HIV/AIDS IN LATIN AMERICA
AND THE CARIBBEAN

Health Studies Branch
International Programs Center
Population Division
U.S. Bureau of the Census

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Preface

This research note is the nineteenth of a series of short research documents resulting from analysis conducted in the Health Studies Branch of the International Programs Center, Population Division, U.S. Bureau of the Census. Distribution in the research note format allows for rapid dissemination of results to a specialized audience, highlighting recent developments or emerging trends. Reports containing a more thorough presentation and discussion of research findings will continue to be issued in the International Programs Center Staff Paper series.

This note was prepared by the staff of the Health Studies Branch—Jinkie Corbin, Anne Ross, Peggy Seybolt, Lisa Mayberry, and David Rudolph and edited by Karen Stanecki De Lay, Chief, Health Studies Branch. Peter O. Way, Special Assistant, International Programs Center, Population Division, also reviewed the report and provided comments. The preparation of this report was supported by funding from the U.S. Agency for International Development.

Comments and questions regarding this study should be addressed to Karen Stanecki De Lay or Peter Way, International Programs Center, Population Division, Bureau of the Census, Washington, D.C. 20233-8860; telephone (301) 457-1406.
HIV/AIDS in Latin America and the Caribbean

Introduction

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

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

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

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<thead>
<tr>
<th>LATIN AMERICA</th>
<th>CARIBBEAN</th>
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<td>Andean Area</td>
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<td>Saint Kitts and Nevis</td>
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<td>Central American Isthmus</td>
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<td>Saint Lucia</td>
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<td>Costa Rica</td>
<td>St. Vincent and the Grenadines</td>
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<td>El Salvador</td>
<td>Suriname</td>
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<td>Guatemala</td>
<td>Trinidad and Tobago</td>
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<td>Honduras</td>
<td>Turks and Caicos Islands</td>
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<td>Nicaragua</td>
<td>Virgin Islands</td>
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<td>Panama</td>
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<td>Cuba</td>
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<td>Dominican Republic</td>
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<td>Haiti</td>
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subregions. These subregions are those used by the Pan American Health Organization (PAHO).\textsuperscript{3} Table 1 presents all the countries and territories in each of the subregions of Latin America and the Caribbean.

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

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

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

\textbf{High-Risk Population}

\textbf{Intravenous Drug Users}

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


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

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

Commercial Sex Workers

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

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

In the Caribbean, available data from CSWs show considerable variation in HIV infection levels (Figure 5). Relatively high levels of infection were detected in studies conducted in Trinidad and Tobago, Jamaica, and Guyana, with one-fourth of tested CSWs HIV positive in Guyana. Lower infection levels were reported in Antigua and Barbuda and in Suriname.
Figure 1
HIV Seroprevalence for IVDU and Drug Addicts
Latin America and the Caribbean: 1990-1993

Argentina, Buenos Aires 1993
Brazil, Rio de Janeiro city 1991-92
Brazil, Sao Paulo city 1991-92
Mexico, NS 1990-91
The Bahamas, National 1990-91
Costa Rica, San Jose 1990
Uruguay, Montevideo 1991-92

0 10 20 30 40 50 60
HIV Seroprevalence (%)

IVDU
Drug Addicts
NS = Location not specified

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

Argentina, Buenos Aires
Brazil, Rio de Janeiro city
Uruguay, Montevideo
Figure 3
HIV Seroprevalence for Commercial Sex Workers in Latin America: 1987-1994

Andean Area
- Bolivia, NS 1989: 0%
- Colombia, Cartagena 1994: 1.1%
- Ecuador, Quito 1990: 0%
- Peru, Callao 1998-89: 0.6%
- Venezuela, NS 1992: 6.1%

Southern Cone
- Argentina, Buenos Aries 1991: 6.3%
- Argentina, NS 1992: 8.3%
- Paraguay, Asuncion 1987-90: 0.1%
- Uruguay, NS 1992: 5.6%
- Uruguay, Montevideo 1991-92: 2.6%

Brazil
- Brazil, Rio de Janeiro city 1992-93: 11.2%
- Brazil, Sao Paulo State 1990-91: 24%

Central American Isthmus
- Costa Rica, San Jose 1990: 0%
- El Salvador, San Salvador 1991: 2.2%
- Guatemala, Guatemala City 1989: 0.4%
- Honduras, Juticalpa 1991: 4.3%
- Honduras, Tegucigalpa 1989: 5.5%
- Nicaragua, Managua 1990-91: 1.6%

Mexico
- Mexico, National 1994: 5%
- Mexico, Mexico City 1993: 0.6%

Latin Caribbean
- Dominican Rep., Santo Domingo 1993: 11.1%
- Haiti, Port-au-Prince 1989: 41.9%

HIV Seroprevalence (%)
Figure 4
HIV Seroprevalence for Commercial Sex Workers
Latin America: 1986-1993

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

Antigua & Barbuda, NS 1986-90
Guyana, NS 1993
Jamaica, Kingston 1990
Suriname, NS 1992
Trinidad & Tobago, NS 1988

NS = Location not specified
STD Patients

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

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

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

Low-Risk Populations

Pregnant Women

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

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

The available HIV trend data among pregnant women are shown in Figure 11. Studies from the Dominican Republic, Brazil, and Martinique show increases in HIV levels over a period of several years. The consistently rising levels of infection seen here suggest that low current levels of HIV infection in the region should not be seen as a justification for complacency but rather as an opportunity for early and effective interventions.
Figure 6
HIV Seroprevalence for STD Clinic Patients
Latin America: 1987-1993

Andean Area
Ecuador, Guayaquil 1993 3.6

Southern Cone
Argentina, Buenos Aires 1987-88 13.9
Chile, Santiago 1991 1
Uruguay, Montevideo 1991 1.3

Brazil
Brazil, Brasilia 1992 2.9

Central American Isthmus
Costa Rica, San Jose 1991 0.6
Guatemala, Guatemala City 1991 0.7
Honduras, San Pedro Sula 1991 11.2

Latin Caribbean
Cuba, National 1991 7.8
Dominican Rep., Santo Domingo 1993 21.4
Haiti, NS 1992

NS = Location not specified
Figure 9
HIV Seroprevalence for Pregnant Women
Latin America: 1989-1994

<table>
<thead>
<tr>
<th>Location</th>
<th>HIV Seroprevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andean Area</td>
<td></td>
</tr>
<tr>
<td>Colombia, Cali 1992</td>
<td>0</td>
</tr>
<tr>
<td><strong>Southern Cone</strong></td>
<td></td>
</tr>
<tr>
<td>Paraguay, Asuncion 1992</td>
<td>0</td>
</tr>
<tr>
<td>Uruguay, Montevideo 1991</td>
<td>0</td>
</tr>
<tr>
<td><strong>Brazil</strong></td>
<td></td>
</tr>
<tr>
<td>Brazil, Rio de Janeiro city 1990-91</td>
<td>0.8</td>
</tr>
<tr>
<td>Brazil, Sao Paulo state 1990</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Central American Isthmus</strong></td>
<td></td>
</tr>
<tr>
<td>Costa Rica, NS 1990</td>
<td>0.4</td>
</tr>
<tr>
<td>Guatemala, Guatemala City 1990-91</td>
<td>0</td>
</tr>
<tr>
<td>Honduras, Tegucigalpa 1991</td>
<td>0.2</td>
</tr>
<tr>
<td>Honduras, San Pedro Sula 1992</td>
<td>2</td>
</tr>
<tr>
<td><strong>Mexico</strong></td>
<td></td>
</tr>
<tr>
<td>Mexico, National 1994</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>Latin Caribbean</strong></td>
<td></td>
</tr>
<tr>
<td>Cuba, National 1991</td>
<td>0</td>
</tr>
<tr>
<td>Dominican Rep., Santo Domingo 1993</td>
<td>1.2</td>
</tr>
<tr>
<td>Haiti, Cite Soleil 1993</td>
<td>8.5</td>
</tr>
<tr>
<td>Haiti, Port-au-Prince 1989</td>
<td>6.2</td>
</tr>
</tbody>
</table>

NS = Location not specified
Figure 10
HIV Seroprevalence for Pregnant Women
Caribbean*: 1988-1993

*Location not specified for all countries

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

NS = Location not specified
Blood Donors

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

General Population

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

Other Risk Groups

Military

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

Homosexual/Bisexual Men

Various studies clearly document the spread of HIV infection among homosexual/bisexual men since 1984. In all the countries for which data are now available, moderate to high levels of HIV infection have been detected among members of the groups tested. In Latin America, male homosexual and bisexual contact continues to be the predominant mode of HIV transmission for the Brazil, Mexico, Central American Isthmus, and Andean Area subregions.
Figure 12
HIV Seroprevalence for Blood Donors
Latin America: 1989-1993

<table>
<thead>
<tr>
<th>Region</th>
<th>Location and Year</th>
<th>HIV Seroprevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andean Area</td>
<td>Ecuador, Quito 1992</td>
<td>0.1</td>
</tr>
<tr>
<td></td>
<td>Venezuela, NS 1992</td>
<td>0.1</td>
</tr>
<tr>
<td>Southern Cone</td>
<td>Argentina, Rosario 1993</td>
<td>0.1</td>
</tr>
<tr>
<td></td>
<td>Chile, Four regions 1992</td>
<td>0.3</td>
</tr>
<tr>
<td></td>
<td>Uruguay, Montevideo 1991-92</td>
<td>0.1</td>
</tr>
<tr>
<td>Brazil</td>
<td>Brazil, Minas Gerais state 1992</td>
<td>0.3</td>
</tr>
<tr>
<td>Central American Isthmus</td>
<td>Costa Rica, San Jose 1990</td>
<td>0.1</td>
</tr>
<tr>
<td></td>
<td>El Salvador, San Salvador 1991</td>
<td>0.3</td>
</tr>
<tr>
<td></td>
<td>Honduras, Tegucigalpa 1991</td>
<td>0.3</td>
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<tr>
<td></td>
<td>Nicaragua, Managua 1990-91</td>
<td>0.1</td>
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<tr>
<td></td>
<td>Panama, NS 1989</td>
<td>0.1</td>
</tr>
<tr>
<td>Mexico</td>
<td>Mexico, National 1993</td>
<td>0.1</td>
</tr>
<tr>
<td>Latin Caribbean</td>
<td>Cuba, National 1991</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Dominican Rep., Santo Domingo 1992</td>
<td>1</td>
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<tr>
<td></td>
<td>Haiti, Port-au-Prince 1990</td>
<td>3.2</td>
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NS = Location not specified
Figure 13
HIV Seroprevalence for Blood Donors
Caribbean*: 1990-1993

*Location not specified for all countries
Figure 14
HIV Seroprevalence for General Population
Latin America: 1988-1994

<table>
<thead>
<tr>
<th>Region</th>
<th>Year(s)</th>
<th>Seroprevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andean Area</td>
<td>Ecuador, San Cristobal Island 1988-89</td>
<td>0.2</td>
</tr>
<tr>
<td></td>
<td>Peru, Lima 1991-92</td>
<td>0.2</td>
</tr>
<tr>
<td>Southern Cone</td>
<td>Uruguay, Montevideo 1991</td>
<td>0</td>
</tr>
<tr>
<td>Brazil</td>
<td>Brazil, Salvador &amp; nearby cities 1988-90</td>
<td>0.1</td>
</tr>
<tr>
<td>Central American Isthmus</td>
<td>Costa Rica, San Jose 1991</td>
<td>1.1</td>
</tr>
<tr>
<td></td>
<td>Nicaragua, NS 1990</td>
<td>0</td>
</tr>
<tr>
<td>Mexico</td>
<td>Mexico, Mexico City 1984</td>
<td>0</td>
</tr>
<tr>
<td>Latin Caribbean</td>
<td>Cuba, National 1990</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Dominican Rep., Santo Domingo 1989</td>
<td>2.5</td>
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<tr>
<td></td>
<td>Haiti, NS 1988</td>
<td>4.9</td>
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</table>

NS = Location not specified

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

<table>
<thead>
<tr>
<th>Region</th>
<th>Year(s)</th>
<th>Seroprevalence (%)</th>
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</thead>
<tbody>
<tr>
<td>Southern Cone</td>
<td>Argentina, Buenos Aires 1992</td>
<td>0.8</td>
</tr>
<tr>
<td>Central American Isthmus</td>
<td>El Salvador, NS 1988-93</td>
<td>0.4</td>
</tr>
<tr>
<td></td>
<td>Guatemala, NS 1994</td>
<td>0.4</td>
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<tr>
<td></td>
<td>Nicaragua, NS 1990</td>
<td>0</td>
</tr>
</tbody>
</table>

NS = Location not specified
Studies conducted in many of the capital cities in Latin America among homosexuals and/or bisexuals reported prevalence rates ranging from 3 percent in Costa Rica in 1992 to over 40 percent in Mexico City in 1992 (Figure 16). In the Andean subregion, HIV infection in various studies ranges from 5 to 6 percent in Colombia and Peru to over 30 percent in Venezuela. A recent study of homosexual/bisexual men in Rio de Janeiro city, Brazil, found nearly one in four to be HIV positive. Of the 14 countries in the region for which data are available, 4 reported infection levels of over 20 percent; in 5 other countries, various studies noted HIV seroprevalence between 10 and 20 percent; while studies in the remaining 5 countries reported between 2 and 10 percent of homosexuals and/or bisexuals tested were HIV positive.

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

Conclusion

The HIV pandemic continues to spread throughout Latin America and the Caribbean region. However, HIV prevalence studies document great variation in HIV infection rates between population groups and countries. Sexual transmission continues to be the main mode of transmission in all of the countries, including homosexual, bisexual, and heterosexual transmission. HIV infection has been detected both in populations considered at highest vulnerability, as well as in populations at lower risk in a number of countries in both regions. The situation is still unfolding and HIV continues to spread, revealing itself in one country after another, indicating a need for preventive measures.
### Figure 16

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

<table>
<thead>
<tr>
<th>Region</th>
<th>Location</th>
<th>Date</th>
<th>Seroprevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andean Area</td>
<td>Bolivia, NS 1988</td>
<td>10.3</td>
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<td></td>
<td>Colombia, Villavicencio 1990</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ecuador, Quito 1988</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Peru, Lima 1988</td>
<td>6.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Venezuela, NS 1992</td>
<td>30.8</td>
<td></td>
</tr>
<tr>
<td>Southern Cone</td>
<td>Argentina, NS 1992</td>
<td>14.9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Paraguay, Asuncion 1987-90</td>
<td>8.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Uruguay, Montevideo 1991-92</td>
<td>11.1</td>
<td></td>
</tr>
<tr>
<td>Brazil</td>
<td>Brazil, Rio de Janeiro city 1993-94</td>
<td>23.3</td>
<td></td>
</tr>
<tr>
<td>Central American Isthmus</td>
<td>Costa Rica, San Jose 1992</td>
<td>3.4</td>
<td></td>
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<tr>
<td></td>
<td>Honduras, Tegucigalpa 1990</td>
<td>13.9</td>
<td></td>
</tr>
<tr>
<td>Mexico</td>
<td>Mexico, Mexico City 1992</td>
<td>42.7</td>
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</tr>
<tr>
<td>Latin Caribbean</td>
<td>Dominican Rep., Santo Domingo 1987</td>
<td>15</td>
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</table>

NS = Location not specified
Sources for HIV/AIDS in Latin America and the Caribbean

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

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

B0244 Bolling, W., P. Rovero, O. Dathe, et al., 1994, Prevalence and Risk Factors of Infection with HIV-1 and HTLV-I/II in Surgical and Gynecological Patients of Cali, Colombia, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0602.

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


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


Organization/World Health Organization.


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


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


K0173 Kritski, A., A. C. C. Carvalho, M. Schechter, et al., 1994, HIV-1, HTLV-1, and Tuberculosis among Intravenous Drug Users in Rio de Janeiro, Brazil, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Abstract P.C.0278.


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


NO133 Navas, M. C., J. Boshell, 1994, Seroprevalence and Risk Factors for HIV Infection among Prostitutes in Cartagena, Colombia, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Abstract P.C.0359.


RO110 Rodrigues, L., L. Lauria, O. Berro, et al., 1994, HIV Serosurveillance in Brazil: A New Epidemic Emerges, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Session 072C.

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


T0116 Taborda, M., L. Rubio, E. Rodenas, et al., 1994, Changes in the Laboratory Test Require during the Spread of HIV Infection in Rosario, Argentina, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0249.

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


Argentina

Demographic Indicators

<table>
<thead>
<tr>
<th>Population (1,000s)</th>
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<th>Infant Mortality Rate (per 1,000)</th>
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<td>Both Sexes</td>
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<table>
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<table>
<thead>
<tr>
<th>Total Fertility Rate</th>
<th>Percent Urban</th>
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<tbody>
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<td>2.7</td>
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</tbody>
</table>

Note: Above indicators are for 1994.

Cumulative AIDS rate (per 1,000) as of 3/31/94: 0.12
Cumulative AIDS cases as of 3/31/94: 3,904


Epidemiological Data

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

Argentina

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

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

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

Argentina

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

Sources for Argentina


Bahamas

Demographic Indicators

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</table>

Note: Above indicators are for 1994.

Cumulative AIDS rate (per 1,000) as of 12/31/93 5.13
Cumulative AIDS cases as of 12/31/93 1,389


Epidemiological Data

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

Bahamas

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

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

Sources for Bahamas


Barbados

Demographic Indicators

<p>| | | | |</p>
<table>
<thead>
<tr>
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<td>Percent Urban</td>
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</table>

Note: Above indicators are for 1994.

Cumulative AIDS rate (per 1,000) as of 12/31/93: 1.64
Cumulative AIDS cases as of 12/31/93: 418


Epidemiological Data

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

Barbados

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

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

Sources for Barbados

Brazil

Demographic Indicators

<table>
<thead>
<tr>
<th>Population (1,000s)</th>
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<table>
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<td>Both Sexes</td>
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<td>55</td>
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</table>

| Crude Birth Rate (per 1,000) | 21 |
| Crude Death Rate (per 1,000) | 9 |
| Total Fertility Rate          | 2.4 |
| Percent Urban                 | 78 |

Note: Above indicators are for 1994.

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


Epidemiological Data

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

Brazil

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

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

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

Brazil

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

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

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

Brazil

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

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

Sources for Brazil


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


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


Colombia

Demographic Indicators

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<td>Both Sexes</td>
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<tr>
<td>Female</td>
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<tr>
<td>Life Expectancy</td>
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<tr>
<td>Both Sexes</td>
<td>72</td>
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<td>Male</td>
<td>69</td>
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<td>Female</td>
<td>75</td>
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<td>Crude Birth Rate (per 1,000)</td>
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<tr>
<td>Percent Urban</td>
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</table>

Note: Above indicators are for 1994.

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


Epidemiological Data

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

Colombia

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

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

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

Sources for Colombia


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

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

Dominican Republic

Demographic Indicators

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<td>Female</td>
<td>71</td>
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<td>Percent Urban</td>
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</table>

Note: Above indicators are for 1994.

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


Epidemiological Data

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

Dominican Republic

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

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

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

Dominican Republic

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

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

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

Sources for Dominican Republic


Ecuador

Demographic Indicators

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</table>

Note: Above indicators are for 1994.

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


Epidemiological Data

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

Ecuador

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

Sources for Ecuador


El Salvador

Demographic Indicators

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

Note: Above indicators are for 1994.

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


Epidemiological Data

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

El Salvador

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

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

Sources for El Salvador


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

Demographic Indicators

<table>
<thead>
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<td>Female</td>
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<td>Crude Death Rate (per 1,000)</td>
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<td>Total Fertility Rate</td>
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<td>35</td>
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</table>

Note: Above indicators are for 1994.

Cumulative AIDS rate (per 1,000) as of 3/31/94: 0.64
Cumulative AIDS cases as of 3/31/94: 465


Epidemiological Data

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

Guyana

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

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

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

Guyana

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

Sources for Guyana


Haiti

Demographic Indicators

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<tr>
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<td>Percent Urban</td>
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Note: Above indicators are for 1994.

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


Epidemiological Data

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

Haiti

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

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

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

Haiti

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

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

Sources for Haiti


80245 Boulos, R., F. Behets, J. Desormeaux, et al., 1994, HIV and Other Sexually Transmitted Diseases (STDs) among Women Attending Two Antenatal (AN) Clinics in Cite Soleil, Haiti, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0183.


Honduras

Demographic Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (1,000s)</td>
<td>5,315</td>
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<tr>
<td>Growth Rate (%)</td>
<td>2.7</td>
</tr>
<tr>
<td>Infant Mortality Rate (per 1,000)</td>
<td></td>
</tr>
<tr>
<td>Both Sexes</td>
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<tr>
<td>Male</td>
<td>49</td>
</tr>
<tr>
<td>Female</td>
<td>41</td>
</tr>
<tr>
<td>Life Expectancy</td>
<td></td>
</tr>
<tr>
<td>Both Sexes</td>
<td>68</td>
</tr>
<tr>
<td>Male</td>
<td>65</td>
</tr>
<tr>
<td>Female</td>
<td>70</td>
</tr>
<tr>
<td>Crude Birth Rate (per 1,000)</td>
<td>35</td>
</tr>
<tr>
<td>Crude Death Rate (per 1,000)</td>
<td>6</td>
</tr>
<tr>
<td>Total Fertility Rate</td>
<td>4.7</td>
</tr>
<tr>
<td>Percent Urban</td>
<td>47</td>
</tr>
</tbody>
</table>

Note: Above indicators are for 1994.

Cumulative AIDS rate (per 1,000) as of 3/31/94: 0.66
Cumulative AIDS cases as of 3/31/94: 3,473


Epidemiological Data

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

Honduras

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

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

Sources for Honduras


Jamaica

Demographic Indicators

<table>
<thead>
<tr>
<th>Population (1,000s)</th>
<th>2.555</th>
<th>Growth Rate (%)</th>
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<tbody>
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<td>Life Expectancy</td>
<td></td>
</tr>
<tr>
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<td>17</td>
<td>Both Sexes</td>
<td>74</td>
</tr>
<tr>
<td>Male</td>
<td>19</td>
<td>Male</td>
<td>72</td>
</tr>
<tr>
<td>Female</td>
<td>15</td>
<td>Female</td>
<td>77</td>
</tr>
<tr>
<td>Crude Birth Rate (per 1,000)</td>
<td>22</td>
<td>Crude Death Rate (per 1,000)</td>
<td>6</td>
</tr>
<tr>
<td>Total Fertility Rate</td>
<td>2.4</td>
<td>Percent Urban</td>
<td>55</td>
</tr>
</tbody>
</table>

Note: Above indicators are for 1994.

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


Epidemiological Data

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

Jamaica

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

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

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

Jamaica

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

Sources for Jamaica

Martinique

Demographic Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Population (1,000s)</td>
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<tr>
<td>Growth Rate (%)</td>
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<td></td>
</tr>
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<td>Both Sexes</td>
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<tr>
<td>Male</td>
<td>11</td>
</tr>
<tr>
<td>Female</td>
<td>9</td>
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<td>Life Expectancy</td>
<td></td>
</tr>
<tr>
<td>Both Sexes</td>
<td>78</td>
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<td>Male</td>
<td>75</td>
</tr>
<tr>
<td>Female</td>
<td>81</td>
</tr>
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<td>Crude Birth Rate (per 1,000)</td>
<td>18</td>
</tr>
<tr>
<td>Crude Death Rate (per 1,000)</td>
<td>6</td>
</tr>
<tr>
<td>Total Fertility Rate</td>
<td>1.9</td>
</tr>
<tr>
<td>Percent Urban</td>
<td>77</td>
</tr>
</tbody>
</table>

Note: Above indicators are for 1994.

Cumulative AIDS rate (per 1,000) as of 9/30/93 0.68
Cumulative AIDS cases as of 9/30/93 266


Epidemiological Data

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

**Martinique**

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

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

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

Sources for Martinique

Mexico

Demographic Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Growth Rate (%)</td>
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<td>Life Expectancy</td>
<td></td>
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<tr>
<td>Both Sexes</td>
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<tr>
<td>Male</td>
<td>33</td>
<td>Male</td>
<td>69</td>
</tr>
<tr>
<td>Female</td>
<td>22</td>
<td>Female</td>
<td>77</td>
</tr>
<tr>
<td>Crude Birth Rate (per 1,000)</td>
<td>27</td>
<td>Crude Death Rate (per 1,000)</td>
<td>5</td>
</tr>
<tr>
<td>Total Fertility Rate</td>
<td>3.2</td>
<td>Percent Urban</td>
<td>75</td>
</tr>
</tbody>
</table>

Note: Above indicators are for 1994.

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


Epidemiological Data


Mexico

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

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

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

Mexico

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

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

Sources for Mexico


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


St. Lucia

Demographic Indicators

<table>
<thead>
<tr>
<th>Population (1,000s)</th>
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<th>Growth Rate (%)</th>
<th>.5</th>
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</tr>
<tr>
<td>Both Sexes</td>
<td>19</td>
<td>Both Sexes</td>
<td>69</td>
</tr>
<tr>
<td>Male</td>
<td>20</td>
<td>Male</td>
<td>67</td>
</tr>
<tr>
<td>Female</td>
<td>17</td>
<td>Female</td>
<td>72</td>
</tr>
<tr>
<td>Crude Birth Rate (per 1,000)</td>
<td>23</td>
<td>Crude Death Rate (per 1,000)</td>
<td>6</td>
</tr>
<tr>
<td>Total Fertility Rate</td>
<td>2.5</td>
<td>Percent Urban</td>
<td>46</td>
</tr>
</tbody>
</table>

Note: Above indicators are for 1994.

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


Epidemiological Data

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

St. Lucia

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

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

Sources for St. Lucia


St. Vincent and the Grenadines

Demographic Indicators

<table>
<thead>
<tr>
<th>Population (1,000s)</th>
<th>115</th>
<th>Growth Rate (%)</th>
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</tr>
<tr>
<td>Both Sexes</td>
<td>17</td>
<td>Both Sexes</td>
<td>72</td>
</tr>
<tr>
<td>Male</td>
<td>18</td>
<td>Male</td>
<td>71</td>
</tr>
<tr>
<td>Female</td>
<td>16</td>
<td>Female</td>
<td>74</td>
</tr>
<tr>
<td>Crude Birth Rate (per 1,000)</td>
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<td>Crude Death Rate (per 1,000)</td>
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</tr>
<tr>
<td>Total Fertility Rate</td>
<td>2.1</td>
<td>Percent Urban</td>
<td>22</td>
</tr>
</tbody>
</table>

Note: Above indicators are for 1994.

Cumulative AIDS rate (per 1,000) as of 3/31/94: 0.49
Cumulative AIDS cases as of 3/31/94: 56


Epidemiological Data

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

St. Vincent and the Grenadines

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

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

Sources for St. Vincent & the Grenadines


Trinidad and Tobago

Demographic Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
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<td>Population (1,000s)</td>
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<td>Growth Rate (%)</td>
<td>0.1</td>
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<td></td>
</tr>
<tr>
<td>Both Sexes</td>
<td>19</td>
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<tr>
<td>Male</td>
<td>21</td>
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<tr>
<td>Female</td>
<td>16</td>
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<td>Life Expectancy</td>
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<td>Both Sexes</td>
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<tr>
<td>Female</td>
<td>73</td>
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<tr>
<td>Crude Death Rate (per 1,000)</td>
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<td>Percent Urban</td>
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</tbody>
</table>

Note: Above indicators are for 1995.

Cumulative AIDS rate (per 1,000) as of 12/31/94: 1.37
Cumulative AIDS cases as of 12/31/94: 1,742


Epidemiological Data

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

Trinidad and Tobago

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

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

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

Trinidad and Tobago

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

Sources for Trinidad & Tobago


Uruguay

Demographic Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
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</tr>
</thead>
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<tr>
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<td>Male</td>
<td>19</td>
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<tr>
<td>Female</td>
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<td>Life Expectancy</td>
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<td>Both Sexes</td>
<td>74</td>
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<tr>
<td>Male</td>
<td>71</td>
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<tr>
<td>Female</td>
<td>78</td>
</tr>
<tr>
<td>Crude Birth Rate (per 1,000)</td>
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<tr>
<td>Crude Death Rate (per 1,000)</td>
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<td>Total Fertility Rate</td>
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<tr>
<td>Percent Urban</td>
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</tbody>
</table>

Note: Above indicators are for 1994.

Cumulative AIDS rate (per 1,000) as of 3/31/94: 0.15
Cumulative AIDS cases as of 3/31/94: 469


Epidemiological Data

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

Uruguay

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

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

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

Sources for Uruguay