

APPENDIX B: EPIDEMIOLOGY AND REPORTING OF HIV IN THE CARIBBEAN

HIV/AIDS IN THE CARIBBEAN REGION

The Caribbean has the highest incidence of reported AIDS cases in the Americas.¹ With approximately 350,000 to 590,000 PLWHA, the region has an adult HIV prevalence rate of between 1.9% and 3.1%, second in the world only to Africa's 7.5% to 8.5%. The most recent national estimates show HIV prevalence among pregnant women reaching or exceeding 2% in eight Caribbean countries: the Bahamas, Belize, the Dominican Republic, Guyana, Haiti, St. Lucia, Suriname, and Trinidad & Tobago. Haiti and the Dominican Republic account for more than 79% of all Caribbean PLWHA.

HIV/AIDS IN CAREC MEMBER COUNTRIES

Between 99,000 and 121,000 PLWHA live in CAREC member countries (CMCs). From 1982 to the end of 2002, the cumulative total of AIDS cases occurring in CAREC's twenty-one member countries is estimated to be between 30,000 and 35,000. Between 1991 and 2002, the AIDS incidence in CMCs increased almost four-fold, up from an estimated 13.6 per 100,000 in 1991 to 54.32 per 100,000 in 2002.

AGE GROUP DISTRIBUTION

The epidemic is becoming more prevalent among younger age groups. Seventy-three percent of those diagnosed with AIDS are between the ages of fifteen and forty-four, and AIDS is now the leading cause of death among this age group. Close to 50% of AIDS diagnoses occur in individuals age twenty-five to thirty-four.

GENDER DISTRIBUTION

Among AIDS cases in general, there is a predominance of males compared to females (ratio: 2:1); however, young women are particularly vulnerable. Among women age fifteen to twenty-four, the annual incidence of HIV is three to six times higher than in males of the same age. Moreover, several seroprevalence surveys among pregnant women in this age group reveal rates that are double the national average.

CATEGORIES OF TRANSMISSION

The predominant mode of HIV transmission is sexual (76%), with heterosexual transmission representing 65% of total transmissions by the end of 2002. Transmission through male-to-male sexual contact has been declining since the beginning of the epidemic and now represents only 11% of the total reported AIDS cases. However, it is believed that because of the strong social, cultural, and legal discrimination against MSM and bisexuals, these transmission risk factors are underreported. It may also be true that some report such transmissions as "unknown", resulting in an increase of 16% to 40% in this category.

Transmission through intravenous drug use (IVDU) is low, ranging from 0% to 2%, except in Bermuda, where IVDU represented 33.5% of reported AIDS cases in 2002. Rates of HIV transmission through blood and blood products have been constant at 0.30% from 1992 to 2002, thanks to the implementation of systematic blood screening and the application of universal precautions by healthcare personnel.

Mother-to-child transmission (MTCT) now accounts for 6% of reported AIDS cases.

The "unknown" category of transmission accounts for approximately 16% of the total cumulative AIDS cases reported by CMCs. This varies from country to country, and in some, this figure represents 40% of AIDS cases.

HIV PREVALENCE AMONG PATIENTS WITH TUBERCULOSIS (TB), 1997-2002

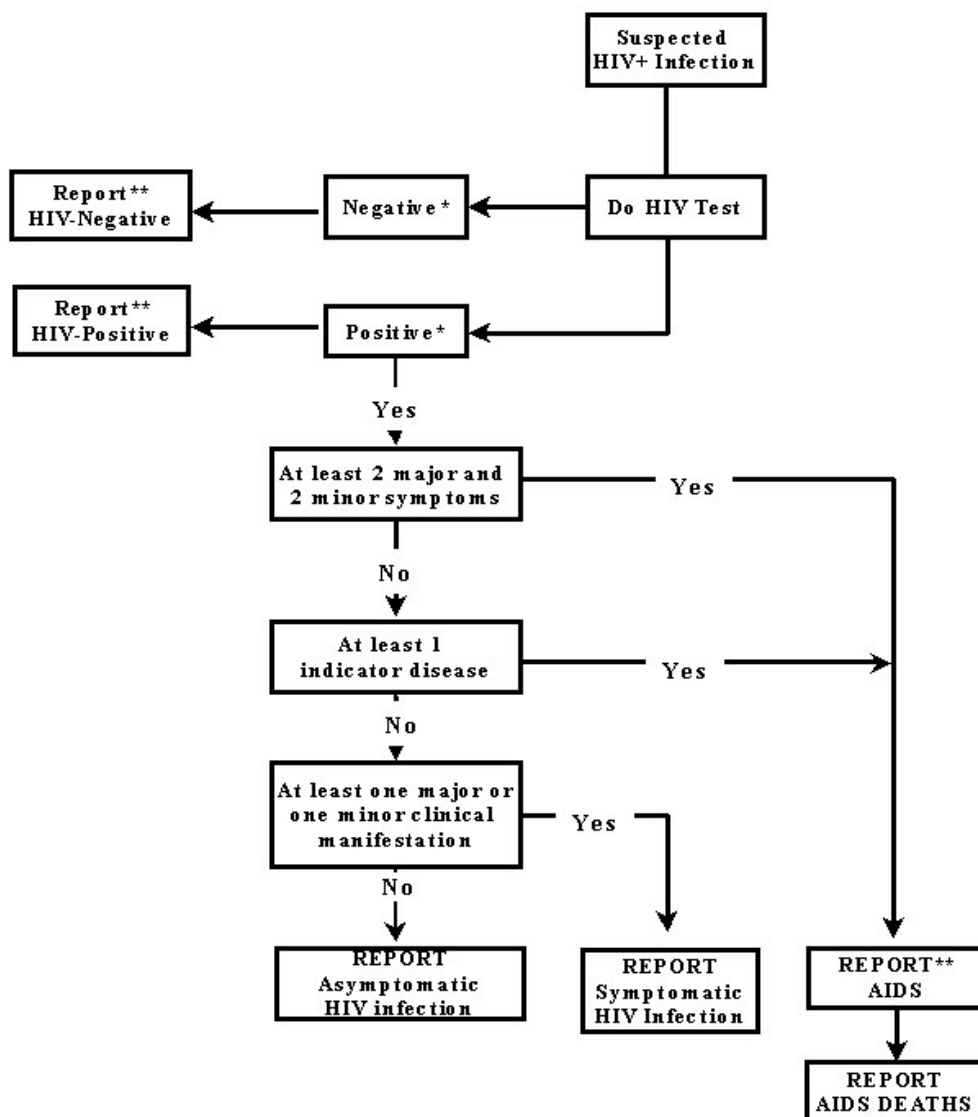
The TB epidemic is fast growing in CMCs and the incidence rate between 1997 and 2002 increased steadily from 200 to between 1,000 and 1,200 cases per year from 1998 to 2002. Between 1997 and 2002, a cumulative total of 5,025 TB cases were reported. Of these, 2,962 underwent HIV testing (58.9%), and 785 were HIV-positive, reflecting an overall seroprevalence rate of 26.4%. Individual country situational analyses show that declining rates of HIV prevalence among TB patients are being observed in the Bahamas, in contrast to Belize, Guyana, Jamaica, Suriname, and Trinidad & Tobago, in which increasing trends are observed.

Although the number of TB patients tested for HIV antibodies increased between 1997 and 2000, testing declined during 2001 and 2002. CMCs should strive to test at least 80% of TB patients for HIV antibodies on annual basis, and all such patients must have access to counselling. In addition to improving patient management, testing would facilitate a better understanding of the epidemiological pattern of HIV/TB co-infection in the Caribbean.

HIV SUBTYPING AND ARV RESISTANCE SURVEILLANCE AND MONITORING

In 2002, CAREC collaborated with University College London to conduct an HIV molecular survey involving ten CMCs: Antigua & Barbuda, Dominica, Grenada, Guyana, Montserrat, St. Kitts & Nevis, St. Lucia, St. Vincent & the Grenadines, Suriname, and Trinidad & Tobago. The survey found no drug resistant HIV strains in the region and identified Subtype B as the most predominant strain of HIV-1, which is also the most common subtype in North America and Western Europe. HIV 1 Subtype C was also isolated in St. Lucia. A 2003 study in Barbados uncovered a single viral strain that harboured resistance to zidovudine (AZT), zalcitabine (ddC), and didanosine (ddI).

HIV/AIDS REPORTING ALGORITHM



* Use Flow chart on Laboratory evidence of HIV infection page 1:8 and 1:9

** Reporting should be done under optimum confidentiality. Under those circumstances name or code can be used for reporting purposes.

- AIDS deaths should be reported as required by National Reporting System.

¹Pan American Health Organisation. AIDS Surveillance in the Americas. Biannual Report, December 2001. Washington DC: PAHO, 2001.