HIV/AIDS Profile: Malawi

Demographic Indicators

	with AIDS	without AIDS		with AIDS	without AIDS
Population (1000s)	10,386	11,400	Growth Rate (%)	1.6 %	2.6 %
Crude Birth Rate	39	40	Crude Death Rate	22	13
Infant Mortality Rate			Life Expectancy		
Both Sexes	122	105	Both Sexes	38	53
Male	128	111	Male	37	51
Female	117	99	Female	38	55

Percent Urban	20		Total Fertility Rate	5.3	

Note: Above indicators are for 2000.

Estimated % of adults living with HIV/AIDS, end 1999

Cumulative AIDS rate (per 1,000) as of 12/31/97

5.12

Cumulative AIDS cases as of 12/31/97

50,975

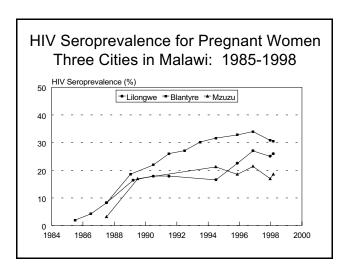
Sources: U.S. Census Bureau, UNAIDS, Population Reference Bureau, World Health Organization.

Epidemiological Data

Epidemic State: Generalized

The epidemic in Malawi began to spread in the late 1980s. Infection rates among pregnant women continued to climb during the 1990s in the three major cities. Patterns in infection trends are less discernible in other locales. High prevalence rates are still evident though.

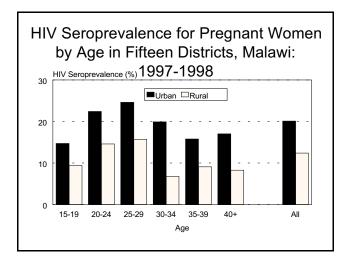
• During the early years of the epidemic, HIV prevalence increased rapidly among pregnant women in the three major cities. The highest rates were found in Blantyre, the commercial center of Malawi where prevalence increased from 2 percent in 1985 to 30 percent in 1998. Some stabilization in the rates has occurred in recent years but further data is needed to confirm this trend.



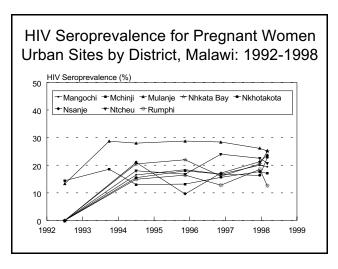
Source: International Programs Center, Population Division, U.S. Census Bureau, HIV/AIDS Surveillance Data Base, June 2000.

Malawi

- Recent data for pregnant women by age indicate that the highest seroprevalence rates were in those women 25-29 in Lilongwe, the capital, and Blantyre, reaching 32 and 44 percent, respectively. In Mzuzu, in the north of the country, 20-24 year olds had the highest rates, 21 percent. Prevalence for the oldest age group is based on extremely small sample sizes so care in drawing conclusions is advised.
- Comparing urban and rural districts, HIV prevalence among pregnant women in urban districts was higher for every age group. Among 25-29 year old pregnant women, 25 percent in urban districts and 16 percent in rural districts were HIV positive.



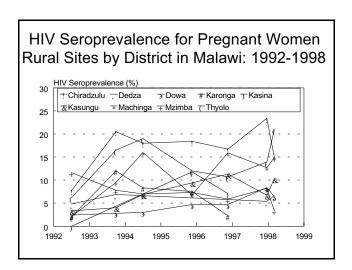
• In other urban areas of the country, not including the three major cities, there was a sharp rise in HIV seroprevalence between 1992 and 1994. By 1998, the highest rates were seen in Mulanje and Nkhata Bay, 25 percent. HIV prevalence in 1998 ranged from 13 to 25 percent.



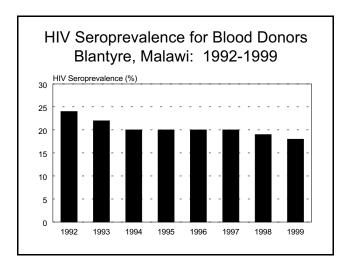
Source: International Programs Center, Population Division, U.S. Census Bureau, HIV/AIDS Surveillance Data Base, June 2000.

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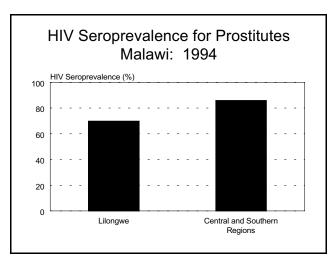
• In rural areas surveyed, there was wider fluctuation in prevalence trends. Rates in rural areas were lower than those found in urban areas. In 1998, there was wider variation in prevalence as well, ranging from 6 percent in Dowa to 21 percent in Thyolo.



• Blood donor seroprevalence in Blantyre has remained fairly static since the early 1990s, although there has been a recent drop in infection levels. In 1999,18 percent of blood donors in Blantyre were HIV positive.

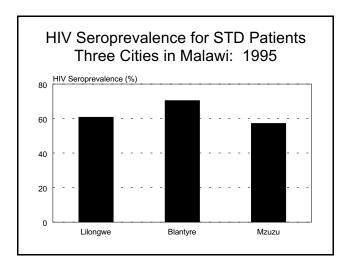


• In 1994, HIV testing of prostitutes attending the AIDS Counseling Centre in Lilongwe reveals a very high prevalence rate, 70 percent. One site in the Central region and two in the Southern region, surveyed together, had an even higher rate, 86 percent.

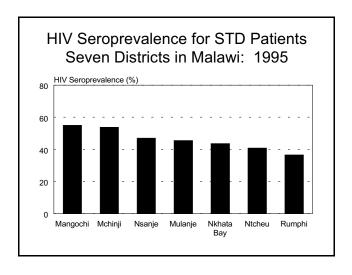


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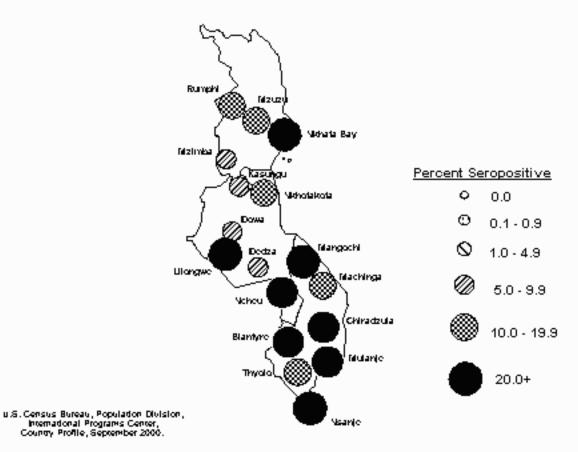
 HIV seroprevalence among STD clinic patients in the three major cities showed very high infection levels in 1995. The highest rate, 70 percent, was found in Blantyre.



• Prevalence ranged from 37 to 55 percent among STD clinic patients in seven districts of Malawi in 1995.



Seroprevalence of HIV-1 for Pregnant Women Malawi: 1997-98



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