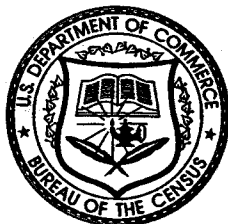


**RECENT HIV SEROPREVALENCE LEVELS
BY COUNTRY: JULY 2002**



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



**Research Note
No. 29
July 2002**



Preface

The International Programs Center (IPC) 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. Census Bureau precludes performing the same statistical reviews normally conducted on its own data.

This research note is the 29th of a series of short research documents resulting from analysis conducted in the Health Studies Branch. Distribution in the research note format is intended to allow for rapid dissemination of results to a specialized audience, highlighting recent developments or emerging trends. Reports containing a more thorough presentation and discussion of research findings will continue to be issued in the International Programs Center Staff Paper series.

The preparation of this report was supported by funding from the U.S. Agency for International Development.

This note was prepared by the staff of the Health Studies Branch -- Jinkie Corbin, Laura Heaton, Brynn Epstein, Maizie Archie, Lisa Mayberry, Vicki Hart-Spriggs, Jack Gibson, and edited by Karen A. Stanecki, Chief, Health Studies Branch.

Comments and questions regarding this study should be addressed to Karen A. Stanecki (kstaneck@census.gov.), International Programs Center, Population Division, U.S. Census Bureau, Washington, D.C. 20233-8860; telephone: (301)763-1433.

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RECENT HIV SEROPREVALENCE LEVELS
BY COUNTRY: JULY 2002

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- Nonrepresentative Samples: Many surveys are taken of populations convenient for the medical team drawing blood for testing. Therefore, many are "samples of convenience," taken in clinics or hospitals where the available sample of people may be sicker than those who do not attend the clinic.
- Geographic Bias: As in the case of samples of convenience, samples may also be taken in more-accessible rather than less-accessible geographic areas. Given what is known regarding the spread of HIV infection, we would expect that this would tend to bias upward the estimate of HIV seroprevalence, if the available sources are taken to represent the country as a whole. Note, however, that this particular factor may not bias estimates of seroprevalence in the geographic areas that were, in fact, surveyed.
- Testing Bias: In the first several years of the AIDS epidemic, the ELISA test was the predominant test used to determine seropositivity. The ELISA test, however, gives a number of false positives and, therefore, the test results must be confirmed by a second test; in general, the Western Blot. Not all studies report confirmatory testing, although they increasingly do so.
- HIV1 and HIV2 Overlap: In countries where both HIV1 and HIV2 are present, tests are done for both viruses and often find people who test positive for both. To report the people who are only infected with HIV1 will understate the total infected population because it does not take into account the joint infections. Thus, care must be used in discussions of data from these areas to avoid either double counting or omitting various categories of infected population.

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; data without documentation are not used.

These criteria only attempt to minimize the biases in the data, not eliminate them. Therefore, all seroprevalence data must be used with caution.

Data Organization

The data presented in the following seroprevalence tables are taken from the *HIV/AIDS Surveillance Data Base*. The specific rates presented are taken from the most recent studies with

Recent HIV Seroprevalence Levels by Country: July 2002

Introduction

Since 1987, the International Programs Center, Population Division, U. S. Census Bureau, has been compiling HIV seroprevalence information for its *HIV/AIDS Surveillance Data Base*. This work has been supported by funding from the U.S. Agency for International Development.

The present update to the data base incorporates all available epidemiological information for developing countries presented at the Sixth International Congress on AIDS and the Pacific, Melbourne, Australia, 2001 and the XIIth International Conference on AIDS and STDs in Africa, Ouagadougou, Burkina Faso, 2001, and other literature. Currently, the *HIV/AIDS Surveillance Data Base* contains over 65,000 individual data records drawn from 6,200 publications and presentations. It is our goal to incorporate all available data from seroprevalence studies conducted in developing countries.

Several items drawn from the data base are included in this report. These include summary tables showing available seroprevalence estimates for high- and low-risk population groups in major cities and outside major cities for all developing countries. Tables are provided for HIV1 and HIV2, where available. A figure showing the most recent data for pregnant women from the capital city or major urban centers of the most affected countries in each region is included. Data for selected African, Asian and Latin American countries have been plotted on maps as well, showing the geographic distribution of HIV prevalence among pregnant women, sex workers and injecting drug users (IDU). An overview section of charts from selected African countries showing HIV prevalence among pregnant women by age over a period of time is also included. A brief review of data quality issues and discussion of selection criteria follows. We recognize the somewhat arbitrary nature of this selection and welcome comments.

Data Quality and Qualifications

With rare exception, surveys of HIV seroprevalence are not based on national samples. Therefore, every seroprevalence estimate has a bias if generalized beyond its sample population. The amount of bias is determined by how different the sampled population group or geographic area is from the generalized description placed on the estimate. For instance, an estimate of the HIV seroprevalence of pregnant women in Kampala, Uganda, may be generalized to "urban, low-risk group." Yet, Kampala is not representative of all urban areas in Uganda, and pregnant women are not representative of all low-risk adults (since by definition they may be more sexually active than many low-risk groups, such as the aged).

Several factors contribute to biases or confusion surrounding HIV seroprevalence estimates:

- Sample-Size Bias: The sample sizes of seroprevalence studies are generally very small. Small samples of non-random populations may tend to overestimate the seroprevalence.

a sufficiently large sample size. Where recent data are not available and where sample sizes are small, footnotes qualify the data. In some cases, results from large samples were not included due to insufficient documentation about the sample design, tests or place. The data are imperfect and caution should be used in drawing conclusions. Although they are listed by country name, they are not national level estimates. We can only draw conclusions for the area where these studies were conducted.

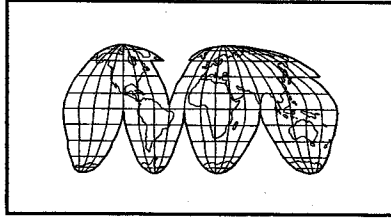
The tables that follow are based on data selected as the best available data on HIV1 and HIV2 seroprevalence among high- and low-risk populations in developing countries (see Tables 1 and 2). The terms "high-risk" and "low-risk" are used in these tables and charts to differentiate population subgroups with known risk factors for HIV infection from those without such known risks. As a result of the various transmission modes and the prevalence of the virus in Africa, no group can be considered to have no risk of infection. Sampled populations treated as high-risk in this report include prostitutes, bar girls, etc.; clients of prostitutes; and sexually-transmitted disease clinic patients. Sampled populations considered to be low- risk include the general population with no known risk, pregnant women, and blood donors.

Data were selected using criteria of sample size, recency of data, presence of two diagnostic tests, and minimal evident bias in sample selection, given the target population. Since each figure is based on a single study, it is not an average or composite figure. As yet, there are insufficient comparable studies to make estimates of an "average" seroprevalence meaningful. Detailed sample information for these studies is contained in Table 3. Sources for the data shown in the tables are contained in a unified reference listing.

The tables are also divided by Capital/Major City and Outside Major City. In many studies it is difficult to determine whether or not the universe is a strictly rural area. The geographical boundaries may include some urbanized centers. Is a sample drawn from three villages necessarily a study of the rural population? When the study area is described as a province in the country it is listed in the table as outside the capital/major city. It is usually fairly clear when a study is conducted in the capital or a major city.

We will periodically update these materials with the latest and best available data, at times including a brief discussion of a topic of particular interest.

We welcome comments and suggestions from users of the data base. We also welcome copies of articles or references to information which may have been overlooked.



**International Programs Center
Population Division**

United States Census Bureau

**Chart Overview of HIV Seroprevalence among Pregnant Women
in Selected African Countries**

This report provides a chart overview of the age trends of the Human Immunodeficiency Virus (HIV) among the pregnant women. Due to limited data, it is difficult to accurately show the extent of HIV infection for every country. Therefore, the focus of this paper is restricted to selected countries in Africa. Based on a review of available data, we examine the current status of the HIV epidemic by using charts to review HIV prevalence among pregnant women by age over a period of time.

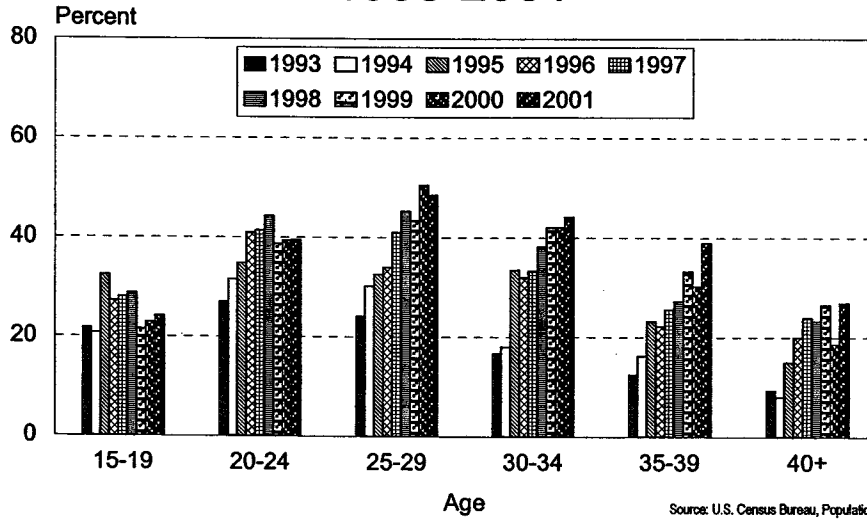
This paper presents data based on the July 2002 release of the HIV/AIDS Surveillance Data Base maintained by the International Programs Center, Population Division, U.S. Bureau of the Census. The Data Base contains over 65,000 data items drawn from at least 6,200 publications and presentations.

This report was prepared with funding support from the U.S. Agency for International Development. For more detailed information, contact Health Studies Branch, International Programs Center, Population Division, U.S. Census Bureau, Washington, D.C. 20233-8860.

Telephone: (301)-763-1433.

Internet e-mail address: (ipc-hiv@census.gov)

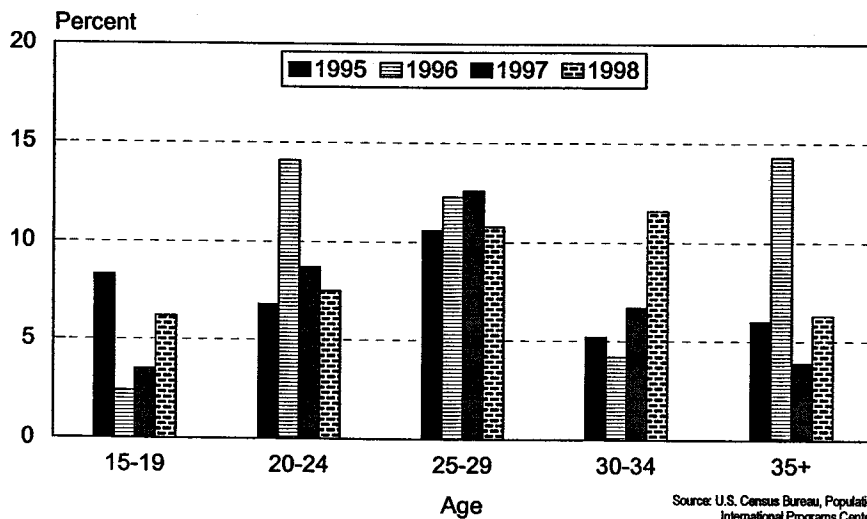
HIV Seroprevalence for Pregnant Women, by Age, Various Sites, Botswana: 1993-2001



Sentinel Surveillance Sites including Gaborone and Francistown.

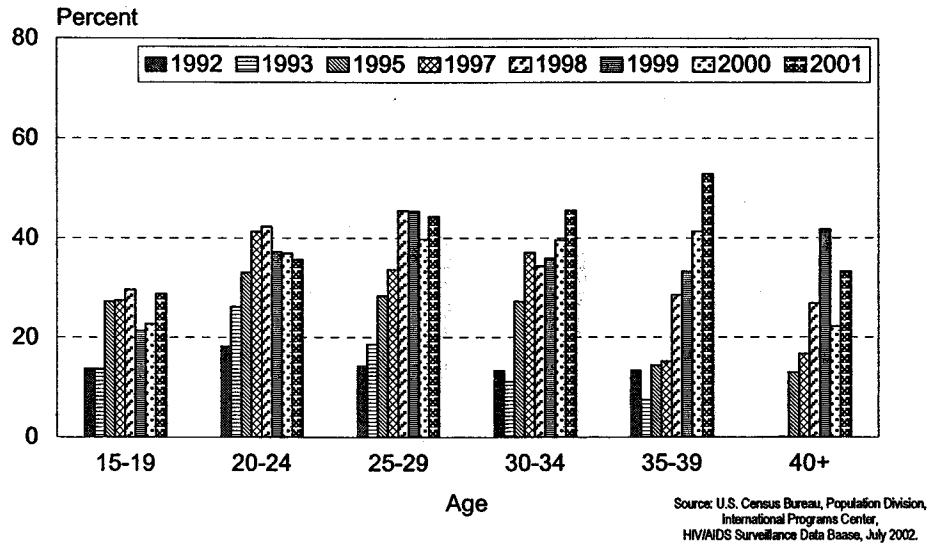
Source: U.S. Census Bureau, Population Division, International Programs Center, HIV/AIDS Surveillance Data Base, July 2002.

HIV Seroprevalence for Pregnant Women, by Age, Bobo-Dioulasso, Burkina Faso: 1995-1998

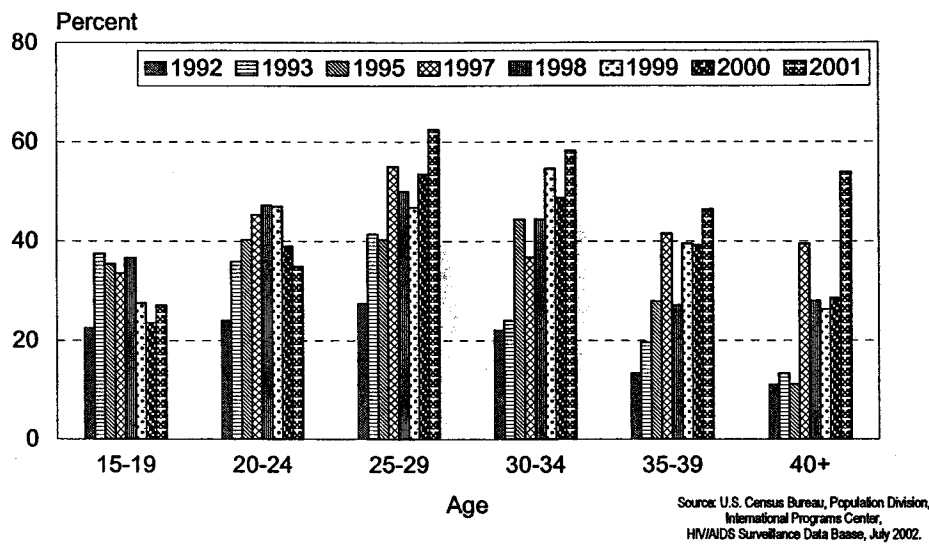


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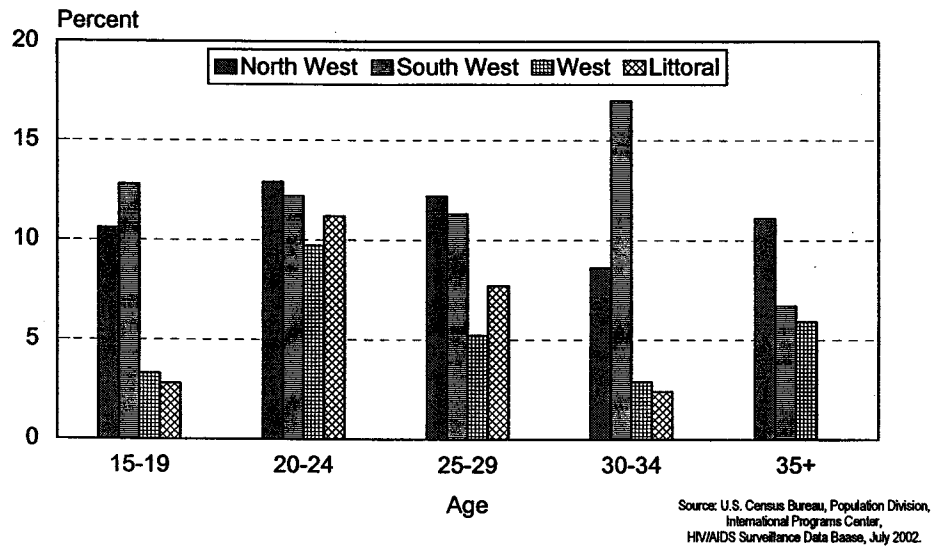
HIV Seroprevalence for Pregnant Women, by Age, Gaborone, Botswana: 1992-2001



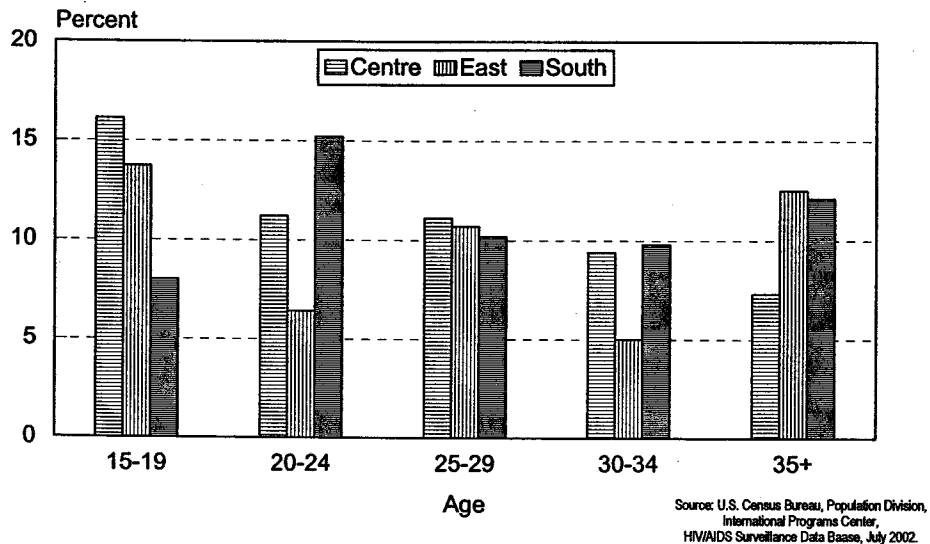
HIV Seroprevalence for Pregnant Women, by Age, Francistown, Botswana: 1992-2001



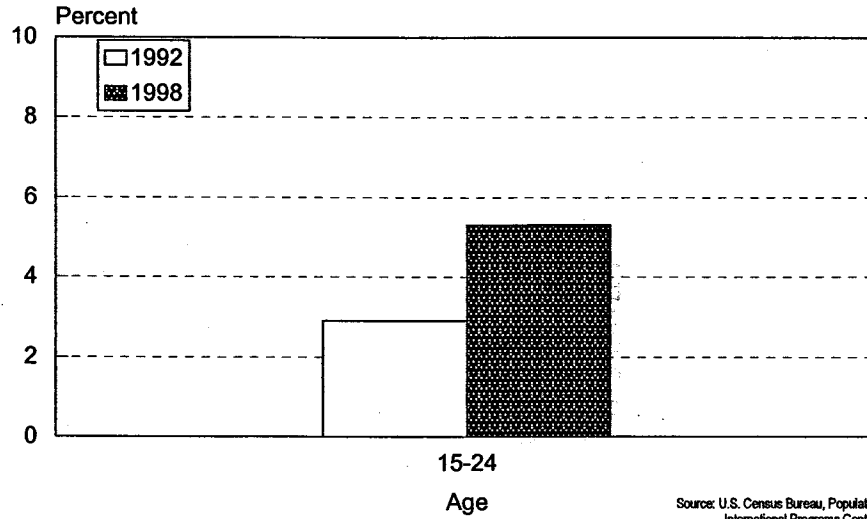
HIV Seroprevalence for Pregnant Women, by Age, Western Cameroon Provinces: 2000



HIV Seroprevalence for Pregnant Women, by Age, Southern Cameroon Provinces: 2000

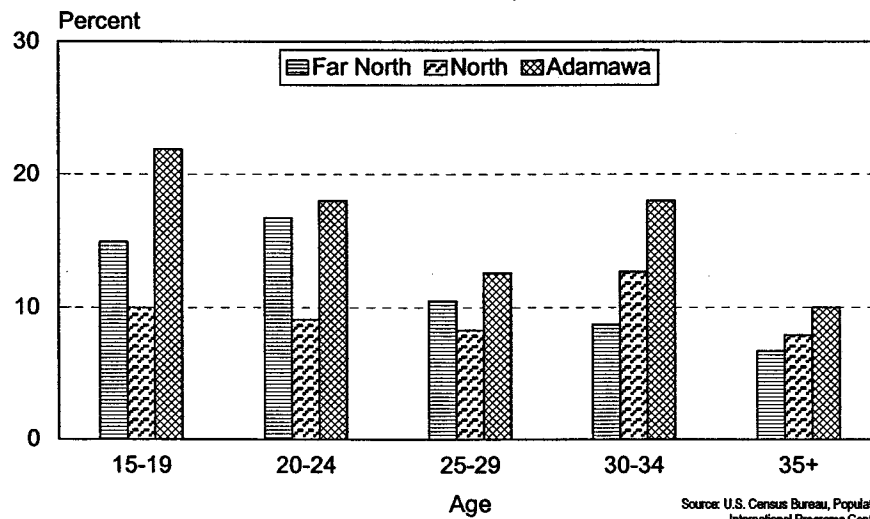


HIV Seroprevalence for Pregnant Women, by Age, Yaounde, Cameroon: 1992 and 1998



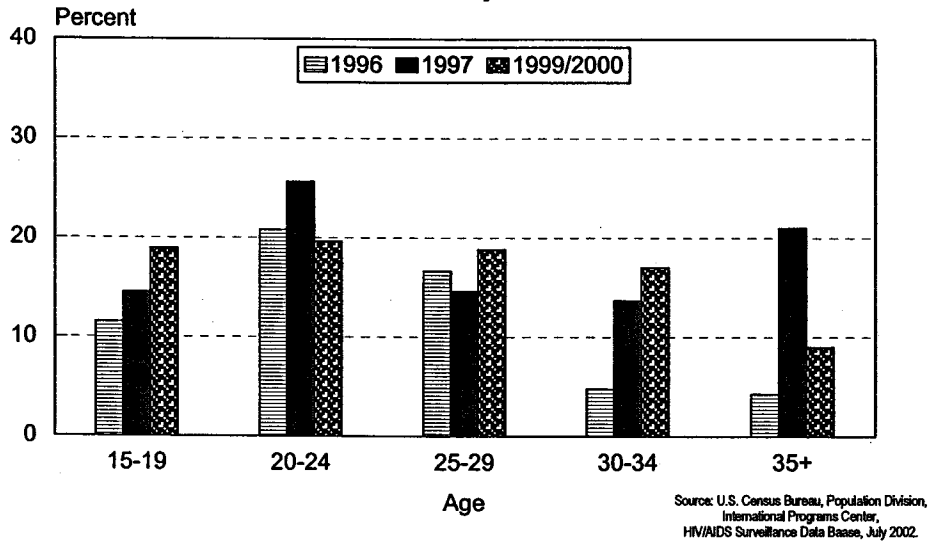
Source: U.S. Census Bureau, Population Division, International Programs Center, HIV/AIDS Surveillance Data Base, July 2002.

HIV Seroprevalence for Pregnant Women, by Age, Northern Cameroon Provinces: 2000

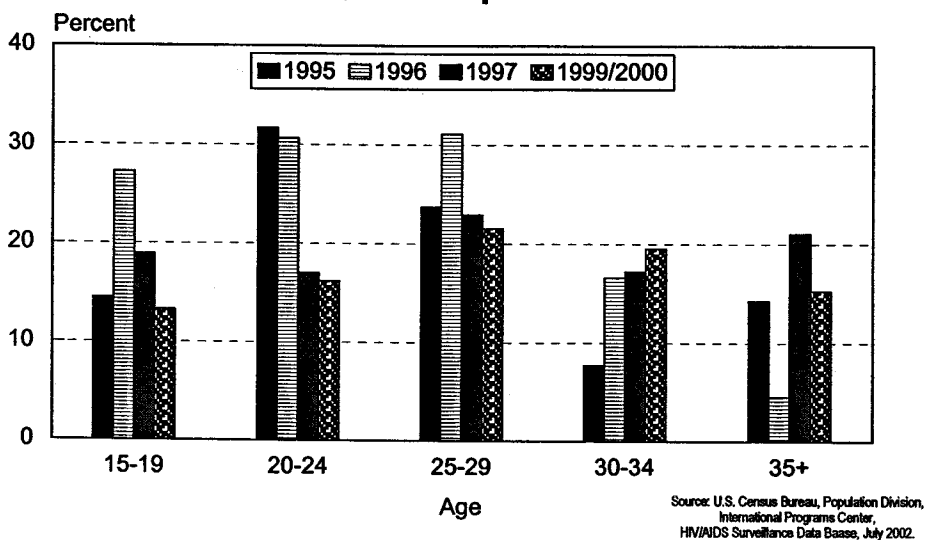


Source: U.S. Census Bureau, Population Division, International Programs Center, HIV/AIDS Surveillance Data Base, July 2002.

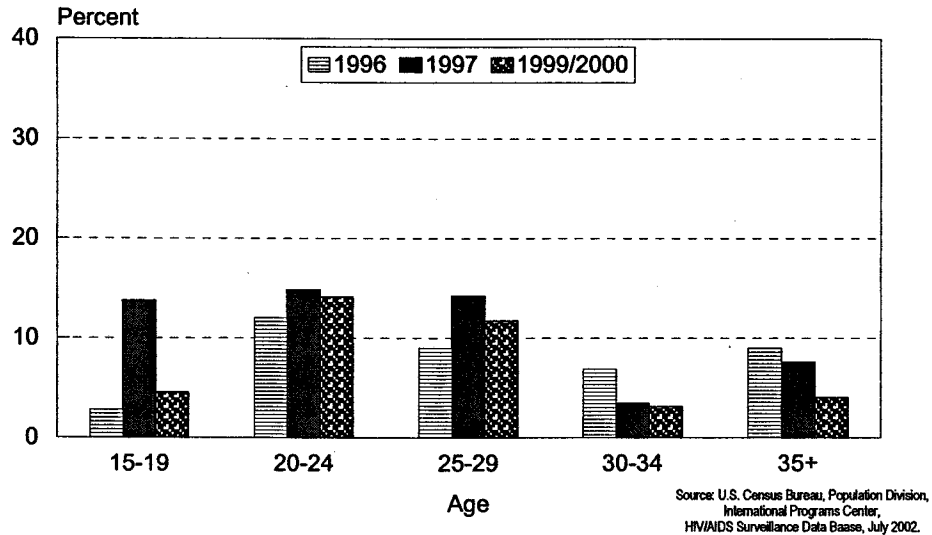
HIV Seroprevalence for Pregnant Women, by Age, Gulele Health Center, Addis Ababa, Ethiopia: 1996-2000



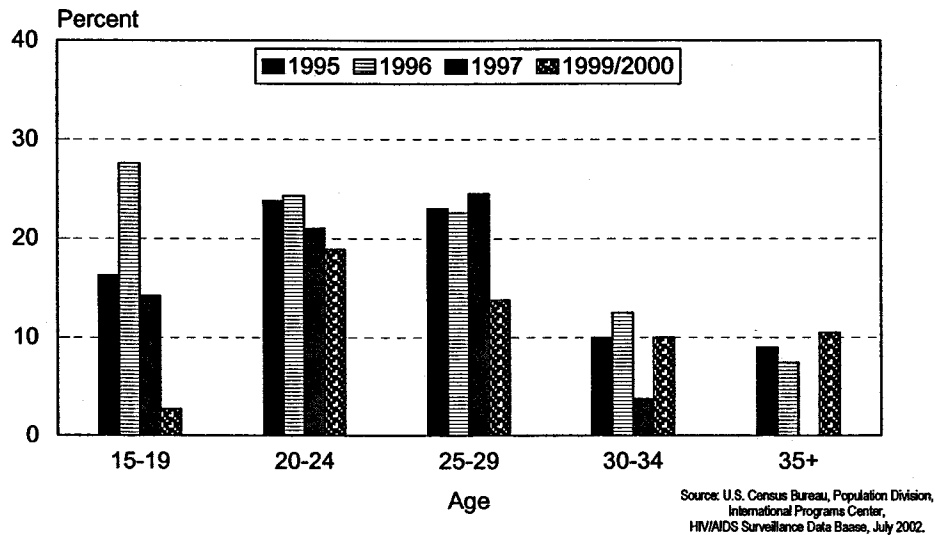
HIV Seroprevalence for Pregnant Women, by Age, Kazanches Health Center, Addis Ababa, Ethiopia: 1995-2000



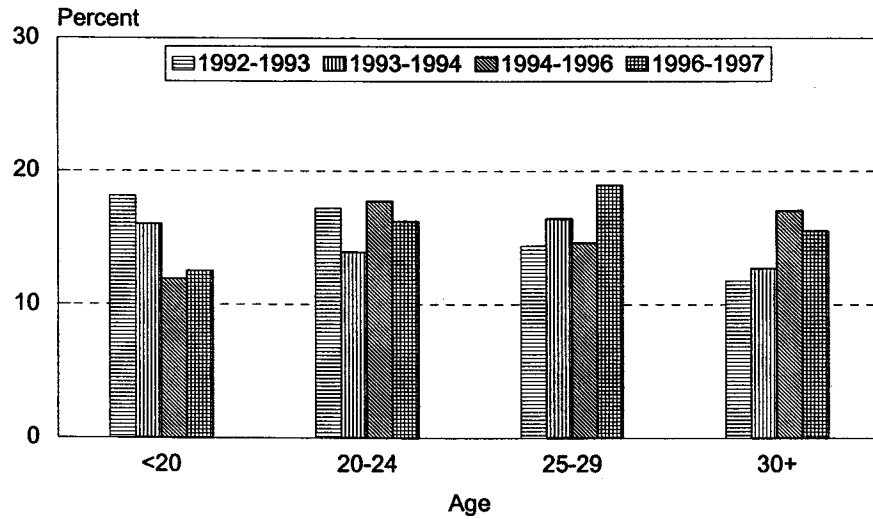
HIV Seroprevalence for Pregnant Women, by Age, Higher 23 Health Center, Addis Ababa, Ethiopia: 1996-2000



HIV Seroprevalence for Pregnant Women, by Age, Teklehymanot Health Center, Addis Ababa, Ethiopia: 1995-2000

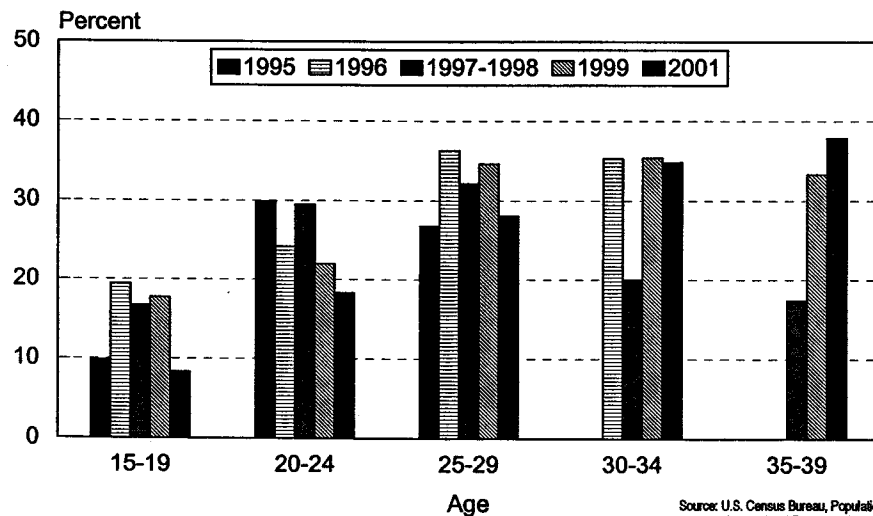


HIV Seroprevalence for Pregnant Women, by Age, Nairobi, Kenya: 1992-1997



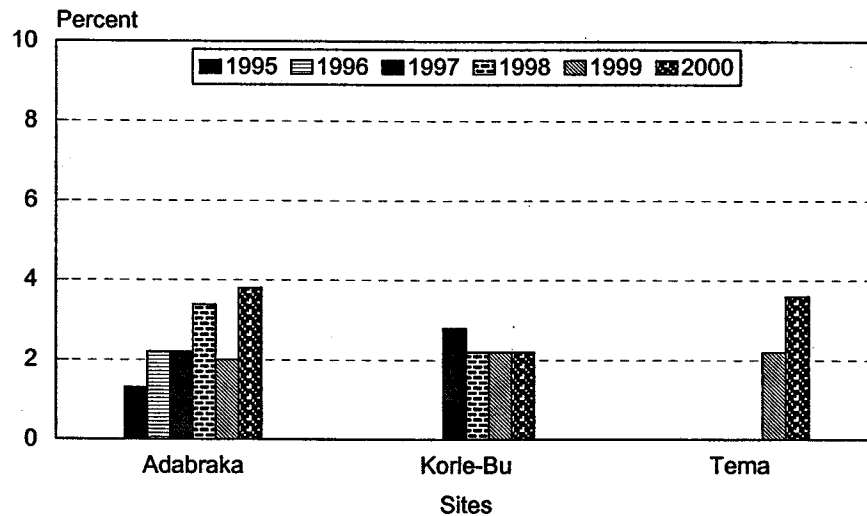
Source: U.S. Census Bureau, Population Division, International Programs Center, HIV/AIDS Surveillance Data Base, July 2002.

HIV Seroprevalence for Pregnant Women, by Age, Lilongwe, Malawi: 1995-2001



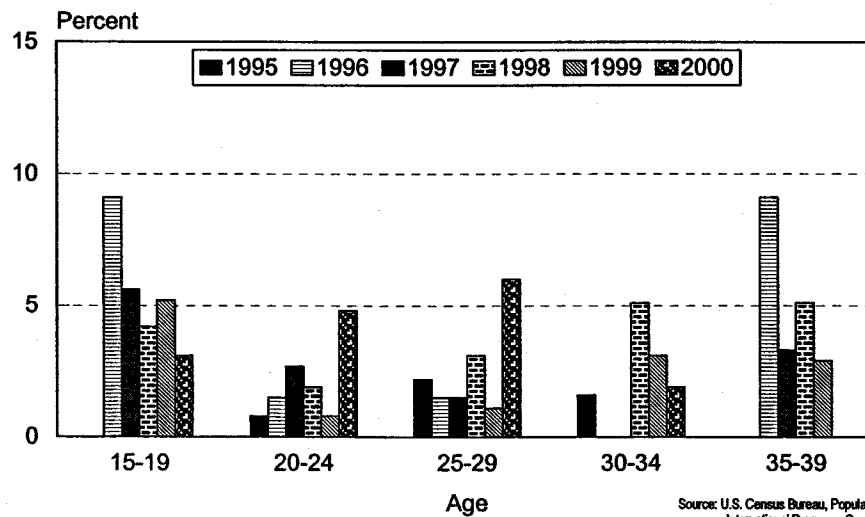
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HIV Seroprevalence for Pregnant Women, Three Sites, Accra, Ghana: 1995-2000



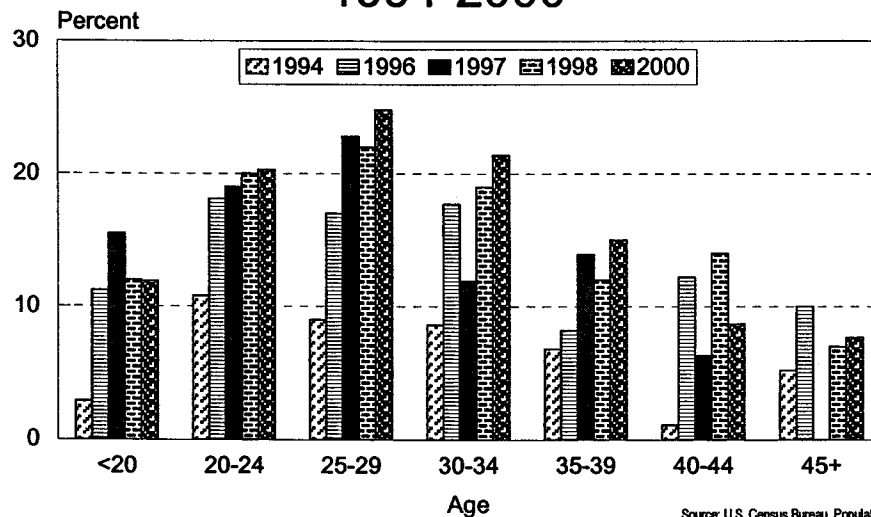
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HIV Seroprevalence for Pregnant Women, by Age, Adabraka Site, Accra, Ghana: 1995-2000



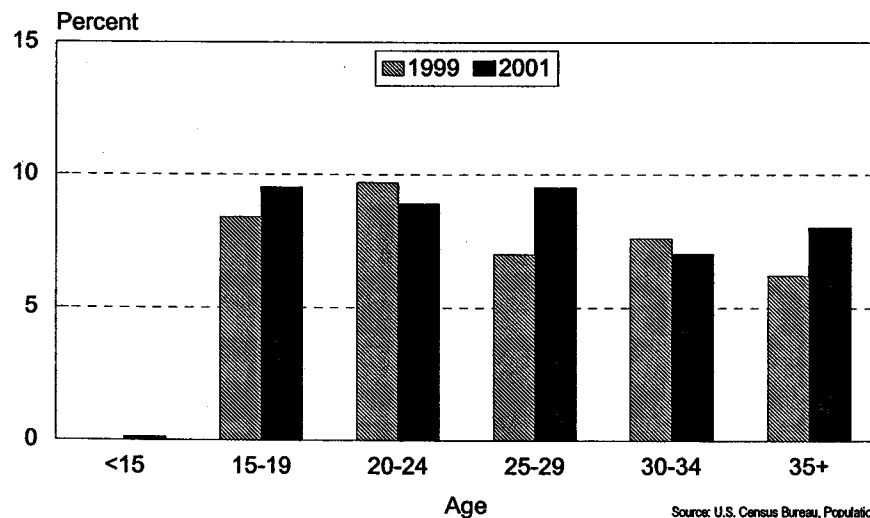
Source: U.S. Census Bureau, Population Division, International Programs Center, HIV/AIDS Surveillance Data Base, July 2002.

HIV Seroprevalence for Pregnant Women, by Age, Various Sites, Namibia: 1994-2000



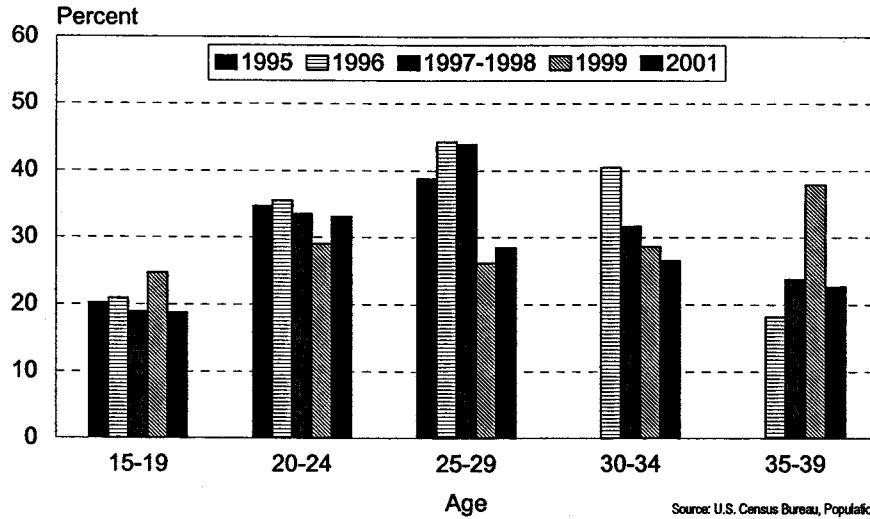
Source: U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

HIV Seroprevalence for Pregnant Women, by Age, North Central Zone, Nigeria: 1999 and 2001

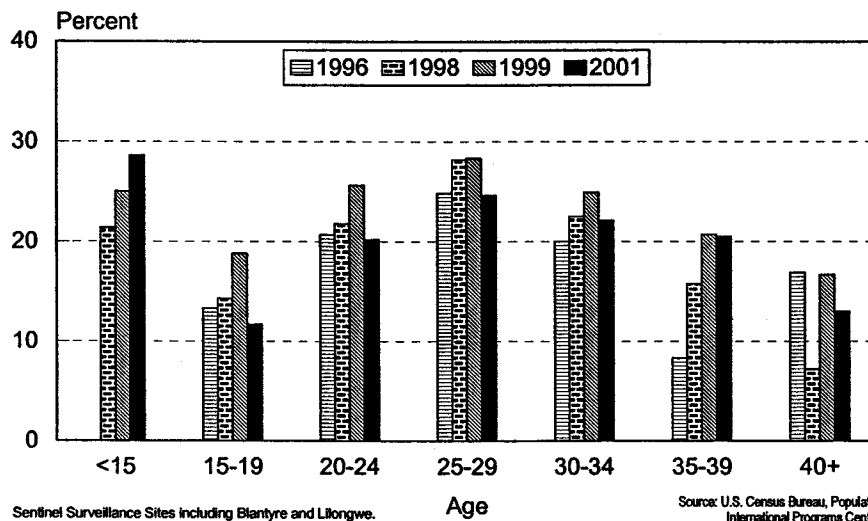


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HIV/AIDS Surveillance Data Base, July 2002.

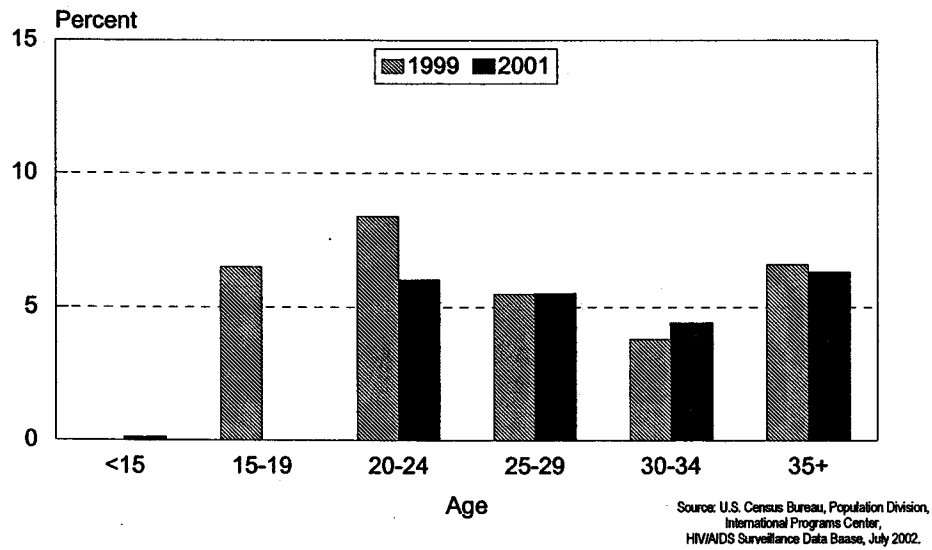
HIV Seroprevalence for Pregnant Women, by Age, Blantyre, Malawi: 1995-2001



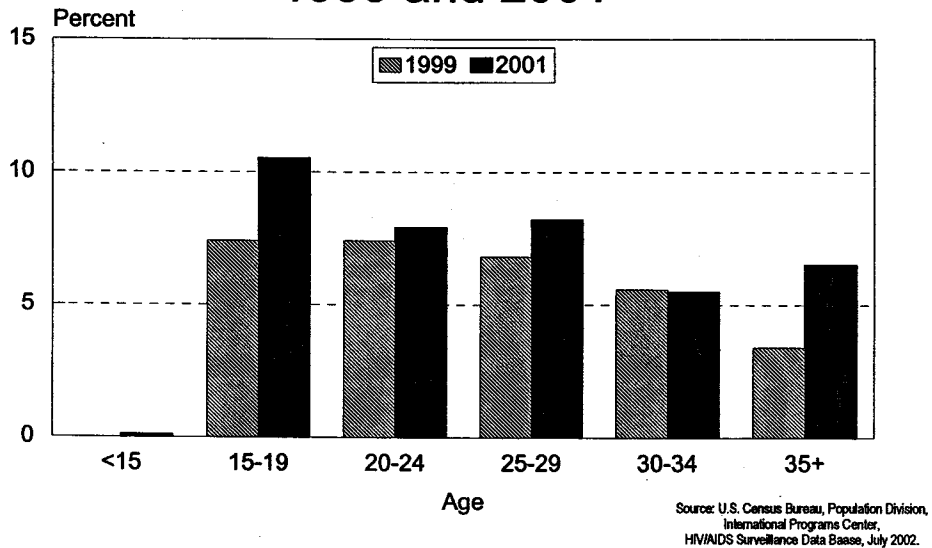
HIV Seroprevalence for Pregnant Women, by Age, Various Sites, Malawi: 1996 - 2001



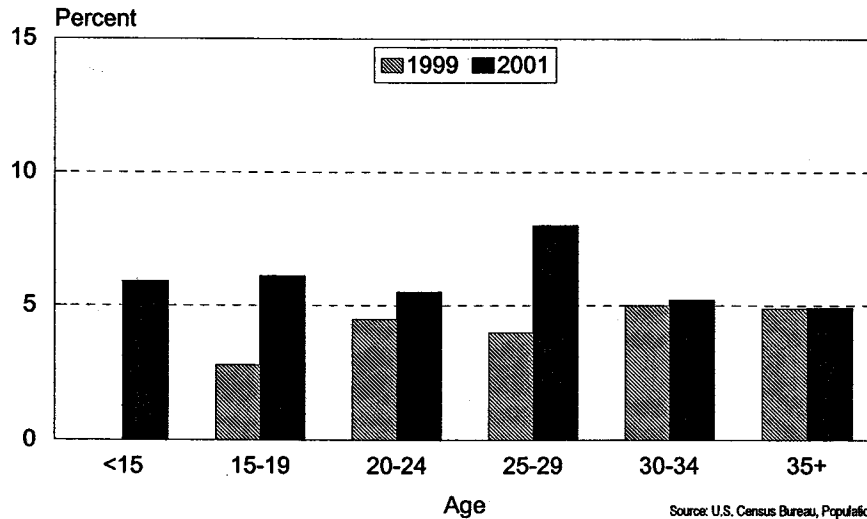
HIV Seroprevalence for Pregnant Women, by Age, South East Zone, Nigeria: 1999 and 2001



HIV Seroprevalence for Pregnant Women, by Age, South South Zone, Nigeria: 1999 and 2001

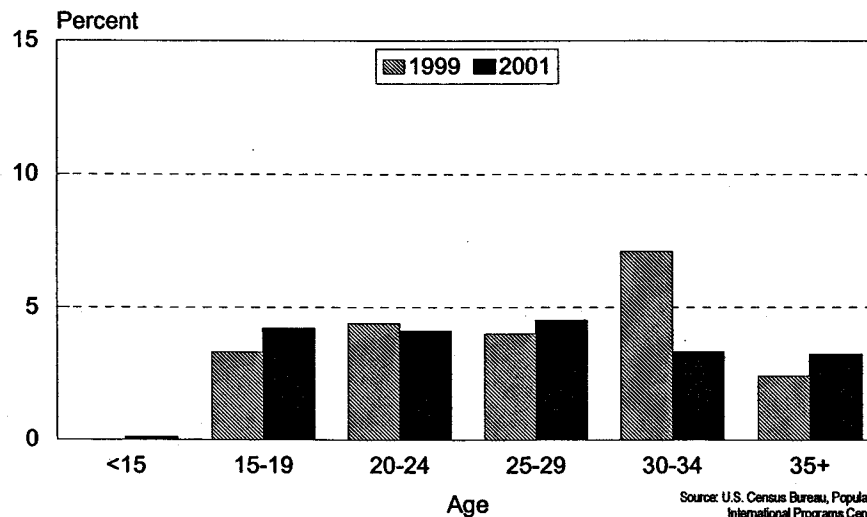


HIV Seroprevalence for Pregnant Women, by Age, North East Zone, Nigeria: 1999 and 2001



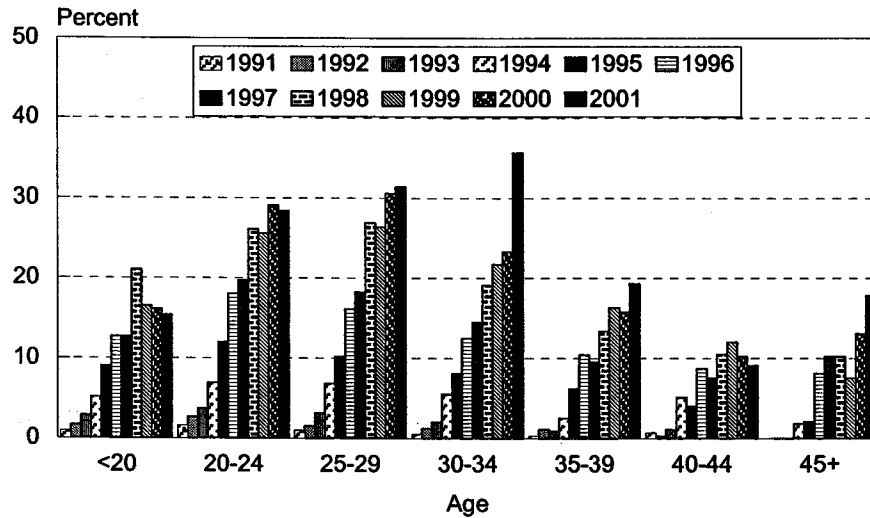
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HIV Seroprevalence for Pregnant Women, by Age, North West Zone, Nigeria: 1999 and 2001



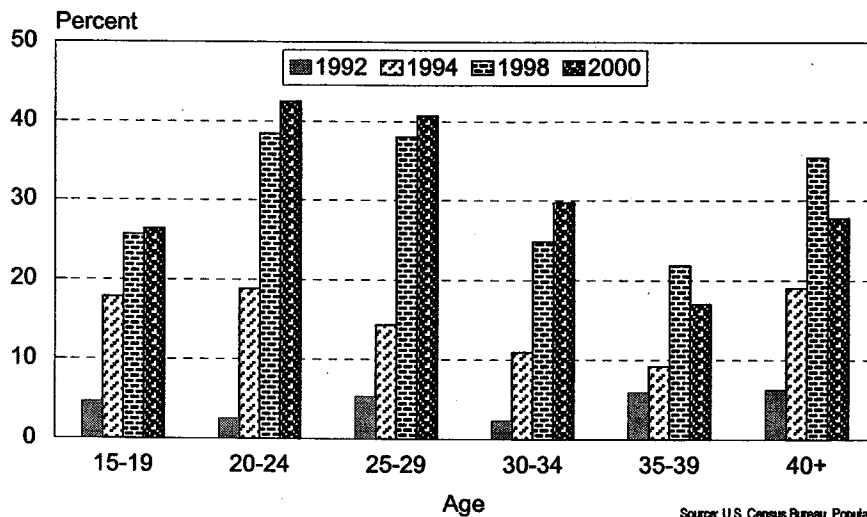
Source: U.S. Census Bureau, Population Division,
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HIV/AIDS Surveillance Data Base, July 2002.

HIV Seroprevalence for Pregnant Women, by Age, South Africa: 1991-2000



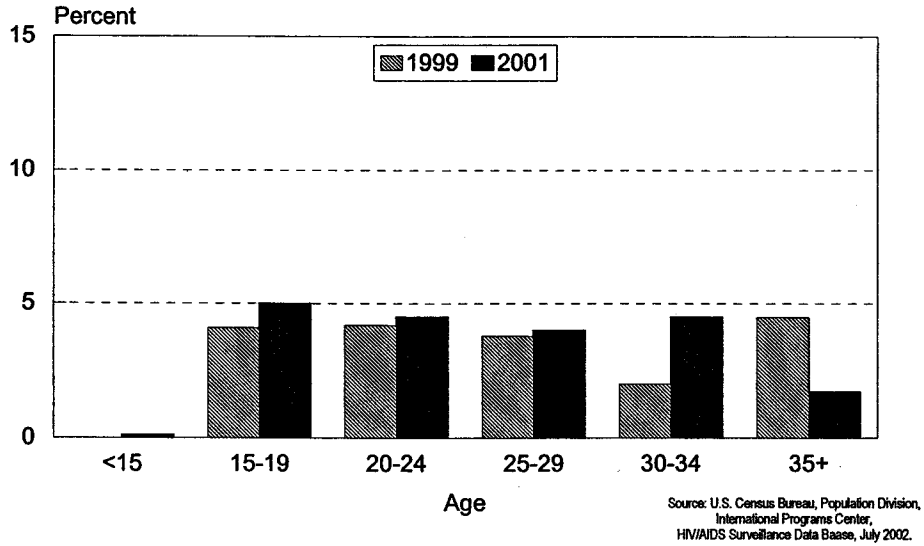
Source: U.S. Census Bureau, Population Division, International Programs Center, HIV/AIDS Surveillance Data Base, July 2002.

HIV Seroprevalence for Pregnant Women, by Age, Swaziland: 1992-2000

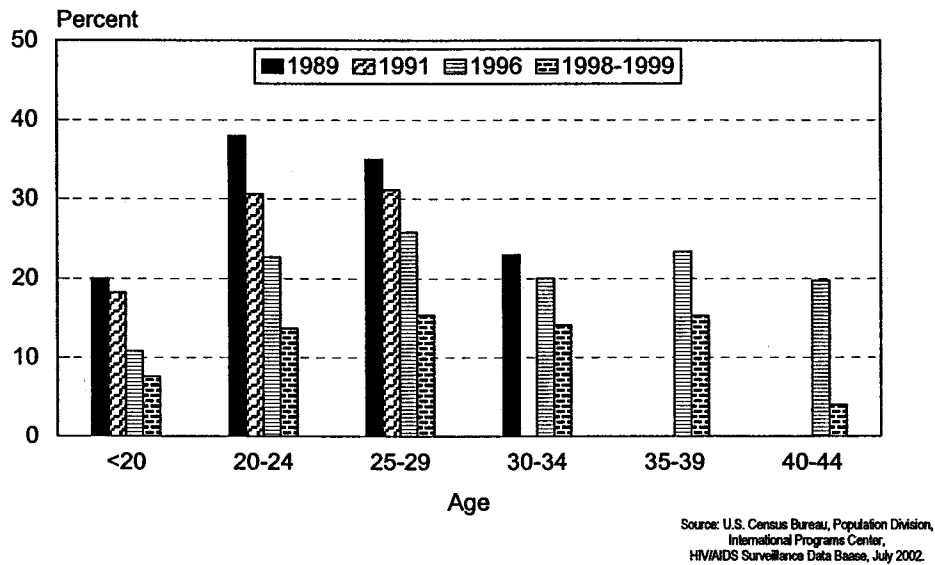


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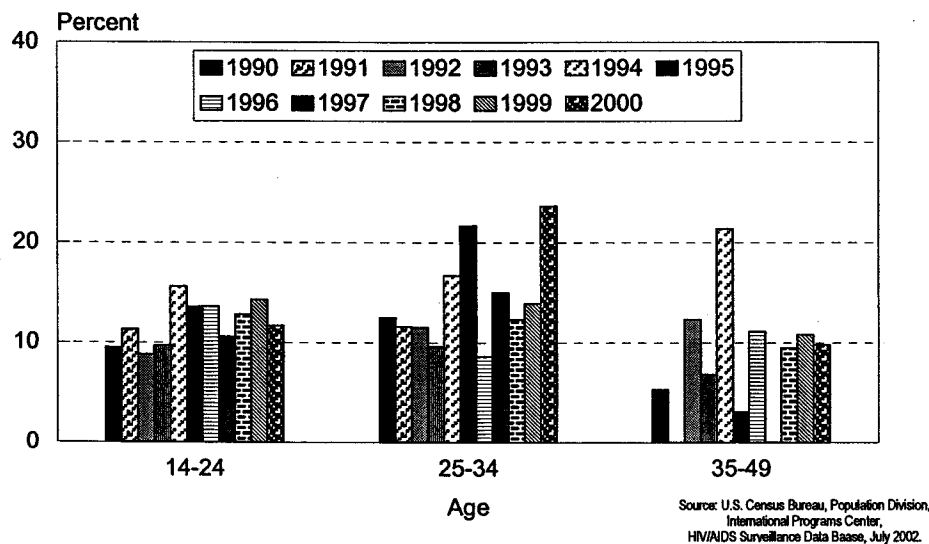
HIV Seroprevalence for Pregnant Women, by Age, South West Zone, Nigeria: 1999 and 2001



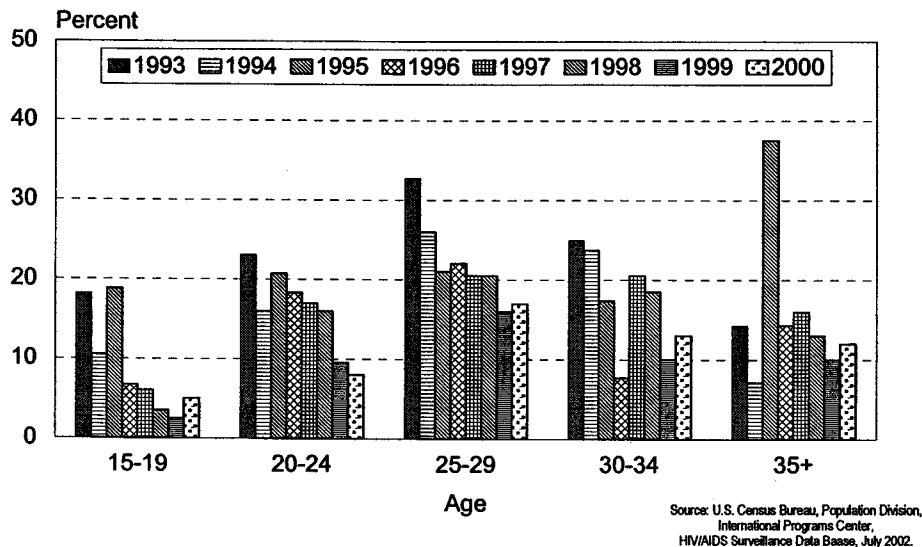
HIV Seroprevalence for Pregnant Women, by Age, Kigali, Rwanda: 1989-1998



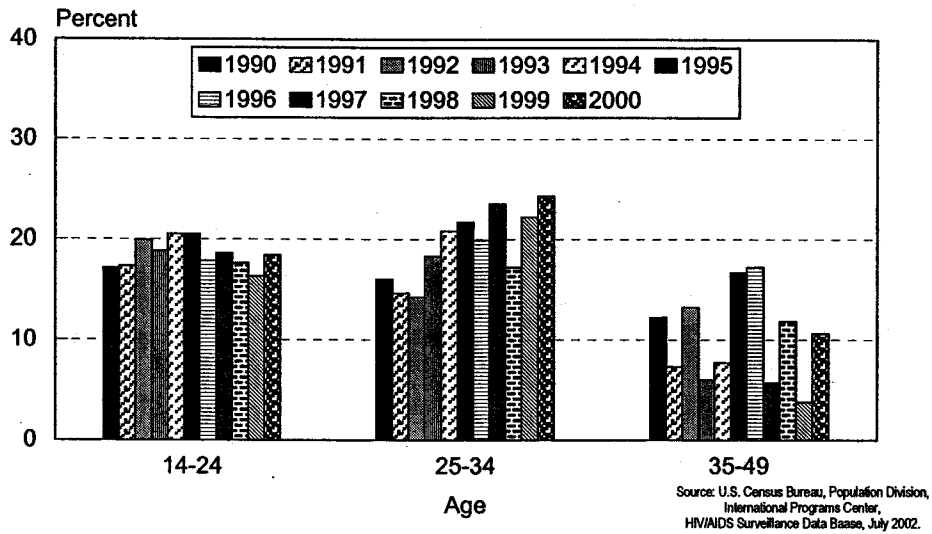
HIV Seroprevalence for Pregnant Women, by Age, Rural Clinic Sites, Mbeya Region, Tanzania: 1990-2000



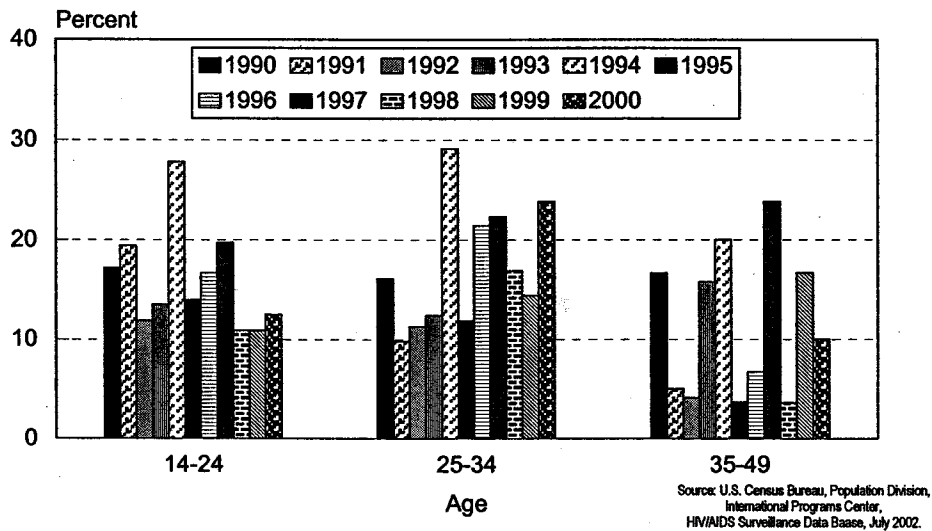
HIV Seroprevalence for Pregnant Women, by Age, Rubaga Missionary Hospital, Kampala, Uganda: 1993-2000



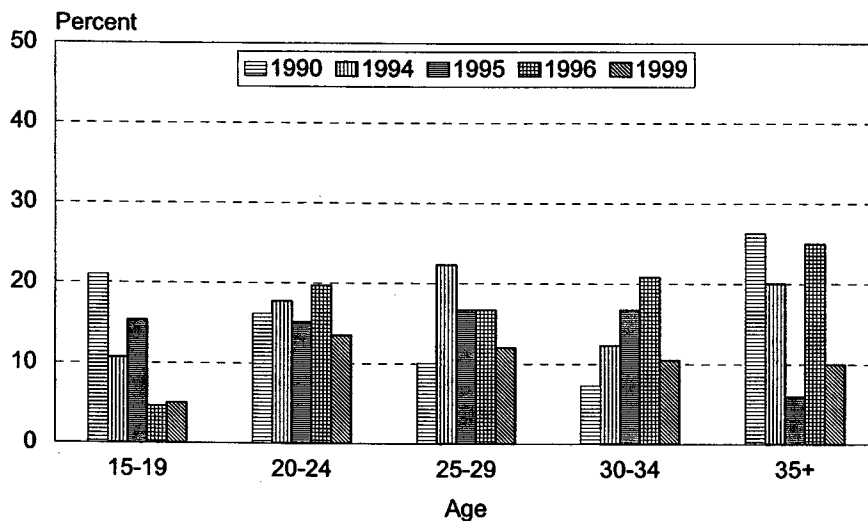
HIV Seroprevalence for Pregnant Women, by Age, Urban Clinic Sites, Mbeya Region, Tanzania: 1990-2000



HIV Seroprevalence for Pregnant Women, by Age, Roadside Clinic Sites, Mbeya Region, Tanzania: 1990-2000

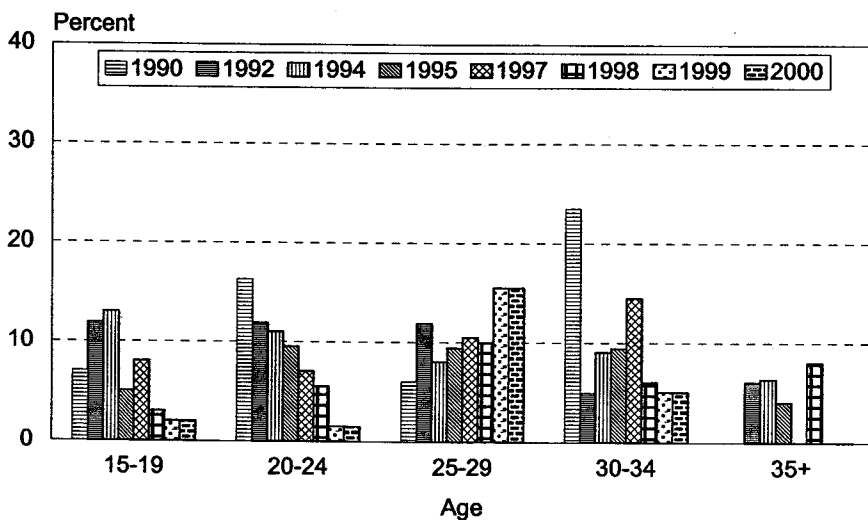


HIV Seroprevalence for Pregnant Women, by Age, Jinja, Uganda: 1990-1999



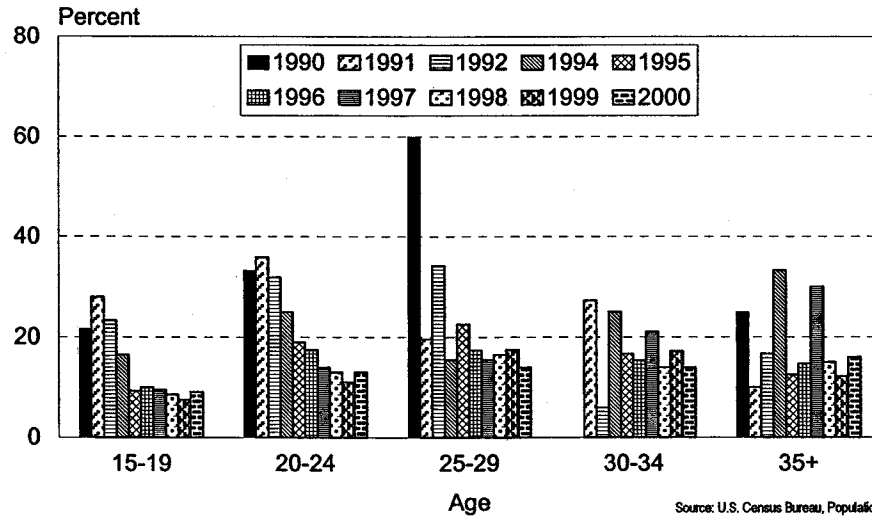
Source: U.S. Census Bureau, Population Division, International Programs Center, HIV/AIDS Surveillance Data Base, July 2002.

HIV Seroprevalence for Pregnant Women, by Age, Mbale, Uganda: 1990-2000



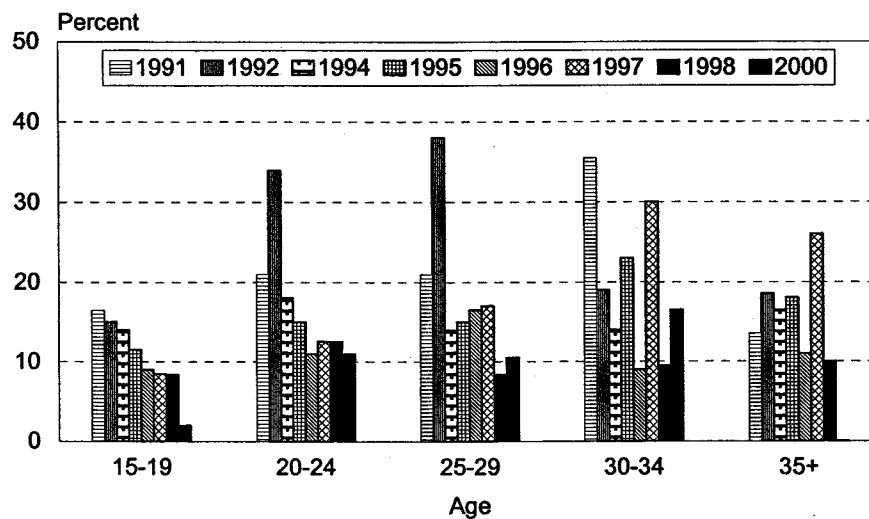
Source: U.S. Census Bureau, Population Division, International Programs Center, HIV/AIDS Surveillance Data Base, July 2002.

HIV Seroprevalence for Pregnant Women, by Age, Nsambya Missionary Hospital, Kampala, Uganda: 1990-2000



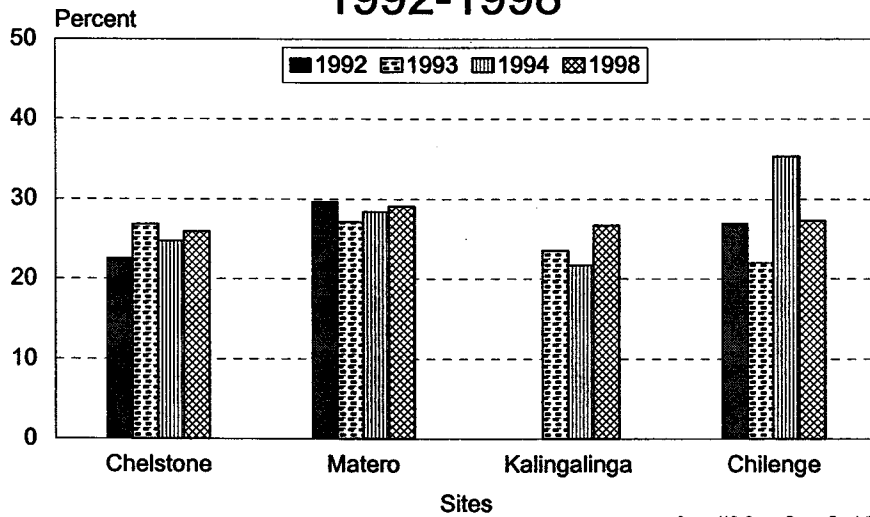
Source: U.S. Census Bureau, Population Division, International Programs Center, HIV/AIDS Surveillance Data Base, July 2002.

HIV Seroprevalence for Pregnant Women, by Age, Mbarara, Uganda: 1991-2000



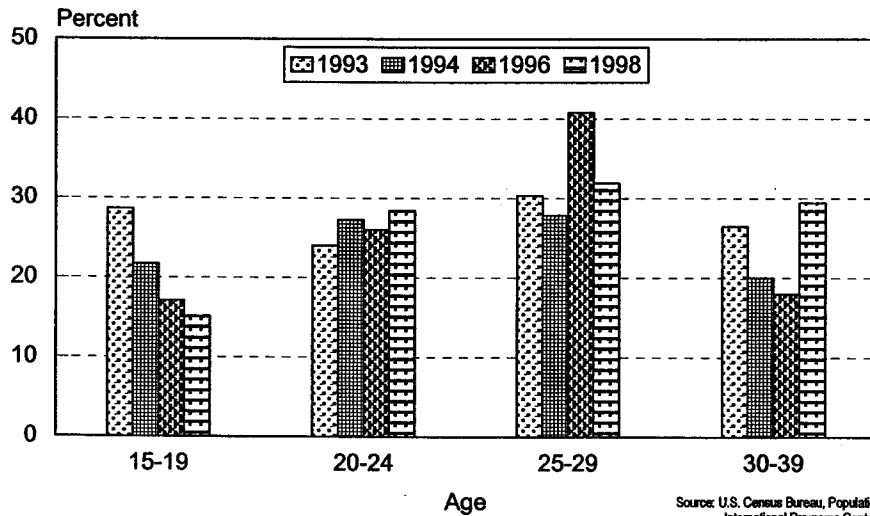
Source: U.S. Census Bureau, Population Division, International Programs Center, HIV/AIDS Surveillance Data Base, July 2002.

HIV Seroprevalence for Pregnant Women, by Four Sites, Lusaka, Zambia: 1992-1998



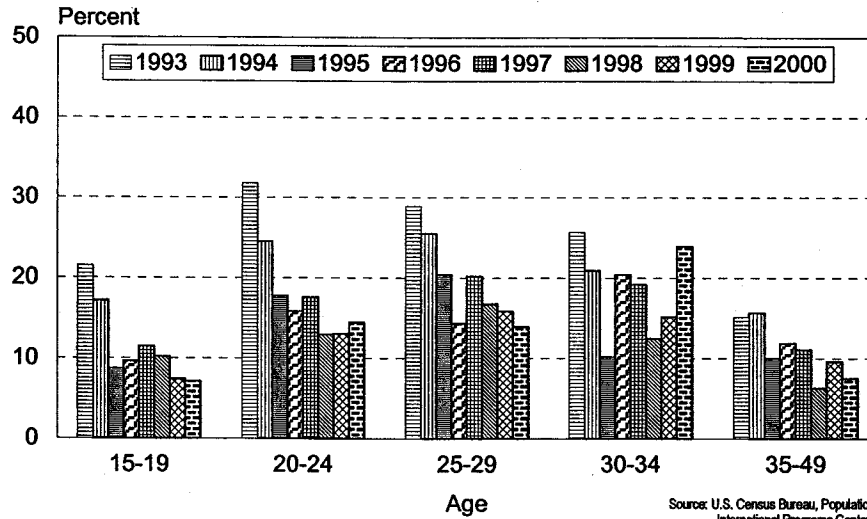
Source: U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

HIV Seroprevalence for Pregnant Women, by Age, Chelstone Site, Zambia: 1993-1998

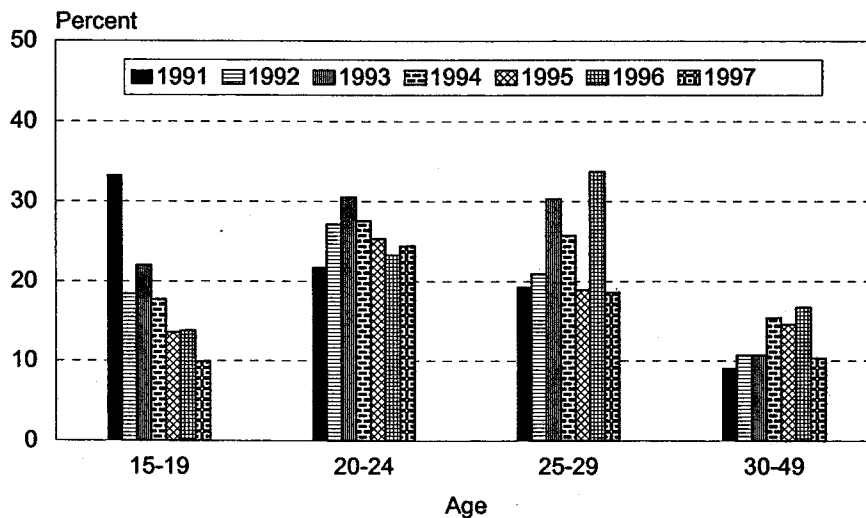


Source: U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

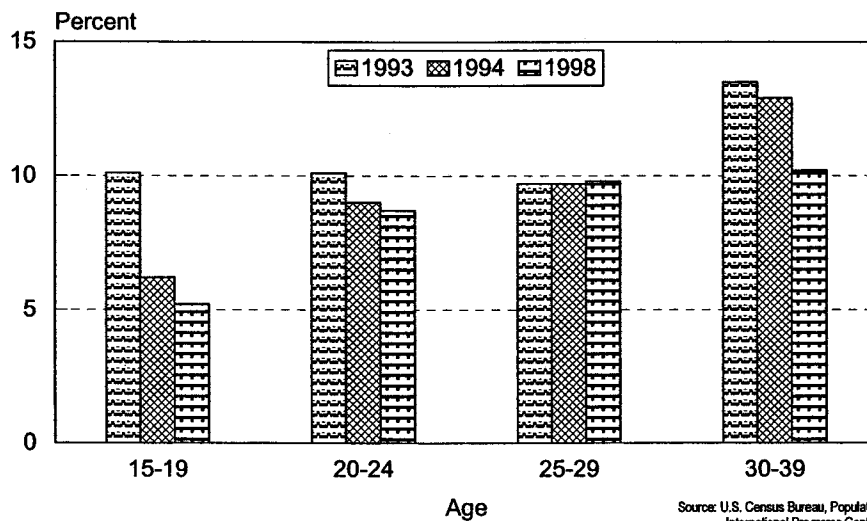
HIV Seroprevalence for Pregnant Women, by Age, Gulu District, Uganda: 1993-2000



HIV Seroprevalence for Pregnant Women, by Age, Fort Portal, Uganda: 1991-1997

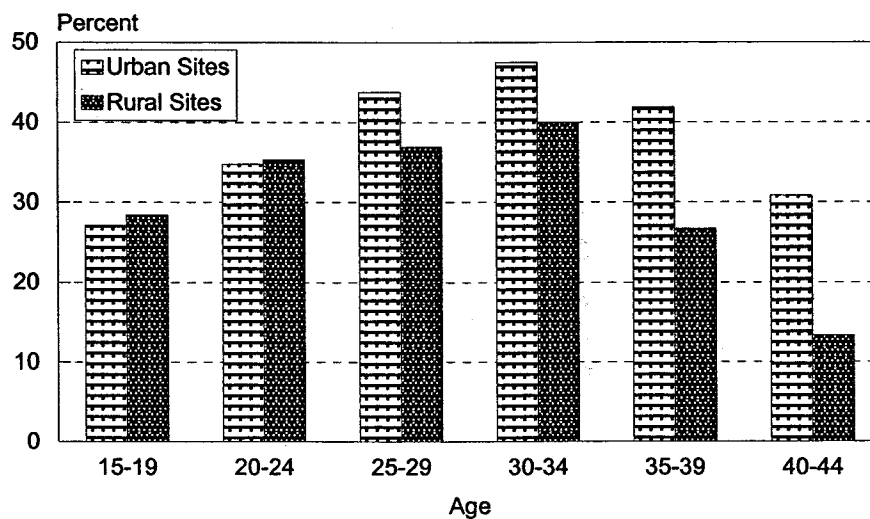


HIV Seroprevalence for Pregnant Women, by Age, Macha, Zambia: 1993-1998



Source: U.S. Census Bureau, Population Division, International Programs Center, HIV/AIDS Surveillance Data Base, July 2002.

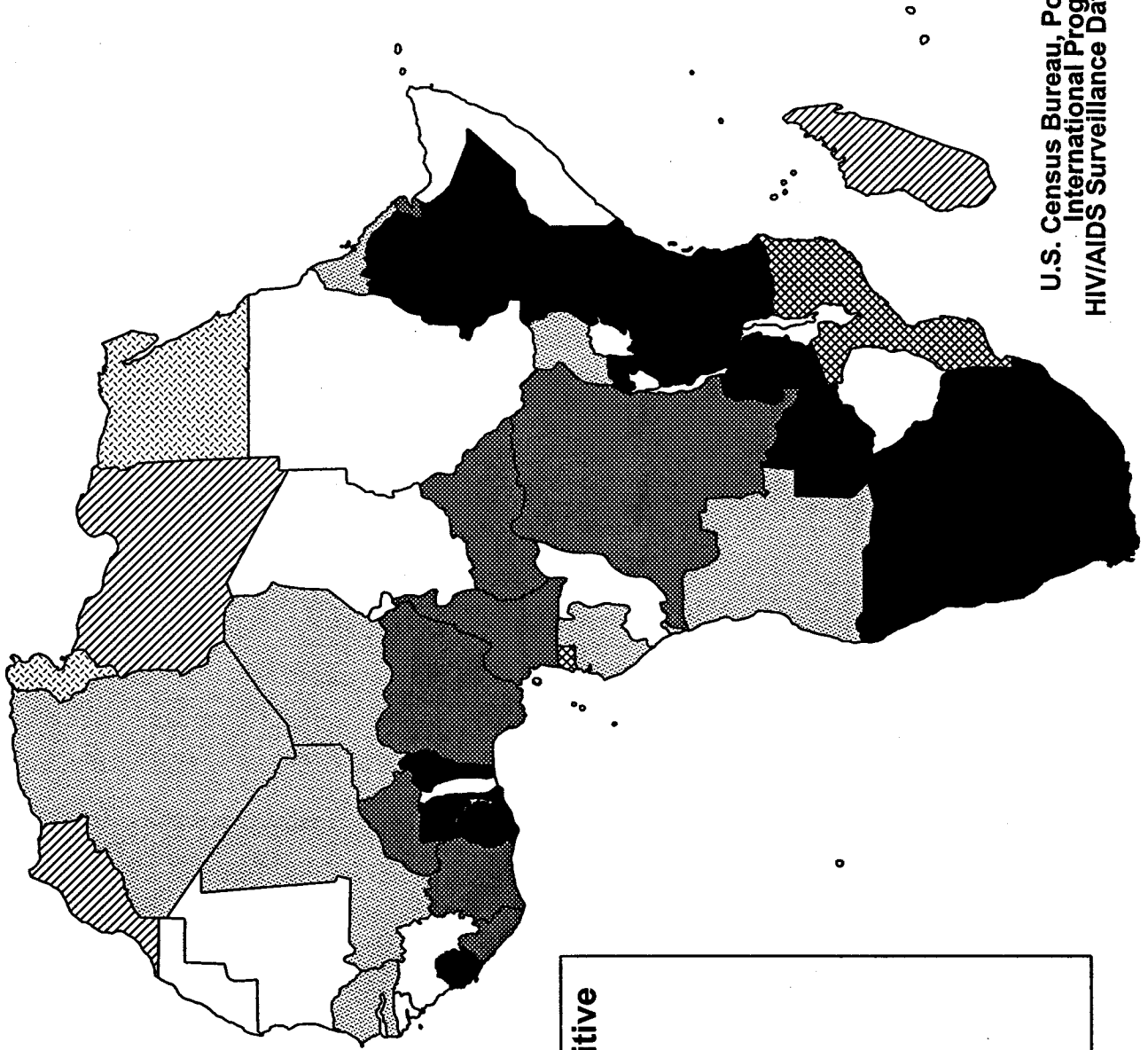
HIV Seroprevalence for Pregnant Women, by Age, Zimbabwe: 2000



Source: U.S. Census Bureau, Population Division, International Programs Center, HIV/AIDS Surveillance Data Base, July 2002.

REGULAR MAPS

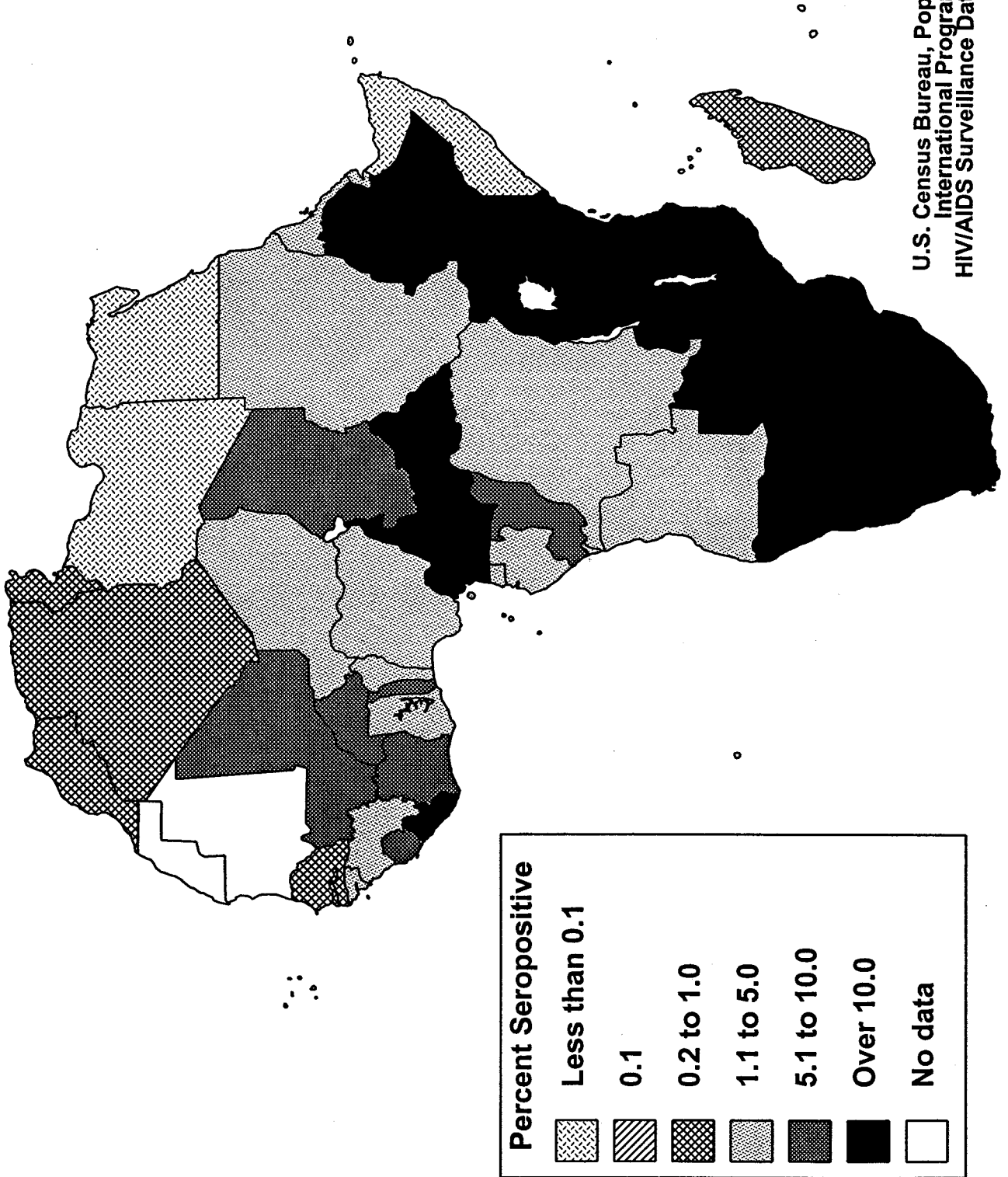
African HIV1 Seroprevalence for High-Risk Urban Populations



Percent Seropositive	
	0.0 to 0.2
	0.3 to 2.5
	2.6 to 10.0
	10.1 to 25.0
	25.1 to 40.0
	Over 40.0
	No data

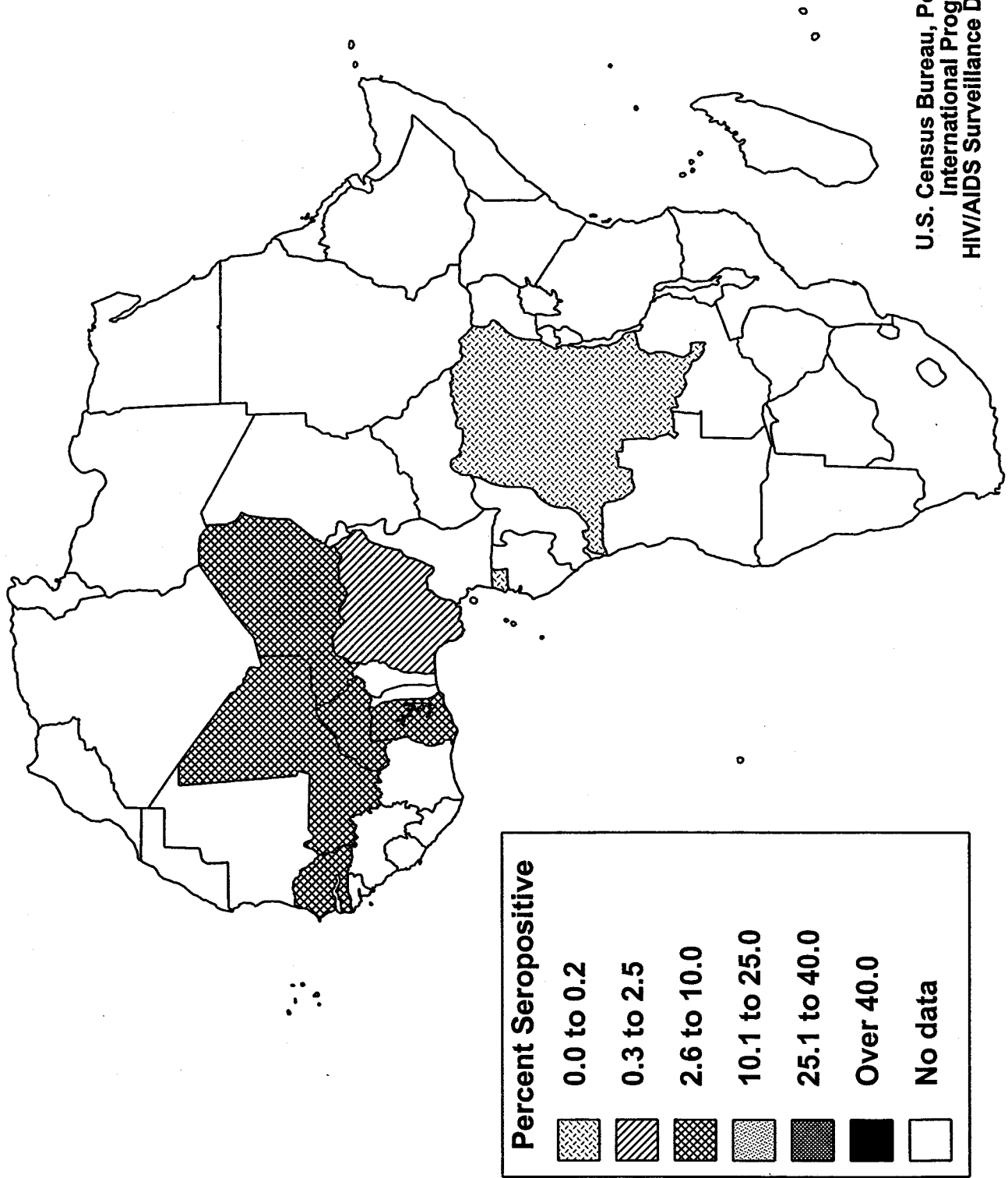
U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

African HIV1 Seroprevalence for Low-Risk Urban Populations



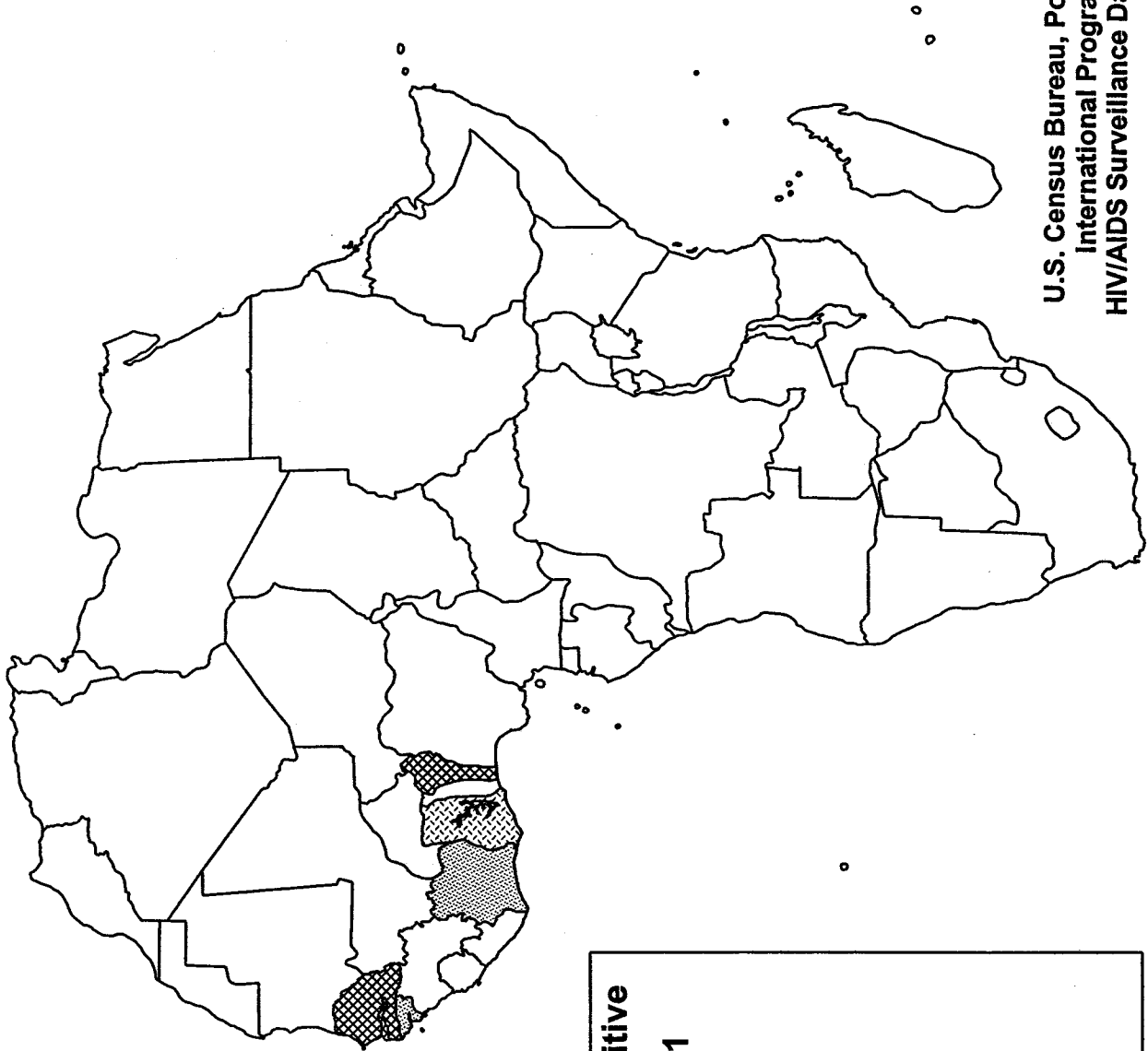
U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

African HIV2 Seroprevalence for High-Risk Urban Populations



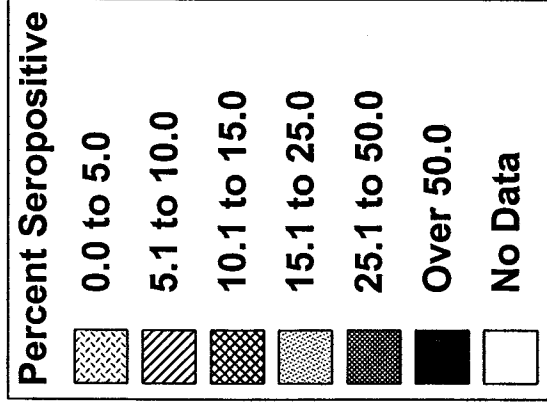
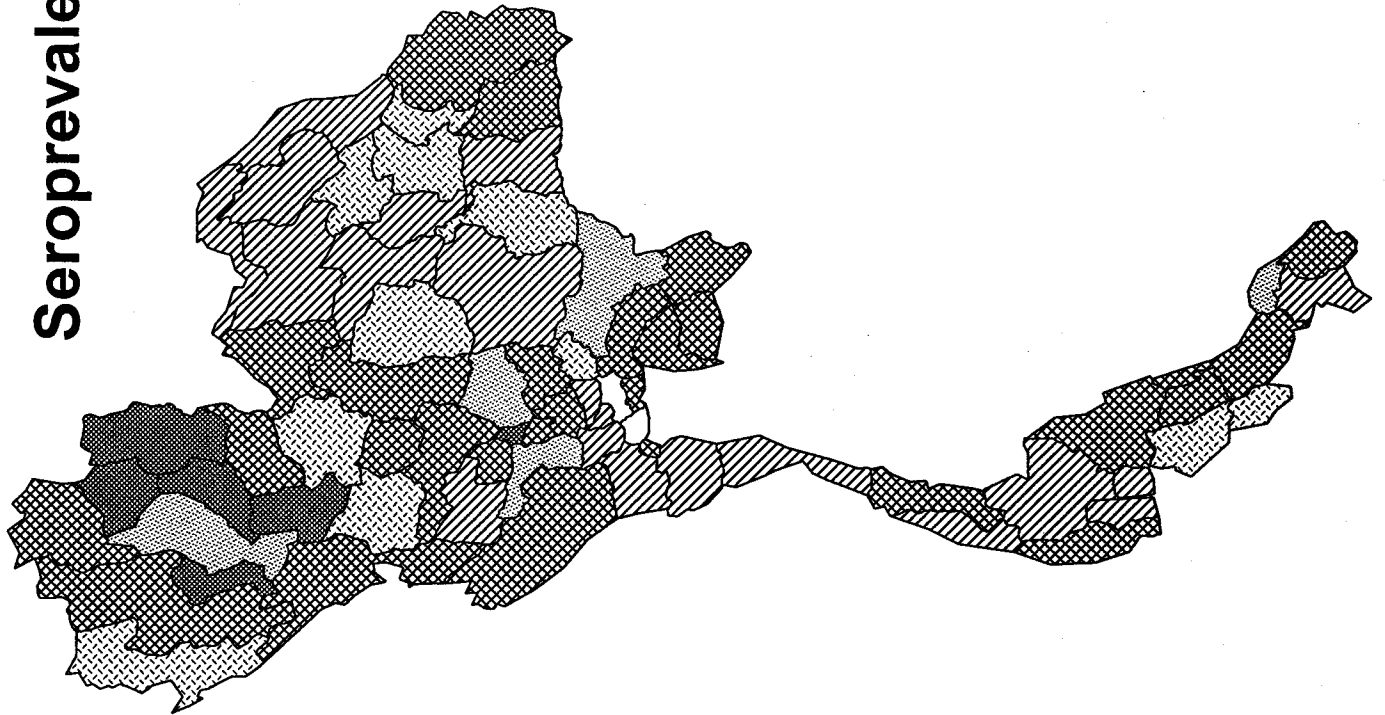
U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

African HIV2 Seroprevalence for Low-Risk Urban Populations



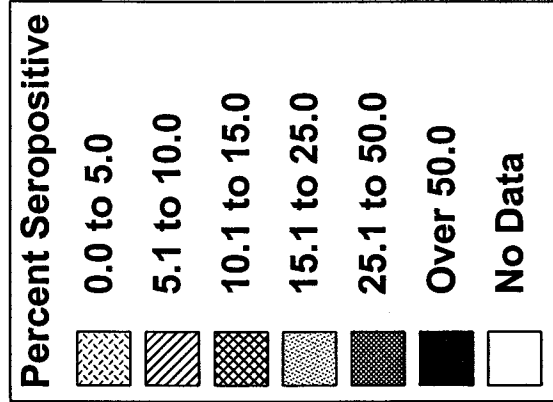
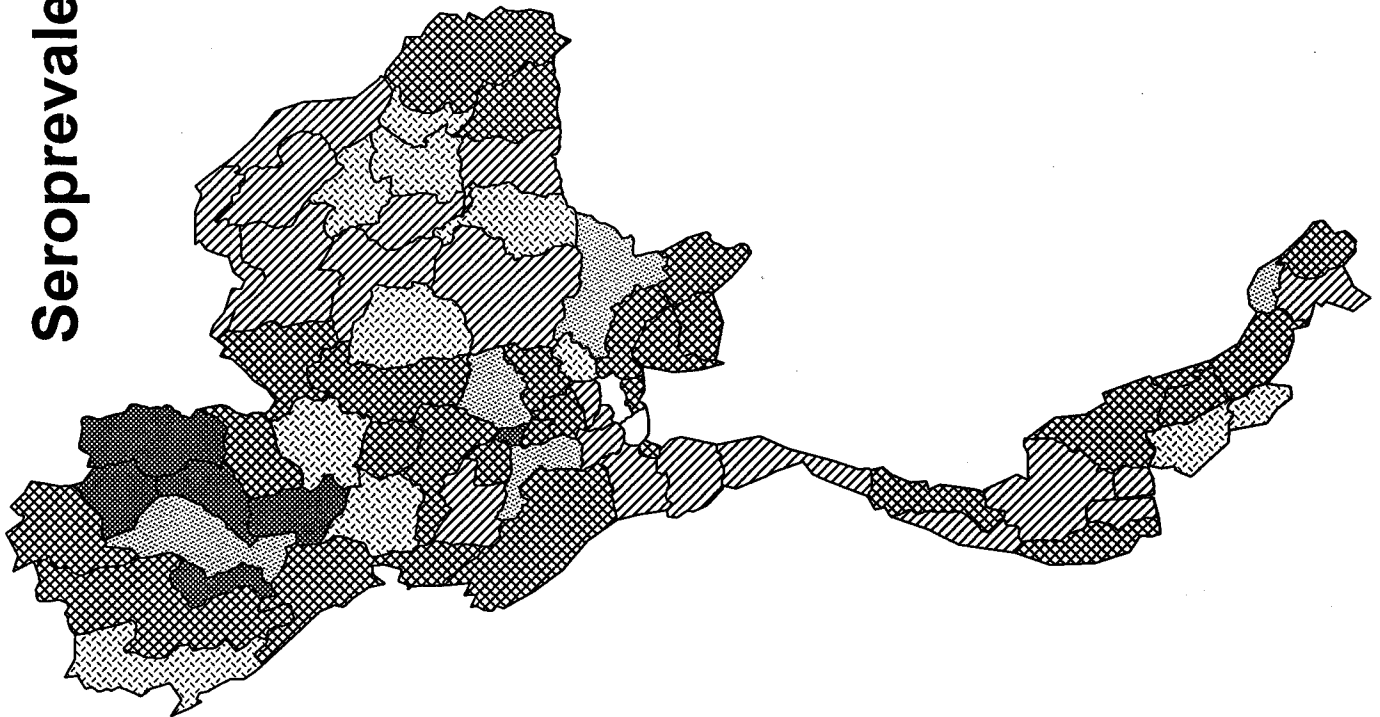
U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

Seroprevalence of HIV for Sex Workers, Thailand: 2000



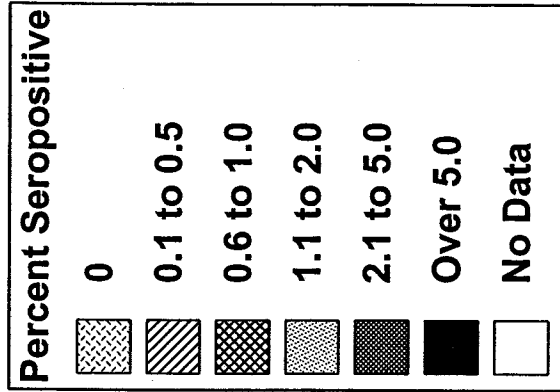
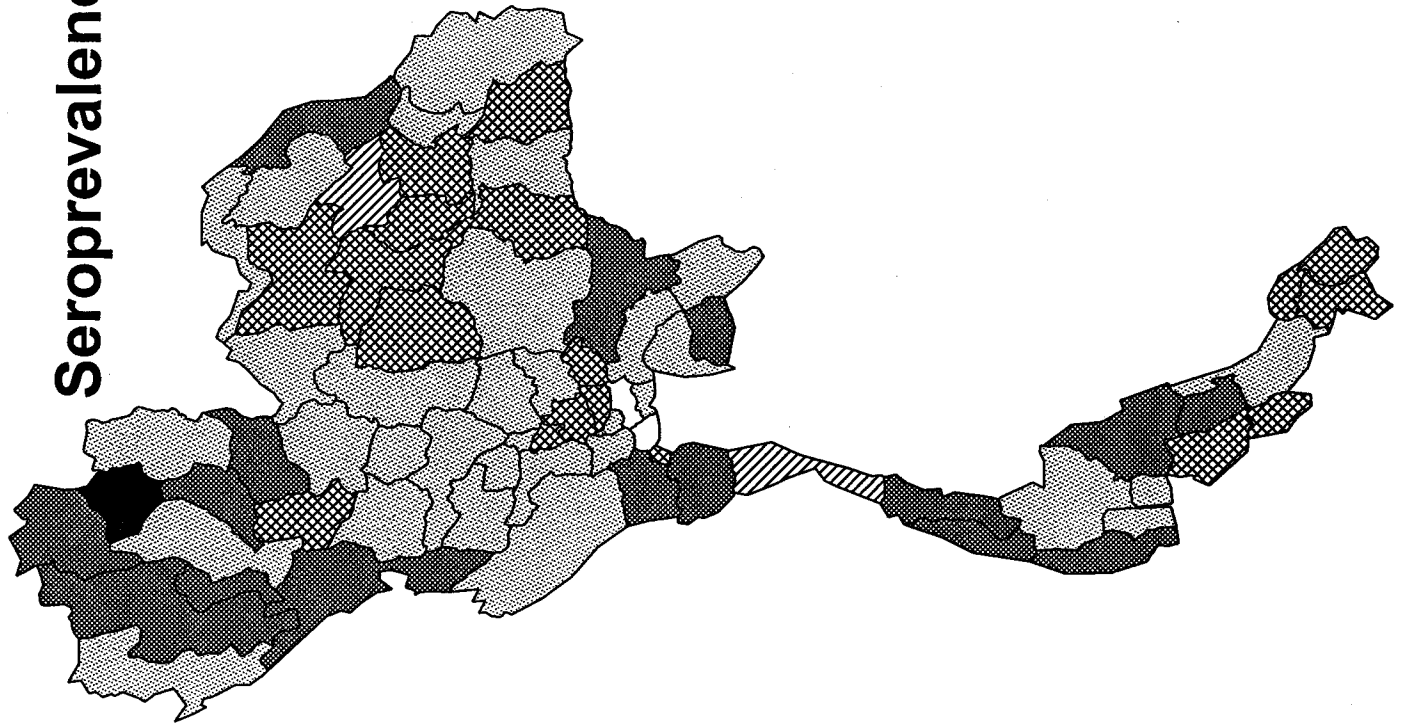
U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

Seroprevalence of HIV for Sex Workers, Thailand: 2001



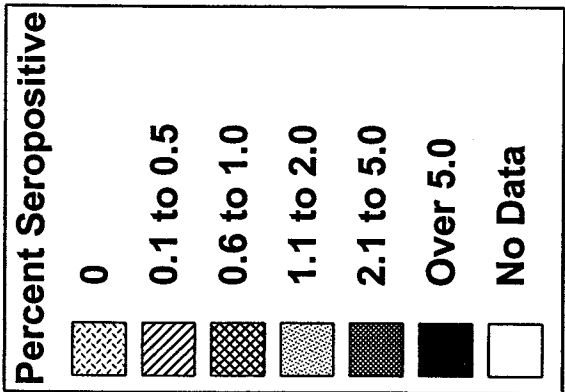
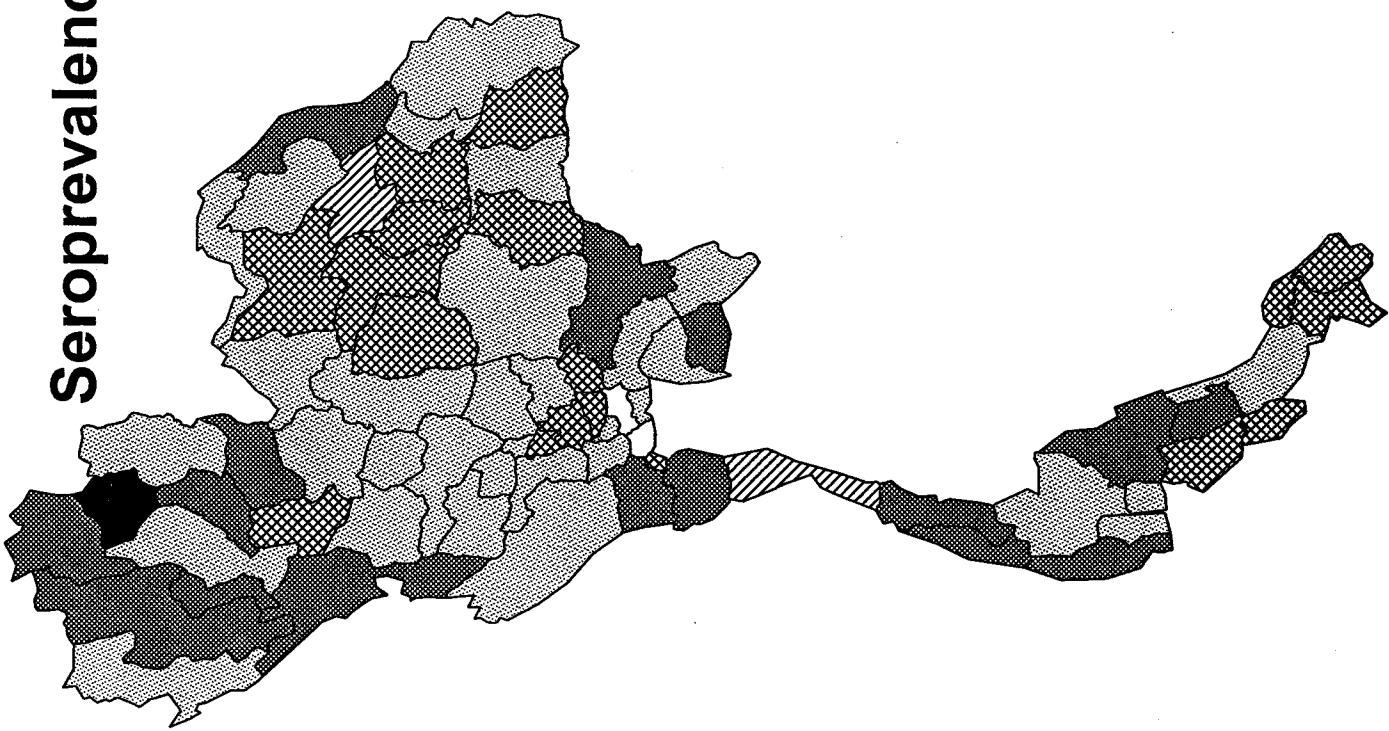
U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

Seroprevalence of HIV for Pregnant Women, Thailand: 2000



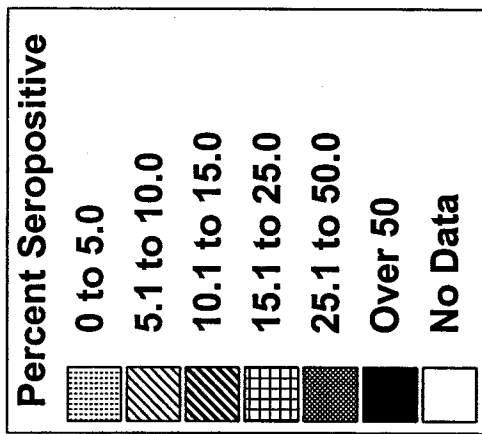
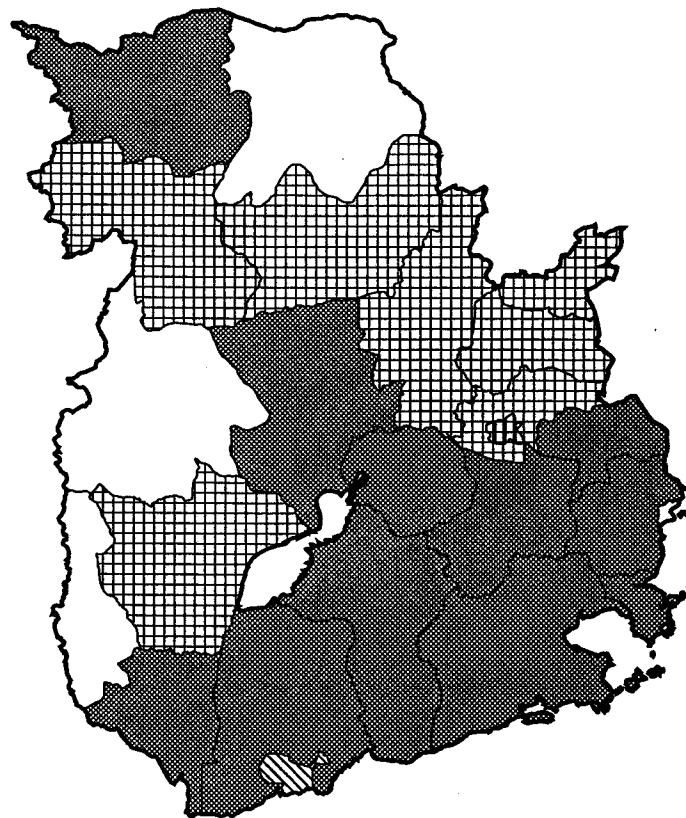
U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

Seroprevalence of HIV for Pregnant Women, Thailand: 2001



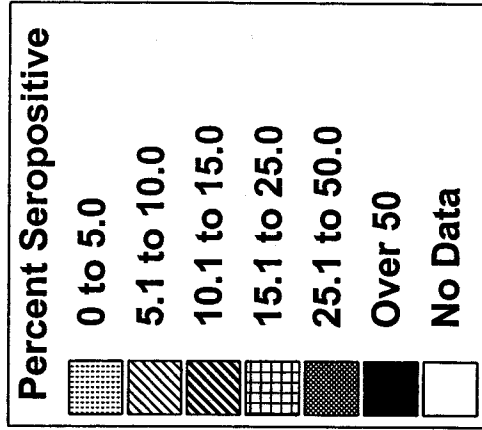
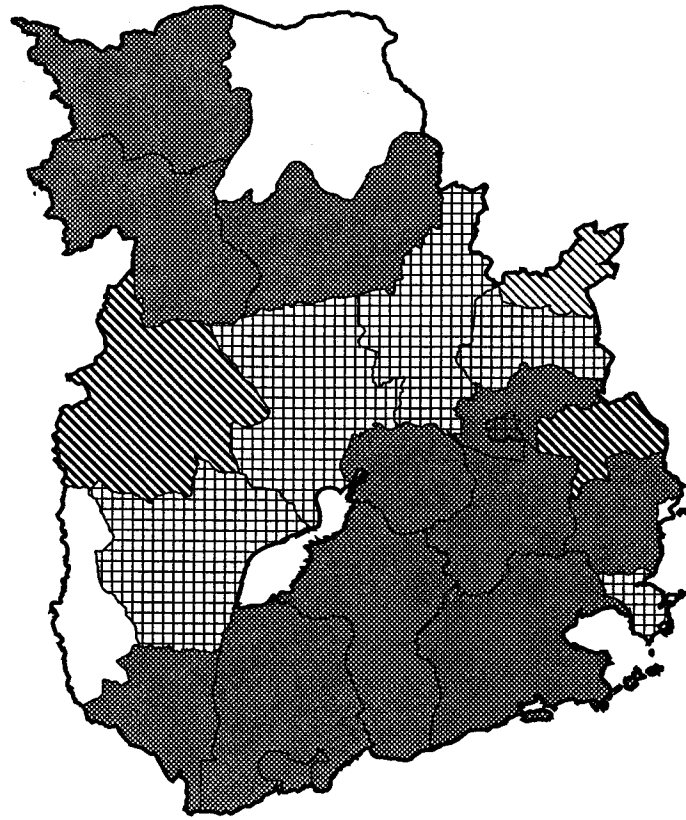
U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

Seroprevalence of HIV for Sex Workers, Cambodia: 1999



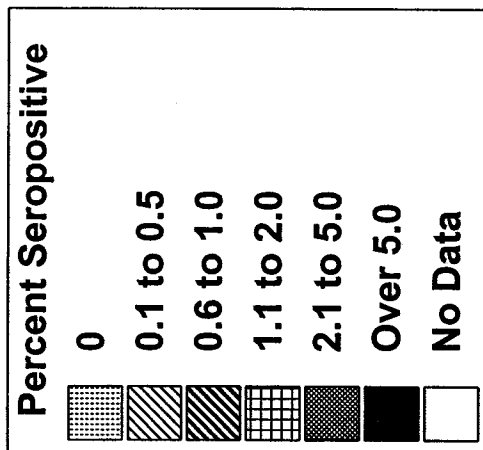
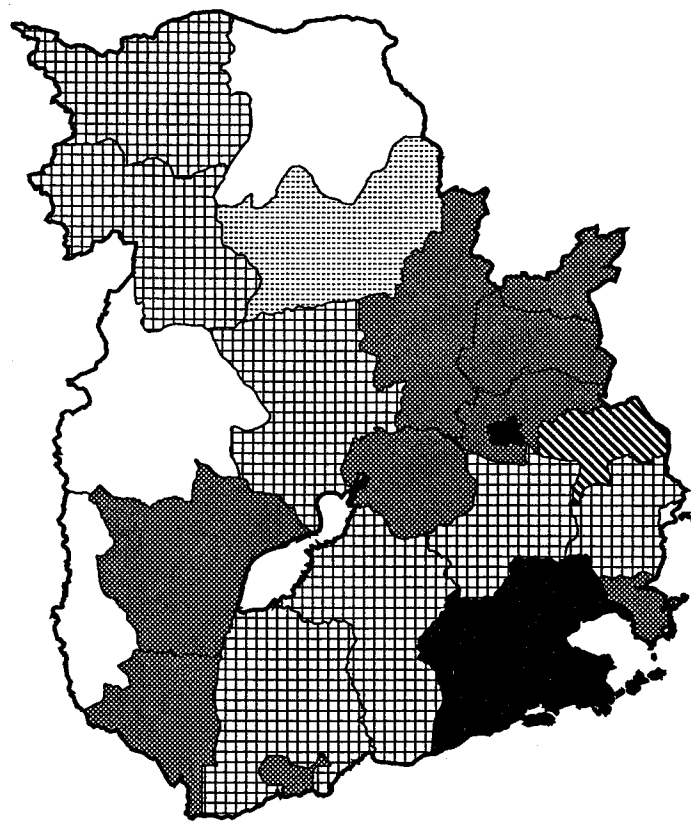
U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

Seroprevalence of HIV for Sex Workers, Cambodia: 2000



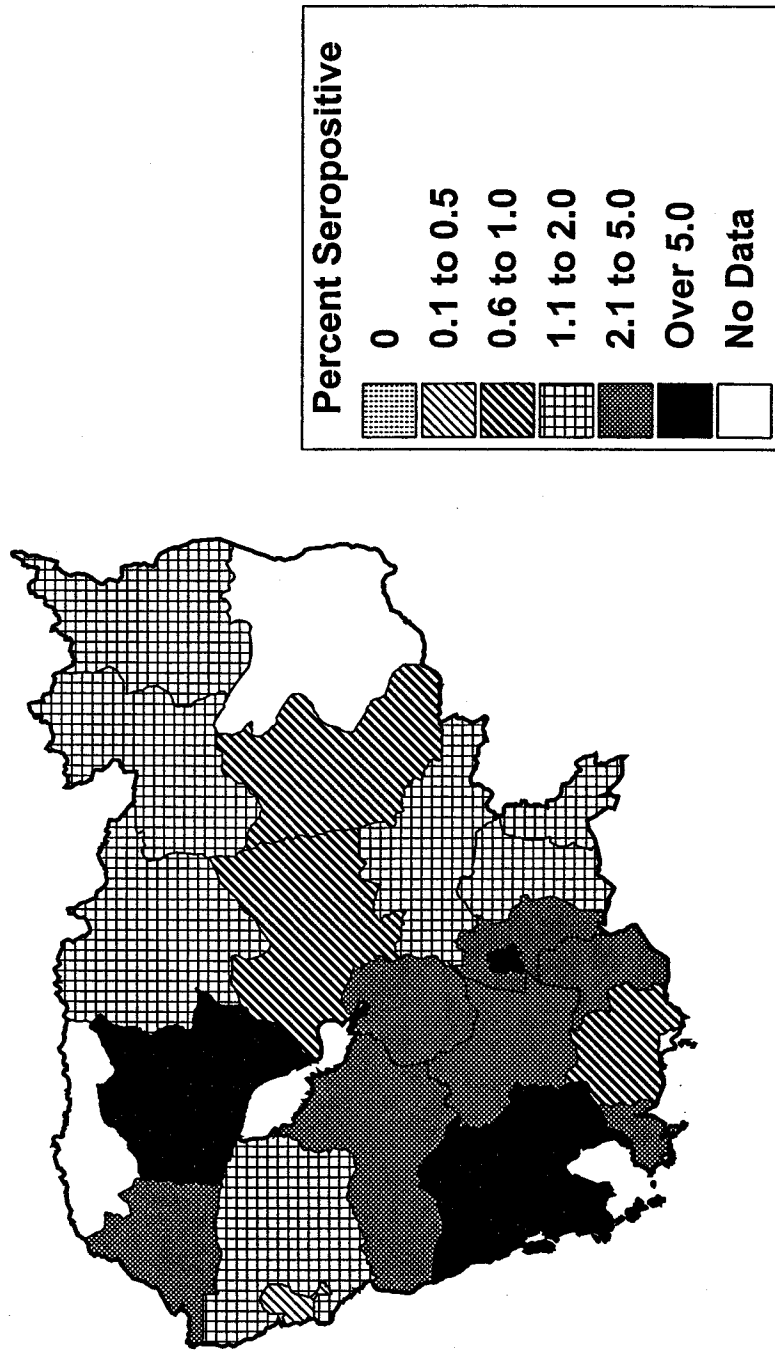
U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

Seroprevalence of HIV for Pregnant Women, Cambodia: 1999



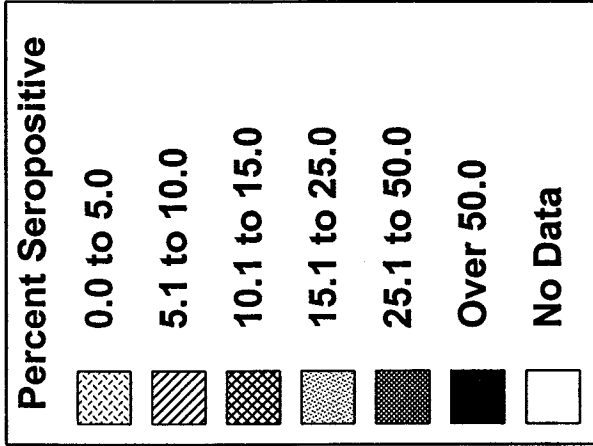
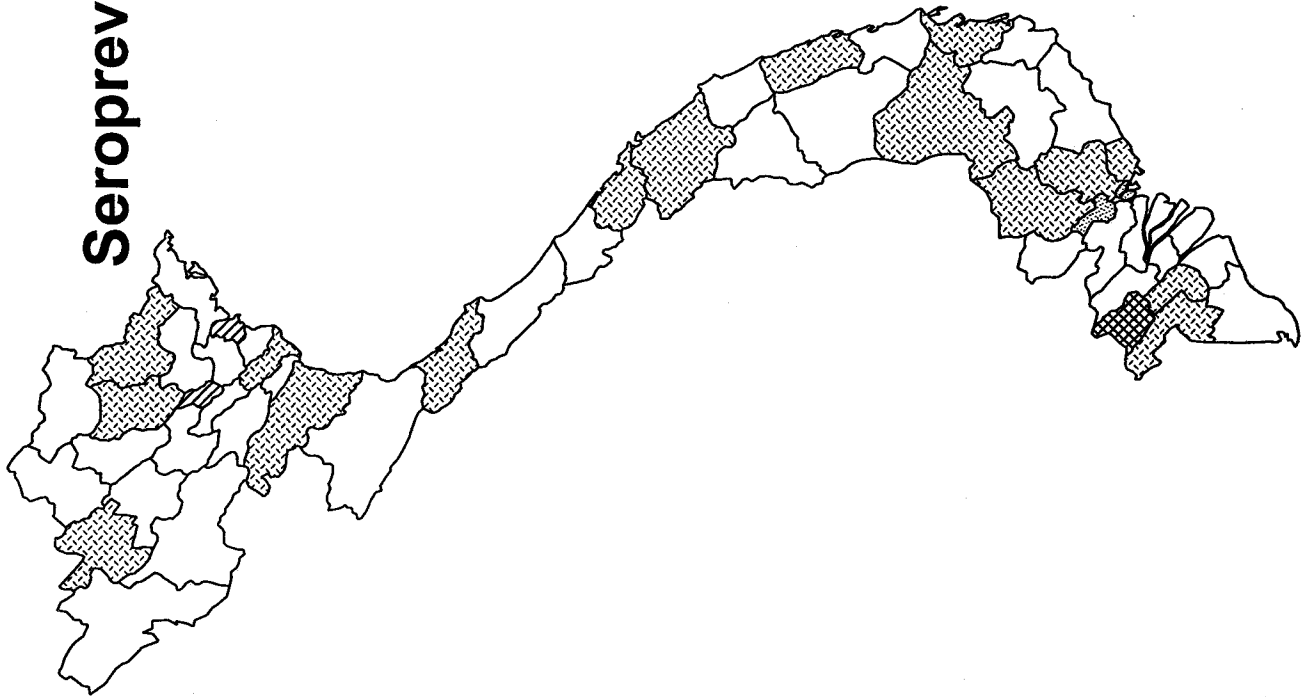
U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

Seroprevalence of HIV for Pregnant Women, Cambodia: 2000



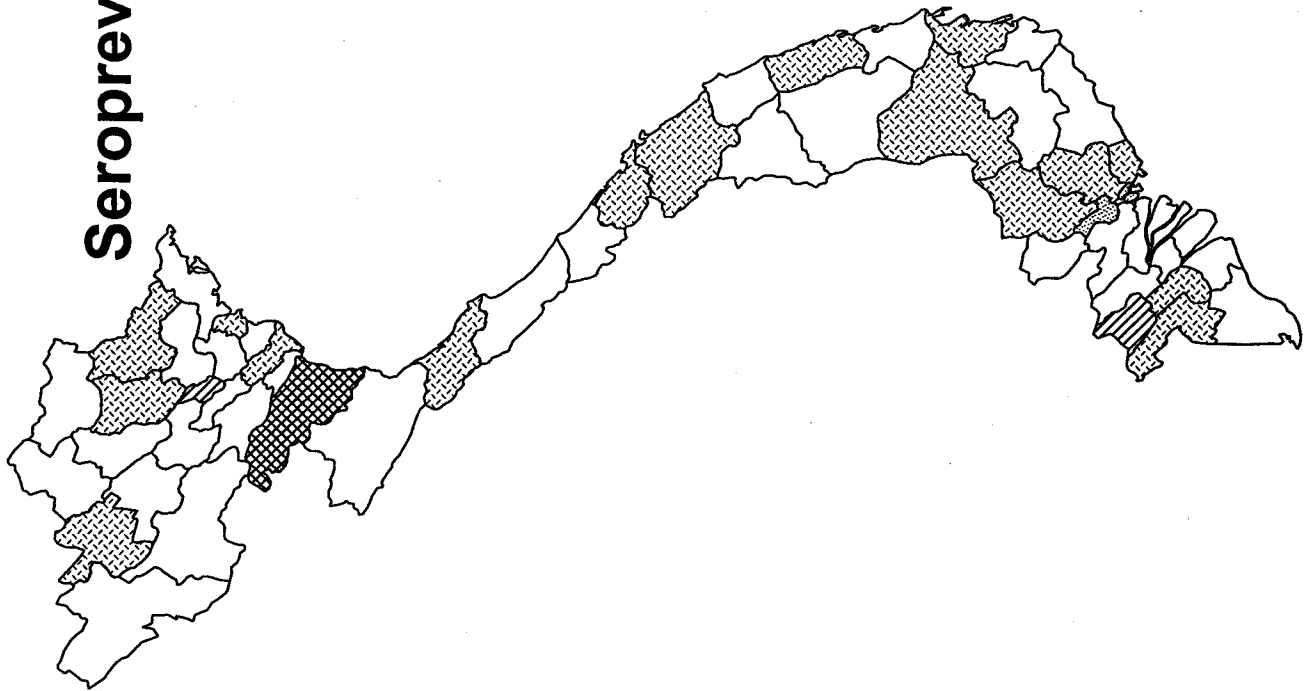
U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

Seroprevalence of HIV for Sex Workers, Vietnam: 1999

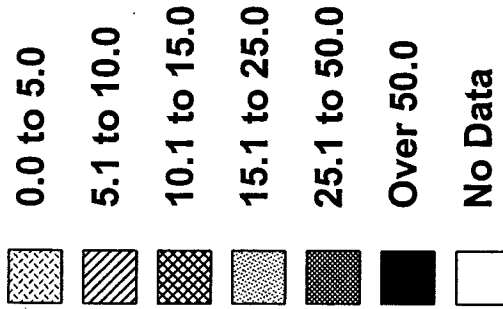


U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

Seroprevalence of HIV for Sex Workers, Vietnam: 2000

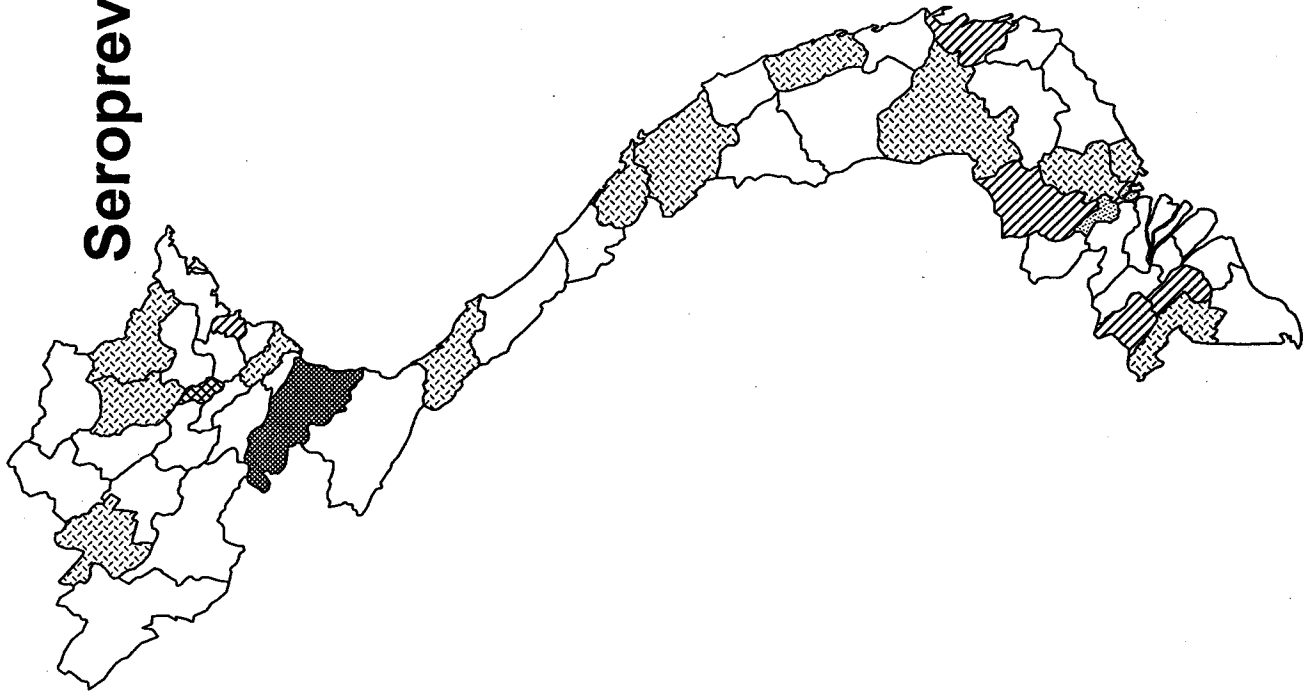


Percent Seropositive



U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

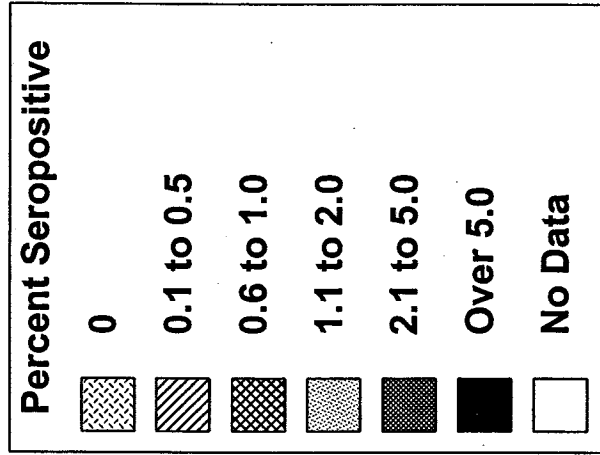
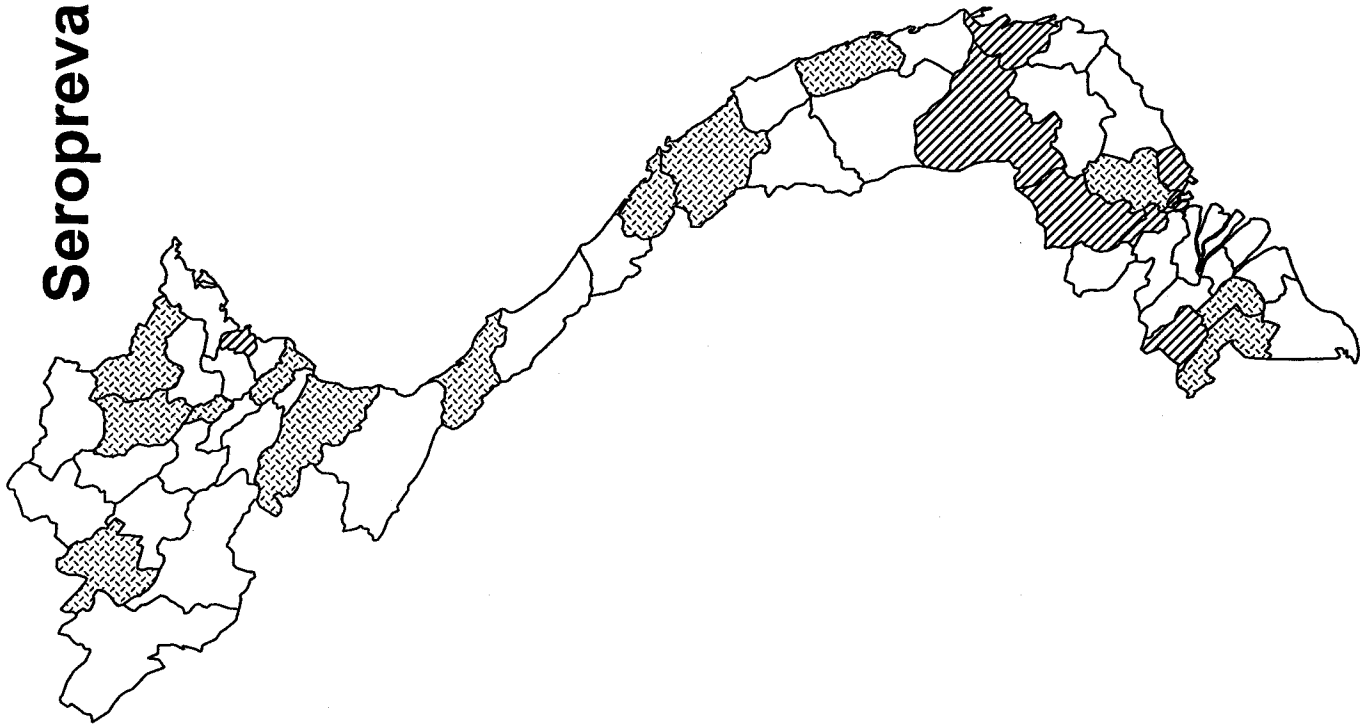
Seroprevalence of HIV for Sex Workers, Vietnam: 2001



Percent Seropositive	
	0.0 to 5.0
	5.1 to 10.0
	10.1 to 15.0
	15.1 to 25.0
	25.1 to 50.0
	Over 50.0
	No Data

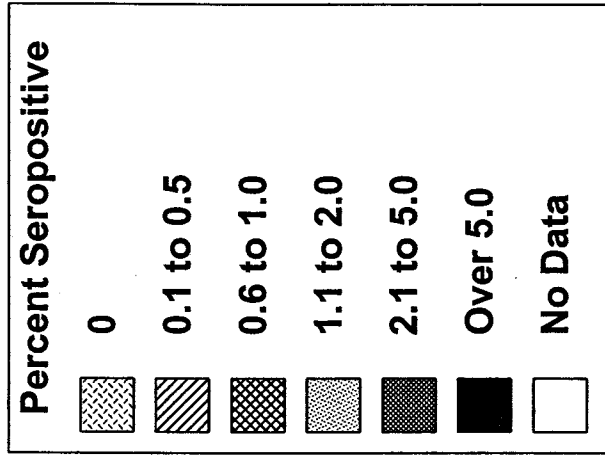
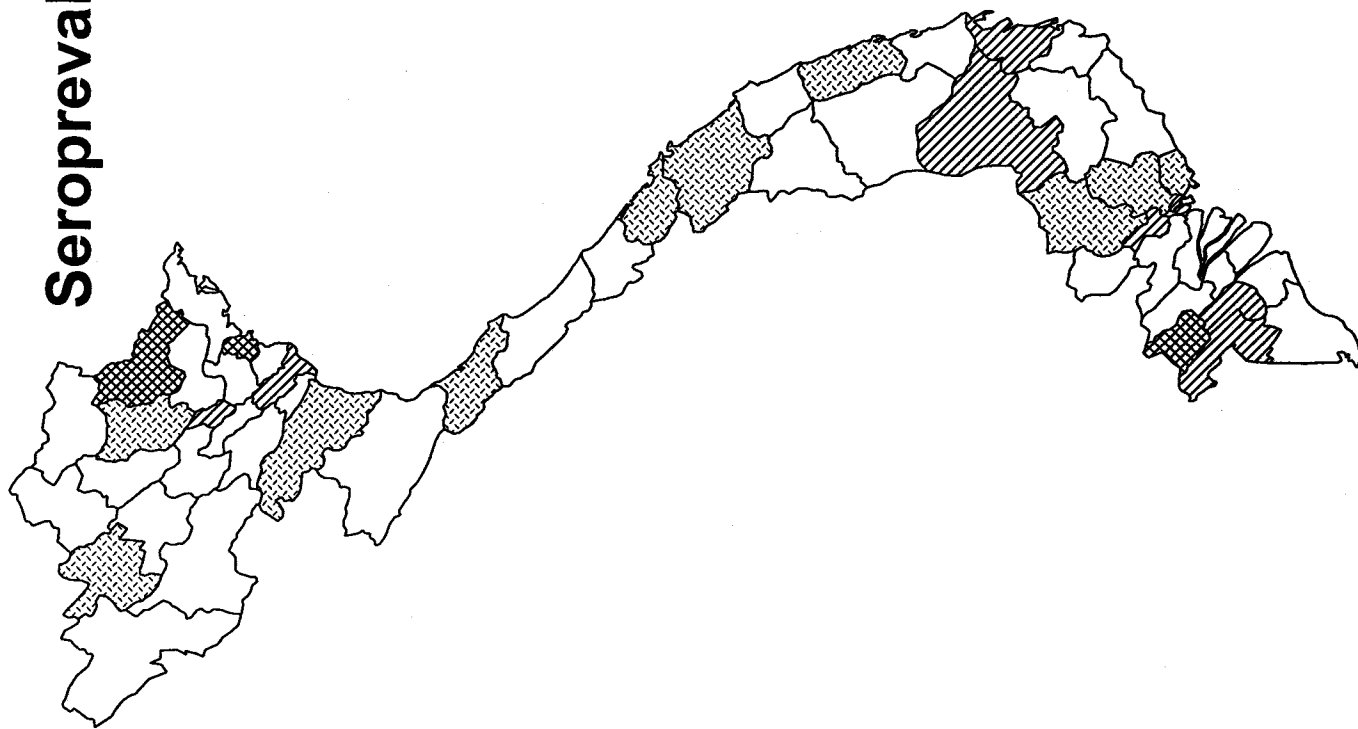
U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

Seroprevalence of HIV for Pregnant Women, Vietnam: 1999



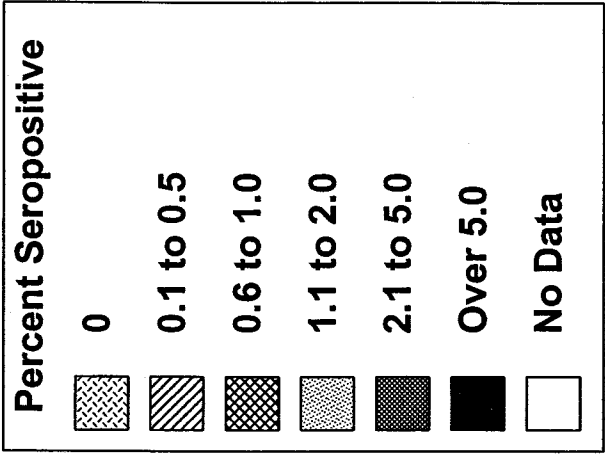
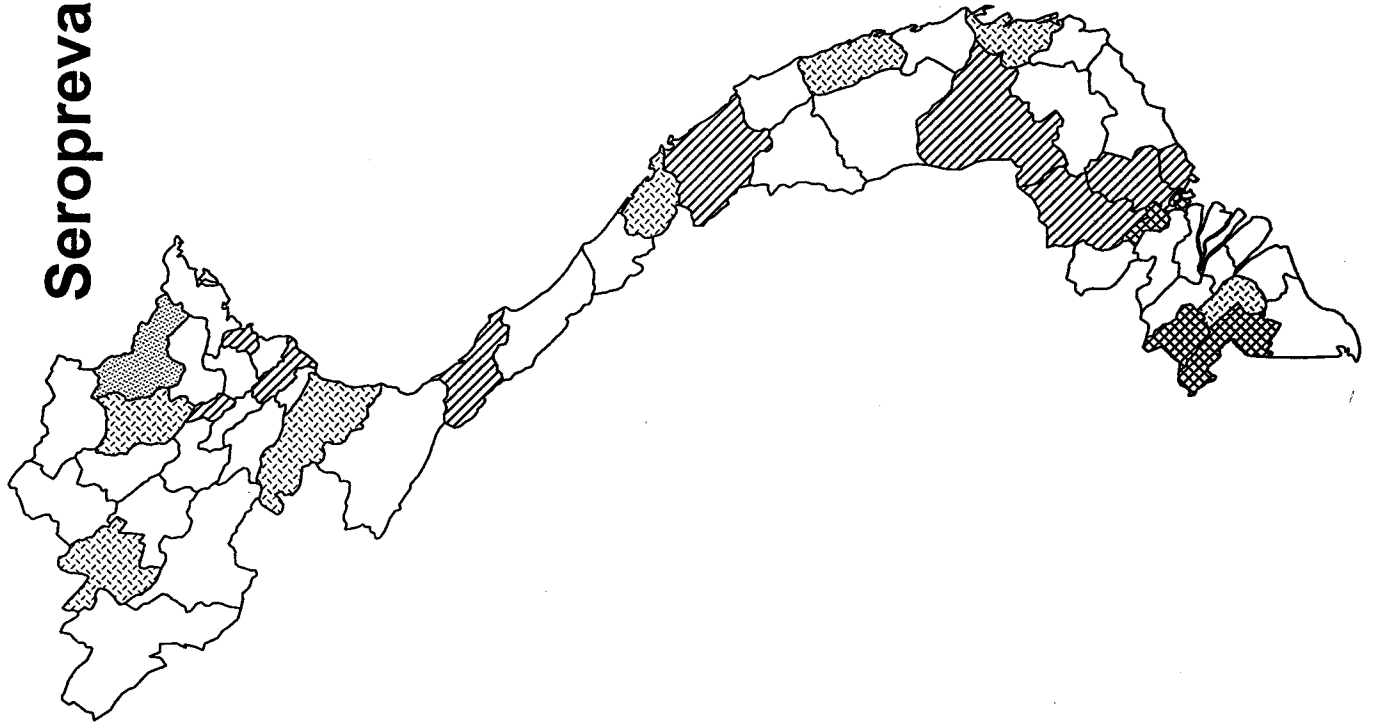
U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

Seroprevalence of HIV for Pregnant Women, Vietnam: 2000



U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

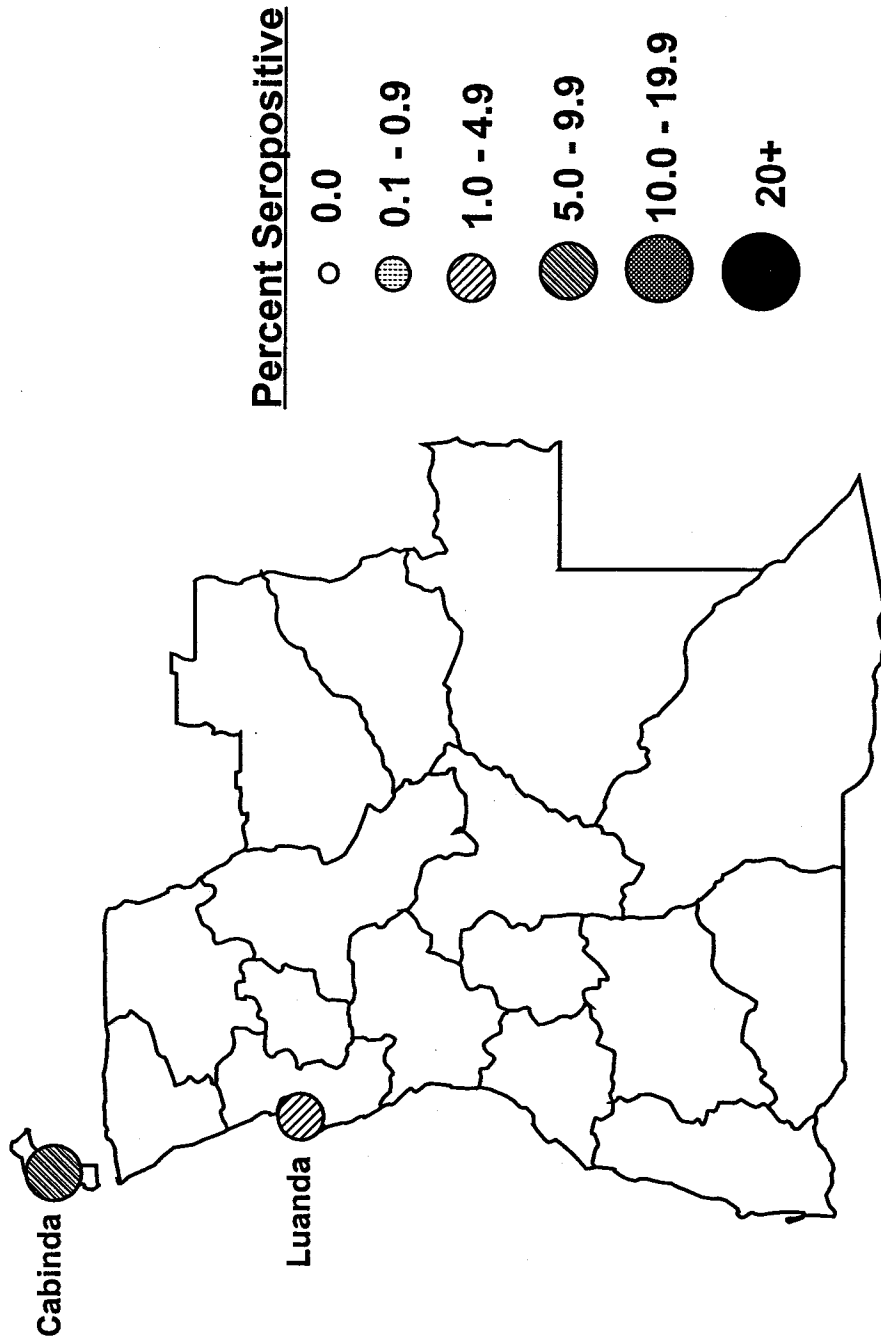
Seroprevalence of HIV for Pregnant Women, Vietnam: 2001



U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

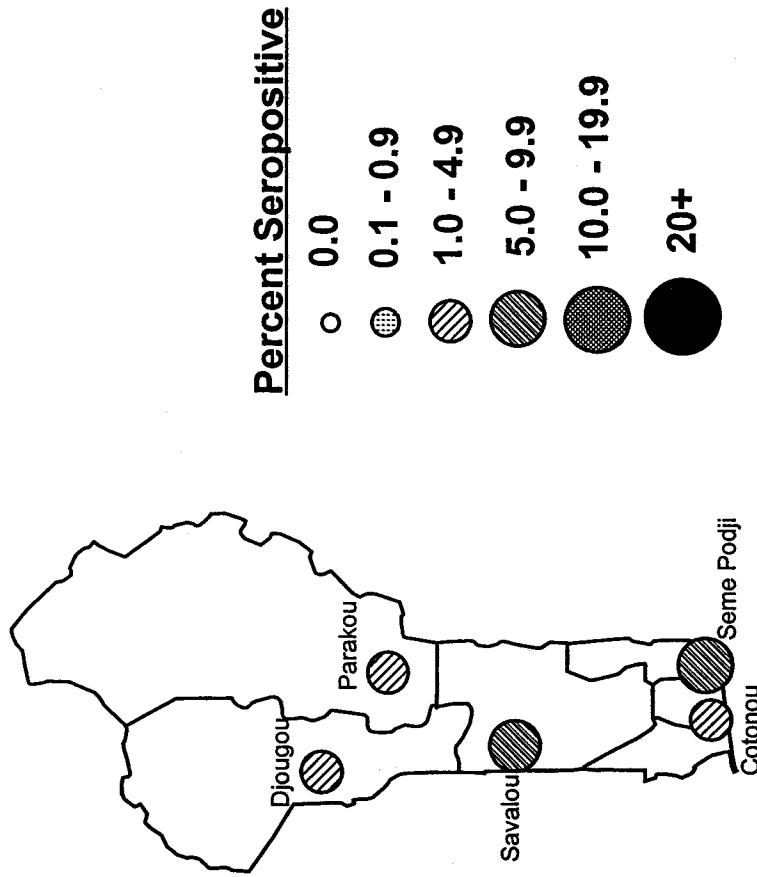
SPECIAL MAPS -
AFRICA

Seroprevalence of HIV for Pregnant Women, Angola: 1999



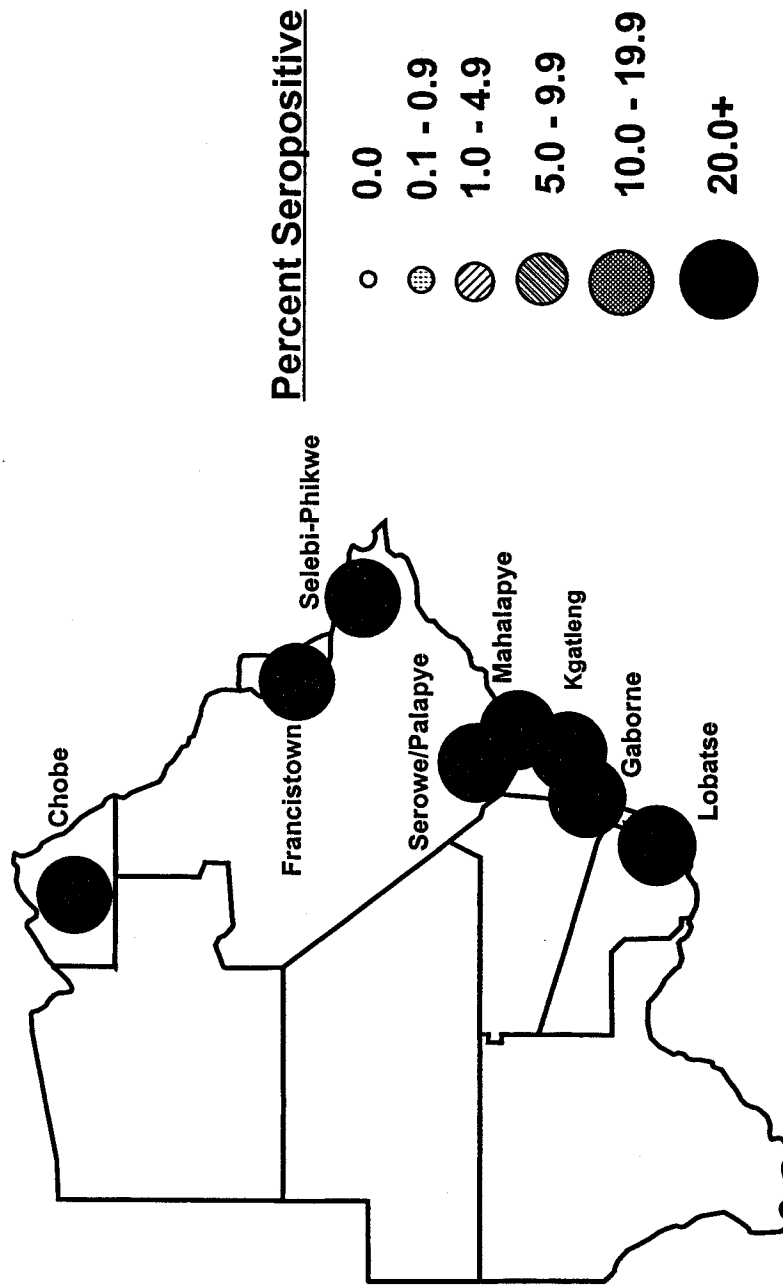
U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

Seroprevalence of HIV for Pregnant Women, Benin: 1999



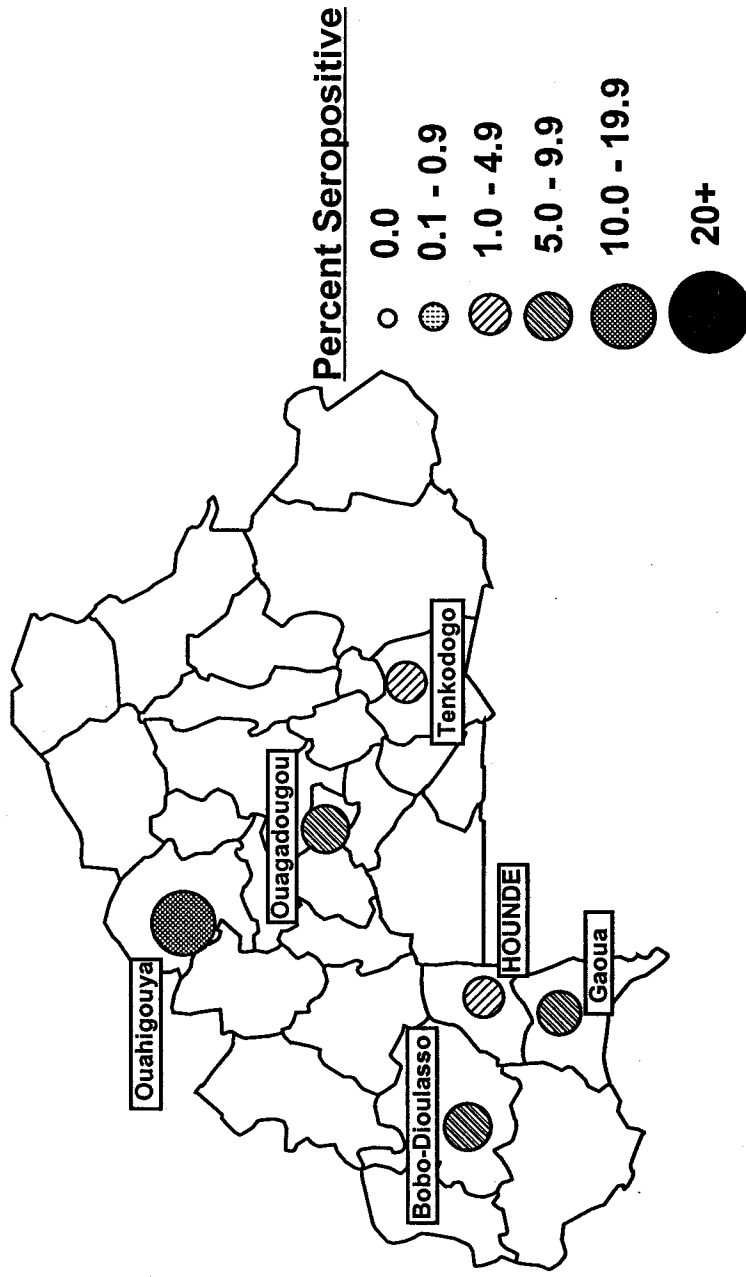
U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

Seroprevalence of HIV for Pregnant Women, Botswana: 2001



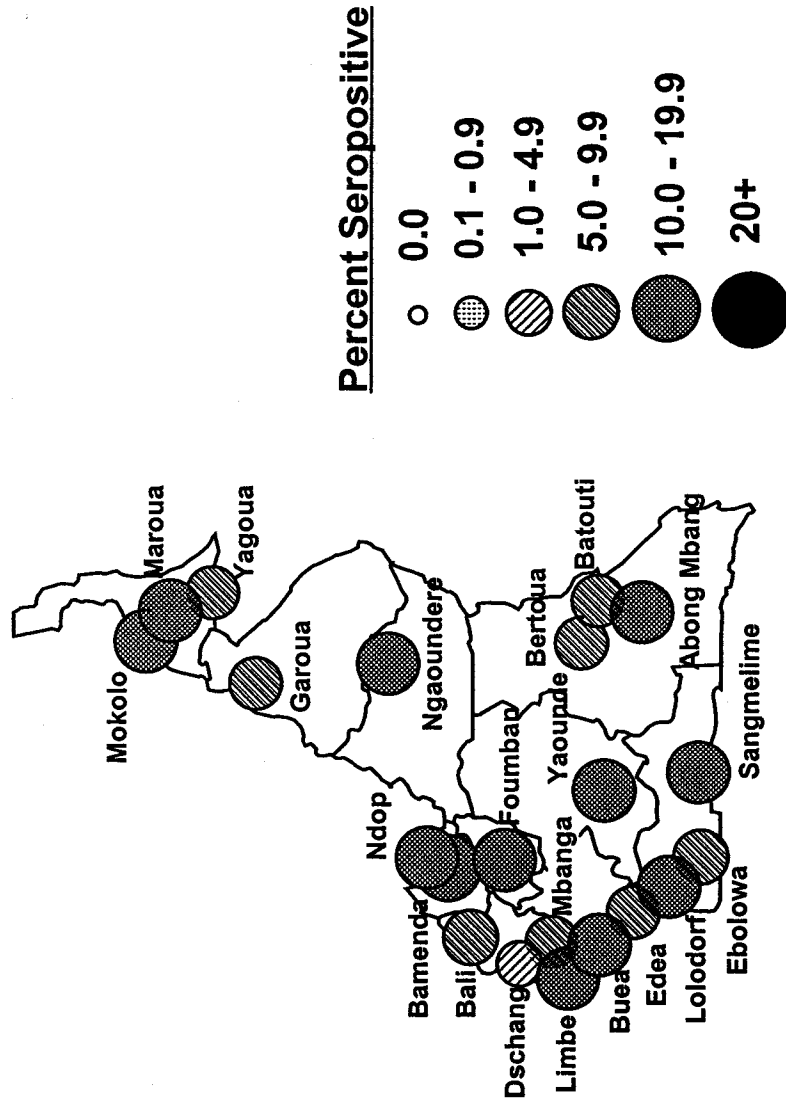
U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

Seroprevalence of HIV for Pregnant Women, Burkina Faso: 2000



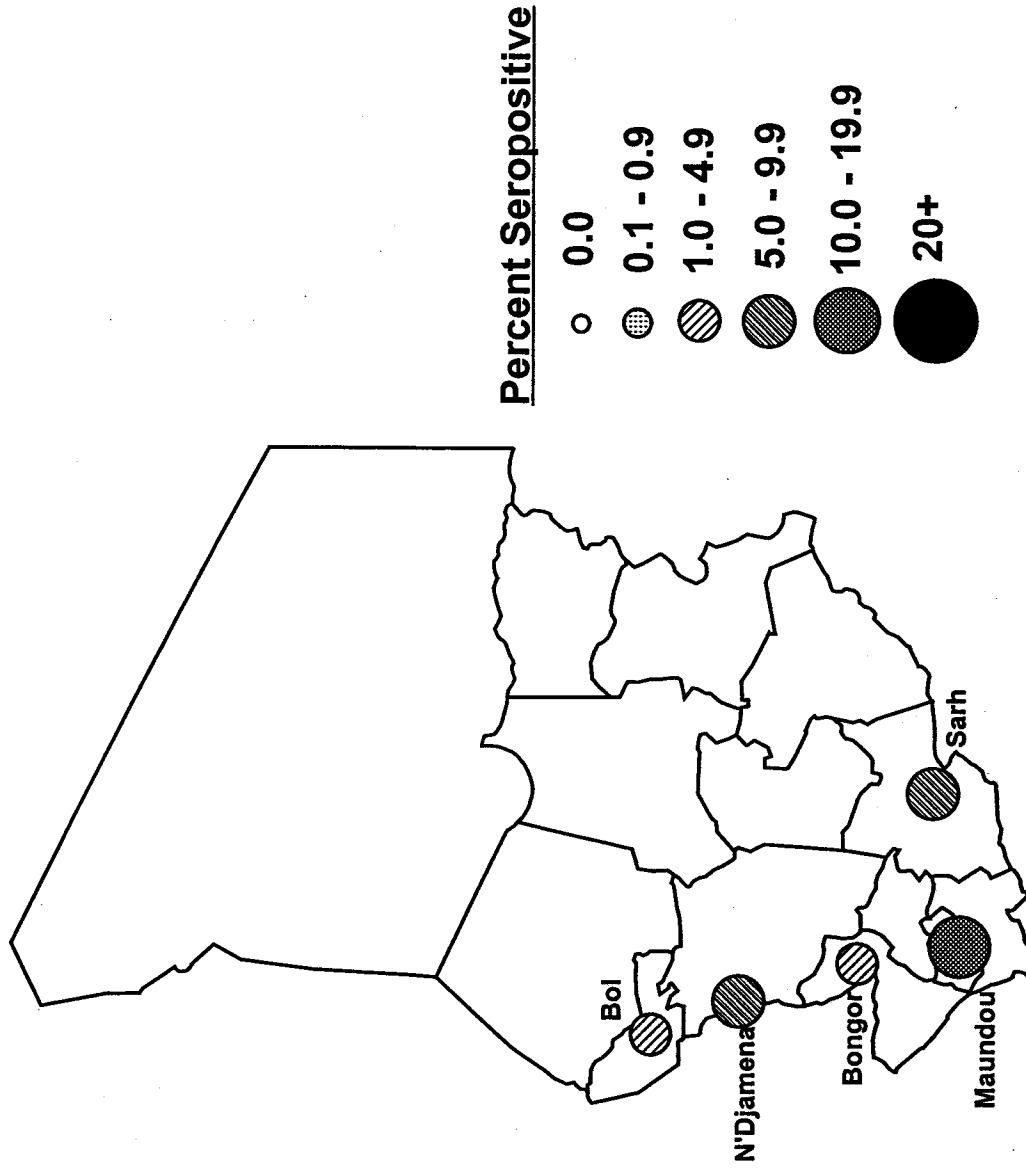
U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

Seroprevalence of HIV for Pregnant Women, Cameroon: 2000



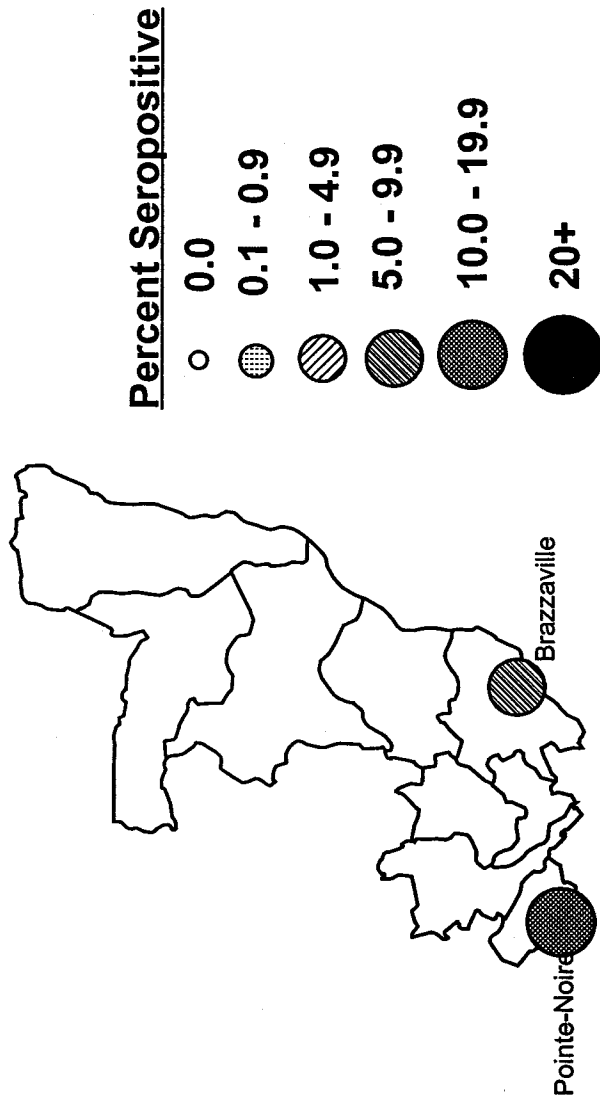
U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

Seroprevalence of HIV for Pregnant Women, Chad: 2000



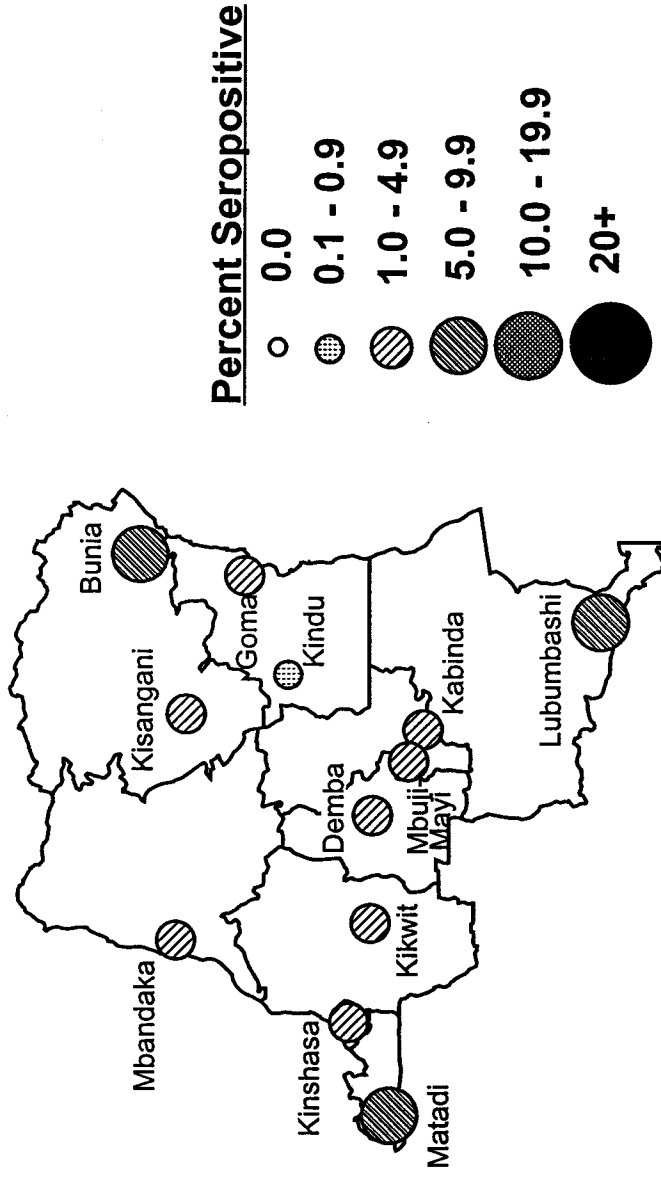
U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

Seroprevalence of HIV for Pregnant Women, Congo (Brazzaville): 2000



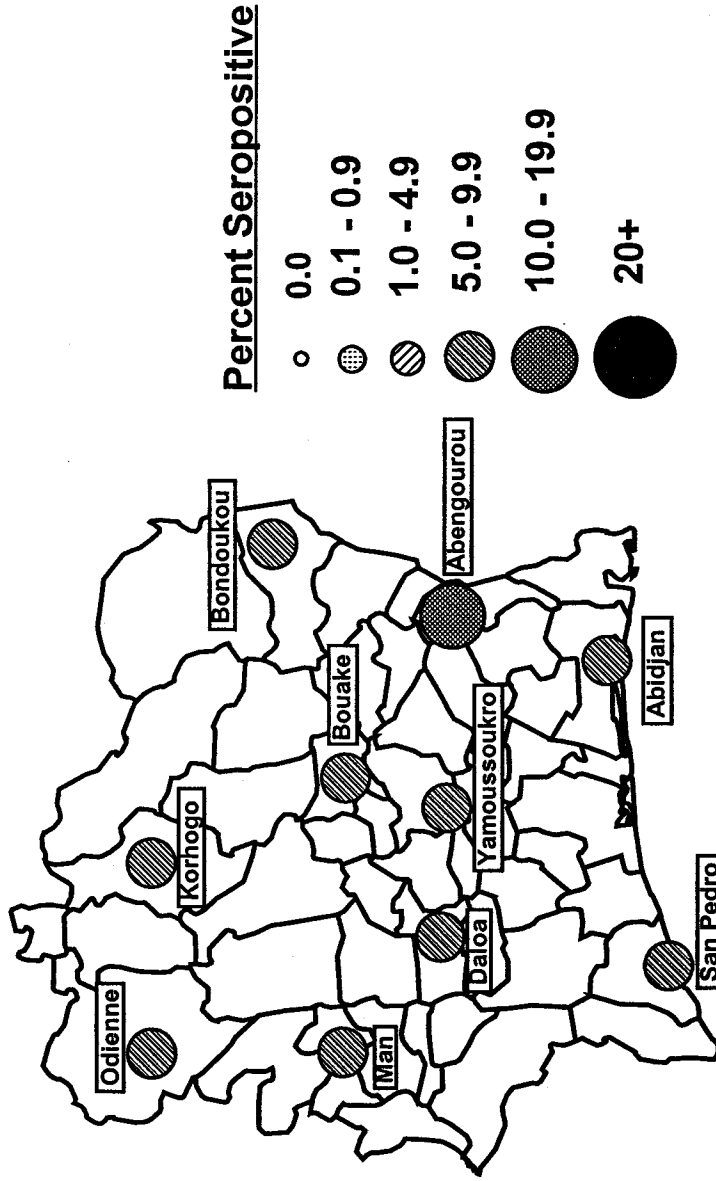
U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

Seroprevalence of HIV for Pregnant Women, Dem. Rep. of Congo: 1997-1999



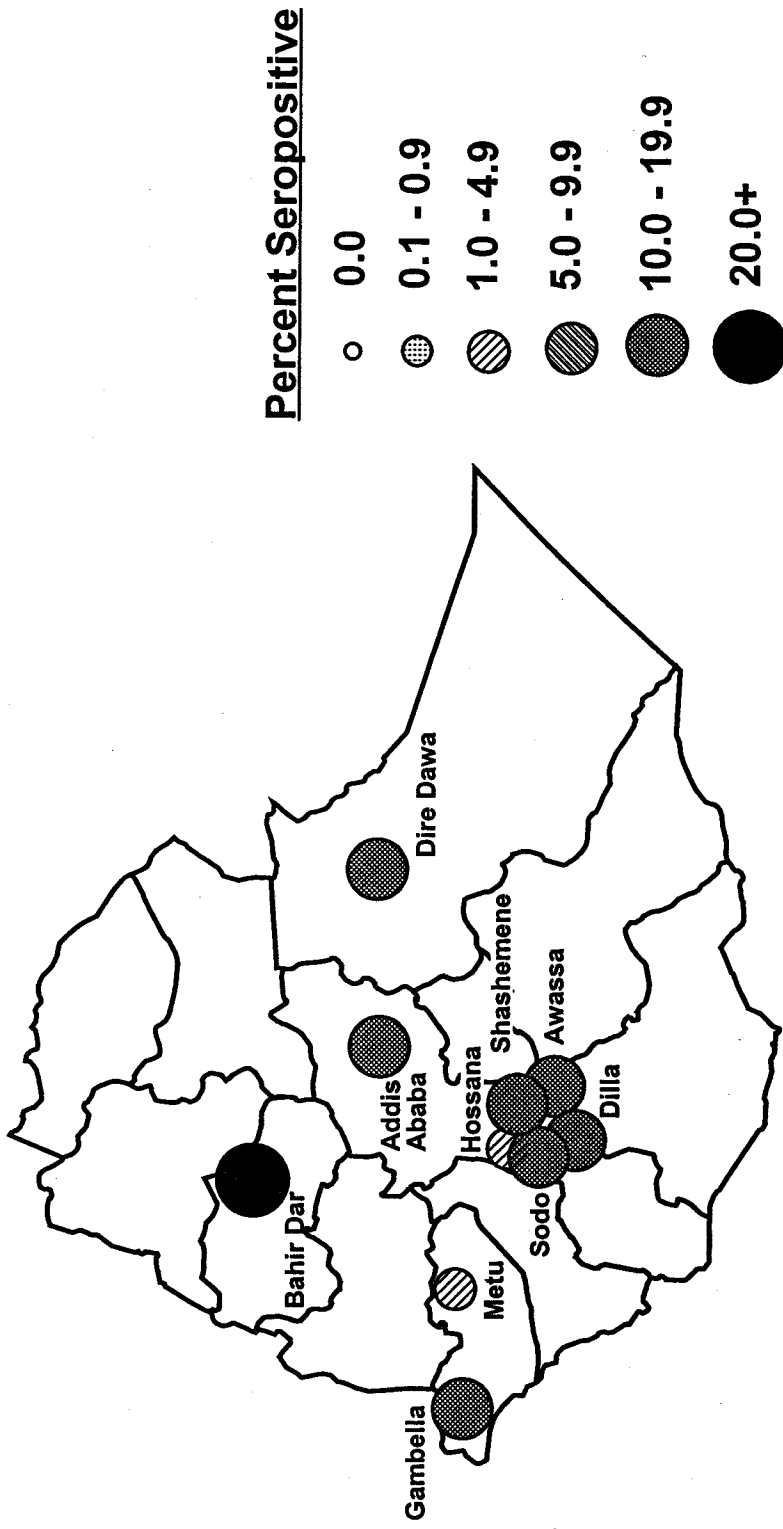
U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

Seroprevalence of HIV for Pregnant Women, Cote d'Ivoire: 2000



U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

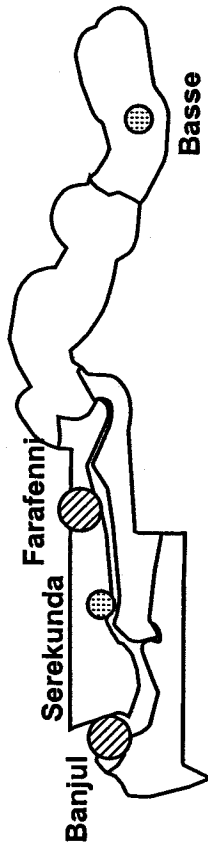
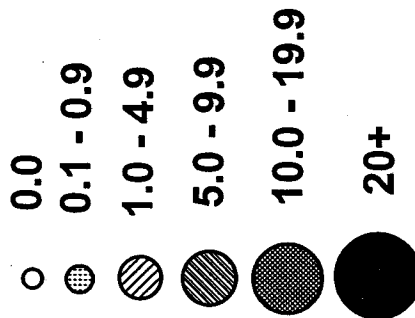
Seroprevalence of HIV for Pregnant Women, Ethiopia: 1999-2000



U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

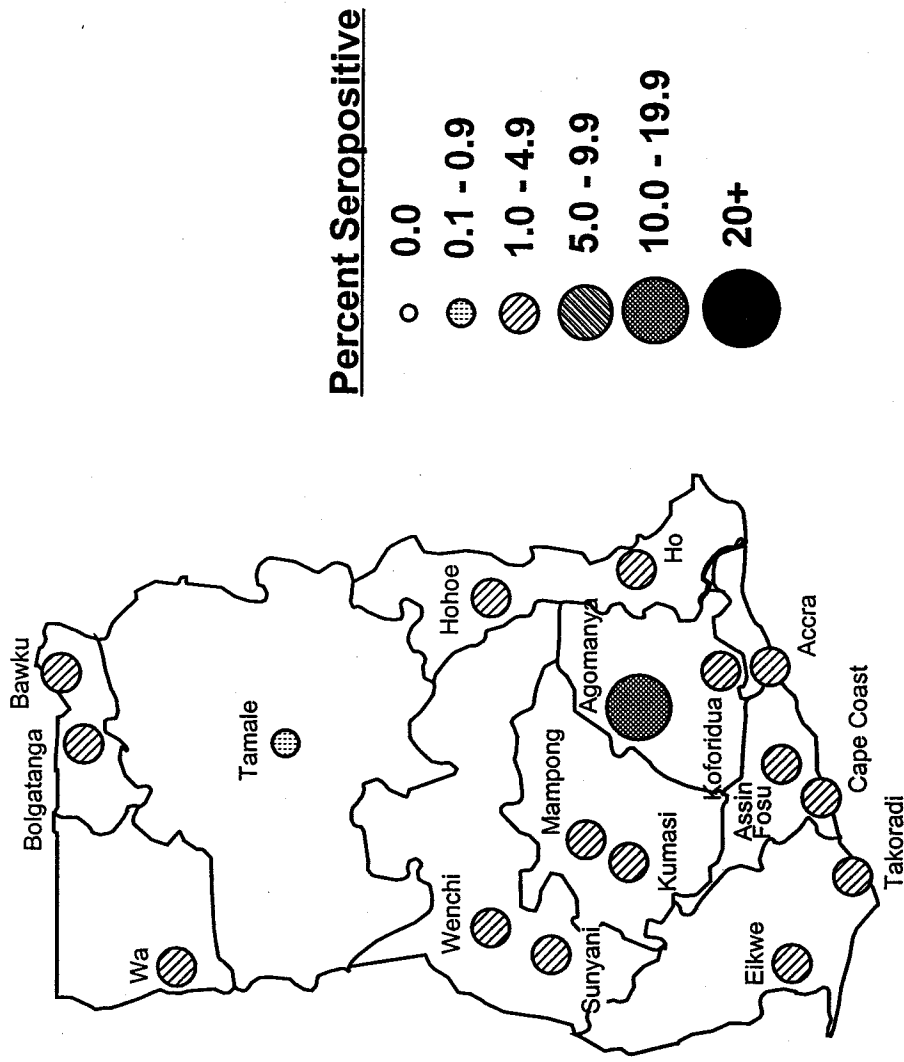
Seroprevalence of HIV for Pregnant Women, The Gambia: 2000-2001

Percent Seropositive



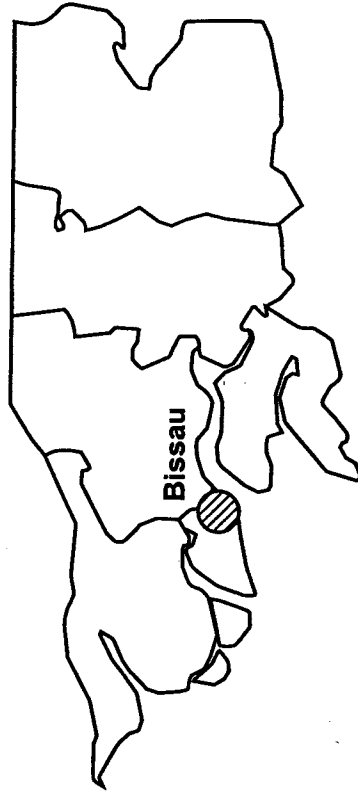
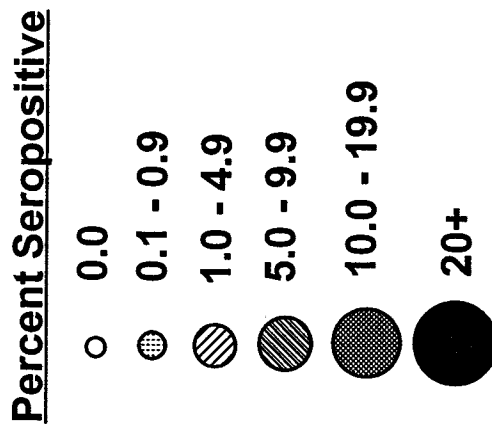
U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

Seroprevalence of HIV for Pregnant Women, Ghana: 2000



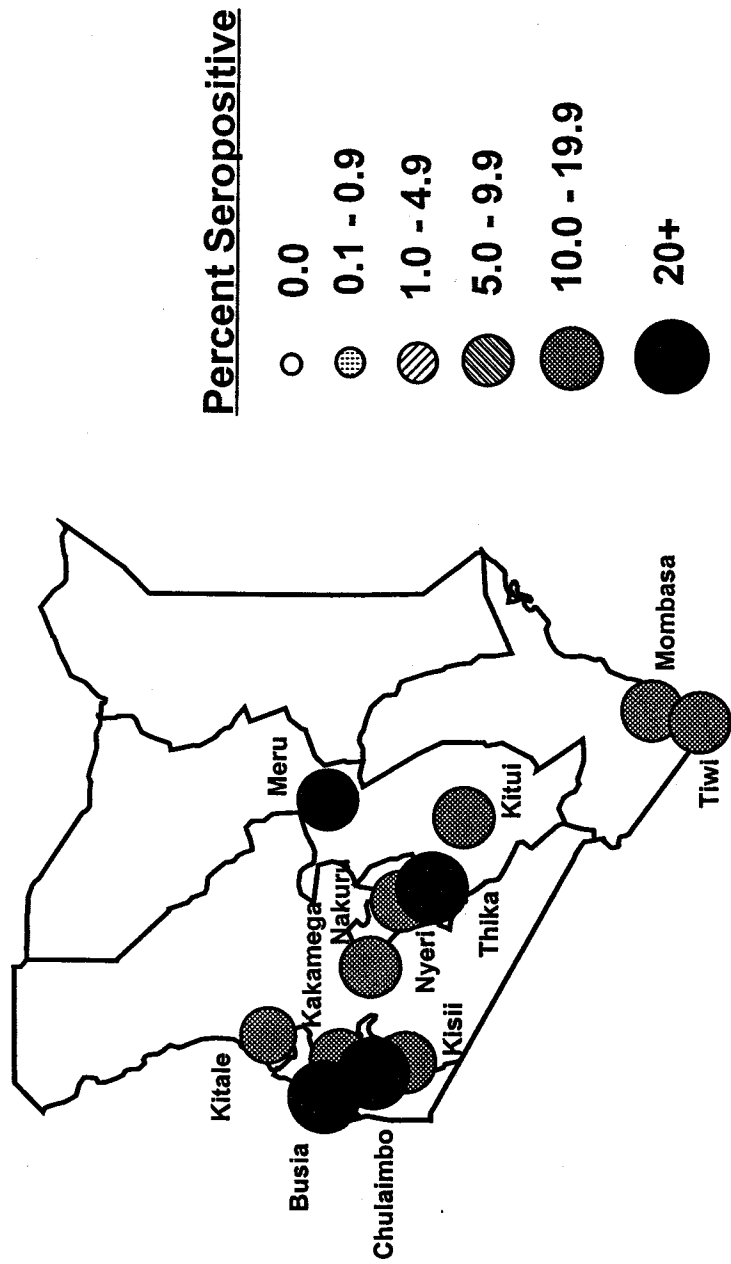
U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

Seroprevalence of HIV for Pregnant Women, Guinea-Bissau: 2000



U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.

Seroprevalence of HIV for Pregnant Women, Kenya: 2000



U.S. Census Bureau, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, July 2002.