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

**Country Profiles
December 1994**



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

**Research Note
No. 16
December 1994**

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IN SELECTED DEVELOPING COUNTRIES**

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Preface

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

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

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

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

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TRENDS AND PATTERNS OF HIV INFECTION IN SELECTED DEVELOPING COUNTRIES

Introduction

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

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

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

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

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

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

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

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

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

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

AFRICA

Central African Republic

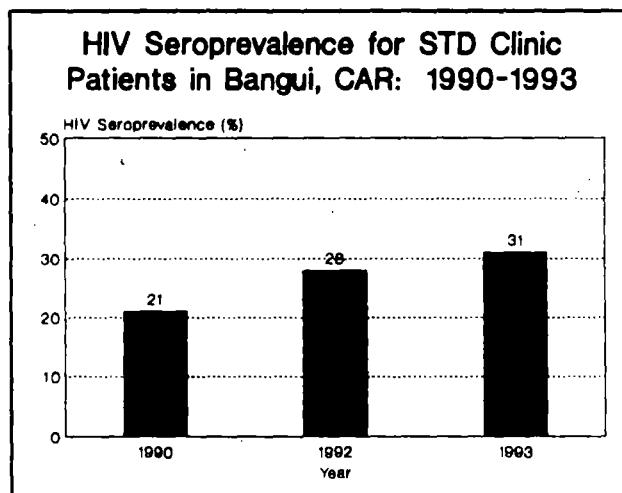
12/94

Demographic Indicators

Population (1,000s)	3,142	Growth Rate (%)	2.2
Infant Mortality Rate		Life Expectancy	
Both Sexes	137	Both Sexes	43
Male	146	Male	41
Female	128	Female	44
Crude Birth Rate	42	Crude Death Rate	21
Total Fertility Rate	5.4	Percent Urban	50
Note: Above indicators are for 1994.			
Cumulative AIDS rate (per 1,000) as of 11/30/92		1.23	
Cumulative AIDS cases as of 11/30/92		3,730	
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.			

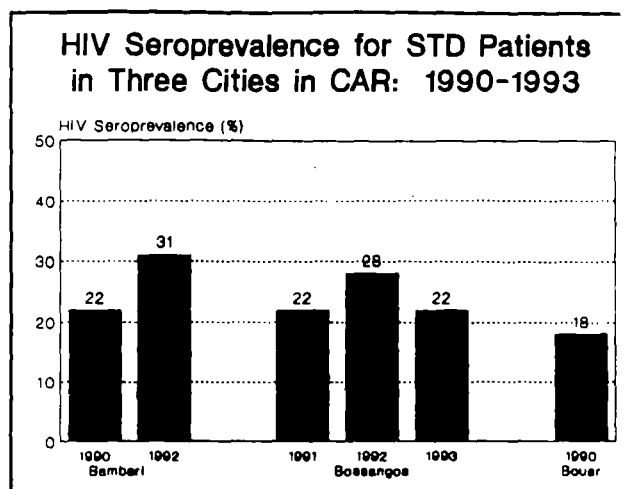
Epidemiological Data

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

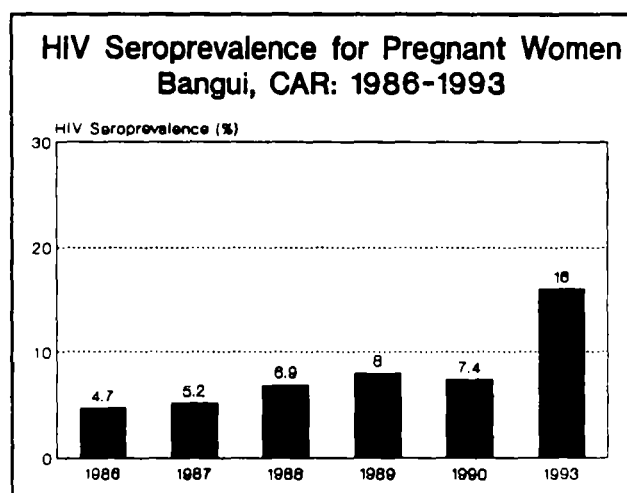


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

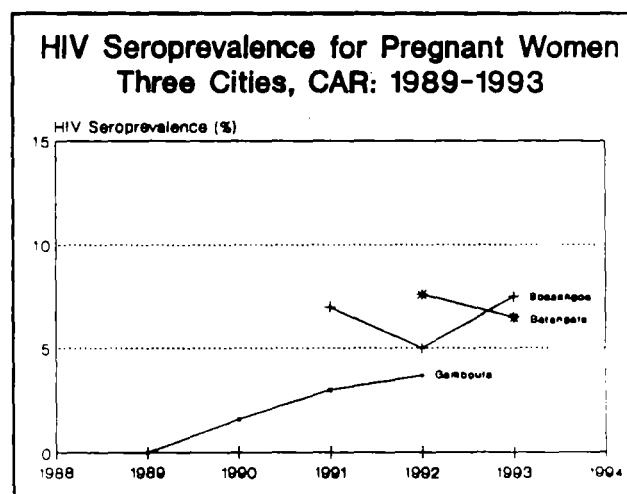
- Sentinel surveillance of STD clinic patients in three other cities indicates similar HIV infection levels. In Bambari, HIV infection increased among STD patients from 22 percent in 1990 to 31 percent in 1992. A study conducted in Bossangoa from 1991 to 1993 reported HIV infection levels fluctuating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



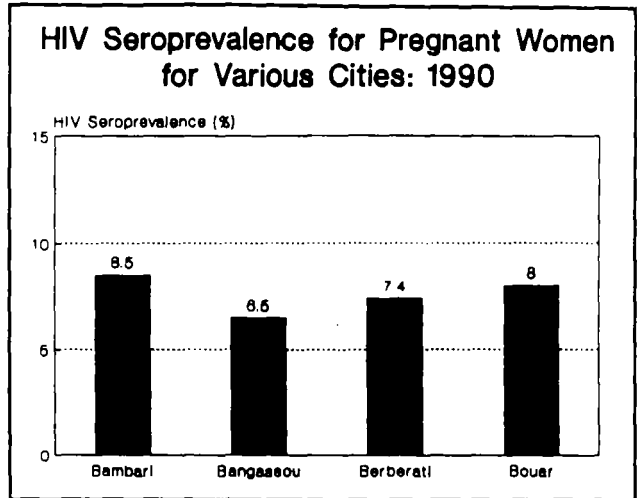
- Annual surveys of pregnant women have documented a slow but steady increase of HIV-1 infection in Bangui over the 1986-1990 period from nearly 5 to 7.4 percent. However, data collected by local maternity clinics in 1993 reported HIV seroprevalence levels of 16 percent.



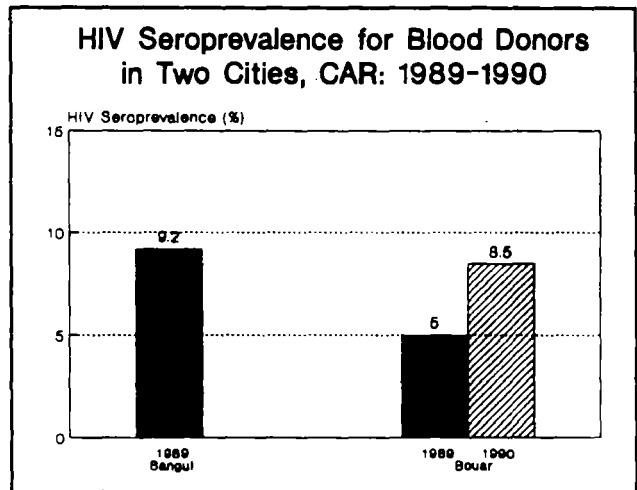
- A study conducted among pregnant women in three cities in Central African Republic reported different HIV seroprevalence levels. In Gamboula, located in Haute Sangha Prefecture on the border with Cameroon, the study found no HIV infection in 1989, but by 1992, the HIV infection level rose to 3.7 percent.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



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



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



Sources for Central African Republic

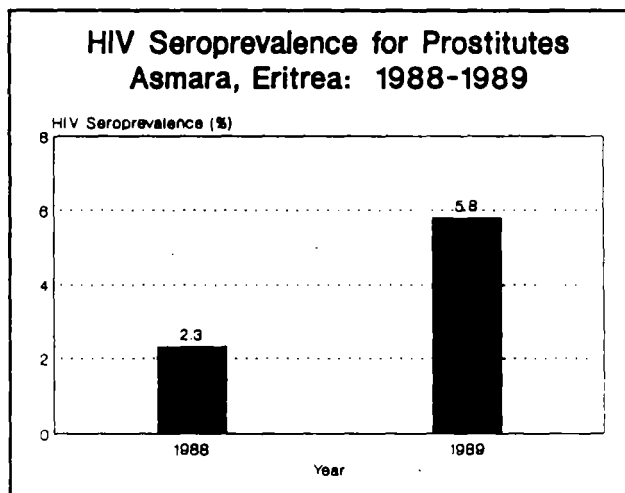
- G0059 Georges, A. J., M. C. Georges-Courbot, P. M. V. Martin, et al., 1989, Infection and Morbidity due to HIV in Central African Republic, IV Internat. Conf.: AIDS and Assoc. Cancers in Africa, Marseille, Oct. 18-20, Poster 077.
- G0120 Gresenguet, G., A. Todesco, B. Pascal, et al., 1993, Use of STD National Clinic in Bangui to Control HIV Infection in Central Africa Rep., IX International Conference on AIDS, Berlin, 6/6-11, Poster PO-C20-3089.
- L0107 Louis, J. P., R. Trebucq, R. Migliani, et al., 1992, Avancee du Front Epidemique de l'Infection a VIH 1 en Afrique Centrale, VII International Conference on AIDS in Africa, Yaounde, Cameroon, 12/8-11, Poster T.O.008.
- S0069 Somse, P., A. J. Georges, R. M. Siopathis, et al., 1989, Les Aspects Epidemiologiques des Affections Liees Aux VIH 1 et 2 en Republique Centrafricaine, V International Conference on AIDS, Montreal, 6/4-9, Poster W.G.O. 28.
- U0027 U.S. Department of State, 1994, AIDS in the Central African Republic, Unclassified Cable, April, Bangui 001505.
- W0069 World Health Organization, 1991, Global Programme on AIDS, Weekly Epidemiological Record, vol. 66, no. 35, pp. 257-259.

Demographic Indicators

Population (1,000s)	3,309	Growth Rate (%)	6.5
Infant Mortality Rate		Life Expectancy	
Both Sexes	122	Both Sexes	50
Male	133	Male	48
Female	112	Female	51
Crude Birth Rate	43	Crude Death Rate	16
Total Fertility Rate	6.6	Percent Urban	13
Notes: Above indicators are for 1994. Percent urban refers to Ethiopia before Eritrea's independence.			
Cumulative AIDS rate (per 1,000) as of 12/31/92	0.12		
Cumulative AIDS cases as of 12/31/92	372		
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.			

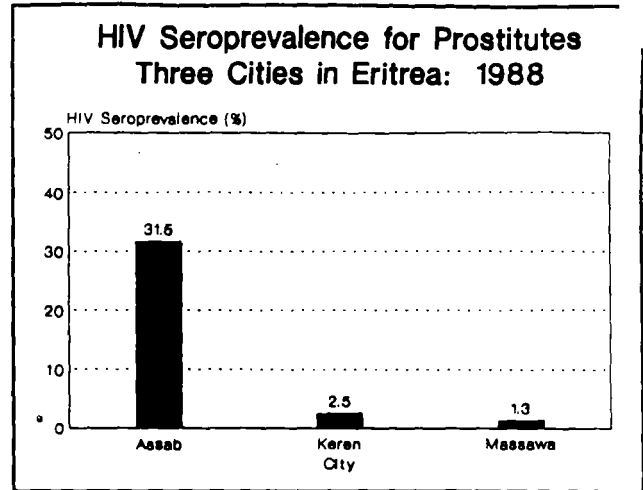
Epidemiological Data

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

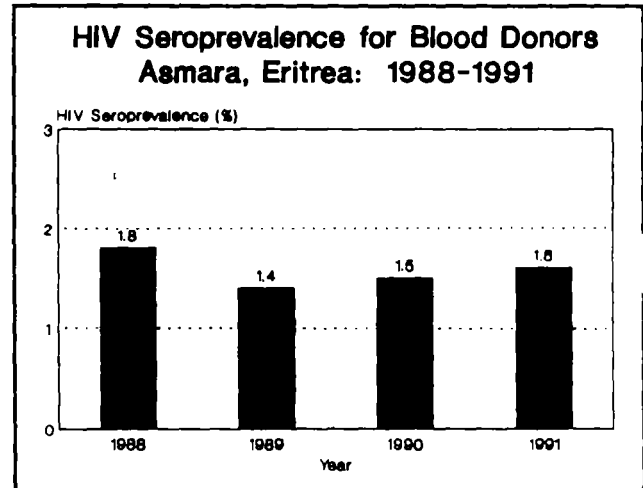


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

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



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



Sources for Eritrea

- M0327 Mehret, M., L. Khodakevich, D. Zewdie, et al., 1990, HIV-1 Infection and Related Risk Factors among Female Sex Workers in Urban Areas of Ethiopia, Ethiopian Journal of Health Development, vol. 4, no. 2, pp. 163-170.
- N0083 NACP/MOH (Ethiopia), 1992, Surveillance and Research Activities on HIV/AIDS: Activities Accomplished So Far in Ethiopia, 1984-1991, Ethiopia NACP/MOH data, unpublished report.
- Z0041 Zewdie, D., Y. Sisay, D. Kebede, et al., 1992, HIV Infection in Ethiopian Blood Donors: Prevalence, Trends and Future Projections, Ethiopian Journal of Health Development, vol. 6, no. 2, pp. 1-8.

Demographic Indicators

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

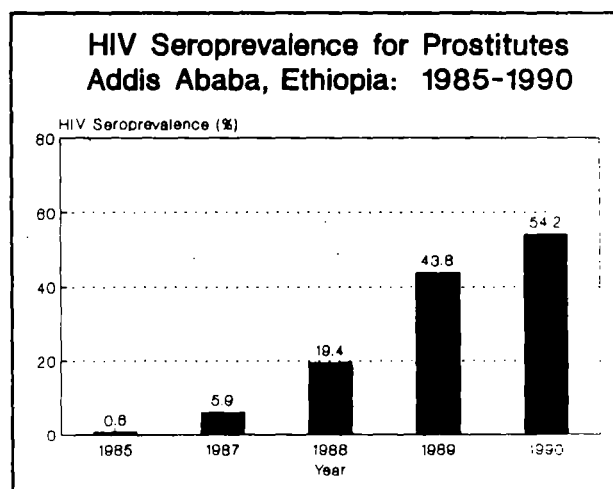
Notes: Above indicators are for 1994. Percent urban refers to Ethiopia before Eritrea's independence.

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

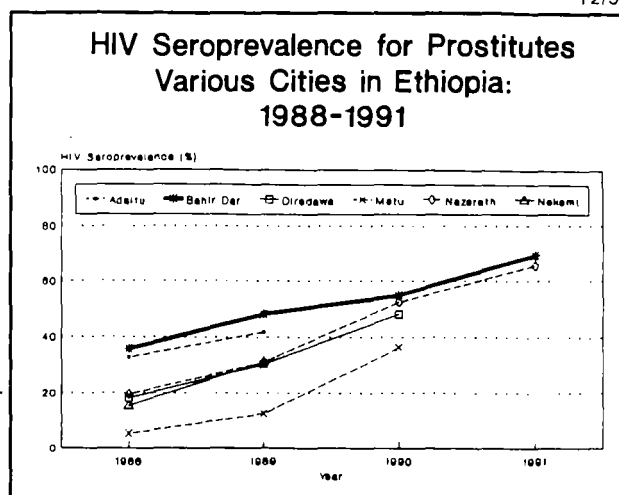
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

Epidemiological Data

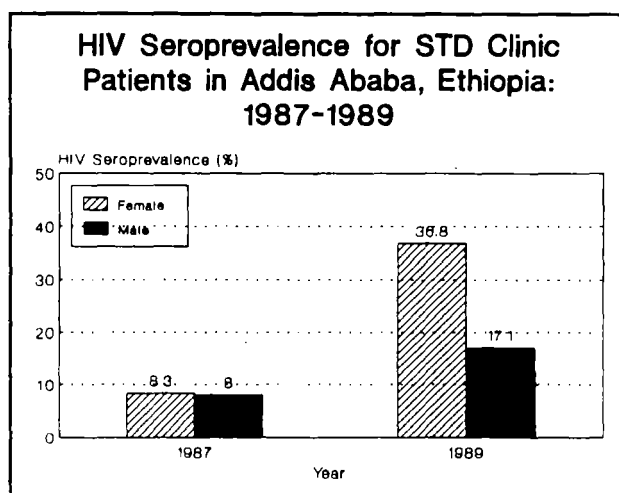
- In high risk populations, significant levels of HIV infection have been seen in Ethiopia. In Addis Ababa, the HIV infection level among prostitutes increased from 0.6 percent in 1985 to 54.2 percent in 1990.



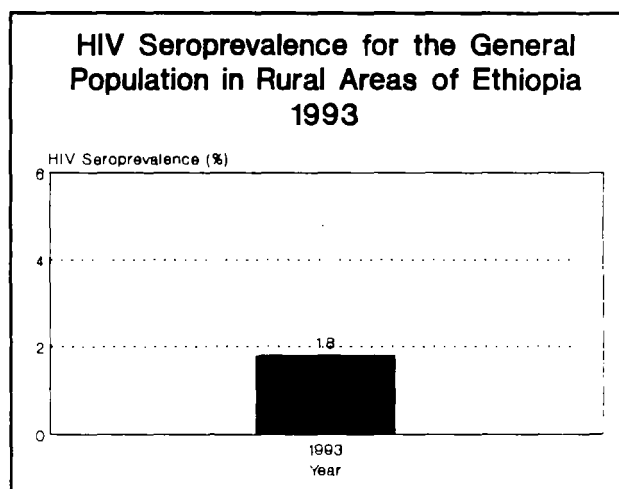
- Significant levels of HIV infection have also been observed outside of Addis Ababa. The level of HIV infection observed in Metu's prostitutes was lower than any other city. However, all cities showed increasing levels of HIV infection.



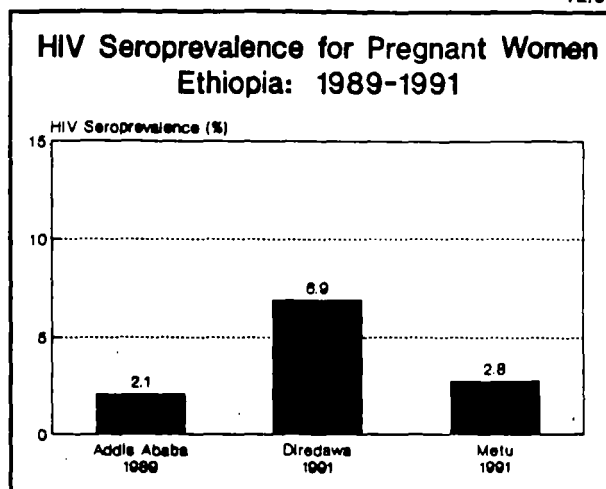
- Studies conducted in Addis Ababa in 1987 and 1989 show more than a quadrupling of HIV infection for female STD patients and a doubling for males during this two-year period.



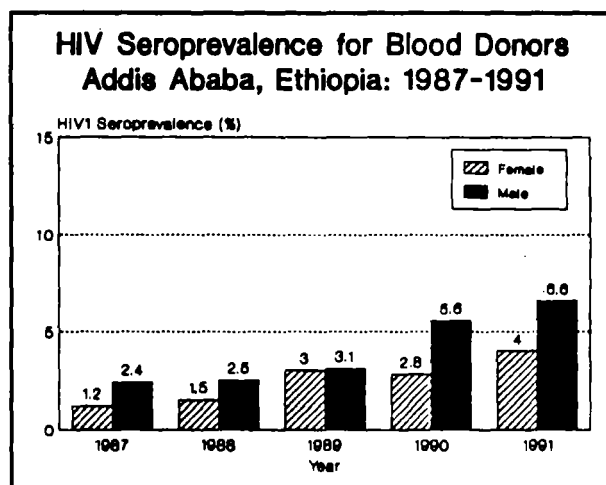
- Very few studies of HIV infection in the general population of Ethiopia have been published. However, in 1993, a study conducted in six rural areas reported an HIV seroprevalence level of 1.8 percent among the general population (age range 15-49).



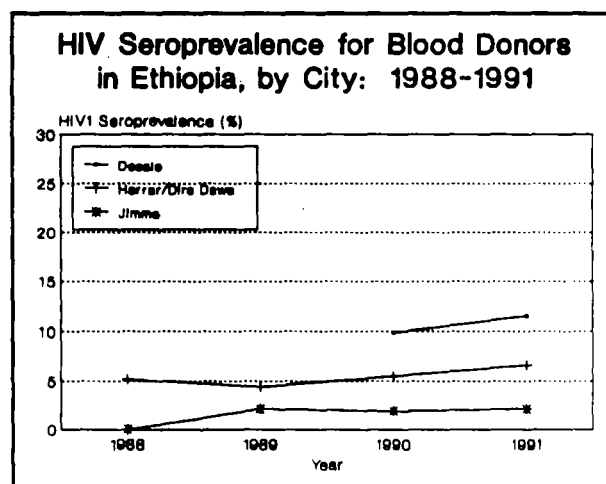
- In 1989, a study conducted in the capital city, Addis Ababa, reported a level of HIV infection among pregnant women of 2.1 percent. Another study conducted in Dire Dawa and Metu reported HIV infection levels of 6.9 and 2.8 percent, respectively, in 1991.



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



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



Sources for Ethiopia

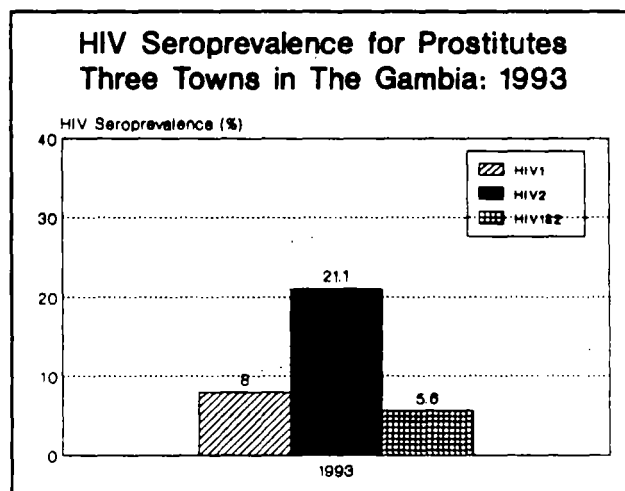
- A0012 Ayehunie, S., D. Zewde, F. Ketema, et al., 1988, Seropositivity to HIV-1 Antibodies in Addis Ababa, Ethiopia, IV International Conference on AIDS, Stockholm, 6/13-14, Poster 5044.
- H0046 Hailu, K., B. Desta, D. Zewdie, 1990, Prevalence of HIV-1 Antibodies in Pregnant Women in Addis Ababa, Ethiopia, VI International Conference on AIDS, San Francisco, 6/20-24, Abstract 3154.
- H0112 Hailu, M., 1994, HIV Serosurvey among Rural Population 1993, Ethiopia, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Abstract P.C.0046.
- M0327 Mehret, M., L. Khodakevich, D. Zewdie, et al., 1990, HIV-1 Infection and Related Risk Factors among Female Sex Workers in Urban Areas of Ethiopia, Ethiopian Journal of Health Development, vol. 4, no. 2, pp. 163-170.
- M0328 Mehret, M., L. Khodakevich, D. Zewdie, et al., 1990, HIV-1 Infection and Some Related Risk Factors among Female Sex Workers in Addis Ababa, The Ethiopian Journal of Health Development, vol. 4, no. 2, pp. 171-176.
- N0083 NACP/MOH (Ethiopia), 1992, Surveillance and Research Activities on HIV/AIDS: Activities Accomplished So Far in Ethiopia, 1984-1991, Ethiopia NACP/MOH data, unpublished report.
- Z0011 Zewdie, D., M. Abdurahman, S. Ayhunie, et al., 1989, High Prevalence of HIV-1 Antibodies in STD Patients with Genital Ulcers, V International Conference on AIDS, Montreal, 6/4-9, Poster T.A.P. 102.
- Z0041 Zewdie, D., Y. Sisay, D. Kebede, et al., 1992, HIV Infection in Ethiopian Blood Donors: Prevalence, Trends and Future Projections, Ethiopian Journal of Health Development, vol. 6, no. 2, pp. 1-8.

Demographic Indicators

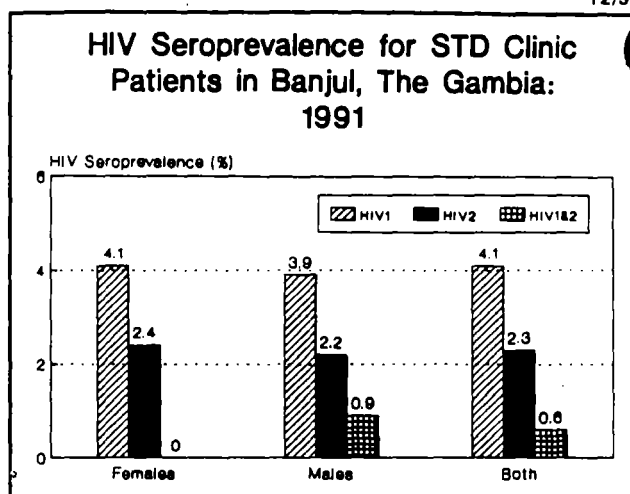
Population (1,000s)	959	Growth Rate (%)	3.1
Infant Mortality Rate		Life Expectancy	
Both Sexes	124	Both Sexes	50
Male	136	Male	48
Female	111	Female	52
Crude Birth Rate	46	Crude Death Rate	16
Total Fertility Rate	6.3	Percent Urban	25
Note: Above indicators are for 1994.			
Cumulative AIDS rate (per 1,000) as of 12/31/93		0.29	
Cumulative AIDS cases as of 12/31/93		277	
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.			

Epidemiological Data

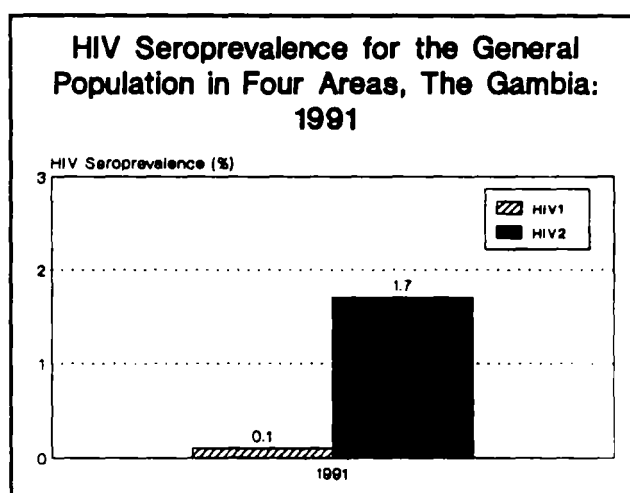
- Similar to other countries in West Africa, The Gambia has higher HIV-2 infection levels than HIV-1. Evidence of this is shown in this study conducted among prostitutes in three urban towns in The Gambia. The HIV-2 infection level is 21 percent while HIV-1 is 8 percent. About 6 percent of the prostitutes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



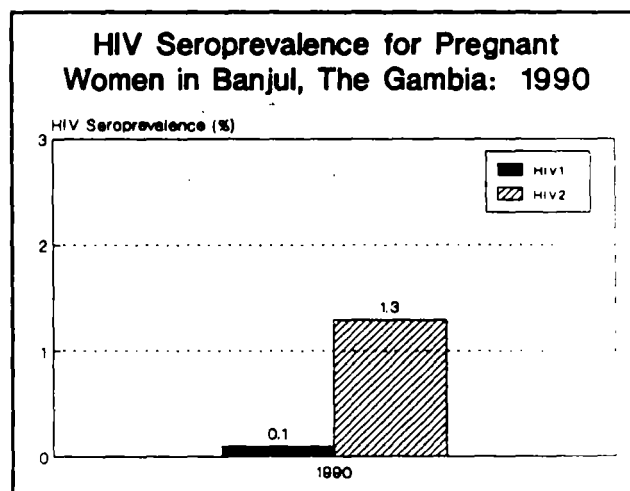
- In Banjul, the capital city, a seroprevalence study of STD patients found somewhat equal levels of infection in both sexes. The most noticeable deviation occurred with dual infection. None of the females showed dual infection, while nearly 1 percent of males were so infected.



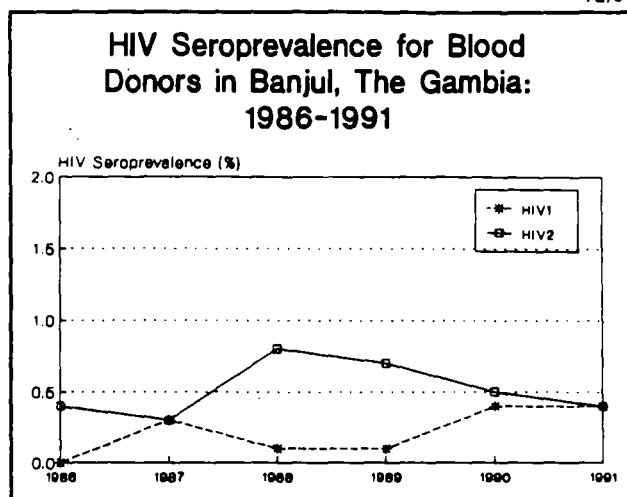
- A serosurvey carried out in greater Banjul and three other areas found about 2 percent of a sample of adults infected with HIV-2 but only 0.1 percent infected with HIV-1.



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



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



Sources for Gambia

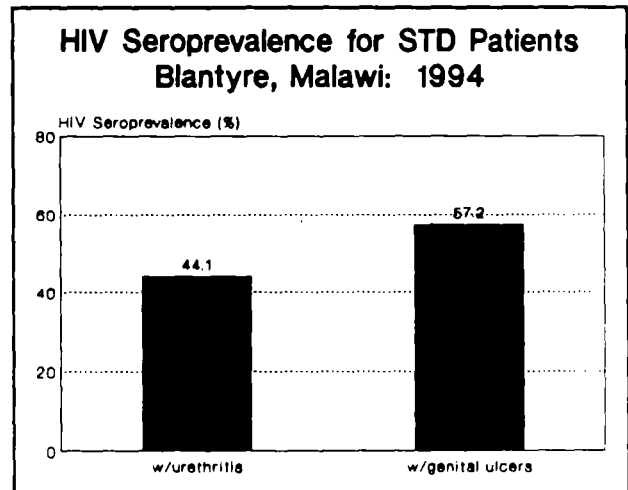
- H0117 Hawkes, S., M. Whittle, R. Jagne, et al., 1994, The Increase in HIV-1 Prevalence in Commercial Sex Workers (CSWs) in the Gambia, and Association with Other STDs Including ..., Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Session 393C.
- M0031 Mabey, D. C. W., R. S. Tedder, A. S. Huges, et al., 1988, Human Retroviral Infections in the Gambia: Prevalence and Clinical Features, British Medical Journal, Jan. 9, vol. 296, pp. 83-86.
- M0197 Manneh, K. K., R. S. Njie, R. Sarr, et al., 1991, The Prevalence of HIV Seropositivity in STD Patients in a Relatively Low Prevalence General Population, VI International Conference on AIDS in Africa, Dakar, Senegal, 12/16-19, Poster W.A.154.
- M0203 Manneh, K. K., R. S. Njie, R. Sarr, et al., 1992, HIV Status of Antenatal Women Reporting for Routine Blood Tests at the Royal Victoria Hospital, VIII International Conference on AIDS, Amsterdam, 7/19-24, Abstract PuC 8133.
- S0160 Sarge-Njie, R., E. G. Sarr, K. K. Manneh, et al., 1992, The Role of Donors in HIV Transmission, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoD 5683.
- W0027 Wilkins, A., R. Hayes, P. Alonso, et al., 1991, Risk Factors for HIV-2 Infection in the Gambia, AIDS, vol. 5, no. 9, pp. 1127-1132.

Demographic Indicators

Population (1,000s)	9,732	Growth Rate (%)	-1.1
Infant Mortality Rate		Life Expectancy	
Both Sexes	141	Both Sexes	40
Male	149	Male	39
Female	133	Female	41
Crude Birth Rate	50	Crude Death Rate	23
Total Fertility Rate	7.4	Percent Urban	13
Note: Above indicators are for 1994.			
Cumulative AIDS rate (per 1,000) as of 2/10/94		3.26	
Cumulative AIDS cases as of 3/14/94		31,857	
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.			

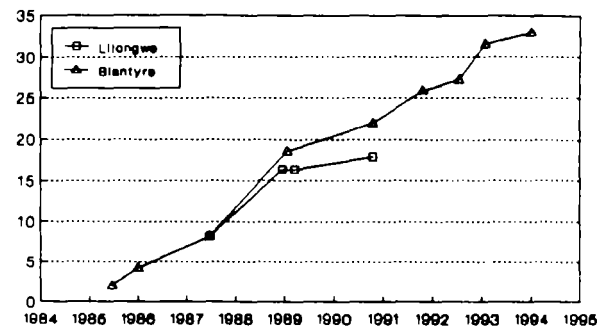
Epidemiological Data

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



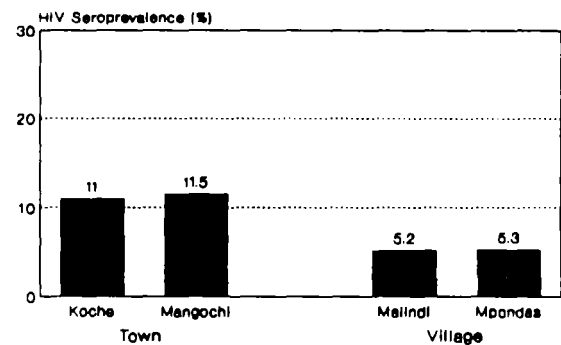
- In the capital city of Lilongwe, the HIV infection level among pregnant women has increased from 8.2 percent in 1987 to 17.9 percent in 1990. In Blantyre, HIV infection levels rose from 2 percent in 1985 to 33.0 percent in 1994.

**HIV Seroprevalence for Pregnant Women
Lilongwe and Blantyre, Malawi:
1985-1994**



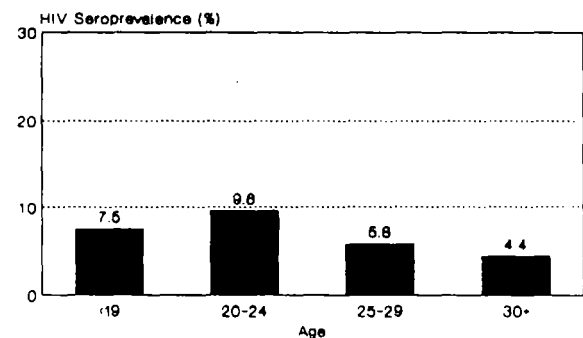
- HIV infection varied by site of enrollment among pregnant women in rural Malawi. All four sites are located in Mangochi district. The highest levels, 11 percent, are found among those attending antenatal clinics in towns. Lower levels of 5 percent are found among women attending village clinics.

**HIV Seroprevalence for Pregnant Women
Four Rural Towns/Villages in Malawi:
1987-1990**



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

**HIV Seroprevalence for Pregnant Women
Four Rural Sites, Malawi:
1987-1990**



Sources for Malawi

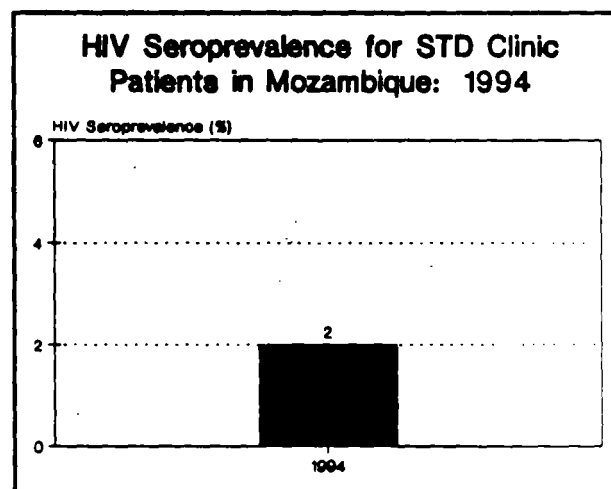
- C0068 Chiphangwi, J., E. Ndovi, G. Dallabetta, et al., 1989, Factors Associated with Prevalent HIV-1 Infection in Pregnant Women in Malawi, V International Conference on AIDS, Montreal, 6/4-9, Abstract Th.G.O. 28.
- G0005 Gurtler, L., J. Eberle, F. Deinhardt, et al., 1987, Prevalence of HIV-1 in Selected Populations of Areas in Malawi, II International Symposium: AIDS and Associated Cancers in Africa, Naples, Italy, 10/7-9, Abstract TH-44.
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- S0298 Slutsker, L., J. Cabeza, J. J. Wirima, et al., 1994, HIV-1 Infection among Women of Reproductive Age in a Rural District in Malawi, AIDS, vol. 8, no. 9, pp. 1337-1340.
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Demographic Indicators

Population (1,000s)	17,346	Growth Rate (%)	5.9
Infant Mortality Rate		Life Expectancy	
Both Sexes	129	Both Sexes	49
Male	140	Male	47
Female	117	Female	50
Crude Birth Rate	45	Crude Death Rate	16
Total Fertility Rate	6.3	Percent Urban	33
Note: Above indicators are for 1994.			
Cumulative AIDS rate (per 1,000) as of 12/31/93	0.05		
Cumulative AIDS cases as of 12/31/93	826		
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.			

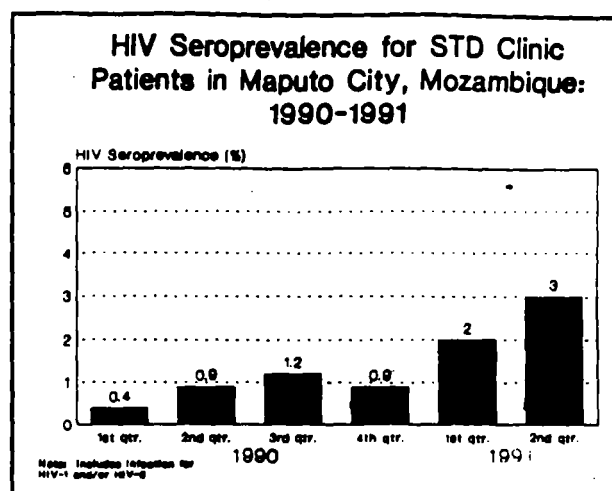
Epidemiological Data

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

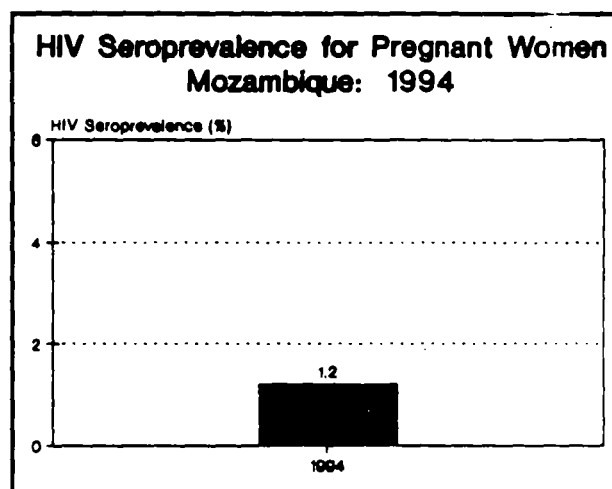


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

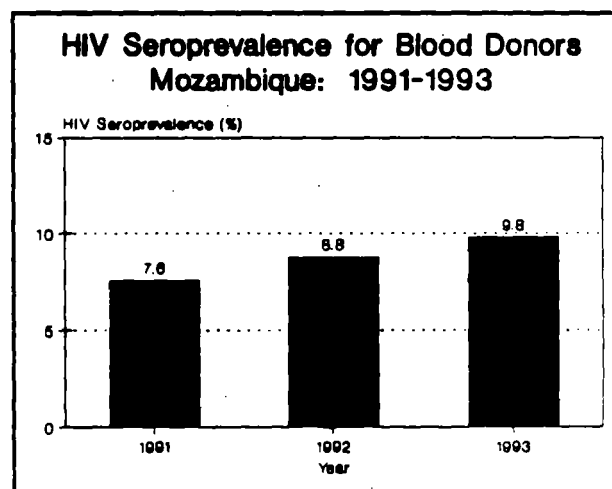
- In Maputo city, the HIV infection level among STD clinic patients shows an increase. In one year, the HIV seroprevalence level more than tripled from 0.9 percent in the 2nd quarter of 1990 to 3.0 percent in the 2nd quarter of 1991.



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



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



Sources for Mozambique

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Demographic Indicators

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

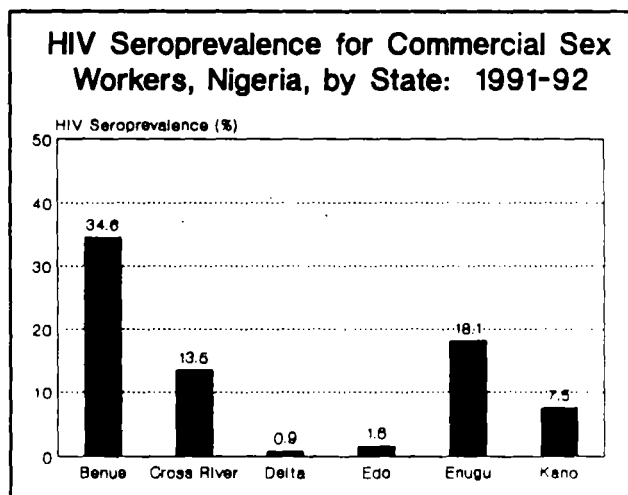
Note: Above indicators are for 1994.

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

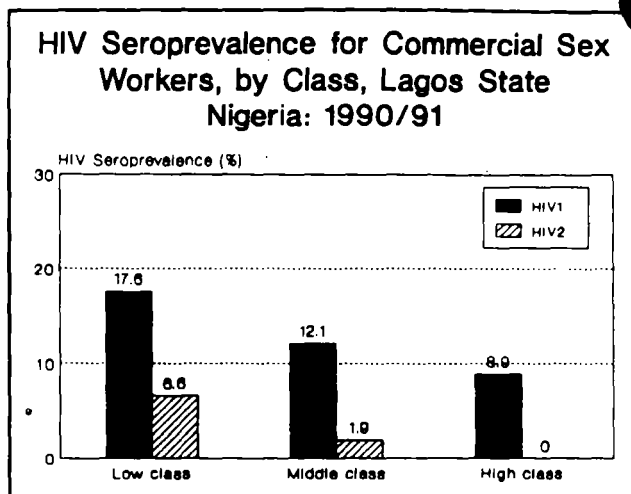
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.

Epidemiological Data

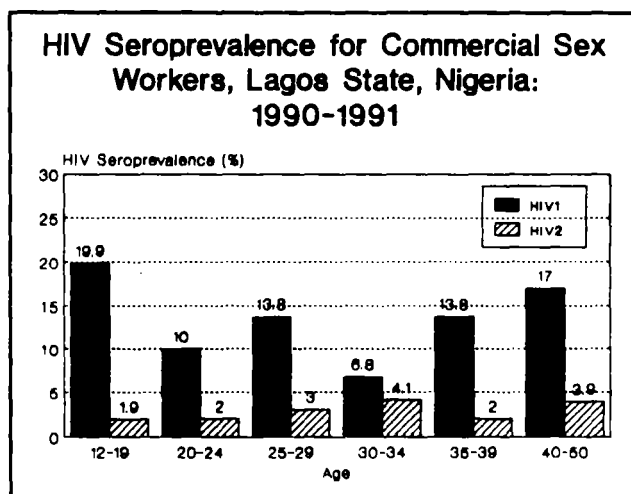
- The Federal Ministry of Health and Human Services with the World Health Organization conducted a serosurvey of HIV infection at selected sentinel sites in various states of Nigeria. The results of all the sites in each state show the range of HIV infection among commercial sex workers from 0.9 percent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



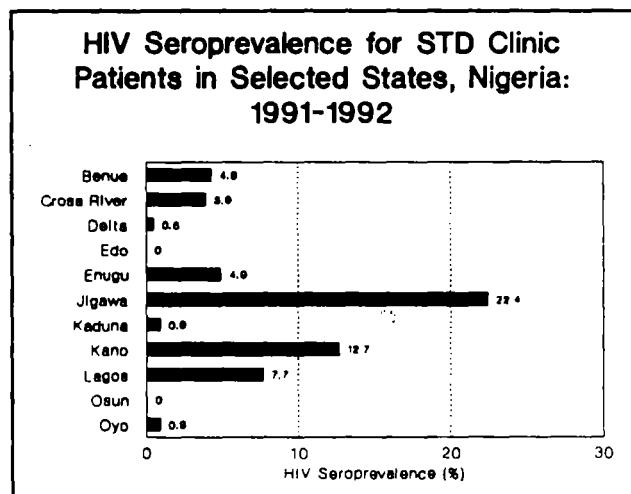
- Another study of commercial sex workers in Lagos State measured the seroprevalence of HIV-1 and HIV-2. Women in the lower class were not as likely to use condoms as the high class women. The overall prevalence rate varied by class: low class women had the highest HIV prevalence levels.



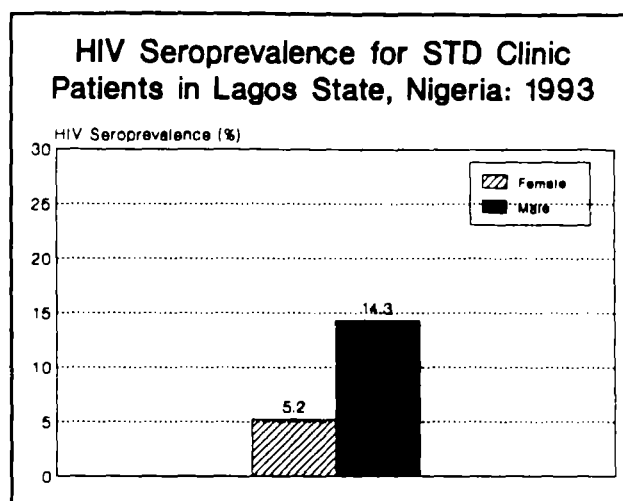
- The peak age for HIV-1 infection among commercial sex workers in Lagos State in this 1990-1991 study is 12-19 years of age. Infection with HIV-2 is present but the levels are much lower. HIV-2 infection levels vary from 1.9 percent among those 12-19 years of age to 4.1 percent among those 30-34 years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



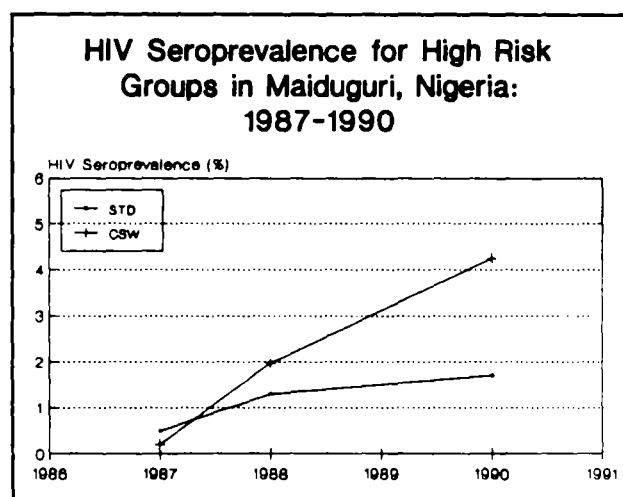
- The results from selected sentinel sites in various states show the range of HIV infection among STD clinic patients from 0.0 percent to 22.4 percent.



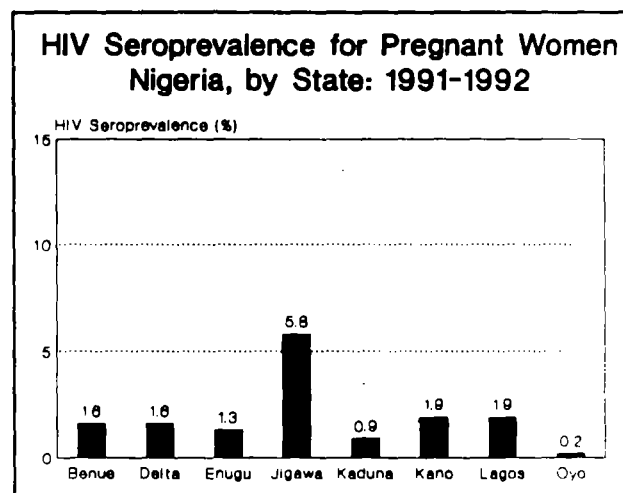
- The HIV infection level among male STD clinic patients in Lagos State is 14.3 percent which is more than double the infection level of 5.2 percent found among female patients attending the same clinic.



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

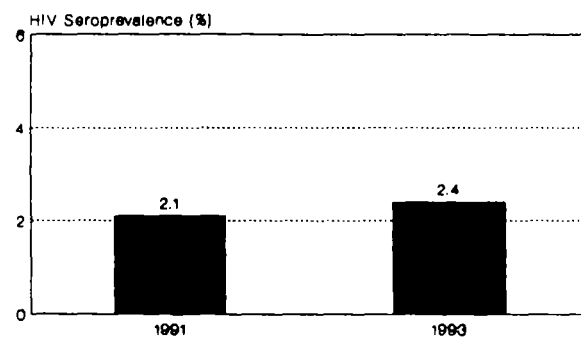


- Reports from sentinel sites within the states of Nigeria show the overall HIV seroprevalence level among pregnant women to range from 0.2 percent in Oyo state to 5.8 percent in Jigawa state.



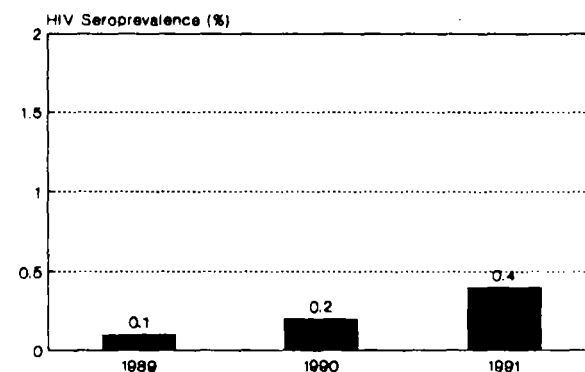
- Studies conducted among women attending an antenatal clinic in Maiduguri State in 1991 and 1993 report an HIV seroprevalence level of 2.1 percent and 2.4 percent, respectively.

**HIV Seroprevalence for Pregnant Women
Maiduguri State, Nigeria:
1991 and 1993**



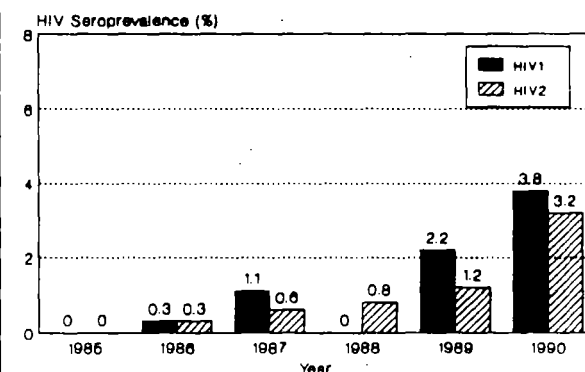
- In Benin city, the HIV infection levels among the blood donors show a slow but steady increase to 0.4 percent in 1991.

**HIV Seroprevalence for Blood Donors
in Benin, Nigeria: 1989-1991**

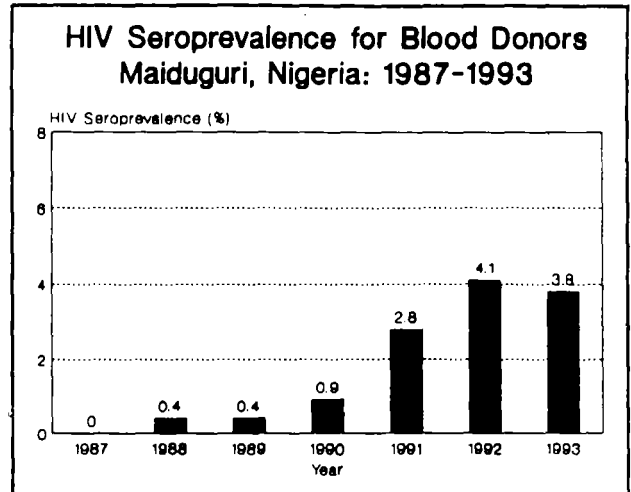


- National HIV seroprevalence surveys among blood donors were conducted annually from 1985 through 1990 in Nigeria. The results show a steady increase in both HIV-1 and HIV-2 infection, from no evidence of infection in 1985 to 3.8 percent and 3.2 percent in 1990.

**HIV Seroprevalence for Blood Donors
Nigeria: 1985-1990**



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



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

Sources for Nigeria

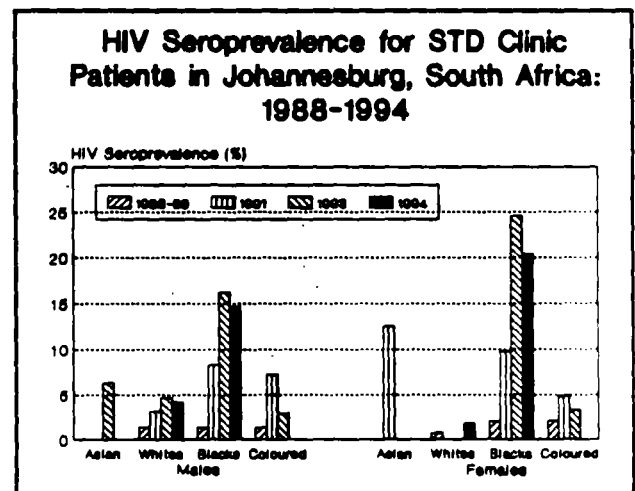
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Demographic Indicators

Population (1,000s)	43,931	Growth Rate (%)	2.6
Infant Mortality Rate		Life Expectancy	
Both Sexes	47	Both Sexes	65
Male	45	Male	62
Female	49	Female	68
Crude Birth Rate	34	Crude Death Rate	8
Total Fertility Rate	4.4	Percent Urban	50
Note: Above indicators are for 1994.			
Cumulative AIDS rate (per 1,000) as of 2/28/94	0.07		
Cumulative AIDS cases as of 2/28/94	3,210		
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.			

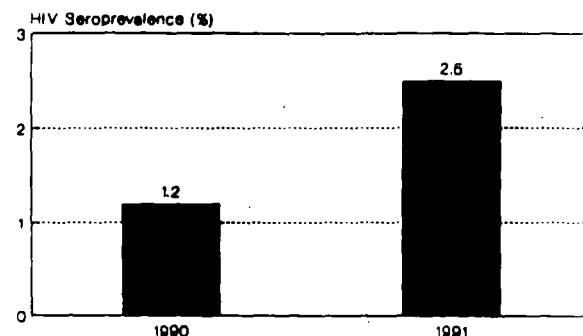
Epidemiological Data

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



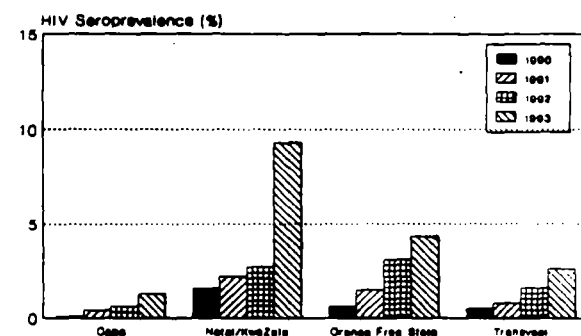
- Available evidence among the general population shows HIV infection levels in Natal/KwaZulu Province's rural areas to have doubled in one year.

HIV Seroprevalence for General Population in Rural Areas of Natal/KwaZulu, South Africa: 1990-1991



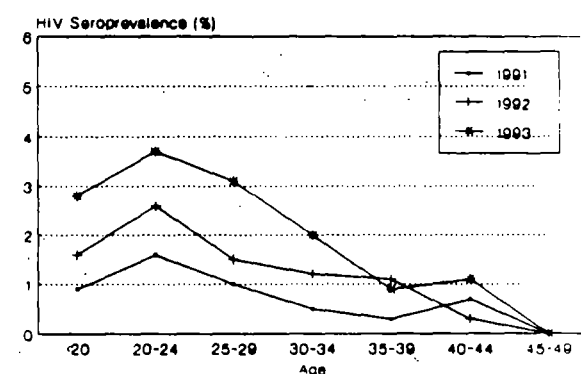
- In 1993, the fourth national HIV seroprevalence survey was conducted in South Africa among pregnant women. Based on all four surveys, HIV infection increased in all four provinces. However, the HIV level in Natal/KwaZulu Province more than tripled.

HIV Seroprevalence by Province for Pregnant Women in South Africa: 1990-1993



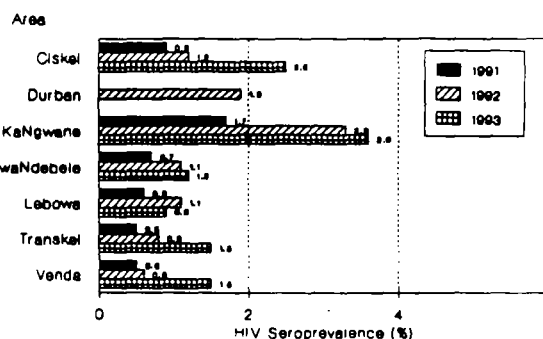
- The 1991, 1992 and 1993 national HIV seroprevalence surveys documented the pattern of HIV infection by age. Data from all three years show a similarity in age patterns; the highest peak of HIV infection is in the 20-24 age group.

HIV Seroprevalence by Age for Pregnant Women in South Africa: 1991-1993



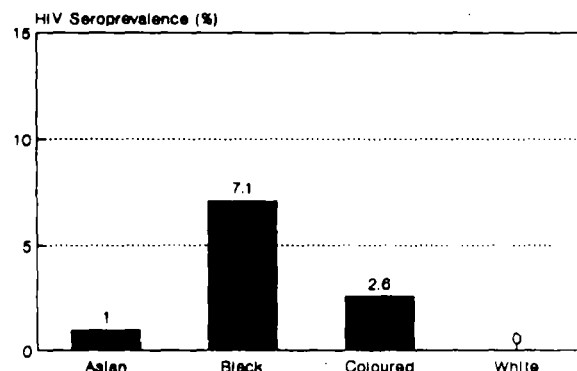
- HIV seroprevalence levels among black pregnant women vary by area. The 1993 data show a doubling in HIV levels for Ciskei, Transkei and Venda. However, KaNgwane continues to have the highest HIV infection level.

HIV Seroprevalence for Black Pregnant Women by Area in South Africa: 1991-1993



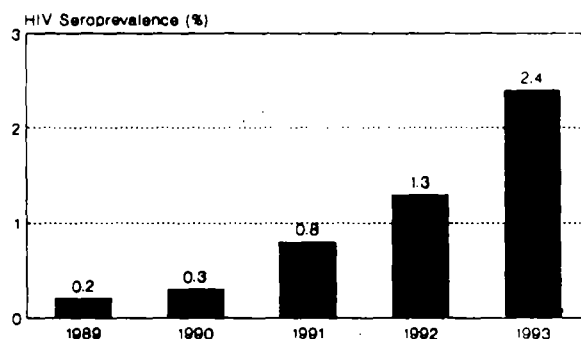
- Serosurveillance conducted by the National Institute for Virology and the Johannesburg City Health Department, indicate a variation in HIV infection among pregnant women. HIV infection levels among black pregnant women were the highest compared to White, Asian and Coloured pregnant women.

HIV Seroprevalence for Pregnant Women Johannesburg, South Africa: 1993



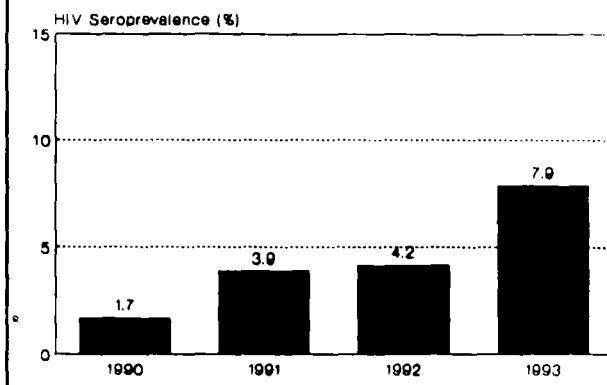
- In the Mahala area, located in Gazankulu region, HIV infection among pregnant women increased from 0.2 percent in 1989 to 2.4 percent in 1993.

HIV Seroprevalence for Pregnant Women in Mahala, South Africa: 1989-1993



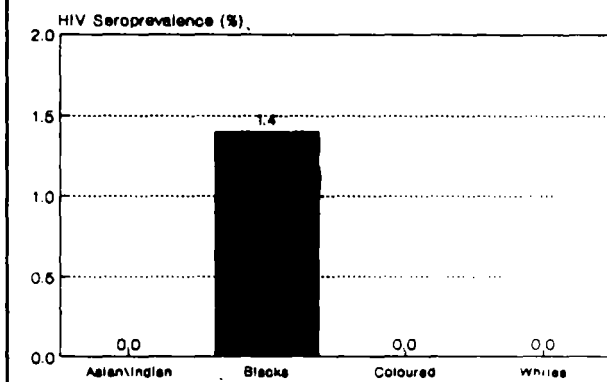
- HIV seroprevalence surveys among women attending antenatal clinics in a rural health district hospital, Hlabisa Health Ward, located in northern Zululand, South Africa, reported an increase in HIV levels. The data indicate rapidly rising HIV seroprevalence to 7.9 percent in 1993.

HIV Seroprevalence for Pregnant Women in Zululand, South Africa: 1990-1993



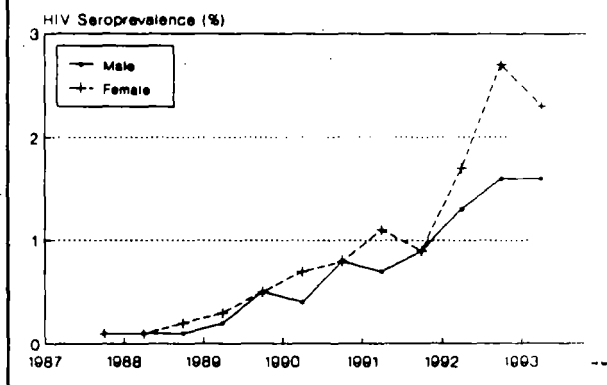
- National data from the South African blood transfusion services in 1992 show 1.4 percent HIV infection levels from black donors and lower levels for other groups. Potential blood donors, however, may choose not to donate if they consider themselves to be at risk of infection.

HIV Seroprevalence for Blood Donors South Africa: 1992



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

HIV Seroprevalence for Black Blood Donors in South Africa: 1987-1993



Sources for South Africa

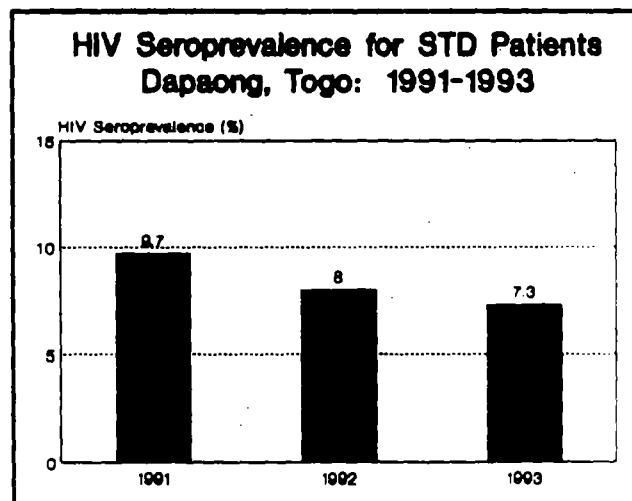
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- R0101 RSA Department of National Health and Population Development, 1994, Fourth National HIV Survey of Women Attending Antenatal Clinics, South Africa, October/ November 1993, *Epidemiological Comments*, vol. 21, no. 4, pp. 68-78.
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Demographic Indicators

Population (1,000s)	4,255	Growth Rate (%)	3.6
Infant Mortality Rate		Life Expectancy	
Both Sexes	89	Both Sexes	57
Male	96	Male	55
Female	82	Female	59
Crude Birth Rate	47	Crude Death Rate	11
Total Fertility Rate	6.9	Percent Urban	30
Note: Above indicators are for 1994.			
Cumulative AIDS rate (per 1,000) as of 2/23/94		0.83	
Cumulative AIDS cases as of 2/23/94		3,472	
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.			

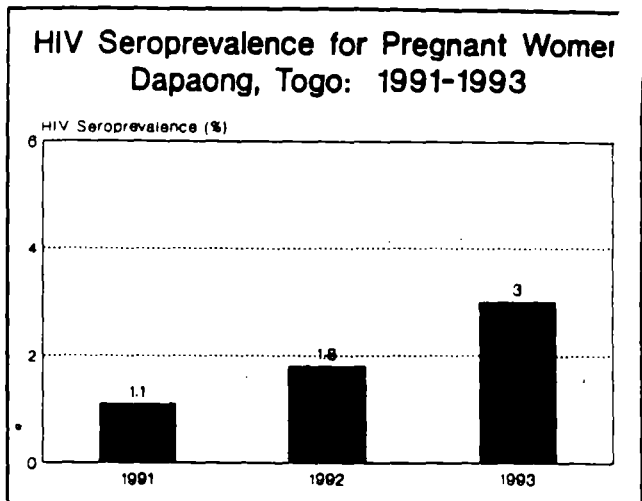
Epidemiological Data

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

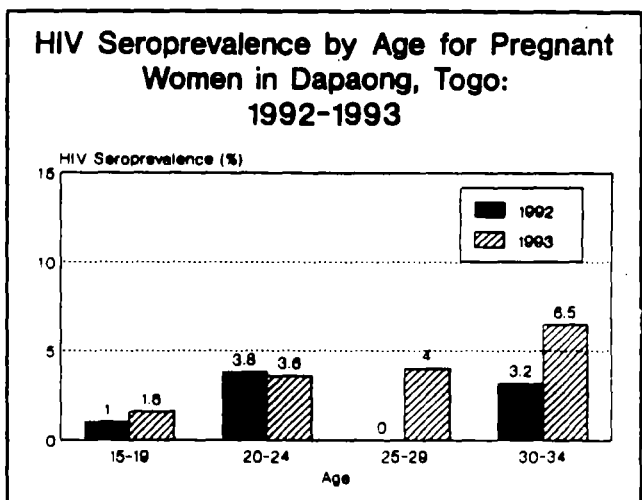


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

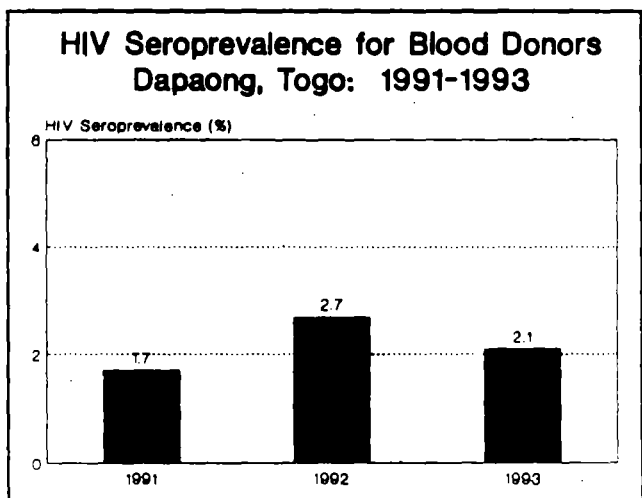
- Women attending an antenatal clinic in the rural area around Dapaong were screened for HIV infection. Researchers found a three-fold increase in the HIV infection level among pregnant women, from 1.1 percent in 1991 to 3.0 percent in 1993.



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



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



Sources for Togo

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

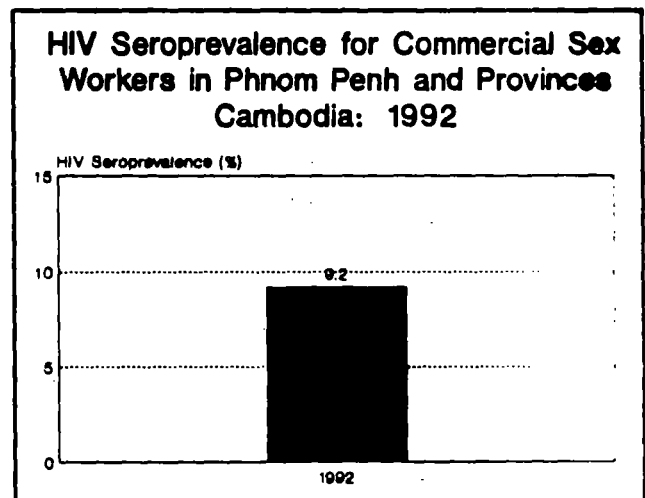
ASIA & OCEANIA

Demographic Indicators

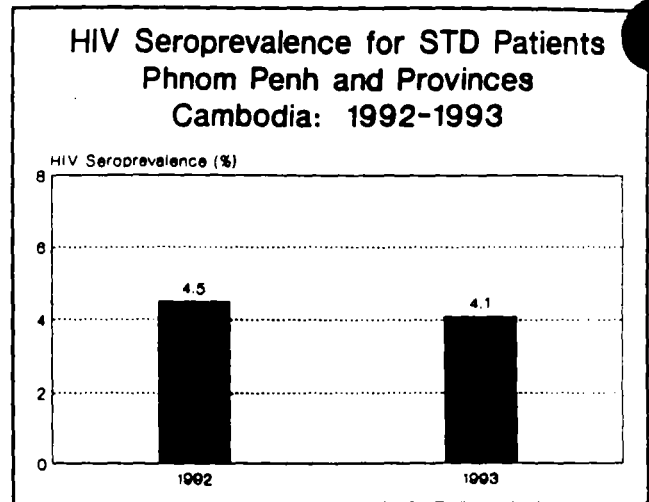
Population (1,000s)	10,265	Growth Rate (%)	2.9
Infant Mortality Rate		Life Expectancy	
Both Sexes	111	Both Sexes	49
Male	119	Male	48
Female	102	Female	51
Crude Birth Rate	45	Crude Death Rate	16
Total Fertility Rate	5.8	Percent Urban	13
Notes: Above indicators are for 1994.			
Cumulative AIDS rate (per 1,000) as of 3/31/94		0.00	
Cumulative AIDS cases as of 3/31/94		0	
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.			

Epidemiological Data

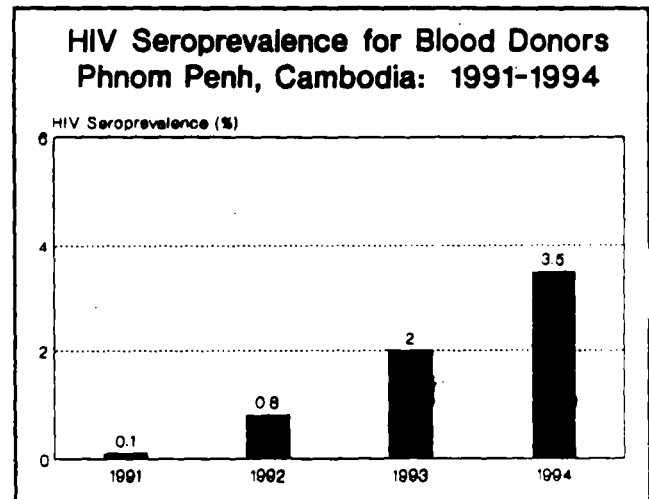
- Very few studies on HIV seroprevalence among commercial sex workers have been available for Cambodia. However, in an AIDS surveillance report from the World Health Organization, HIV infection among commercial sex workers in Phnom Penh and the provinces was reported to be 9.2 percent for 1992.



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



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



Sources for Cambodia

L0165 Lay, K. S., 1994, The HIV Epidemic in Cambodia, TB & HIV, no. 2, p. 15.

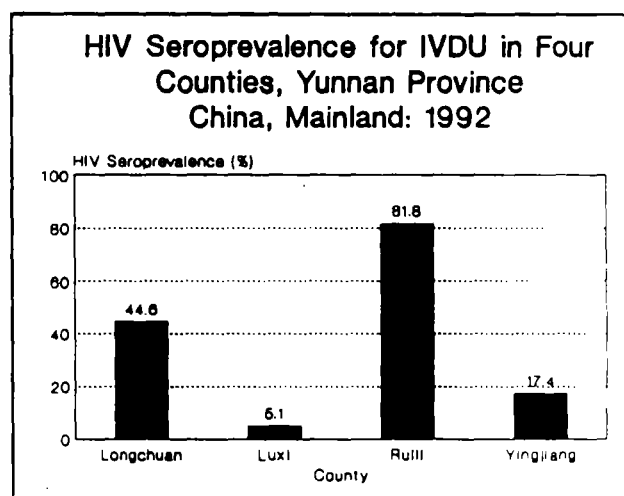
T0115 Tia, P., S. L. Kruy, S. Tea, et al., 1994, Epidemiology of HIV in Cambodia, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0621.

Demographic Indicators

Population (1,000s)	1,190,431	Growth Rate (%)	1.1
Infant Mortality Rate		Life Expectancy	
Both Sexes	52	Both Sexes	68
Male	40	Male	67
Female	66	Female	69
Crude Birth Rate	18	Crude Death Rate	7
Total Fertility Rate	1.8	Percent Urban	29
Note: Above indicators are for 1994.			
Cumulative AIDS rate (per 1,000) as of 12/31/93		0.0	
Cumulative AIDS cases as of 12/31/93		36	
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.			

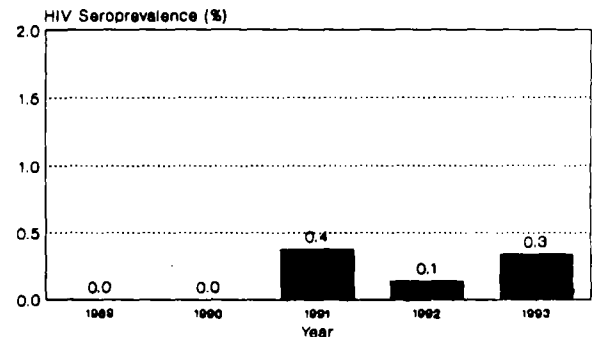
Epidemiological Data

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



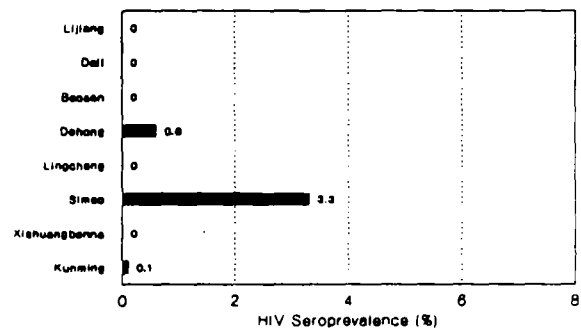
- In Yunnan Province, located in south western China, HIV seroprevalence among commercial sex workers showed no evidence of the virus in 1989 and 1990. However, since 1991 prevalence levels have ranged from 0.1 percent to 0.4 percent.

**HIV Seroprevalence for Commercial Sex Workers in Yunnan Province
China: 1989-1993**



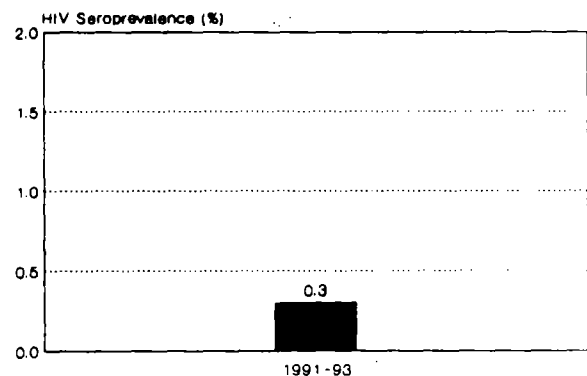
- Data available from prefectures in Yunnan Province show the highest levels of HIV infection among commercial sex workers are located in those prefectures bordering Burma. Sentinel surveillance conducted in Simao prefecture revealed the highest HIV seroprevalence level, 3.3 percent. The remaining prefectures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

**HIV Seroprevalence for Commercial Sex Workers, by Area, in Yunnan Province,
China: 1986-1993**

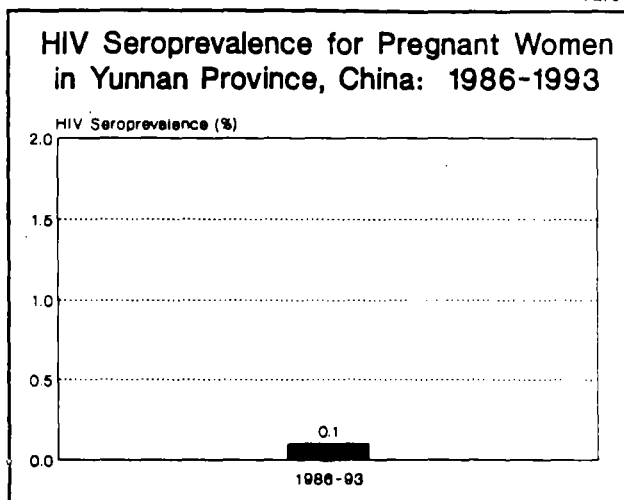


- A study conducted from 1991-1993 among STD clinic patients in Zhejiang reports HIV seroprevalence levels of 0.3 percent.

HIV Seroprevalence for STD Clinic Patients in Zhejiang, China: 1991-1993



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



Sources for China, Mainland

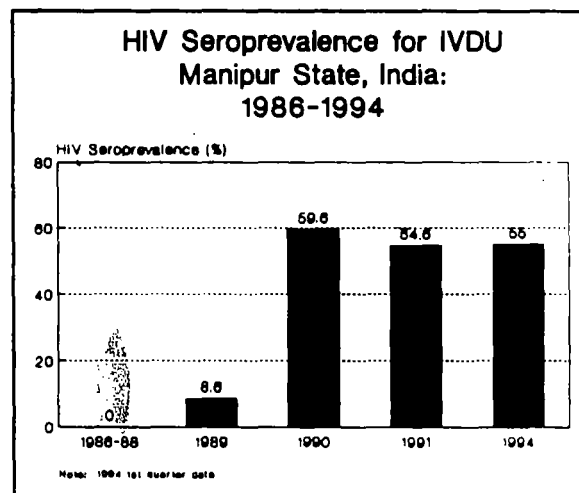
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Demographic Indicators

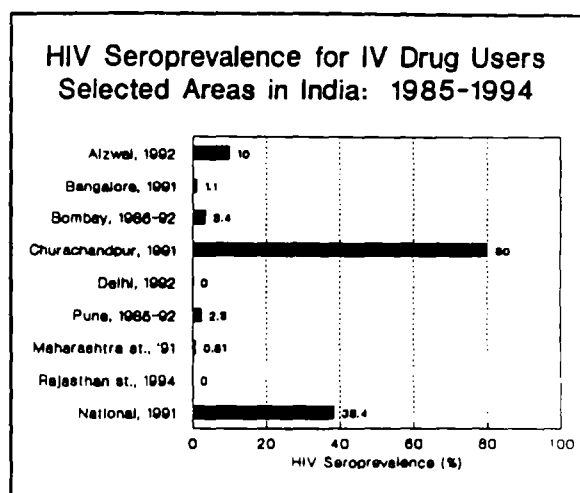
Population (1,000s)	919,903	Growth Rate (%)	1.8
Infant Mortality Rate		Life Expectancy	
Both Sexes	78	Both Sexes	59
Male	78	Male	58
Female	79	Female	59
Crude Birth Rate	28	Crude Death Rate	10
Total Fertility Rate	3.5	Percent Urban	27
Note: Above indicators are for 1994.			
Cumulative AIDS rate (per 1,000) as of 6/14/94		0.00	
Cumulative AIDS cases as of 6/14/94		713	
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.			

Epidemiological Data

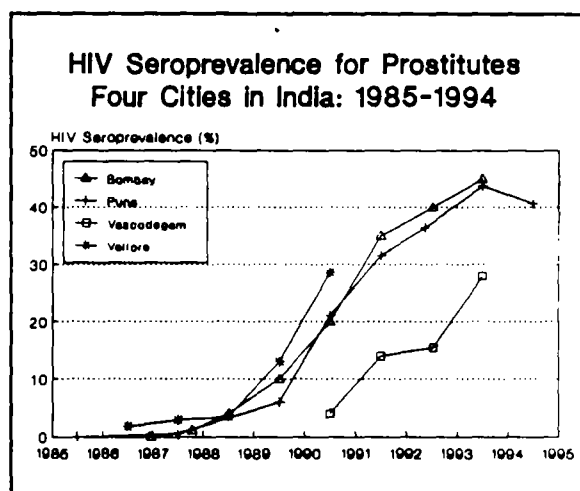
- In the northeastern states, HIV infection among intravenous drug users (IVDU) has skyrocketed. HIV prevalence levels rose from 8.6 in 1989 to over 50 percent in the 1990's.



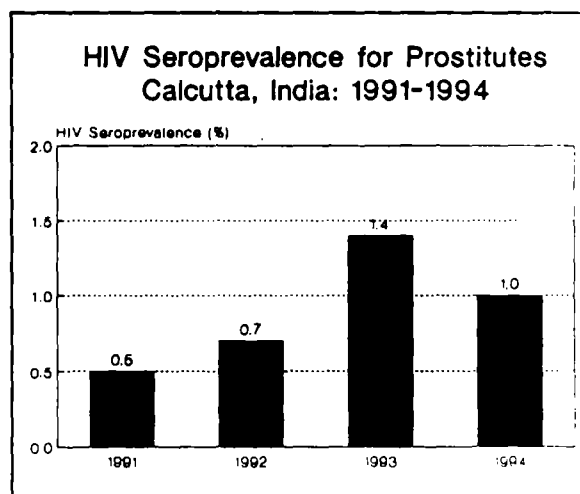
- Studies of HIV infection among IVDU in various areas reported levels up to 80 percent. In addition, a 1991 national survey of 3,521 IVDU reported a seroprevalence level of 38.4 percent.



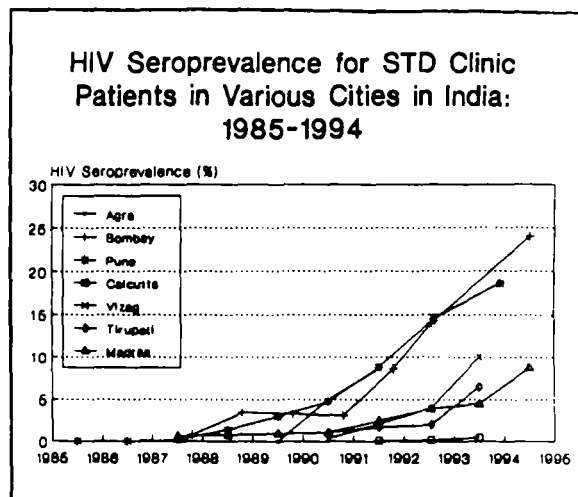
- Various studies clearly document the spread of HIV among prostitutes. In this high risk population, HIV infection increased sharply in these cities over the past six years. The highest levels of HIV infection were found in Bombay, 45 percent and Pune, 40.7 percent.



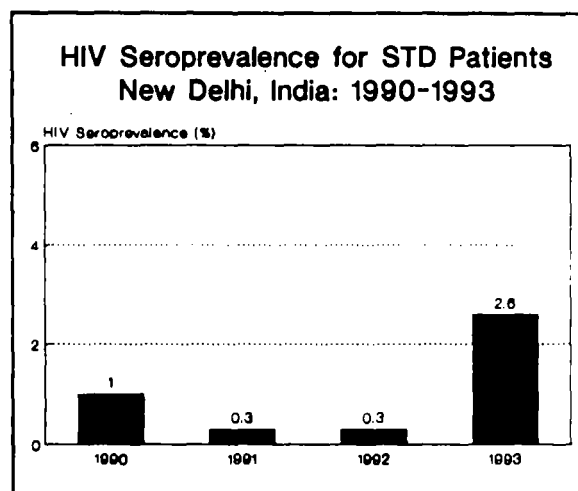
- HIV infection levels among prostitutes in Calcutta are relatively low, less than 2 percent.



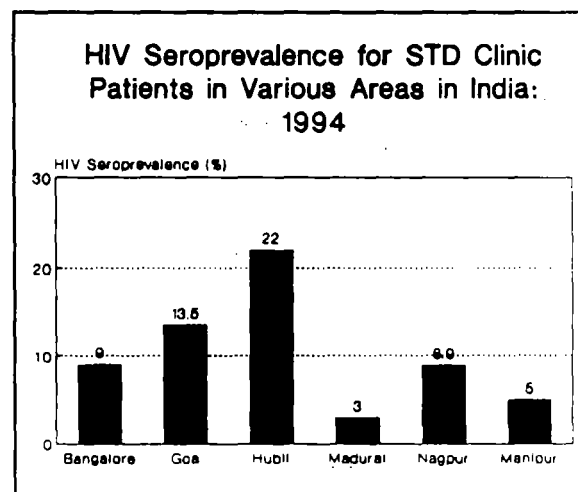
- HIV infection levels among STD clinic patients in various cities in India increased rapidly over the past few years. In Bombay, levels rose from less than 1 percent in 1987-88 to 24.0 percent in 1994. In Pune, HIV infection levels increased rapidly to 18.6 percent by 1993. Calcutta reports the lowest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



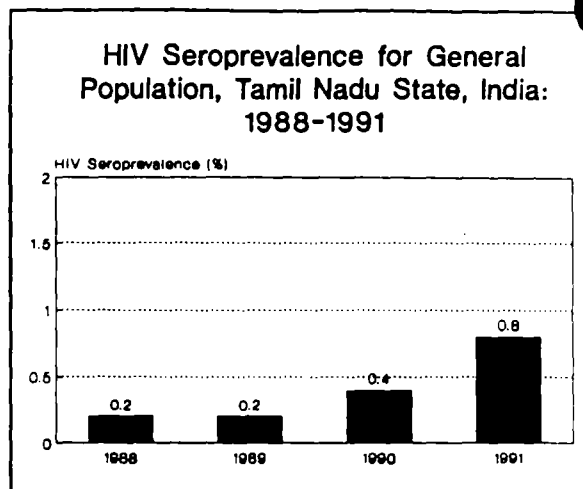
- In New Delhi, the capital, HIV levels among STD patients reached 2.6 percent in 1993.



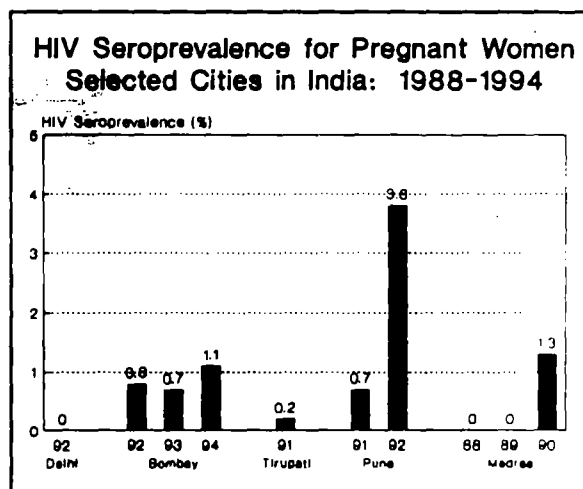
- Studies of HIV seroprevalence among STD clinic patients in various areas of India report HIV infection levels ranging from 22 percent in Hubli to 3 percent in Madurai.



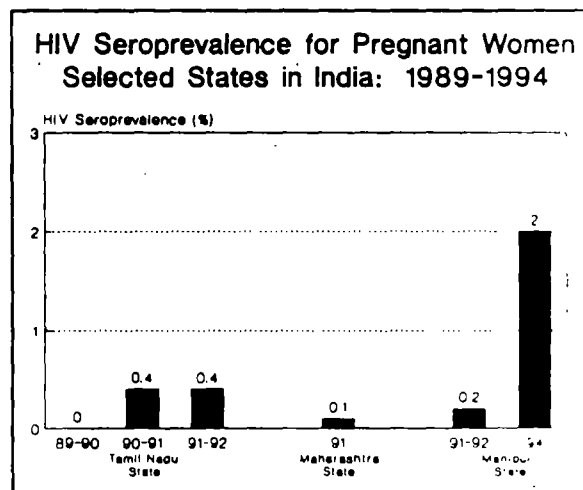
- HIV infection has also been found among low-risk populations in India. According to this study in Tamil Nadu State, HIV infection levels in the general population have doubled each year since 1989.



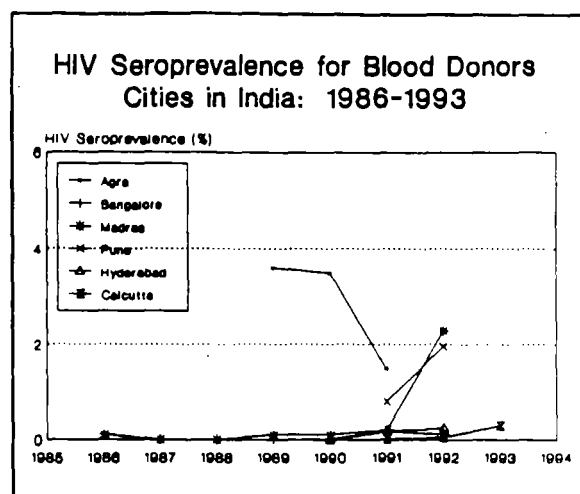
- Among selected cities, levels of HIV seroprevalence in pregnant women varied. In Pune, HIV levels increased dramatically from 0.7 in 1991 to 3.8 in 1992.



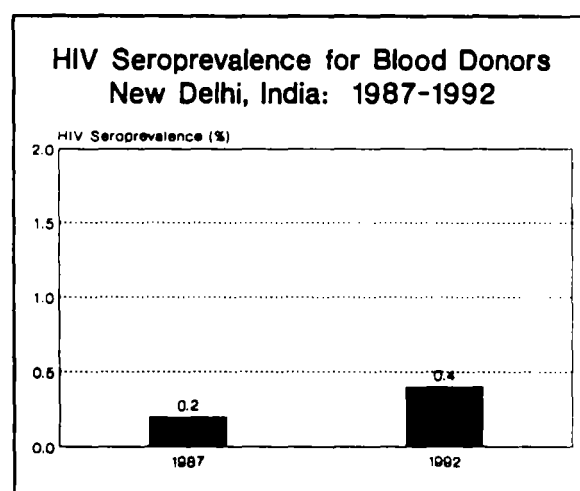
- Data from some states show HIV infection levels among pregnant women less than 1 percent. However, sentinel surveillance for the first quarter in 1994 in Manipur State reported a level of 2 percent.



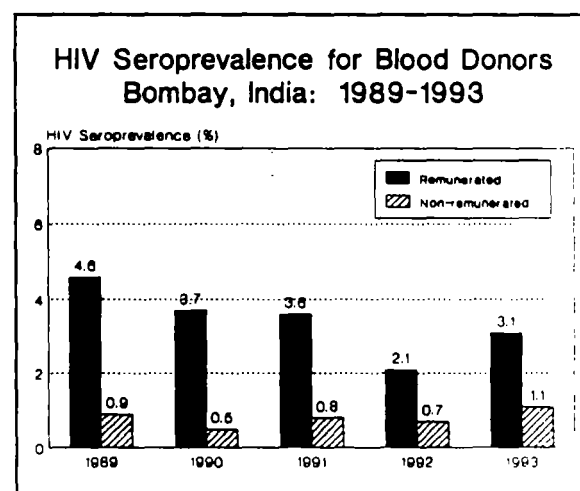
- HIV seroprevalence data for blood donors in several cities show a variety of different patterns over time. In Agra, HIV infection levels have decreased, while HIV infection levels in Madras and Pune have increased. HIV levels in the other cities remained the same during this period. These variations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



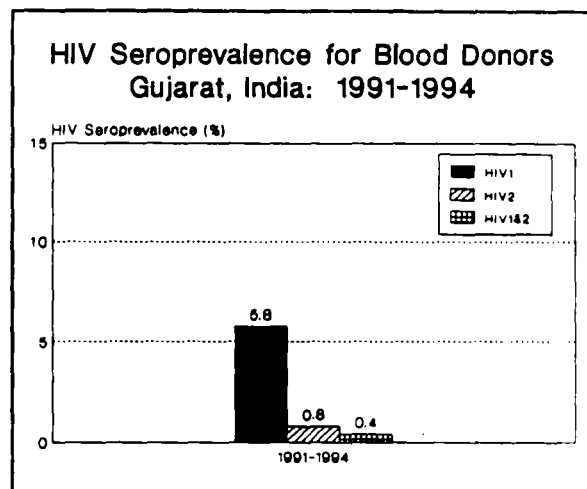
- HIV seroprevalence data for blood donors in New Delhi report low levels of less than 1 percent. However, the infection level increased from 0.2 percent in 1987 to 0.4 percent in 1992.



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



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



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

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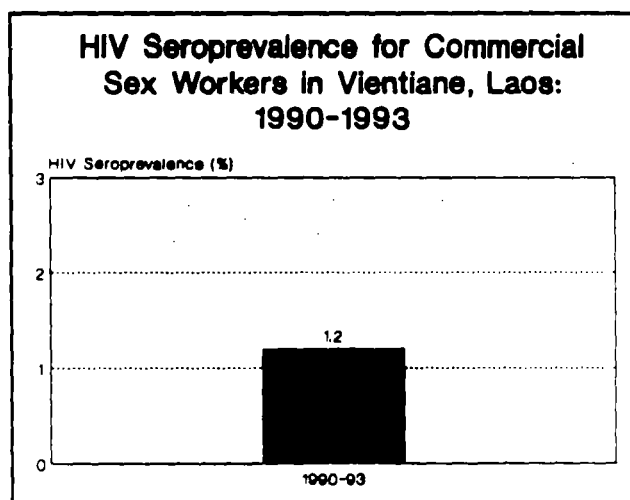
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Demographic Indicators

Population (1,000s)	4,702	Growth Rate (%)	2.8
Infant Mortality Rate		Life Expectancy	
Both Sexes	102	Both Sexes	52
Male	112	Male	50
Female	91	Female	53
Crude Birth Rate	43	Crude Death Rate	15
Total Fertility Rate	6.1	Percent Urban	21
Note: Above indicators are for 1994.			
Cumulative AIDS rate (per 1,000) as of 3/31/94		0.0	
Cumulative AIDS cases as of 3/31/94		14	
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.			

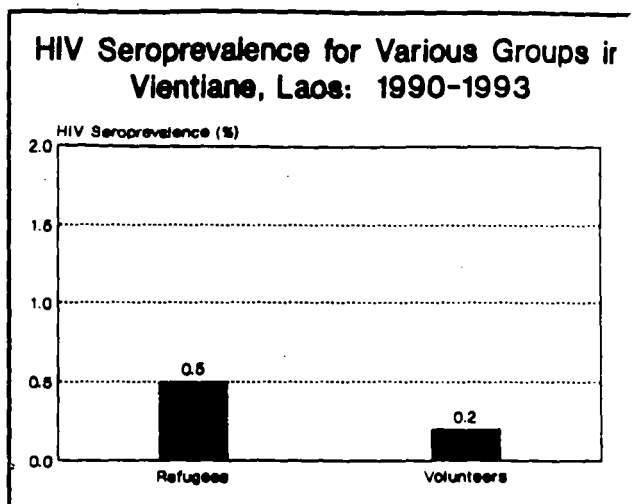
Epidemiological Data

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

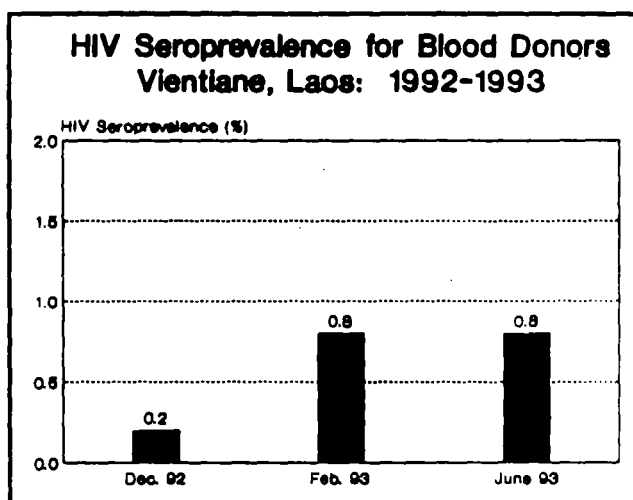


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

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



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



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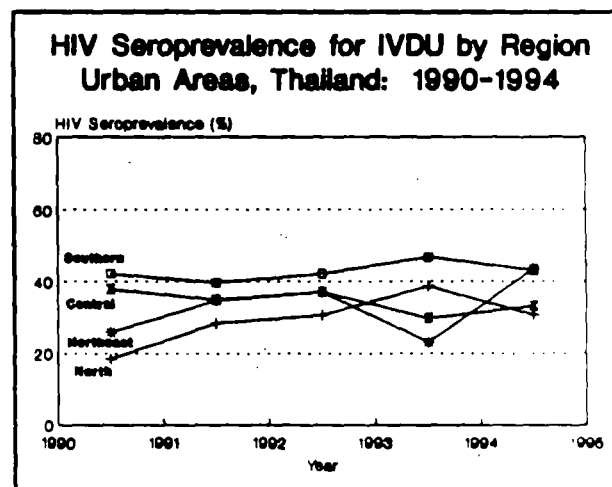
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Demographic Indicators

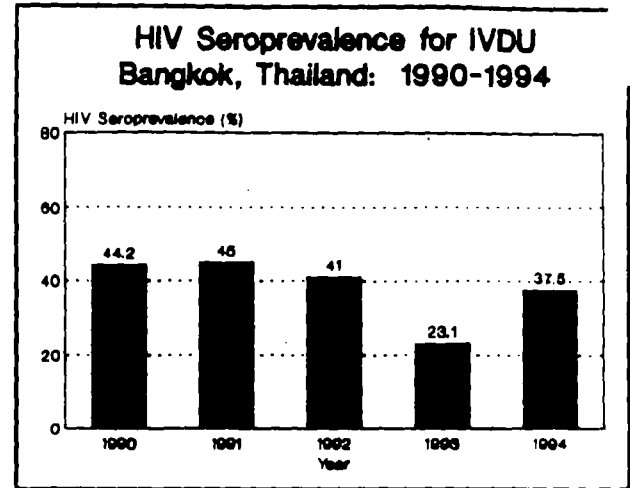
Population (1,000s)	59,510	Growth Rate (%)	1.3
Infant Mortality Rate		Life Expectancy	
Both Sexes	37	Both Sexes	68
Male	40	Male	65
Female	34	Female	72
Crude Birth Rate	19	Crude Death Rate	6
Total Fertility Rate	2.1	Percent Urban	25
Note: Above indicators are for 1994.			
Cumulative AIDS rate (per 1,000) as of 6/14/94		0.10	
Cumulative AIDS cases as of 6/14/94		5,654	
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.			

Epidemiological Data

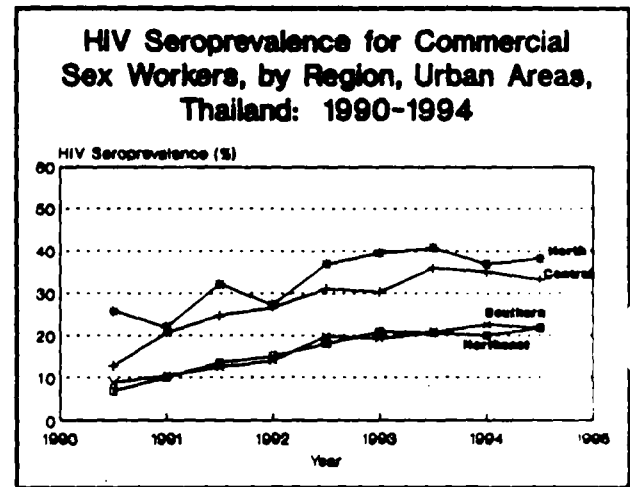
- The AIDS situation has exploded in Thailand within the past few years. Based on sentinel surveillance data, the Thailand Ministry of Health reported that over 30 percent of the intravenous drug users in all four regions of Thailand were infected with HIV.



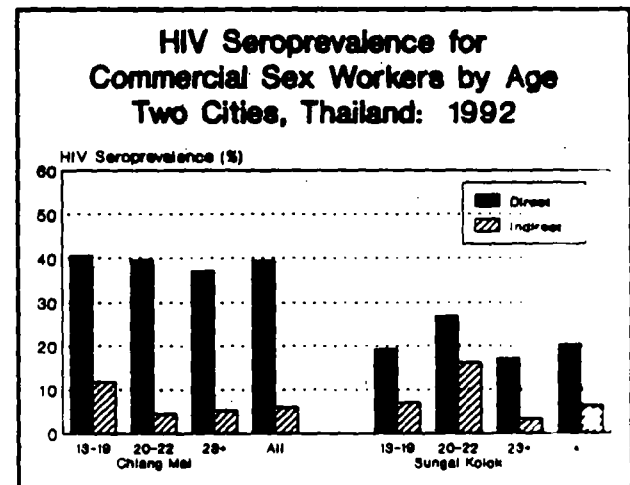
- Since 1990, HIV prevalence levels among IVDU in Bangkok have remained high. However, HIV prevalence levels declined to below 40 percent after 1992.



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

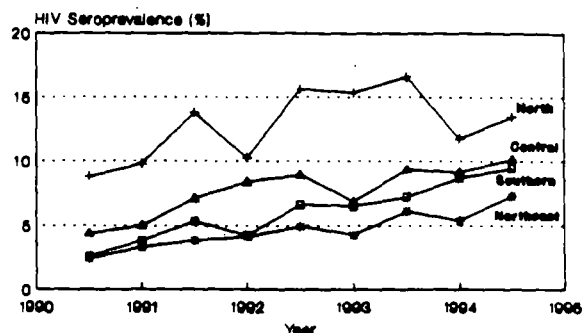


- In this 1992 study of HIV seroprevalence among commercial sex workers in the northern urban area of Chiang Mai and the southern urban area of Sungai Kolok, higher infection levels were found for those working in brothels versus those working in more indirect settings.



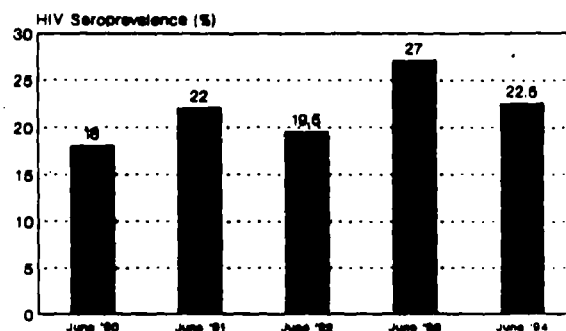
- Between June 1990 and June 1994, Thailand's sentinel surveillance system documented that the North started and remained at the highest level, while the other three regions saw a near doubling of HIV infection among urban STD clinic attendees.

HIV Seroprevalence for Male STD Clinic Patients, by Region, Urban Areas, Thailand: 1990-1994



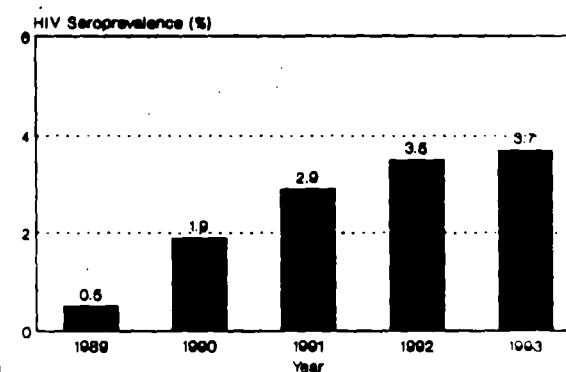
- In the city of Chiang Mai, northern Thailand, HIV infection levels among STD clinic patients have remained virtually the same over the past 5 years.

HIV Seroprevalence for Male STD Clinic Patients in Chiang Mai Province, Thailand: 1990-1994

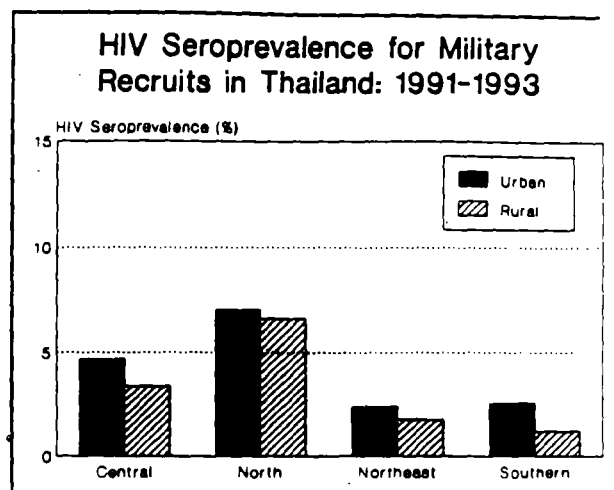


- National HIV seroprevalence data among young adult males entering the Royal Thai Army reported a steady increase in HIV infection from 0.5 percent in 1989 to 3.7 percent in 1993. In addition, this study reported that the highest HIV infection level was found in the North region of Thailand.

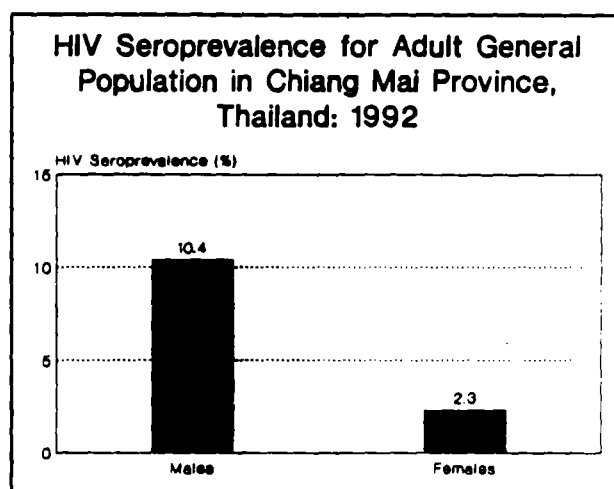
HIV Seroprevalence for Military Recruits in Thailand: 1989-1993



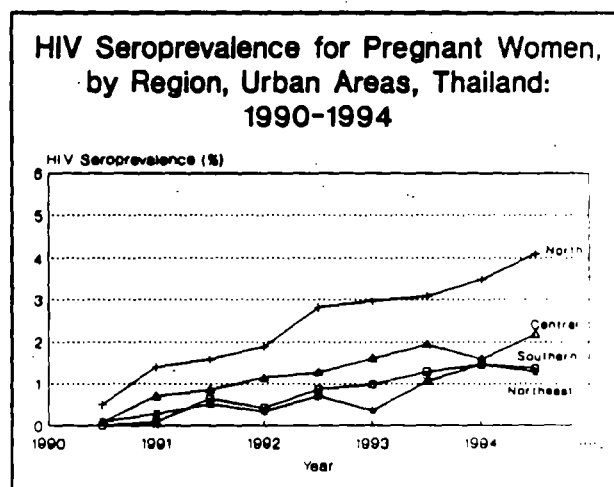
- This study describes the urban/rural differentiation in HIV infection levels among Royal Thai Army recruits. All four regions report higher levels among urban recruits. The North region reported the highest urban and rural levels.



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

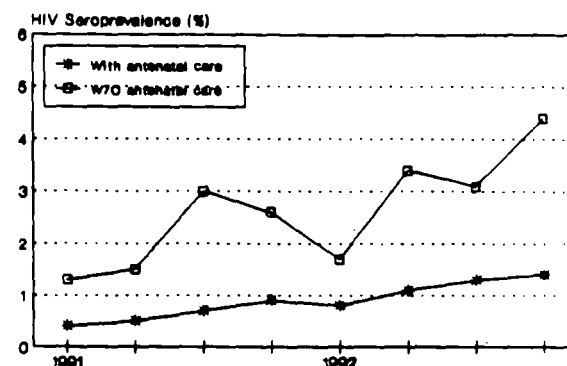


- The June 1994 sentinel surveillance data of HIV infection levels among pregnant women increased only for the North and Central regions over the 1993 levels. HIV infection levels in the Southern and Northeast regions remained the same as their June 1993 levels.



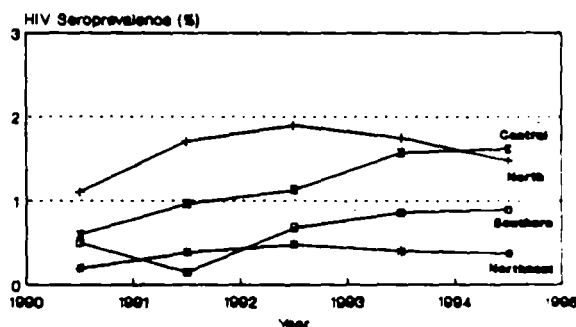
- A study conducted among pregnant women in Rajvithi hospital, a large public hospital in Bangkok, showed an increase in HIV infection. HIV seroprevalence among pregnant women delivering with no antenatal clinic care had an HIV level three times as high as those women receiving antenatal clinic care.

HIV Seroprevalence for Pregnant Women, Bangkok, Thailand: 1991-1992



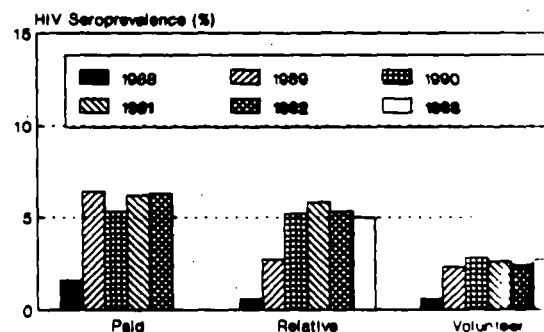
- The rates of infection in blood donors remained the same from June 1993 to June 1994 for all regions except for the North. For the first time since 1990, prevalence levels among blood donors in the Central region were higher than those in the North region.

HIV Seroprevalence for Blood Donors by Region, Urban Areas, Thailand: 1990-1994



- 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.

HIV Seroprevalence for Blood Donors by Type, Chiang Mai, Thailand: 1988-1993



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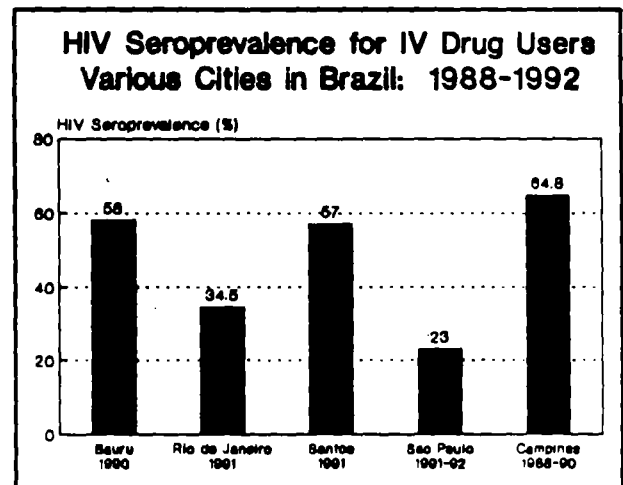
LATIN AMERICA & CARIBBEAN

Demographic Indicators

Population (1,000s)	158,739	Growth Rate (%)	1.3
Infant Mortality Rate		Life Expectancy	
Both Sexes	60	Both Sexes	62
Male	64	Male	57
Female	55	Female	67
Crude Birth Rate	21	Crude Death Rate	9
Total Fertility Rate	2.4	Percent Urban	78
Notes: Above indicators are for 1994.			
Cumulative AIDS rate (per 1,000) as of 2/26/94	0.31		
Cumulative AIDS cases as of 2/26/94	49,312		
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.			

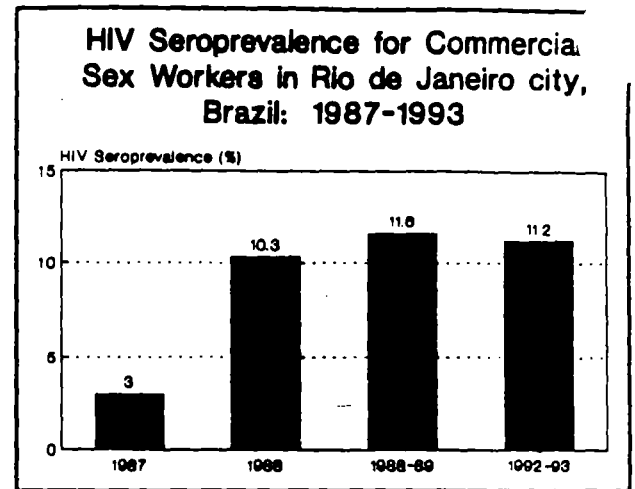
Epidemiological Data

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

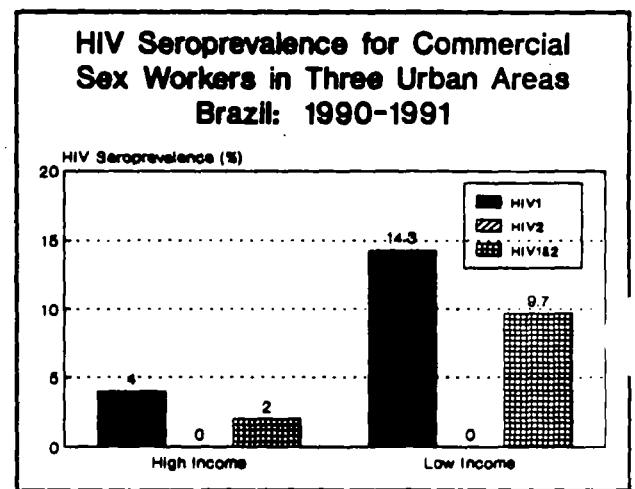


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

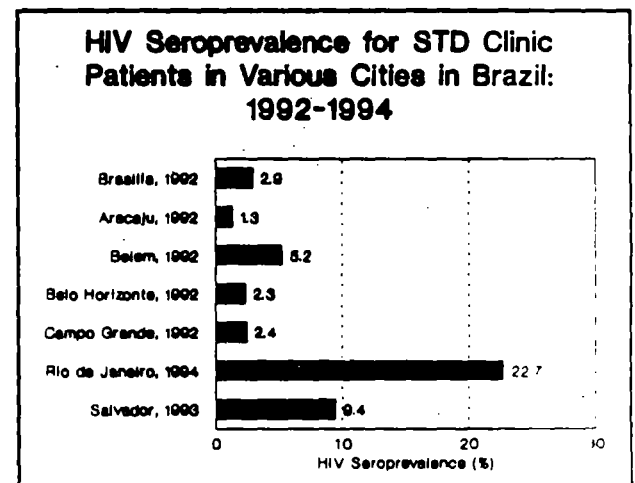
- In Rio de Janeiro city, the HIV seroprevalence level among commercial sex workers has increased. In a study conducted in 1992-93, the level of HIV infection rose to 11.2 percent from 3 percent found in 1987.



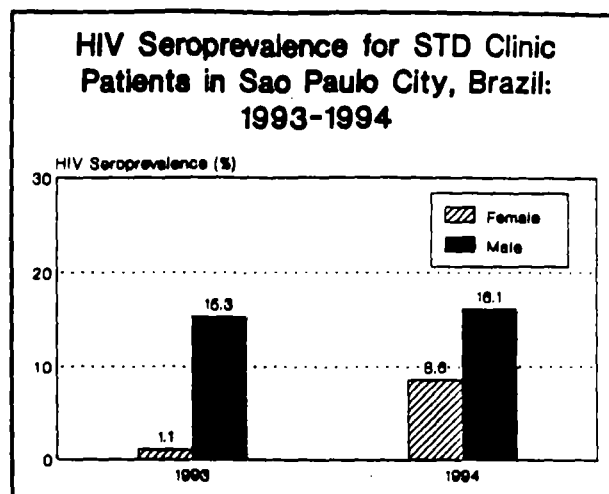
- The low social status of women in many developing countries is an important contributor to high HIV levels. Evidence of this is found in a recent study during the early 90's among commercial sex workers. Low income workers' HIV-1 and dual infection levels were more than triple those of high income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



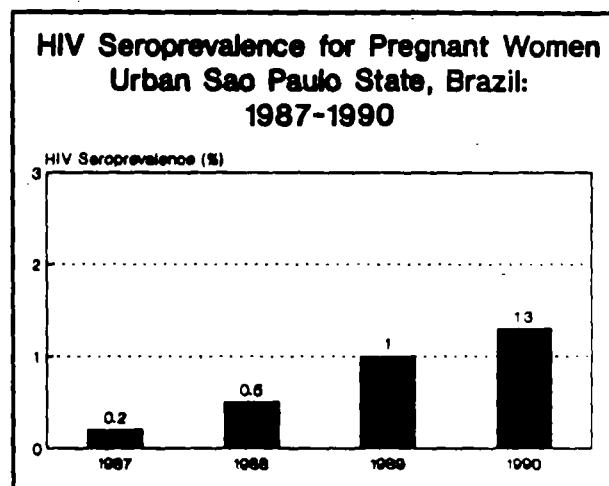
- Sentinel surveillance conducted among STD clinic patients in various cities in Brazil shows HIV infection levels varying from 1.3 percent in Aracaju to 22.7 percent in Rio de Janeiro city.



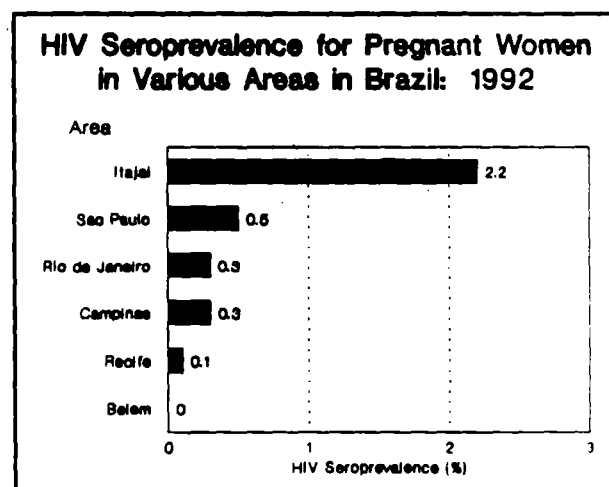
- Sentinel surveillance in Sao Paulo city among STD clinic patients in 1993 and 1994 reports a higher level of HIV infection among males than females. The level among males remained essentially unchanged from 1993 to 1994. However, the level among females increased from 1.1 percent in 1993 to 8.6 percent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



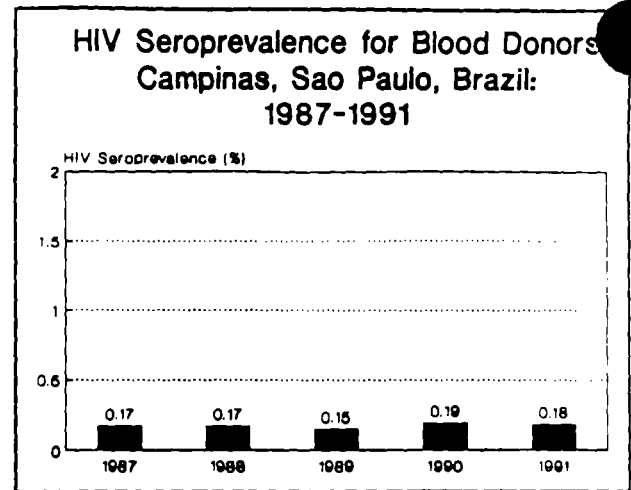
- Available evidence shows HIV infection levels in Brazil's urban areas increasing. Among pregnant women cared for at the University of Sao Paulo Hospital, HIV infection increased from 0.2 percent to 1.3 percent between 1987 and 1990. Infection levels in other urban areas are also increasing. Little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



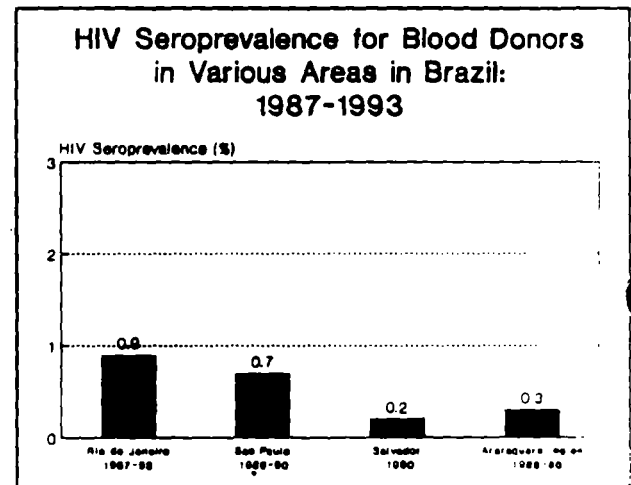
- Studies conducted among pregnant women in different areas of Brazil report relatively low levels of HIV infection. Itajai reported the highest HIV infection level, 2.2 percent, which is more than four times as high as the HIV level reported for Sao Paulo.



- 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

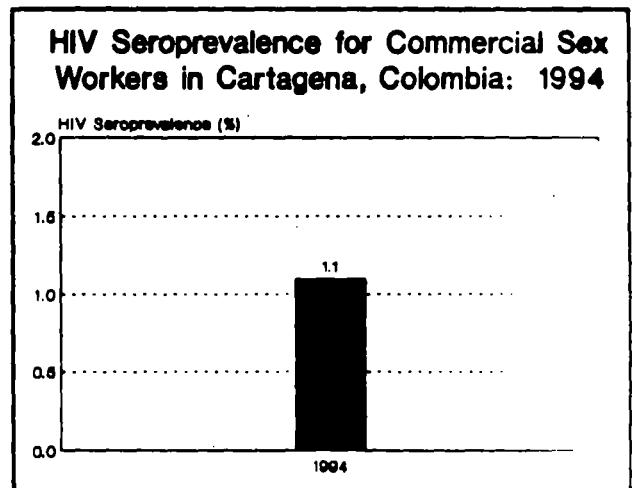
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Demographic Indicators

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

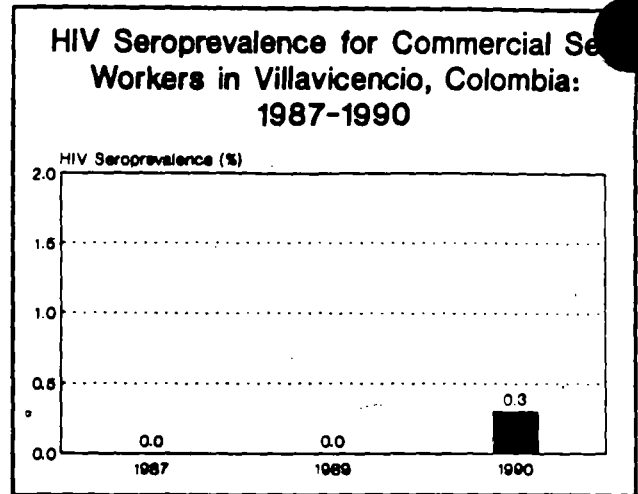
Epidemiological Data

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

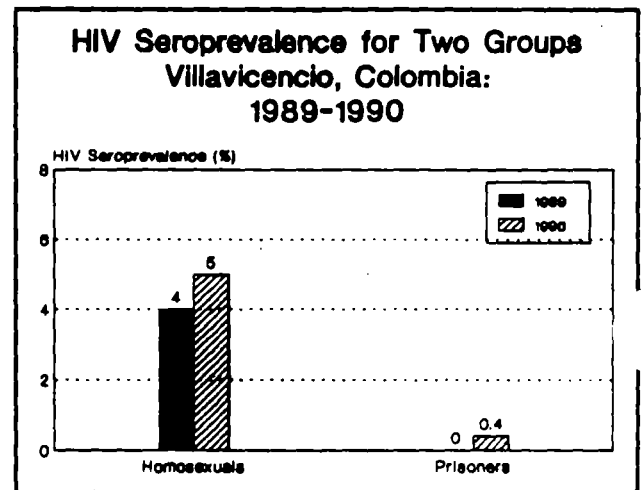


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec 1994

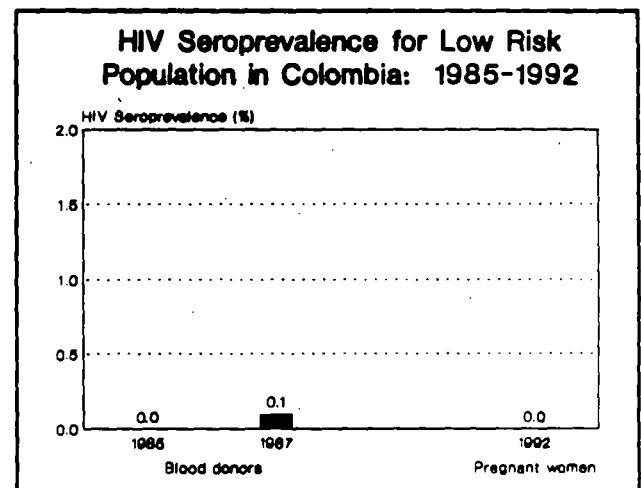
- In Villavicencio, the capital of the Meta Department located in Eastern Plains, serological surveys of commercial sex workers were carried out in 1987, 1989, and 1990. There was no evidence of HIV infection in 1987 and 1989. However, a prevalence level of 0.3 percent was reported in 1990.



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



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



Sources for Colombia

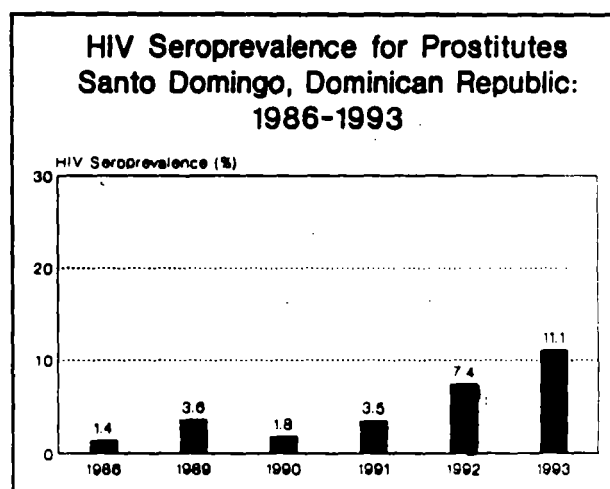
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Demographic Indicators

Population (1,000s)	7,826	Growth Rate (%)	1.8
Infant Mortality Rate		Life Expectancy	
Both Sexes	52	Both Sexes	68
Male	56	Male	66
Female	47	Female	71
Crude Birth Rate	25	Crude Death Rate	6
Total Fertility Rate	2.8	Percent Urban	64
Note: Above indicators are for 1994.			
Cumulative AIDS rate (per 1,000) as of 3/31/94		0.30	
Cumulative AIDS cases as of 3/31/94		2,353	
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.			

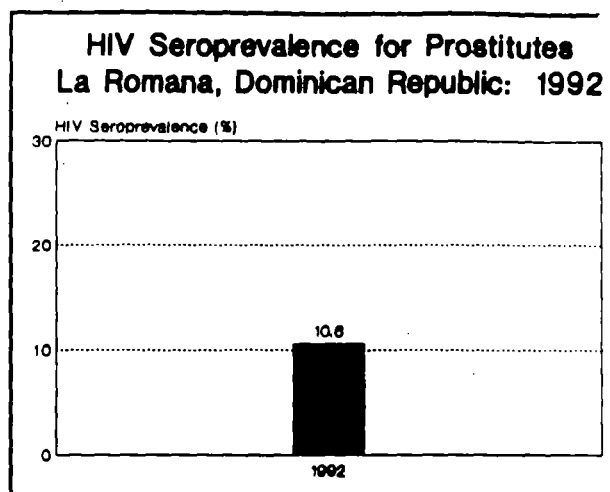
Epidemiological Data

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

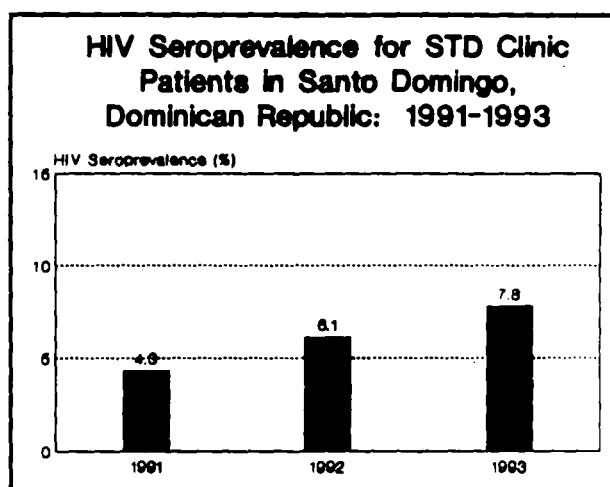


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

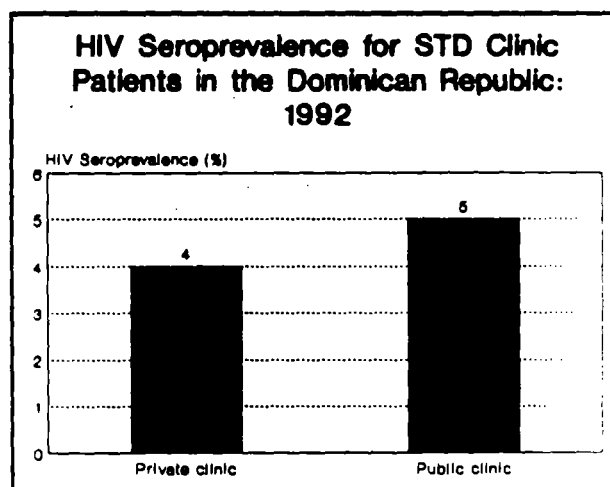
- A study conducted among prostitutes from July to November 1992 in La Romana, a tourist city, reported an HIV seroprevalence level of 10.6 percent.



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

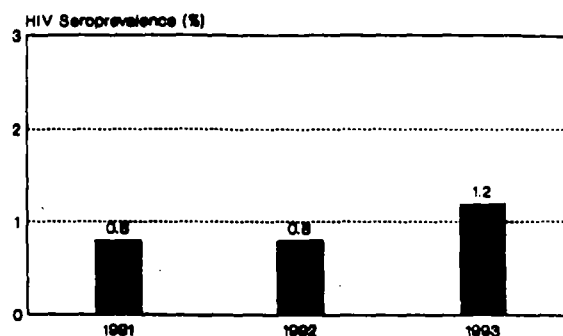


- A study in 1992 of STD clinic patients attending public and private clinics showed virtually no difference in HIV infection. The public clinic reported 5 percent prevalence while the private clinic reported 4 percent prevalence.



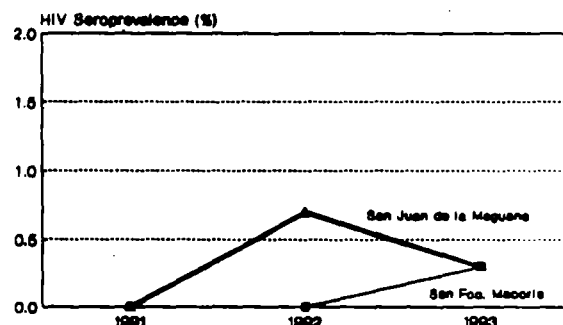
- An HIV seroprevalence survey conducted in Santo Domingo among pregnant women reported HIV infection levels increasing to 1.2 percent in 1993. This survey suggests that HIV infection is steadily moving into the general population.

**HIV Seroprevalence for Pregnant Women
Santo Domingo, Dominican Republic:
1991-1993**



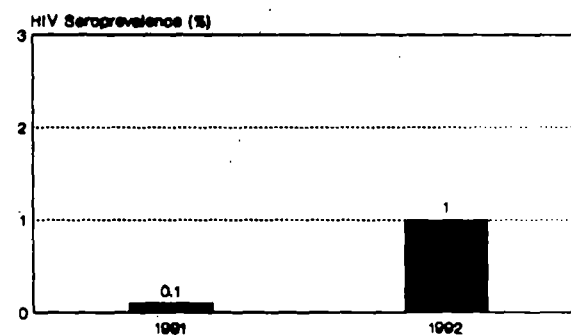
- HIV infection levels among pregnant women seeking care at regional maternity hospitals in two cities show a pattern of low HIV infection, less than 1 percent.

**HIV Seroprevalence for Pregnant Women
In Two Cities, Dominican Republic:
1991-1993**



- 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.

**HIV Seroprevalence for Blood Donors
Santo Domingo, Dominican Republic:
1991-1992**



Sources for Dominican Republic

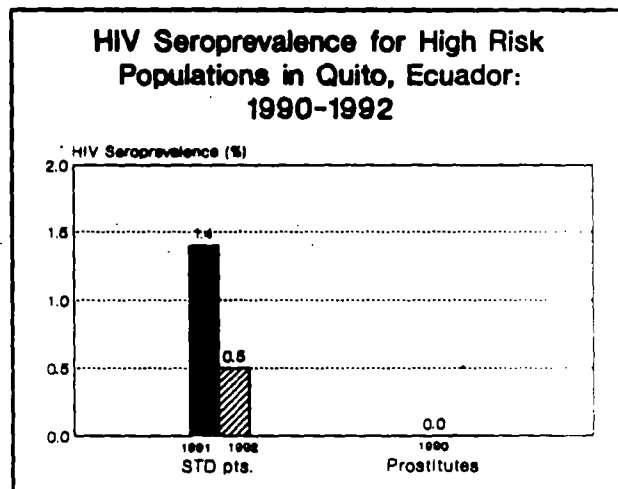
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Demographic Indicators

Population (1,000s)	10,677	Growth Rate (%)	2.0
Infant Mortality Rate		Life Expectancy	
Both Sexes	39	Both Sexes	70
Male	44	Male	68
Female	34	Female	73
Crude Birth Rate	26	Crude Death Rate	6
Total Fertility Rate	3.1	Percent Urban	60
Note: Above indicators are for 1994.			
Cumulative AIDS rate (per 1,000) as of 3/31/94		.04	
Cumulative AIDS cases as of 3/31/94		381	
Source: U.S. Bureau of the Census, United Nations, World Health Organization.			

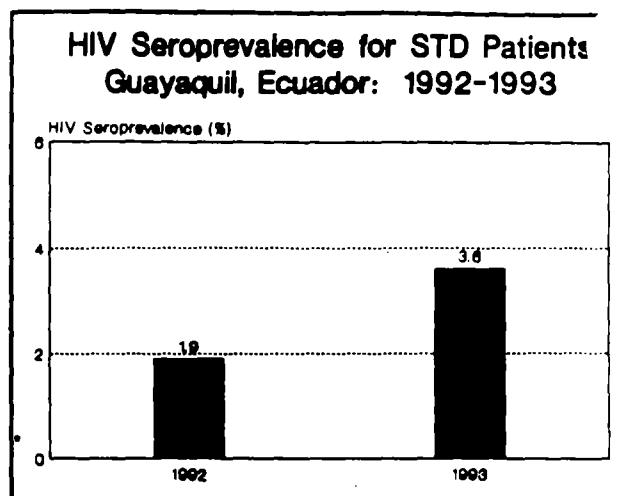
Epidemiological Data

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



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

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



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

Sources for Ecuador

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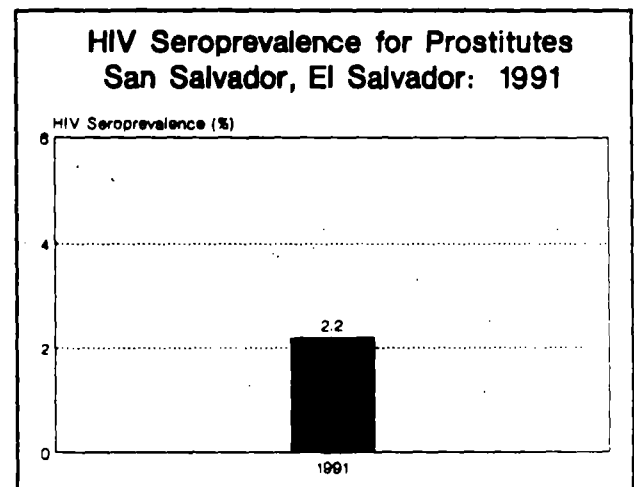
Demographic Indicators

Population (1,000s)	5,753	Growth Rate (%)	2.0
Infant Mortality Rate		Life Expectancy	
Both Sexes	41	Both Sexes	67
Male	47	Male	64
Female	34	Female	70
Crude Birth Rate	33	Crude Death Rate	6
Total Fertility Rate	3.8	Percent Urban	46
Note: Above indicators are for 1994.			
Cumulative AIDS rate (per 1,000) as of 3/31/94	.11		
Cumulative AIDS cases as of 3/31/94	630		

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

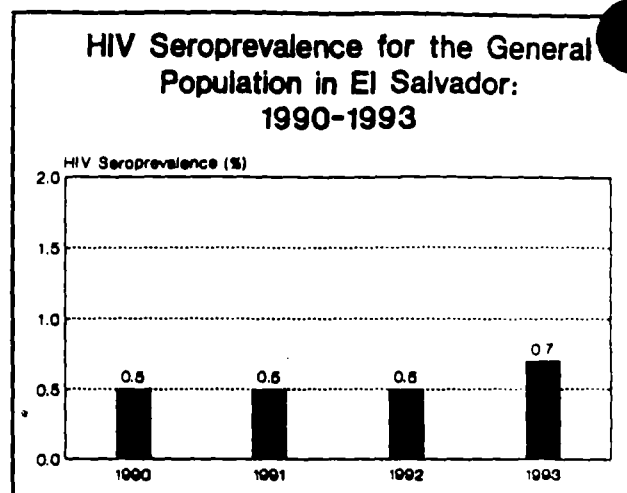
Epidemiological Data

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

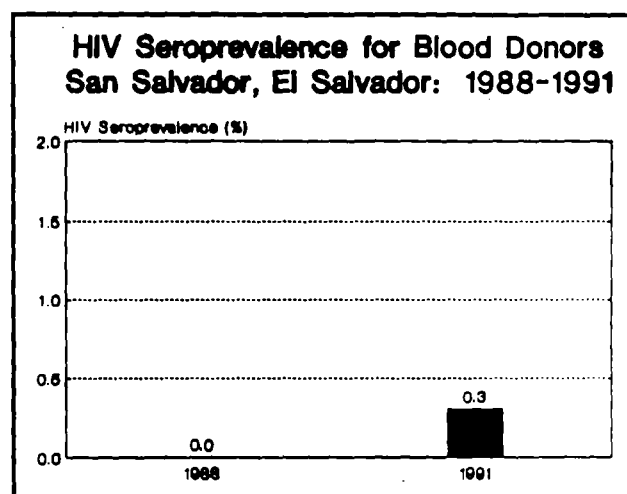


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

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



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



Sources for El Salvador

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Demographic Indicators

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

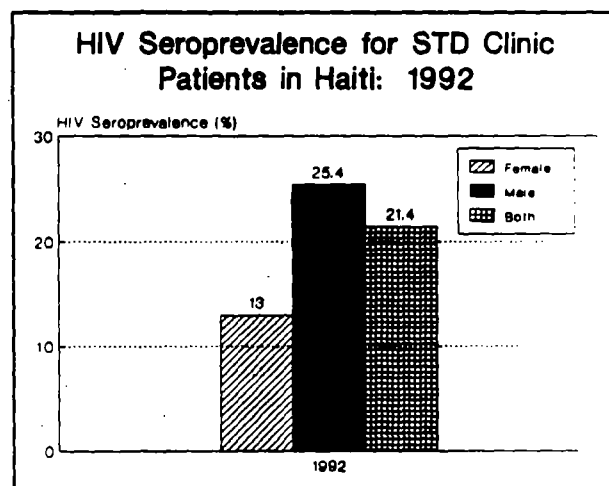
Note: Above indicators are for 1994.

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

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

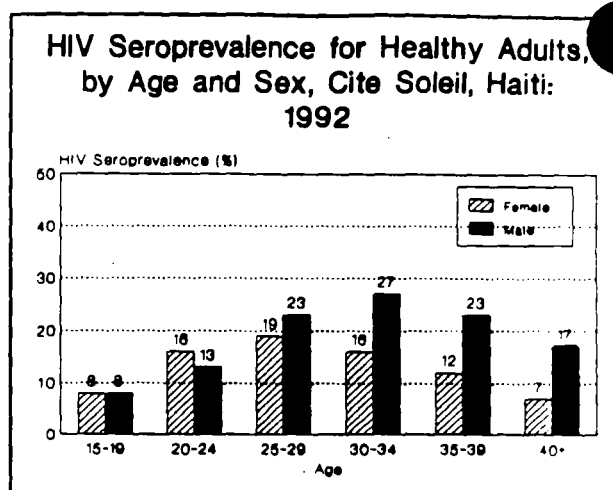
Epidemiological Data

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

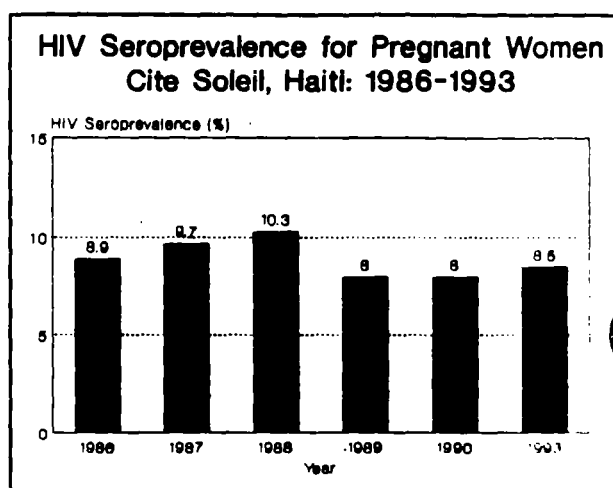


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec 1994

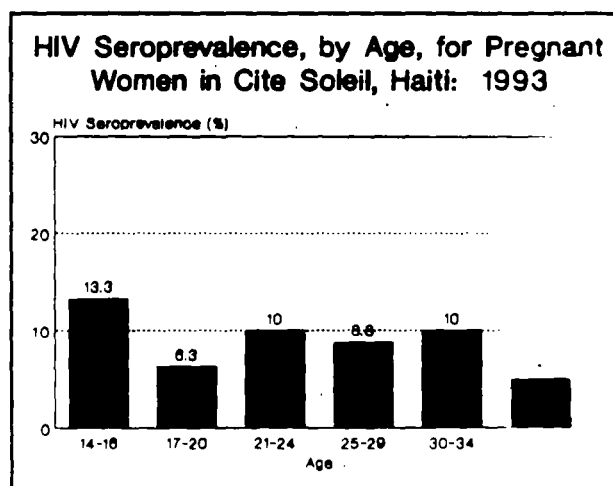
- A 1992 study of HIV seroprevalence among healthy adults was conducted in Cite Soleil, a periurban community of Port-au-Prince. Similar to the age distribution of HIV infection seen in African countries, the results found males to have a higher infection level than females in the older age categories.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



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

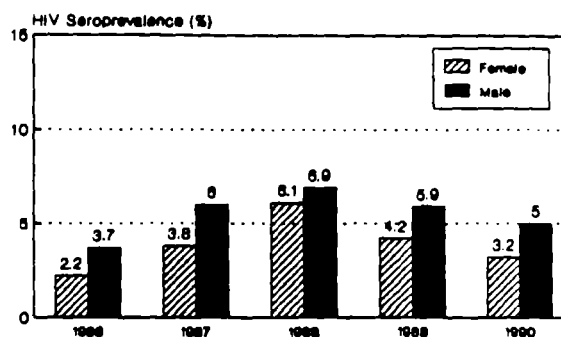


- Infection levels among pregnant women attending antenatal clinics in Cite Soleil varied from 5 percent among those 35 years and older to 13.3 percent among those 14-16 years old. This pattern of infection by age shows women becoming infected at very young ages.



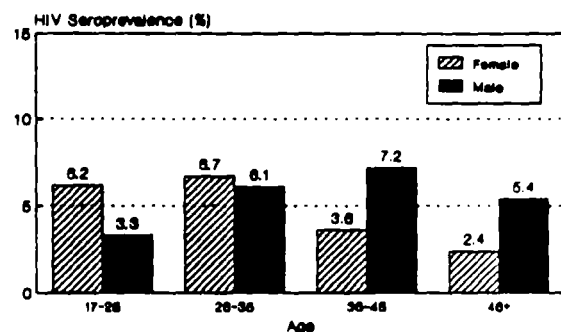
- In Port-au-Prince, a study conducted from 1986 to 1990 showed peak levels of HIV infection among volunteer blood donors in 1988. Since 1988, the HIV infection levels in blood donors have been decreasing, perhaps due to increased awareness among donors or pre-screening at clinics.

HIV Seroprevalence for Volunteer Blood Donors in Port-au-Prince, Haiti: 1986-1990



- 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.

HIV1 Seroprevalence, by Age and Sex, for Blood Donors in Six Areas of Haiti: 1986-1989



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

Sources for Haiti

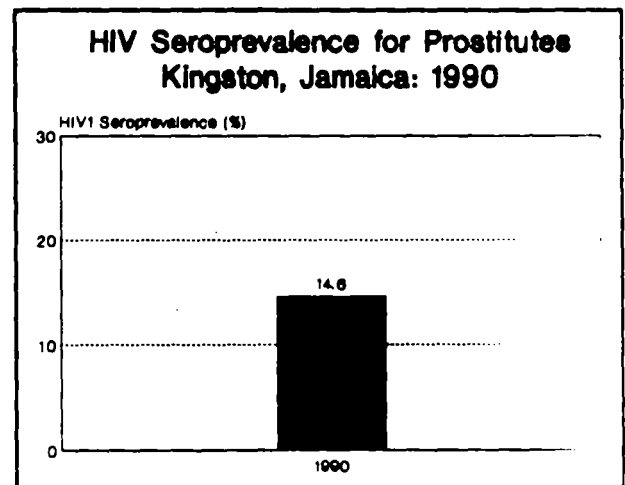
- B0085 Boulos, R., M. A. Halsey, E. Holt, et al., 1990, HIV-1 in Haitian Women 1982-1988, *Journal of Acquired Immune Deficiency Syndromes*, vol. 3, pp. 721-728.
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- B0245 Boulos, R., F. Behets, J. Desormeaux, et al., 1994, HIV and Other Sexually Transmitted Diseases (STDs) among Women Attending Two Antenatal (AN) Clinics in Cite Soleil, Haiti, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0183.
- L0099 Liautaud, B., L. R. Mellon, J. Denize-Vieux, et al., 1992, Preliminary Data on STDs in Haiti, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4302.
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Demographic Indicators

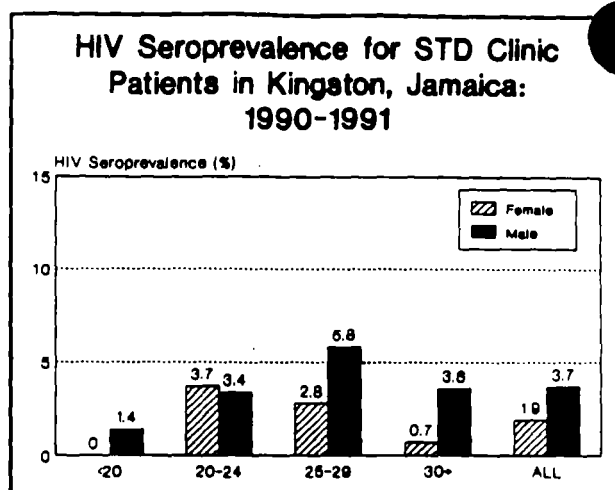
Population (1,000s)	2,555	Growth Rate (%)	1.0
Infant Mortality Rate		Life Expectancy	
Both Sexes	17	Both Sexes	74
Male	19	Male	72
Female	15	Female	77
Crude Birth Rate	22	Crude Death Rate	6
Total Fertility Rate	2.4	Percent Urban	55
Note: Above indicators are for 1994.			
Cumulative AIDS rate (per 1,000) as of 12/31/93		0.26	
Cumulative AIDS cases as of 12/31/93		669	
Source: U.S. Bureau of the Census, United Nations, World Health Organization.			

Epidemiological Data

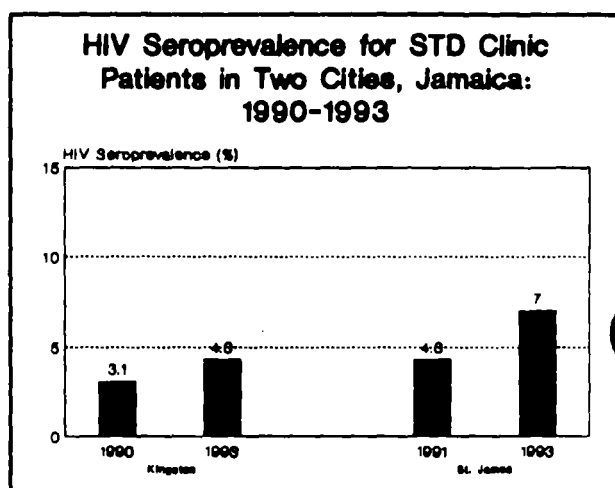
- Very few studies of HIV infection in prostitutes for Jamaica have been published. However, a study conducted in Kingston in 1990 shows substantial levels of HIV infection in this group.



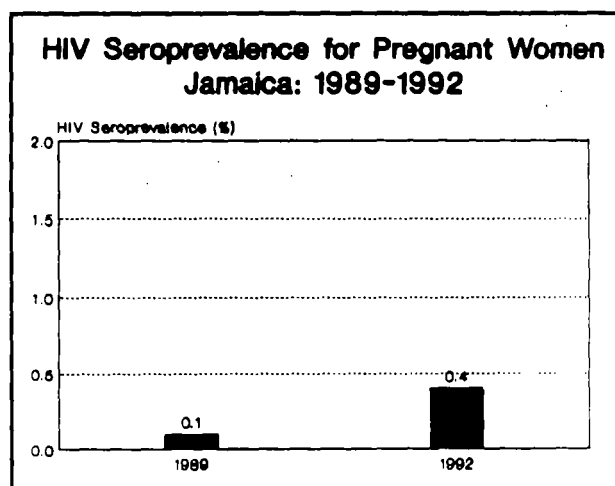
- In Kingston, the capital city, a survey was conducted between November 1990 and January 1991 among heterosexual male and female STD clinic attendees. HIV prevalence level among males was double that of females. Observing the age pattern, HIV infection in females peaked at 3.7 percent in ages 20-24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



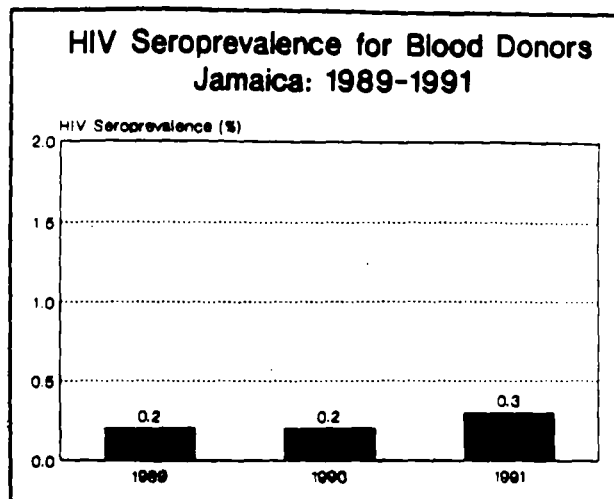
- A study among STD clinic patients reported an increase in HIV seroprevalence. In Kingston, the capital, the HIV prevalence level increased from 3.1 percent in 1990 to 4.3 percent in 1993. Results from St. James indicate a larger increase from 4.3 percent in 1991 to 7.0 percent in 1993.



- 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.



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



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

Sources for Jamaica

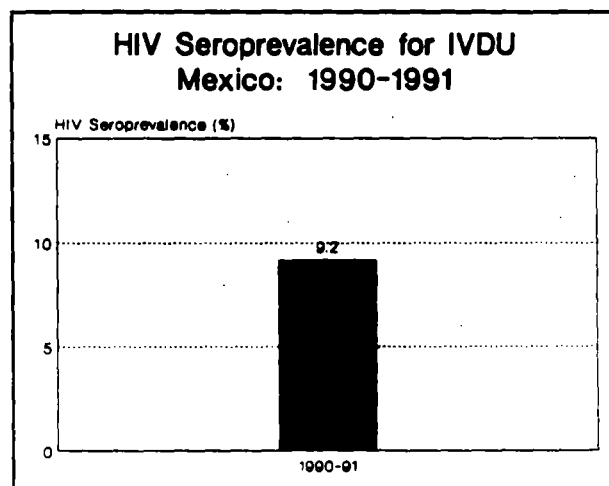
- F0043 Figueroa, J. P., A. Brathwaite, J. Morris, et al., 1992, Risk Factors for HIV in Heterosexual STD Patients in Jamaica, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4322.
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- F0072 Figueroa, J. P., 1994, Review of HIV/STD Control Program: March 8, 1994, Jamaica Ministry of Health, Epidemiology Unit.
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Demographic Indicators

Population (1,000s)	92,202	Growth Rate (%)	1.9
Infant Mortality Rate		Life Expectancy	
Both Sexes	27	Both Sexes	73
Male	33	Male	69
Female	22	Female	77
Crude Birth Rate	27	Crude Death Rate	5
Total Fertility Rate	3.2	Percent Urban	75
Note: Above indicators are for 1994.			
Cumulative AIDS rate (per 1,000) as of 3/31/94		0.20	
Cumulative AIDS cases as of 3/31/94		18,353	
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.			

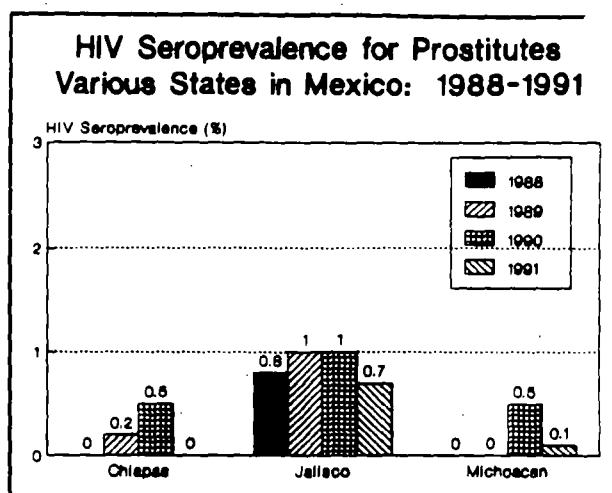
Epidemiological Data

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

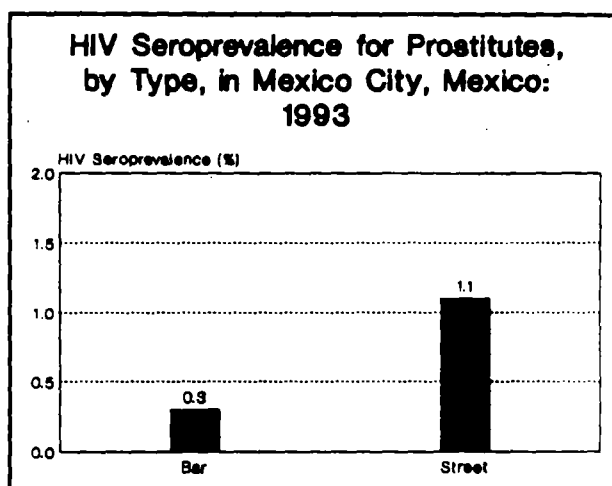


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994.

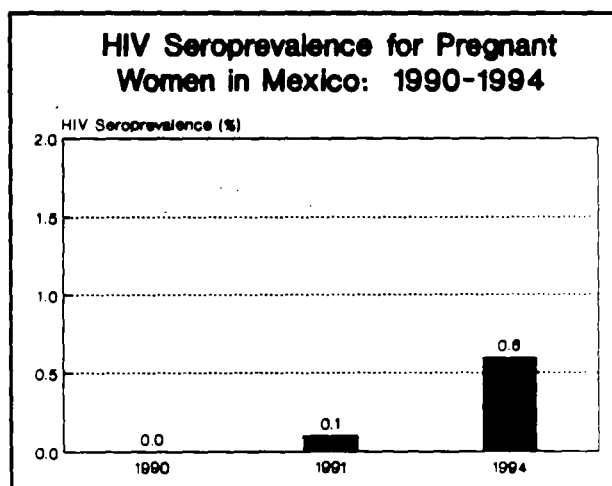
- In Mexico, the HIV epidemic continues to affect specific groups. The National Sentinel Surveillance program conducted since 1988 in three states reported HIV-1 infection levels under 1 percent among prostitutes. Jalisco state had the highest level of infection compared to Michoacan and Chiapas states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



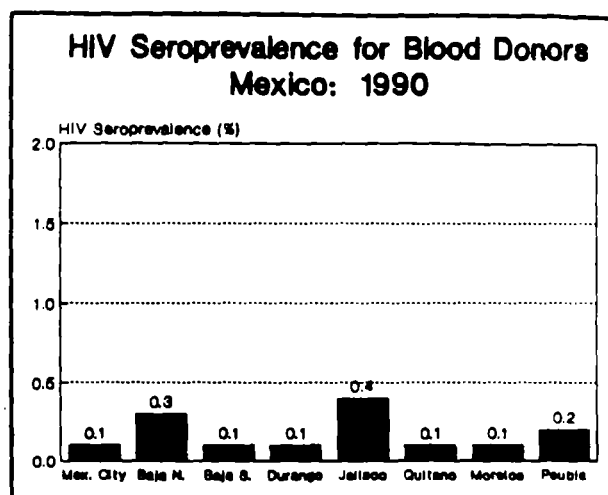
- In 1993, HIV seroprevalence among street prostitutes in Mexico City was much higher than among bar prostitutes (1.1 percent compared to 0.3 percent).



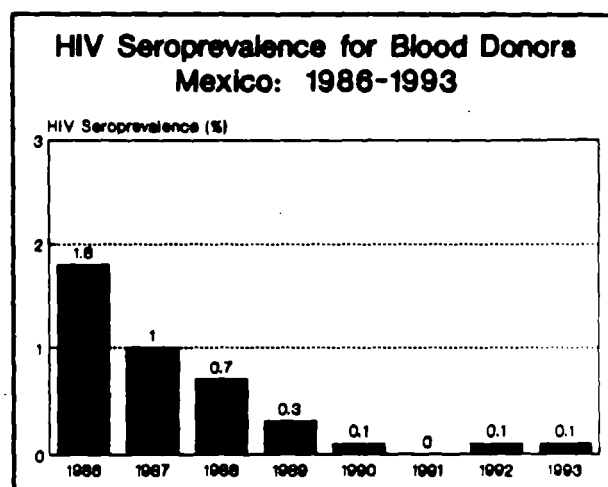
- In these studies, HIV seroprevalence among pregnant women has increased from no evidence for 1990 to 0.6 percent for 1994. The potential for the spread of HIV exists in Mexico despite the current relatively low seroprevalence of HIV.



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



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



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

Sources for Mexico

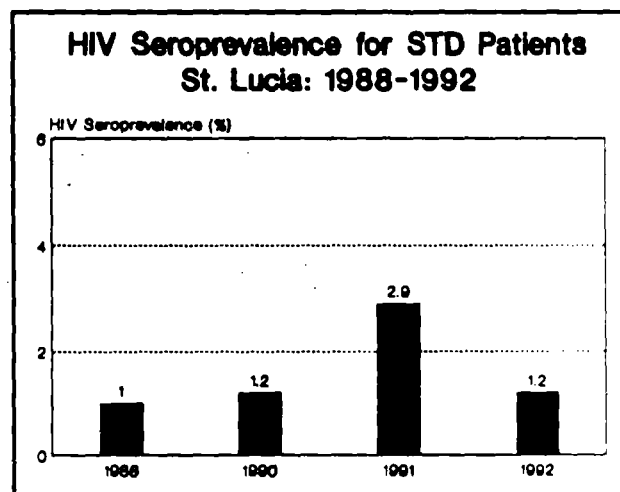
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Demographic Indicators

Population (1,000s)	145	Growth Rate (%)	.5
Infant Mortality Rate		Life Expectancy	
Both Sexes	19	Both Sexes	69
Male	20	Male	67
Female	17	Female	72
Crude Birth Rate	23	Crude Death Rate	6
Total Fertility Rate	2.5	Percent Urban	46
Note: Above indicators are for 1994.			
Cumulative AIDS rate (per 1,000) as of 3/31/94		0.39	
Cumulative AIDS cases as of 3/31/94		56	
Sources: U.S. Bureau of the Census, United Nations, World Health Organization.			

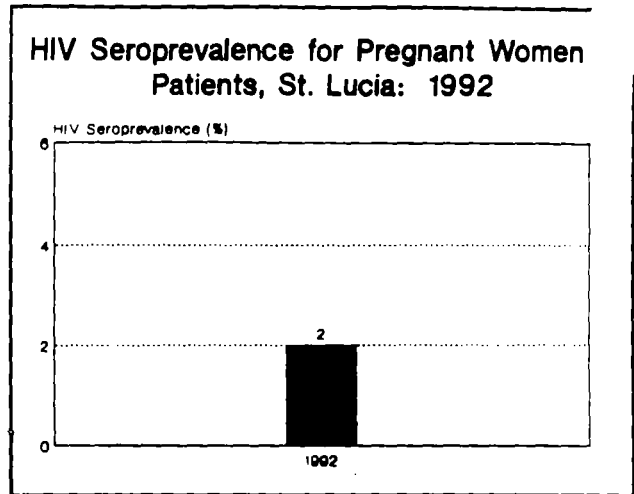
Epidemiological Data

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

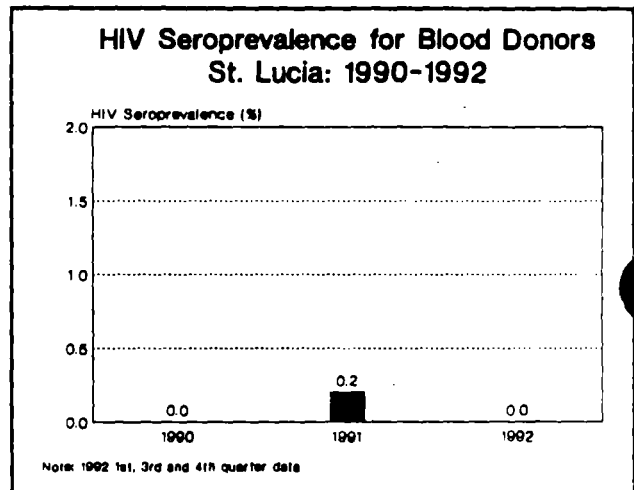


Source: International Programs Center, Population Division, U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, Dec. 1994

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



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



Sources for St. Lucia

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- S0220 Saint Lucia STD/HIV Prevention Programme, 1993, PAHO/WHO HIV Surveillance, Jan. 10, Pan American Health Organization/World Health Organization.
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- S0225 Saint Lucia STD/HIV Prevention Programme, 1991, PAHO/WHO HIV Surveillance, Oct. 12, Pan American Health Organization/World Health Organization.

Appendix

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

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

I N T E R O F F I C E M E M O R A N D U M

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TO: lvivanco

(lvivanco@FHI.ORG@INET@FHI)

Subject: MMWR 11/24/95

MORBIDITY AND MORTALITY WEEKLY REPORT

Centers for Disease Control and Prevention

November 24, 1995

Vol. 44, No. 46

First 500,000 AIDS Cases -- United States, 1995

As of October 31, 1995, a total of 501,310 persons with acquired immunodeficiency syndrome (AIDS) had been reported to CDC by state and territorial health departments; 311,381 (62%) had been reported as having died. The AIDS surveillance case definition was substantially expanded in late 1987 and again in 1993 to reflect increased knowledge of the natural history of human immunodeficiency virus (HIV) and to remain consistent with the clinical management of HIV disease (1,2). This report presents rates of reported AIDS cases for 1994 and describes the temporal changes in the characteristics of persons reported with AIDS during three periods corresponding to changes in the AIDS case definition -- 1981-1987, 1988-1992, and 1993-October 1995 -- and how this information can be used to plan local, state, and national prevention programs.*

Of the cumulative AIDS cases, 50,352 (10%) were reported during 1981-1987, 203,217 (41%) during 1988-1992, and 247,741 (49%) during 1993-October 1995. The proportion of AIDS cases among females increased from 8% of cases reported during 1981-1987 to 18% during 1993-October 1995 (Table 1). The proportion of cases among whites decreased from 60% to 43%, and the proportion among blacks and Hispanics increased from 25% to 38% and from 14% to 18%, respectively. During 1994, the rates per 100,000 population for blacks and Hispanics (101 and 51, respectively) were substantially higher than rates for whites (17), American Indians/Alaskan Natives (12), and Asians/Pacific Islanders (6).

The proportion of cases among persons who reported injecting-drug use increased from 17% during 1981-1987 to 27% during 1993-October 1995, and the proportion of cases attributed to heterosexual transmission increased from 3% to 10%. Cases among men who have sex with men decreased from 64% to 45%.

During 1994, the rates per 100,000 population for reported AIDS cases were 48 in the Northeast, 31 in the South, 29 in the West, and 13 in the Midwest. ** However, during 1988-1992 and 1993-October 1995, the largest numbers of cases (65,926 and 86,462, respectively) were reported from the South, which also accounted for the largest proportionate increase of reported cases (31%). The proportionate increases in reported cases from 1988-1992 to 1993-October 1995 for the Midwest, Northeast, and West were 22%, 20%, and 15%, respectively.

During 1993-October 1995 in the South and Midwest, higher proportions of cases among adolescents and young adults (aged 13-29 years) occurred in small (50,000-499,999 population)

metropolitan statistical areas (MSAs) and non-MSAs (rural areas) (27% and 24%, respectively) compared with 9% in the Northeast and 11% in the West. During this time period, among cases in adolescent and young adult men who have sex with men, 25% of 8481 cases in the South occurred in persons who resided in small MSAs and rural areas, 21% of 2870 in the Midwest, 9% of 3311 in the Northeast, and 9% of 5706 in the West. Among adolescent and young adult injecting-drug users, 30% of 531 cases in the Midwest occurred among persons residing in small MSAs and rural areas, 23% of 2370 in the South, 17% of 930 in the West, and 8% of 3304 in the Northeast. The proportion of cases among adolescents and young adults residing in small MSAs and rural areas that resulted from heterosexual trans-mission was highest in the South (32% of 2842), followed by the Midwest (22% of 678), the West (18% of 691), and the Northeast (7% of 1745).

During 1993-October 1995, most AIDS cases among adolescent and young adult men who have sex with men occurred among whites in all four regions (Midwest, 57%; West, 56%; South, 49%; and Northeast, 42%). Black adolescent and young adult men who have sex with men accounted for 39% of cases in the South, 37% in the Midwest, 36% in the Northeast, and 14% in the West. These proportions were higher than those for cases among black adolescent and young adult men who have sex with men reported during 1988-1992 (South, 31%; Midwest, 30%; Northeast, 31%; and West, 12%).

Reported by: Div of HIV/AIDS Prevention, National Center for Prevention Svcs, CDC.

Editorial Note: The World Health Organization estimates that 18 million adults and 1.5 million children have been infected with HIV, resulting in approximately 4.5 million AIDS cases worldwide (3). The theme for the 1995 World AIDS Day (December 1) is JShared Rights, Shared Responsibilities. The findings in this report document both the magnitude and evolving nature of the AIDS epidemic in the United States, and underscore that HIV-prevention programs must be planned and implemented collaboratively by persons with diverse skills, training, and experience.

In addition to describing the overall magnitude of the epidemic, approximately one half million cases, nearly half of which have been reported since 1993--this report highlights changes in the epidemiologic patterns during 1993-October 1995 compared with those during earlier periods. In particular, although men who have sex with men continue to account for the largest proportion of cases, the AIDS epidemic is increasing more rapidly among injecting-drug users and persons infected through heterosexual contact with a partner at risk for or known to have HIV infection or AIDS (4,5). The increase in AIDS cases resulting from heterosexual transmission also is reflected in the increase in cases reported among women. The proportions of AIDS cases reported during 1993-October 1995 that are attributed to these risk behaviors will increase as records of persons who were reported initially without risk are re-viewed and the risk is identified (6). Geographic patterns also have changed, as reflected by increases occurring among persons in the South. Finally, regardless of transmission mode or region, the epidemic continues to affect blacks and Hispanics disproportionately.

Although the AIDS epidemic in the United States was recognized initially in the Northeast and West (7), and rates remain highest in the Northeast, the findings from AIDS surveillance document that the greatest proportionate increases in the HIV epidemic have occurred in the South and Midwest -- areas that account for the largest proportion of the total U.S. population. These regional variations, especially in adolescents and young adults, underscore the importance of developing

HIV-prevention programs based on local trends in the epidemiology of HIV transmission. In the South and Midwest, more detailed characterization of the epidemiologic patterns in small cities and rural areas is particularly important for developing effective regionwide prevention programs.

The disproportionate impact of the epidemic among racial/ethnic minorities is reflected by rates of reported AIDS cases that are six and three times higher for blacks and Hispanics, respectively, than for whites. Rates for HIV infection and the proportions of men who have sex with men and injecting-drug users with AIDS who are black and Hispanic also vary substantially by region (8). For example, Hispanics account for lower proportions of reported cases of AIDS among adolescents and young adult men who have sex with men in the Midwest and South than in the Northeast and West. Because race and ethnicity are not risk factors for HIV transmission, programs to prevent HIV transmission among racial/ethnic minorities should be based on underlying social, economic, and cultural factors that influence risk behaviors (8).

Because of the regional and local variations in the AIDS epidemic in the United States, HIV-prevention efforts must be directed at the local level. In 1993, a CDC advisory committee review of HIV-prevention programs emphasized the importance of 1) enhancing the capacity of local and state agencies to collect and analyze information relevant to the specific and unique aspects of HIV transmission in their communities, 2) strengthening the behavioral and social science bases of HIV-prevention activities, and 3) ensuring that HIV-prevention strategies and interventions reflect the preferences and needs of the affected communities for whom they are intended (9). As a result, in 1994, CDC initiated the HIV Prevention Community Planning process (10) that has provided resources for collaboration between health departments and planning groups that are representative of the local communities. These resources facilitate HIV-prevention programs that are based on scientific data (including data from HIV/AIDS surveillance, seroprevalence surveys, vital statistics, and behavioral research) and knowledge of the community norms and practices. This approach is consistent with the focus of World AIDS Day and emphasizes the necessity of shared participation in HIV-prevention planning and program implementation.

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* Single copies of this report will be available free until November 22, 1996, from the CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003; telephone (800) 458-5231 or (301) 217-0023.

** Northeast-Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont; Midwest-Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin; South-Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia; West-Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.



HIV and AIDS Trends in the Epidemic

AIDS Cases and HIV-Related Deaths

Since the epidemic began, over 500,000 Americans have been reported with AIDS. At least 300,000 of these people have died of HIV-related illnesses.

The estimated number of people diagnosed with life-threatening illnesses as a result of HIV infection are now increasing at a rate of 3-5 percent per year. This overall rate is much slower than during the early years of the epidemic.

Yet, looking only at the big picture -- either the total number of AIDS cases or the total number of people estimated to be infected -- may mask the true impact of the epidemic on certain groups of individuals.

HIV-related illnesses and death now have the *greatest impact on young adults, particularly racial and ethnic minorities.*

- HIV-related illness is the leading cause of death among young adults 25- to 44-year-olds.
- From 1993 through 1994, HIV-related deaths among 25- to 44-year-olds increased from 28,100 to 30,300, according to new data from the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics.
- In 1994, 1 in every 3 deaths among young African American men between 25 and 44 was due to HIV-related illness. And 1 in every 5 deaths among young African-American women between 25 and 44 was due to HIV-related illness.

The rate of illness and death attributable to HIV among gay and bisexual men -- particularly older white men -- has stabilized nationally and is declining in some areas.

- When AIDS emerged in the early 1980s, prevention programs were first targeted to those hardest hit -- men who have sex with men in New York, Los Angeles, and San Francisco. Due in part to sustained prevention efforts, the rate of new AIDS

diagnoses attributed to gay and bisexual sex has decreased dramatically among white men in these cities -- with rates declining by 20 percent, 16 percent, and 3 percent respectively between 1989 and 1994.

- Of concern, however, is the fact that in these same cities, the rate of new AIDS diagnoses attributed to gay and bisexual sex among African-American and Hispanic men increased dramatically during this period -- with rates increasing by 49 percent, 58 percent, and 53 percent respectively.
- These findings, coupled with the extremely high prevalence of HIV infection in young men who have sex with men in many areas (9 percent in New York City and 9-12 percent in San Francisco) emphasize the continued necessity of targeted research and prevention programs for young men who have sex with men.

Shifts and Trends

While the largest proportion of AIDS cases continue to be reported among men who have sex with men, an analysis of AIDS reporting over time reveals several shifts in the epidemic. Comparing three time periods during the epidemic -- 1981 through 1987, 1988 through 1992, and 1993 through October 1995--the following trends can be seen:

- The proportion of newly reported AIDS cases among men who have sex with men decreased from 64 percent to 55 percent to 45 percent.
- Newly reported AIDS cases are increasing most rapidly among people who were infected through injecting drug use (IDU) and heterosexual contact.
- The proportion of newly reported AIDS cases attributed to IDU increased from 17 percent to 24 percent to 27 percent.
- During the same time periods, the proportion of newly reported AIDS cases among people infected heterosexually increased from 3 percent to 6 percent to 10 percent.
- The increase in heterosexual contact is reflected in the continued increase in cases among women.
- Women have accounted for an increasing proportion of newly reported AIDS cases. The proportion of female cases during these time periods increased from 8 percent to 13 percent to 18 percent.

Regardless of the route of transmission, region, or gender, African-Americans and Hispanics are disproportionately affected in every way you look at the epidemic.

- While the proportion of newly reported AIDS cases among white Americans has steadily decreased from 60 percent to 51 percent to 43 percent, African-Americans account for an increasing proportion of cases—from 25 percent to 31 percent to 38 percent.
- Similarly, the proportion of newly reported cases among Hispanics has steadily increased from 14 percent to 17 percent to 18 percent.

Although the rate of AIDS cases reported remains highest in the Northeast, the epidemic is shifting regionally, with an increasing proportion of cases reported in the South.

- The proportion of newly reported AIDS cases by region during these three time periods reveals that cases in the South have increased from 26 percent to 32 percent to 35 percent of total cases, while cases in the Northeast represent a decreasing proportion of the total, declining from 40 percent to 31 percent to 30 percent.

HIV Prevalence and Incidence

Available data suggest that at least 40,000 Americans are being infected with HIV each year. Because roughly the same number of people are dying each year from HIV-related illnesses, the estimated prevalence of HIV in the population (that is, the number of people living with HIV) has remained relatively stable in the United States since 1990.

Roughly speaking, for every American who dies from HIV-related illnesses, another becomes infected with HIV.

The most recent estimate of HIV prevalence indicates that between 650,000 and 900,000 Americans are living with HIV. This estimate is derived from statistical techniques that have been refined and expanded since the 1990 Public Health Service (PHS) estimate of between 800,000 and 1,200,000 people infected. Researchers now have additional years of data and more precise information on the completeness of AIDS reporting, which suggests that the previous estimate was too high. The new estimate more accurately reflects the current state of knowledge.

Stable HIV prevalence in recent years suggests that the overall growth in HIV-related illnesses will continue to slow and may stabilize in the near future. And all of the data suggest that sustained prevention efforts have contributed to a decline in the overall infection rate among white men who have sex with men. With similar efforts underway and building in other groups, similar decreases in other populations should be observed.

A Closer Look at Young Adults

Perhaps the most important question, from a prevention standpoint, is exactly when and how many young adults are becoming infected. Another important question is whether young adults today are becoming infected at greater or lower rates than young adults several years ago.

- While the number of new AIDS cases reported each year among people born before 1960 appears to be reaching a plateau, the number of new cases among younger Americans, including younger white men, continues to escalate.
- Estimates of yearly HIV infection over time (HIV incidence) in this group suggest that young Americans in recent years (1987-1992) face similar patterns of HIV infection as those faced by young Americans during the early years of the epidemic (1981-1986) with the notable exception of white males.
- The findings do indicate a marked decline in the rate of infection among white men—who have accounted for 44 percent of all AIDS cases to date. The decline among white men has contributed significantly to the stabilization in infection rates overall. But, infection rates have not decreased in other groups, and several studies indicate that young gay and bisexual men of all races remain at high risk.
- As each generation of young Americans has come of age, they have faced an epidemic not unlike the generation before. In every group, by race and gender, there is substantial increase in the rate of infection as individuals enter their late teens and early twenties, with rates peaking in the mid- to late-twenties.
- Estimates of prevalence for young minorities, particularly African-American men, are extremely high, suggesting that the dramatic rates of recent HIV related deaths in this group will continue.
 - * An estimated average of 1 of every 33 African-American men aged 27-39 may have been infected as of January 1993.
 - * The same data indicate that an estimated average of 1 of every 100 African-American women in this age group may be infected.
 - * An estimated average of 1 of every 59 young Hispanic men and an average of 1 of every 200 young Hispanic women may also be infected.

Need for Sustained Prevention

We cannot accept repeated waves of HIV infection among our nation's young adults. With sustained, targeted prevention efforts for each group entering young adulthood, perhaps we can reduce this toll.

The most recently available data suggest that prevention programs helped stabilize the rate of HIV infection overall through 1992. And while the rate of new HIV infections for more recent years cannot be estimated precisely, there are some indications that the rates have remained stable, and perhaps even declined in some groups.

Data from seroprevalence surveys, while they sample only select groups of the population, support this stabilizing trend. In fact, these data suggest that, in some subgroups, HIV prevalence may even be declining.

- For example, data from a group of disadvantaged adolescents and young adults entering the Job Corps indicate a dramatic increase in prevalence from 1988 to 1990. But since 1990, the rate has remained relatively stable.
- While estimates suggest that the HIV prevalence among childbearing women rose dramatically during the mid-1980s, recent data indicate that prevalence may have stabilized since 1990 and may have declined in some areas.
- Consequently, the estimated number of children born infected with HIV has also stabilized and possibly declined in some areas. And due to the recent medical breakthrough in reducing mother-to-infant transmission, we will likely see a dramatic decline in the number of babies born infected in the next few years.

Hopefully with sustained prevention efforts these declining trends will continue.

How Does CDC Track HIV Infection and AIDS?

To evaluate the status of these diverse epidemics, several different sets of data must be combined, including:

AIDS Reporting

- Every state in the U.S. requires reporting of the number of people who are diagnosed with AIDS and the number of people who die with AIDS each year. Reporting of AIDS cases and deaths depicts the current toll of AIDS in terms of human illness and lives lost to the disease. This information is critical to identify those in need of services and care and to track the course of the epidemic over time.

- Changes in the makeup of people being diagnosed and dying with AIDS can provide indicators of changing patterns of HIV infection and detect recent shifts in the epidemic. While the average lag time between infection and diagnosis with AIDS is 10 years, a substantial number of people develop AIDS much earlier. Because AIDS cases in young adults generally represent relatively recent infections, they can also serve as useful indicators of the current patterns in HIV infection.

HIV Reporting, Surveys, and Estimates

To get a clearer picture of who and which people are being infected now, CDC and others collect statistics and conduct numerous surveys to estimate the number of people infected with HIV. Because all existing data collection methods have limitations, researchers continuously explore new and more precise ways to capture and interpret this information.

Determining where and how many new cases of HIV are occurring is an imprecise science that must rely on complex statistical modeling and "snapshots" of the number of infections in specific subgroups of the population.

- *HIV reporting:* 26 states have laws requiring reporting of the number of people who have tested positive for HIV infection (but have not been diagnosed with AIDS). Confidential HIV infection reports may not represent all people infected with HIV. Only 25 percent of the population reports being tested for HIV; many people are tested at anonymous test sites; and both the availability of testing and the extent to which specific groups are targeted for testing can bias the makeup of the group tested.
- *Seroprevalence surveys:* HIV seroprevalence (used interchangeably with HIV prevalence) is a good indicator of future AIDS illness and health care needs because it measures the level of HIV infection in specific subgroups of the population. Researchers can use statistical methods to estimate HIV prevalence (the number of people living with HIV) in the overall population.

In 1988, to monitor HIV in subgroups of the population, CDC began providing assistance to state and local health departments to conduct HIV seroprevalence surveys in selected clinical settings. These surveys are not conducted in all states and may not be representative of the entire population, nor do they represent all people in the subgroups surveyed. Recognizing these limitations, they can provide indicators of the magnitude of HIV in certain populations and changes in patterns of HIV infection over time.

These surveys are currently conducted in a number of settings, including sexually transmitted disease (STD) clinics, drug treatment centers, adolescent and young adult

clinics, clinics serving homeless youth, clinics serving juveniles in correctional facilities, tuberculosis clinics, and sentinel hospitals in 20 metropolitan areas. In addition, the majority of states in recent years have conducted surveys of the prevalence of HIV infection in childbearing women. And CDC routinely obtains data from HIV screening by the Department of Labor of residential Job Corps entrants, HIV screening by the Department of Defense of civilian applicants for military service, and HIV screening by blood collection agencies of blood donations. CDC works with over 70 researchers from public and private organizations throughout the country to evaluate available methods for estimated prevalence, assess their strengths and weaknesses, and develop the most precise estimates possible based on a combination of the most reliable methods and data. (See accompanying fact sheet on Estimate the Prevalence of HIV Infection.)



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

February 2, 1996

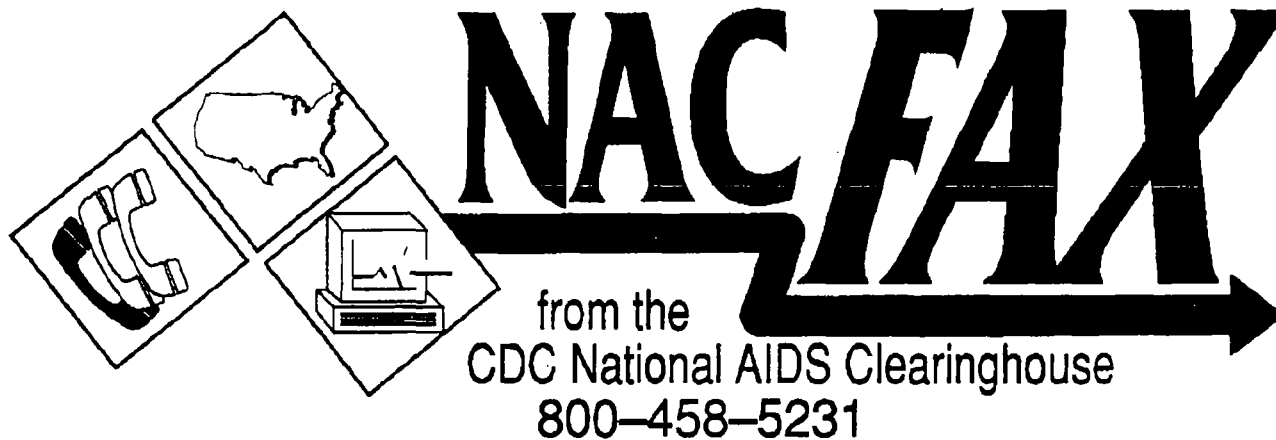
Dear Prevention Collaborative Partner:

On Thursday, February 1, *The Washington Times* ran an article entitled "Deaths from AIDS in U.S. outpace new HIV infections." Boiled down, its point was that "the epidemic is on the wane." As you know, there are problems with this conclusion.

- ▶ Because HIV reporting is not complete nationwide, we cannot say for certain how many people are infected in a given recent year. Because recently infected people haven't yet developed AIDS, there is no way to "back calculate" the number of HIV infections from the number of AIDS reports. We can estimate, but certainty is not possible. Available data from 1987 to 1992 point to 40-80,000 infections annually. Similar data are not available for more recent years, but estimates are that at least 40,000 people are becoming infected every year.
- ▶ More importantly, looking only at the big picture — the total number of AIDS cases or the total number of people estimate to be infected — masks the true impact of HIV and AIDS on certain groups. For example, the article cites white male homosexuals as a group for which HIV infection "plunged 70%" in the first decade of the epidemic. Overall, this statistic is true, as people changed risky behavior. But we also know that younger men in this same broad demographic group have a substantially higher risk of HIV infection than do older men. (Remember the fact sheet "HIV/AIDS Among Young Gay and Bisexual Men," mailed to you in November 1995.)
- ▶ Finally, most people would agree that a disease totaling at least 40,000 new infections a year is not subsiding. Prevention works, and fewer people are becoming infected than in years past. But we cannot become complacent about the epidemic. Now is not the time to "rest on our laurels."

Accompanying this note is a copy of a fact sheet on trends in the epidemic. This fact sheet was included in the "Respect Yourself, Protect Yourself" information kit you received when we launched the new PSAs. I hope it's helpful in responding to media or community inquiries and writing letters and press statements.

Lydia



To: Prevention Collaborative Partner

From: Lydia Ogden, Centers for Disease Control and Prevention

February 2, 1996 1:05 PM

The CDC National AIDS Clearinghouse (CDC NAC) is a national reference, referral, and distribution service for HIV/AIDS-related information. The Clearinghouse's services are designed to facilitate the sharing of information and resources among people working in HIV prevention, treatment, and support services.

P.O. Box 6003
Rockville, MD 20849-6003
Internet address: aidsinfo@cdcnac.aspensys.com

Voice: 800-458-5231
Deaf Access/TDD: 800-243-7012
Fax: 301-738-6616

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News Release



EMBARGOED UNTIL:

9:00 a.m. E.T.

Tuesday, March 26, 1996

2400 SAND HILL ROAD

MENLO PARK

CALIFORNIA 94025

For further information contact:

Matt James or

Tina Hoff

TEL 415 854-9400

FAX 415 854-4800

AMERICANS SUPPORT STRONG MEASURES TO PREVENT SPREAD OF AIDS: INCLUDING SEX EDUCATION, CONDOMS IN THE SCHOOLS, CLEAN NEEDLES, AND MORE CONDOM ADS ON TV

Parents Most Worried About Spread of AIDS Among Youth; The Number One Thing Parents Say They Need Help With Is Talking With Children About AIDS Prevention

Washington, D.C. -- To help fight the spread of AIDS, Americans today support a range of sometimes controversial efforts -- more condom ads on television, depictions of safe sex in the entertainment media, providing condoms and AIDS education in the schools, distributing clean needles to IV drug users, among others -- according to the latest public knowledge and attitude survey by the Kaiser Family Foundation. Americans are also grappling with AIDS at home. The number one thing parents say they need is help talking with their children about AIDS prevention.

Virtually all Americans (95%) think AIDS information should be provided in the schools, including 69% who think children should start receiving AIDS education at the latest by age 12; seven out of ten Americans (72%) think the major television networks should accept condom advertisements; two-thirds (66%) favor providing clean needles to IV drug users; and 63% say there should be more references to condom use in movies and television. However, when asked whether they thought high schools should provide condoms or just information about AIDS to teens, Americans were almost evenly divided: 49% say just AIDS/HIV information and 46% say making condoms available should be the priority. Support for AIDS prevention measures persists across demographic groups.

Eight out of ten (77%) parents with children under 21 years of age say they are concerned about their child getting AIDS, including 53% who say they are very concerned. When asked about the information they want most about AIDS, five out of ten parents (49%) say they need more information about "what to discuss with children about prevention." Getting information about where to go for help if exposed to the AIDS virus was the number two information need, picked by 12% of parents.

As part of the Kaiser Family Foundation's AIDS Public Information Project, announced at a press conference today in Washington, D.C., the Kaiser Family Foundation has produced a guide for parents on how to talk with their children about AIDS/HIV. *Talking With Your Kids About AIDS* is available free-of-charge to parents and others through the Kaiser Family Foundation's publication request line at 1 (800) 656-4KFF. Ask for the AIDS Public Information Kit.

-- more --

“As a nation, we should be proud of the job we’ve done to educate ourselves about AIDS. But, clearly, many Americans still want and need more information about this deadly disease, particularly when it comes to protecting our children,” said Mark D. Smith, Executive Vice President, Kaiser Family Foundation. “Without a cure or vaccine, an informed public is still the best way to prevent the spread of AIDS.”

Americans Concerned About AIDS Both Personally and for the Nation

Strong public support for specific actions may be driven by the fact that many Americans continue to report they are personally concerned about the spread of AIDS:

- Four out of ten say they are concerned about getting AIDS themselves, including 22% who are “very concerned” and 18% who are “somewhat concerned.” (In a 1991 survey conducted by the Roper Organization, 27% of Americans said they were “very concerned” and 18% said they were “somewhat concerned about getting AIDS);
- 43% say AIDS is a “very serious” problem for people they know;
- 39% say they personally know or have known someone with AIDS or the HIV virus;
- Three quarters (74%) agree that “people who get AIDS are no different from people like me in their values and goals.”

Minorities and those with low incomes and less education are most likely to be personally concerned about AIDS. A majority (55%) of African Americans and 38% of Hispanics say they are personally “very concerned” about getting AIDS, as compared to 16% of whites. More than a third (35%) of people with annual incomes under \$10,000 say they are “very concerned,” as compared with only 14% of those with incomes over \$50,000 per year. Similarly, while 34% of those without a high school degree say they are “very concerned” about getting AIDS, only 14% of college graduates say they are.

Four out of ten (44%) of Americans name AIDS as the “most urgent health problem facing this nation” -- more than any other health issue, including cancer (27%) or rising health care costs and lack of health care coverage (27%). (Multiple responses accepted.) These ratings are generally consistent with earlier survey findings from six years ago, when 49% of Americans named AIDS as “the most urgent health problem” over other health concerns (*Los Angeles Times* poll, 1/90). Moreover, many Americans (48%) fear that the country is “losing ground” in the fight against the disease. Perhaps as a result, half of the population thinks federal spending to fight AIDS is “too low” as compared with spending on other health and medical problems.

AIDS in America. Last year the number of reported AIDS cases in the United States passed the half million mark. More than 300,000 people in the U.S. have died from AIDS. Recent trends in the epidemic include an increase in the proportion of cases occurring among women (now 18% of all AIDS cases) and a growing impact on minorities. The prevalence of AIDS is six times higher among African Americans and three times higher among Hispanics than among whites.

Americans Perceive Some Progress in Fight Against AIDS

While many Americans don't seem to see larger gains in the fight against AIDS, they appear to be encouraged by the progress that has been made to date in some aspects of AIDS prevention and treatment. Significant percentages of Americans think at least "some" progress has been made in:

- protecting people who get blood transfusions from AIDS-tainted blood, 87%;
- keeping people who have AIDS alive longer, 70%;
- reducing the spread of AIDS among gay men, 65%;
- reducing the spread of AIDS to sexually active heterosexuals, 64%;
- reducing the spread of AIDS from pregnant women to their children, 62%;
- reducing the spread of AIDS among teenagers, 59%;
- reducing the spread of AIDS among IV drug users, 48%; and
- finding a cure, 47%.

Furthermore, eight out of ten Americans (81%) say a greater investment in AIDS research would be effective in fighting the spread of AIDS and most (58%) say federal spending on AIDS research and treatment of people with AIDS has been worth the cost.

Americans Generally Informed about AIDS/HIV, Although Some Gaps in Knowledge Persist

Surveys generally find that Americans are ill informed about most national issues, but not when it comes to AIDS/HIV. Most Americans are fairly well-informed about the disease itself -- the transmission, prevention, and treatment of AIDS/HIV. They know that:

- AIDS can be transmitted during sexual intercourse, 97%;
- a pregnant woman with AIDS can pass the virus to her baby, 94%;
- no vaccine is currently available to protect a person from getting AIDS, 88%; and
- drugs are available that can "lengthen the life of a person infected with AIDS," 75%.

Most people (54%), however, think 100,000 or fewer Americans have died from AIDS, when in fact it's more than three times that number. While underestimating the number of lives lost to AIDS, many Americans (51%) overstate the impact here relative to the rest of the world, believing that half or more of all AIDS cases occur in this country. In reality, 38% do.

Some important gaps in knowledge about the prevention and treatment of AIDS persist:

- Seven out of ten Americans do not believe (or are unsure whether) a pregnant woman with AIDS can "reduce the risk of her baby being born infected by taking certain drugs." (In February 1994, the National Institutes of Health released the findings from clinical trials indicating that zidovudine (AZT) therapy reduced by as much as two-thirds the risk of perinatal HIV transmission from infected pregnant women to their infants);
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months or less. (On average, AIDS symptoms develop between 5-10 years after infection); and

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“As the findings about Americans’ awareness about preventing the spread of AIDS from mother to child indicate, being ‘aware’ of a problem -- or, in this case, even that progress is being made -- does not necessarily translate into knowledge about what options exist,” said Dr. Smith.

Significant Percentages of Americans Distrustful of Information About AIDS/HIV

Although most Americans believe they are receiving accurate information about the AIDS epidemic, significant percentages are dubious about what the government and media are telling:

- More than a third (34%) do not believe the government is telling the whole truth about AIDS; and
- A quarter do not believe the media is telling the whole truth about AIDS.

In addition, fewer but still some Americans question the origins of the epidemic:

- Eighteen percent believe there is some truth to reports that the AIDS virus was produced in a germ-warfare laboratory; and
- Twelve percent believe that AIDS came from God to punish homosexual behavior.

Methodology

The Kaiser Survey on Americans and AIDS/HIV was a national random-sample telephone survey of 1,511 adults, 18 years and older, including over samples of 250 African Americans and 250 Hispanics. The survey was designed by the Kaiser Family Foundation and conducted by the Foundation and Princeton Survey Research Associates (PSRA) between November 27-December 17, 1995, prior to Magic Johnson’s announcement that he would resume playing professional basketball. The margin of sampling error for the national sample is plus or minus 3 percent. The margin of sampling error may be higher for some of the sub-sets looked at in this analysis, which have smaller populations.

* * *

The Kaiser Family Foundation, based in Menlo Park, California, is a non-profit, independent national health care philanthropy and is not associated with Kaiser Permanente or Kaiser Industries. The Foundation's work is focused on four main areas: health policy, reproductive health, HIV, and health and development in South Africa.

Copies of the actual questionnaire and top line data for the findings reported in this release are available by calling the Kaiser Family Foundation's publication request line at 1 (800) 656-4KFF and asking for the AIDS Public Information Kit. Included in this kit are: the *Talking With Your Kids About AIDS* guide and fact sheets on the HIV epidemic and specific topics related to AIDS prevention and treatment. Currently the fact sheets are available online at www.kff.org.

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- A quarter do not believe the media is telling the whole truth about AIDS.

In addition, fewer but still some Americans question the origins of the epidemic:

- Eighteen percent believe there is some truth to reports that the AIDS virus was produced in a germ-warfare laboratory; and
- Twelve percent believe that AIDS came from God to punish homosexual behavior.

Methodology

The Kaiser Survey on Americans and AIDS/HIV was a national random-sample telephone survey of 1,511 adults, 18 years and older, including over samples of 250 African Americans and 250 Hispanics. The survey was designed by the Kaiser Family Foundation and conducted by the Foundation and Princeton Survey Research Associates (PSRA) between November 27-December 17, 1995, prior to Magic Johnson’s announcement that he would resume playing professional basketball. The margin of sampling error for the national sample is plus or minus 3 percent. The margin of sampling error may be higher for some of the sub-sets looked at in this analysis, which have smaller populations.

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The Kaiser Family Foundation, based in Menlo Park, California, is a non-profit, independent national health care philanthropy and is not associated with Kaiser Permanente or Kaiser Industries. The Foundation's work is focused on four main areas: health policy, reproductive health, HIV, and health and development in South Africa.

Copies of the actual questionnaire and top line data for the findings reported in this release are available by calling the Kaiser Family Foundation's publication request line at 1 (800) 656-4KFF and asking for the AIDS Public Information Kit. Included in this kit are: the *Talking With Your Kids About AIDS* guide and fact sheets on the HIV epidemic and specific topics related to AIDS prevention and treatment. Currently the fact sheets are available online at www.kff.org.