992, PAHO/WHO HIV Surveillance, Nov. 5, Pan American Health Organization/World Health Organization.
- T0093 Trinidad & Tobago Ministry of Health, 1992, PAHO/WHO HIV Surveillance, July 18, Pan American Health Organization/World Health Organization.
- T0095 Trinidad & Tobago Ministry of Health, 1992, PAHO/WHO HIV Surveillance, Apr. 13, Pan American Health Organization/World Health Organization.
- T0096 Trinidad & Tobago Ministry of Health, 1992, PAHO/WHO HIV Surveillance, Jan. 27, Pan American Health Organization/World Health Organization.
- T0097 Trinidad & Tobago Ministry of Health, 1991, PAHO/WHO HIV Surveillance, Oct. 14, Pan American Health Organization/World Health Organization.
- T0098 Trinidad & Tobago Ministry of Health, 1991, PAHO/WHO HIV Surveillance, Aug. 16, Pan American Health Organization/World Health Organization.
- T0099 Trinidad & Tobago Ministry of Health, 1991, PAHO/WHO HIV Surveillance, May 6, Pan American Health Organization/World Health Organization.

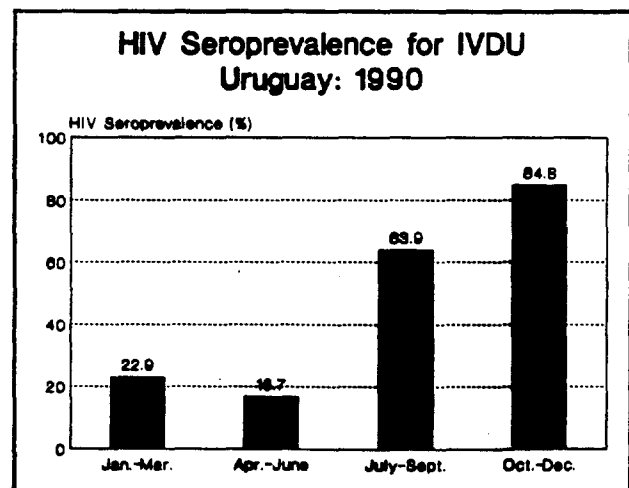
# Uruguay

## Demographic Indicators

Population (1,000e)	3,199	Growth Rate (%)	0.7
Infant Mortality Rate (per 1,000)	17	Life Expectancy	
Both Sexes	19	Both Sexes	74
Male	15	Male	71
Female		Female	78
Crude Birth Rate (per 1,000)	18	Crude Death Rate (per 1,000)	9
Total Fertility Rate	2.4	Percent Urban	90
Note: Above indicators are for 1994.			
Cumulative AIDS rate (per 1,000) as of 3/31/94		0.15	
Cumulative AIDS cases as of 3/31/94		469	
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.			

## Epidemiological Data

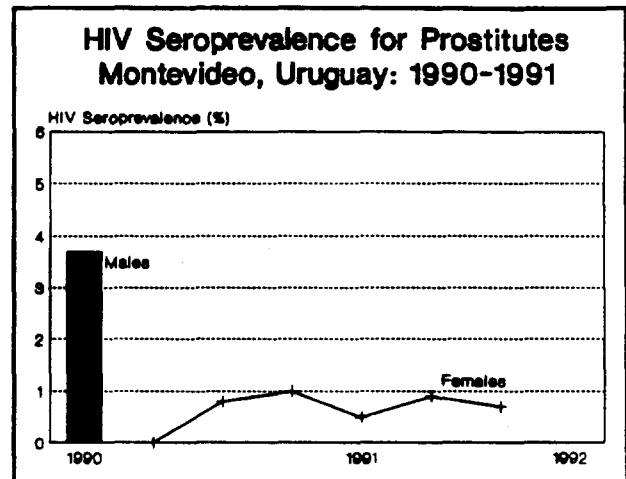
- HIV infection levels among IVDU as reported to the Pan American Health Organization increased dramatically in 1990 from 23 percent of IVDU tested in the first quarter to 85 percent in the last quarter.



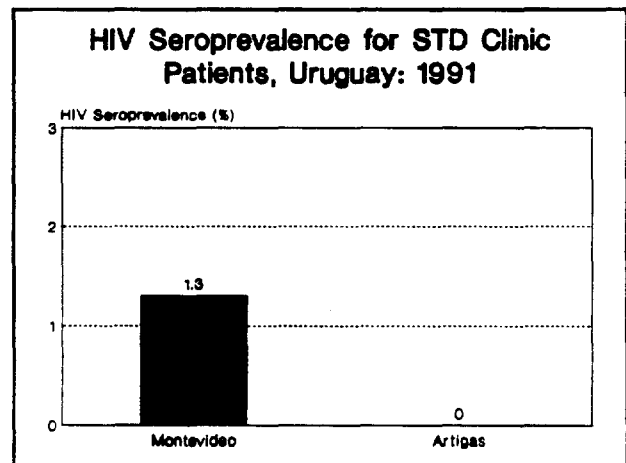
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1993.

## Uruguay

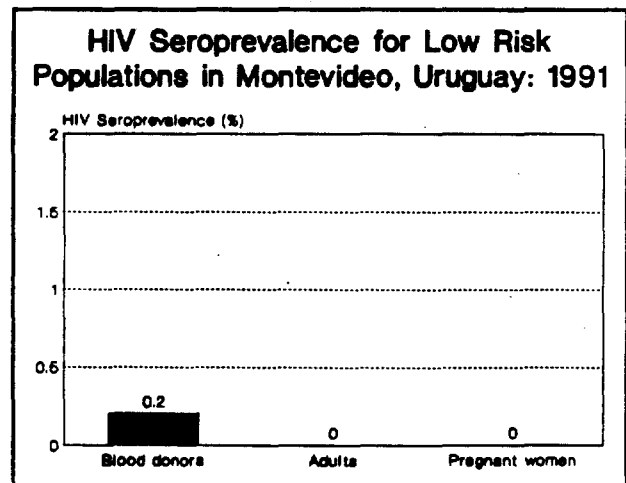
- In the capital city, Montevideo, studies were conducted among male and female prostitutes. HIV prevalence among female prostitutes was consistently low during the study period. In 1990, HIV infection levels for male prostitutes were already much higher, 3.7 percent.



- In 1991, patients attending two sexually transmitted disease (STD) clinics were studied. HIV seroprevalence levels among STD patients from the Montevideo clinic had reached 1.3 percent whereas no evidence of HIV infection was found in the patients from the clinic in Artigas.



- Seroprevalence studies conducted among various low-risk groups in 1991 reported 0.2 percent of blood donors were HIV positive. No evidence of HIV infection was found among pregnant women or adults from the general population.



#### Sources for Uruguay

- A0121 Arago, Somma, 1991, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- A0124 Amestoy, Blanco, Somma, 1991, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- B0150 Berriolo, R., L. Colistro, J. Roetkier, et al., 1992, HIV Seroprevalence Surveys in Uruguay, AIDS, vol. 6, no. 8, pp. 884-885.
- H0095 Hospital Maciel, Laboratorio de Salud Publica ETS, 1990, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- H0101 Hospital Maciel, 1991, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- L0132 Laboratorios Hospital Maciel, 1990, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- L0139 Laboratorios Maciel, SEISP, 1990, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- L0140 Laboratorios Hospital Maciel, 1990, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.
- W0003 World Health Organization, 1989, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 3, no. 3, pp. 187-188.
- W0013 World Health Organization, 1988, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 2, no. 6, pp. 487-490.
- W0032 World Health Organization, 1989, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 3, no. 6, pp. 405-406.
- W0034 World Health Organization, 1989, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 3, no. 12, pp. 863-864.
- W0040 World Health Organization, 1990, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 4, no. 9, pp. 937-941.
- W0041 World Health Organization, 1990, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 4, no. 3, pp. 277-278.
- W0042 World Health Organization, 1990, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 4, no. 6, pp. 605-606.
- W0046 World Health Organization, 1991, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 5, no. 3, pp. 349-350.
- W0047 World Health Organization, 1991, Statistics from the who and the Centers for Disease Control, AIDS, 5(6):785-790.
- W0057 World Health Organization, 1992, World Health Organization Global AIDS Statistics, AIDS Care, vol. 4, no. 1, pp. 125-128.
- W0058 World Health Organization, 1992, World Health Organization Global AIDS Statistics, AIDS Care, vol. 4, no. 2, pp. 231-234.
- W0067 World Health Organization, 1992, World Health Organization Global AIDS Statistics, AIDS Care, vol. 4, no. 3, pp. 365-368.
- W0072 World Health Organization, 1993, World Health Organization Global AIDS Statistics, AIDS, vol. 5, no. 1, pp. 125-128.
- W0079 World Health Organization, 1993, Statistics from the WHO and the Centers for Disease Control, AIDS, vol. 7, no. 9, pp. 1287-1291.