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

Country Profiles
June 1996

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International Programs Center
Population Division
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Preface

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

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

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

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*New Countries

TRENDS AND PATTERNS OF HIV INFECTION IN SELECTED DEVELOPING COUNTRIES

Introduction

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

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

The data presented in each country profile were drawn from the June 1996 release of the **HIV/AIDS Surveillance Database**, a compilation of HIV seroprevalence information contained in journals, articles, and public presentations. The database was developed and has been maintained at the U.S. Bureau of the Census since 1987 with funding support from the Africa Bureau and the Office of Health, HIV-AIDS Division, U.S. Agency for International Development. Currently, the database contains approximately 27,000 individual data records drawn from 3,422 publications and presentations. Although every attempt has been made to present the most reliable data, the quality of the original data varies considerably. Accordingly, the trends and patterns described should be considered tentative indications, rather than precise estimates of the problem, and caution should be used in drawing conclusions.

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

Each country profile has a section called "Demographic Indicators." This section includes infant mortality rates, life expectancy, and cumulative AIDS cases and rates. Data were taken from the following sources:

U.S. Bureau of the Census, International Database, International Programs Center, Population Division, U.S. Bureau of the Census, Washington, DC., 1996.

United Nations, *World Urbanization Prospects: The 1994 Revision,* New York, pp. 79-85, 1995.

World Health Organization, "The Current Global Situation of the HIV/AIDS Pandemic," December 1995.

This research note is an update of and a supplement to Research Notes 5, 8, 10, 12, 14, and 16 - "Trends and Patterns of HIV/AIDS Infection in Selected Developing Countries -- Country Profiles," and Research Notes 18, 19, and 20, "AIDS in Asia," "AIDS in Latin America and the Caribbean," and "AIDS in Africa," respectively. This update highlights the most recent information for countries reported earlier, as well as additional profiles. We make no attempt to duplicate any country profiles that are available from previous Research Notes. Copies of these profiles can be obtained upon request.

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

AFRICA

HIV/AIDS Profile: Angola

Demographic Indicators

Population (1,000s)	10,343	Growth Rate (%)	2.7
Infant Mortality Rate		Life Expectancy	
Both Sexes	139	Both Sexes	47
Male	151	Male	45
Female	126	Female	49
Crude Birth Rate	45	Crude Death Rate	18
Total Fertility Rate	6.4	Percent Urban	33

Note: Above indicators are for 1996.

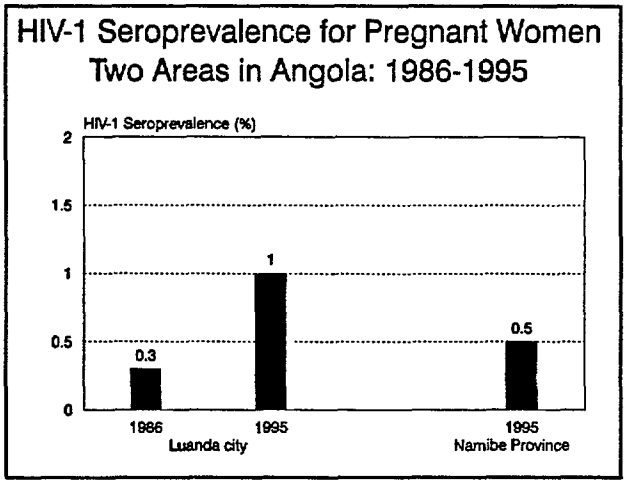
Cumulative AIDS rate (per 1,000) as of 3/31/95	0.09
Cumulative AIDS cases as of 3/31/95	895

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

Epidemiological Data

Political and civil unrest and subsequent population displacement have led millions of Africans to turn to survival strategies that have increased the practice of unsafe sex. In addition, the movement of troops from West Africa to Angola and Mozambique has been linked to the spread of HIV-2 to these countries.

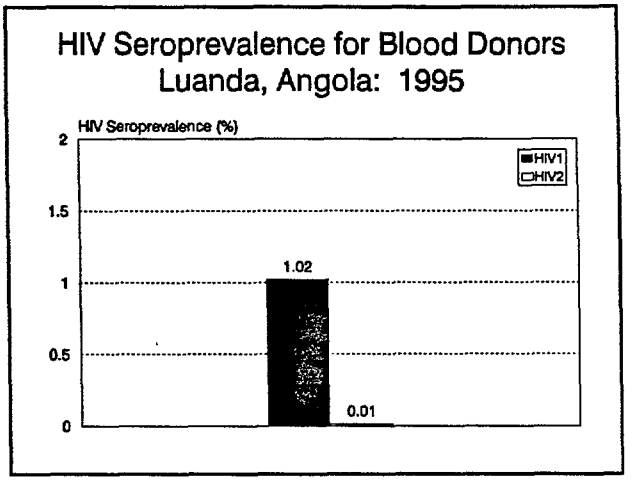
- However, very few recent data are available for Angola. Studies show an increase in HIV-1 prevalence for pregnant women in Luanda from 0.3 percent in 1986 to 1 percent in 1995. An HIV-1 prevalence level of 0.5 percent was reported for Namibe Province in 1995. No evidence of HIV-2 was found in these populations.



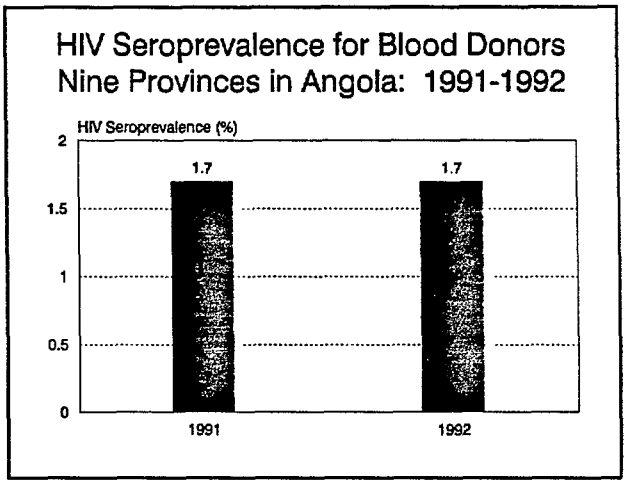
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Angola

- Survey data from Luanda, the capital of Angola, show very low levels of HIV infection among blood donors.



- Testing of blood donors in nine provinces of Angola found a level of 1.7 percent infected for both 1991 and 1992.



Source International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Sources for Angola

A0157 Anderson, S., L. F. Dias, L. Cambelela, et al., 1995, HTLV Seroprevalence in Various Population Groups in Angola, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Session MoC017.

B0039 Bottiger, B., I. B. Palme, J. L. DaCosta, et al., 1988, Prevalence of HIV-1 and HIV-2/HTLV-IV Infections in Luanda and Cabinda, Angola, Journal of Acquired Immune Deficiency Syndromes, vol. 1, no. 1, pp. 8-12.

P0103 Procupet, A., L. Fernandes, C. Lemos, 1992, Seroprevalence du VIH chez les Donneurs de Sang de Onze Provinces de la Republique d'Angola, VII International Conference on AIDS in Africa, Yaounde, Cameroon, 12/8-11, Poster T.P.158.

HIV/AIDS Profile: Burkina Faso

Demographic Indicators

Population (1,000s)	10,354	Growth Rate (%)	2.5
Infant Mortality Rate		Life Expectancy	
Both Sexes	118	Both Sexes	43
Male	125	Male	44
Female	111	Female	43
Crude Birth Rate	47	Crude Death Rate	20
Total Fertility Rate	6.8	Percent Urban	29

Note: Above indicators are for 1996.

Cumulative AIDS rate (per 1,000) as of 12/31/93	0.42
Cumulative AIDS cases as of 12/31/93	4,193

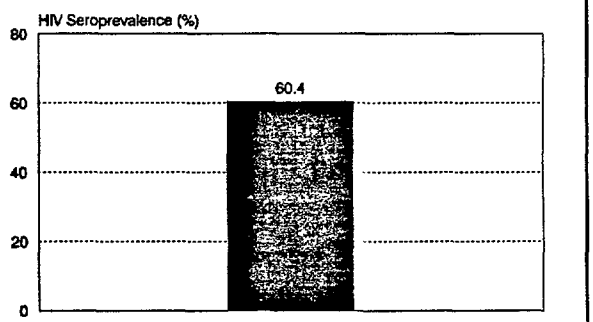
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

Epidemiological Data

Although the HIV epidemics in West Africa are less severe when compared to other regions in Sub-Saharan Africa, high levels of HIV infection have been found among various population groups in Burkina Faso.

- Among groups who engage in high-risk sexual behavior, such as prostitutes, high levels of HIV infection have been reported. Evidence of this is shown in a 1994 study of prostitutes in Ouagadougou, the capital city, and Bobo Dioulasso. The HIV infection level was reported to have reached 60.4 percent in this population group.

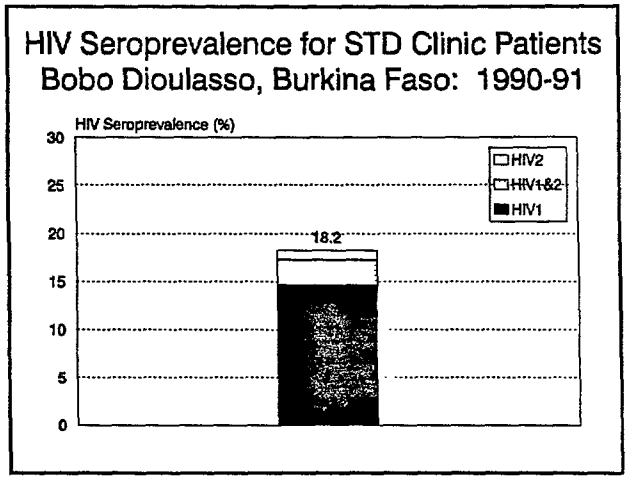
HIV Seroprevalence for Prostitutes Ouagadougou and Bobo Dioulasso Burkina Faso: 1994



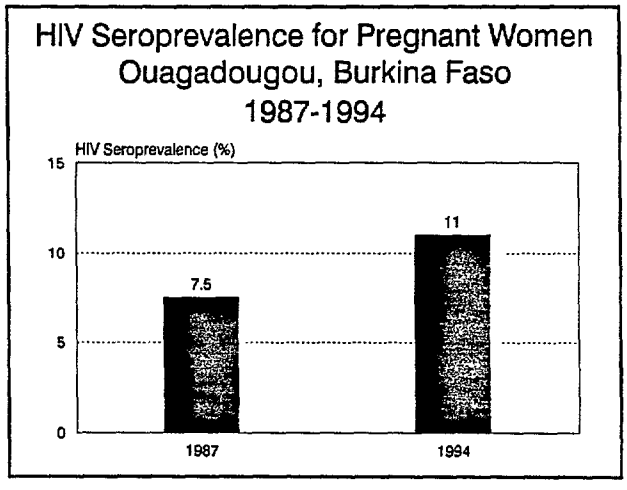
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Burkina Faso

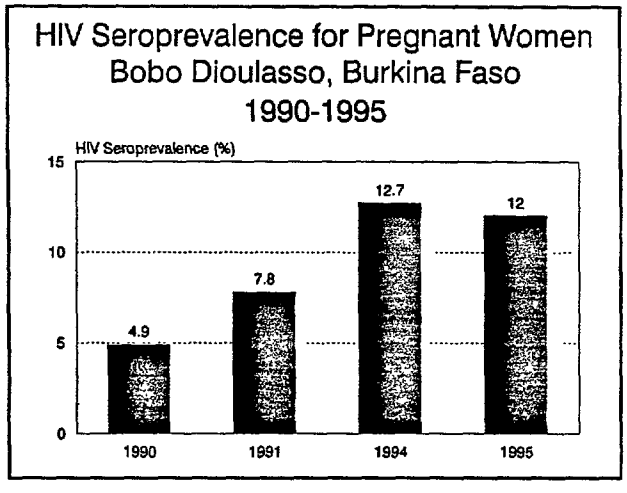
- Both HIV-1 and HIV-2 are present in Burkina Faso as indicated in this study. Among STD clinic patients in the city of Bobo Dioulasso, HIV levels were 14.6, 1.0 and 2.6 percent for HIV-1, HIV-2 and dual infection, respectively.



- A study conducted among pregnant women in Ouagadougou during 1987 reported 7.5 percent of pregnant women were HIV-1 infected, with no evidence of HIV-2 or dual infection. Another study conducted in 1994 reported an infection level of 11 percent.



- Studies conducted between 1990 and 1995 among pregnant women in the city of Bobo Dioulasso indicate that HIV levels have more than doubled during this time period. Reported HIV infection levels rose from 4.9 percent in 1990 to 12.0 percent in 1995.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

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L0048 Lalle, B., K. Bocar, O. L. Hamade, et al., 1989, Epidemiological Situation and the Organization of the Effort Against AIDS in Burkina Faso, Paper presented at Reunion Inter-etats Pour l'Elaboration d'un Plan de Lutte Coordonee Contre le SIDA, Bobo Dioulasso, Burkina Faso, May 22-24., pp. 1-4.

L0086 Lankoande, S., A. Rochereau, D. S. Mugrditchian, et al., 1991, Etiologies of Urethritis and GUD in Young Men Attending Health Centers in Bobo-Dioulasso, Burkina Faso, VI International Conference on AIDS in Africa, Dakar, Senegal, 12/16-19, Session W.O.124.

M0423 Meda, N., B. Toure, M. Cartoux, et al., 1995, Reasons for Refusing Antenatal HIV Testing in Burkina Faso, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Abstract ThD293.

M0450 Ministere de la Sante Publique, 1995, Etude de Prevalence des Maladies Sexuellement Transmissibles et des Infections a VIH au Burkina Faso, Burkina Faso, Ministere de la Sante Publique, Quagadougou, July, final report, unpublished.

R0062 Rochereau, A., S. Lankoande, M. Yameogo, et al., 1991, Surveillance Serologique des Infections a VIH dans Trois Populations Sentinelles a Bobo-Dioulasso, VI International Conference on AIDS in Africa, Dakar, Senegal, 12/16-19, Poster T.A.105.

HIV/AIDS Profile: Congo

Demographic Indicators

Population (1,000s)	2,528	Growth Rate (%)	2.2
Infant Mortality Rate		Life Expectancy	
Both Sexes	108	Both Sexes	46
Male	115	Male	44
Female	101	Female	47
Crude Birth Rate	39	Crude Death Rate	17
Total Fertility Rate	5.2	Percent Urban	60

Note: Above indicators are for 1996.

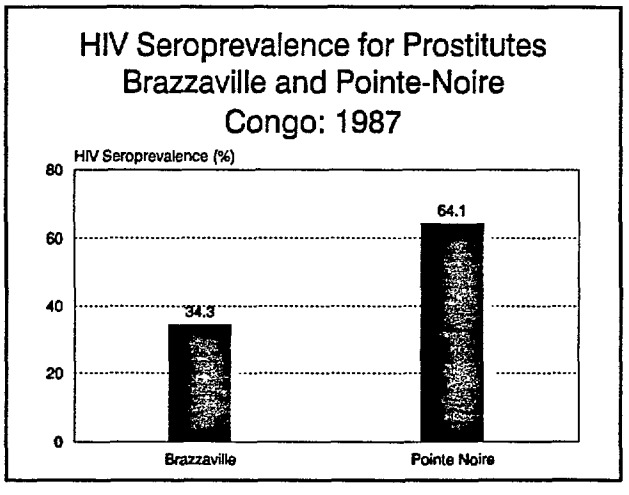
Cumulative AIDS rate (per 1,000) as of 4/22/95	3.16
Cumulative AIDS cases as of 4/22/95	7,773

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

Epidemiological Data

In Congo, the HIV epidemic began in the early 1980's but like a handful of countries, HIV prevalence levels have remained relatively unchanged.

- No new data are available, but studies from 1987 already reported HIV infection levels of 34.3 percent among prostitutes in the capital city of Brazzaville and 64.1 percent among prostitutes in the port city of Pointe-Noire.

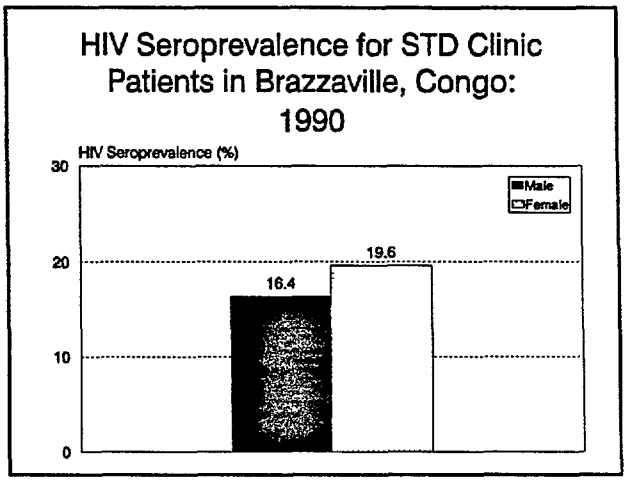


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

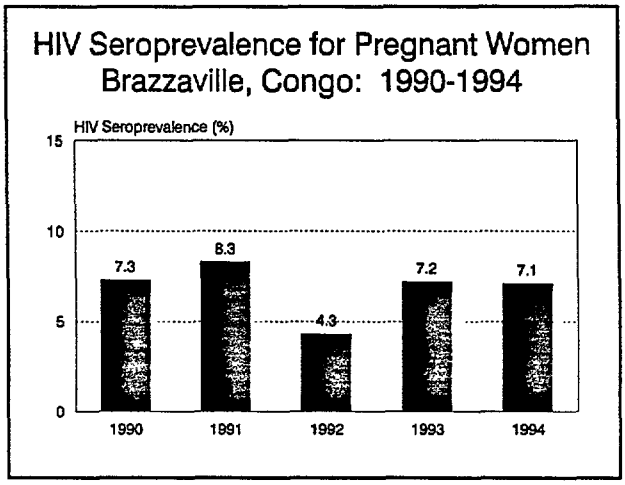
B

Congo

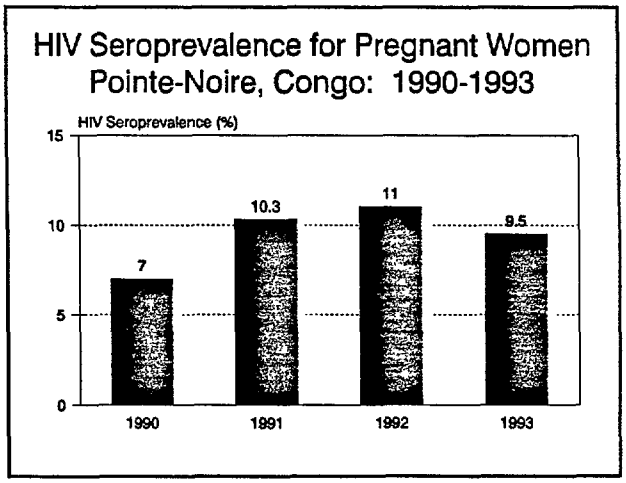
- Second semester 1990 data for STD clinic patients show females with a higher level of HIV infection than males.



- Since 1990, HIV infection levels among pregnant women in Brazzaville have remained around 7 percent.



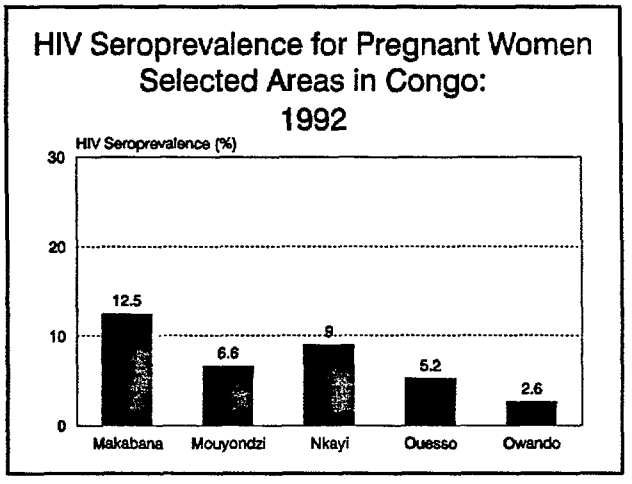
- Sentinel surveillance of pregnant women in Pointe-Noire found HIV prevalence rates around 10 percent from 1991 to 1993.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Congo

- HIV infection among pregnant women from these sentinel surveillance sites ranged from 2.6 percent to 12.5 percent. These sites cover a wide geographical range in the Congo.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

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B0162 Bazabana, M. M., J. C. Loukaka, M. Makuwa, et al., 1992, Surveillance par Reseau de Postes Sentinelles au Niveau District 1991 - 1992: Experience Congolaise, VII International Conference on AIDS in Africa, Yaounde, Cameroon, 12/8-11, Poster T.P.032.

B0270 Bazabana, M., J. C. Loukaka, P. M'Pele, 1995, Evolution de la Serosurveillance de l'Infection a VIH chez les Femmes Enceintes au Congo de 1990 a 1993, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Poster MoC497.

M0032 M'Pele, P., A. Itoua-Ngaporo, M. Rosenhelm, et al., 1987, HIV Antibodies in Prostitutes, Brazzaville and Pointe Noire (Congo), II International Symposium: AIDS and Associated Cancers in Africa, Naples, Italy, 10/7-9, Abstract TH-30.

M0333 M'Pele, P., J. Loukaka, T. Guerma, 1991, La Surveillance de l'Infection a VIH a Brazzaville, Option, vol. 1, pp. 69-73.

HIV/AIDS Profile: Côte d'Ivoire

Demographic Indicators

Population (1,000s)	14,762	Growth Rate (%)	2.9
Infant Mortality Rate		Life Expectancy	
Both Sexes	82	Both Sexes	47
Male	85	Male	46
Female	80	Female	47
Crude Birth Rate	42	Crude Death Rate	16
Total Fertility Rate	6.2	Percent Urban	44

Note: Above indicators are for 1996.

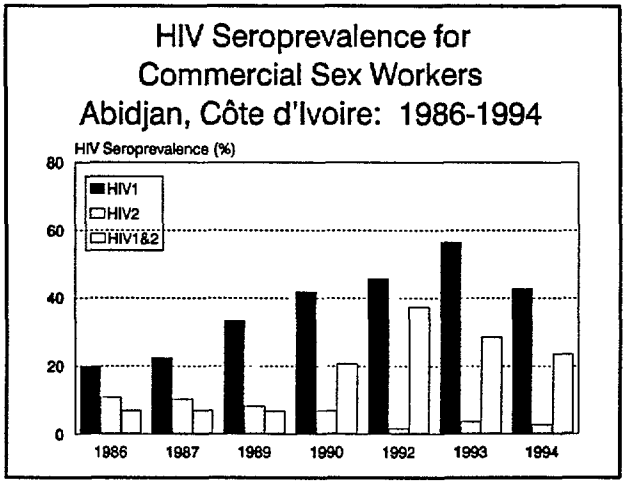
Cumulative AIDS rate (per 1,000) as of 5/31/95	1.77
Cumulative AIDS cases as of 5/31/95	25,236

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

Epidemiological Data

The HIV epidemic in Côte d'Ivoire is the most severe in West Africa. HIV seroprevalence rates in Abidjan are similar to those seen in some urban areas of East and Southern Africa.

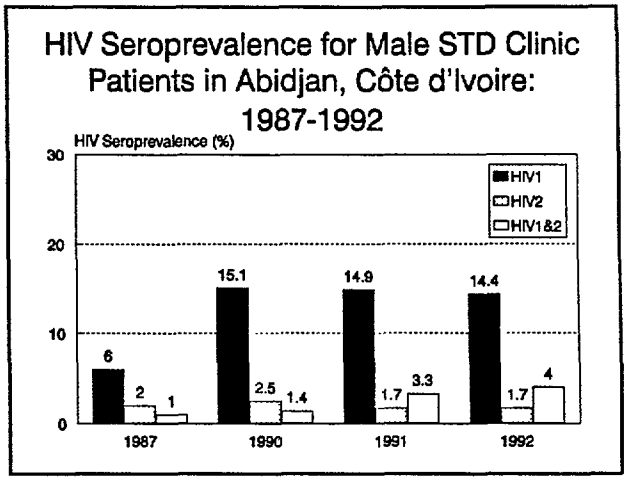
- Since 1986, the percentage of commercial sex workers (CSW) in the capital and port city of Abidjan infected with HIV-1 or HIV-1 and HIV-2 has increased dramatically. The percentage of CSWs infected with only HIV-2 has declined during this period.



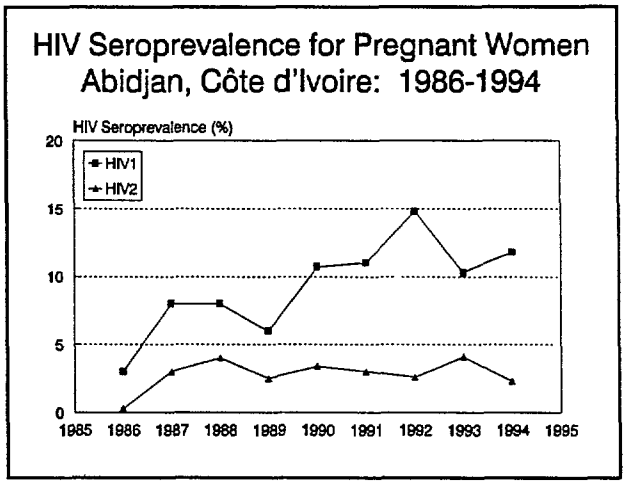
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Côte d'Ivoire

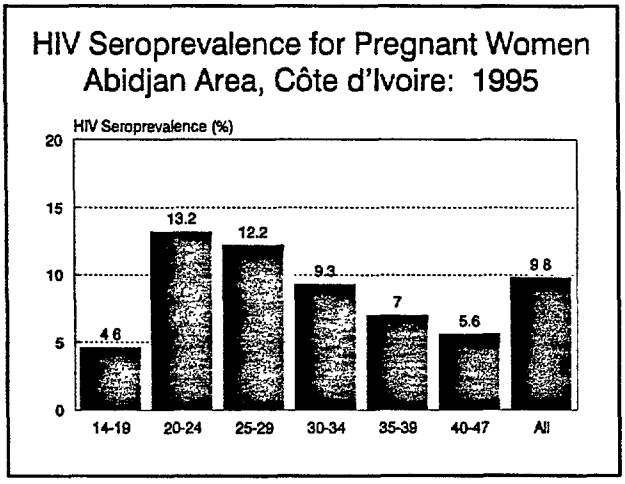
- Male STD clinic patients provide the best opportunity to study HIV infection among "high-risk" males. A recent study in Abidjan confirms the exposure of this group to the risk of infection.



- HIV-1 infection has risen rapidly in pregnant women in Abidjan over the past several years. However, HIV-2 infection has remained 4 percent or below. Infection levels among this general population group place Abidjan among the more infected areas in Africa, surpassing other urban centers which reported higher rates of infection among pregnant women in 1986.



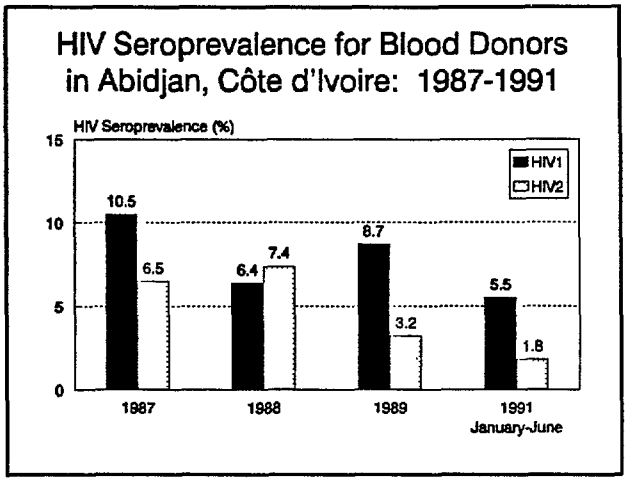
- Studies of women attending antenatal clinics in 3 sites located around 20 to 50 km from Abidjan reported HIV infection levels of nearly 10 percent. As seen in other countries, the age pattern of infection peaks for the age groups of 20-24 and 25-29 years.



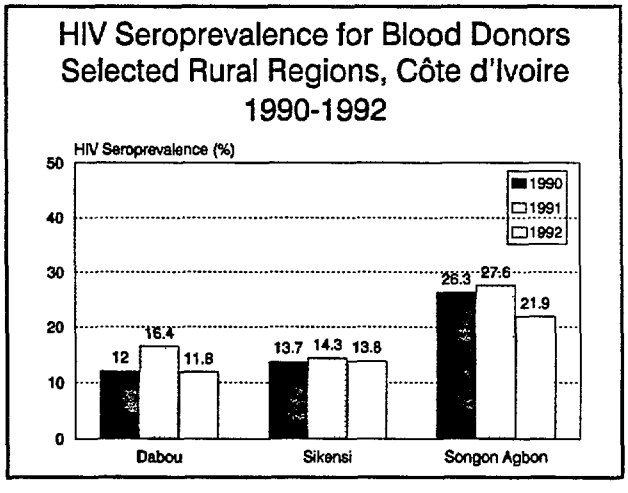
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Côte d'Ivoire

- Between 1987 and 1991, patterns of HIV infection among blood donors in Abidjan show a mixed trend. As awareness of AIDS grows, those considering themselves at risk may be declining to donate. The rate of HIV-2 is generally less than HIV-1 in this population group.



- Levels of HIV seroprevalence among blood donors in rural regions of Côte d'Ivoire show the epidemic developing at alarming levels. During the early 1990's, HIV levels ranged from 11.8 percent in Dabou Region to 27.6 percent in Songon Agbon Region.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

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B0122 Brattegaard, K., R. Doorly, J. Kouadio, et al., 1991, Alternative Screening and Supplemental Testing Strategies for HIV-1 and HIV-2 Infections, VII International Conference on AIDS, Florence, Italy, 6/16-21, Abstract M.C.88.

B0223 Brattegaard, K., D. Yavo, J. Kouadio, et al., 1993, Evaluation of a Mixed Elisa Screening Test for HIV-1 and HIV2 Antibodies in Abidjan, Cote d'Ivoire, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Abstract W.P.A.016.

B0280 Ba-Adiza, E. Ekpini, S. Z. Wiktor, et al., 1995, Establishment of an HIV Counseling and Testing Program among Pregnant Women Attending an Antenatal Clinic in Abidjan ..., IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Abstract WeD833.

C0030 Carcaba, V., J. A. Carton, V. Asensi, et al., 1988, Epidemiological, Clinical, and Immunological Experience with HIV Infection in the Northern of Spain, IV International Conference on AIDS, Stockholm, 6/13-14, Poster 4164.

D0112 Diallo, M. O., V. Traore, M. Maran, et al., 1992, Sexually Transmitted Diseases and HIV-1/HIV-2 Infections among Pregnant Women Attending an Antenatal Clinic in Abidjan, Cote ..., VII International Conference on AIDS in Africa, Yaounde, Cameroon, 12/8-11, Poster T.P.041.

D0116 Diallo, M. O., P. D. Ghys, V. Traore-Ettiegne, et al., 1993, Immunosuppression and AIDS in Female Prostitutes in Abidjan, IX International Conference on AIDS, Berlin, 6/6-11, Poster PO-C14-2900.

D0134 Djomand, G., O. Toussou, M. O. Diallo, et al., 1993, Divergent Trends in HIV-1 and HIV-2 Seroprevalence in Selected Populations in Abidjan, Cote d'Ivoire, 1987-1992, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Session M.O.P.056.

E0042 Ettiegne-Traore, V., P. D. Ghys, M. O. Diallo, et al., 1993, Dual HIV-1 and HIV-2 Reactivity in Female Commercial Sex Workers in Abidjan, Cote d'Ivoire, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Session T.R.T.023.

G0068 Gnaore, E., G. Adjorlolo, G. Bretton, et al., 1990, HIV-2 Infection is Associated with Tuberculosis, VI International Conference on AIDS, San Francisco, 6/20-24, Poster F.C.663.

G0174 Ghys, P. D., M. O. Diallo, V. Ettiegne-Traore, et al., 1995, Genital Ulcers Associated with Human Immunodeficiency Virus-Related Immunosuppression in Female Sex Workers in Abidjan, ..., Journal of Infectious Diseases, vol. 172, no. 5, pp. 1371-1374.

G0175 Gneragbe, T., T. Mutombo, 1993, Syndrome D'Immunodeficience Acquise (SIDA) En Milieu Rural Cas de Dabou et Environs, Medecine Tropicale, vol. 53, no. 3, pp. 309-313.

K0105 Koffi, K., G. M. Gershy-Damet, M. Peeters, et al., 1992, Rapid Spread of HIV Infections in Abidjan, Ivory Coast, 1987-1990, European Journal of Clinical Microbiology and Infectious Diseases, vol. 11, no. 3, pp. 271-273.

O0004 Odehouri, K., K. M. DeCock, J. W. Krebs, et al., 1989, HIV-1 and HIV-2 Associated with AIDS in Abidjan, Cote d'Ivoire, AIDS, vol 3, no. 8, pp. 509-512.

O0027 Ouattara, A., M. A. Rey, F. Brun-Vesinet, et al., 1988, Retroviral Infections by HIV-1, HIV-2 and AIDS - Related Complex in the Ivory Coast, C R Acad Sci, vol. 306, no. 2, pp. 47-50.

S0141 Savarit, D., R. Schutz, S. Konate, et al., 1991, Prevalence de l'Infection V.I.H. des Donneurs de Sang du C.N.T.S. d'Abidjan, VI International Conference on AIDS in Africa, Dakar, Senegal, 12/16-19, Poster M.A.252.

S0348 Sylla-Koko, F., C. Ezoua-Ehui, M. F. Traore-Anaky, et al., 1995, Seroprevalence de l'Infection a VIH dans les Consultations Prenatales d'Abidjan, Cote d'Ivoire, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Poster TuC626.

T0078 Traore-Ettiegne, V., M. O. Diallo, A. Amouzou, et al., 1992, Trends in HIV-1 and HIV-2 Infections in Men Attending an Abidjan Sexually Transmitted Diseases Clinic, 1990-1992, VII International Conference on AIDS in Africa, Yaounde, Cameroon, 12/8-11, Poster T.P.027.

HIV/AIDS Profile: Ghana

Demographic Indicators

Population (1,000s)	17,698	Growth Rate (%)	2.3
Infant Mortality Rate		Life Expectancy	
Both Sexes	80	Both Sexes	56
Male	87	Male	54
Female	74	Female	58
Crude Birth Rate	35	Crude Death Rate	11
Total Fertility Rate	4.6	Percent Urban	37

Note: Above indicators are for 1996.

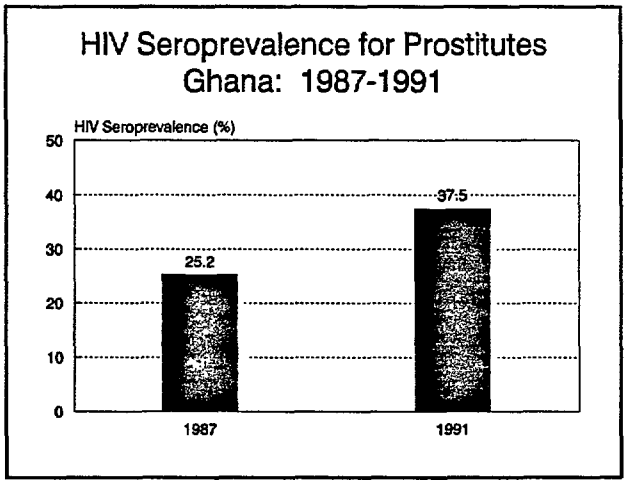
Cumulative AIDS rate (per 1,000) as of 6/30/95	0.92
Cumulative AIDS cases as of 6/30/95	15,890

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

Epidemiological Data

In West Africa, the HIV epidemics are less severe when compared to other areas of Sub-Saharan Africa. HIV infection levels, however, continue to increase.

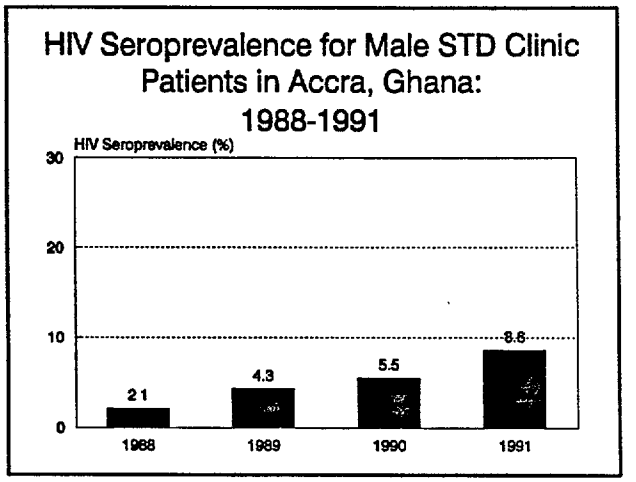
- In Ghana, HIV infection levels among prostitutes increased from 25.2 percent in 1987 to 37.5 percent in 1991.



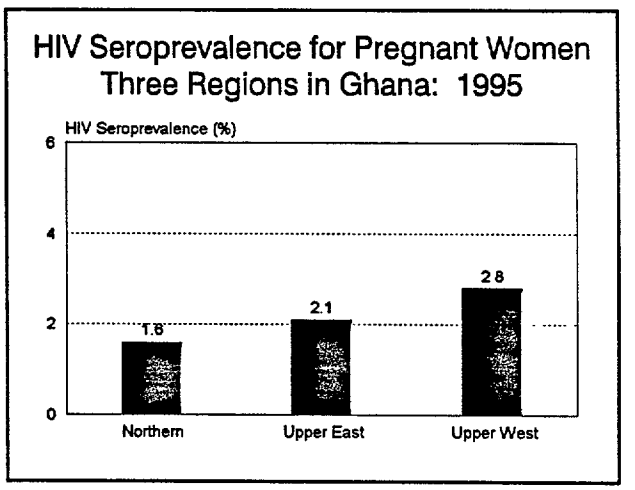
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Ghana

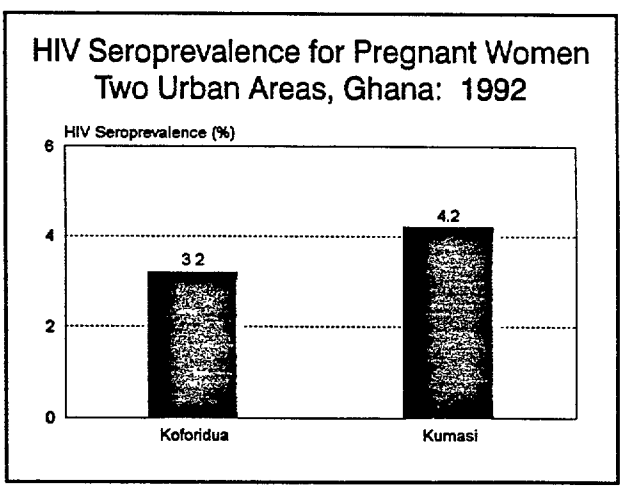
- In the capital city, Accra, the prevalence of HIV infection in males attending a sexually transmitted diseases clinic more than quadrupled from 2.1 percent in 1988 to 8.6 percent in 1991.



- Sentinel surveillance of HIV prevalence among pregnant women in three regions of Ghana found HIV infection levels between 1.6 percent and 2.8 percent in 1995. The highest prevalence level was reported from the Upper West Region.



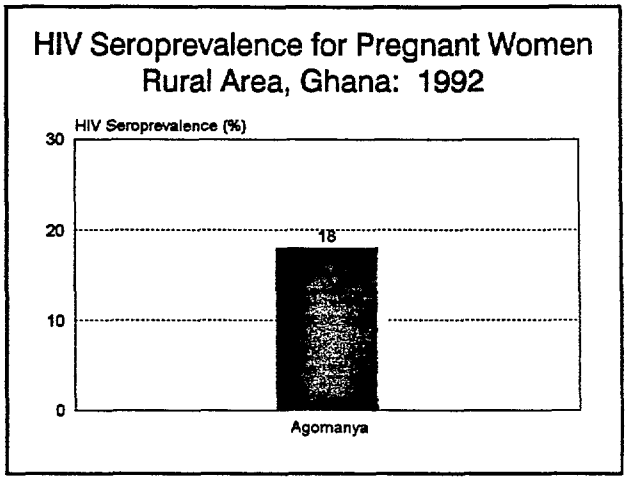
- Studies of pregnant women in the urban areas of Koforidua and Kumasi in 1992 reported HIV infection levels of 3.2 percent and 4.2 percent, respectively.



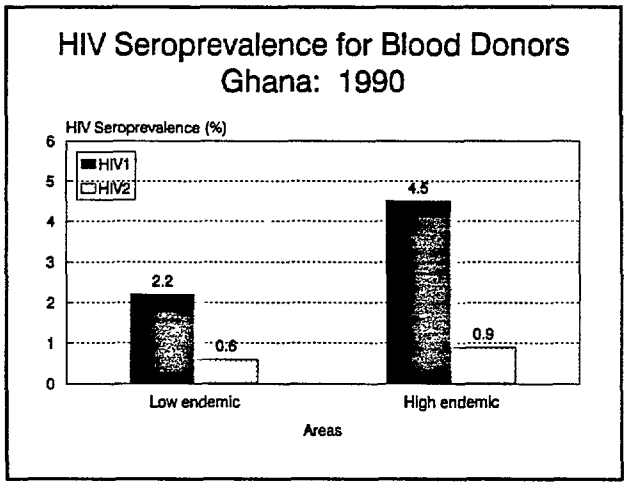
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Ghana

- Sentinel surveillance among pregnant women in the rural area of Agomanya found a prevalence level of 18 percent in 1992. Unusually high HIV prevalence rates in Ghana's rural areas are explained by sex worker migrations.



- A study of blood donors was conducted for two months in high endemic areas of Ghana (where previous seroprevalence studies had reported high levels of HIV infection). A study of blood donors in a low endemic area was done for a period of one year. HIV-1 seroprevalence among blood donors in the high endemic area, 4.5 percent, was twice the HIV-1 level in the low endemic area, 2.2 percent. HIV-2 levels have remained under 1 percent in both areas.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Sources for Ghana

A0090 Asamoah-Odei, E. J., P. M. Antwi, A. Asamoah-Adu, et al., 1992, HIV Surveillance among Men Attending STD Clinic in Accra, Ghana, VII International Conference on AIDS in Africa, Yaounde, Cameroon, 12/8-11, Abstract T.P.026.

D0096 Diaw, I., I. Thior, T. Siby, et al., 1991, Prevalence du VIH et MST Majeures chez les Prostituees Nouvellement Inscrites, VI International Conference on AIDS in Africa, Dakar, Senegal, 12/16-19, Session W.O.128.

D0185 Decosas, J., 1995, Epidemic in Ghana: A Very Distinct Profile, AIDS Analysis Africa, vol. 5, no. 3, p. 12.

L0192 Laarie, J. D., 1995, HIV Sero-Surveillance in Northern Ghana 1994 - GTZ AIDS Project, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Abstract MoC015.

M0018 Mingle, J. A. A., M. Hayami, M. Osei-Kwasi, et al., 1987, Reactivity of Ghanaian Sera to Human Immunodefiency Virus, (HIV) and Simian T-Lymphotropic Virus III (STLV-III), III International Conference on AIDS, Washington, D.C., 6/1-5, Abstract MP.94.

M0143 Mingle, J., M. Osei-Kwesi, P. Antwi, et al., 1990, HIV-1 and HIV-2 Seroprevalence in Three Population Groups in Ghana, V International Conference: AIDS in Africa, Kinshasa, Zaire, Oct. 10-12, Poster T.P.E.5.

HIV/AIDS Profile: Guinea

Demographic Indicators

Population (1,000s)	7,412	Growth Rate (%)	1.8
Infant Mortality Rate		Life Expectancy	
Both Sexes	134	Both Sexes	45
Male	146	Male	43
Female	122	Female	48
Crude Birth Rate	43	Crude Death Rate	19
Total Fertility Rate	5.7	Percent Urban	30

Note: Above indicators are for 1996.

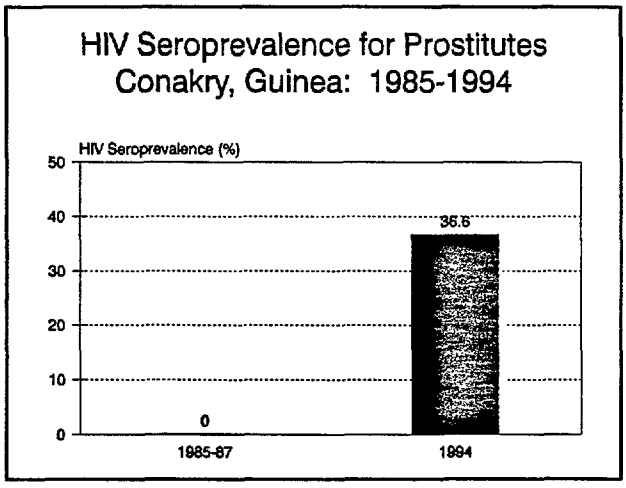
Cumulative AIDS rate (per 1,000) as of 3/31/95	0.24
Cumulative AIDS cases as of 3/31/95	1,681

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

Epidemiological Data

Although the HIV epidemic in Guinea is less severe when compared to those seen in other parts of Sub-Saharan Africa, HIV infection levels continue to rise.

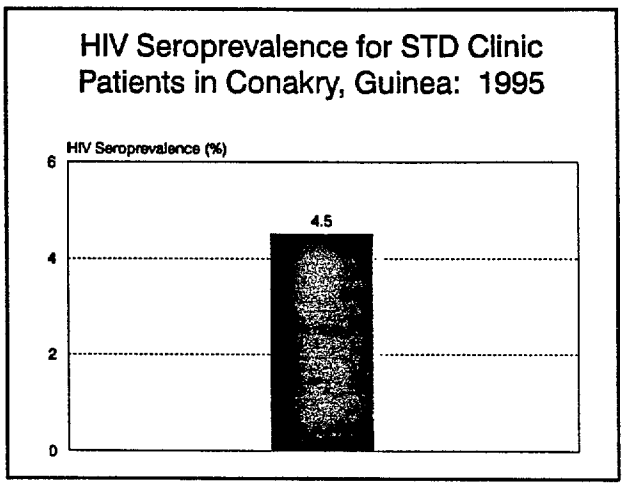
- In the capital city, Conakry, HIV infection among prostitutes was absent in a 1985-87 study but in a 1994 study high levels of HIV infection were detected. In 1994, 36.6 percent of prostitutes tested in Conakry were HIV positive.



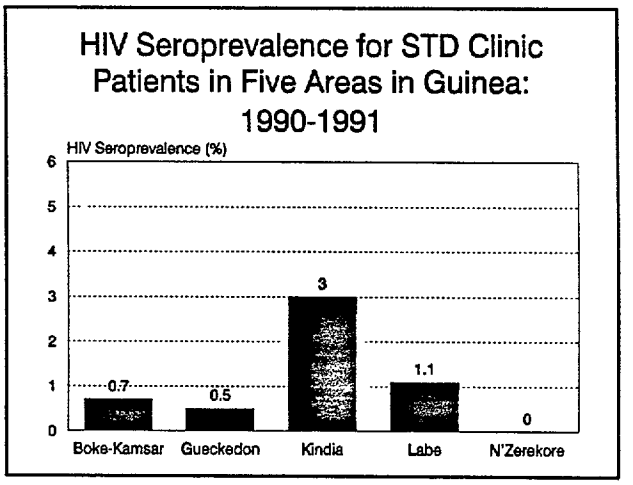
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Guinea

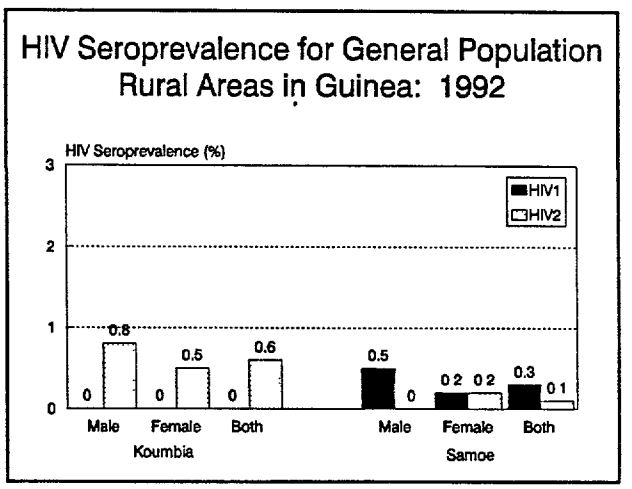
- A 1995 study of HIV seroprevalence among STD clinic patients in Conakry showed infection levels at 4.5 percent.



- In Guinea, substantial regional variation is noted for HIV-1 infection among STD clinic attendees. Three percent of patients were HIV positive in Kindia compared to no reported HIV infections in N'Zerekore.



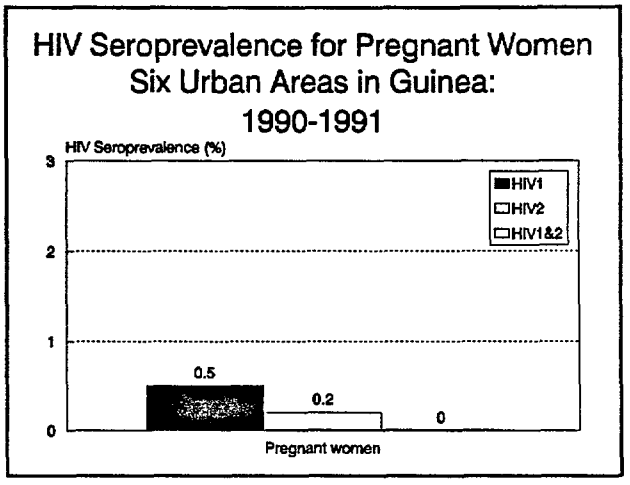
- A study among the general population in Koumbia, a rural area located in the middle of Guinea near Guinea-Bissau, reported no evidence of HIV-1 infection and HIV-2 infection under 1 percent for both sexes. In another rural area, Samoe, located in southeastern Guinea near the city of N'Zerekore, evidence of both HIV-1 and HIV-2 infection was found.



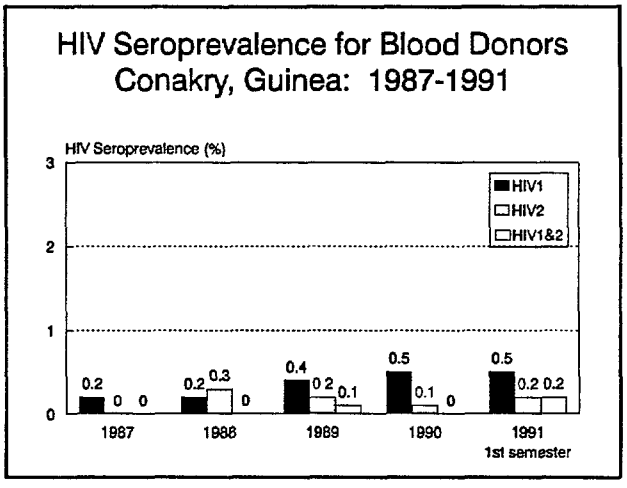
Source International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Guinea

- Both HIV-1 and HIV-2 are present in Guinea. In 1990-91, a study in six urban areas, including the capital, reported HIV infection levels for pregnant women less than 1 percent (0.5 for HIV-1 and 0.2 for HIV-2) with no evidence of a double infection. Prevalence of HIV infection among pregnant women is lower than that reported in most other African urban areas.



- HIV-1 prevalence rates among volunteer blood donors in Conakry, the capital city, steadily increased between 1987 and 1991. In 1991, HIV-2 and dual infection were each 0.2 percent.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

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B0271 Bamba, B., M. Soumah, P. Lutumba, et al., 1995, Etude de Prevalence du VIH et les Autres MST chez les Filles Libres a Conakry, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Poster TuC619.

J0028 Jeannel, D., B. Garin, 1992, HTLV-1 and HIV in the Republic of Guinea and in Inongo, Zaire, VII International Conference on AIDS in Africa, Yaounde, Cameroon, 12/8-11, Poster W.RT.Jeannel.

K0033 Kanki, P. J., S. M'Boup, D. Richard, et al., 1987, Human T-lymphotropic Virus Type 4 and the Human Immunodefiency Virus in West Africa, Science, vol. 236, no. 4803, pp. 827-831.

K0074 Kourouma, K., K. Kaba, L. Koivogui, 1990, Seroprevalence de l'Infection a VIH Chez les Donneurs de Sang a Conakry, Guinee, V International Conference: AIDS in Africa, Kinshasa, Zaire, Oct. 10-12, Poster T.P.E.6.

L0074 Lakiss, S., K. Kourouma, M. P. Diallo, et al., 1991, HIV-1/2 Seroprevalence in Guinea Conakry, VII International Conference on AIDS, Florence, Italy, 6/16-21, Poster M.C.3300.

L0190 Lakiss, S., D. Keita, M. Sano, 1995, Infections a VIH et Syphilis dan une Population de Consultants pour MST dans le Service de Dermato-Venerologie au CHU de ..., IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Abstract TuA524.

M0334 Ministry of Public Health (Guinee), 1991, Bulletin de Liaison No. 8, Bureau de Coordination du Comite MST-SIDA Rez-de-Chaussee du Laboratoire du Service de la Prevention Face 2 Octobre B. P.: 3820 - Conakry Guinee, unpublished document.

HIV/AIDS Profile: Guinea-Bissau

Demographic Indicators

Population (1,000s)	1,151	Growth Rate (%)	2.3
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	116	Both Sexes	48
Male	124	Male	47
Female	108	Female	50
Crude Birth Rate (per 1,000)	40	Crude Death Rate (per 1,000)	16
Total Fertility Rate	5.3	Percent Urban	23

Note: Above indicators are for 1996.

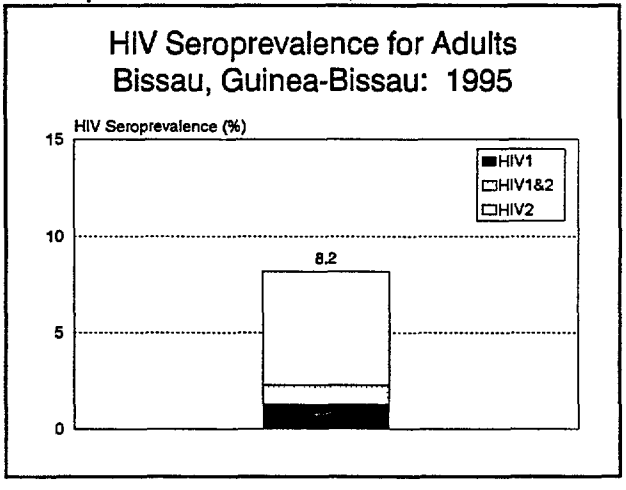
Cumulative AIDS rate (per 1,000) as of 12/31/94	0.64
Cumulative AIDS cases as of 12/31/94	707

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

Epidemiological Data

The highest prevalence of HIV-2 infection is found in Guinea-Bissau. In contrast to the increasing spread of HIV-1, the prevalence of HIV-2 has remained rather stable in West Africa. The likelihood of transmission of HIV-1 through heterosexual contact is estimated to be about 3 times higher per exposure than for HIV-2. In addition, perinatal transmission rates of HIV-2 are reported significantly lower (less than 4 percent for HIV-2 compared with 25-35 percent for HIV-1).

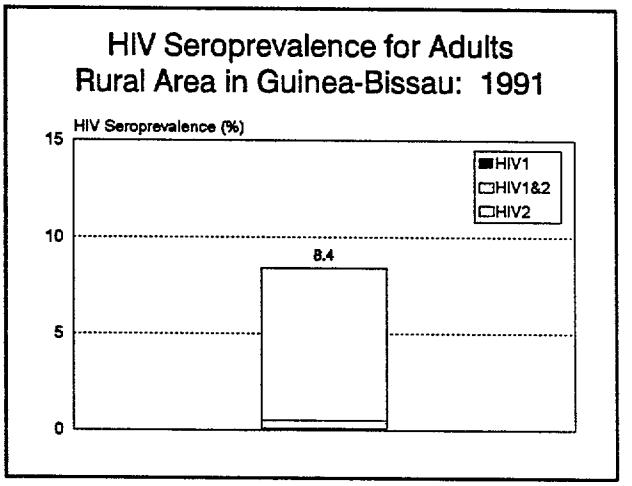
- HIV-1 has remained relatively low in Guinea-Bissau. Preliminary results from a community based study of HIV infection among adults in the capital city of Bissau found infection levels of 5.9, 1.3 and 1.0 percent for HIV-2, HIV-1 and HIV-1&2, respectively.



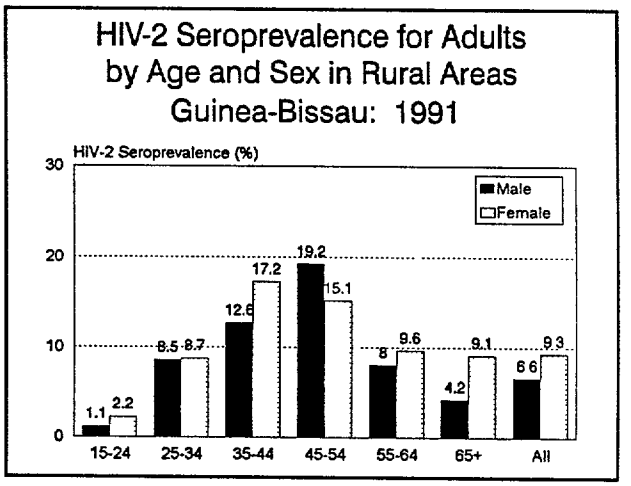
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Guinea-Bissau

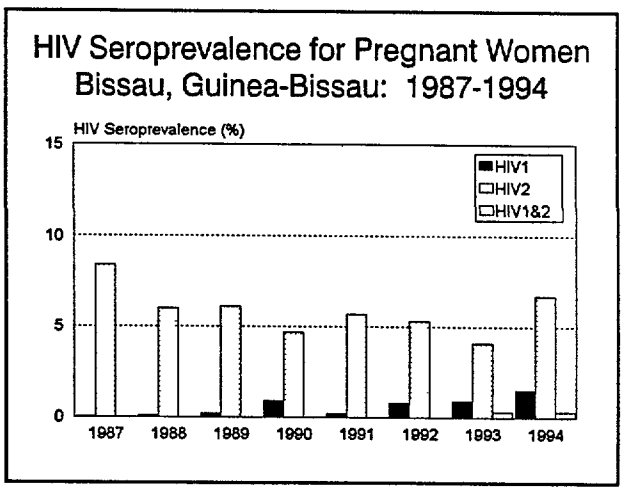
- A 1991 study of adults from a rural area in northeastern Guinea-Bissau found HIV-2 more prevalent than HIV-1 or dual infection with HIV-1&2. Eight percent of those adults tested were positive for HIV-2.



- Age and sex data for the above study show higher levels of HIV-2 infection among women (9.3 percent) than among men (6.6 percent). HIV-2 infected persons tend to be older than HIV-1 infected persons. The peak age group for infection among these women is 35-44 and the highest level for men is found in the 45-54 age group. This contrasts with the peak age group for HIV-1 infection of 20-24 for women and 25-29 for men as seen in other countries.



- Surveillance of pregnant women attending the maternity ward of the National Hospital Simao Mendes in Bissau also show HIV-2 to be the dominant strain. However, the infection levels of HIV-1 and HIV-1&2 are on the increase.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Sources for Guinea-Bissau

N0170 Naucler, A., H. Norrgren, S. Andersson, et al., 1995, Trends in HIV Infection/AIDS in Guinea-Bissau, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Session MoC081.

W0082 Wilkins, A., D. Ricard, J. Todd, et al., 1993, The Epidemiology of HIV Infection in a Rural Area of Guinea-Bissau, AIDS, vol. 7, no. 8, pp. 1119-1122.

HIV/AIDS Profile: Madagascar

Demographic Indicators

Population (1,000s)	13,671	Growth Rate (%)	2.8
Infant Mortality Rate		Life Expectancy	
Both Sexes	94	Both Sexes	52
Male	95	Male	51
Female	92	Female	53
Crude Birth Rate	43	Crude Death Rate	14
Total Fertility Rate	5.9	Percent Urban	28

Note: Above indicators are for 1996.

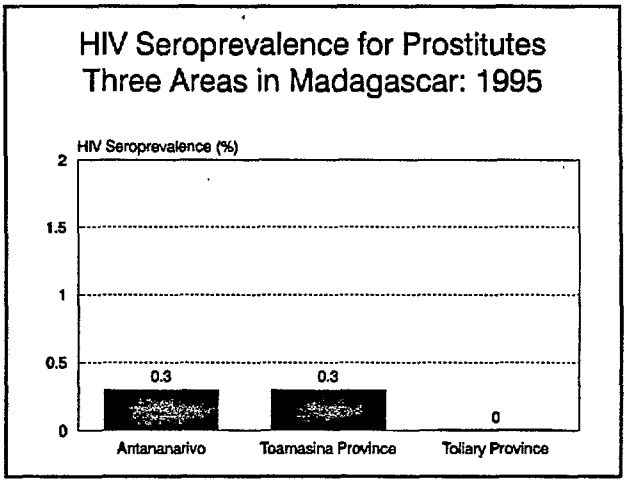
Cumulative AIDS rate (per 1,000) as of 11/14/95	0.00
Cumulative AIDS cases as of 11/14/95	22

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

Epidemiological Data

Although the HIV epidemic in Madagascar remains low when compared to other countries in East and Southern Africa, high levels of other STDs indicate sexual behaviors that put individuals at risk for HIV infection.

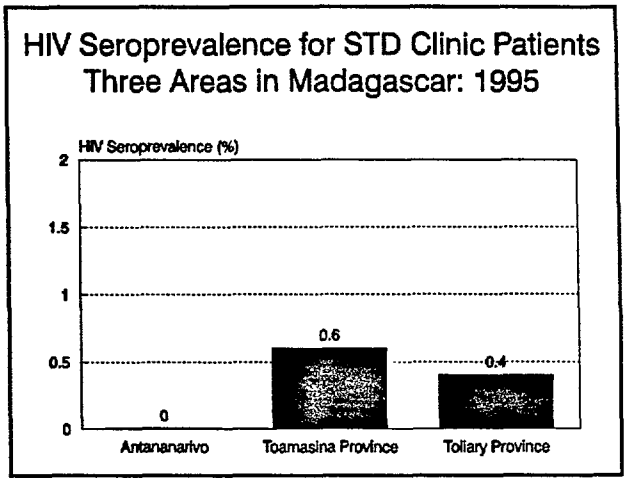
- Information on HIV seroprevalence in Madagascar is sparse. A study conducted among prostitutes in three areas reported HIV seroprevalence rates less than 1 percent in 1995.



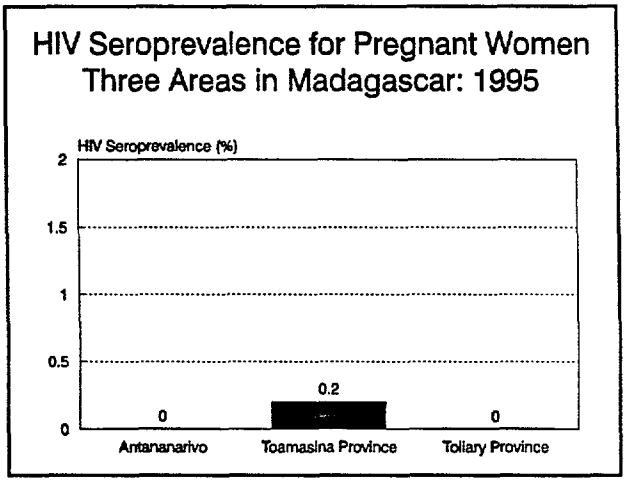
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Madagascar

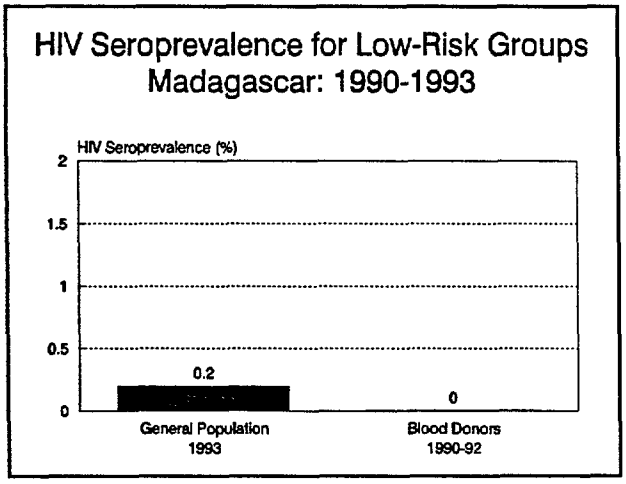
- Data from the same study as above show HIV seroprevalence levels of less than 1 percent among STD clinic patients.



- HIV testing in 1995 among pregnant women in three areas of Madagascar shows no or very low levels of HIV infection.



- In 1993, a survey of the general population found an HIV seroprevalence level of 0.2 percent. No evidence of the virus was found among almost 30,000 blood donors tested from 1990-1992.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Sources for Madagascar

H0109 Harms, G., T. Kirsch, N. Rahelimiarana, et al., 1994, HIV and Syphilis in Madagascar, AIDS, vol. 8, no. 2, pp. 279-280.

L0202 Laboratoire National de Reference, 1995, Enquetes de Serosurveillance de la Syphilis et de l'Infection a VIH, Ministere de la Sante, Republique de Madagascar, May-August report, unpublished.

M0315 Morvan, J. M., G. Auregan, A. J. Rasamindrakotroka, et al., 1993, Tuberculose et Infection a VIH a Madagascar, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Poster M.P.A.017.

HIV/AIDS Profile: Malawi

Demographic Indicators

Population (1,000s)	9,453	Growth Rate (%)	1.7
Infant Mortality Rate		Life Expectancy	
Both Sexes	140	Both Sexes	36
Male	147	Male	36
Female	132	Female	37
Crude Birth Rate	42	Crude Death Rate	24
Total Fertility Rate	5.9	Percent Urban	14

Note: Above indicators are for 1996.

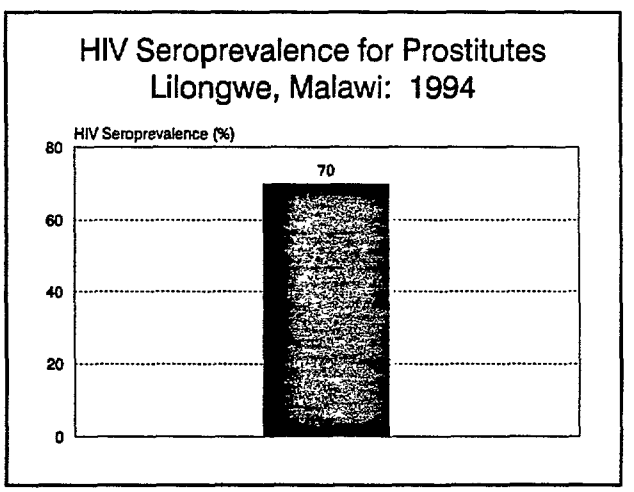
Cumulative AIDS rate (per 1,000) as of 11/6/95	4.23
Cumulative AIDS cases as of 11/6/95	39,989

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

Epidemiological Data

Malawi has one of the most severe HIV epidemics in the world. The epidemic began to spread widely in the early 1980's. Transmission of HIV occurs mainly through heterosexual contact and peaks before age 25.

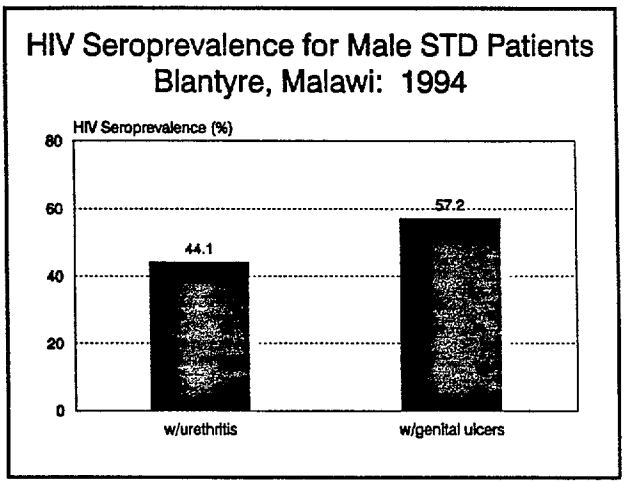
- HIV testing of prostitutes attending the AIDS Counseling Centre in Lilongwe, the capital of Malawi, reveals a very high prevalence rate of 70 percent.



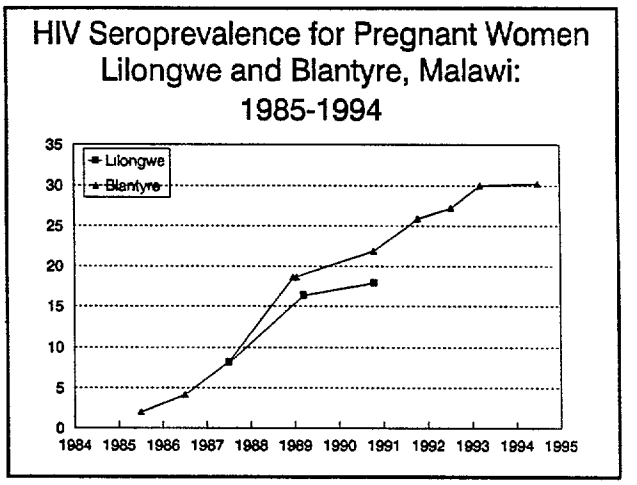
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Malawi

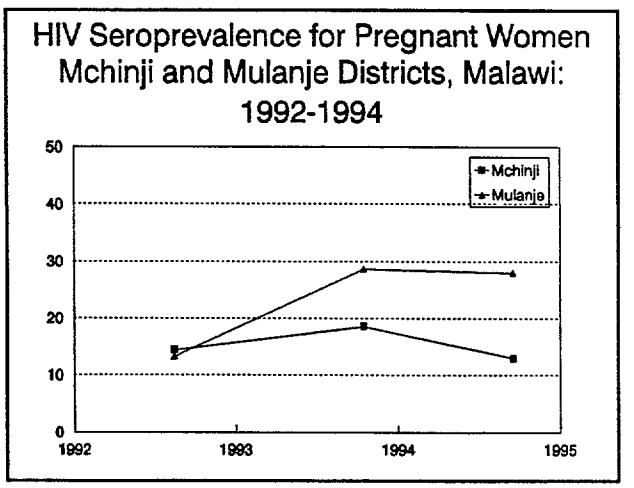
- The results of this HIV seroprevalence study among male STD clinic patients show infection levels were higher among those with a current genital ulcer, 57.2 percent, than those with urethritis, 44.1 percent. According to another study, levels of HIV infection among STD patients is high, 62.4 percent,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



- Studies conducted among pregnant women in Lilongwe, the capital city, and Blantyre, the largest city, document high levels of HIV infection. In Blantyre, HIV infection levels rose from 2 percent in 1985 to 30 percent in 1994.



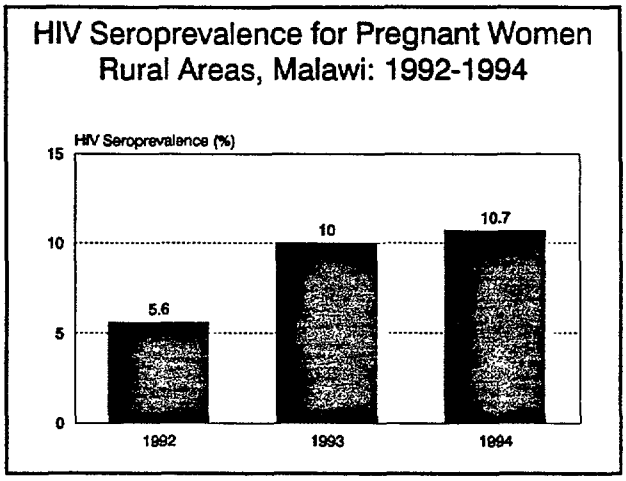
- The results of HIV testing among pregnant women attending an antenatal clinic at Mulanje District Hospital, near the Mozambique border, show an increase from 13 percent in 1992 to 28 percent in 1994. Data from Mchinji Health Center, near the Zambia border, indicate a fairly steady infection level of 14 percent.



Source. International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Malawi

- HIV seroprevalence among pregnant women in rural areas increased from 5.6 percent in 1992 to 10.7 percent in 1994.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

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

M0397 Miotti, P.G., G. Dallabetta, E. Ndovi, et al., 1990, HIV-1 and Pregnant Women: Associated Factors, Prevalence, Estimate of Incidence and Role in Fetal Wastage in Central Africa, AIDS, vol. 4, no. 8, pp. 733-736.

M0427 Mughogho, O., N. G. Liomba, R. Chinyama, et al., 1995, Sexual Practices and HIV/STD Transmission among Female Commerical Sex Workers (FCSW) in Malawi, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Poster TuC624.

M0441 Miotti, P., T. Taha, J. Chiphangwi, et al., 1995, An Intervention to Reduce Mother-to-Child Transmission of HIV and Other Infections in Malawi, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Session TuC125.

T0144 Taha, T. E. T., J. K. Canner, J. D. Chiphangwi, et al., 1996, Reported Condom Use is Not Associated with Incidence of Sexually Transmitted Diseases in Malawi, AIDS, vol. 10, no. 2, pp. 207-212.

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

U0031 U.S. Department of State, 1996, AIDS/HIV in Malawi - First Evidence of a Slowdown in Transmission of the Human Immunodeficiency Virus (HIV) and Status ..., Unclassified cable, January, Lilongwe 03358.

HIV/AIDS Profile: Mali

Demographic Indicators

Population (1,000s)	9,653	Growth Rate (%)	3.0
Infant Mortality Rate		Life Expectancy	
Both Sexes	103	Both Sexes	47
Male	109	Male	45
Female	96	Female	49
Crude Birth Rate	51	Crude Death Rate	19
Total Fertility Rate	7.3	Percent Urban	28

Note: Above indicators are for 1996.

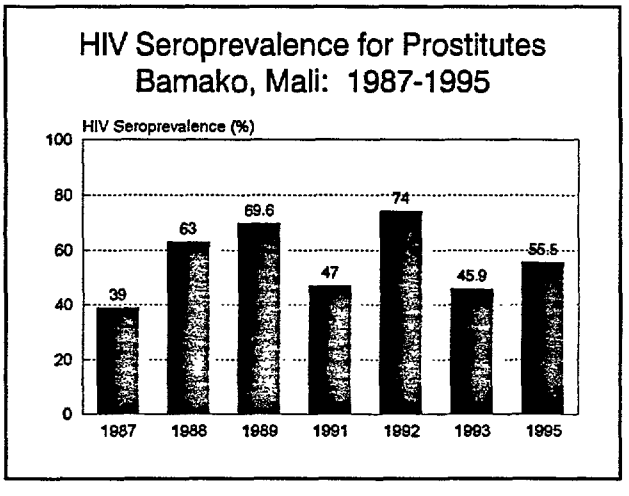
Cumulative AIDS rate (per 1,000) as of 1/10/95	0.28
Cumulative AIDS cases as of 1/10/95	2,594

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

Epidemiological Data

Although the HIV epidemics in West Africa are low when compared to other countries of Sub-Saharan Africa, Mali has some of the highest infection levels found in West Africa.

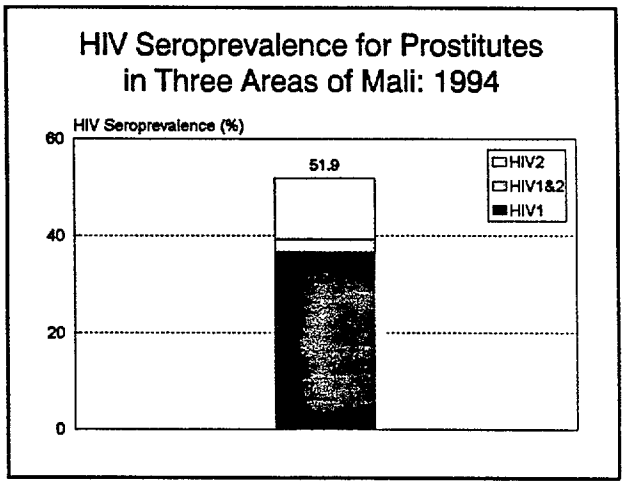
- HIV infection levels among prostitutes in the capital city of Bamako were already high in the late 1980's and have continued high in the 1990's. Clients of prostitutes clearly run a risk of exposure to HIV infection.



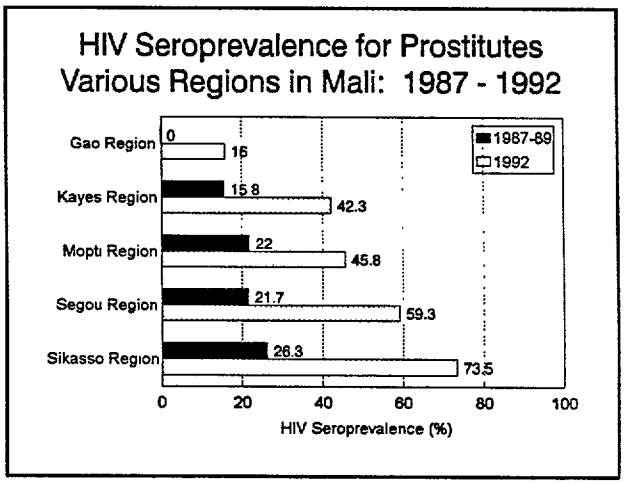
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Mali

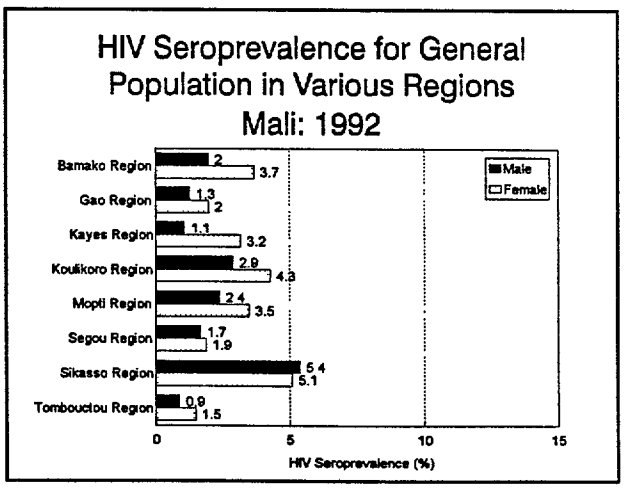
- Data from Bamako, Sikasso and Mopti show that among prostitutes the HIV-1 infection level (36.7 percent) is more than double the HIV-2 level (12.7 percent). In addition, dual infection was also detected among these prostitutes. The overall infection level was 51.9 percent.



- Regional data show HIV infection levels among prostitutes increased greatly over a 5-year period. However, there are regional differences as well. HIV seroprevalence among prostitutes in Gao Region was not detected in 1987-89 but had reached 16 percent in 1992. In Sikasso Region, HIV seroprevalence increased from 26.3 to 73.5 percent.



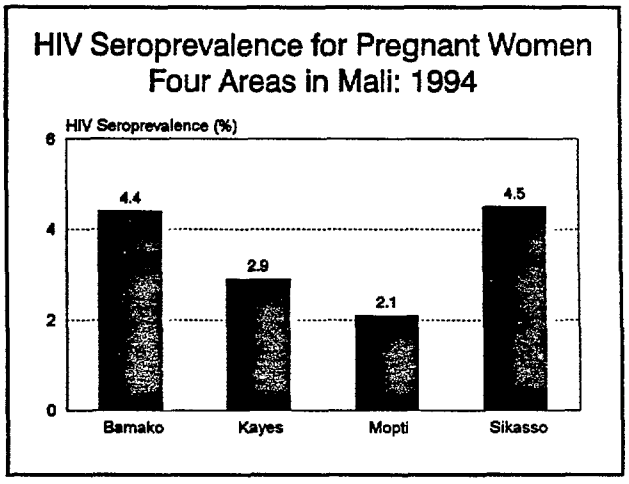
- Regional survey data among the general population show HIV infection levels ranging from 1 percent to 5 percent. In all regions except Sikasso, female HIV infection levels were higher than male HIV infection levels.



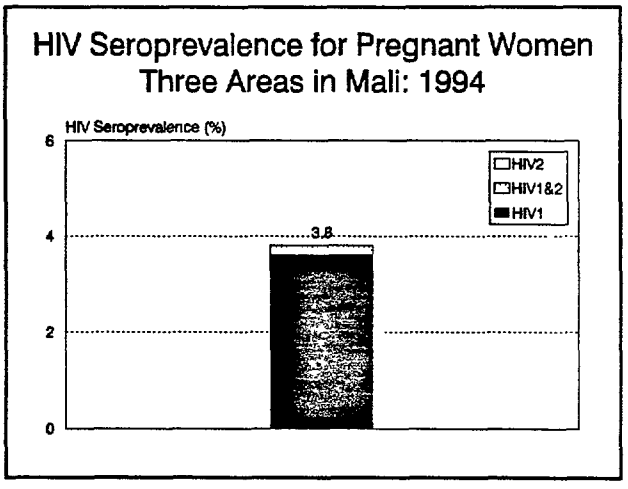
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Mali

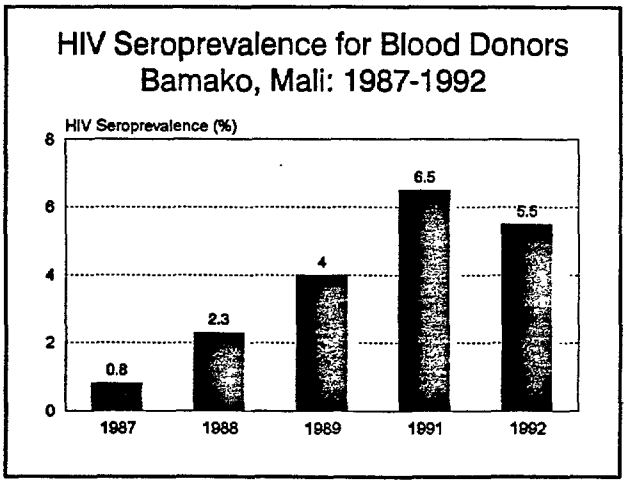
- Reports from these 1994 studies conducted among pregnant women show HIV seroprevalence levels higher in Bamako and Sikasso, over 4.0 percent, than in Kayes and Mopti, 2.9 percent and 2.1 percent, respectively.



- Both HIV-1 and dual infection with HIV-1 and HIV-2 are present among pregnant women of Mali. According to this 1994 study, 3.6 percent of the pregnant women were infected with HIV-1 only, and 0.2 percent with dual infection. No evidence of infection with HIV-2 only was reported.



- HIV prevalence rates among volunteer blood donors in the capital city, Bamako, increased from 0.8 percent in 1987 to 6.5 percent in 1991. However, there was a slight decline in 1992 to 5.5 percent.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

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C0207 Catraye, J., L. Diarra, L. H. Ouedraogo, et al., 1995, Decentralisation de la Serosurveilance du VIH et des MST au Mali: Experience du Projet Pase, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Abstract WeC790.

D0132 Diarra Aichata, S., O. F. Sangare, 1993, Strategie de Diagnostic Clinique des MST Experience du Projet FHI au Mali, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Abstract M.P.B.048.

K0116 Katlama, C., F. Simon, E. Pichard, et al., 1991, Infection VIH1, VIH2 et VIH1&2 chez des Femmes Prostituees au Mali, VI International Conference on AIDS in Africa, Dakar, Senegal, 12/16-19, Session M.O.137.

M0320 Maiga, M. K., S. Traore, A. Sy, et al., 1993, Evolution de la Seroprevalence de l'Infection a VIH au Centre National de Transfusion Sanguine du Mali de 1987 a 1992, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Abstract Th.P.C.082.

M0331 Maiga, Y. I., Z. Sissoko, et al., 1993, Etude de la Seroprevalence de l'Infection a VIH dans les 7 Regions Economiques du Mali, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Session M.O.P.055.

M0364 Maiga, M. Y., B. Diarra, A. Guindo, et al., 1993, Etude de la Seroprevalence de L'Infection Par le Virus de L'immunodeficience Humaine (VIH) au Mali Sur 3,496 Serums, Bulletin de la Societe de Pathologie Exotique, vol. 86, no. 1, pp. 16-20.

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S0265 Stephens, D., 1993, The Failure of an AIDS Prevention Program, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Abstract T.R.T.008.

HIV/AIDS Profile: Mozambique

Demographic Indicators

Population (1,000s)	17,878	Growth Rate (%)	2.7
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	126	Both Sexes	44
Male	135	Male	43
Female	116	Female	46
Crude Birth Rate (per 1,000)	46	Crude Death Rate (per 1,000)	19
Total Fertility Rate	6.2	Percent Urban	36

Note: Above indicators are for 1996.

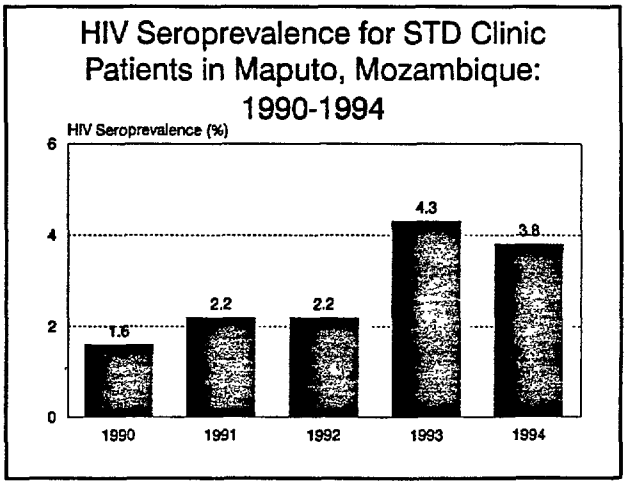
Cumulative AIDS rate (per 1,000) as of 5/31/95	0.11
Cumulative AIDS cases as of 5/31/95	1,815

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

Epidemiological Data

Mozambique is located in Southern Africa where epidemics have recently expanded in Botswana and South Africa. It also borders Zambia, Zimbabwe and Malawi which have some of the oldest and most severe epidemics. Mozambique has also recently gone through a period of political and civil unrest with associated population displacements.

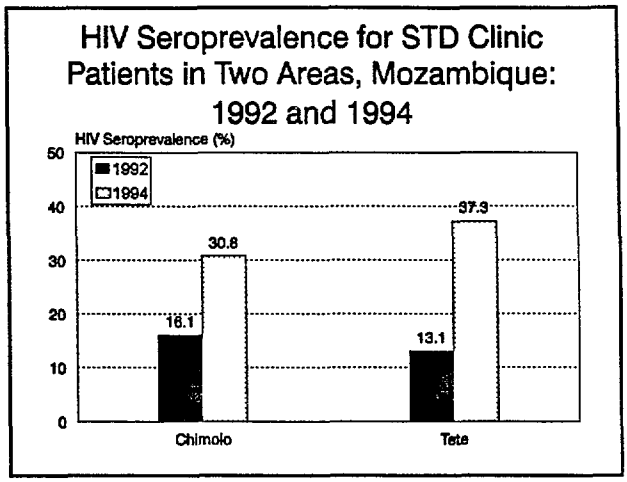
- Sentinel surveillance reporting from Maputo, the capital, has documented an increase in HIV infection among STD clinic patients. In four years, HIV seroprevalence more than doubled from 1.6 percent in 1990 to 3.8 percent in 1994.



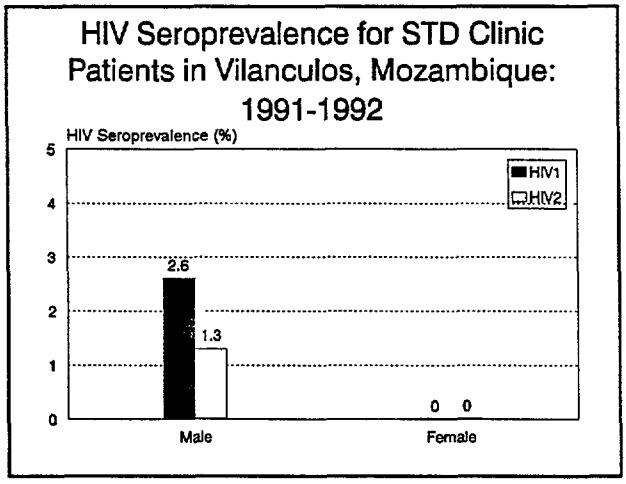
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Mozambique

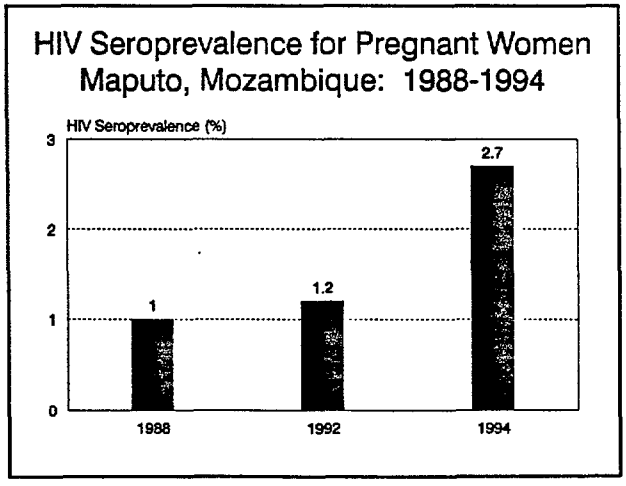
- Data from two sentinel posts in Mozambique indicate much higher levels of HIV infection among STD patients than the data from Maputo. Reports from district/provincial health centers in Chimoio and Tete noted increasing HIV levels within two years, from less than 20 percent to over 30 percent by 1994.



- A study conducted in Vilanculos, a rural area located in the north of Inhambane Province, documented levels of HIV seroprevalence among STD patients similar to those found in Maputo. HIV-1 and HIV-2 have been detected in male patients, whereas there is no evidence of either infection among female patients.



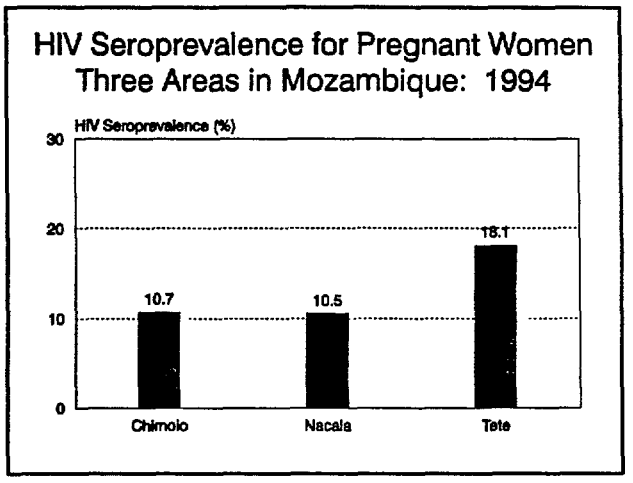
- In Maputo, HIV infection levels among pregnant women have shown an increase over time. Since 1988, HIV seroprevalence levels among pregnant women more than doubled to 2.7 percent for 1994.



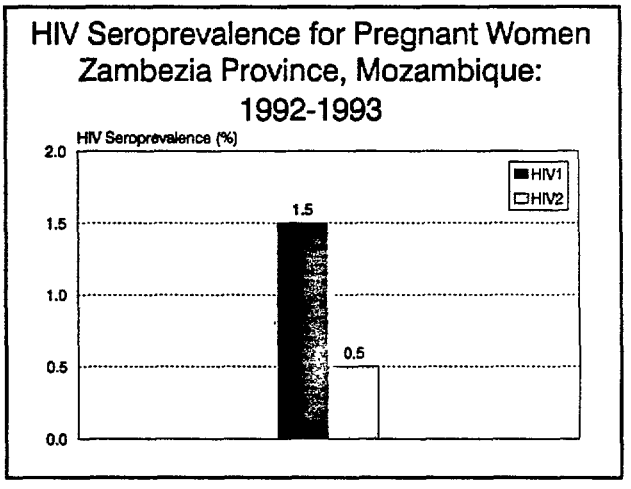
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Mozambique

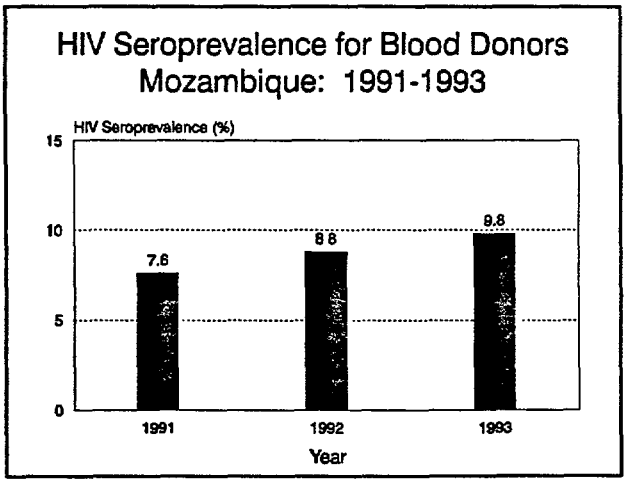
- Data from the National Sentinel Surveillance System of Mozambique from three district/provincial health centers designated as sentinel posts show HIV seroprevalence levels among pregnant women ranging from 10.5 percent in Nacala to 18.1 percent in Tete. Chimoio and Tete are both near Zimbabwe where levels of HIV prevalence are very high among pregnant women. Nacala is a port city in Northern Mozambique. HIV infection levels in Maputo were less than one-quarter of the levels in the rest of the areas.



- In Zambezia Province, from 14 health posts in four rural districts, HIV infection levels among displaced (internal refugee) pregnant women tested were 1.5 percent and 0.5 percent for HIV-1 and HIV-2, respectively. There was no evidence of dual infection.



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



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Sources for Mozambique

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B0272 Barreto, A., B. De Hulsters, A. Noya, et al., 1995, Trends in HIV Prevalence among Different Target Groups: Data from the National Sentinel Surveillance System of Mozambique, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Poster MoC502.

C0183 Cossa, H. A., S. Gloyd, R. G. Vaz, et al., 1994, Syphilis and HIV Infection among Displaced Pregnant Women in Rural Mozambique, International Journal of STD and AIDS, vol. 5, pp. 117-123.

V0063 Vuylsteke, B., R. Bastos, J. Barreto, et al., 1993, High Prevalence of Sexually Transmitted Diseases in a Rural Area in Mozambique, Genitourinary Medicine, vol. 69, pp. 427-430.

HIV/AIDS Profile: Nigeria

Demographic Indicators

Population (1,000s)	103,912	Growth Rate (%)	3.1
Infant Mortality Rate		Life Expectancy	
Both Sexes	72	Both Sexes	54
Male	76	Male	53
Female	69	Female	56
Crude Birth Rate	43	Crude Death Rate	13
Total Fertility Rate	6.2	Percent Urban	40

Note: Above indicators are for 1996.

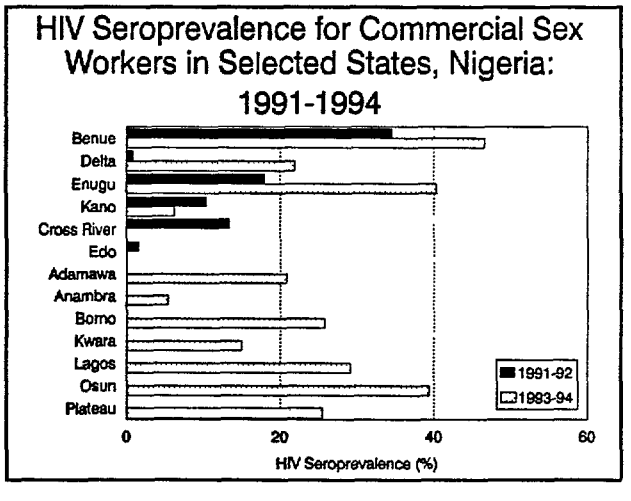
Cumulative AIDS rate (per 1,000) as of 5/31/95	0.02
Cumulative AIDS cases as of 5/31/95	1,591

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

Epidemiological Data

A few countries of West and Central Africa still have relatively low levels of HIV infection, but these have begun to rise in such countries as Cameroon and Nigeria, which earlier had been somewhat spared.

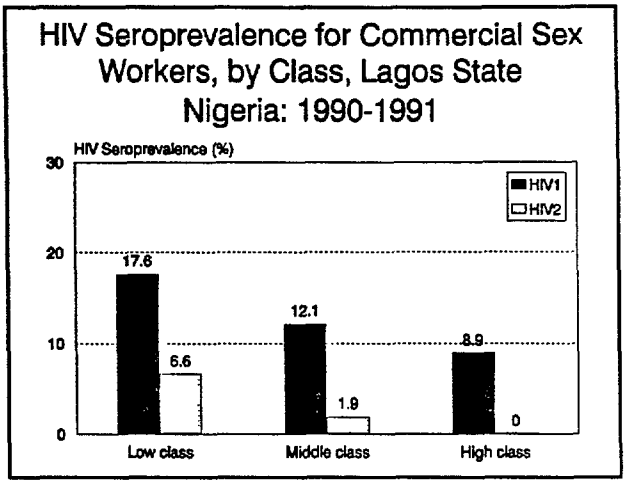
- The Federal Ministry of Health and Human Services conducts serosurveys of HIV infection at selected sentinel sites in various states of Nigeria. HIV infection levels of more than 20 percent among commercial sex workers are found in most states.



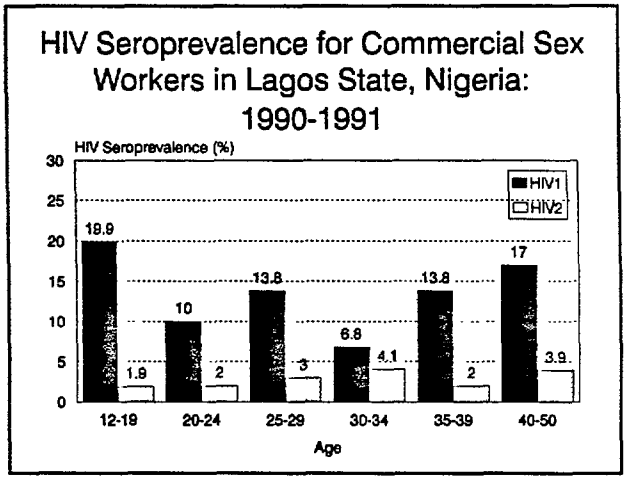
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Nigeria

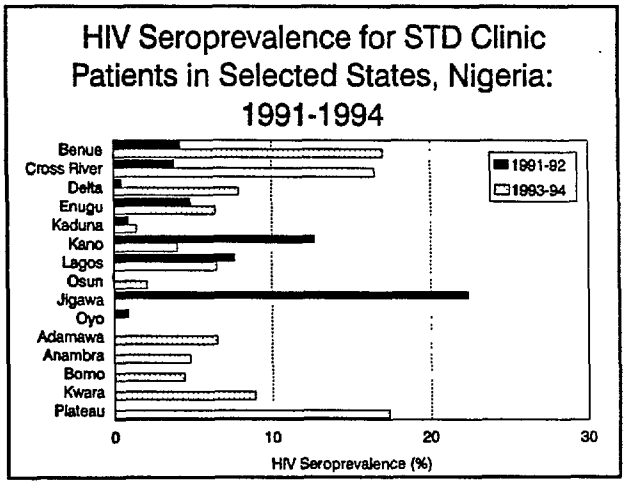
- Another study of commercial sex workers in Lagos State measured the seroprevalence of HIV-1 and HIV-2. Women in the lower class were not as likely to use condoms as the high class women. The overall prevalence rate varied by class; low class women had the highest HIV prevalence levels.



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



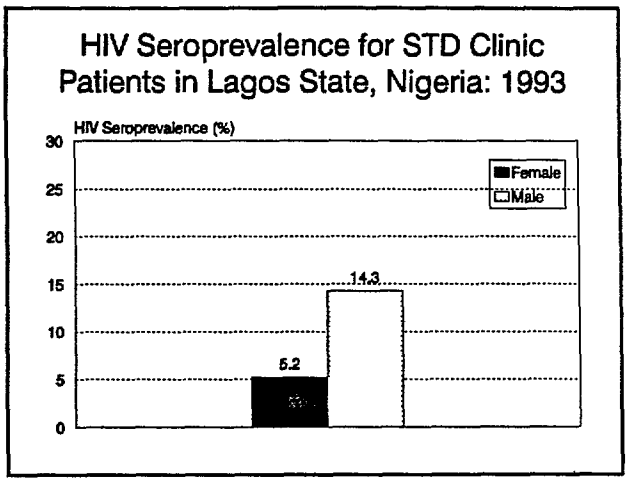
- A comparison of the results from the 1991-1992 serosurvey and the 1993-1994 serosurvey show a large increase in HIV prevalence levels among STD clinic patients in southwestern Nigeria. Although Kano, located in the north, shows a sharp decline, testing procedures changed between 1991-92 and 1993-94 and may partially explain this decline.



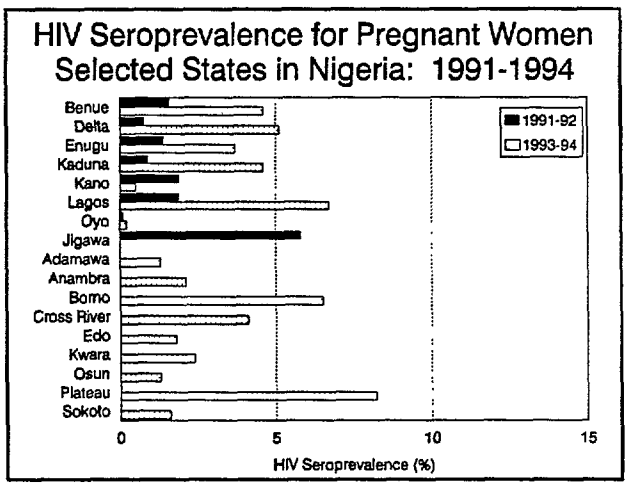
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Nigeria

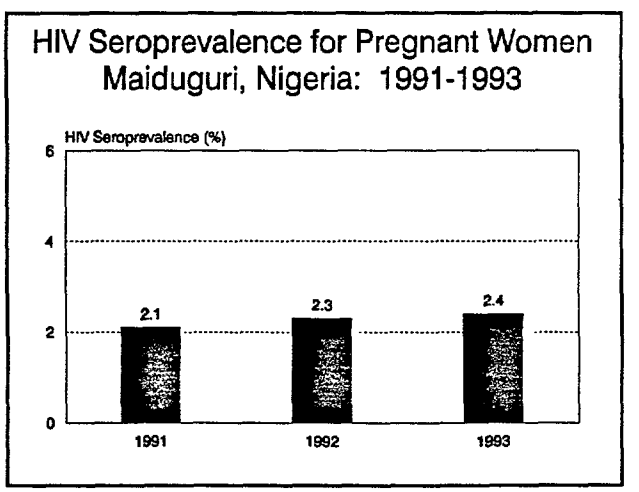
- The HIV infection level among male STD clinic patients in Lagos State is 14.3 percent which is more than double the infection level of 5.2 percent found among female patients attending the same clinic.



- The pattern among pregnant women in states where sentinel surveillance data are available for both surveys is similar to that for commercial sex workers and STD clinic patients. Increases in HIV prevalence levels are noted in most every state except Kano, where testing procedures changed between 1991-92 and 1993-94, perhaps partially explaining this decline.



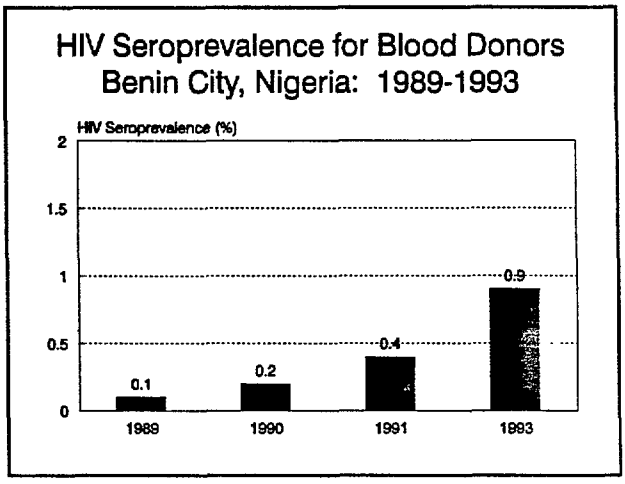
- Studies conducted among women attending antenatal clinics in Maiduguri from 1991 to 1993 report HIV seroprevalence levels ranging from 2.1 percent to 2.4 percent.



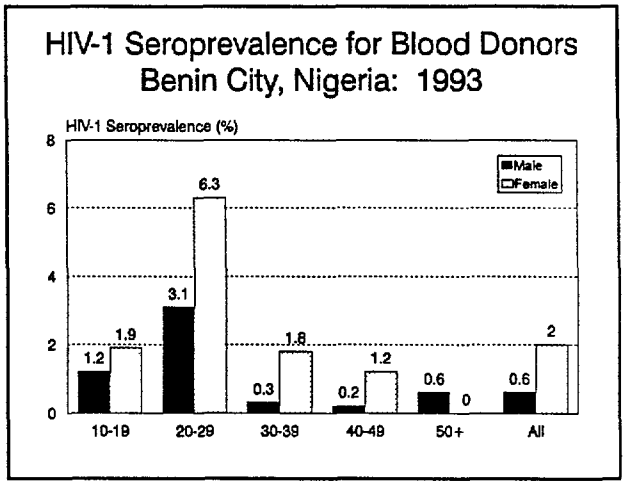
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Nigeria

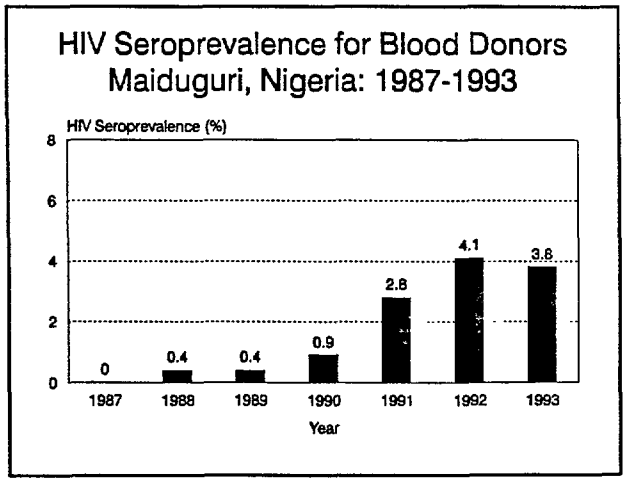
- In Benin City, HIV infection levels among blood donors show a slow but steady increase to 0.9 percent in 1993.



- HIV infection levels among a sample of blood donors in Benin City show higher levels among females than males in all age groups except for 50 and over. Peak prevalence levels for both males and females are found in the 20-29 age group.



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



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

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

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

H0094 Harry, T. O., D. N. Bukbuk, A. Idrisa, et al., 1993, HIV Infection among Pregnant Women: A Worsening Situation in Maiduguri, Nigeria, IX International Conference on AIDS, Berlin, 6/6-11, Poster PO-C11-2862.

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

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

N0176 National AIDS/HIV/STD Control Programme, 1995, 1993/94 Sentinel Sero-Prevalence Surveillance Report, National AIDS/HIV/STD Control Programme, Federal Ministry of Health and Social Services, unpublished report.

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

HIV/AIDS Profile: Rwanda

Demographic Indicators

Population (1,000s)	6,853	Growth Rate (%)	16.5
Infant Mortality Rate		Life Expectancy	
Both Sexes	119	Both Sexes	40
Male	127	Male	40
Female	111	Female	41
Crude Birth Rate	39	Crude Death Rate	20
Total Fertility Rate	6.0	Percent Urban	6

Note: Above indicators are for 1996.

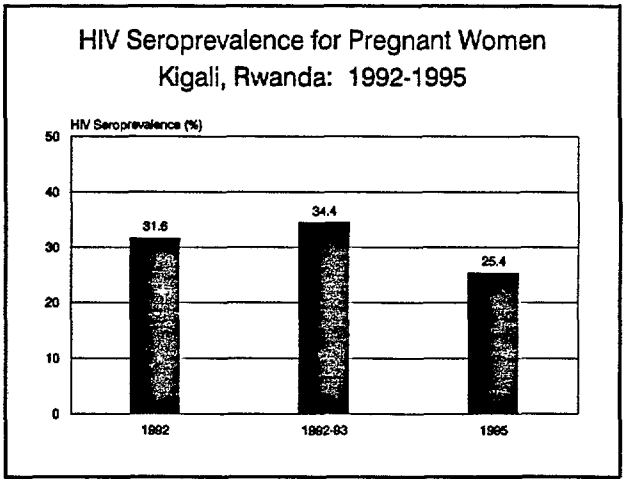
Cumulative AIDS rate (per 1,000) as of 12/10/93	1.41
Cumulative AIDS cases as of 12/10/93	10,138

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

Epidemiological Data

Prior to the civil unrest in 1994, Rwanda had one of the older and more severe HIV epidemics.

- Seroprevalence among pregnant women in Kigali had already reached 30 percent by 1988. Data collected in 1995 now show prevalence levels of around 25 percent among pregnant women in Kigali.

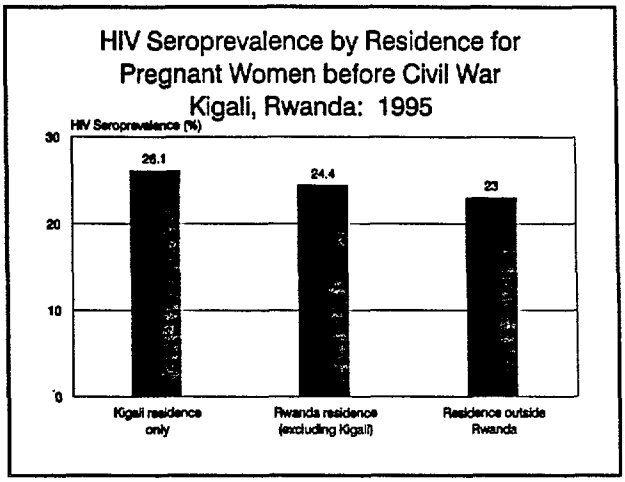


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

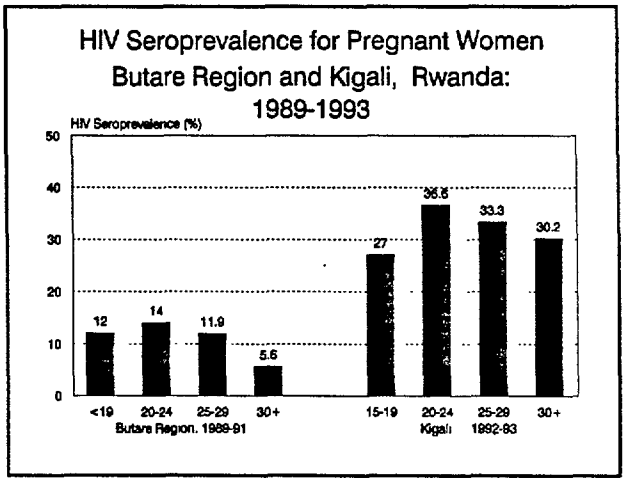
52

Rwanda

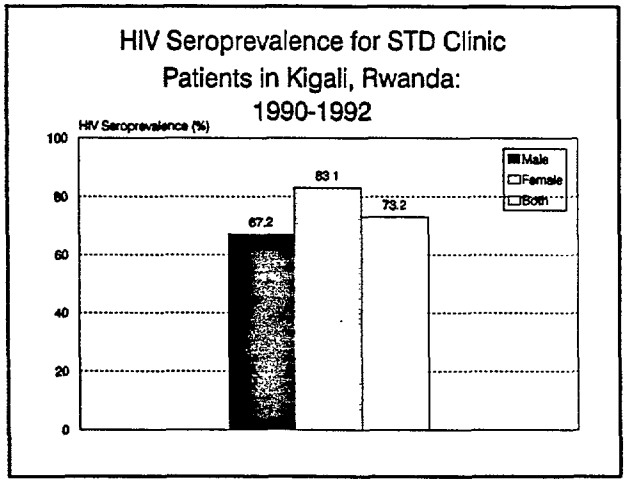
- Data by residence prior to the civil war was also collected in the above study. The results showed HIV prevalence did not differ by previous residence.



- In a sample of pregnant women from mostly rural areas in the Butare Region, HIV prevalence in 1989-91 peaked at 14 percent for ages 20-24 years. A similar age pattern is seen in a study of pregnant women in Kigali. HIV seroprevalence levels peaked in ages 20-24 at 36.6 percent during 1992-93.



- A survey conducted at the Health Center of Biryogo, located in the center of Kigali, the capital, showed high levels of HIV infection among STD clinic patients. Women visiting this STD clinic had higher levels of HIV infection than men.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Sources for Rwanda

B0243 Bogaerts, J., L. Kestens, W. Martinez-Tello, et al., 1994, Effect of HIV on Clinical Presentation, Etiology and Response to Therapy of Genital Ulcers in Rwanda, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0580.

C0132 Chao, A., P. Habimana, M. Bulterys, et al., 1992, Oral Contraceptive Use, Cigarette Smoking, Age at First Sexual Intercourse, and HIV Infection among Rwandan Women, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4338.

L0104 Ladner, J., A. De Clercq, C. Ukulikiyimfura, et al., 1992, Seroprevalence de l'Infection par le VIH-1 et Counselling chez les Femmes Enceintes: Une Etude de Cohorte a Kigali, Rwanda ..., VII International Conference on AIDS in Africa, Yaounde, Cameroon, 12/8-11, Poster W.P.179.

L0119 Ladner, J., A. De Clercq, M. Nyiraziraje, et al., 1993, HIV Seroprevalence and Counselling in Pregnant Women a Cohort Study in Kigali (Rwanda), 1992, IX International Conference on AIDS, Berlin, 6/6-11, Poster PO-D15-3884.

L0187 Leroy, V., P. Ntawiniga, A. Nziyumvira, et al., 1995, HIV Prevalence among Pregnant Women in Kigali, Rwanda, Lancet, vol. 346, no. 8988, pp. 1488-1489.

L0188 Ladner, J., V. Leroy, P. Msellati, et al., 1996, A Cohort Study of Factors Associated with Failure to Return for HIV Post-Test Counselling in Pregnant Women: Kigali ..., AIDS, vol. 10, no. 1, pp. 69-75.

N0168 Ntawiniga, P., V. Leroy, C. Gazille-Rugema, et al., 1995, High Seroprevalence of HIV Infection and Syphilis among Pregnant Women: Kigali, Rwanda, May 1995, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Poster TuB573.

HIV/AIDS Profile: Senegal

Demographic Indicators

Population (1,000s)	9,093	Growth Rate (%)	3.4
Infant Mortality Rate		Life Expectancy	
Both Sexes	64	Both Sexes	57
Male	71	Male	54
Female	57	Female	59
Crude Birth Rate	45	Crude Death Rate	12
Total Fertility Rate	6.3	Percent Urban	43

Note: Above indicators are for 1996.

Cumulative AIDS rate (per 1,000) as of 5/27/95	0.18
Cumulative AIDS cases as of 5/27/95	1,573

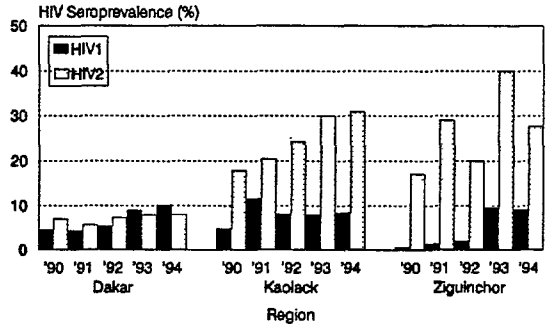
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

Epidemiological Data

Senegal, like other West African countries, has a low HIV epidemic when compared to other Sub-Saharan African countries. However, high levels of HIV-2 are found in Senegal, particularly in the southern regions.

- Sentinel surveillance data from 3 of the 10 regions show the variability in HIV infection among prostitutes. In most regions of Senegal, levels of HIV-2 are higher than HIV-1. However, recent data indicate a slow but steady increase in HIV-1 infections among prostitutes.

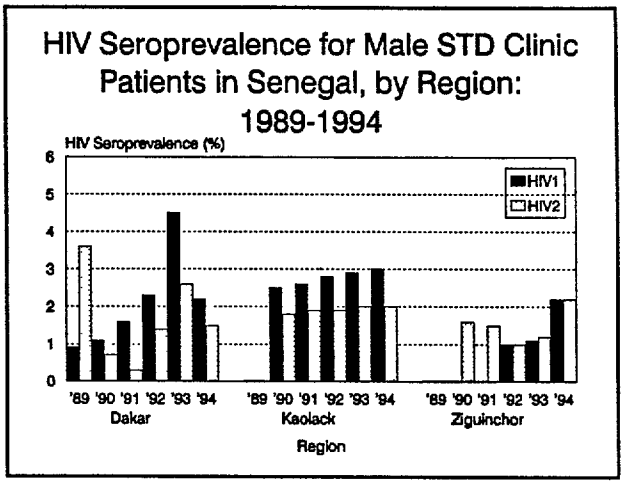
HIV Seroprevalence for Prostitutes Senegal, by Region: 1990-1994



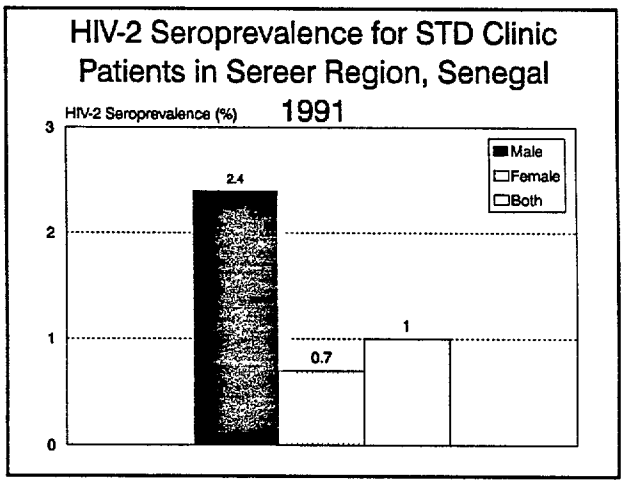
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Senegal

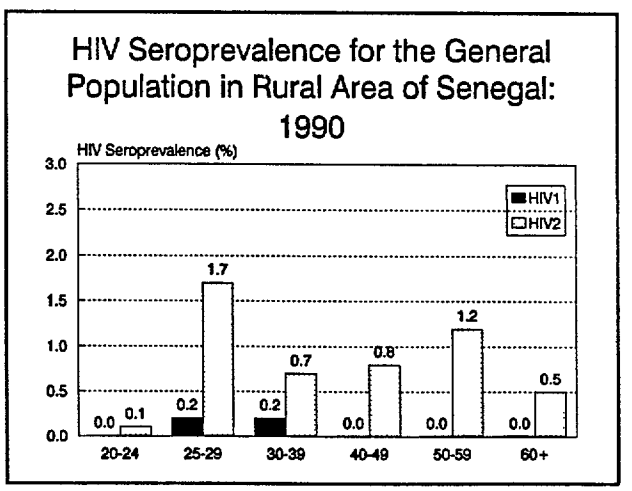
- In Kaolack Region, levels of HIV-1 infection among male STD clinic attendees increased between 1989-1994, while at the same time, HIV-2 infection levels remained constant. HIV-1 appears to be increasing slowly in other regions of the country.



- In a rural area located in Sereer Region about 150 km east of Dakar, the level of HIV-2 infection among the STD clinic patients in 1991 was 1 percent. The male prevalence level was more than triple that of the female.



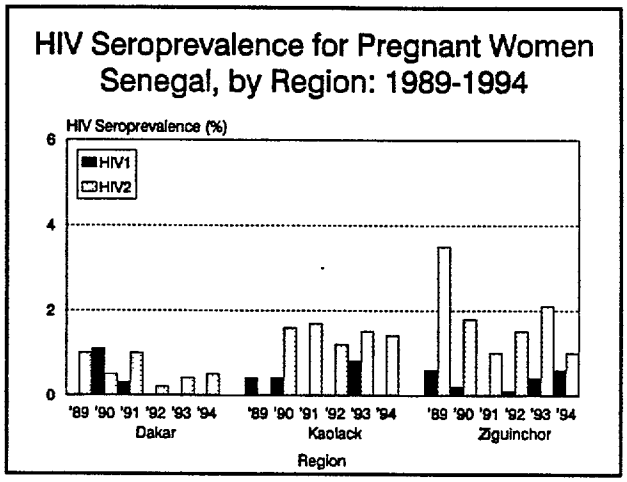
- According to a 1990 study conducted among the general population in a rural area of Senegal, those 25-29 years of age were at greater risk of having been infected with HIV-2 than any other age group. HIV-1 was present only in the age groups 25-29 and 30-39.



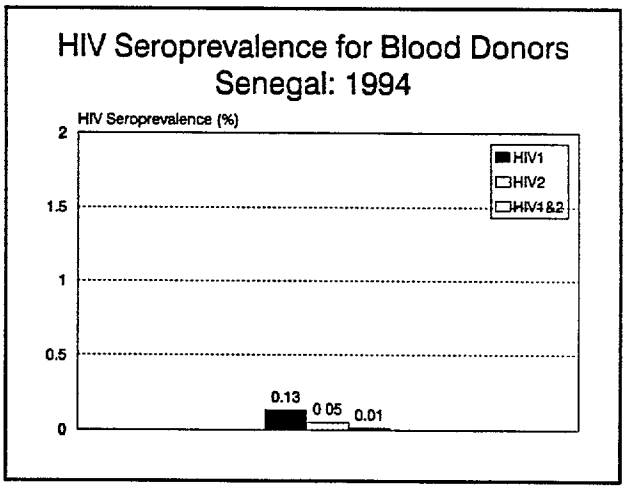
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Senegal

- HIV infection levels among pregnant women vary by region. Between 1989 and 1994, HIV-2 seroprevalence levels were generally higher than HIV-1.



- Analysis of data for blood donors in 1994 showed very low HIV prevalence levels, less than 0.2 percent. HIV-1, HIV-2 and dual infections were all detected in this study.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Sources for Senegal

B0279 Boyeldieu, D., F. Kabou, P. Michel, et al., 1995, Marqueurs Infectieux des Donneurs des Sang du Senegal en 1994, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Abstract WeA219.

L0200 Lemardeley, P., A. Diallo, A. Gueye-N'Diaye, et al., 1995, Evaluation en 1991 des Risques de MST et d'Infection par VIH en Zone Rurale Senegalaise, Cahiers Sante, vol. 5, pp. 43-48.

M0162 Mboup, S., et al., 1990, Surveillance Sentinelle des Infection a HIV Bulletin Epidemiologique 001, Bulletin Epidemiologique HIV, January, no. 1.

M0172 Mboup, S., et al., 1991, Surveillance Sentinelle des Infections a HIV, Bulletin Epidemiologique HIV, December, no. 3.

M0322 Mboup, S., et al., 1993, Surveillance Sentinelle des Infection of HIV, Bulletin Epidemiologique HIV, December, no. 4.

M0420 Mboup, S., et al., 1994, Surveillance Sentinelle de Infections o HIV, Bulletin Epidemiologique HIV, December, no. 5, pp. 1-24.

N0164 Ndiaye, A. D., D. Diop, F. Cisse, et al., 1995, Facteurs de Risque de M.S.T./SIDA chez les Femmes dans la Region de Kolda, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Abstract WeC201.

P0106 Pison, G., B. Le Guenno, E. Lagarde, et al., 1993, Seasonal Migration: A Risk Factor for HIV Infection in Rural Senegal, Journal of Acquired Immune Deficiency Syndromes, vol. 6, no. 2, pp. 196-200.

HIV/AIDS Profile: Tanzania

Demographic Indicators

Population (1,000s)	29,058	Growth Rate (%)	1.1
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	106	Both Sexes	42
Male	118	Male	41
Female	94	Female	44
Crude Birth Rate (per 1,000)	41	Crude Death Rate (per 1,000)	19
Total Fertility Rate	5.7	Percent Urban	25

Note: Above indicators are for 1996.

Cumulative AIDS rate (per 1,000) as of 5/18/95	1.87
Cumulative AIDS cases as of 5/18/95	53,247

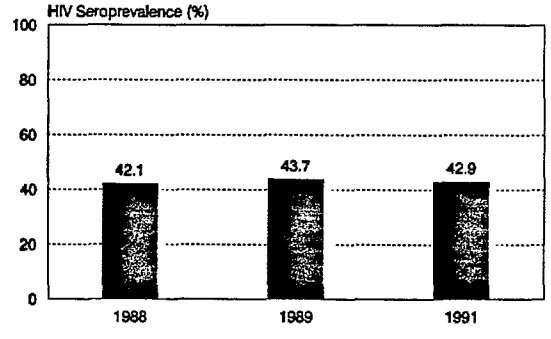
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

Epidemiological Data

In Tanzania, the HIV epidemic began in the early 1980's. Transmission of HIV mainly occurs through heterosexual contact, beginning in early teen years and peaking by age 25.

- In the capital city, Dar es Salaam, reported HIV infection levels among commercial sex workers already exceeded 40 percent during 1988-1991.

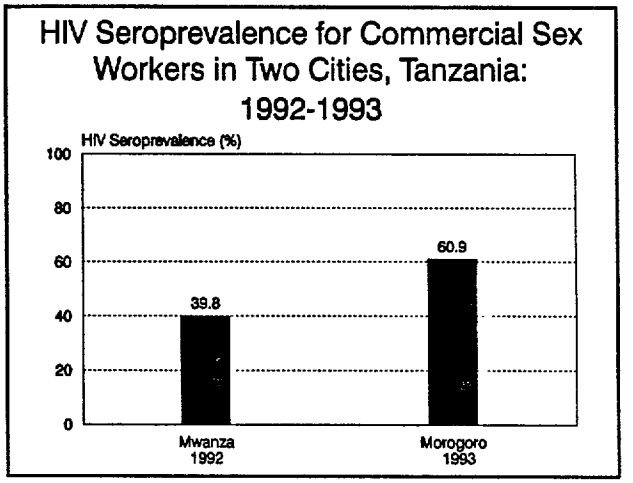
HIV Seroprevalence for Commercial Sex Workers in Dar es Salaam, Tanzania: 1988-1991



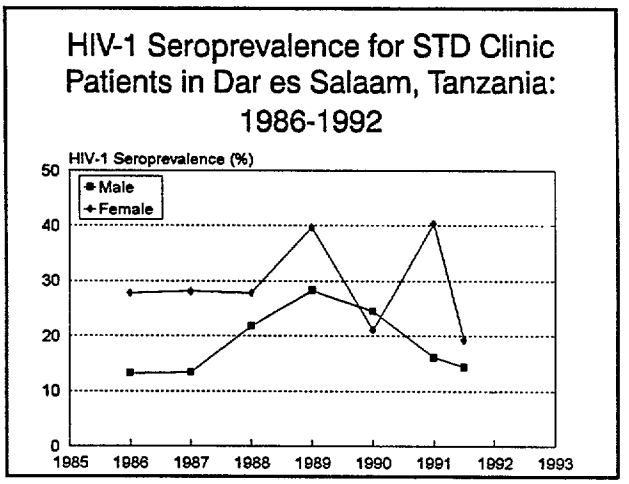
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Tanzania

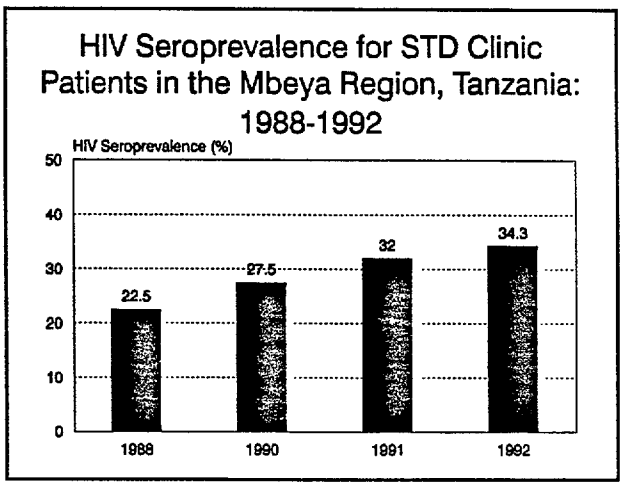
- HIV infection levels among commercial sex workers in Mwanza and Morogoro also show very high prevalence in the early 1990's.



- Female STD clinic patients in Dar es Salaam generally had higher HIV seroprevalence levels than male patients. Data from several reports showed HIV rates for females fluctuating between 20 and 40 percent since 1988.



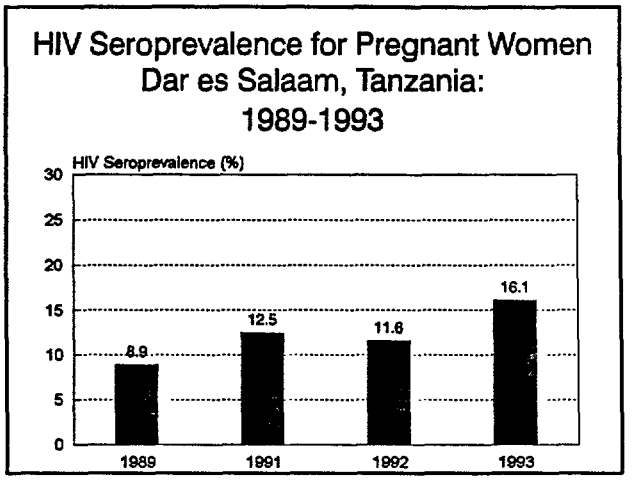
- In the Mbeya Region, HIV infection levels among STD clinic patients steadily increased over a 4-year period from 22.5 to 34.3 percent.



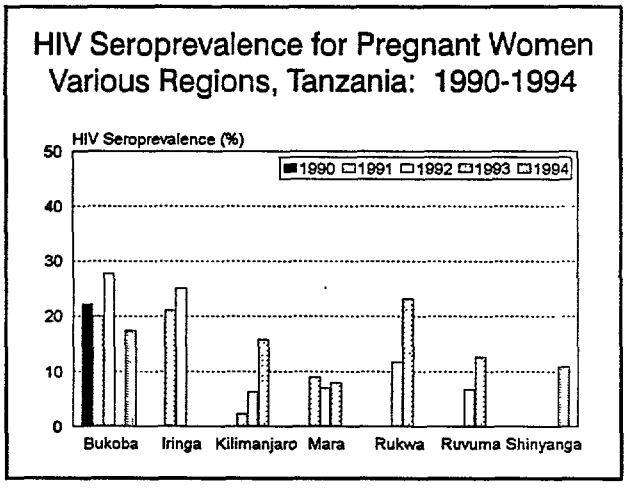
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Tanzania

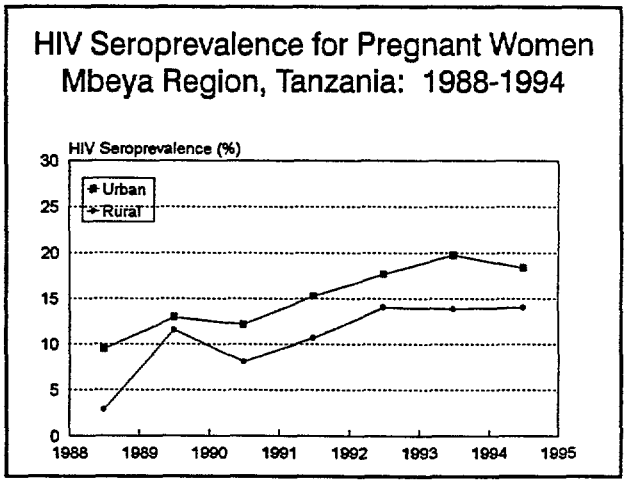
- HIV infection levels among pregnant women in the capital city, Dar es Salaam, almost doubled from 8.9 percent in 1989 to 16.1 percent in 1993.



- Sentinel surveillance in Tanzania has documented the variability of HIV seroprevalence in pregnant women tested. Data from Bukoba show a decline from 28 percent in 1992 to 17 percent in 1994. All of these regions, except Mara, are finding levels higher than 10 percent among pregnant women.



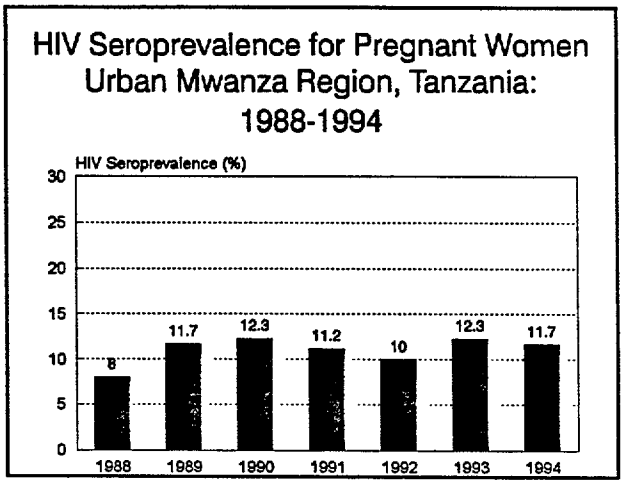
- Sentinel surveillance documents urban/rural differentiation in HIV infection levels for the Mbeya Region. In both areas, HIV infection levels in pregnant women tested are increasing. From late 1988 to 1994, HIV infection levels for rural pregnant women more than quadrupled, rising from 2.9 percent to 14.1 percent. The HIV infection levels for urban pregnant women almost doubled from 9.5 percent to 18.4 percent during this period.



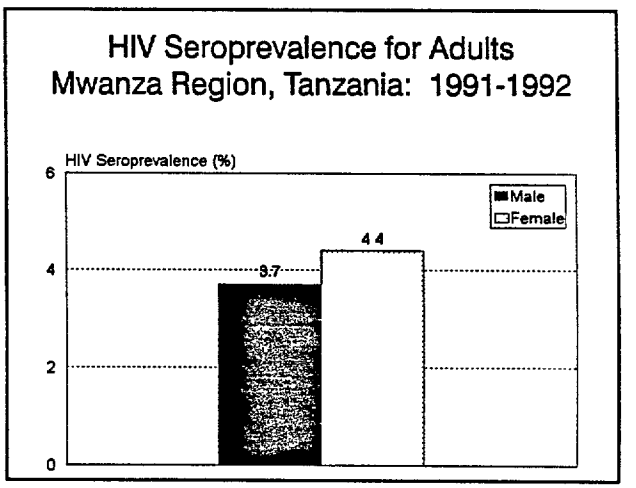
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Tanzania

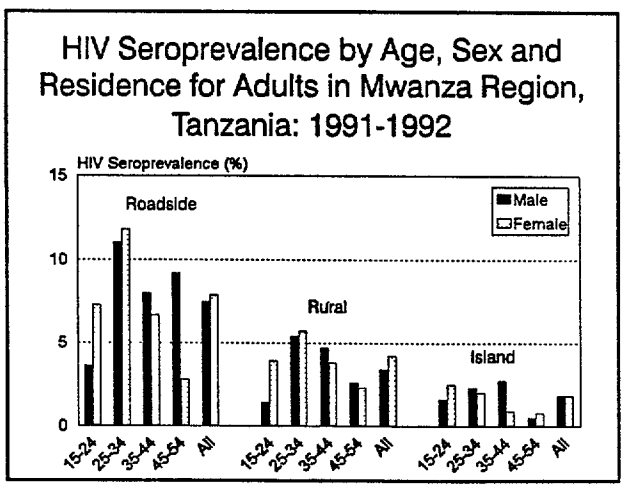
- In the urban area of Mwanza Region, the level of HIV infection for pregnant women remained virtually the same over the period 1988-1994, with about 10-12 percent infected.



- According to a study conducted among adults from rural communities in Mwanza Region, HIV infection levels for females were higher than those for males.



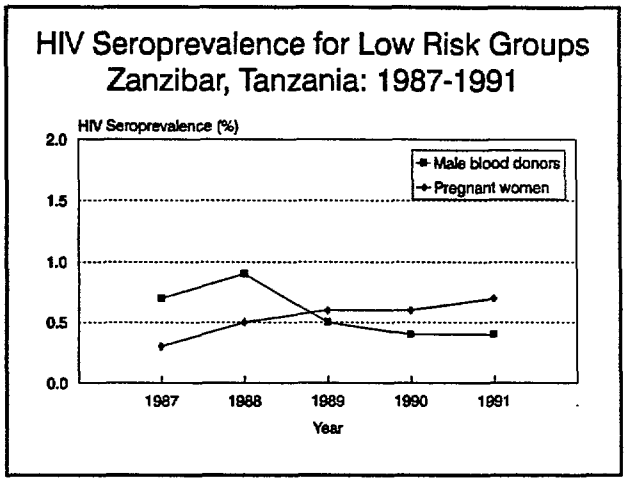
- The same data as above broken down by age, sex and residence for adults in Mwanza Region show the highest HIV prevalence levels occur among those living in roadside communities. However, all these communities are still considered to be rural areas. Peak infection levels for males and females are found in the 25-34 year age group.



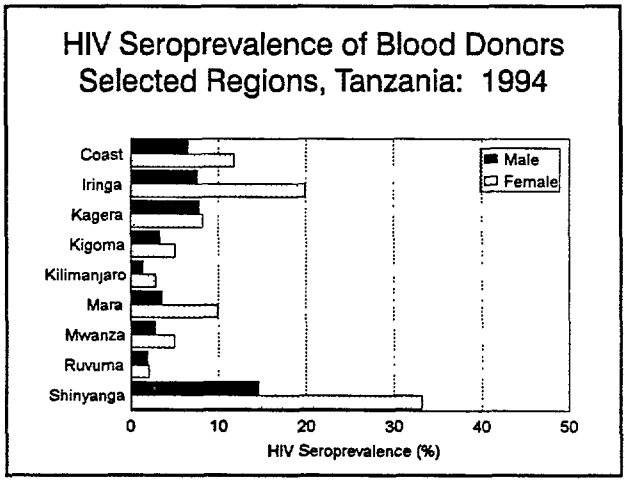
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Tanzania

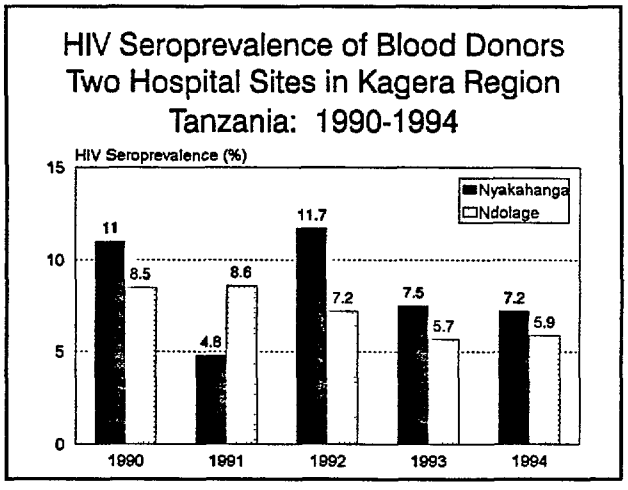
- Sentinel surveillance data collected in four centers from towns and rural areas of Unguja and Pemba Islands indicate the spread of HIV infection to Zanzibar. The HIV infection levels are under 1 percent for both pregnant women and male blood donors. However, among pregnant women HIV levels increased while among male blood donors there was a reported decrease.



- HIV seroprevalence data by region for blood donors show levels among females are higher in all of these regions. Shinyanga Region was the location of the highest levels among males (15 percent) and females (33 percent).



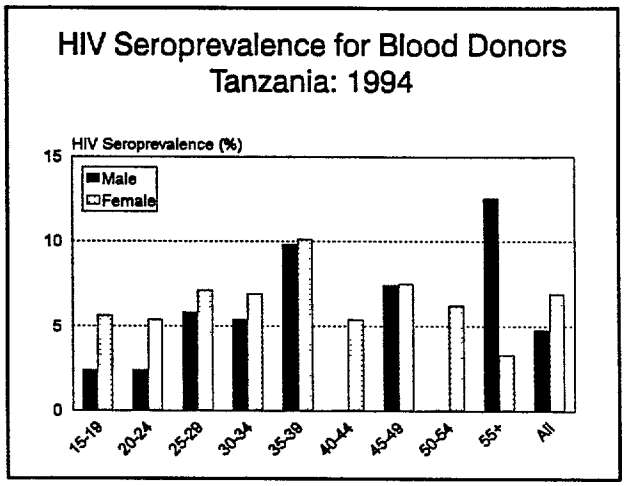
- Blood donor screening at two hospitals in Kagera Region shows a decline in HIV prevalence from 1990 to 1994. The prevalence level dropped from 11 percent to 7 percent at Nyakahanga Hospital and from 8.5 percent to 6 percent at Ndolage Hospital.



Source. International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Tanzania

- A national HIV/AIDS/STD surveillance study of blood donors showed HIV levels of infection varying considerably by age. Peak HIV infection among male blood donors occurred in the 55 and over age group. For females, it was highest among those 35-39 years of age.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Sources for Tanzania

A0095 Ali, A. K., O. J. Khatib, W. Osei, et al., 1992, Sentinel Surveillence for HIV Infection: Five Years Period, VII International Conference on AIDS in Africa, Yaounde, Cameroon, 12/8-12, Poster T.P.036.

C0161 Chwaya, H. M., A. K. Ali, A. A. Othman, 1993, HIV Surveillance in Zanzibar: Blood Donors, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Abstract Th.P.A.023.

G0173 Grosskurth, H., F. Mosha, J. Todd, et al., 1995, A Community Trial of the Impact of Improved Sexually Transmitted Disease Treatment on the HIV Epidemic in Rural Tanzania ..., AIDS, vol. 9, no. 8, pp. 927-934.

M0216 Matasha, E., J. Changalucha, H. Grosskurth, et al., 1992, Commercial Sexual Workers Intervention Programme: A Pilot Project in Northern Tanzania: Operational Data and International..., VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoD 5639.

M0249 Mwakagile, D. S. M., A. B. M. Swai, K. J. Pallangyo, et al., 1992, Trend of Anogenital Warts among Patients Seen at a Referral Clinic for Sexually Transmitted Diseases in Dar es Salaam, Tanzania, VII International Conference on AIDS in Africa, Yaounde, Cameroon, 12/8-11, Poster W.P.190.

M0256 Mhalu, F., A. Swai, D. Mwakagile, et al., 1992, Surveillance and Control of HIV-1 Transmission among Female Bar workers in Dar es Salaam 1986-1991, VII International Conference on AIDS in Africa, Yaounde, Cameroon, 12/8-11, Poster T.P.108.

M0302 Mwakagile, D., A. Swai, J. Kitange, et al., 1993, Epidemiology of STDs in Dar es Salaam, Tanzania, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Session M.O.P.058.

M0303 Massawe, A. W., K. Karlsson, E. J. N. Urassa, et al., 1993, Vertical Transmission of HIV-1 Infection and Mortality in Infants of HIV Positive Mothers in Dar es Salaam, Tanzania, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Session M.O.P.010.

M0307 Mwakagile, D., R. Mkuna, A. B. M. Swai, et al., 1993, Diagnosis of Sexually Transmitted Diseases (STDs) in Pregnant Women, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Abstract M.O.P.027.

N0122 Nkya, L., B. F. Lyamuya, A. Outwater, et al., 1993, The Pattern of Sexually Transmitted Diseases in a Group of Commercial Sex Workers in Morogoro, Tanzania, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Poster T.P.C.083.

N0171 Ndyetabura, E. F., O. Rwakyendera, 1995, The Church and Pre-Marital HIV Testing in Kagera, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Poster WeD810.

R0090 Riedner, G., Y. Hemed, F. Minja, et al., 1993, The Use of Serologic Trends of HIV and Syphilis for the Evaluation of the Mbeya Regional ACP Tanzania 1986-1992, IX International Conference on AIDS, Berlin, 6/6-11, Poster PO-C29-3263.

T0102 Tanzania Ministry of Health, 1992, National AIDS Control Programme, Surveillance Report No. 7., December, Epidemiology Unit, NACP.

T0123 Tanzania Ministry of Health, 1994, National AIDS Control Programme, Surveillance Report, no. 8, June, Epidemiology Unit, NACP.

T0139 Tanzania Ministry of Health, 1995, National AIDS Control Programme HIV/AIDS/STD Surveillance, Surveillance report no. 9, December 1994, Epidemiology Unit, NACP.

U0006 Urassa, E., F. S. Mhalu, E. Mbena, et al., 1990, Prevalence of HIV-1 Infection among Pregnant Women in Dar es Salaam, Tanzania, V International Conference: AIDS in Africa, Kinshasa, Zaire, Oct. 10-12, Poster T.P.E.22.

HIV/AIDS Profile: Uganda

Demographic Indicators

Population (1,000s)	20,158	Growth Rate (%)	2.2
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	99	Both Sexes	40
Male	108	Male	40
Female	90	Female	41
Crude Birth Rate (per 1,000)	46	Crude Death Rate (per 1,000)	21
Total Fertility Rate	6.6	Percent Urban	13

Note: Above indicators are for 1996.

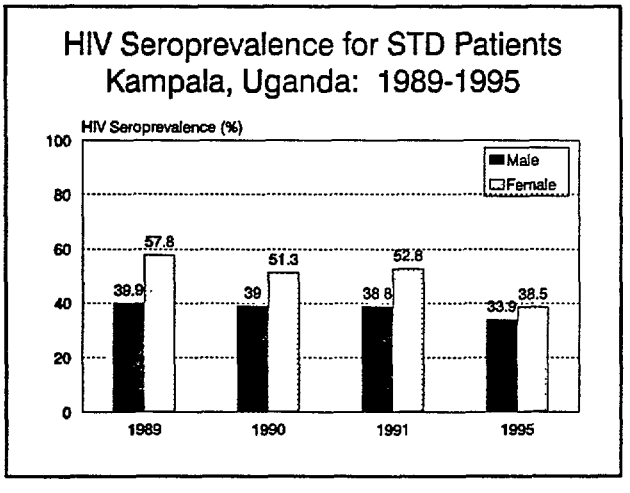
Cumulative AIDS rate (per 1,000) as of 12/31/94	2.36
Cumulative AIDS cases as of 12/31/94	46,120

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

Epidemiological Data

The HIV epidemic in Uganda is one of the older epidemics in Africa. Although recent trends in HIV infection in women attending several antenatal clinics in Uganda show significant declines in HIV prevalence, new infections remain high, especially in young people.

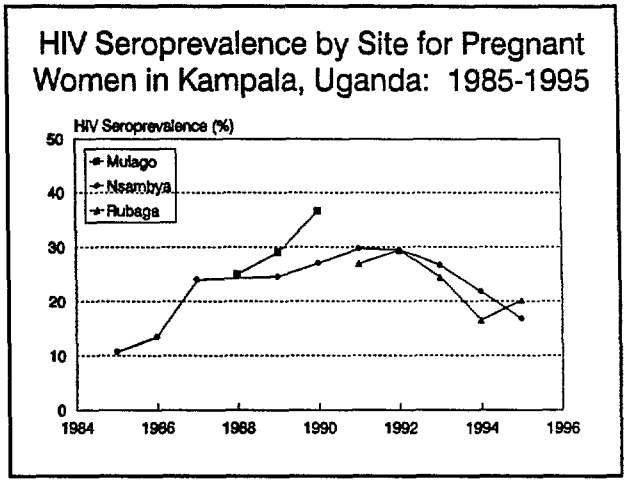
- Those with sexually transmitted diseases continue to be at high risk for infection. The combination of high-risk behavior and increased susceptibility contributed to their high levels of infection. Data from Mugalo Hospital in Kampala show females with a higher level of HIV infection than males from 1989 through 1995.



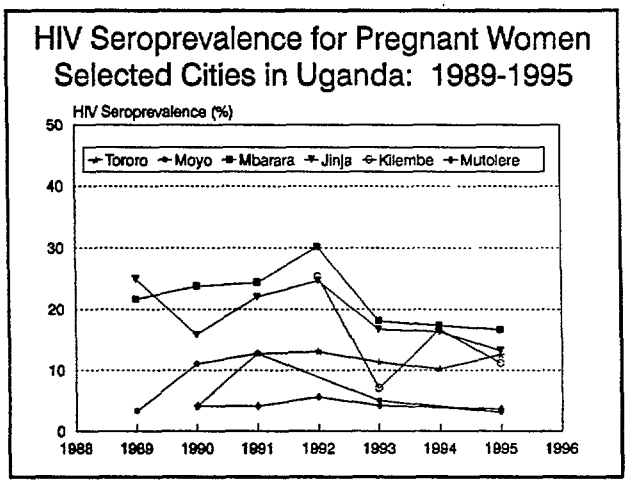
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Uganda

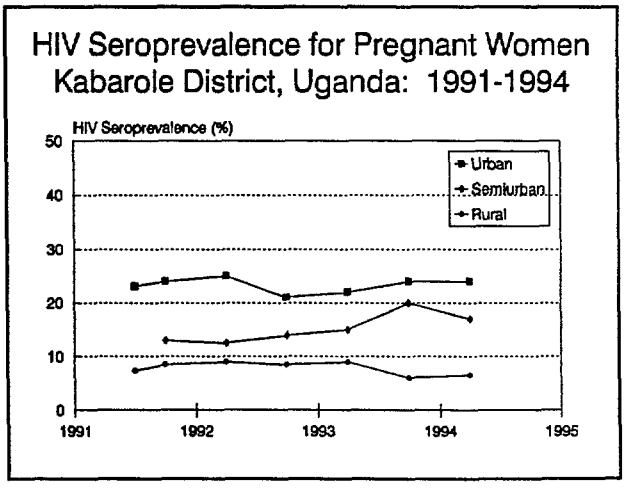
- Sentinel surveillance data from Nsambya Missionary Hospital in Kampala indicate a decline in HIV infection among pregnant women since 1992. A similar trend is occuring at Rubaga Missionary Hospital, Kampala.



- In cities throughout Uganda, HIV infection levels among pregnant women increased over the 1989-92 time period. Since 1992, sentinel surveillance reporting from these cities indicates either a decline or a leveling off of HIV infection levels.



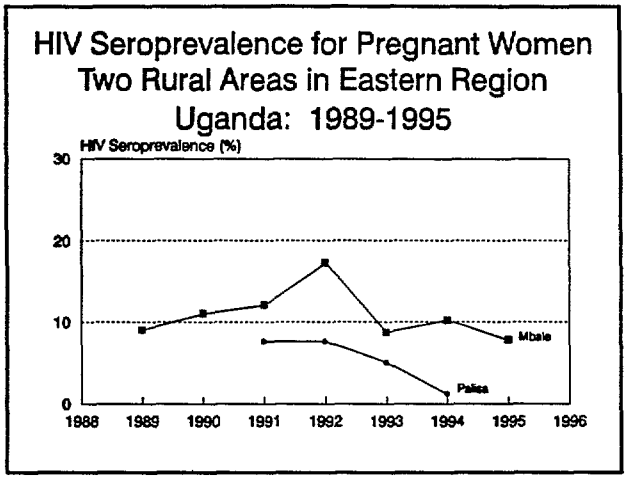
- HIV seroprevalence levels among pregnant women in Kabarole District follow the same patterns as for all adults with the HIV prevalence levels higher in urban areas than rural. Data from 1991 to 1994 show infection levels remaining relatively steady in all three areas.



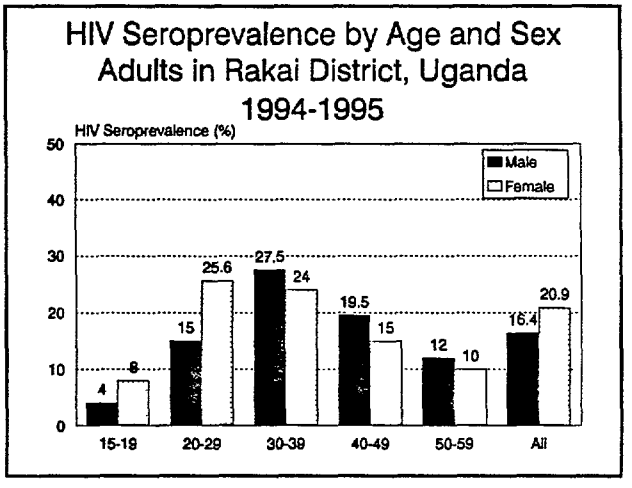
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Uganda

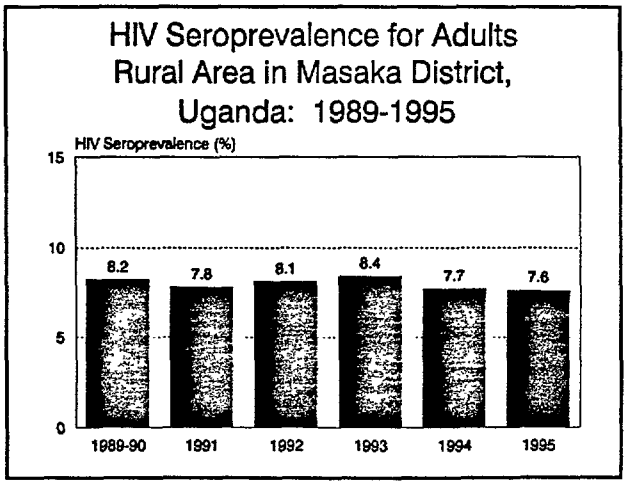
- Data for pregnant women in Mbale, capital of Eastern Region, and Palisa are consistent with a pattern of declining or of stabilizing HIV prevalence seen in other areas of Uganda.



- A study conducted among adults living in 58 rural communities in Rakai District found a higher level of HIV infection among females (21 percent) than among males (16 percent). Peak prevalence occurred in the 20-29 year age group for females and among men 30-39 years of age.



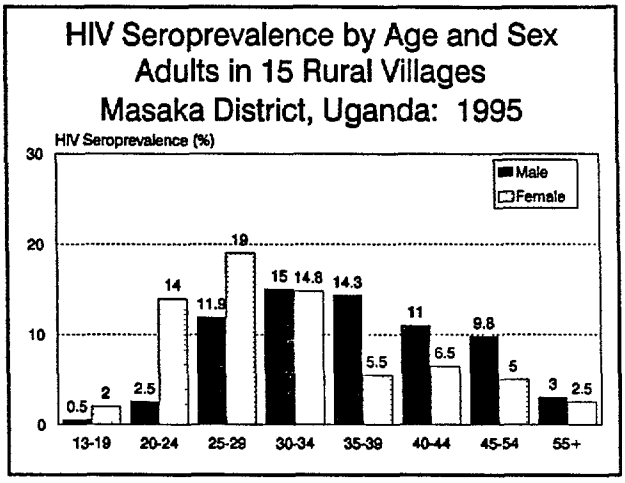
- In a study of 15 rural villages of Masaka District, located in southwest Uganda, HIV infection levels among adults hovered around 8 percent from 1989 to 1995.



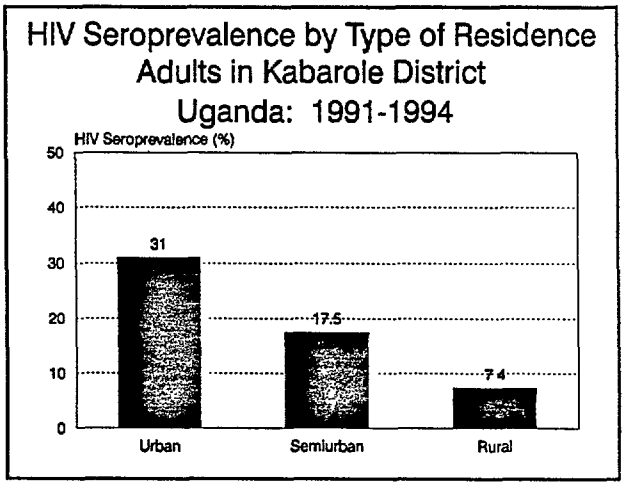
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Uganda

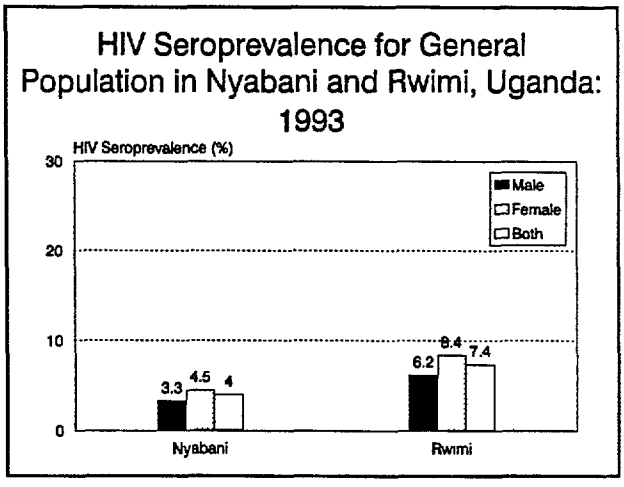
- In the rural villages of Masaka District, peak prevalence of HIV infection occurs among women in the age group 25-29 years and men in the 30-34 years age group.



- Available studies tend to show a large differential in HIV infection levels between urban and rural areas. Data from a study of adults 20-35 years of age in Kabarole District in Uganda demonstrate the urban/rural differentiation in infection levels.



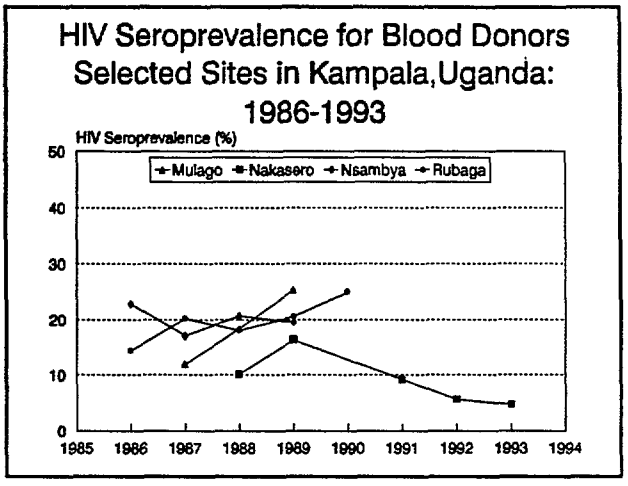
- Sentinel surveillance in Kabarole District, Western Uganda, found HIV seroprevalence levels less than 10 percent among the general population (5 years and older) in 1993. Data from the semiurban site, Rwimi, document higher HIV levels among both males and females than in the rural site, Nyabani. Infection levels among females were higher than among males in both Rwimi and Nyabani.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Uganda

- In sentinel surveillance studies, HIV infection levels in blood donors vary among the different hospital sites in Kampala. Nakasero, the only site for which 1990's data are available, shows a decline in HIV infection.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

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N0128 Nunn, A. J., J. F. Kengeya-Kayondo, S. S. Malamba, et al., 1994, Risk Factors for HIV-1 Infection in Adults in a Rural Ugandan Community: A Population Study, AIDS, vol. 8, no. 1, pp. 81-86.

O0061 Opollo, M. S., B. Aciro, D. Kyeyune, 1994, The Effect of Counseling on HIV Prevalence among Blood Donors at Nakasero Blood Bank (NBB), Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Abstract P.D.0740.

P0140 Paxton, L. A., M. J. Wawer, R. Gray, et al., 1995, Prevalence of Sexually Transmitted Infections in Rakai District, Uganda, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Session TuC180.

T0053 Twa-Twa, J., G. Tembo, G. Asiimwe, et al., 1991, AIDS Surveillance Report (First and Second Quarter) for the Year 1991, Ministry of Health, AIDS Control Programme Surveillance Unit, Entebbe, Uganda, unpublished report.

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HIV/AIDS Profile: Zaire

Demographic Indicators

Population (1,000s)	46,499	Growth Rate (%)	1.7
Infant Mortality Rate		Life Expectancy	
Both Sexes	108	Both Sexes	47
Male	118	Male	45
Female	98	Female	49
Crude Birth Rate	48	Crude Death Rate	17
Total Fertility Rate	6.6	Percent Urban	30

Note: Above indicators are for 1996.

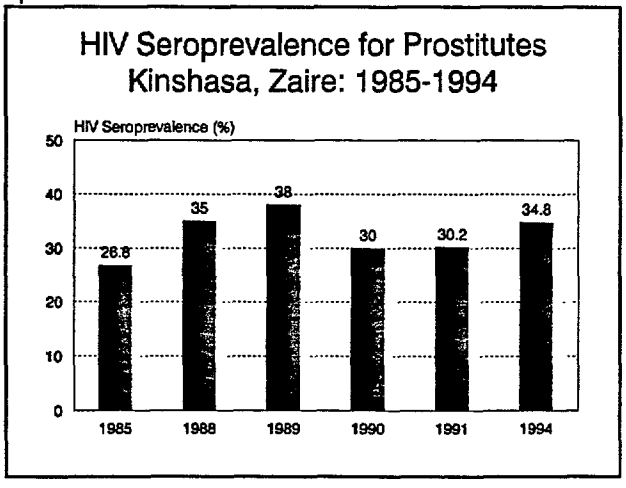
Cumulative AIDS rate (per 1,000) as of 7/6/94	0.61
Cumulative AIDS cases as of 7/6/94	26,131

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

Epidemiological Data

Zaire was the first country in Africa where HIV infection was detected, in the early 1980's. However, like a handful of other countries, HIV prevalence levels have remained relatively unchanged. Zaire is a very large and diverse country, and limited data are currently available on the epidemic.

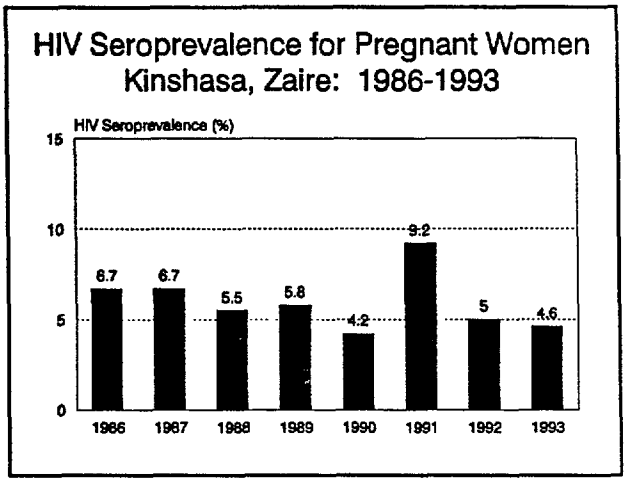
- In the capital city of Zaire, Kinshasa, HIV infection levels for prostitutes were reported to be high, 26.8 percent, as early as 1985 and continued to increase to 38 percent in 1989. In the early 1990's, HIV infection levels remained around 30 percent.



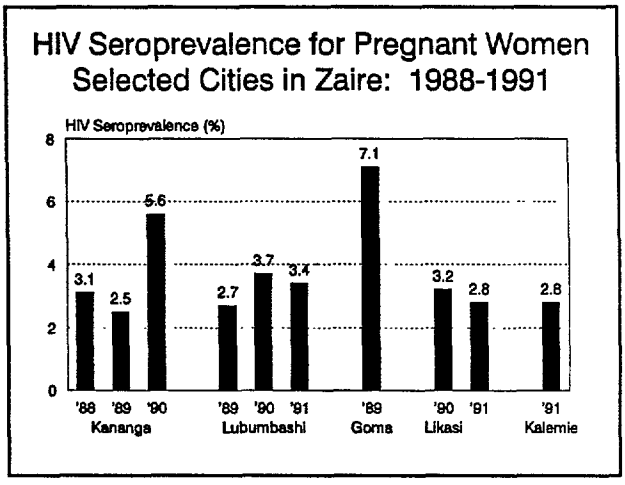
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Zaire

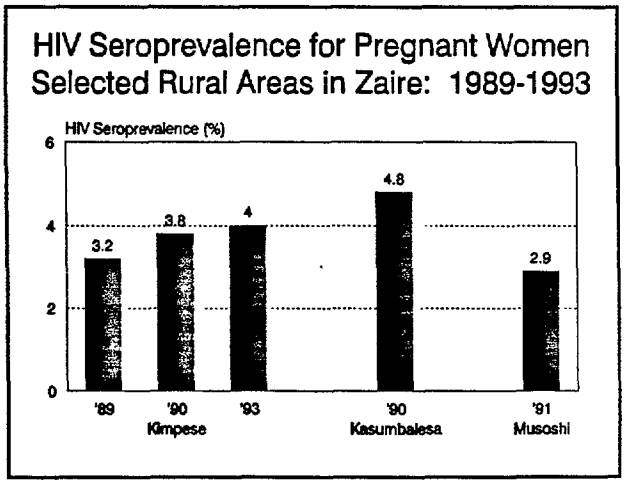
- Also, in Kinshasa, HIV infection levels in samples of pregnant women continued to hover around 5 percent.



- In Kananga, the capital city of the West Kasai Region, HIV infection levels reached 6 percent among pregnant women in 1990. Data for 1989 in Goma found HIV levels to be 7.1 percent, in Likasi, Kalemie and Lubumbashi for 1991, around 3 percent.



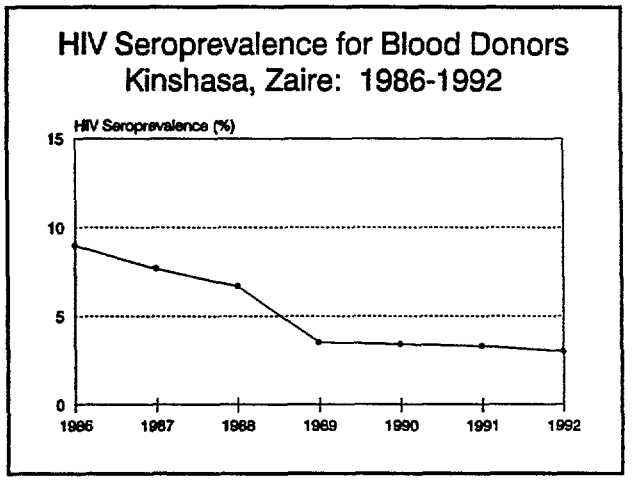
- Studies of pregnant women in Kimpese located in rural Bas-Zaire, and the rural areas of Kasumbalesa and Musoshi, all report HIV seroprevalence levels between 3 percent and 5 percent.



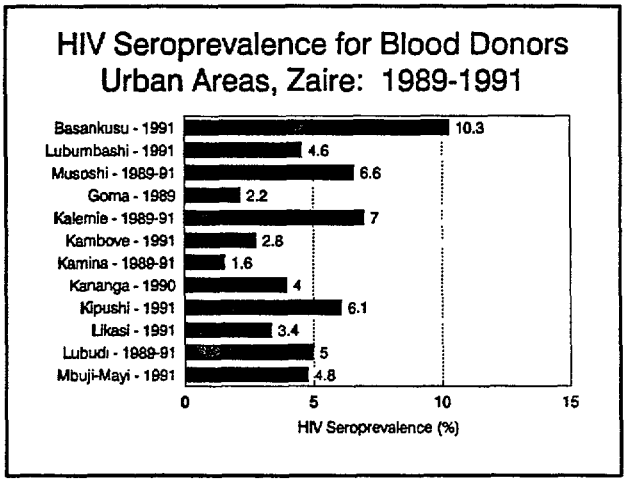
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Zaire

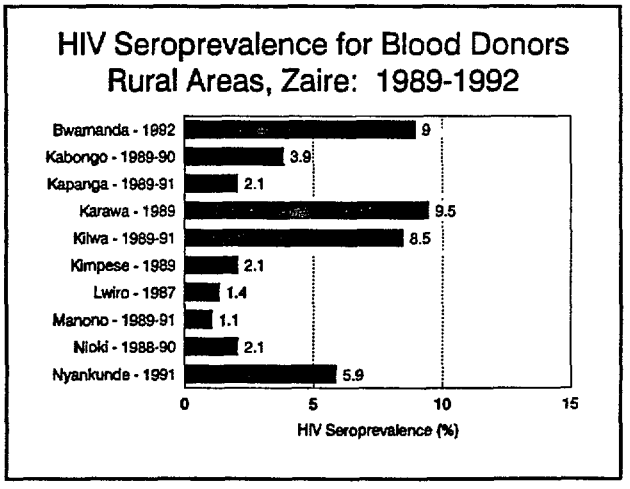
- In Kinshasa, HIV seropositive levels for blood donors underwent a substantial decline between 1986 and 1989. In 1986, the seroprevalence of donors was 9.0 percent, dropping to 3.6 percent in 1989, and continues to slowly decline. This may be due to donor screening programs and reduced donations from high risk individuals.



- Several studies among blood donors were carried out in various urban areas of Zaire. The range of HIV infection was 1.6 percent in Kamina to 10.3 percent in Basankusu.



- In the rural areas of Zaire, HIV infection levels among blood donors were in the same range as those for the urban areas. Studies in the rural areas reported HIV infection levels ranged from 1.1 percent to 9.0 percent.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

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K0160 Kalengayi, M. R., N. J. Ilunga, M. R. Nsiala, et al., 1993, HIV and Syphilis Seroprevalence and Risk Factors in Pregnant Women at Antenatal Clinic, Kinshasa University Hospital, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Abstract Th.P.B.052.

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N0027 N'Galy, B., R. Ryder, H. Francis, et al., 1988, HIV Prevalence in Zaire, 1984 to 1988, IV International Conference on AIDS, Stockholm, 6/13-14, Poster 5632.

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HIV/AIDS Profile: Zimbabwe

Demographic Indicators

Population (1,000s)	11,271	Growth Rate (%)	1.4
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	73	Both Sexes	42
Male	78	Male	42
Female	68	Female	42
Crude Birth Rate (per 1,000)	32	Crude Death Rate (per 1,000)	18
Total Fertility Rate	4.1	Percent Urban	33

Note: Above indicators are for 1996.

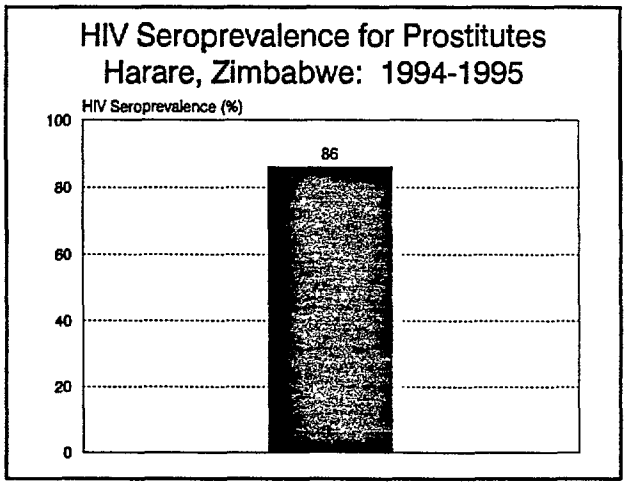
Cumulative AIDS rate (per 1,000) as of 10/19/95	3.69
Cumulative AIDS cases as of 10/19/95	41,298

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

Epidemiological Data

The HIV epidemic has become severe in Zimbabwe where transmission occurs mainly through heterosexual contact.

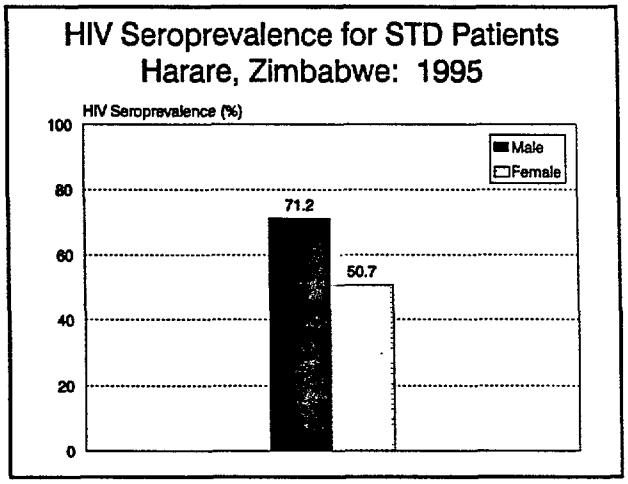
- In 1994-1995, a study of prostitutes in Harare, the capital city, reported very high levels of HIV infection, 86 percent.



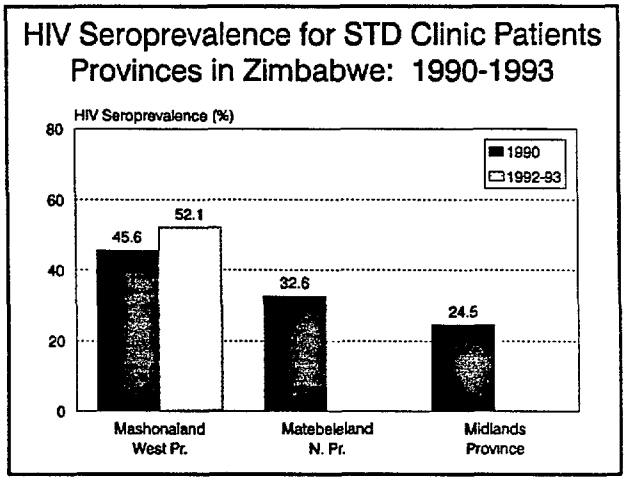
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Zimbabwe

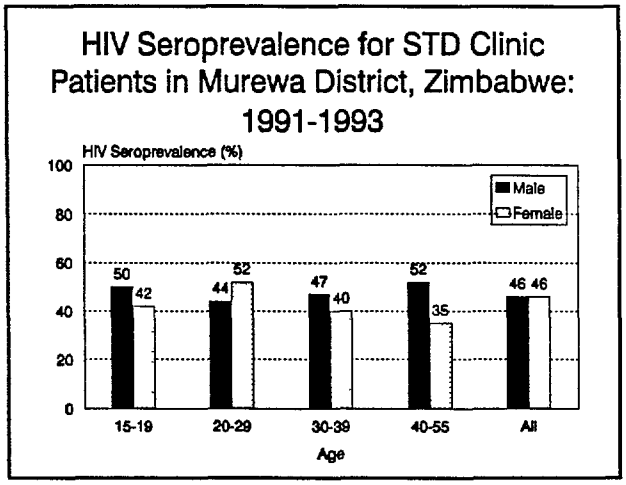
- This study conducted in 1995 in the capital city, Harare, reported higher HIV infection levels among the male STD patients, 71.2 percent, than the female STD patients, 50.7 percent.



- In a 1990 sentinel survey conducted among STD patients, the HIV level in Matebeleland North Province was 32.6 percent, and in Midlands Province, 24.5 percent. In Mashonaland West Province, levels of HIV infection increased from 45.6 percent in 1990 to 52.1 percent in 1992-93.



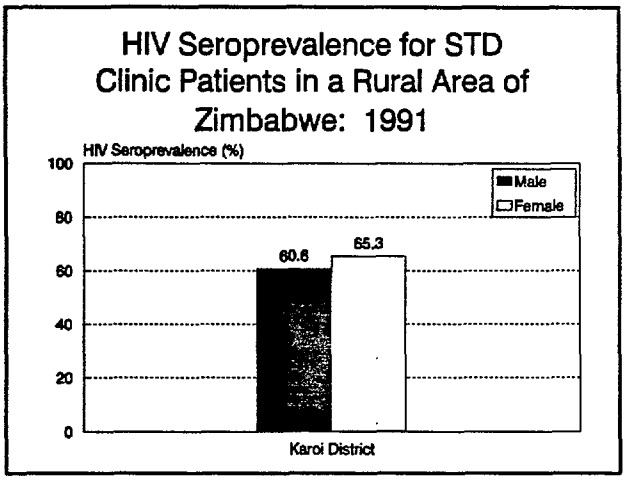
- A study carried out from March 1991 to March 1993 at Murewa District Hospital reported HIV seroprevalence levels of 46 percent among both male and female STD clinic patients. HIV prevalence peaks among females 20 to 29 years of age and males 40 to 55 years of age.



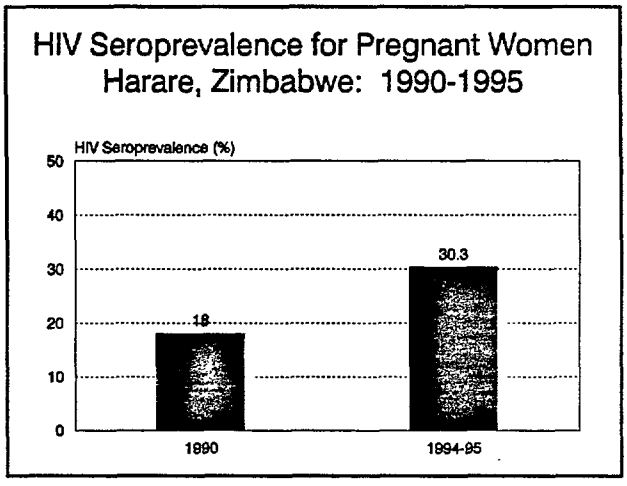
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Zimbabwe

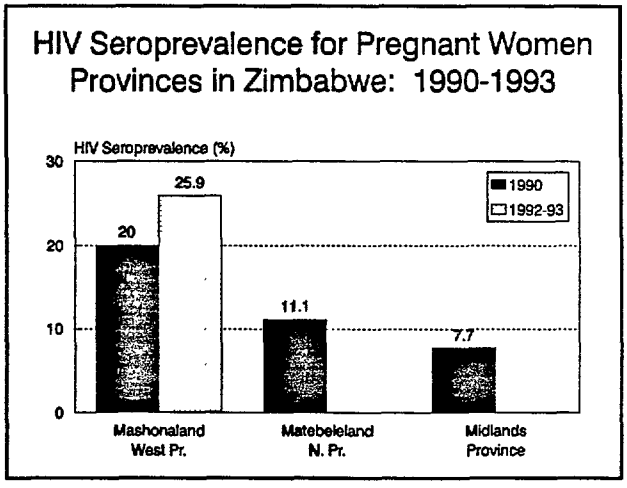
- Zimbabwe's well-developed roads facilitate the spread of HIV infection to rural areas. A 1991 study of STD patients in Karoi District reported high levels of infection among males and females.



- Studies of pregnant women attending antenatal clinics in Harare document the increase in HIV seroprevalence from 18 percent in 1990 to 30 percent in 1994-95. A study conducted in 1995 reported that 26 percent of 15-19 year old pregnant women were HIV positive.



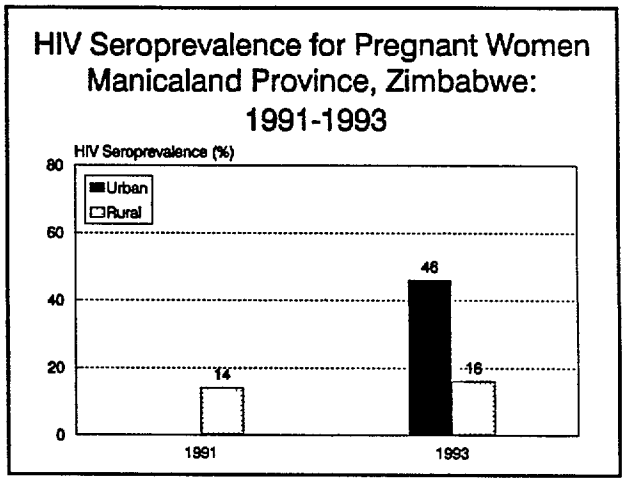
- Another study conducted among the various provinces in 1990 found the highest levels of HIV seroprevalence, 20 percent, among pregnant women in Mashonaland West Province where a 1992-93 study found the infection level had risen to 25.9 percent.



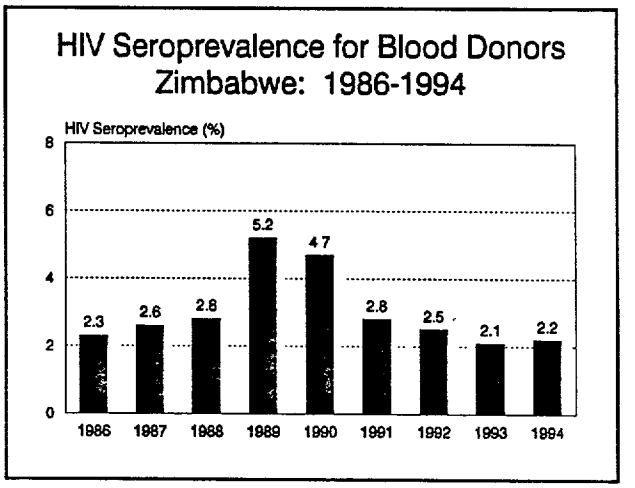
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Zimbabwe

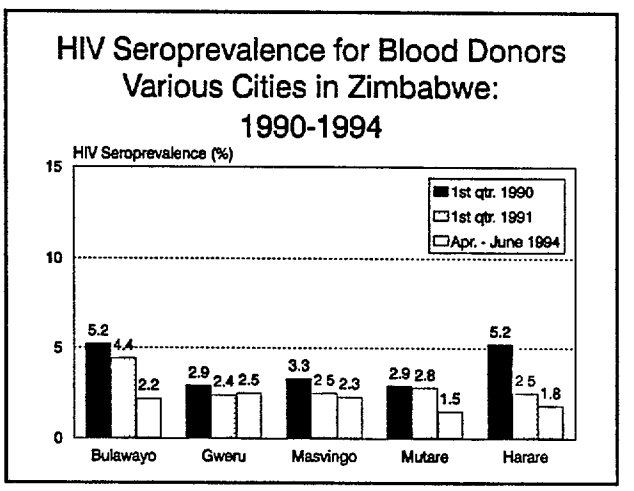
- During 1993, a study from Manicaland Province reported higher HIV infection levels among pregnant women tested in urban areas than in rural areas. Data from the urban area noted almost 50 percent of the sample of pregnant women positive for HIV, while prevalence in the rural areas was much lower, around 15 percent.



- Very few studies of HIV infection in the general population of Zimbabwe have been published. One study from the National Blood Transfusion Service reported steadily increasing HIV infection among blood donors from 1986 to 1989. After 1989, the HIV infection rate declined among blood donors to 2.2 percent for the period January-June 1994.



- Studies of blood donors in various urban centers were conducted in 1990, 1991, and 1994. All of the urban centers reported a slight decline in HIV infection levels from 1990 to 1994, which may reflect blood donor screening programs.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

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T0130 Tswana, S. A., L. Nystrom, S. R. Moyo, et al., 1995, Hospital-Based Study of Sexually Transmitted Diseases at Murewa Rural District Hospital, Zimbabwe 1991-1992, Sexually Transmitted Diseases, vol. 22, no. 1, pp. 1-6.

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ASIA & OCEANIA

HIV/AIDS Profile: Burma

Demographic Indicators

Population (1,000s)	45,976	Growth Rate (%)	1.8
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	81	Both Sexes	56
Male	88	Male	55
Female	73	Female	58
Crude Birth Rate (per 1,000)	30	Crude Death Rate (per 1,000)	12
Total Fertility Rate	3.8	Percent Urban	27

Note: Above indicators are for 1996.

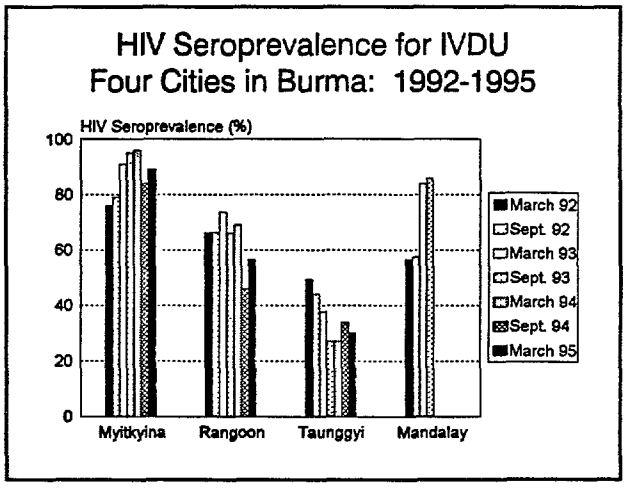
Cumulative AIDS rate (per 1,000) as of 11/22/96	0.01
Cumulative AIDS cases as of 11/22/96	570

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

Epidemiological Data

The epidemic in Burma is one of the most severe in the region. It began with the infection of large numbers of injecting drug users in the late 1980's.

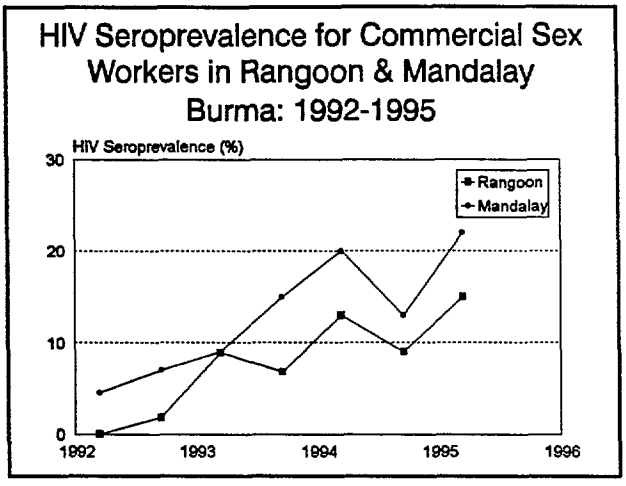
- Sentinel surveillance data from four cities in Burma show Myitkyina with the highest HIV infection levels compared to the other cities. In March 1995, infection levels ranged from 30 percent of intravenous drug users (IVDU) in Taunggyi to 89 percent in Myitkyina.



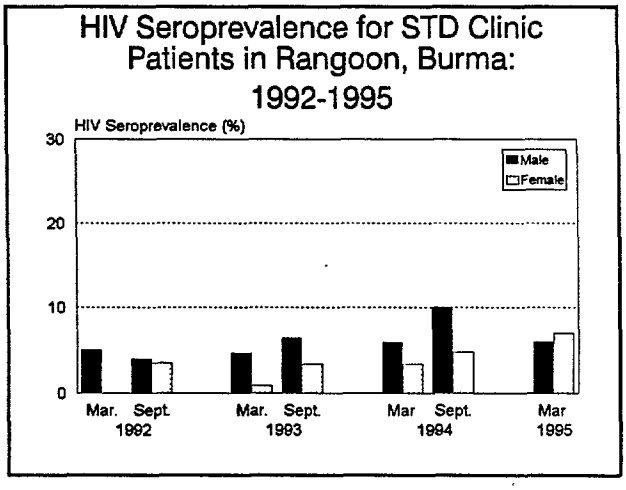
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Burma

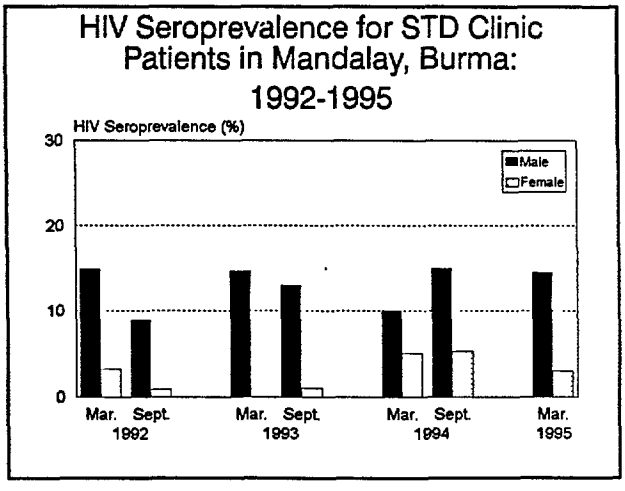
- Sentinel surveillance data also show HIV seroprevalence levels among commercial sex workers in the capital, Rangoon, increased from 0 percent in March 1992 to 15 percent in March 1995. In Mandalay, the former capital, the HIV infection level among CSWs tested increased from 4.5 percent in March 1992 to 22.0 percent in March 1995.



- Sentinel surveillance conducted among STD patients in the capital city, Rangoon, shows HIV infection levels generally increasing in both sexes. However, HIV infection levels found in the male STD patients were higher than levels found in the females.



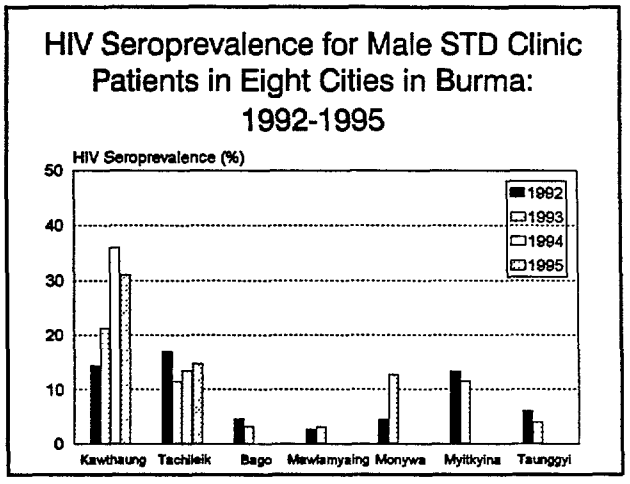
- Sentinel surveillance data showed higher levels of HIV infection among male STD clinic patients in Mandalay compared to Rangoon.



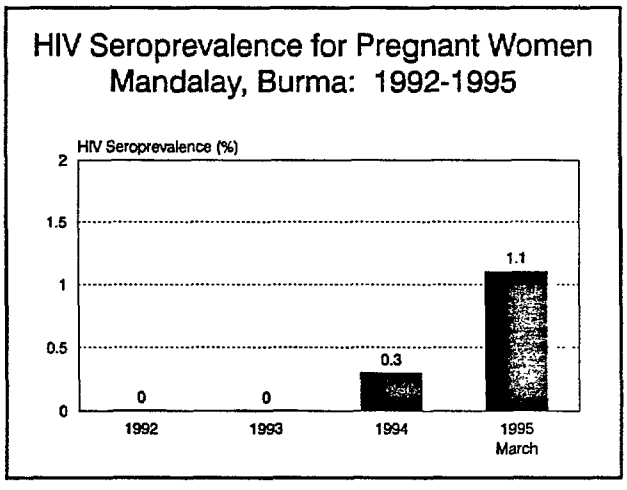
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Burma

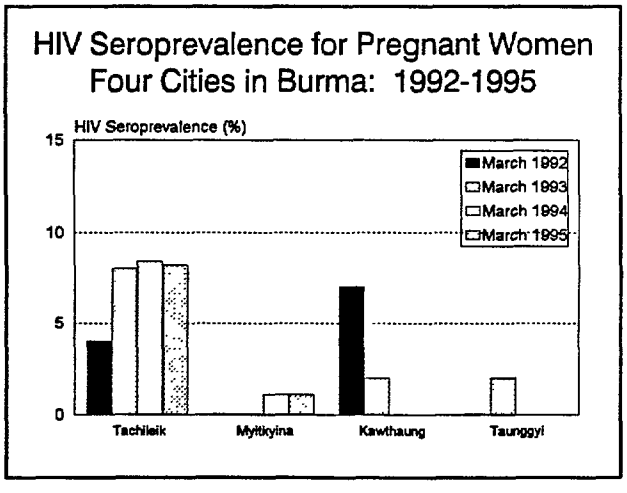
- Reports from seven other sentinel sites in Burma show varying levels of HIV infection among male STD patients. In 1993, HIV levels ranged from 3.0 percent in Mawlamyaing to 21.2 percent in Kawthaung. Data for 1994 and 1995 are only available for Kawthaung, where HIV prevalence has risen to over 30 percent, and Tachileik, with a prevalence rate around 14 percent in this population group.



- Sentinel surveillance data are now providing evidence of the spread of HIV infection into the general population. Data from Mandalay showed no indication of HIV infection in 1992 or 1993 in pregnant women. However, by 1994 0.3 percent of pregnant women tested were HIV positive and by March of 1995 the percent positive had more than tripled (1.1 percent).



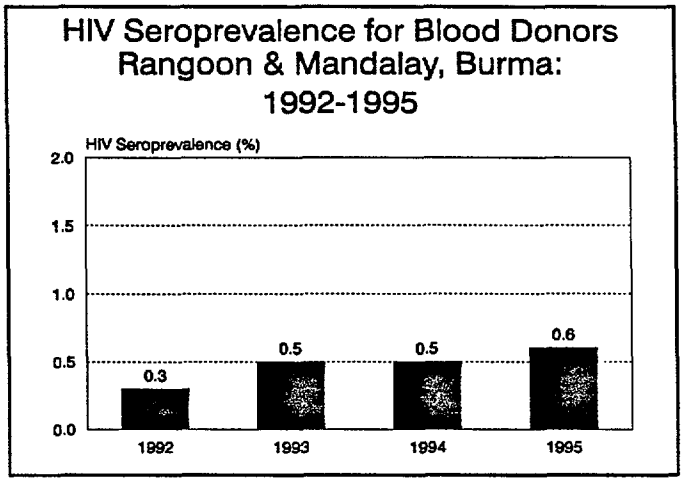
- By 1993, sentinel surveillance was finding evidence of HIV infection in pregnant women in other areas of Burma. In Kawthaung and Taunggyi, 1 percent or more of pregnant women were HIV positive in 1993. By 1995, 8 percent of pregnant women tested in Tachileik were HIV positive.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Burma

- According to the same sentinel surveillance, from March 1992 to March 1995, the percent of blood donors HIV positive has remained relatively low in both Rangoon and Mandalay, around 0.6 percent.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

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HIV/AIDS Profile: Cambodia

Demographic Indicators

Population (1,000s)	10,861	Growth Rate (%)	2.8
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	108	Both Sexes	50
Male	116	Male	48
Female	100	Female	51
Crude Birth Rate (per 1,000)	44	Crude Death Rate (per 1,000)	16
Total Fertility Rate	5.8	Percent Urban	21

Note: Above indicators are for 1996.

Cumulative AIDS rate (per 1,000) as of 10/15/95	0.01
Cumulative AIDS cases as of 10/15/95	86

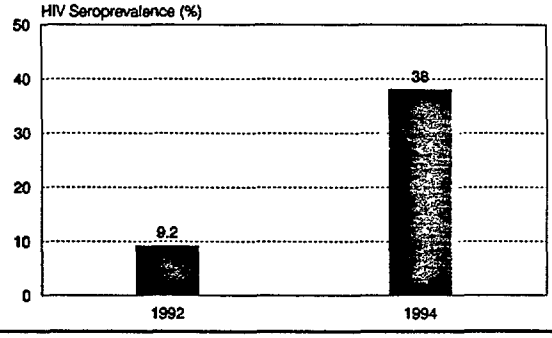
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

Epidemiological Data

In Cambodia, the HIV/AIDS data indicate that the HIV epidemic started during the late 1980's or early 1990's and is predominantly occurring among heterosexuals with multiple sex partners. To date, there has been no evidence of a significant problem of injecting drugs in Cambodia.

- Few studies of HIV seroprevalence among commercial sex workers have been conducted in Cambodia. However, the data that are available indicate a rapid rise of HIV levels among CSW in Phnom Penh and the provinces. HIV seroprevalence levels more than quadrupled in a 2-year period to 38 percent.

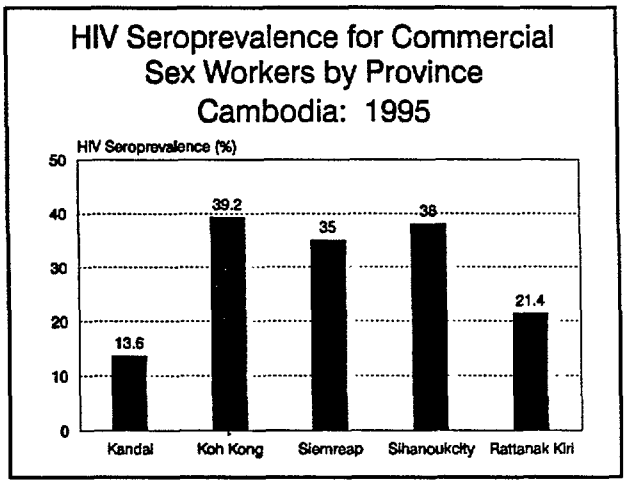
HIV Seroprevalence for Commercial Sex Workers in Phnom Penh and Provinces Cambodia: 1992-1994



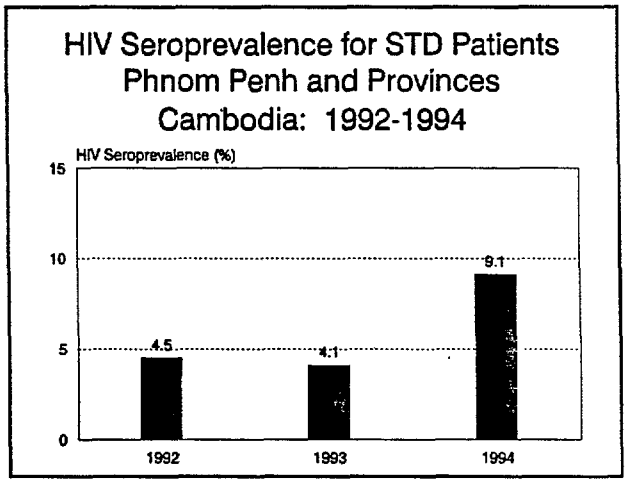
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Cambodia

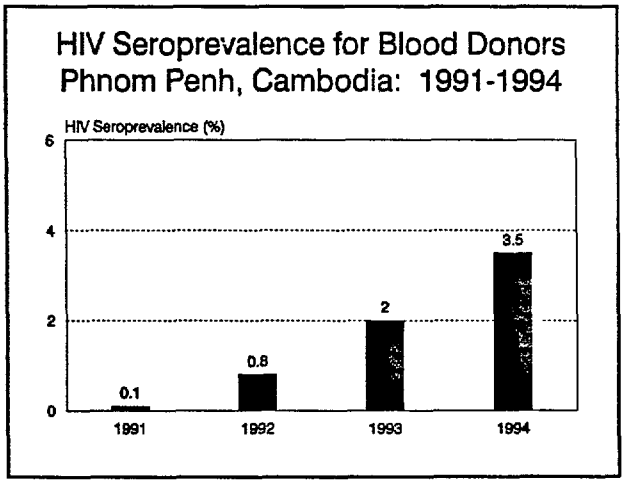
- A 1995 study of HIV seroprevalence among commercial sex workers provides data by province in Cambodia. The data from three out of these five provinces indicate higher levels of HIV infection, over 30 percent. Kandal Province had the lowest HIV level.



- Seroprevalence studies conducted in Phnom Penh and the provinces in 1992 and 1993 found HIV infection levels under 5 percent among STD patients. However, in 1994 HIV infection levels doubled to 9 percent.



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



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

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HIV/AIDS Profile: India

Demographic Indicators

Population (1,000s)	952,108	Growth Rate (%)	1.6
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	71	Both Sexes	60
Male	71	Male	59
Female	71	Female	60
Crude Birth Rate (per 1,000)	26	Crude Death Rate (per 1,000)	10
Total Fertility Rate	3.2	Percent Urban	27

Note: Above indicators are for 1996.

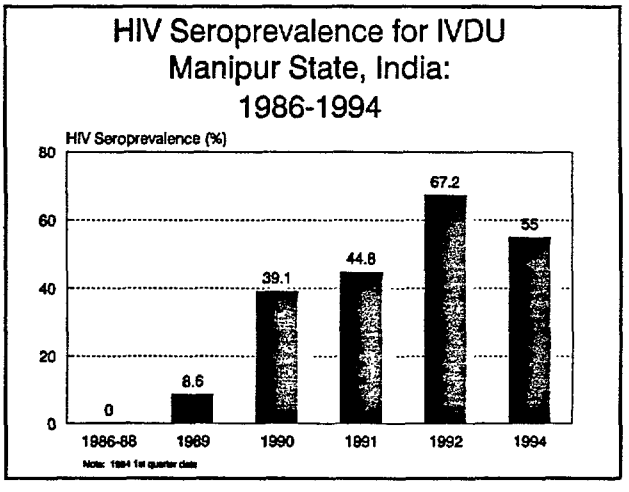
Cumulative AIDS rate (per 1,000) as of 11/22/95	0.00
Cumulative AIDS cases as of 11/22/95	2,095

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

Epidemiological Data

There is great geographic variation in India. HIV seroprevalence is high in the South and West but is generally lower in the Central, Eastern and Northern parts of the country.

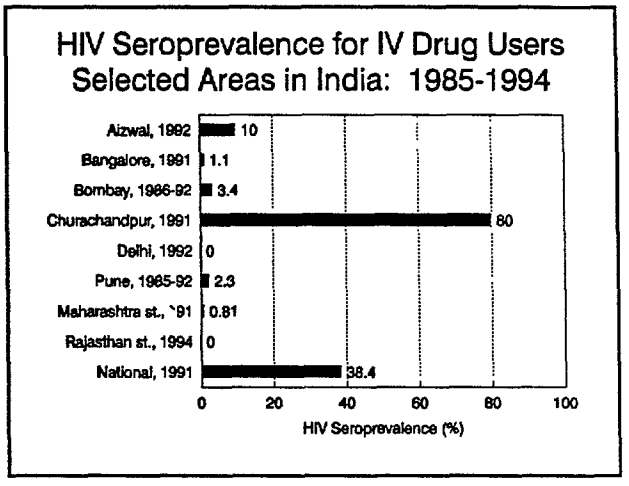
- Injecting drug use has been a problem in Manipur State. By 1992, HIV infection levels reached above 60 percent for this group.



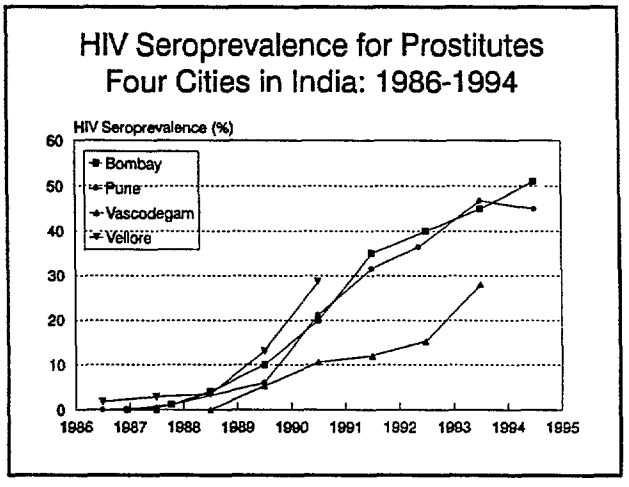
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

India

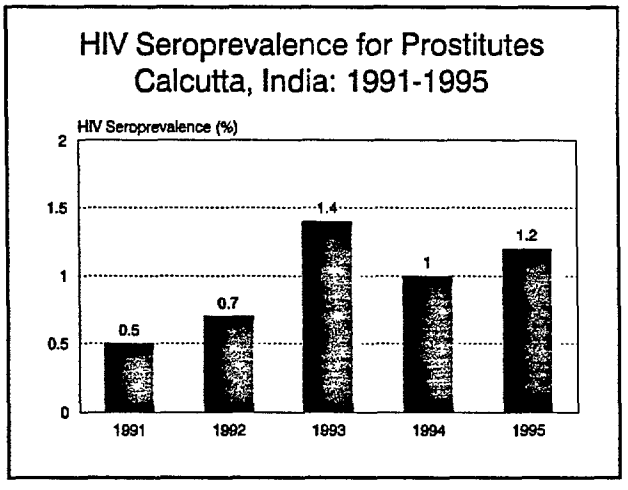
- Studies of HIV infection among IVDU in various areas reported levels up to 80 percent. In addition, a 1991 national survey of 3,521 IVDU reported a seroprevalence level of 38.4 percent.



- In Western and Southern India, various studies clearly document the spread of HIV among prostitutes. In this high risk population, HIV infection increased sharply in these cities over the past six years. The highest levels of HIV infection were found in Bombay, 51 percent and Pune, 45 percent.



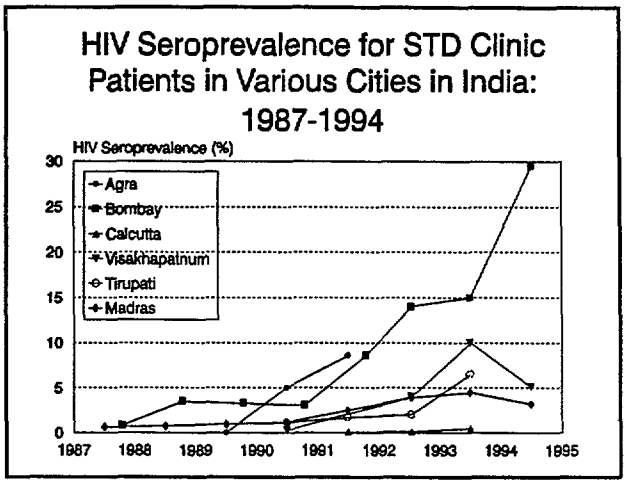
- Studies among commercial sex workers in Calcutta, eastern India, have shown consistently low prevalence, less than 2 percent.



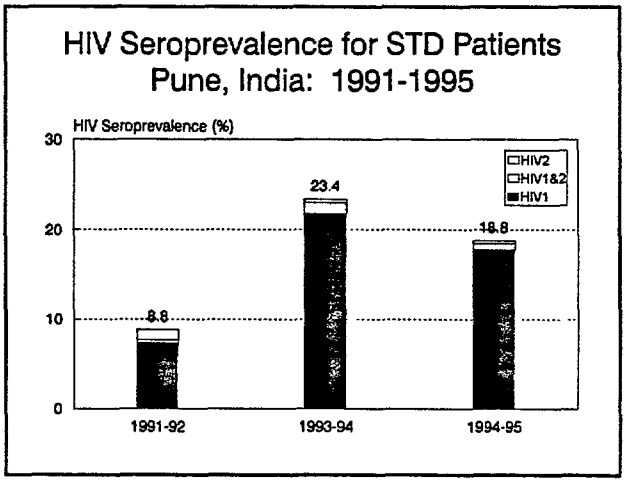
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

India

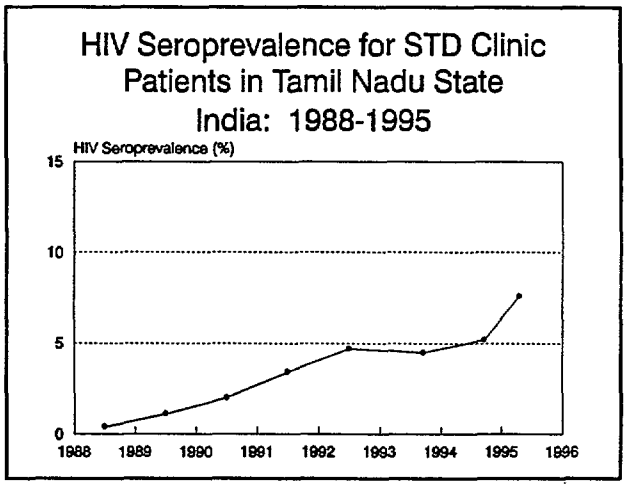
- HIV infection levels among STD clinic patients increased rapidly in Bombay. Prevalence levels rose from less than 1 percent in 1987-88 to almost 30 percent in 1994. Data for other cities show levels of 10 percent or less. Data from Calcutta indicate that HIV seroprevalence among STD clinic patients continues to remain relatively low, reaching 0.5 percent in 1993.



- In Pune, HIV infection levels continued to rise from nearly 10 percent in 1991-1992 to around 20 percent in 1994-1995. Bombay and Pune are the only areas outside of West Africa, Angola and Mozambique which have reported HIV-2 infections. HIV-1 is, however, the predominant virus in Pune.



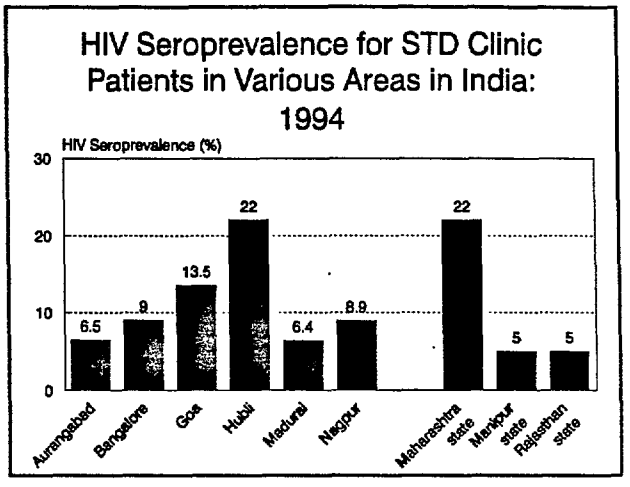
- Tamil Nadu State, located in the southern tip of India, has seen a rise in HIV infection among STD clinic patients. The prevalence level rose from less than 1 percent in 1988 to almost 8 percent in 1995.



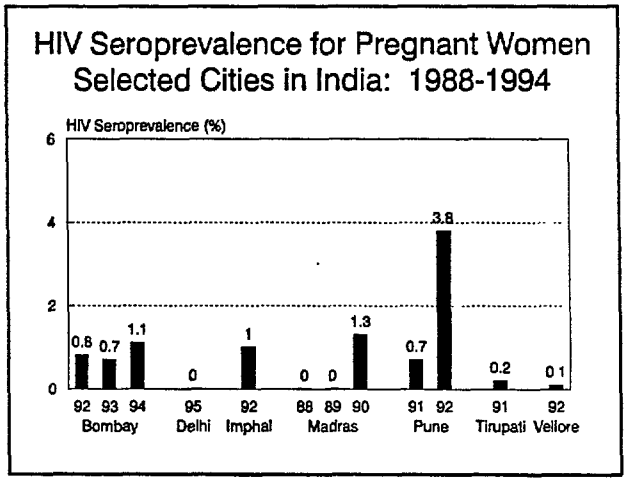
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

India

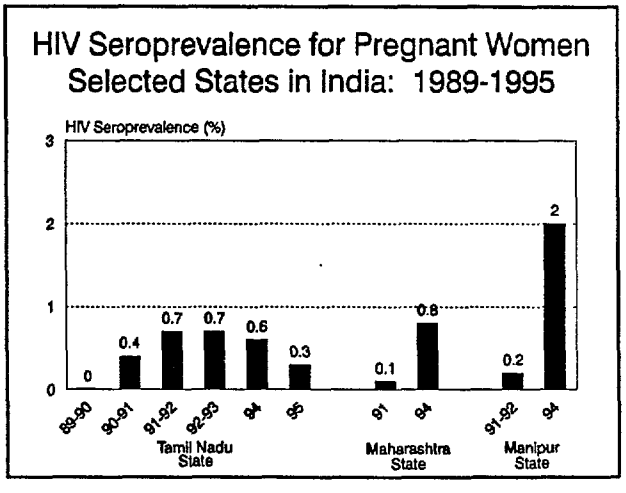
- Studies of HIV seroprevalence among STD clinic patients in various areas of India report HIV infection levels ranging from 22 percent in Hubli and Maharashtra State, southern India, to 5 percent in Manipur and Rajasthan States, northern India.



- Among selected cities, levels of HIV seroprevalence in pregnant women varied. In Pune, HIV levels increased dramatically from 0.7 in 1991 to 3.8 in 1992. Bombay, Madras, Pune, Tirupati and Vellore are located in western and southern India. Imphal is in Manipur State where high levels of HIV infection have been found among IVDU. Delhi is located in central India where seroprevalence remains relatively low.



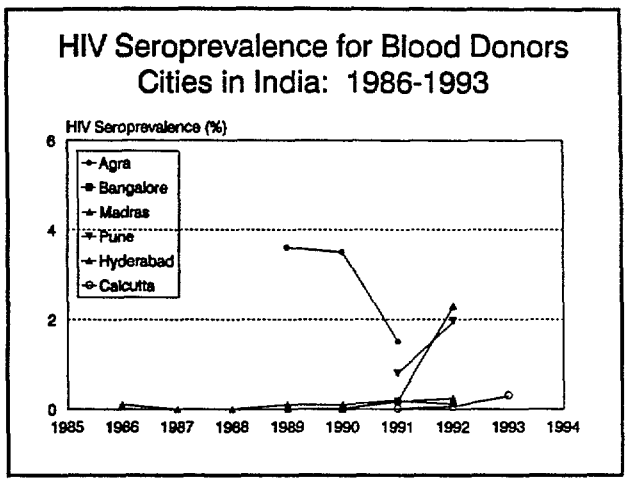
- Data from some states show HIV infection levels among pregnant women less than 1 percent. However, sentinel surveillance for the first quarter in 1994 in Manipur State reported a level of 2 percent. The increase in Manipur State may be a result of the very high infection levels found among IVDU.



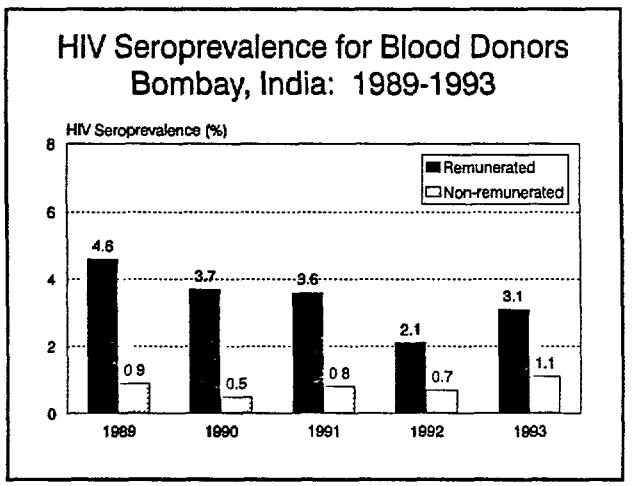
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

India

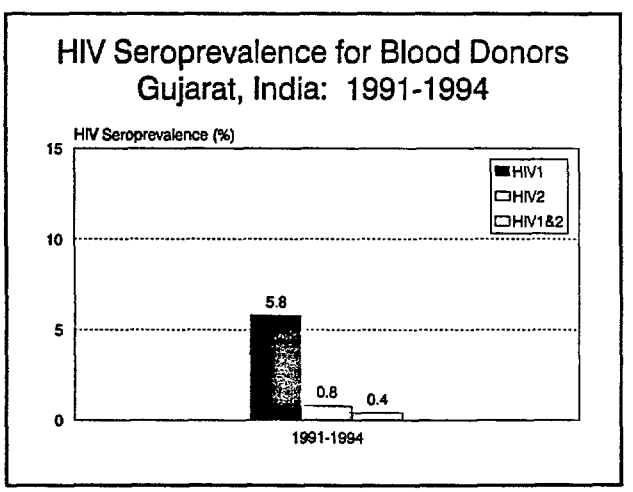
- HIV seroprevalence data for blood donors in several cities show a variety of different patterns over time. In Agra, HIV infection levels have decreased, while HIV infection levels in Madras and Pune have increased. HIV levels in the other cities remained the same during this period. These variations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



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



- HIV seroprevalence data on blood donors in Gujarat from 1991-1994 show HIV-1 infection is more prevalent than HIV-2 or dual infection.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

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

S0310 Sarkar, S., N. Das, S. Panda, et al., 1993, Rapid Spread of HIV among Injecting Drug Users in North-Eastern States of India, Bulletin on Narcotics, vol. XLV, no. 1, pp. 91-105.

S0317 Singh, N. B., Y. I. Singh, H. L. Singh, 1991, Epidemic of HIV Infection among Intravenous Drug Users in Manipur, India, Virus Information Exchange Newsletter, vol. 8, no. 1, p. 20.

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S0328 Solomon, S., S. Anuradha, M. Ganapathy, et al., 1994, Sentinel Surveillance of HIV-1 Infection in Tamilnadu, India, International Journal of STD and AIDS, vol. 5, pp. 445-446.

T0072 Tripathy, S., K. Banerjee, S. G. Deshpande, et al., 1992, Prevalence of HIV in STD Patients in Pune, 2nd International Congress on AIDS in Asia and Pacific, New Delhi, India, 11/8-12, Poster B349.

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

V0060 Verenkar, M., S. Rodrigues, M. J. Pinto, et al., 1992, HIV, Hepatitis B and Syphilis among Sex Workers of Goa, 2nd International Congress on AIDS in Asia and Pacific, New Delhi, India, 11/8-12, Poster A128.

Y0013 Yeoh, E., 1990, The Growing Problem of AIDS in Asia, VI International Conference on AIDS, San Francisco, 6/24, Closing Ceremony, vol. 3, p. 93.

HIV/AIDS Profile: Nepal

Demographic Indicators

Population (1,000s)	22,094	Growth Rate (%)	2.4
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	79	Both Sexes	54
Male	81	Male	53
Female	77	Female	54
Crude Birth Rate (per 1,000)	37	Crude Death Rate (per 1,000)	13
Total Fertility Rate	5.1	Percent Urban	14

Note: Above indicators are for 1996.

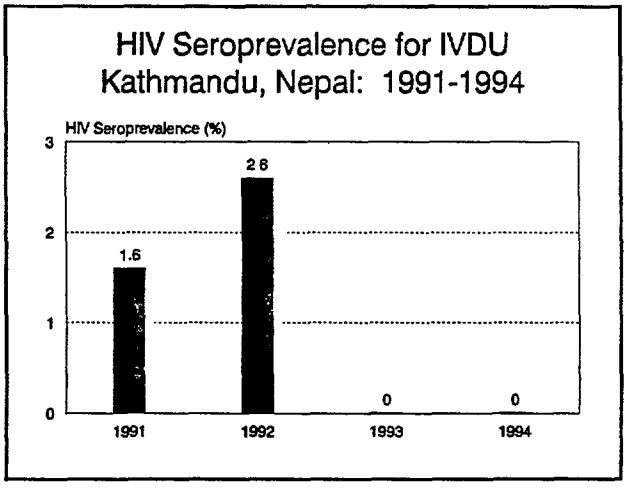
Cumulative AIDS rate (per 1,000) as of 4/17/95	0.00
Cumulative AIDS cases as of 4/17/95	35

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

Epidemiological Data

Nepal is in the early stages of an HIV epidemic.

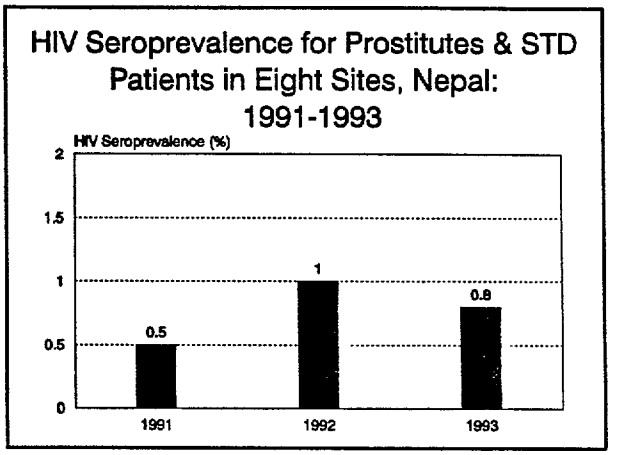
- A limited amount of HIV seroprevalence data are available for Nepal. Testing of needle exchange program participants in the capital city of Kathmandu detected HIV infection in 1991 and 1992 but none in 1993 and 1994.



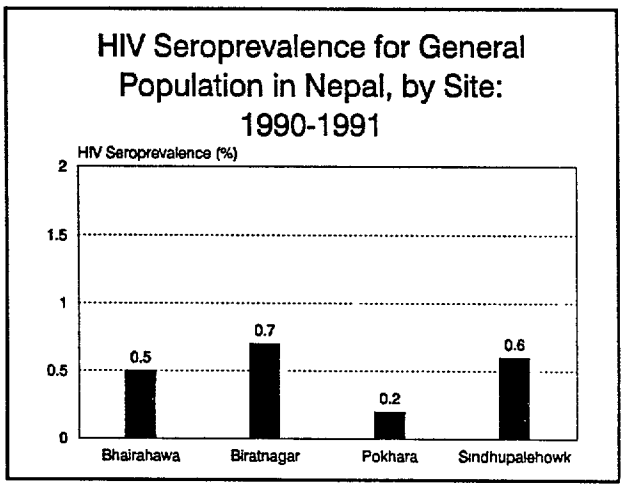
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Nepal

- Sentinel surveillance data for prostitutes and STD patients from eight sites in Nepal show HIV levels of 1 percent or less for 1991-1993.



- Healthy asymptomatic people from nine sentinel sites in Nepal were tested for HIV from May 1990 through May 1991. HIV seroprevalence levels were all less than 1 percent. No evidence of infection was found in Kathmandu, Dhangadhi, Mahendranagar, Nepalgunj and Nuwakot.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Sources for Nepal

P0136 Peak, A., S. Rana, S. H. Maharjan, et al., 1995, Declining Risk for HIV among Injecting Drug Users in Kathmandu, Nepal: The Impact of a Harm-Reduction Programme, AIDS, vol. 9, no. 9, pp. 1067-1070

S0337 Shrestha, C. D., V. L. Gurubacharya, 1993, A Retrospective Study of Normal People for the Incidence of HIV, HBV and Syphilis in Nepal, Journal of the Nepal Medical Association, vol. 31, no. 108, pp. 348-351.

U0018 U. S. Department of State, 1994, HIV/AIDS Situation in Nepal, Unclassified cable, January, Kathmandu, 000273.

HIV/AIDS Profile: Thailand

Demographic Indicators

Population (1,000s)	58,851	Growth Rate (%)	1.0
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	33	Both Sexes	69
Male	36	Male	65
Female	30	Female	73
Crude Birth Rate (per 1,000)	17	Crude Death Rate (per 1,000)	7
Total Fertility Rate	1.9	Percent Urban	20

Note: Above indicators are for 1996.

Cumulative AIDS rate (per 1,000) as of 11/22/95	0.38
Cumulative AIDS cases as of 11/22/95	22,135

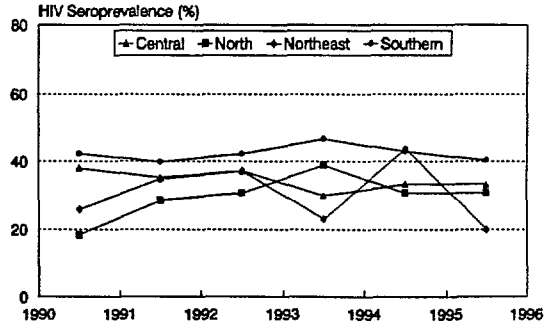
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

Epidemiological Data

The HIV epidemic in Thailand is one of the best documented in the world. Because Thailand has monitored extensively for HIV since 1985, a clear picture of the spread of HIV there has been obtained.

- Sentinel surveillance data for 1995 from the Thailand Ministry of Health reported 20 percent to 40 percent of the intravenous drug users in all four regions of Thailand were infected with HIV.

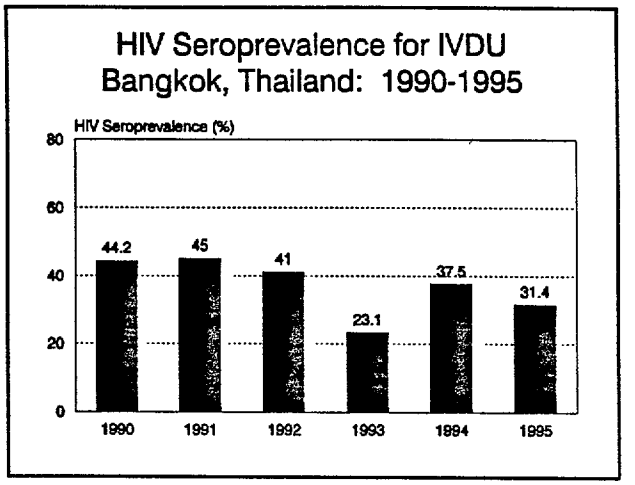
HIV Seroprevalence for IVDU by Region Urban Areas, Thailand: 1990-1995



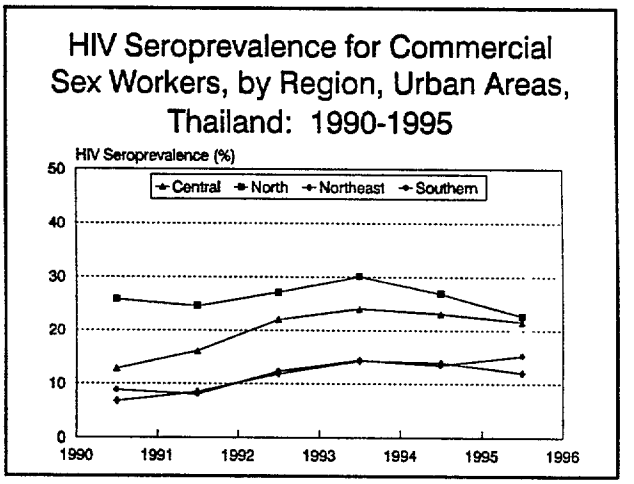
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Thailand

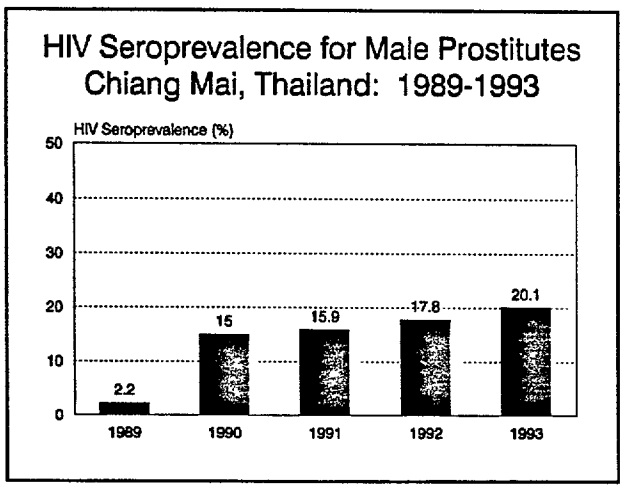
- Since 1990, HIV prevalence levels among IVDU in Bangkok have remained high. However, HIV prevalence levels declined to below 40 percent after 1992.



- HIV seroprevalence among commercial sex workers (indirect and direct prostitutes) continued to increase throughout Thailand until mid 1993. Recent sentinel surveillance data indicate declining or stabilizing rates among this group.



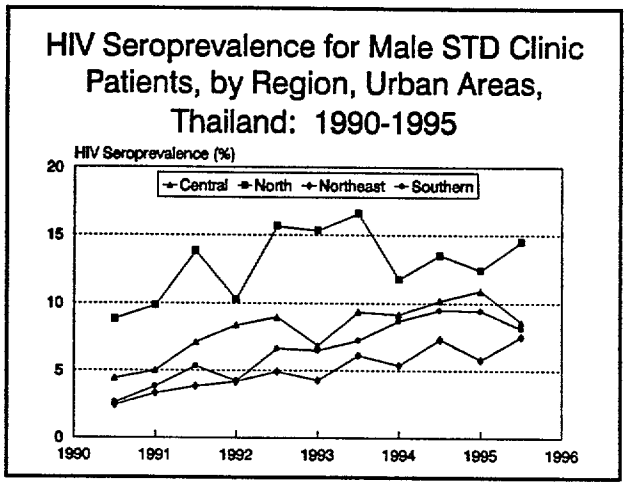
- Chiang Mai, the largest city in the North Region, has a number of male prostitutes. Since 1989, Ministry of Public Health has included male prostitutes in its HIV sentinel surveillance. These data show an increase of HIV infection among the male prostitutes over a period of 5 years.



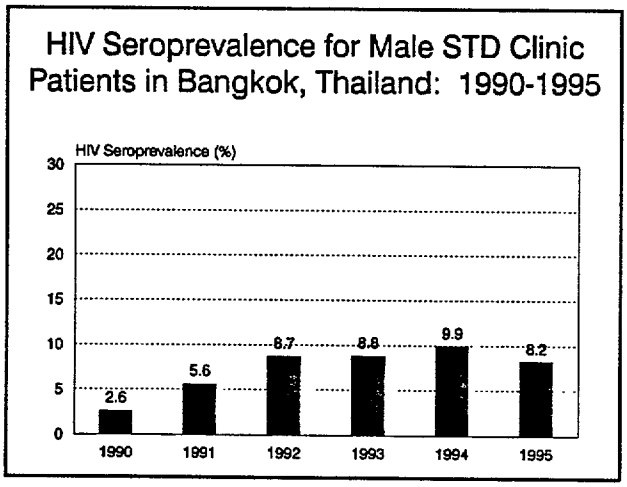
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Thailand

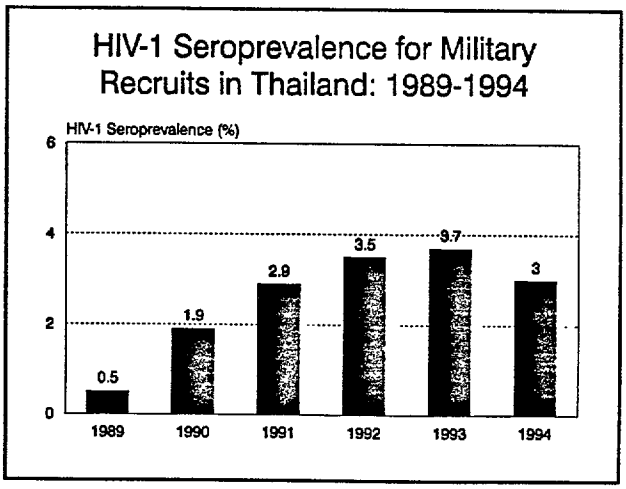
- Nationally, HIV infection levels among male STD clinic patients increased from 0 percent in 1988 to 10 percent in 1995. Thailand's sentinel surveillance system documents that HIV infection levels continue to be the highest in the North.



- In the capital city, Bangkok, HIV infection levels among male STD clinic patients have remained virtually the same since 1992, around 9 percent.



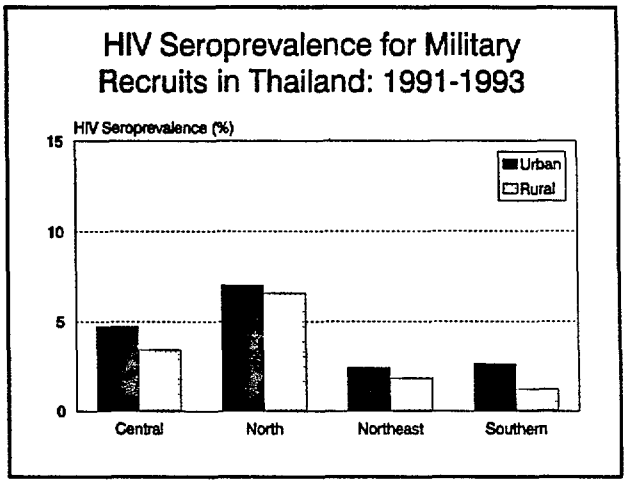
- National HIV seroprevalence data among young adult males entering the Royal Thai Army reported a steady increase in HIV infection from 0.5 percent in 1989 to 3.5 percent in 1992. However, between 1992 and 1994, HIV levels have remained around 3 percent. In addition, this study reported that the highest HIV infection level was found in the North Region of Thailand.



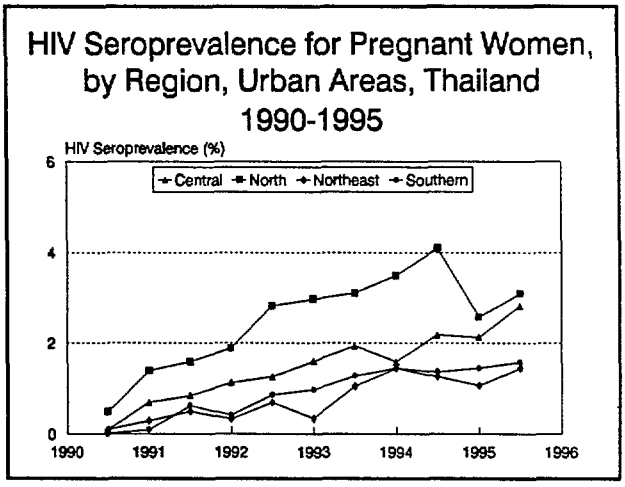
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Thailand

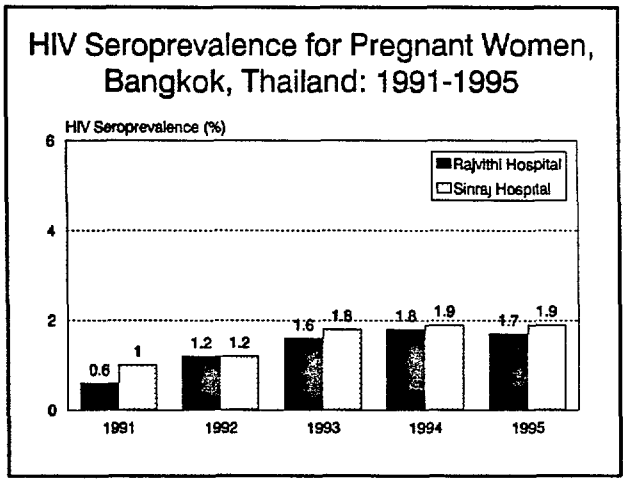
- This study describes the urban/rural differentiation in HIV infection levels among Royal Thai Army recruits. All four regions report higher levels among urban recruits. The North Region reported the highest urban and rural levels.



- Data from the June 1995 sentinel surveillance report document increases in HIV infection levels among pregnant women in all regions except the North. However, HIV infection levels in the North Region still remain the highest among the four regions.



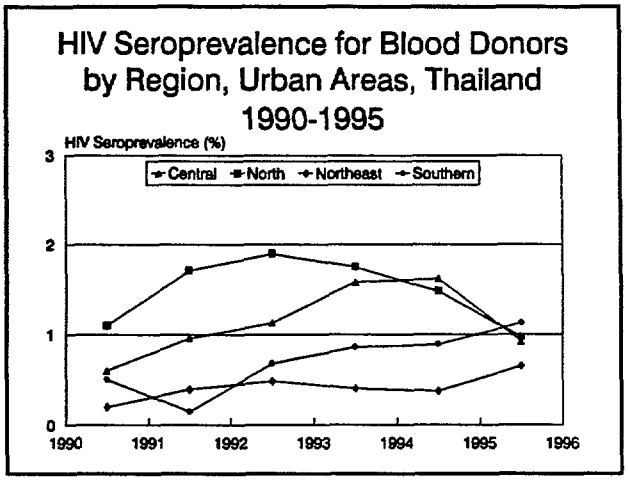
- A study conducted among pregnant women in Rajvithi hospital, a large public hospital, and Siriraj Hospital in Bangkok, showed an increase in HIV infection. HIV seroprevalence levels among pregnant women for both hospitals were around 2.0 percent for 1995.



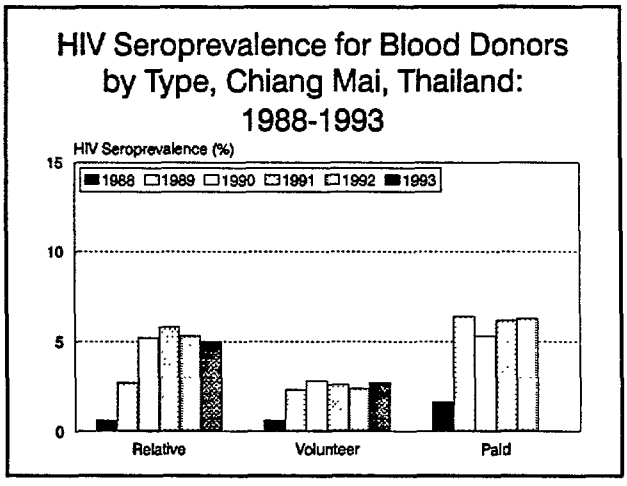
Source. International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Thailand

- The rates of infection in blood donors remained the same from June 1993 to June 1994 for all regions except for the North. Data from June 1995 showed a decrease in the North and Central Regions while the Northeast and Southern Regions showed an increase. For the first time since 1990, prevalence levels among blood donors in the Central Region were higher than those in the North Region.



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



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B0263 Beyrer, C., C. Natpratan, R. Brookmeyer, et al., 1995, Estimating HIV Incidence from P24 Antigen Prevalence Using Sentinel Surveillance Data from Northern Thailand, 3rd International Conference on AIDS in Asia and the Pacific, Chiang Mai, Thailand, 9/17-21, Poster PB136.

C0198 Chaiyakul, P., W. Hemaouppatum, S. Jaichuen, et al., 1995, Assessment of Video Group Pre-Test HIV Counselling of Pregnant Women at 1st Antenatal Visit, Bangkok, 3rd International Conference on AIDS in Asia and the Pacific, Chiang Mai, Thailand, 9/17-21, Poster PC306.

C0200 Chotpitayasunondh, T., N. Shaffer, P. Bhiraleus, et al., 1995, Perinatal HIV-1 Transmission Rate and Risk Factors, Bangkok, Thailand, 3rd International Conference on AIDS in Asia and the Pacific, Chiang Mai, Thailand, 9/17-21, Session B102.

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

K0186 Kunawararak, P., C. Beyrer, C. Natpratan, et al., 1995, The Epidemiology of HIV and Syphilis among Male Commercial Sex Workers in Northern Thailand, AIDS, vol. 9, no. 5, pp. 517-521.

M0180 Muecke, M. A., 1990, The AIDS Prevention Dilemma in Thailand, Asian and Pacific Population Forum, vol. 4, no. 4, pp. 1-27.

M0419 Mason, C. J., L. E. Markowitz, S. Kitsiripornchai, et al., 1995, Declining Prevalence of HIV-1 Infection in young Thai Men, AIDS, vol. 9, no. 9, pp. 1061-1065.

R0094 Roongpisuthipong, A., P. Chaisilwattana, C. Wasi, et al., 1993, Rapid Rise in Maternal HIV-1 Seroprevalence, Siriraj Hospital, Bangkok, Thailand, IX International Conference on AIDS, Berlin, 6/6-11, Session WS-C04-4.

T0045 Thailand Ministry of Public Health, 1991, National Sentinel Surveillance Survey, Unpublished tables.

T0056 Thailand Ministry of Public Health, 1991, National Sentinel Seroprevalence Survery, Aug. 24, unpublished tables.

T0058 Thailand Ministry of Public Health, 1991, National Sentinel Seroprevalence Survey, Oct. 28, unpublished tables.

T0059 Thailand Ministry of Public Health, 1991, National Sentinel Seroprevalence Survey, Feb. 21, unpublished tables.

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

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

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

T0119 Thailand Ministry of Health, 1994, National Sentinel Surveillance, June, unpublished tables.

T0134 Thailand Ministry of Health, 1994, National Sentinel Surveillance, December, unpublished tables.

T0145 Thailand Ministry of Health, 1995, National Sentinel Surveillance, June, unpublished tables.

HIV/AIDS Profile: Vietnam

Demographic Indicators

Population (1,000s)	73,977	Growth Rate (%)	1.6
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	38	Both Sexes	67
Male	39	Male	65
Female	38	Female	70
Crude Birth Rate (per 1,000)	23	Crude Death Rate (per 1,000)	7
Total Fertility Rate	2.7	Percent Urban	21

Note: Above indicators are for 1996.

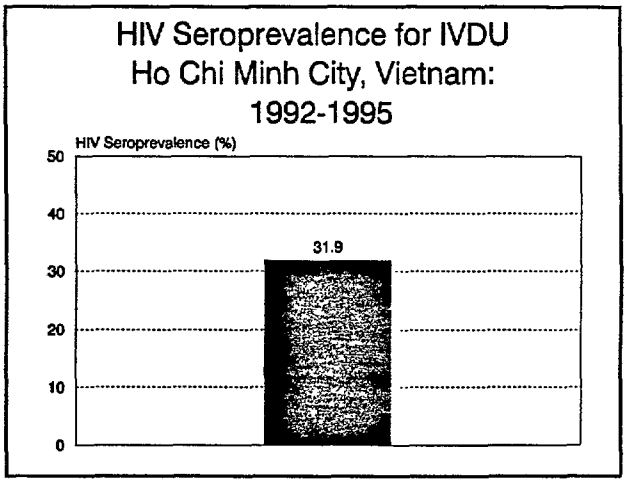
Cumulative AIDS rate (per 1,000) as of 4/3/95	0.00
Cumulative AIDS cases as of 4/3/95	228

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

Epidemiological Data

In Vietnam, there is some evidence that the HIV epidemic is now growing rapidly.

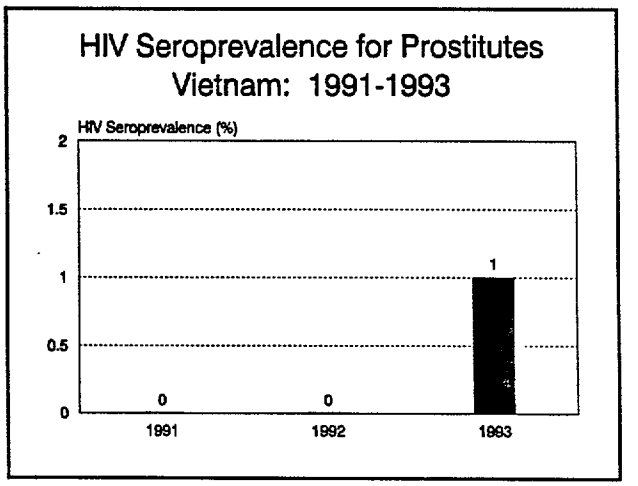
- An HIV seroprevalence level of 31.9 percent was found among intravenous drug users attending Binh Trieu Drug Rehabilitation Centre in Ho Chi Minh City (Saigon) from 1992-1995.



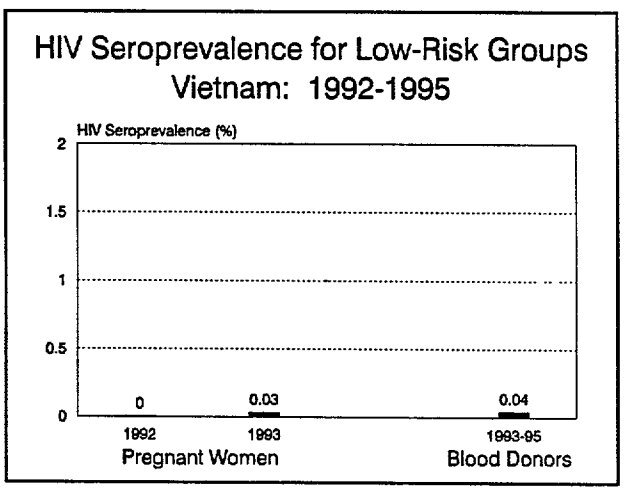
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Vietnam

- Very few published data on HIV seroprevalence are available for Vietnam. Obtainable studies of prostitutes show an increase in infection levels from no evidence of infection in 1991 and 1992 to a level of 1 percent in 1993.



- HIV seroprevalence data for pregnant women and blood donors show almost no evidence of infection among these low-risk population groups.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Sources for Vietnam

H0125 Huong, N. D., 1995, Tuberculosis and HIV Infection in Vietnam, 3rd International Conference on AIDS in Asia and the Pacific, Chiang Mai, Thailand, 9/17-21, Session WS10.

K0150 Kipp, W., J. Kamugisha, T. Rehle, 1992, Meningococcal Meningitis and HIV Infection: Results from a Case-Control Study in Western Uganda, AIDS, vol. 6, no. 12, pp. 1557-1558.

K0183 Kaldor, J. M., P. Effler, R. Sarda, et al., 1994, HIV and AIDS in Asia and the Pacific: An Epidemiological Overview, AIDS, vol. 8, suppl. 1, pp. S165-S172.

W0112 World Health Organization Western Pacific Region, 1995, HIV and AIDS in the Western Pacific Region, AIDS Surveillance Report, no. 6, pp. 1-3.

LATIN AMERICA & CARIBBEAN

HIV/AIDS Profile: Chile

Demographic Indicators

Population (1,000s)	14,333	Growth Rate (%)	1.2
Infant Mortality Rate		Life Expectancy	
Both Sexes	14	Both Sexes	75
Male	15	Male	71
Female	12	Female	78
Crude Birth Rate	18	Crude Death Rate	6
Total Fertility Rate	2.2	Percent Urban	84

Note: Above indicators are for 1996.

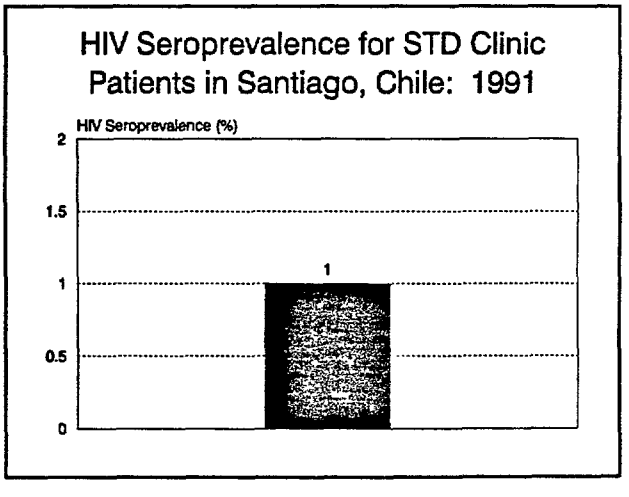
Cumulative AIDS rate (per 1,000) as of 9/30/95	0.09
Cumulative AIDS cases as of 9/30/95	1,290

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

Epidemiological Data

The HIV pandemic in the Southern Cone countries of South America, Chile, Argentina, Uruguay and Paraguay, has progressed since the early 1980's from one predominantly homosexual/bisexual to one with accelerated heterosexual transmission.

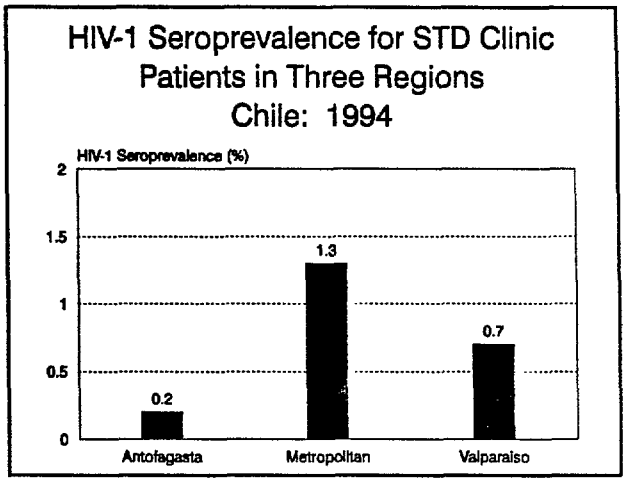
- In Santiago, the capital city, HIV infection among STD clinic patients was present in 1991. This study indicated the level of HIV infection was 1.0 percent.



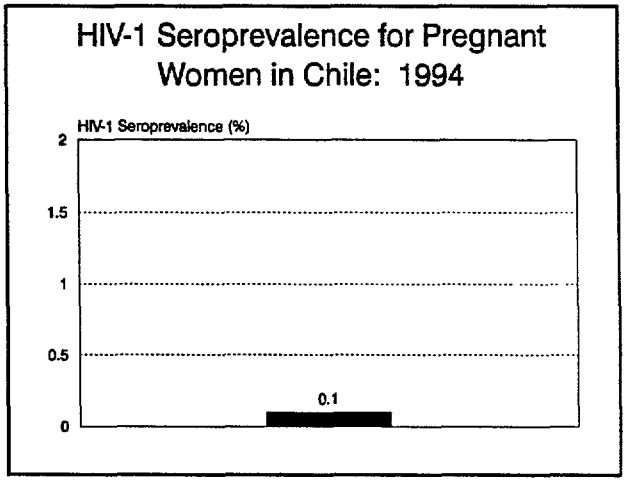
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Chile

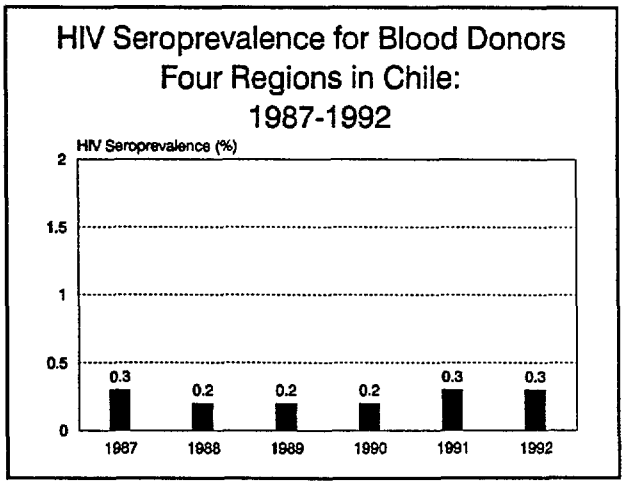
- HIV infection levels among STD clinic patients as reported to the Pan American Health Organization (PAHO) for 1994 vary by region. However, all three regions reporting showed HIV levels under 2 percent.



- Further reports from the National AIDS Commission to PAHO provide evidence of HIV infection among pregnant women. HIV infection levels among pregnant women in an urban area located in the eighth region were well under 1 percent in 1994.



- Data reported from four regions in Chile indicated HIV seroprevalence among blood donors--volunteers, family and relatives (all non-paid)--was between 0.2 and 0.3 percent between 1987 and 1992.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Sources for Chile

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.

P0142 Paz, A. A., Comision Nacional del SIDA, 1995, PAHO/WHO HIV Surveillance, May 31, PAHO/WHO.

HIV/AIDS Profile: Dominican Republic

Demographic Indicators

Population (1,000s)	8,089	Growth Rate (%)	1.7
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	48	Both Sexes	69
Male	52	Male	67
Female	43	Female	71
Crude Birth Rate (per 1,000)	24	Crude Death Rate (per 1,000)	6
Total Fertility Rate	2.7	Percent Urban	65

Note: Above indicators are for 1996.

Cumulative AIDS rate (per 1,000) as of 9/30/95	0.37
Cumulative AIDS cases as of 9/30/95	2,948

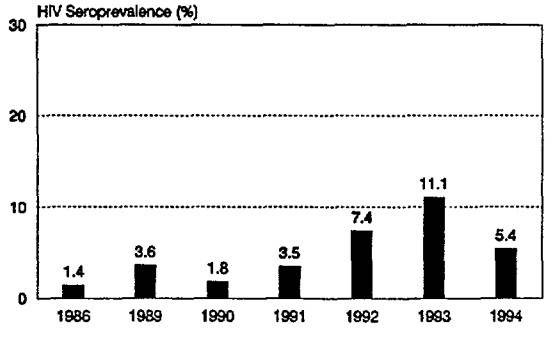
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

Epidemiological Data

International and intra-regional travel, including tourism and employment seeking, are major influences on the dynamics of the epidemics in the Caribbean. Within the Latin Caribbean (Cuba, Dominican Republic, Haiti and Puerto Rico) there is a diversity in the structure and organization of the sex industry, ranging from informal networks to thriving sex industries.

- Some countries export sex workers to other countries within and outside this region. In Santo Domingo, the capital city of the Dominican Republic, the HIV infection level among prostitutes increased from 1.4 in 1986 to 11.1 percent in 1993.

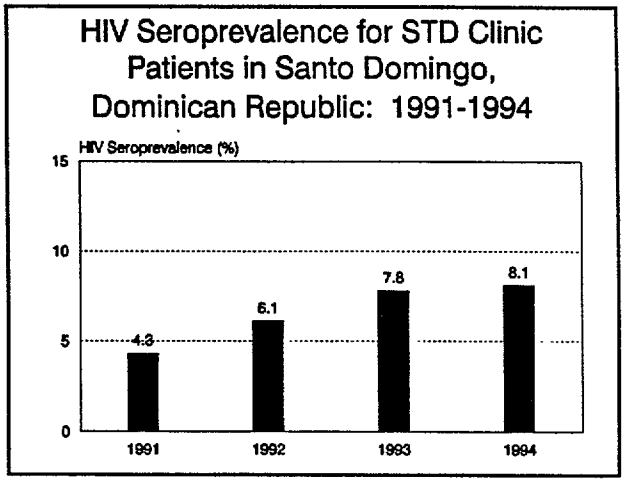
HIV Seroprevalence for Prostitutes
Santo Domingo, Dominican Republic:
1986-1994



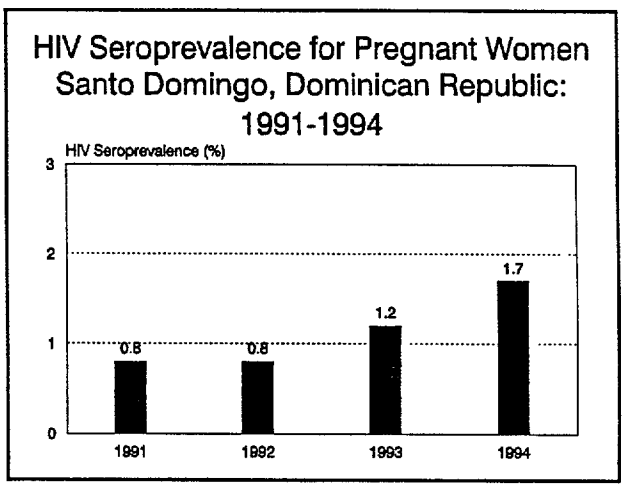
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Dominican Republic

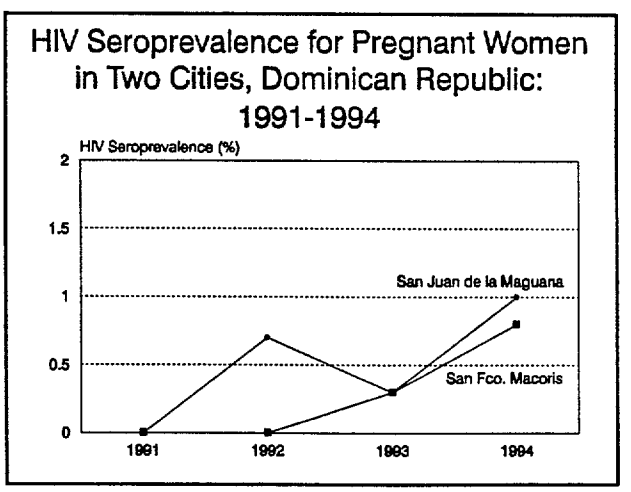
- Sentinel surveillance of STD patients attending the Centro Saniterio clinic in Santo Domingo reports a steady increase in HIV prevalence from 4.3 percent in 1991 to 8.1 percent in 1994.



- Seroprevalence studies are providing evidence that the HIV epidemic is moving into the general population. An HIV seroprevalence survey conducted in Santo Domingo among pregnant women reported HIV infection levels increasing to 1.7 percent in 1994.



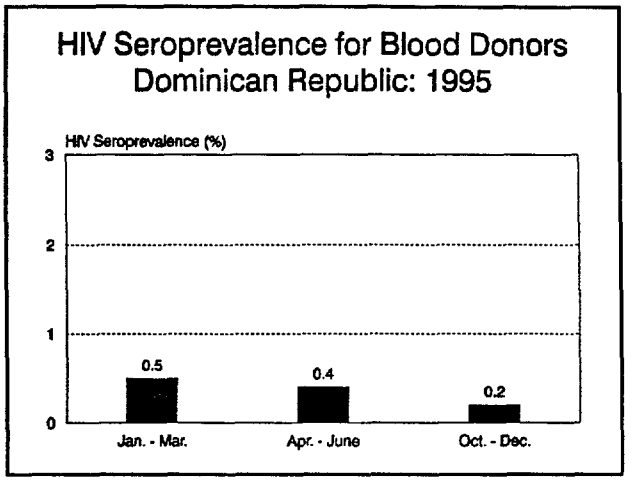
- Data from San Francisco de Macoris show a steady increase of HIV infection among pregnant women. Levels rise from 0 percent in 1991 and 1992 to 0.8 percent in 1994. Sentinel surveillance of pregnant women attending Hospital Alejandro Cabial in San Juan de la Maguana shows prevalence increasing from 0 percent in 1991 to 1 percent in 1994.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Dominican Republic

- First, second and fourth quarter data for 1995 show HIV infection levels of less than 1 percent among blood donors.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Sources for Dominican Republic

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. 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.

G0181 Gomez, E., Vigilancia Epidemiologica PROCETS, 1995, PAHO/WHO HIV Surveillance, April 24, PAHO/WHO.

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.

P0141 Programa Control de Enfermedades de Transmision Sexual y SIDA, 1995, PAHO/WHO HIV Surveillance, January - March, PAHO/WHO.

HIV/AIDS Profile: El Salvador

Demographic Indicators

Population (1,000s)	5,839	Growth Rate (%)	1.8
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	32	Both Sexes	69
Male	34	Male	65
Female	30	Female	73
Crude Birth Rate (per 1,000)	28	Crude Death Rate (per 1,000)	6
Total Fertility Rate	3.2	Percent Urban	45

Note: Above indicators are for 1996.

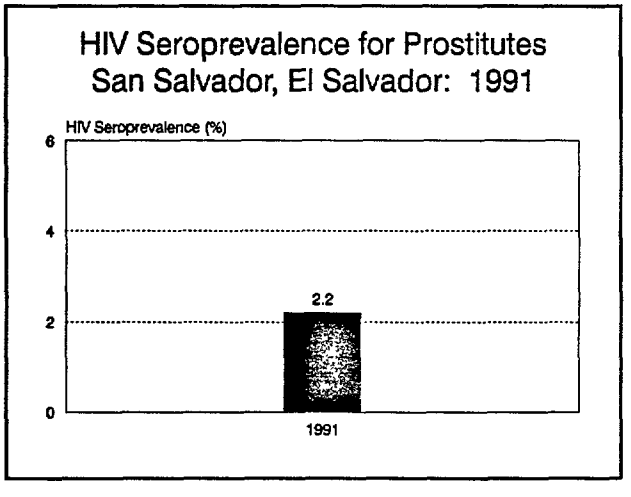
Cumulative AIDS rate (per 1,000) as of 9/30/95	0.22
Cumulative AIDS cases as of 9/30/95	1,248

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

Epidemiological Data

The HIV epidemic in El Salvador is similar to the other countries of the Central American Isthmus with increasing HIV/AIDS incidence and accelerated heterosexual transmission.

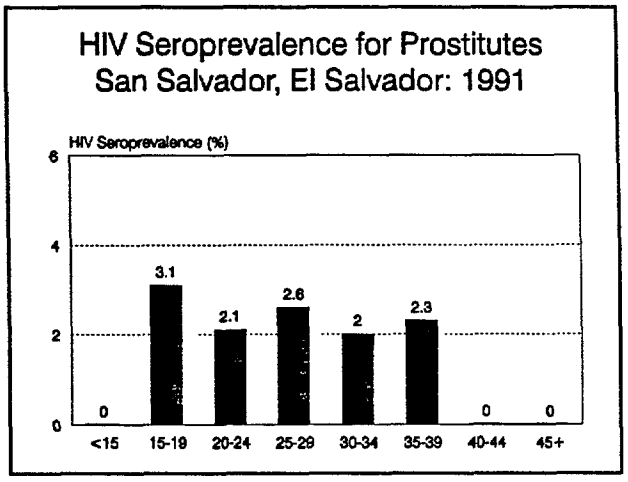
- Very few studies of HIV seroprevalence have been published on El Salvador. However, this study indicates that in San Salvador, the capital city, the HIV infection level among prostitutes was 2.2 percent for May-July 1991.



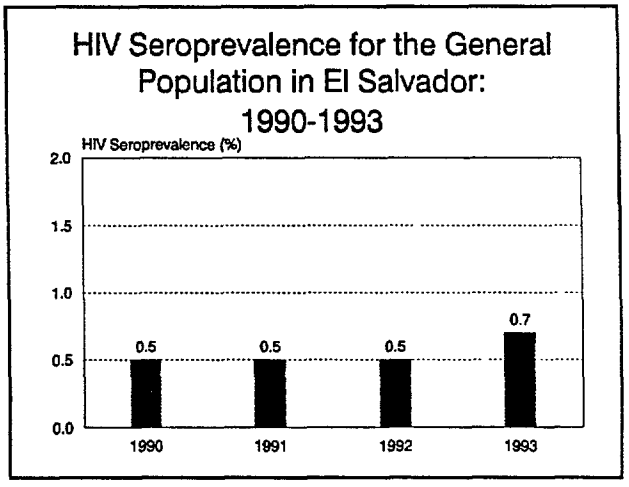
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

El Salvador

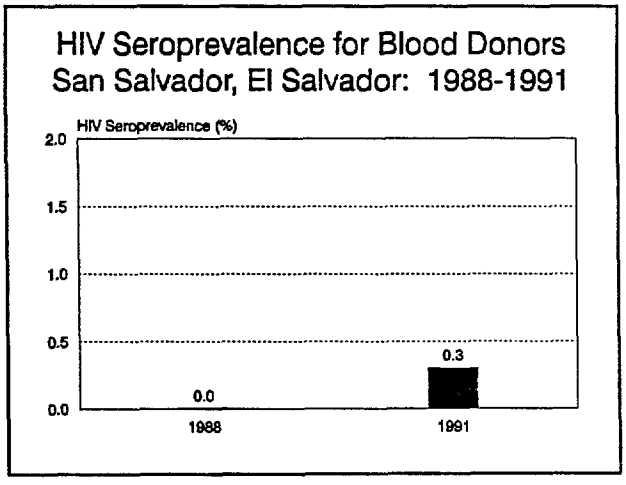
- Results from the same study showed the most affected age group among prostitutes was 15-19 years. This age pattern suggests that young adolescents involved in commercial sex work are particularly vulnerable to HIV infection.



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



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



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Sources for El Salvador

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.

V0077 Vides, R., E. Menjivar, V. De Aguilar, 1991, Prevalencia de Infeccion por el Virus de Immunodeficiencia Humana y el Virus de la Hepatitis B en Prostitutas de San Salvador, Ministerio de Salud Publica y Asistencia Social Unidad de Epidemiologia, San Salvador, Septiembre, report.

HIV/AIDS Profile: Honduras

Demographic Indicators

Population (1,000s)	5,605	Growth Rate (%)	2.6
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	42	Both Sexes	68
Male	46	Male	66
Female	38	Female	71
Crude Birth Rate (per 1,000)	33	Crude Death Rate (per 1,000)	6
Total Fertility Rate	4.4	Percent Urban	45

Note: Above indicators are for 1996.

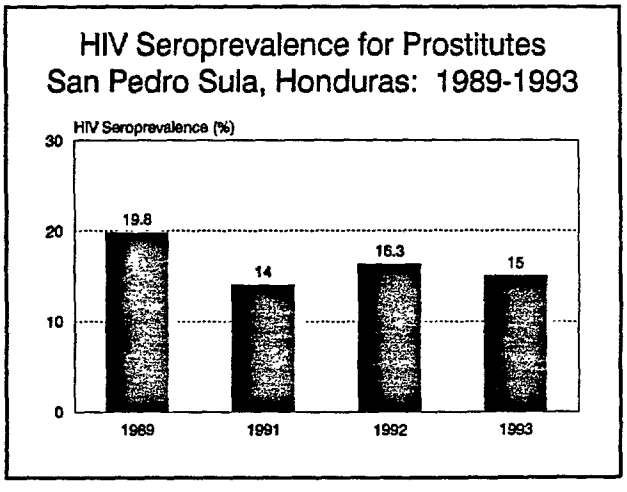
Cumulative AIDS rate (per 1,000) as of 6/30/95	0.81
Cumulative AIDS cases as of 6/30/95	4,424

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

Epidemiological Data

The rate of spread of HIV/AIDS has been slower in Latin America and the Caribbean than in other developing regions of the world, but the pandemic is well-established.

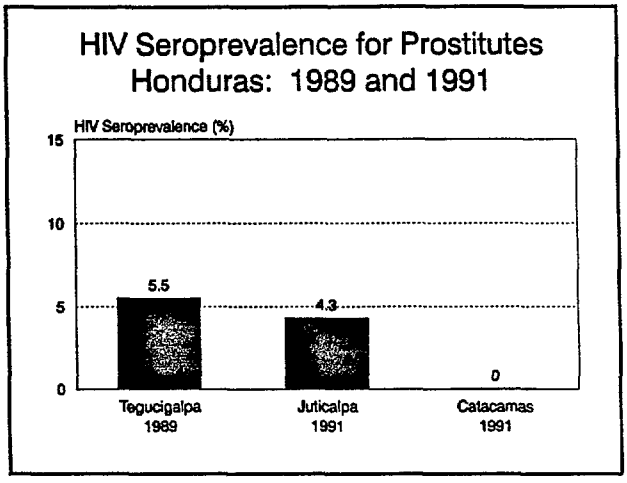
- A 1989 study conducted in San Pedro Sula reported 20 percent of prostitutes tested were HIV positive. However, a more recent study showed that in the early 1990's, HIV infection levels hovered around 15 percent.



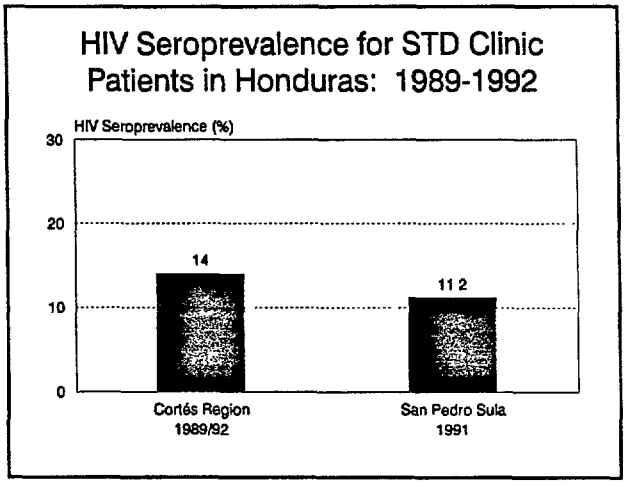
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Honduras

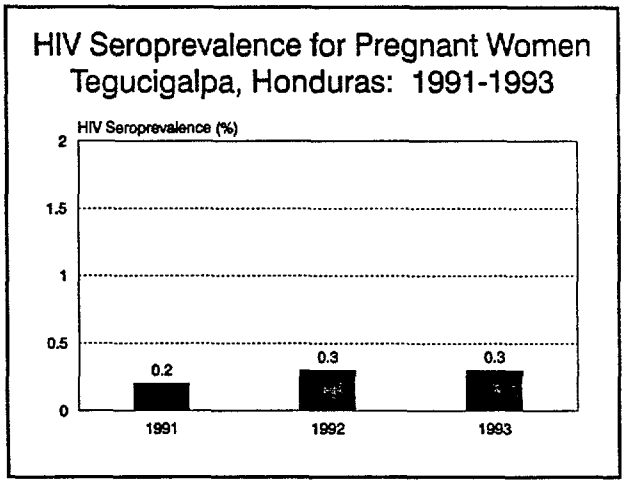
- A 1989 study in Tegucigalpa reported 5.5 percent of prostitutes tested were HIV positive. In 1991, studies of prostitutes in Juticalpa and Catacamas, located in Olancho Division, reported HIV levels of 4.3 percent and 0 percent, respectively.



- Few studies have been conducted among STD patients in Honduras. Two studies of STD clinic patients conducted in the Cortés Region reported HIV infection levels over 10 percent. Cortés Region contains the growing city of San Pedro Sula and the Port of Cortés.



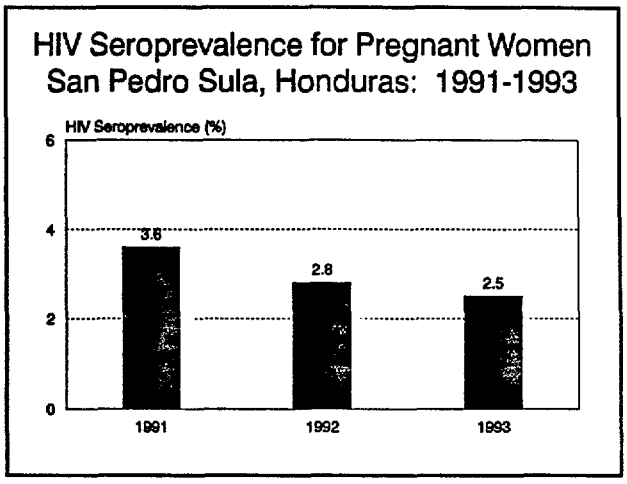
- Studies of pregnant women in Tegucigalpa document the spread of HIV infection into the general population. Between 1991 and 1993, 0.3 percent of pregnant women tested were HIV positive.



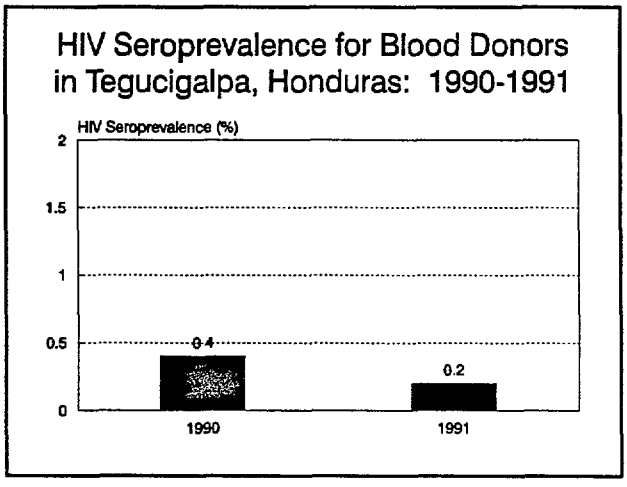
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Honduras

- In San Pedro Sula, the industrial center of Honduras, HIV prevalence among pregnant women reached 3 percent in the early 1990's.



- 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.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

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.

M0260 Ministry of Health, 1991, Sentinel Site: STD's Clinic, National AIDS Control Program, unpublished report.

N0104 Nunez, C., L. Hsu, J. E. Zelaya, et al., 1993, AIDS in Honduras: Modeling the Epidemic, IX International Conference on AIDS, Berlin, 6/6-11, Session WS-C19-2.

N0177 Nunez, C. A., S. Forsythe, M. Flores, et al., 1995, El Impacto Socioeconomico del VIH/SIDA en Tegucigalpa y San Pedro Sula, Honduras, Ministerio de Salud Publica de Honduras, Division de ETS-SIDA, Tegucigalpa, Febrero report.

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.

V0059 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.

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.

HIV/AIDS Profile: Uruguay

Demographic Indicators

Population (1,000s)	3,239	Growth Rate (%)	0.7
Infant Mortality Rate (per 1,000)		Life Expectancy	
Both Sexes	15	Both Sexes	75
Male	17	Male	72
Female	14	Female	78
Crude Birth Rate (per 1,000)	17	Crude Death Rate (per 1,000)	9
Total Fertility Rate	2.3	Percent Urban	91

Note: Above indicators are for 1996.

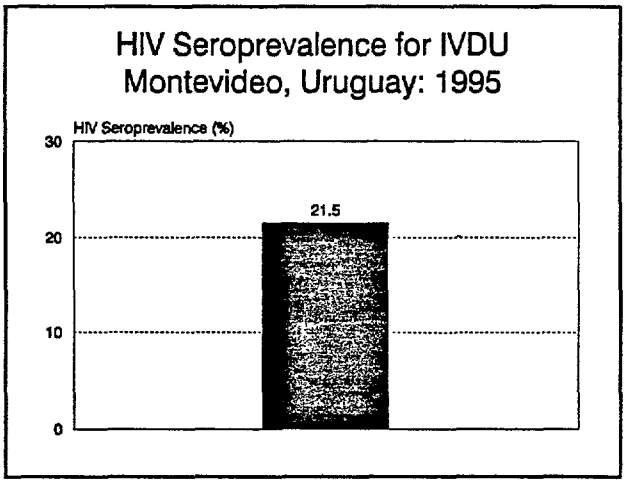
Cumulative AIDS rate (per 1,000) as of 9/30/95	0.20
Cumulative AIDS cases as of 9/30/95	658

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

Epidemiological Data

Uruguay, like other countries in the Southern Cone of South America, Chile, Argentina and Paraguay, has a considerable amount of HIV transmission due to injecting drug use.

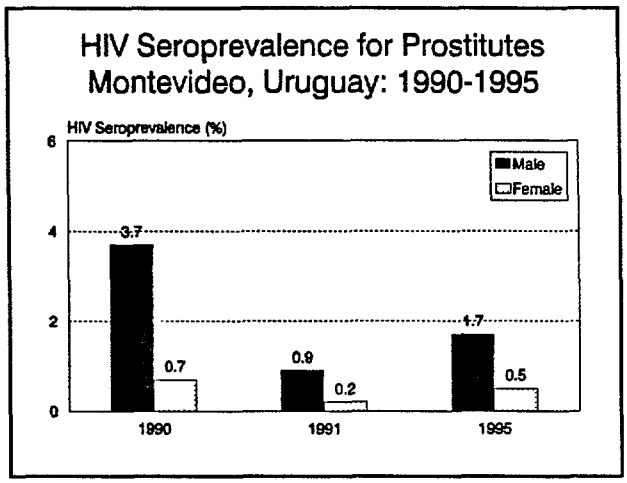
- The HIV infection level among IVDU in Montevideo as reported to the Pan American Health Organization was 21.5 percent in 1995.



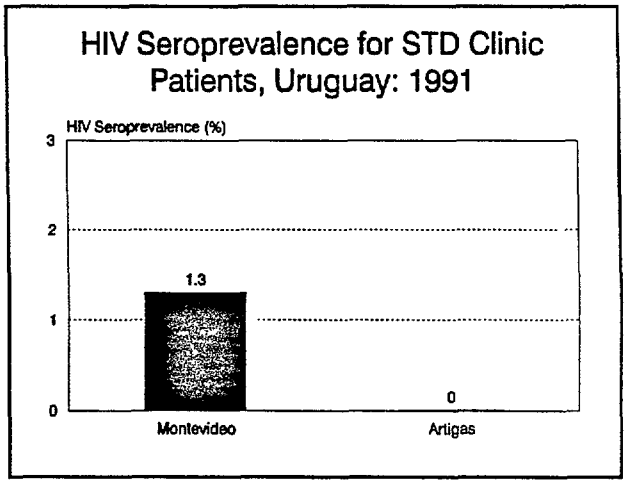
Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Uruguay

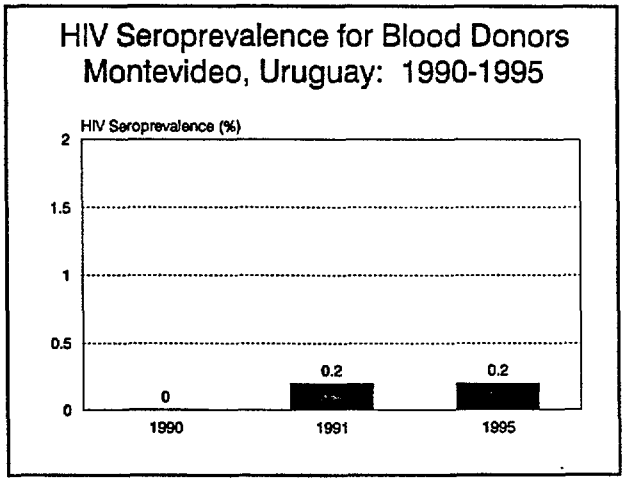
- In the capital city, Montevideo, studies were conducted among male and female prostitutes. Low levels of HIV infection were observed in both groups from 1990 to 1995. Prevalence among males was consistently higher than among females.



- 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 blood donors show low levels of HIV infection. Other studies during 1991 reported no evidence of HIV infection among pregnant women or adults from the general population.



Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, June 1996.

Sources for Uruguay

A0121 Arago, Somma, 1991, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.

A0122 Amestoy, 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. Rostkier, et al., 1992, HIV Seroprevalence Surveys in Uruguay, AIDS, vol. 6, no. 8, pp. 884-885.

B0283 Berriolo, R., Programa Nacional de Control de ETS/SIDA, 1995, PAHO/WHO HIV Surveillance, October 16, PAHO/WHO.

B0284 Berriolo, R., Programa Nacional de Control de ETS/SIDA, 1995, PAHO/WHO HIV Surveillance, February 21, PAHO/WHO.

H0095 Hospital Maciel, Laboratorio de Salud Publica ETS, 1990, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.

L0136 Laboratorios Hospital Maciel, SEISP, CFA, 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.

Appendix

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

Country	Research Note
Africa	
Benin	#14
Botswana	#14
Burundi	#14
Cameroon	#14
Central African Republic	#16
Chad	#12
Djibouti	#10
Egypt	#14
Eritrea	#16
Ethiopia	#16
Gabon	#14
Gambia, The	#16
Kenya	#10
Lesotho	#14
Morocco	#14
Namibia	#14
Niger	#14
Sierra Leone	#10
South Africa	#16
Swaziland	#14
Togo	#16
Zambia	#14
Asia	
China, Mainland	#16
Laos	#16
Philippines	#5

Latin America/Caribbean

Argentina	#12
Bahamas	#12
Barbados	#12
Brazil	#16
Colombia	#16
Ecuador	#16
Guyana	#14
Haiti	#16
Jamaica	#16
Martinique	#5
Mexico	#16
Saint Vincent & Grenadines	#12
St. Lucia	#16
Trinidad & Tobago	#12