



Ministério da Saúde
COMISSÃO NACIONAL DE LUTA CONTRA A SIDA

DOC. 107

SIDA

A SITUAÇÃO EM PORTUGAL A 31 DE DEZEMBRO DE 1997

INFORMAÇÃO

CENTRO DE VIGILÂNCIA EPIDEMIOLÓGICA DAS DOENÇAS TRANSMISSÍVEIS

Instituto Nacional de Saúde
Lisboa

Documento da responsabilidade da
Comissão Nacional de Luta Contra a SIDA:

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SUMÁRIO

EDITORIAL

A SITUAÇÃO EM PORTUGAL EM 31 DE DEZEMBRO DE 1997	1
EVOLUÇÃO DA EPIDEMIA DE SIDA	3
CASOS DE SIDA POR VIH 2	19
A PANDEMIA DE VIH E SIDA A NÍVEL MUNDIAL	31
SIDA - DISPOSIÇÕES NORMATIVAS	63
ANEXO - ACTUALIZAÇÃO DE INFORMAÇÃO	69



COMISSÃO NACIONAL
LUTA CONTRA A SIDA
MINISTÉRIO DA SAÚDE

EDITORIAL

CENTRO DE RASTREIO ANÓNIMO, VOLUNTÁRIO E GRATUITO PARA A INFECÇÃO PELO VIH

A detecção da infecção pelo Vírus da Imunodeficiência Humana (VIH) numa fase precoce é importante, porque permite ao doente:

- i) procurar apoio médico e cuidados de saúde adequados que retardem a progressão da doença;
- ii) receber aconselhamento acerca das formas como prevenir a sua transmissão e como proteger os seus parceiros sexuais do contágio;
- iii) no caso das mulheres, torna possível o aconselhamento e informação que lhes permita decidir acerca da concepção e, nas grávidas, o acompanhamento e vigilância adequados, visando a redução do risco de transmissão do VIH ao feto.

A criação de um Centro de Testes que possibilite o rastreio voluntário, gratuito, anónimo e confidencial encontra-se consignado no Plano Nacional de Luta Contra a SIDA da CNLCS, apresentando grandes vantagens para a salvaguarda da qualidade da medicina transfusional nacional.

De facto, nos últimos anos tem-se verificado a ocorrência do crescimento da aproximação, sobretudo de jovens, aos serviços de colheita de sangue (Instituto Português do Sangue e Hospitais), em que provavelmente o espírito de doação é repartido com a vontade de conhecer o resultado analítico do seu perfil serológico, sequencialmente a comportamentos de eventual risco.

Esta procura compreende-se porque lhes são satisfeitos os seus interesses, exactamente nas condições que pretendem: anonimato, garantia de estudo dos marcadores para as doenças transmissíveis, gratuidade, ausência de burocracia, presteza, contacto sem outros intervenientes.

No entanto, para os responsáveis pelo sector da medicina transfusional sobra o receio de que resulte de um destes contactos o inquietante período de janela imunológica, com as fatais consequências para o receptor, já que os serviços de Imuno-hemoterapia e os serviços de sangue têm detectado no sangue colhido de dadores voluntários níveis crescentes de infecção pelo VIH.

Daí ser extremamente necessário, senão imperioso, criar serviços de análises com aquelas condições e que afastem assim, as más consequências que eventualmente podem resultar de uma dádiva indesejada. E, desta forma, encaminhar estes dadores de sangue para lugar certo, onde dão satisfação às suas pretensões, necessidades e até curiosidade sem consequências.

Por isso, tornava-se importante proporcionar aos residentes em Lisboa - onde se verifica o maior número de casos declarados de SIDA -, a possibilidade de realizar o teste, tendo presentes as seguintes condicionantes: a realização de testes para pesquisa de anticorpos VIH ser assegurada por profissionais de saúde habilitados; a realização de testes para pesquisa de anticorpos VIH ser apenas efectuada a pedido do interessado, sendo garantidos a gratuidade e o anonimato.

A realização de testes para pesquisa de anticorpos VIH pressupõe informação prévia ao teste, de modo a que este se realize de forma esclarecida e bem informada, designadamente no que se refere às formas de transmissão do VIH e do significado de um resultado positivo ou negativo; a realização de testes para pesquisa de anticorpos implica ainda a possibilidade de dar orientação, encaminhamento e apoio emocional numa fase pós-teste aos seropositivos e a possibilidade de dar orientação aos utentes em geral e sistematizar e analisar a informação obtida, com vista à obtenção de um melhor conhecimento da problemática da infecção pelo VIH no nosso País.

Neste desiderato, pôde harmonizar-se o funcionamento e os custos financeiros e de recursos humanos das clínicas de doenças sexualmente transmissíveis com os centros de rastreio anónimo para a infecção pelo VIH.

Com este objectivo a CNLCS e a Administração Regional de Saúde de Lisboa (ARS) propuseram-se colaborar na criação de um Centro de Rastreio Anónimo (CRA) da infecção pelo VIH, a funcionar em edifício próprio no Centro de Saúde da Lapa, inaugurado em 14 de Janeiro de 1998, por sua Excelência a Ministra da Saúde.

O Centro funciona de 2ª a 6ª feira das 10H00 às 18H00.

A Coordenadora



Profª Doutora Maria Odette Santos Ferreira

A SITUAÇÃO EM PORTUGAL EM 31 DE DEZEMBRO DE 1997

Entre 1 de Outubro e 31 de Dezembro de 1997 foram recebidas no Centro de Vigilância Epidemiológica das Doenças Transmissíveis (CVEDT), notificações de 442 casos de infecção pelo vírus da imunodeficiência humana, assim distribuídos:

- * 183 casos de SIDA obedecendo aos critérios da OMS/CDC
- * 44 casos classificados como "Complexo Relacionado com SIDA" (CRS)
- * 215 casos de Portadores Assintomáticos (PA)

O total acumulado de casos de SIDA em 31 de Dezembro de 1997, era de 4701, dos quais 246 causados pelo vírus VIH2 e, 77 casos que referem infecção associada aos vírus VIH1 e VIH2. Em vinte e dois casos de SIDA, o tipo de vírus da imunodeficiência humana ainda não nos foi comunicado, obedecendo, no entanto, os casos aos critérios de classificação.

Os recentes acontecimentos no Instituto Nacional de Saúde que levaram a que o CVEDT executasse algumas das suas tarefas em outros locais, com evidente atraso na publicação dos dados referentes à situação epidemiológica a nível nacional, levam a que seja oportuno actualizar essa informação. Assim, publicamos igualmente os quadros referentes às notificações recebidas até ao presente (dados cumulativos). Neste *Documento SIDA*, analisam-se os casos de SIDA no seu conjunto e separadamente, os casos de doença pelo vírus da imunodeficiência humana do tipo 2. As patologias associadas à infecção pelo vírus da imunodeficiência humana, e referidas à data da notificação do caso, são analisadas de acordo com a sua incidência acumulada nos casos notificados. Os quadros e os gráficos que apresentamos, caracterizam a situação em Portugal, de acordo com os dados disponíveis no CVEDT.

Neste documento referem-se ainda a situação mundial em relação à vigilância epidemiológica dos casos de infecção pelo vírus da imunodeficiência humana e SIDA, segundo os dados publicados pela *Organização Mundial de Saúde* e, as disposições legais sobre SIDA em vigor em Portugal, compiladas pela Dr^a Alexandra Campos do Gabinete de Direito da Saúde da Escola Nacional de Saúde Pública, a quem muito agradecemos a colaboração assim como a todos que se empenharam para possibilitar a continuação do registo epidemiológico dos casos.

M.T.Paixão

EVOLUÇÃO DA EPIDEMIA DE SIDA

Distribuição dos casos de SIDA por data de diagnóstico e por data de notificação

01/01/83 - 31/12/97

ANO	Casos por data de DIAGNÓSTICO	Casos por data de NOTIFICAÇÃO*
1983	1	0
1984	4	0
1985	29	18
1986	38	30
1987	76	47
1988	132	110
1989	195	154
1990	251	226
1991	297	246
1992	399	383
1993	541	464
1994	631	608
1995	709	689
1996	782	895
1997	552	831
Ignorado	64	0
TOTAL	4701	4701

FONTE: CVEDT

* DATA DE NOTIFICAÇÃO - data em que o médico NOTIFICA o caso, sendo diferente da data de recepção no CVEDT.

Quadro 1.

No ano de 1997, receberam-se 831 notificações de casos de SIDA, e 88 casos, classificados após o óbito, num total de 919 notificações.

Na notificação dos casos de SIDA por ano de diagnóstico observa-se que durante o ano de 1997, foram ainda registados casos diagnosticados em anos anteriores. Com data de diagnóstico referente a 1988, 1989, 1990, 1991 foi notificado mais um caso por ano; em 1992 registaram-se mais 3 casos, em 1993 (18 casos), 1994 (15 casos), em 1995 (43 casos), 1996 (279 casos). Não foi possível obter a data de diagnóstico em 5 casos.

QUADRO 2

Distribuição dos casos por idades e sexo

01/01/83 - 31/12/97

GRUPO ETARIO	SEXO			TOTAL	
	Masculino	Feminino	Não referido	Nº	%
0 - 11 meses	13	14	0	27	0.6
1 - 4 anos	9	10	0	19	0.4
5 - 9 anos	8	3	0	11	0.2
10 - 12 anos	5	0	0	5	0.1
13 - 14 anos	8	2	0	10	0.2
15 - 19 anos	52	21	0	73	1.6
20 - 24 anos	402	105	1	508	10.8
25 - 29 anos	837	180	4	1021	21.7
30 - 34 anos	841	143	0	984	20.9
35 - 39 anos	639	98	0	737	15.7
40 - 44 anos	408	56	0	464	9.9
45 - 49 anos	268	26	0	294	6.3
50 - 54 anos	197	25	0	222	4.7
55 - 59 anos	102	22	0	124	2.6
60 - 64 anos	79	14	0	93	2.0
65 +	68	15	0	83	1.8
Desconhecido	24	2	0	26	0.6
TOTAL	3960	736	5	4701	100

FONTE: CVEDT

Quadro 2.

Da análise da distribuição de casos de SIDA por sexo, constata-se que 84,3 % correspondem ao sexo masculino, 15,7% ao sexo feminino e em 5 casos o sexo não é indicado. Por grupo etário, nos casos em que a idade é conhecida, verifica-se que 85,3% correspondem aos grupos etários entre os 20 e 49 anos. Os grupos etários em que foram notificados um maior número de casos no ano de 1997, correspondem aos "30-34" anos (141 casos) e aos "25-29" anos (132 casos).

Nas páginas seguintes, os Quadros 2.1, 2.2 e 2.3 mostram a evolução do número de casos notificados até 31 de Dezembro, por grupo etário, para o total e para cada um dos sexos.

QUADRO 2.1

Casos de SIDA por ano de diagnóstico e grupo etário

01/01/83 - 31/12/97

Grupo Etário	1983-85	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	DESC	TOTAL
0 - 11 meses	0	0	0	0	2	4	1	4	2	6	6	1	0	1	27
1 - 4 anos	1	0	2	0	1	1	1	1	1	4	5	1	1	0	19
5 - 9 anos	0	2	2	2	0	1	1	0	1	0	1	1	0	0	11
10 - 12 anos	1	0	0	1	1	0	2	0	0	0	0	0	0	0	5
13 - 14 anos	0	1	0	2	2	0	1	0	1	1	0	0	1	1	10
15 - 19 anos	0	1	1	2	5	0	5	9	10	7	17	12	3	1	73
20 - 24 anos	1	1	4	13	9	25	19	41	71	90	88	99	44	3	508
25 - 29 anos	4	10	10	13	35	44	40	96	122	151	174	178	132	12	1021
30 - 34 anos	2	2	16	22	29	53	71	79	106	127	147	176	141	13	984
35 - 39 anos	8	11	14	29	30	40	45	50	87	80	105	133	97	8	737
40 - 44 anos	5	4	13	15	30	31	36	37	53	58	70	64	42	6	464
45 - 49 anos	5	1	2	10	15	25	27	34	27	39	33	41	28	7	294
50 - 54 anos	2	2	5	13	12	11	20	19	23	29	23	32	26	5	222
55 - 59 anos	2	0	3	5	8	5	12	12	14	10	17	20	13	3	124
60 - 64 anos	1	3	1	4	9	5	12	10	8	14	7	9	9	1	93
65 +	1	0	1	0	5	6	4	6	9	10	14	14	11	2	83
Desconhecido	1	0	2	1	2	0	0	1	6	5	2	1	4	1	26
TOTAL	34	38	76	132	195	251	a) 297	399	541	631	b) 709	c) 782	d) 552	e) 64	4701

FONTE: CVEDT

- a) Inclui 1 caso com ano de diagnóstico de 1991 e 'sexo não referido'.
- b) Inclui 1 caso com ano de diagnóstico de 1995 e 'sexo não referido'.
- c) Inclui 1 caso com ano de diagnóstico de 1996 e 'sexo não referido'.
- d) Inclui 1 caso com ano de diagnóstico de 1997 e 'sexo não referido'.
- e) Inclui 1 caso com ano de diagnóstico desconhecido e 'sexo não referido'.

QUADRO 2.2

Casos de SIDA por ano de diagnóstico e grupo etário (Sexo Masculino)

01/01/83 - 31/12/97

Grupo Etário	1983-85	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	DESC	TOTAL
0 - 11 meses	0	0	0	0	1	3	0	1	1	4	2	1	0	0	13
1 - 4 anos	1	0	1	0	0	0	1	1	0	0	4	1	0	0	9
5 - 9 anos	0	2	2	1	0	1	0	0	1	0	0	1	0	0	8
10 - 12 anos	1	0	0	1	1	0	2	0	0	0	0	0	0	0	5
13 - 14 anos	0	1	0	2	2	0	0	0	1	0	0	0	1	1	8
15 - 19 anos	0	1	0	1	4	0	4	9	4	6	14	7	2	0	52
20 - 24 anos	1	1	2	13	8	20	14	33	55	72	65	76	39	3	402
25 - 29 anos	4	8	9	9	31	36	32	77	97	120	145	149	111	9	837
30 - 34 anos	2	2	14	20	26	50	57	69	89	106	127	146	124	9	841
35 - 39 anos	8	10	12	27	23	39	36	42	74	71	92	116	82	7	639
40 - 44 anos	3	4	11	15	27	28	32	30	48	50	61	54	39	6	408
45 - 49 anos	5	1	2	10	13	24	26	30	23	37	30	36	25	6	268
50 - 54 anos	2	1	4	12	10	9	19	17	21	27	19	29	23	4	197
55 - 59 anos	2	0	3	5	8	4	11	11	10	10	15	13	9	1	102
60 - 64 anos	1	2	1	4	7	5	8	9	7	13	5	8	8	1	79
65 +	1	0	1	0	4	4	4	6	7	6	12	14	8	1	68
Desconhecido	1	0	2	1	2	0	0	1	6	4	2	0	4	1	24
TOTAL	32	33	64	121	167	223	246	336	444	526	593	651	475	49	3960

FONTE: CVEDT

QUADRO 2.3

Casos de SIDA por ano de diagnóstico e grupo etário (Sexo Feminino)

01/01/83 - 31/12/97

Grupo Etário	1983-85	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	DESC	TOTAL
0 - 11 meses	0	0	0	0	1	1	1	3	1	2	4	0	0	1	14
1 - 4 anos	0	0	1	0	1	1	0	0	1	4	1	0	1	0	10
5 - 9 anos	0	0	0	1	0	0	1	0	0	0	1	0	0	0	3
10 - 12 anos	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13 - 14 anos	0	0	0	0	0	0	1	0	0	1	0	0	0	0	2
15 - 19 anos	0	0	1	1	1	0	1	0	6	1	3	5	1	1	21
20 - 24 anos	0	0	2	0	1	5	5	8	16	18	22	23	5	0	105
25 - 29 anos	0	2	1	4	4	8	7	19	25	31	29	28	20	2	180
30 - 34 anos	0	0	2	2	3	3	14	10	17	21	20	30	17	4	143
35 - 39 anos	0	1	2	2	7	1	9	8	13	9	13	17	15	1	98
40 - 44 anos	2	0	2	0	3	3	4	7	5	8	9	10	3	0	56
45 - 49 anos	0	0	0	0	2	1	1	4	4	2	3	5	3	1	26
50 - 54 anos	0	1	1	1	2	2	1	2	2	2	4	3	3	1	25
55 - 59 anos	0	0	0	0	0	1	1	1	4	0	2	7	4	2	22
60 - 64 anos	0	1	0	0	2	0	4	1	1	1	2	1	1	0	14
65 +	0	0	0	0	1	2	0	0	2	4	2	0	3	1	15
Desconhecido	0	0	0	0	0	0	0	0	0	1	0	1	0	0	2
TOTAL	2	5	12	11	28	28	50	63	97	105	115	130	76	14	736

FONTE: CVEDT

QUADRO 3

Distribuição dos casos de SIDA segundo
Categorias de Transmissão por Ano de Diagnóstico

01/01/83 - 31/12/97

Categorias de Transmissão	ANO DE DIAGNÓSTICO									TOTAL	
	=<1990	1991	1992	1993	1994	1995	1996	1997	DESC.	Nº	%
Homo ou Bissexuais	325	107	124	118	108	106	102	56	15	1061	22.6
Tóxico-Dependentes	92	72	128	232	319	373	430	337	17	2000	42.5
Homo/Toxico-Dependentes	9	1	10	9	8	9	8	1	2	57	1.2
Hemofílicos	32	6	5	3	0	2	1	2	1	52	1.1
Transfusionados	37	14	9	12	11	13	5	4	1	106	2.3
Heterossexuais	191	79	104	146	158	171	212	132	23	1216	25.9
Mãe/Filho	11	4	4	4	11	10	3	1	0	48	1.0
Nosocomial	0	0	0	0	0	0	0	0	0	0	0.0
Desconhecidos	29	14	15	17	16	25	21	19	5	161	3.4
TOTAL	726	297	399	541	631	709	782	552	64	4701	100

FONTE: CVEDT

NOTA: O ano de 1990 inclui os casos de 1983 a 1990.

Quadro 3.

Nos casos em que a categoria de transmissão é conhecida (n = 4540), os homossexuais e bissexuais masculinos representam 23,4% dos casos, enquanto na mesma data do ano anterior (1996) constituíam 25,4% dos casos; em 1995 representavam 28,3% do total de casos notificados e em 1994 eram 33,2%.

Os heterossexuais são 26,8% do total de casos e na mesma data em 1996, 27,4%; em 1995, 26,4% e em 1994 constituíam 28,0%.

Os comportamentos de risco associados à toxicodependência foram notificados em 44,0% dos casos. Nos últimos três anos verificou-se um aumento de 30,0% em 1994, 33,9% em 1995 e 39,5% em 1996. Como esperado, é nesta última categoria que se observa um aumento importante em relação às diferentes categorias de transmissão, pois para o ano de 1997, estes casos constituem 63,2% dos casos notificados.

QUADRO 3.1

Distribuição dos casos de SIDA segundo o Ano de Diagnóstico
por Sexo/Estado Vital

01/01/83 - 31/12/97

ANO	Número de Casos			Número de Casos Vivos			Número de Casos Mortos		
	Homens	Mulheres	TOTAL	Homens	Mulheres	TOTAL	Homens	Mulheres	TOTAL
1983	1	0	a) 1	1	0	1	0	0	0
1984	3	1	4	1	0	1	2	1	3
1985	28	1	29	7	1	8	21	0	21
1986	33	5	38	2	1	3	31	4	35
1987	64	12	76	12	4	16	52	8	60
1988	121	11	132	26	3	29	95	8	103
1989	167	28	195	33	7	40	134	21	155
1990	223	28	251	33	11	44	190	17	207
1991	246	50	b) 297	39	10	49	207	40	248
1992	336	63	399	74	21	95	262	42	304
1993	444	97	541	119	33	152	325	64	389
1994	526	105	631	178	44	222	348	61	409
1995	593	115	c) 709	228	56	284	365	59	425
1996	651	130	d) 782	363	79	443	288	51	339
1997	475	76	e) 552	357	61	419	118	15	133
DESC	49	14	f) 64	14	4	19	35	10	45
TOTAL	3960	736	4701	1487	335	1825	2473	401	2876

FONTE: CVEDT

- a) Sem informação sobre o estado vital do caso.
b) Em 1991 notificou-se 1 caso de 'sexo não referido', morto.
c) Em 1995 notificou-se 1 caso de 'sexo não referido', morto.
d) Em 1996 notificou-se 1 casos de 'sexo não referido', vivo.
e) Em 1997 notificou-se 1 caso de 'sexo não referido', vivo.
f) Notificou-se 1 caso com ano de diagnóstico e sexo 'não referido', vivo.

QUADRO 3.2

Distribuição das mortes de SIDA segundo
Categorias de Transmissão.

01/01/83 - 31/12/97

Categorias de Transmissão	SEXO			TOTAL	
	Masc.	Femin.	Desc.	Nº	%
Homo ou Bissexuais	769	0	0	769	26.7
Toxico-Dependentes	921	174	1	1096	38.1
Homo/Toxico Dependentes	38	0	0	38	1.3
Hemofilicos	46	0	0	46	1.6
Transfusionados	50	26	0	76	2.6
Heterossexuais	528	167	1	696	24.2
Mae/Filho	11	13	0	24	0.8
Nosocomial	0	0	0	0	0.0
Desconhecidos	110	21	0	131	4.6
TOTAL	2473	401	2	2876	100

FONTE: CVEDT

Nota: Óbitos notificados ao CVEDT até 31.12.97

Quadro 3.2

Neste Quadro registam-se os grupos ou comportamentos de risco e o número de mortes por grupo ou categoria, notificadas até ao presente.

QUADRO 4

Casos de SIDA por patologia (*) segundo Categorias de Transmissão

01/01/83 - 31/12/97

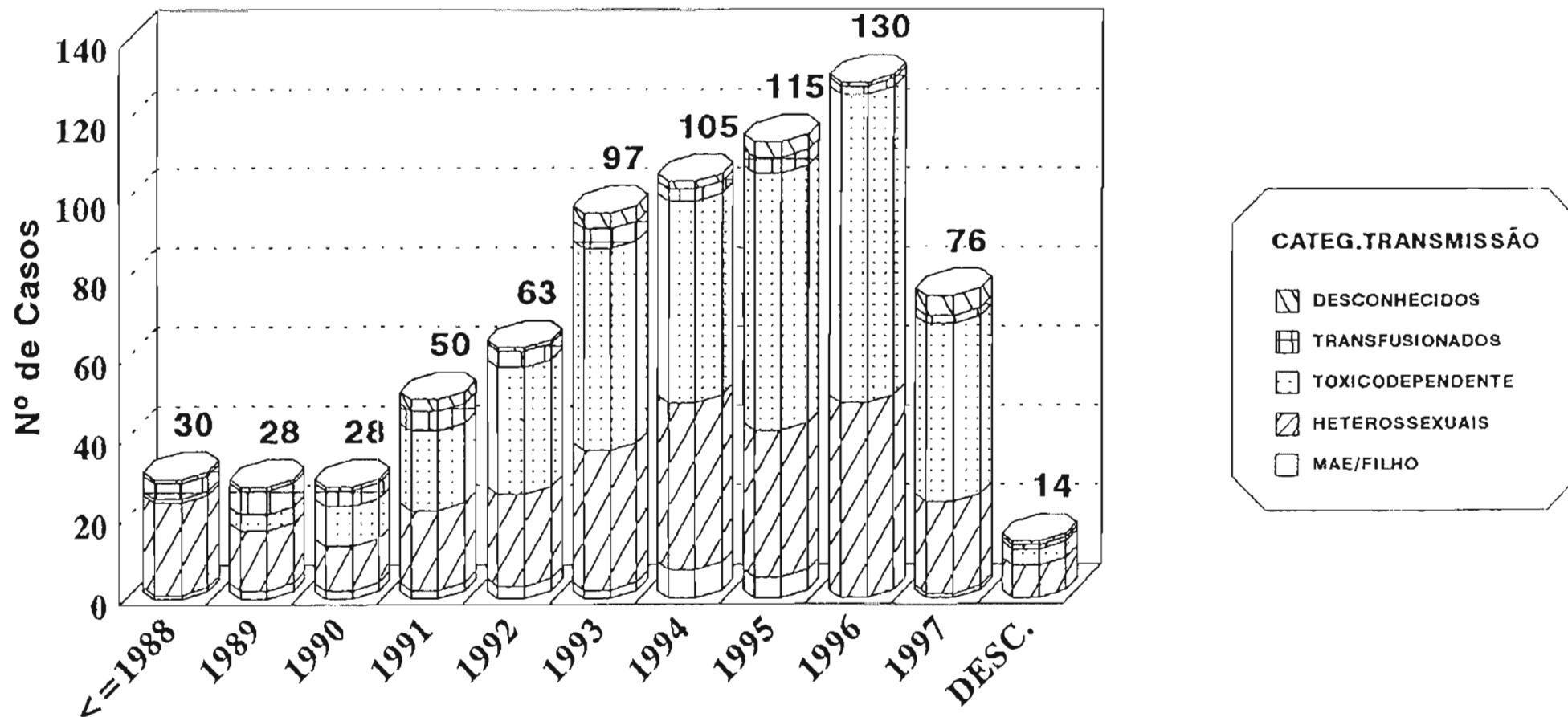
Categorias de Transmissão	Patologia								TOTAL
	IO	SK	IO+SK	LINF	ENCEF	S.EMAC	PIL	CICU	
Homo ou Bissexuais	725	146	141	24	8	17	0	0	1061
Tóxico-Dependentes	1878	18	28	17	15	39	0	5	2000
Homo/Tóxico-Dependentes	45	2	7	1	2	0	0	0	57
Hemofílicos	49	1	1	1	0	0	0	0	52
Transfusionados	92	2	1	0	7	4	0	0	106
Heterossexuais	1040	45	54	37	15	18	0	7	1216
Mãe/Filho	29	0	0	0	3	6	10	0	48
Nosocomial	0	0	0	0	0	0	0	0	0
Desconhecidos	135	9	11	3	3	0	0	0	161
TOTAL	3993	223	243	83	53	84	10	12	4701

FONTE: CVEDT

* Casos de SIDA por patologia observada no diagnóstico, segundo Categorias de Transmissão

IO	- Infecção Oportunista	IO+SK	- Inf. Oportunista & Sarcoma de Kaposi
SK	- Sarcoma de Kaposi	PIL	- Pneum. Intersticial Linfoide
LINF	- Linfoma	S.EMAC	- Síndrome de Emaciação por VIH
ENCEF	- Encefalopatia	CICU	- Carcinoma invasivo do colo do útero

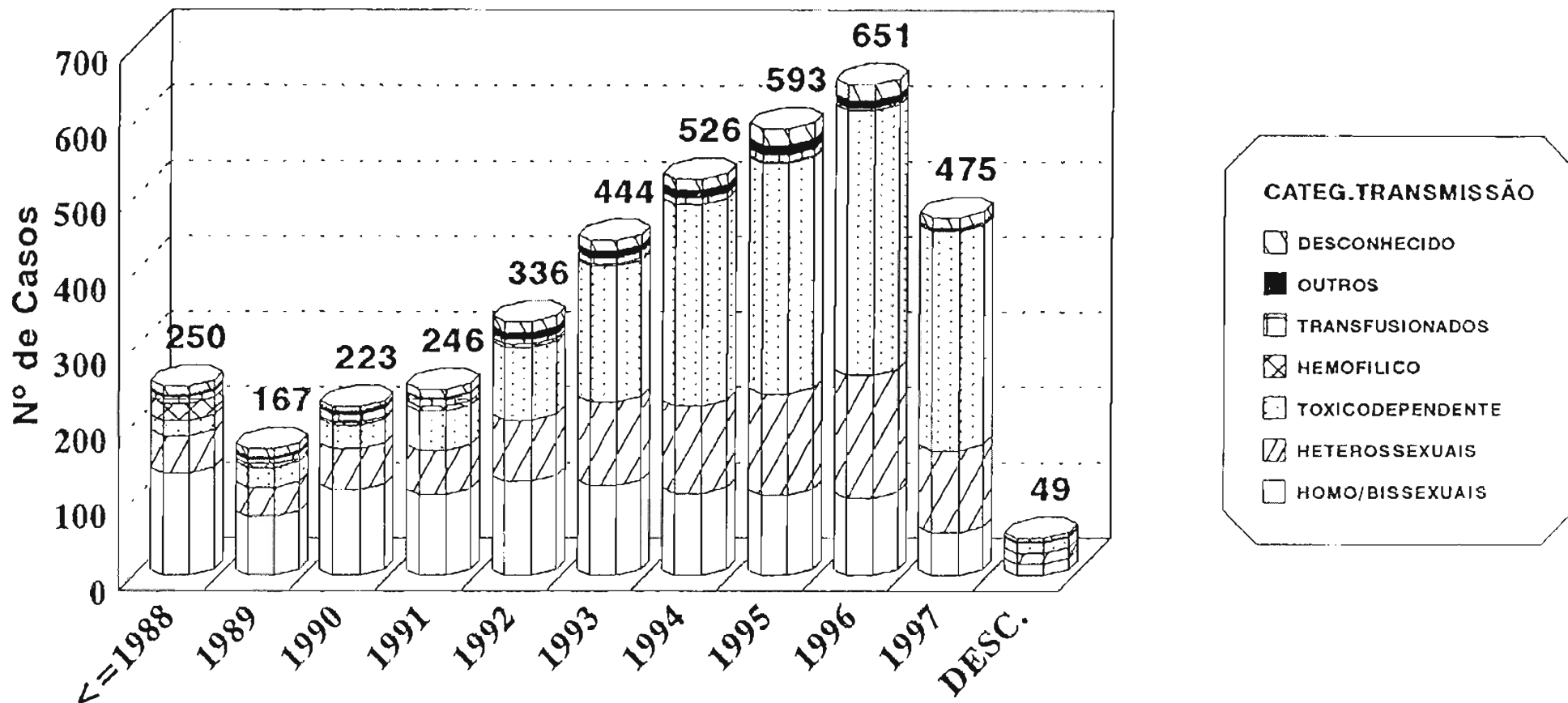
**DISTRIBUIÇÃO DOS CASOS DE SIDA POR CATEGORIA DE
DE TRANSMISSÃO, SEXO E ANO DE DIAGNÓSTICO
(sexo feminino)**



N= 736

FONTE: CVEDT (31.12.97)

DISTRIBUIÇÃO DOS CASOS DE SIDA POR CATEGORIA DE TRANSMISSÃO, SEXO E ANO DE DIAGNÓSTICO
(sexo masculino)



N = 3960

FONTE: CVEDT (31.12.97)

QUADRO 5

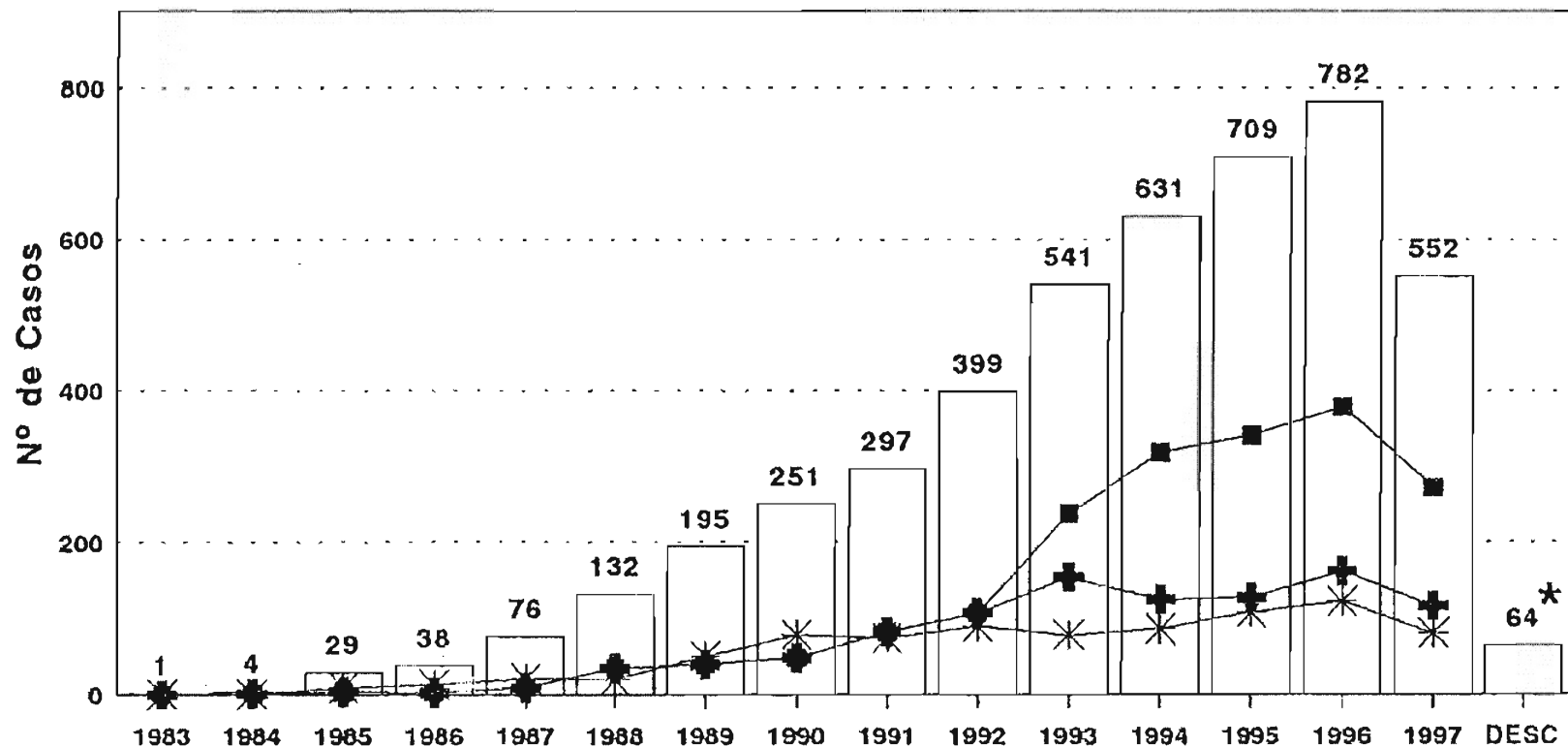
Distribuição dos casos e mortes por
categoria da doença oportunista.

01/01/83 - 31/12/97

Categoria da Doença	Casos		Mortes	
	Nº	%	Nº	%
Infecção Oportunista	3993	84.9	2380	82.8
Sarcoma de Kaposi	223	4.7	147	5.1
Inf. Oportunista + S. Kaposi	243	5.2	193	6.7
Linfoma	83	1.8	53	1.8
Encefalopatia	53	1.1	35	1.2
Síndrome de Emaciação	84	1.8	65	2.3
Pneum. Intersticial Linfoide	10	0.2	3	0.1
Carc. invasivo colo do útero	12	0.3	0	0.0
OUTRAS	0	0.0	0	0.0
TOTAL	4701	100	2876	100

FONTE: CVEDT

**EVOLUÇÃO DOS CASOS DE SIDA POR ANO DE DIAGNÓSTICO
(TOTAL GERAL, CASOS DE SIDA COM TUBERCULOSE E CASOS DE SIDA COM PPC)
1983-1997**



SIDA N=4701
 SIDA E TUBERCULOSE N=1894
 * SIDA E PPC N=838
 SIDA E TUBERCULOSE** N=1026

* 17 casos c/ tuberculose, 11 casos c/ PPC
e 15 casos c/ Tuberculose (sem Tub. Pulmonar)
referem ano de diagnóstico desconhecido

** Excepto Tuberculose Pulmonar

FONTE: CVEDT(31.12.97)

QUADRO 6

Distribuição dos casos de SIDA por
categoria da doença e sexo.

01/01/83 - 31/12/97

Categoria da Doença	MASCULINO		FEMININO		NÃO REFERIDO	
	Nº	%	Nº	%	Nº	%
Infecção Oportunista	3349	84.6	640	87.0	4	80.0
Sarcoma de Kaposi	214	5.4	9	1.2	0	0.0
Inf. Oportunista + S. Kaposi	231	5.8	11	1.5	1	20.0
Linfoma	62	1.6	21	2.9	0	0.0
Encefalopatia	40	1.0	13	1.8	0	0.0
Síndrome de Emaciação	60	1.5	24	3.3	0	0.0
Pneum. Intersticial Linfoide	4	0.1	6	0.8	0	0.0
Carc. invasivo colo do útero	0	0.0	12	1.6	0	0.0
OUTRAS	0	0.0	0	0.0	0	0.0
TOTAL	3960	100	736	100	5	100

FONTE: CVEDT

QUADRO 7

Distribuição dos casos de SIDA por
categoria da doença e tipo de vírus.

01/01/83 - 31/12/97

CATEGORIA DA DOENÇA	VIH1	VIH2	VIH1+VIH2	TIPO DE VIRUS NÃO REFERIDO
Infecção Oportunista	3703	205	69	16
Sarcoma de Kaposi	213	4	2	4
Inf. Oportunista + S. Kaposi	238	3	1	1
Linfoma	71	12	0	0
Encefalopatia	41	9	2	1
Síndrome de Emaciação	74	8	2	0
Pneum. Intersticial Linfoide	8	2	0	0
Carc. invasivo colo útero	8	3	1	0
OUTRAS	0	0	0	0
TOTAL	4356	246	77	22

FONTE: CVEDT

QUADRO 8

Distribuição dos casos e mortes de SIDA por residência

01/01/83 - 31/12/97

RESIDENCIA	CASOS	MORTES
PORTUGAL:	4531	2792
AVEIRO	84	60
BEJA	24	13
BRAGA	70	40
BRAGANCA	27	15
CASTELO BRANCO	36	25
COIMBRA	94	67
EVORA	23	12
FARO	162	92
GUARDA	22	15
LEIRIA	95	62
LISBOA	2330	1469
PORTALEGRE	11	10
PORTO	728	377
SANTAREM	73	45
SETUBAL	591	381
VIANA DO CASTELO	42	30
VILA REAL	16	10
WISEU	46	28
ACORES	23	17
MADEIRA	34	24
ESTRANGEIRO	73	44
AFRICA	40	22
EUROPA	21	13
N. AMERICA	4	2
S. AMERICA	8	7
ASIA	0	0
OCEANIA	0	0
Desconhecida	97	40
TOTAL	4701	2876

FONTE: CVEDT

CASOS DE SIDA POR
VÍRUS DA IMUNODEFICIÊNCIA HUMANA
TIPO 2 (VIH2)

A epidemia de SIDA em Portugal reveste-se de características especiais, pelo elevado número de casos de infecção pelo Vírus da Imunodeficiência Humana do tipo 2, pelo que se justifica uma análise mais detalhada. As principais características epidemiológicas destes casos, encontram-se descritas nas páginas seguintes.

VÍRUS DA IMUNODEFICIÊNCIA HUMANA TIPO 2

QUADRO 9

Distribuição dos casos de SIDA por data de diagnóstico e por data de notificação

01/01/83 - 31/12/97

ANO	Casos por data de DIAGNÓSTICO	Casos por data de NOTIFICAÇÃO*
1983	0	0
1984	1	0
1985	1	0
1986	2	0
1987	12	7
1988	13	13
1989	26	25
1990	20	15
1991	29	22
1992	34	36
1993	26	31
1994	24	31
1995	19	27
1996	22	25
1997	11	14
Ignorado	6	0
TOTAL	246	246

FONTE: CVEDT

* DATA DE NOTIFICAÇÃO - data em que o médico NOTIFICA o caso, sendo diferente da data de recepção no CVEDT.

QUADRO 10

Distribuição dos casos por idades e sexo

01/01/83 - 31/12/97

GRUPO ETARIO	SEXO			TOTAL	
	Masculino	Feminino	Nao referido	Nº	%
0 - 11 meses	2	1	0	3	1.2
1 - 4 anos	0	0	0	0	0.0
5 - 9 anos	2	2	0	4	1.6
10 - 12 anos	2	0	0	2	0.8
13 - 14 anos	2	1	0	3	1.2
15 - 19 anos	0	3	0	3	1.2
20 - 24 anos	4	3	0	7	2.8
25 - 29 anos	9	3	0	12	4.9
30 - 34 anos	21	9	0	30	12.2
35 - 39 anos	27	17	0	44	17.9
40 - 44 anos	37	11	0	48	19.5
45 - 49 anos	25	9	0	34	13.8
50 - 54 anos	20	10	0	30	12.2
55 - 59 anos	3	4	0	7	2.8
60 - 64 anos	6	4	0	10	4.1
65 +	5	3	0	8	3.3
Desconhecido	0	1	0	1	0.4
TOTAL	165	81	0	246	100

FONTE: CVEDT

QUADRO 10.1

Casos de SIDA por ano de diagnóstico e grupo etário

01/01/83 - 31/12/97

Grupo Etário	1983-85	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	DESC	TOTAL
0 -11 meses	0	0	0	0	0	0	0	2	0	1	0	0	0	0	3
1 - 4 anos	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5 - 9 anos	0	0	0	1	0	0	1	0	0	0	1	1	0	0	4
10 - 12 anos	0	0	0	1	0	0	1	0	0	0	0	0	0	0	2
13 - 14 anos	0	0	0	0	1	0	1	0	1	0	0	0	0	0	3
15 - 19 anos	0	0	0	0	0	0	1	0	1	1	0	0	0	0	3
20 - 24 anos	0	0	0	1	0	1	2	0	1	0	1	1	0	0	7
25 - 29 anos	0	1	1	1	2	2	1	3	0	1	0	0	0	0	12
30 - 34 anos	0	0	2	2	1	5	2	5	2	3	0	6	1	1	30
35 - 39 anos	0	0	2	2	9	5	2	7	4	3	3	3	3	1	44
40 - 44 anos	2	1	4	3	7	3	6	5	4	3	4	3	2	1	48
45 - 49 anos	0	0	0	1	3	1	3	6	6	5	3	3	2	1	34
50 - 54 anos	0	0	2	1	2	0	3	4	3	3	6	4	1	1	30
55 - 59 anos	0	0	0	0	0	1	1	1	2	1	0	0	0	1	7
60 - 64 anos	0	0	0	0	1	0	4	1	1	2	0	0	1	0	10
65 +	0	0	1	0	0	2	1	0	1	1	1	0	1	0	8
Desconhecido	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
TOTAL	2	2	12	13	26	20	29	34	26	24	19	22	11	6	246

FONTE: CVEDT

QUADRO 10.2

Casos de SIDA por ano de diagnóstico e grupo etário (Sexo Masculino)

01/01/83 - 31/12/97

Grupo Etário	1983-85	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	DESC	TOTAL
0 - 11 meses	0	0	0	0	0	0	0	1	0	1	0	0	0	0	2
1 - 4 anos	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5 - 9 anos	0	0	0	1	0	0	0	0	0	0	0	1	0	0	2
10 - 12 anos	0	0	0	1	0	0	1	0	0	0	0	0	0	0	2
13 - 14 anos	0	0	0	0	1	0	0	0	1	0	0	0	0	0	2
15 - 19 anos	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20 - 24 anos	0	0	0	1	0	0	1	0	1	0	0	1	0	0	4
25 - 29 anos	0	1	0	0	2	1	1	3	0	1	0	0	0	0	9
30 - 34 anos	0	0	1	1	1	3	2	3	2	2	0	4	1	1	21
35 - 39 anos	0	0	2	2	3	4	1	5	3	2	3	1	1	0	27
40 - 44 anos	1	1	3	3	6	3	5	4	3	2	3	1	1	1	37
45 - 49 anos	0	0	0	1	1	1	2	5	4	4	2	3	2	0	25
50 - 54 anos	0	0	1	1	2	0	2	3	2	2	3	3	1	0	20
55 - 59 anos	0	0	0	0	0	0	0	1	1	1	0	0	0	0	3
60 - 64 anos	0	0	0	0	0	0	1	1	1	2	0	0	1	0	6
65 +	0	0	1	0	0	1	1	0	0	0	1	0	1	0	5
Desconhecido	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	1	2	8	11	16	13	17	26	18	17	12	14	8	2	165

FONTE: CVEDT

QUADRO 10.3

Casos de SIDA por ano de diagnóstico e grupo etário (Sexo Feminino)

01/01/83 - 31/12/97

Grupo Etário	1983-85	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	DESC	TOTAL
0 - 11 meses	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
1 - 4 anos	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5 - 9 anos	0	0	0	0	0	0	1	0	0	0	1	0	0	0	2
10 - 12 anos	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13 - 14 anos	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
15 - 19 anos	0	0	0	0	0	0	1	0	1	1	0	0	0	0	3
20 - 24 anos	0	0	0	0	0	1	1	0	0	0	1	0	0	0	3
25 - 29 anos	0	0	1	1	0	1	0	0	0	0	0	0	0	0	3
30 - 34 anos	0	0	1	1	0	2	0	2	0	1	0	2	0	0	9
35 - 39 anos	0	0	0	0	6	1	1	2	1	1	0	2	2	1	17
40 - 44 anos	1	0	1	0	1	0	1	1	1	1	1	2	1	0	11
45 - 49 anos	0	0	0	0	2	0	1	1	2	1	1	0	0	1	9
50 - 54 anos	0	0	1	0	0	0	1	1	1	1	3	1	0	1	10
55 - 59 anos	0	0	0	0	0	1	1	0	1	0	0	0	0	1	4
60 - 64 anos	0	0	0	0	1	0	3	0	0	0	0	0	0	0	4
65 +	0	0	0	0	0	1	0	0	1	1	0	0	0	0	3
Desconhecido	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
TOTAL	1	0	4	2	10	7	12	8	8	7	7	8	3	4	81

FONTE: CVEDT

QUADRO 11

Distribuição dos casos de SIDA segundo
Categorias de Transmissão por Ano de Diagnóstico

01/01/83 - 31/12/97

Categorias de Transmissão	ANO DE DIAGNÓSTICO									TOTAL	
	=<1990	1991	1992	1993	1994	1995	1996	1997	DESC.	Nº	%
Homo ou Bissexuais	5	0	1	0	1	0	1	1	0	9	3.7
Tóxico-Dependentes	0	0	2	2	1	0	1	1	0	7	2.8
Homo/Toxico-Dependentes	0	0	0	0	0	0	0	0	0	0	0.0
Hemofílicos	3	1	0	0	0	0	0	0	0	4	1.6
Transfusionados	17	9	4	5	3	5	0	2	0	45	18.3
Heterossexuais	47	15	24	15	17	13	18	6	5	160	65.0
Mãe/Filho	0	2	1	0	1	0	1	0	0	5	2.0
Nosocomial	0	0	0	0	0	0	0	0	0	0	0.0
Desconhecidos	3	2	2	4	1	1	1	1	1	16	6.5
TOTAL	75	29	34	26	24	19	22	11	6	246	100

FONTE: CVEDT

NOTA: O ano de 1990 inclui os casos de 1983 a 1990.

QUADRO 12

Distribuição dos casos de SIDA segundo o Ano de Diagnóstico

01/01/83 - 31/12/97

ANO	Número de Casos			Número de Casos Vivos			Número de Casos Mortos		
	Homens	Mulheres	TOTAL	Homens	Mulheres	TOTAL	Homens	Mulheres	TOTAL
1983	0	0	0	0	0	0	0	0	0
1984	0	1	1	0	0	0	0	1	1
1985	1	0	1	1	0	1	0	0	0
1986	2	0	2	0	0	0	2	0	2
1987	8	4	12	1	2	3	7	2	9
1988	11	2	13	1	1	2	10	1	11
1989	16	10	26	6	5	11	10	5	15
1990	13	7	20	5	3	8	8	4	12
1991	17	12	29	5	1	6	12	11	23
1992	26	8	34	4	4	8	22	4	26
1993	18	8	26	10	3	13	8	5	13
1994	17	7	24	8	1	9	9	6	15
1995	12	7	19	4	5	9	8	2	10
1996	14	8	22	9	4	13	5	4	9
1997	8	3	11	6	3	9	2	0	2
DESC	2	4	6	1	1	2	1	3	4
TOTAL	165	81	246	61	33	94	104	48	152

FONTE: CVEDT

QUADRO 13

Casos de SIDA por patologia (*) segundo Categorias de Transmissão

01/01/83 - 31/12/97

Categorias de Transmissão	Patologia								TOTAL
	IO	SK	IO+SK	LINF	ENCEF	S.EMAC	PIL	CICU	
Homo ou Bissexuais	7	0	1	0	0	1	0	0	9
Tóxico-Dependentes	6	0	0	0	0	1	0	0	7
Homo/Tóxico Dependentes	0	0	0	0	0	0	0	0	0
Hemofílicos	4	0	0	0	0	0	0	0	4
Transfusionados	36	1	1	0	5	2	0	0	45
Heterossexuais	136	3	0	11	3	4	0	3	160
Mãe/Filho	2	0	0	0	1	0	2	0	5
Nosocomial	0	0	0	0	0	0	0	0	0
Desconhecidos	14	0	1	1	0	0	0	0	16
TOTAL	205	4	3	12	9	8	2	3	246

FONTE: CVEDT

* Casos de SIDA por patologia observada no diagnóstico, segundo Categorias de Transmissão

IO - Infecção Oportunista
 SK - Sarcoma de Kaposi
 LINF - Linfoma
 ENCEF - Encefalopatia

IO+SK - Inf. Oportunista & Sarcoma de Kaposi
 PIL - Pneum. Intersticial Linfoide
 S.EMAC - Síndrome de Emaciação
 CICU - Carcinoma invasivo do colo do útero

QUADRO 14

Distribuição dos casos e mortes por categoria da doença oportunista.

01/01/83 - 31/12/97

Categoria da Doença	Casos		Mortes	
	Nº	%	Nº	%
Infecção Oportunista	205	83.3	128	84.2
Sarcoma de Kaposi	4	1.6	3	2.0
Inf. Oportunista + S. Kaposi	3	1.2	3	2.0
Linfoma	12	4.9	7	4.6
Encefalopatia	9	3.7	6	3.9
Síndrome de Emaciação	8	3.3	5	3.3
Pneum. Intersticial Linfoide	2	0.8	0	0.0
Carc. invasivo colo do útero	3	1.2	0	0.0
OUTRAS	0	0.0	0	0.0
TOTAL	246	100	152	100

FONTE: CVEDT

QUADRO 15

Distribuição dos casos de SIDA por categoria da doença e sexo.

01/01/83 - 31/12/97

Categoria da Doença	MASCULINO		FEMININO		NÃO REFERIDO	
	Nº	%	Nº	%	Nº	%
Infecção Oportunista	146	88.5	59	72.8	0	0.0
Sarcoma de Kaposi	3	1.8	1	1.2	0	0.0
Inf. Oportunista + S. Kaposi	2	1.2	1	1.2	0	0.0
Linfoma	5	3.0	7	8.6	0	0.0
Encefalopatia	5	3.0	4	4.9	0	0.0
Síndrome de Emaciação	3	1.8	5	6.2	0	0.0
Pneum. Intersticial Linfoide	1	0.6	1	1.2	0	0.0
Carc. invasivo colo do útero	0	0.0	3	3.7	0	0.0
OUTRAS	0	0.0	0	0.0	0	0.0
TOTAL	165	100	81	100	0	0

FONTE: CVEDT

QUADRO 16

Distribuição dos casos e mortes de SIDA por residência

01/01/83 - 31/12/97

RESIDENCIA	CASOS	MORTES
PORTUGAL:	224	140
AVEIRO	6	6
BEJA	1	1
BRAGA	5	1
BRAGANCA	5	4
CASTELO BRANCO	4	3
COIMBRA	9	8
EVORA	1	1
FARO	6	2
GUARDA	1	0
LEIRIA	2	1
LISBOA	113	65
PORTALEGRE	0	0
PORTO	28	17
SANTAREM	1	1
SETUBAL	31	23
VIANA DO CASTELO	2	1
VILA REAL	3	2
WISEU	5	3
ACORES	1	1
MADEIRA	0	0
ESTRANGEIRO	15	8
AFRICA	15	8
EUROPA	0	0
N. AMERICA	0	0
S. AMERICA	0	0
ASIA	0	0
OCEANIA	0	0
Desconhecida	7	4
TOTAL	246	152

FONTE: CVEDT

RELATÓRIO SOBRE A PANDEMIA DE VIH E SIDA

A NÍVEL MUNDIAL

DEZEMBRO DE 1997

UNAIDS e Organização Mundial da Saúde

Report on the Global HIV/AIDS Epidemic

D E C E M B E R 1 9 9 7



UNAIDS | *Global
HIV/AIDS and STD
Surveillance* | **WHO**

Surveillance of HIV/AIDS and STDs is conducted as a joint effort of UNAIDS and WHO. The data in this report have been compiled by the UNAIDS/WHO Working Group on Global HIV/AIDS and STD Surveillance in collaboration with National AIDS Programmes.

Global summary of the HIV/AIDS epidemic, December 1997

People newly infected with HIV in 1997	Total	5.8 million
	Adults	5.2 million
	<i>Women</i>	<i>2.1 million</i>
	Children <15 years	590 000
No. of people living with HIV/AIDS	Total	30.6 million
	Adults	29.5 million
	<i>Women</i>	<i>12.1 million</i>
	Children <15 years	1.1 million
AIDS deaths in 1997	Total	2.3 million
	Adults	1.8 million
	<i>Women</i>	<i>820 000</i>
	Children <15 years	460 000
Total no. of AIDS deaths since the beginning of the epidemic	Total	11.7 million
	Adults	9.0 million
	<i>Women</i>	<i>4.0 million</i>
	Children <15 years	2.7 million
Total no. of AIDS orphans¹ since the beginning of the epidemic		8.2 million

¹ Defined as HIV-negative children who lost their mother or both parents to AIDS when they were under the age of 15.

Global estimates

□ HIV: close to 16 000 new infections a day

New estimates show that infection with the human immunodeficiency virus (HIV) which causes AIDS is far more common in the world than previously thought (see box on page 12). UNAIDS and WHO estimate that over 30 million people are living with HIV infection at the end of 1997. That is one in every 100 adults in the sexually active ages of 15 to 49 worldwide.² Included in the 30 million figure are 1.1 million children under the age of 15. The overwhelming majority of HIV-infected people – more than 90% – live in the developing world, and most of these do not know that they are infected (see page 10).

Around 16 000 new HIV infections a day in 1997

- More than 90% are in developing countries
 - 1 600 are in children under 15 years of age
 - About 14 000 are in adults, of whom:
 - over 40% are women
 - over 50% are 15–24-year-olds
-

This year's estimates also point up the continuing rapid spread of HIV. Altogether, 5.8 million people are believed to have acquired HIV infection in 1997, 590 000 of them children. Overall, that is equivalent to nearly 16 000 new infections every day of the year, including those in children infected at birth or through breastfeeding.

Assuming that currently unbroken trends in many parts of the world will continue, it is estimated that more than 40 million people will be living with HIV in the year 2000.

An estimated 2.3 million people died of AIDS in 1997. These deaths represent a fifth of the total 11.7 million AIDS deaths since the beginning of the epidemic in the late 1970s. Of the people who died of AIDS this year, 46% were women and 460 000 were children.

² In this report, adults are defined as those aged 15-49, children as those under 15. To make it easier to compare prevalence rates (proportion of people currently living with HIV/AIDS) between countries and regions, the total number of adults aged 15-49 living in a given country or region is used as the denominator.

Regional round-up

It is becoming increasingly clear that, although almost every country is touched by HIV, the virus spreads very differently in different parts of the world. There are even important differences in patterns of spread in different communities and geographic areas within the same country.

Regional HIV/AIDS statistics and features, December 1997

Region	Epidemic started	Adults & children living with HIV/AIDS	Adult prevalence rate ³	Cumulative no. of orphans ⁴	Percent of HIV-positive adults who are women	Main mode(s) of transmission ⁵ for adults living with HIV/AIDS
Sub-Saharan Africa	late '70s - early '80s	20.8 million	7.4%	7.8 million	50%	Hetero
North Africa & Middle East	late '80s	210 000	0.13%	14 200	20%	IDU, Hetero
South & South-East Asia	late '80s	6.0 million	0.6%	220 000	25%	Hetero
East Asia & Pacific	late '80s	440 000	0.05%	1 900	11%	IDU, Hetero, MSM
Latin America	late '70s - early '80s	1.3 million	0.5%	91 000	19%	MSM, IDU, Hetero
Caribbean	late '70s - early '80s	310 000	1.9%	48 000	33%	Hetero, MSM
Eastern Europe & Central Asia	early '90s	150 000	0.07%	30	25%	IDU, MSM
Western Europe	late '70s - early '80s	530 000	0.3%	8 700	20%	MSM, IDU
North America	late '70s - early '80s	860 000	0.6%	70 000	20%	MSM, IDU, Hetero
Australia & New Zealand	late '70s - early '80s	12 000	0.1%	300	5%	MSM, IDU
TOTAL		30.6 million	1.0%	8.2 million	41%	

□ Infection reaches unprecedented levels in sub-Saharan Africa

Sub-Saharan Africa is the region with the fastest-moving epidemic. The African epidemic has also been the most underestimated one up to now (see box on page 12). Now thought to have fully two-thirds of the total world number of people living with HIV, sub-Saharan Africa as a whole has reached the unprecedented level of 7.4% of all those aged 15 to 49 infected with HIV.

Unprotected sex between men and women accounted for most of the 3.4 million new HIV infections estimated among adults in sub-Saharan Africa in 1997. In addition, high fertility combined with poor access to information and services for the prevention of mother-to-child transmission resulted in some 530 000 infected children being born to mothers with HIV – around 90% of the world total.

Although heterosexual transmission accounts for most infections throughout Africa, levels of infection vary widely across the continent.

³ The proportion of adults living with HIV/AIDS in the adult population (15 to 49 years of age).

⁴ Orphans are defined as HIV-negative children who lost their mother or both parents to AIDS when they were under age 15.

⁵ MSM (men who have sex with men), IDU (injecting drug users), Hetero (heterosexual transmission).

Southern Africa continues to be the part of the continent worst affected by HIV. By early 1997, the Government of South Africa estimated that 2.4 million South Africans were living with HIV, up by more than a third over 1996. In Botswana, the proportion of the adult population living with HIV has doubled over the last five years. In 1997, 43% of pregnant women tested in the major urban centre of Francistown were HIV-positive. In Zimbabwe, infection was estimated at one in five adults in 1996. In Harare, 32% of pregnant women were already infected in 1995; in Beit Bridge, another major city, the proportion shot up from 32% in 1995 to 59% in 1996. Although levels in cities were slightly higher than in rural areas, the difference was not great. In one town near the South African border with a large population of migrant workers, 7 pregnant women in 10 tested HIV-positive in 1995.

In general, West Africa has seen its rates of infection stabilize at much lower levels than in East and Southern Africa. However, some of the most populous countries in West Africa are the exception to this rule. For example, the National AIDS Programme estimates that 2.2 million people are currently living with HIV in Nigeria, a country whose response to the epidemic needs strengthening.

East Africa was one of the first areas to suffer a massive regional epidemic, and one country in the region, Uganda, was among the first to respond with open and concerted efforts to prevent the spread of the virus. For Uganda, this seems to be paying off. 1997 data currently being analysed show that the proportion of Ugandan adults infected is continuing to drop. All three of the surveillance sites for which figures are now available show infection levels of between 5% and 9%, representing a decrease of about one-fifth compared with 1996. The fall has been particularly marked in the younger age groups, which is in line with behaviour studies showing that young people nowadays are adopting safer sexual behaviour – later sexual initiation, fewer partners, more condom use – than was common a decade ago.

□ Infection rates in Asia are lower than Africa's, but the numbers are large

The diversity within Asia is greater even than that in Africa. Levels of infection vary enormously, and so do routes of transmission. Often there are a number of different epidemics running concurrently within a single country. New genetic typing procedures (which allow researchers to investigate how different strains of the virus are spreading through the population) show that there is often remarkably little overlap between the HIV epidemics among injecting drug users and sex workers, for instance.

The epidemic is newer in Asia than in Africa, and only a few countries in the region have developed sophisticated systems for monitoring the spread of HIV. So estimates of HIV in Asia often have to be made on the basis of less information than in other regions. Because over half of the world's population lives in the region, small differences in rates can make huge differences in the absolute numbers of people infected.

The Government of China estimated that at the end of 1996 up to 200 000 people were living with HIV/AIDS. According to some estimates, this figure may have doubled by the end of 1997. At present, there are two major epidemics under way in China. One is in injecting drug users in the mountainous southwest of the country. The other, newer epidemic is now surfacing among heterosexuals, especially along the prosperous eastern seaboard where prostitution is re-emerging as the gap grows between rich and poor. The warning signs of high-risk behaviour are

worryingly clear: sexually transmitted diseases (STDs) have shot up in recent years, and there are no suggestions that the upward trend will be broken.

In India, infection rates, at under 1% of the total adult population, are still low by the standards of many countries, although well over 10 times higher than in neighbouring China. Surveillance is patchy, but all indications are that between 3 and 5 million people in India are living with HIV. Even at the bottom of that range, India is the country with the largest number of HIV-infected people in the world.

Recent testing of pregnant women in Mumbai shows infection rates around 2.4% in 1996. In Pondicherry, the rate among pregnant women is around 4%. Among truck drivers in the southern state of Madras, HIV infection quadrupled from 1.5% in 1995 to 6.2% just one year later. In the northeastern state of Manipur, where the epidemic took off quickly among male drug injectors, some drug clinics were registering HIV rates of as high as 73% in 1996.

There is limited information about HIV infection in other parts of south Asia, but it is clear that many people are having unprotected sex with non-monogamous partners. A recent study among sex workers in Bangladesh showed that 95% had contracted genital herpes, mostly from their clients, while 60% had syphilis.

Rates of HIV infection remain low in several southeast Asian nations. In Indonesia, Malaysia, the Philippines and Singapore, for instance, infection rates are well under 1%. However, other countries in the region show much higher levels of HIV spread. The reasons for these differences are not entirely clear. Nor is there any assurance that currently low rates will remain low, given the widespread occurrence of risk behaviour including commercial sex and, in some places, drug injecting.

Thailand, which has experienced what is probably the best-documented epidemic in the developing world, is continuing to produce evidence of a fall in new infections, especially among sex workers and their clients. These are the groups who have accounted for the majority of the some 750 000 persons currently infected, representing 2.3% of the adult population. The decrease in new infections is the outcome of concurrent and sustained prevention efforts aimed at increasing condom use among heterosexuals, boosting respect for women, discouraging men from visiting sex workers, and offering young women better educational and other prospects to discourage their entry into commercial sex. HIV rates among Thailand's injecting drug users have stabilized at a relatively high level (around 40%), and a survey among men who have sex with other men in northern Thailand reported low AIDS awareness and condom use.

Elsewhere in southeast Asia the picture is mixed. It is bleakest in Cambodia, where 1 in 20 pregnant women, 1 in 16 soldiers and policemen and 1 in 2 sex workers tested positive in sentinel HIV surveillance. While condom use has grown very rapidly (condom sales have risen from virtually nothing to around a million units a month in the space of under three years) commercial sex remains very common: in a recent survey three-quarters of respondents in the military and the police force and two-fifths of male students said they had visited a sex worker in the last year. Viet Nam and Myanmar are also seeing a rapid spread of HIV. In Myanmar, HIV infection among sex workers rose from 4% in 1992 to over 20% in 1996, while two-thirds of injecting drug users are infected. Among pregnant women in the general population, an estimated 2% are infected.

Overall, about 6.4 million people are currently believed to be living with HIV in Asia and the Pacific – just over 1 in 5 of the world's total. By the end of the year 2000, just three years from now, that proportion is expected to rise to 1 in 4. Around 92 000 children now live with HIV in Asia.

□ Latin America and the Caribbean: neglected groups and a window of opportunity

In Latin America the picture is heterogeneous. For the most part, HIV is concentrated in neglected populations living on the social and economic margins of society. The epidemic has taken its greatest toll on men who have sex with men and injecting drug users. Systematic data collection is difficult in these groups and information is rather scarce as of today. Nevertheless, studies on Mexican men who have sex with men show that, on average, as many as 30% of them may be living with HIV. Rates in drug users vary from 5% to 11% in Mexico to close to 50% in Argentina and Brazil. In some places there is clear evidence of increasing spread among poorer and less educated parts of the population. For example, in Brazil most of the early AIDS cases were in individuals with secondary or university education; today 60% of cases are in people with primary schooling or less.

Rising rates in women show that heterosexual transmission is becoming more prominent. In Brazil, the male/female ratio of AIDS cases has dropped from 16:1 in 1986 to 3:1. Although HIV rates in pregnant women are still comparably low in general, they have reached levels of 1% in Honduras and more than 3% in Porto Alegre, Brazil. Rates are substantially higher in the Caribbean. Haiti found over 8% of pregnant women carrying the virus already in 1993; the same prevalence was reported from one surveillance site in the Dominican Republic in 1996.

For the most part, however, this region of the world still has an important window of opportunity: it is not too late to stop HIV from spreading to the population at large. This will require a much greater focus on meeting the special prevention needs of marginalized and impoverished populations.

As limited as the region's epidemic has been thus far, AIDS has already had a major impact. In Mexico, AIDS was the third leading cause of death in men between 25 and 34 years of age in 1995 with increasing trends. In the state of Sao Paulo, Brazil, AIDS became the leading cause of death in 20 to 34-year-old women in 1992. In Latin America and the Caribbean as a whole, AIDS has already overtaken traffic accidents as a cause of death. However, a recent drop in AIDS mortality – similar to that seen in Western Europe and North America (see below) – has been recorded in Sao Paulo and is attributed to the increasing use of antiretroviral therapy.

□ Drug use drives HIV in Eastern Europe

Drug injection is behind the dramatic surge in HIV infection in several Eastern European nations, accounting for the majority of the 100 000 new infections estimated to have occurred in 1997. In Ukraine, where around 70% of infections have been in drug users over the last three years, some 25 000 cases of HIV infection have been reported so far, half of them in 1997. It is possible that a similar pattern will be seen elsewhere in the region. Russian officials estimate there are about 350 000 regular drug users in the country, many of them sharing injecting equipment.

The potential for sexual spread also exists. In Russia, Belarus and Moldova, new cases of syphilis rocketed from very low levels in the late 1980s to well above 2 per 1000 population by 1996, with continuously increasing trends. An untreated sexually transmitted disease not only makes HIV (when present) spread much more easily from one partner to the other but is important as a marker of potential HIV spread because it has the same transmission route – unprotected sex (intercourse without a condom).

□ AIDS is falling in the industrialized world

The growing gap between the developed and the developing world concerns not only the scale of HIV spread but mortality from AIDS. In North America, Western Europe, Australia and New Zealand, newly-available antiretroviral drugs are reducing the speed at which HIV-infected people develop AIDS.

In Western Europe evidence suggests that new AIDS cases will drop by around 30% in 1997 compared with 1995, before antiretroviral treatment became available. The fall is greatest in countries in which infection has been concentrated in homosexual men, in whom HIV rates began dropping 5-10 years earlier. This shows that the decline in AIDS cases is often the combined result of better prevention and better treatment. Only in Portugal and Greece, where unsafe drug injecting is the main mode of transmission, are new AIDS cases still showing substantial rises compared with a year ago.

In the United States, newly-published figures indicate that the first-ever annual decrease in new AIDS cases – 6% – occurred in 1996, and an even bigger decrease is expected in 1997. Again, the largest fall – a drop of 11% – was in homosexual men, the very group which sought and benefited from the most open exchange of information about the risks of unprotected sex in the early years of the epidemic. In some disadvantaged sections of society, however, AIDS continues to rise. Among African-Americans, new AIDS cases rose by 19% among heterosexual men and 12% among heterosexual women in the USA in 1996. In the Hispanic community, there were 13% more cases among men and 5% more among women than a year earlier. This is partly because these communities may find it hard to access the expensive new drugs that could stave off the onset of AIDS. It is partly, too, because prevention efforts in minority communities, where transmission is often through heterosexual intercourse and drug injecting, have been less successful than in the predominantly well-educated and well-organized white gay community.

It is estimated that 30 000 Western Europeans were newly infected with HIV in 1997. Antiretroviral treatment given to women during pregnancy and the availability of safe alternatives to breastfeeding kept mother-to-child infection low – it is estimated that fewer than 500 children under the age of 15 were infected with HIV in 1997. North America estimated it had around 44 000 new HIV infections in 1997. As in Western Europe, transmission from mother to child was low, with fewer than 500 new cases.

AIDS wipes out gains in life expectancy and child survival

AIDS is systematically cutting down life expectancy in the countries where the disease is most common. The gains achieved over the last few decades in much of the developing world will in some places be cancelled out by HIV. Life expectancy in Botswana rose from under 43 years in

1955 to 61 years in 1990. Now, with between 25% and 30% of the adult population infected with HIV, life expectancy is expected to drop back to levels last seen in the late 1960s. By the end of the decade, Zimbabwe will see 10 years wiped off the life expectancy of a child born in 1990. In Uganda, one study in a rural area measured the lifespan of the population as a whole and compared it with that of the people who were not HIV-infected. It concluded that where some 8% of the population was HIV-positive, the presence of AIDS in the community cut overall life expectancy by 16 years.

In many countries AIDS is the leading cause of death in adults. In the United States, after combination therapy to slow down the progression of HIV disease was introduced in 1996, AIDS dropped into second place among leading causes of death in people aged 25–44 for the first time since 1992. Accidental injury took over in first place. In rural Uganda, AIDS accounted for 41% of adult deaths in one study. For men between 25 and 44, and for women between 20 and 44, AIDS caused 7 out of every 10 deaths. In trading centres which are home to large numbers of younger adults, a third of whom are HIV-infected, nearly 9 out of 10 adult deaths are HIV-related. In Namibia, HIV causes nearly twice as many deaths across all ages as malaria, the next most common killer.

The high mortality due to HIV/AIDS also has major impacts on families. It is estimated that since the beginning of the epidemic more than 8 million children have lost their mothers to AIDS when they were less than 15 years old – and many of these also lost their fathers. It is estimated that this figure will almost double by the year 2000.

The worst is still to come. Since the beginning of the epidemic, it is estimated that 11.7 million people around the world have died of AIDS and HIV-related causes. That is just a third of the number currently infected. Indeed, half as many people were infected this year alone as have died in the whole epidemic to date. Because the vast majority of people living with HIV are in the developing world, access to life-prolonging antiretrovirals is often difficult or impossible. And even when available these drugs do not constitute a cure: they are not effective in everyone, and at this point it is impossible to say how long their effects will last. Thus, many if not most of the 30 million people currently infected may well die in the relatively near future, perhaps within the next decade.

Developing nations have made great strides in increasing infant and child survival in recent decades. These gains, too, are threatened by HIV. Already, a quarter more babies under 12 months old in Zimbabwe and Zambia are dying than would be the case if there were no HIV. By 2010, Zimbabwe's infant mortality rate is expected to rise by 138% because of AIDS, and its under-five mortality rate by 109%. In Côte d'Ivoire, child mortality will rise by over two-thirds.

Young people at risk

In some parts of the world, the proportion of the total adult population living with HIV/AIDS has stabilized or begun to fall. While this is good news, it can hide an unpleasant truth: new infections in the younger age groups can continue unabated or even go on rising as the overall proportion of people living with HIV/AIDS falls.

High infection rates and risk behaviour among some young people

In most parts of the world, the majority of new infections are in young people between the ages of 15 and 24, sometimes younger. In one study in Zambia, over 12% of the 15 and 16-year-olds seen at antenatal clinics were already infected with HIV.

Girls appear to be especially vulnerable to infection, but Uganda has recently shown encouraging evidence that in some city sites infection rates have halved among teenage girls since 1990. Even there, however, the rates remain unacceptably high, with up to 1 pregnant teenager in 10 testing HIV-positive. That rate is six times higher than in boys of the same age.

In South Africa, the proportion of pregnant 15-19-year-olds infected with HIV rose to 13% in 1996 from around half that level just two years earlier. In Botswana the infection rate stood at 28% for the same group in 1997. In Maharashtra state in India, where the epidemic is in its early years, some 3.5% of pregnant teenagers tested HIV-positive in a recent study.

What is abundantly clear is that some young people all over the world engage in risky sexual behaviour. In Mongolia, there has been a recent jump in sexually transmitted diseases in children under 15, indicating that they are exposed to unprotected intercourse. One study shows that since 1994, STDs in those under 15 have shot up more than ten-fold. In Namibia, 37% of 12-18-year-olds reported that they had had sex, nearly half of them with more than one partner. Most said that they believed their own partners had had other partners, too. In Tanzania, 12% of teenage males and 37% of 20-24-year-olds reported that they had multiple sex partners in the last year. In Mali, 2 out of 5 sexually active boys in their teens said they last had sex with a prostitute or casual partner. In the United States, some studies indicate that genital herpes has jumped more than four-fold among white teenagers since the 1970s, with close to 1 in 20 now infected. Among white Americans in their 20s, the rate is 1 in 7.

Sometimes, young people know of the risks of unprotected sex but feel AIDS could not possibly happen to them. In Malawi, most young men and women know how HIV is transmitted and how it can be prevented. When asked, however, many said they felt invulnerable to the virus. Some 90% of teenage boys said they were at no risk or at minimal risk of infection, even though nearly half of them reported at least one casual sex partner over the last year, and condom use was low.

Even in countries such as Thailand – which has been among the most successful in encouraging young people to adopt safer sexual behaviour and has been rewarded by seeing a marked fall in both HIV infection and other STDs – there are groups of young people that fall through the net, such as those living on the street.

More education translates into lower risk

In many countries, young people are denied access to education about HIV including safe behaviour skills, or are unable to buy condoms or attend STD clinics. This is usually because older adults believe such education and services will actually encourage young people to increase their sexual activity.

In fact, the reverse is true according to a newly-published UNAIDS review of data from four continents. Good-quality sex education helps delay first intercourse and leads to lower levels of teenage pregnancy and STDs. In the years after Switzerland launched an active and very open

campaign aimed at informing young people about healthy sexual behaviour, the proportion of 17-year-old girls and boys who never had sex – a proportion that had been dropping for many years – began to show a marked rise. The same trend toward postponement of first sexual intercourse is now being observed in the USA and in Uganda.

Educational efforts are also resulting in greater condom use among those who have become sexually active. Thailand and Uganda have already been mentioned. In Tanzania, 16% of sexually active teenage women had used a condom in 1996. While this may seem woefully low, it is certainly a vast improvement on the 5% recorded in 1990. The proportion of teenage men who had ever used a condom rose from 14% to 38% in the same period. In Zambia, too, condom use has risen from very low levels in the 1980s. In 1996 about one-third of sexually active teenage women nationwide reported having used a condom – a level previously reported only from the capital Lusaka, where condom use has always been highest. In Switzerland, levels of casual sex among young people have remained more or less constant since the late 1980s, but consistent use of condoms with those partners has risen four-fold – a more impressive increase than seen in older people.

Over 27 million do not know they are infected

UNAIDS estimates that of the some 30 million people currently living with HIV, the vast majority have no idea they are infected. As with so many other features of the epidemic, when it comes to knowledge of HIV status there is a gaping divide between the developing and industrialized world.

In the United States, the Centers for Disease Control and Prevention (CDC) estimate that two-thirds of people living with HIV know about their infection. In Germany, the proportion of AIDS patients who knew their HIV status at least six months before an AIDS diagnosis remained steady at close to three-quarters in 1994 and 1995. Since 1995, when drugs that can delay the onset of AIDS came onto the market, the proportion has actually dropped to two-thirds. This is because people who knew their status early have already been treated and have been able to delay the onset of AIDS. People who do not know their status are more likely to go on and develop AIDS. The availability of treatment is a powerful incentive to get tested early.

In the developing world, where the epidemic is increasingly concentrated, the picture is very different. HIV testing is done mostly for purposes of surveillance, which involves very small population samples and is done “anonymously” (with no identification by name of those tested). Few people have any hope of treatment, so they feel little incentive to get tested. But even those who would want to know may not be able to find out. In many countries, there simply are no voluntary testing and counselling facilities; people have no acceptable way of learning if they are HIV-infected. An ongoing study at a rural hospital in South Africa suggests that only 2% of people who are HIV-positive know their status. The situation in urban Kenya seems to be as bad. Of 63 randomly chosen women who tested HIV-positive in one study, just one was already aware that she was infected.

The fact that current testing procedures usually require at least two visits to a test site further complicates access to testing. This can be difficult or expensive for people living in isolated areas. In rural South Africa, just 17% of the people who asked to be tested came back for the result and the advice and support that goes with it. When an on-the-spot test was tried, nearly everyone (96%) chose to know the result.

Since the epidemic is concentrated in the developing world, a conservative estimate might suggest that 9 out of 10 infected people in the world do not know their HIV status. At current estimates, that would suggest there are over 27 million people in the world today who have no idea they are infected.

There are many reasons why HIV testing and counselling for those who want to know their infection status should become part of the broad package of interventions used for AIDS prevention, care and support. Increasingly, ways are being found to delay symptomatic HIV disease including the late stage called AIDS, and to prevent or treat the infections which afflict people whose immune systems have been damaged by the virus. Not all of these treatments are prohibitively expensive. The earlier people know they are infected, the greater the opportunity for them to access treatment – or put pressure on their communities and countries for improved access, where this is inadequate. Another benefit would flow to individuals and their families. The earlier individuals are aware of their infection, the better they can make informed and responsible decisions about childbearing, transmission to spouses or partners, and plans for their family's welfare after they fall ill or die.

Perhaps the most important benefit of self-knowledge is that it helps unmask the invisible epidemic and permits a genuine community response. The experience of the past decade shows that as long as HIV spreads silently and unnoticed, it remains at best a theoretical threat to people and does not get taken seriously. If individuals become aware of their infection early on, while they are still relatively healthy, this would give them the time and energy to support one another as well as alert their community to the epidemic, helping others avoid the disease or cope with its consequences.

However, these benefits to individuals, families and communities are realistically achievable only where people feel safe enough to find out whether they are infected. Efforts by governments and civil society to combat rejection and discrimination directed at people with HIV are vital.

Improved estimation techniques reveal epidemic is worse than previously thought

These newly-released figures reveal that there are about one-third more people living with HIV than was estimated in December 1996. There are two reasons for this increase. First, new infections are occurring at an alarming rate – some 16 000 infections a day have added 5.8 million HIV infections to the total in 1997 alone. Secondly, it now appears that previous calculations grossly underestimated the rate of transmission, particularly in sub-Saharan Africa where the bulk of infections are concentrated.

□ Why do estimates change?

Estimates are based on certain assumptions about the start of the epidemic, the rate of new infections in urban and rural areas, the time between infection and death, and the maximum level of infection in the population. Until a few years ago these data were available for only a handful of countries. It was assumed that the pattern of infection in other countries in the same region would follow that seen in countries where data were available. It seemed reasonable, then, to construct models to estimate the epidemic region by region.

This was first done for 1995. Information about levels of infection dating from 1994 or earlier was collected from as many countries as possible. From the proportion of people currently infected in various sentinel groups in each region and other available data, models were constructed to estimate the rate of growth of the epidemic and the total number of people currently infected, region by region. Extrapolations from this model were used to calculate the magnitude of the epidemic in 1996. This yielded an estimate of 3.1 million new infections over the year and brought to 22.6 million the number of people thought to be living with HIV.

By 1997, far more data were available and it became clear that there were huge differences in the way the epidemic was developing in different countries and communities within the same region. So this year, UNAIDS improved its estimation techniques. The regional models were replaced by separate models constructed for each country, which were based on better measures of levels of infection and took into account the variations in patterns of infection, in survival time, and so on. New estimates were made country by country, and then added together to yield new regional totals. The resulting estimates, given in this report, showed that global levels of infection in 1996 had been underestimated by over a third.

New infections in 1996 were in fact closer to 5.3 million than to the 3.1 million reported last year. The total number of people living with HIV in 1996 was in the range of 27 million, rather than 22.6 million as previously believed. That means that although this year's estimates are still shockingly high, there has been nothing like the doubling of new cases that might be suggested by looking at last year's published figures. Accounting for previous underestimates, there have been around 9% more new infections this year than last, and the number of people living with HIV has grown by 13%.

→

□ Where did the differences appear?

To see how much of the new total was due to a rise in new infections and how much due to underestimates of previous levels, UNAIDS recalculated the totals for 1996 using the new estimation methods. The results showed that previous estimates were correct for most of the world.

The difference was found largely in sub-Saharan Africa. While the number of people living with HIV/AIDS there was originally estimated at 14 million in 1996, new information shows that the regional total at that time was probably closer to 18.6 million, as against 20.8 million in 1997. New infections in 1996 would, on the basis of current information, have been estimated at 3.8 million in Africa alone.

□ Why was infection in Africa underestimated by so much?

At the time the regional model for sub-Saharan Africa was constructed, few countries had much reliable data and some, notably Nigeria and South Africa with their large populations, had virtually none. The country with the best surveillance system was Uganda, and that showed that infection rates were beginning to level off, with new infections dropping in younger age groups. This was taken as a model for the whole region.

Unfortunately, the epidemic in other countries has not followed the pattern seen in Uganda. In many, infection rates have continued to climb beyond the levels thought possible in 1994, when data for the regional models used for previous estimates were collected.

□ Are the new estimates definitive?

The figures given in this report each represent a best estimate out of a range, rather than a precise number. UNAIDS and WHO believe that these new estimates are as accurate as is possible to generate with available data. But there is much that is still not known about HIV. More information about the course of infection, its impact on fertility and mortality, and the transmissibility of different strains of the virus will change some of the assumptions made in the current models. A clearer picture of current levels of infection, particularly for countries with large populations and inadequate data such as India, will improve future estimates. And the efforts governments and communities put into changing the course of the epidemic in their countries should have an impact on the rate of new infections and so on estimates and projections.

UNAIDS and WHO will continue to improve estimation methods as new information becomes available.

End-1997 global estimates *Children and adults*

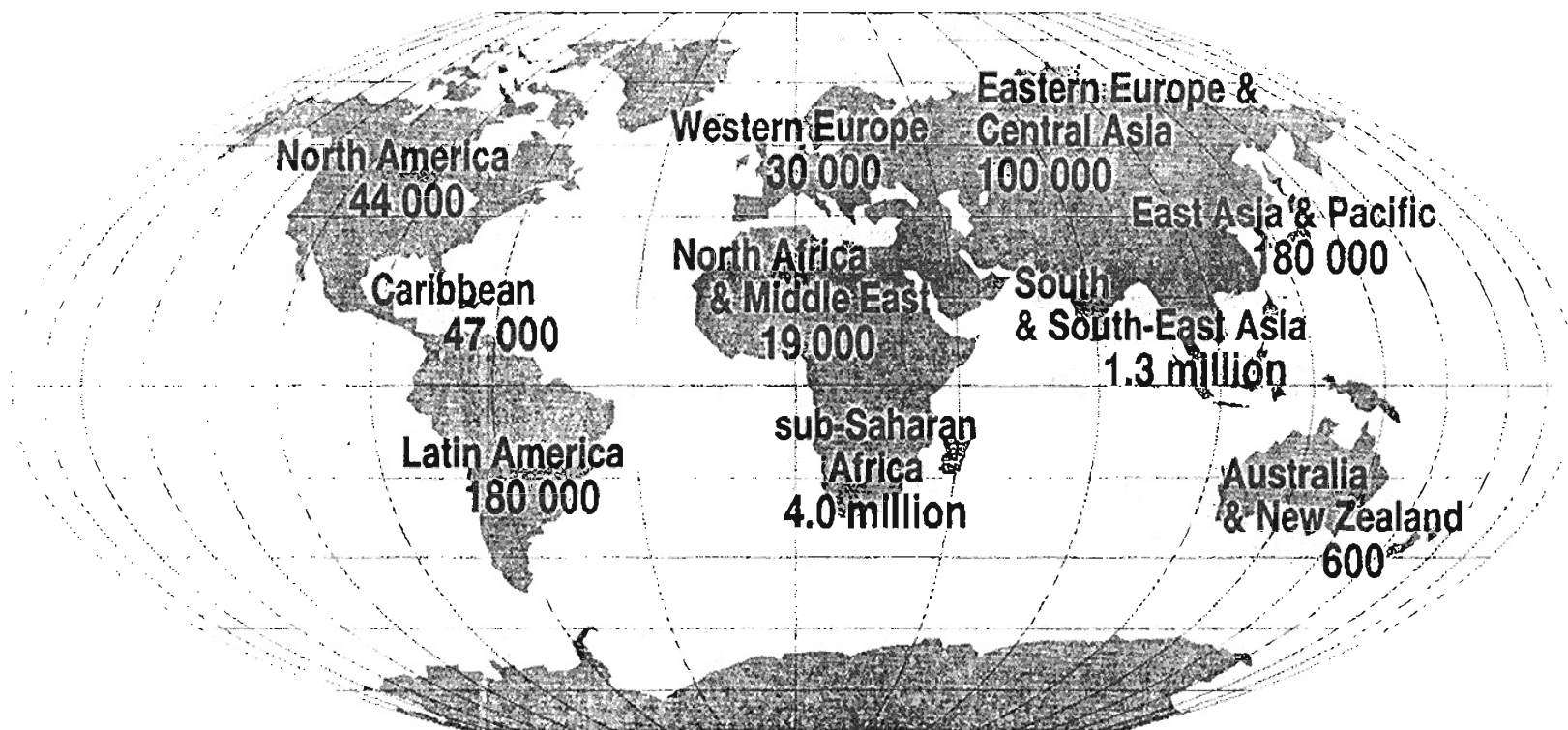
- People living with HIV/AIDS 30.6 million
- New HIV infections in 1997 5.8 million
- Deaths due to HIV/AIDS in 1997 2.3 million
- Cumulative number of deaths due to HIV/AIDS 11.7 million

Adults and children estimated to be living with HIV/AIDS as of end 1997



Total: 30.6 million

Estimated number of adults and children newly infected with HIV during 1997



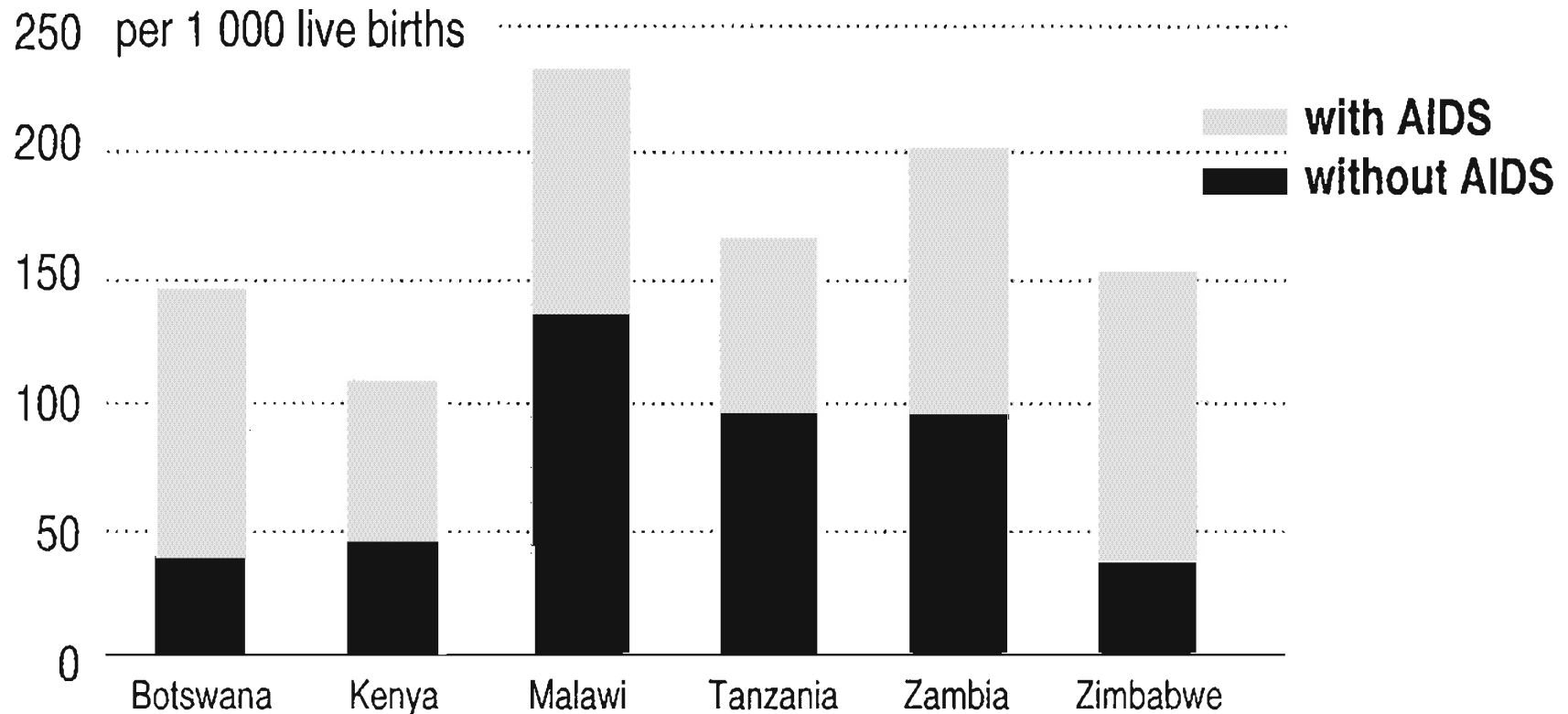
Total: 5.8 million

Cumulative number of children estimated to have been orphaned* by AIDS at age 14 or younger



Total: 8.2 million

Estimated impact of AIDS on under-5 child mortality rates – *Selected African countries, 2010*

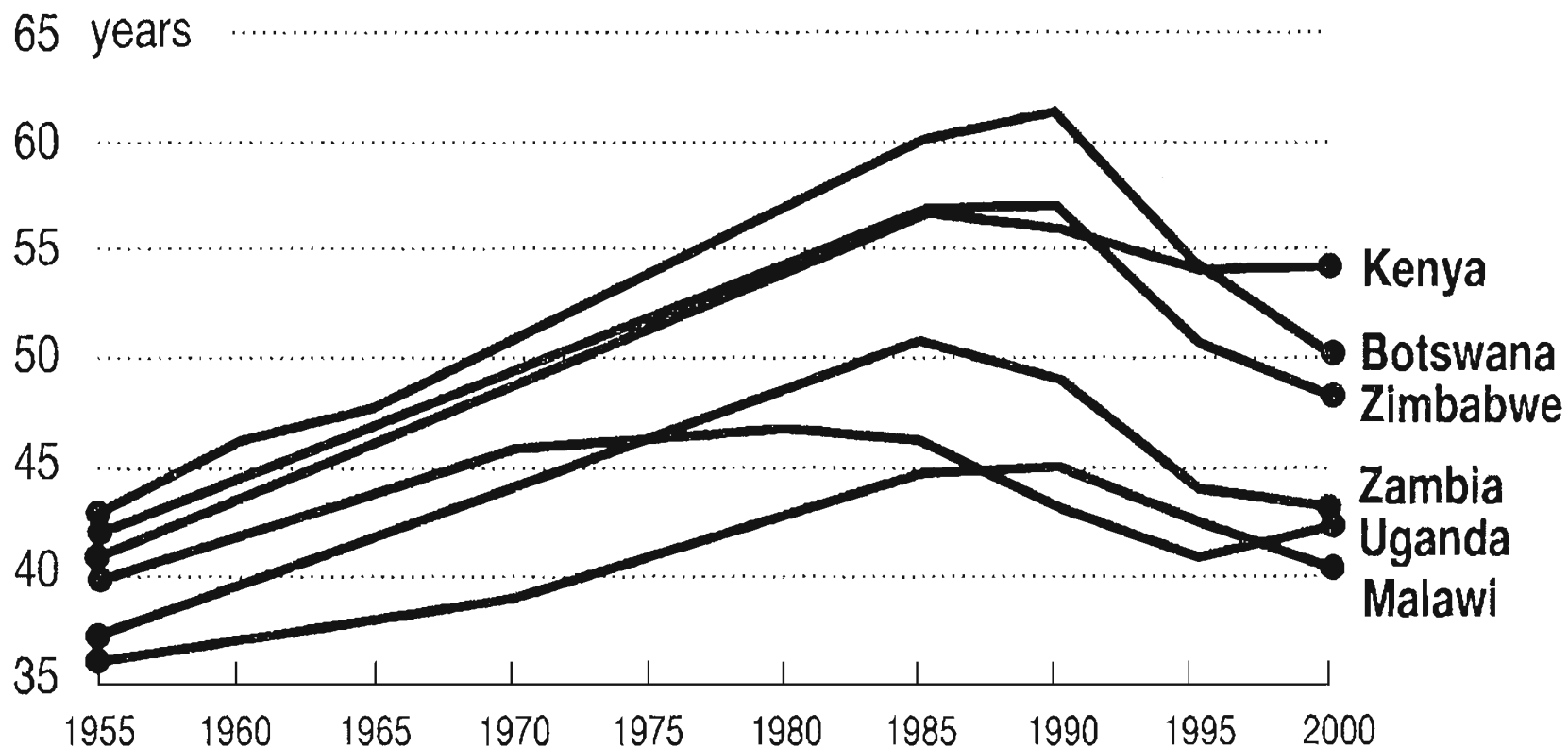


Source: US Bureau of the Census

FSE/6 – 1 December 1997

Projected life expectancy at birth

Selected sub-Saharan countries



Source: World Population Prospects: The 1996 revision, United Nations Population Division, 1996

FSE/4 - 1 December 1997

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A SIDA NO MUNDO

Informação epidemiológica sobre os casos de SIDA registados mundialmente e enviados à Organização Mundial de Saúde até 20 de Novembro de 1997.

Adaptado do *Weekly Epidemiological Record*, 1997,72 (48):357-360

Global AIDS surveillance – Part I ¹			Surveillance mondiale du SIDA – Partie I ¹		
Table 1 Global AIDS data as of 20 November 1997			Tableau 1 Données mondiales sur le SIDA au 20 novembre 1997		
Country/Area — Pays/Territoire	Number of cases Nombre de cas	Date of report Date de notification	Country/Area — Pays/Territoire	Number of cases Nombre de cas	Date of report Date de notification
Africa — Afrique			Swaziland _____ 2 449 30.06.97		
Algeria — Algérie	326	30.09.97	Togo	7 993	14.03.97
Angola	1 296	11.10.96	Tunisia — Tunisie	338	31.03.97
Benin — Bénin	2 275	30.09.97	Uganda — Ouganda	51 779	31.05.97
Botswana	5 337	31.03.97	United Republic of Tanzania — République-Unie de Tanzania	88 667	31.12.96
Burkina Faso	10 108	30.06.97	Zambia — Zambie	44 942	31.07.97
Burundi	9 119	30.09.97	Zimbabwe	61 037	30.04.97
Cameroon — Cameroun	9 626	31.05.97	Total _____ 617 463		
Cape Verde — Cap-Vert	187	31.12.96	Americas — Amériques		
Central African Republic — République centrafricaine	7 016	30.05.97	Anguilla	5	31.12.95
Chad — Tchad	6 164	30.06.97	Antigua and Barbuda — Antigua-et-Barbuda	83	30.06.97
Comoros — Comores	15	19.11.96	Argentina — Argentine	10 669	30.06.97
Congo	10 223	06.09.96	Bahamas	2 567	31.03.97
Côte d'Ivoire	37 963	31.12.96	Barbados — Barbade	762	31.12.96
Democratic Republic of the Congo (former Zaire) — République démocratique du Congo (ex-Zaïre)	29 434	26.04.96	Belize	198	31.12.96
Djibouti	1 359	31.03.97	Bermuda — Bermudes	340	31.03.97
Egypt — Egypte	153	30.06.97	Bolivia — Bolivie	157	30.06.97
Equatorial Guinea — Guinée équatoriale	231	08.11.96	Brazil — Brésil	110 845	31.05.97
Eritrea — Erythrée	3 464	30.06.97	British Virgin Islands — Îles Vierges britanniques	12	31.12.96
Ethiopia — Éthiopie	21 569	29.10.97	Canada	15 101	30.06.97
Gabon	1 376	08.11.96	Cayman Islands — Îles Caïmanes	22	31.03.97
Gambia — Gambie	504	22.09.97	Chile — Chili	1 967	30.06.97
Ghana	18 730	30.09.96	Colombia — Colombie	7 953	31.03.97
Guinea — Guinée	3 352	13.06.97	Costa Rica	1 173	31.03.97
Guinea-Bissau — Guinée-Bissau	823	31.10.96	Cuba	599	30.06.97
Kenya	74 754	08.07.97	Dominica — Dominique	56	31.03.97
Lesotho	1 288	30.06.96	Dominican Republic — République dominicaine	3 940	30.06.97
Liberia — Libéria	137	11.06.97	Ecuador — Équateur	625	31.03.97
Libyan Arab Jamahiriya — Jamahiriya arabe libyenne	17	31.12.95	El Salvador	2 019	30.06.97
Madagascar	32	29.07.97	French Guiana — Guyane française	588	31.12.96
Malawi	50 970	30.06.97	Grenada — Grenade	99	31.12.96
Mali	4 028	18.06.97	Guadeloupe	731	31.12.96
Mauritania — Mauritanie	161	30.06.96	Guatemala	1 787	31.03.97
Mauritius — Maurice	41	30.09.97	Guyana	842	31.12.96
Morocco — Maroc	390	31.03.97	Haiti — Haïti	4 967	31.12.92
Mozambique	4 905	10.06.97	Honduras	6 406	30.06.97
Namibia — Namibie	6 784	31.03.97	Jamaica — Jamaïque	2 184	31.03.97
Niger	3 002	31.12.96	Martinique	402	31.12.96
Nigeria — Nigéria	5 509	05.07.96	Mexico — Mexique	30 970	30.06.97
Reunion — Réunion	166	31.12.95	Montserrat	7	30.06.96
Rwanda	10 706	30.06.93	Netherlands Antilles and Aruba — Antilles néerlandaises et Aruba	255	31.05.97
Sao Tome and Principe — Sao Tomé-et-Príncipe	26	30.10.97	Nicaragua	157	30.06.97
Senegal — Sénégal	1 982	28.06.96	Panama	1 430	30.06.97
Seychelles	18	30.09.96	Paraguay	283	30.06.97
Sierra Leone	205	11.09.96	Peru — Pérou	5 958	31.03.97
Somalia — Somalie	13	31.12.90	Saint Kitts and Nevis — Saint-Kitts-et-Nevis	56	31.03.97
South Africa — Afrique du Sud	12 825	30.10.96			
Sudan — Soudan	1 649	30.06.97			

¹ Part II will appear in No. 49 of 5 December 1997.

¹ La Partie II paraîtra dans le N° 49 du 5 décembre 1997.

Country/Area — Pays/Territoire	Number of cases Nombre de cas	Date of report Date de notification	Country/Area — Pays/Territoire	Number of cases Nombre de cas	Date of report Date de notification
Saint Lucia — Sainte-Lucie	98	30.06.97	Belarus — Bélarus	17	30.09.97
Saint Vincent and the Grenadines — Saint-Vincent-et-Grenadines	95	31.03.97	Belgium — Belgique	2 328	30.06.97
Suriname	211	31.12.96	Bosnia and Herzegovina — Bosnie-Herzégovine	6	30.09.95
Trinidad and Tobago — Trinité-et-Tobago	2 613	31.03.97	Bulgaria — Bulgarie	53	30.09.97
Turks and Caicos Islands — Îles Turques et Caïques	39	30.09.93	Croatia — Croatie	111	30.06.97
United States of America — États-Unis d'Amérique	612 078	30.06.97	Czech Republic — République tchèque	101	30.09.97
Uruguay	924	30.06.97	Denmark — Danemark	2 072	30.09.97
Venezuela	6 916	30.06.97	Estonia — Estonie	16	30.09.97
Total	839 189		Finland — Finlande	261	30.09.97
Asia — Asie			France	46 032	30.06.97
Afghanistan	—	31.12.91	Germany — Allemagne	16 413	30.06.97
Armenia — Arménie	8	31.03.97	Greece — Grèce	1 699	30.09.97
Azerbaijan — Azerbaïdjan	9	30.06.97	Hungary — Hongrie	265	30.09.97
Bahrain — Bahreïn	37	31.03.97	Iceland — Islande	42	30.06.97
Bangladesh	10	31.03.97	Ireland — Irlande	608	30.09.97
Bhutan — Bhoutan	—	30.11.96	Italy — Italie	40 140	30.09.97
Brunei Darussalam — Brunei Darussalam	10	31.07.97	Latvia — Lettonie	18	30.09.97
Cambodia — Cambodge	617	01.09.97	Lithuania — Lituanie	12	30.09.97
China* — Chine*	155	31.07.97	Luxembourg	122	30.09.97
Cyprus — Chypre	54	31.12.96	Malta — Malte	43	30.06.97
Democratic People's Republic of Korea — République populaire démocratique de Corée	—	30.11.96	Morocco — Maroc	39	30.06.97
Georgia — Géorgie	17	30.06.97	Netherlands — Pays-Bas	4 550	30.09.97
Hong Kong Special Administrative Region of China — Hong Kong, Région administrative spéciale de la Chine	274	27.08.97	Norway — Norvège	582	30.09.97
India — Inde	4 980	31.11.97	Poland — Pologne	557	30.09.97
Indonesia — Indonésie	152	31.11.97	Portugal	4 618	30.09.97
Iran (Islamic Republic of) — Iran (République islamique d')	154	31.12.96	Republic of Moldova — République de Moldova	15	30.09.97
Iraq	104	30.06.97	Romania — Roumanie	4 725	30.06.97
Israel — Israël	460	30.06.97	Russian Federation — Fédération de Russie	264	30.06.97
Japan — Japon	1 447	10.02.97	San Marino — Saint-Marin	26	30.06.97
Jordan — Jordanie	51	30.06.97	Slovakia — Slovaquie	17	30.09.97
Kazakhstan	14	30.06.97	Slovenia — Slovénie	62	30.09.97
Kuwait — Koweït	24	31.03.97	Spain — Espagne	46 605	30.06.97
Kyrgyzstan — Kirghizistan	—	30.06.97	Sweden — Suède	1 544	30.09.97
Lao People's Democratic Republic — République démocratique populaire lao	48	30.06.97	Switzerland — Suisse	5 882	30.09.97
Lebanon — Liban	97	31.12.96	The Former Yugoslav Republic of Macedonia — Ex-République yougoslave de Macédoine	23	30.09.97
Macao	11	25.08.97	Ukraine	357	30.09.97
Malaysia — Malaisie	1 110	19.08.97	United Kingdom — Royaume-Uni	14 726	30.09.97
Maldives	5	30.04.97	Yugoslavia* — Yougoslavie*	659	30.06.97
Mongolia — Mongolie	—	01.08.97	Total	197 374	
Myanmar	1 822	04.04.97	Oceania — Océanie		
Nepal — Népal	87	21.04.97	American Samoa — Samoa américaines	1	29.08.97
Oman	135	30.06.97	Australia — Australie	7 386	08.10.97
Pakistan	138	30.06.97	Cook Islands — Îles Cook	—	02.09.97
Philippines	310	01.01.97	Fiji — Fidji	8	09.09.97
Qatar	85	30.06.97	French Polynesia — Polynésie française	47	31.01.97
Republic of Korea — République de Corée	83	30.06.97	Guam	47	30.09.97
Saudi Arabia — Arabie saoudite	334	30.09.97	Kiribati	4	01.10.97
Singapore — Singapour	314	03.09.97	Mariana Islands — Îles Mariannes	7	08.09.97
Sri Lanka	76	30.09.97	Marshall Islands — Îles Marshall	2	13.08.97
Syrian Arab Republic — République arabe syrienne	49	30.06.97	Micronesia (Federated States of) — Micronésie (États fédérés de)	2	07.02.97
Tajikistan — Tadjikistan	—	31.03.97	Nauru	—	04.03.96
Thailand — Thaïlande	59 782	31.03.97	New Caledonia and Dependencies — Nouvelle-Calédonie et Dépendances	55	20.08.97
Turkey — Turquie	253	30.09.97	New Zealand — Nouvelle-Zélande	621	30.08.97
Turkmenistan — Turkménistan	1	30.11.95	Niue	—	14.08.97
United Arab Emirates — Émirats arabes unis	8	31.12.90	Palau — Palaos	1	09.09.97
Uzbekistan — Ouzbékistan	4	30.06.97	Papua New Guinea — Papouasie-Nouvelle-Guinée	306	30.08.97
Viet Nam	1 020	28.08.97	Samoa	6	20.08.97
Yemen — Yémen	82	31.12.96	Solomon Islands — Îles Salomon	—	03.08.97
Total^b	74 431		Tokelau	—	02.09.97
Europe			Tonga	7	10.02.97
Albania — Albanie	8	30.09.97	Tuvalu	—	08.10.97
Austria — Autriche	1 756	30.09.97	Vanuatu	—	20.08.97
			Wallis and Futuna Islands — Îles Wallis et Futuna	1	01.01.97
			Total	8 501	
			World total — Total mondial	1 736 958	

* Does not include the Province of Taiwan which has reported 48 cases. — A l'exclusion de la Province de Taïwan qui a notifié 48 cas.

^b Does not include 23 cases reported for United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA). — A l'exclusion de 23 cas notifiés pour l'Office de Secours et de Travail des Nations Unies pour les Réfugiés de Palestine dans le Proche-Orient (UNRWA).

^c Refers to states/areas of the former Socialist Federal Republic of Yugoslavia not otherwise listed separately. — Concerne les États/territoires de l'ancienne République fédérale socialiste de Yougoslavie qui ne sont pas cités séparément.

The current global situation of the HIV/AIDS pandemic

UNAIDS and WHO have estimated that there are currently 30.6 million people living with HIV/AIDS (Map 1), of whom 5.8 million were newly infected during 1997, including 590 000 children. This amounts to 16 000 new infections per day.

Since the beginning of the epidemic it is estimated that 12.9 million adults and children have developed AIDS (Map 2); 11.7 million of them have died from AIDS. Of those who have died, an estimated 2.3 million (approximately one-fifth) died during 1997. Forty-six per cent were women and 460 000 were children.

As of 20 November 1997, a total of 1 736 958 AIDS cases has been officially reported by countries (Table 1). Although almost all countries have AIDS case reporting systems in place, these systems vary greatly in the proportion of AIDS cases that are reported. Some countries (mainly industrialized countries) report almost all AIDS cases, while others report very few cases. Overall, the cumulative number of AIDS cases reported is less than 15% of the total estimated number of AIDS cases. This involves under-diagnosis, incomplete reporting and reporting delay.

La pandémie mondiale de VIH/SIDA: situation actuelle

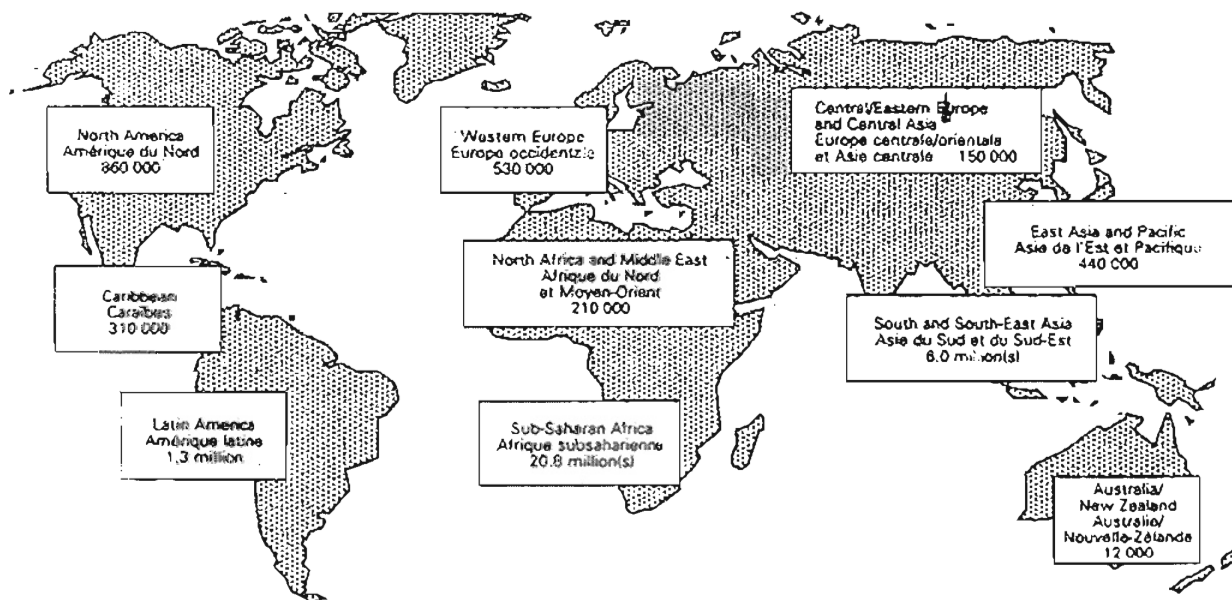
L'ONUSIDA et l'OMS estiment qu'il y a actuellement 30,6 millions de personnes vivant avec le VIH/SIDA (Carte 1), dont 5,8 millions ont été contaminées au cours de l'année 1997. Sur ces 5,8 millions, 590 000 étaient des enfants. Ces chiffres équivalent à 16 000 nouvelles infections par jour.

On estime que, depuis le début de l'épidémie, 12,9 millions d'adultes et d'enfants ont développé le SIDA (Carte 2) et 11,7 millions d'entre eux en sont morts. Selon les estimations, 2,3 millions de ces décès (soit un cinquième environ) se sont produits en 1997, et il y avait 46% de femmes et 460 000 enfants.

Les pays ont notifié officiellement 1 736 958 cas de SIDA jusqu'au 20 novembre 1997 (Tableau 1). Bien que presque tous les pays aient mis en place des systèmes de notification des cas de SIDA, la proportion des cas notifiés varie grandement. Certains pays (principalement les pays industrialisés) notifient presque tous les cas tandis que d'autres en notifient très peu. D'un point de vue général, le total cumulé des cas notifiés n'atteint pas 15% du total estimé à cause des problèmes de sous-diagnostic, de notifications incomplètes ou de retards.

Map 1. Estimated number of adults and children living with HIV/AIDS as of end 1997, by region

Carte 1. Nombre estimé d'adultes et d'enfants vivant avec le VIH/SIDA à la fin 1997, par région



Global total: 30.6 million. - Total mondial: 30,6 millions.

* Total may not add due to rounding. - Les chiffres ayant été arrondis, leur somme ne correspond pas nécessairement au total.

Source: UNAIDS/WHO Working Group on Global HIV/AIDS and STD Surveillance. - Groupe de travail ONUSIDA/OMS sur la surveillance mondiale du VIH/SIDA et des MST

Regional levels and trends in HIV infection rates

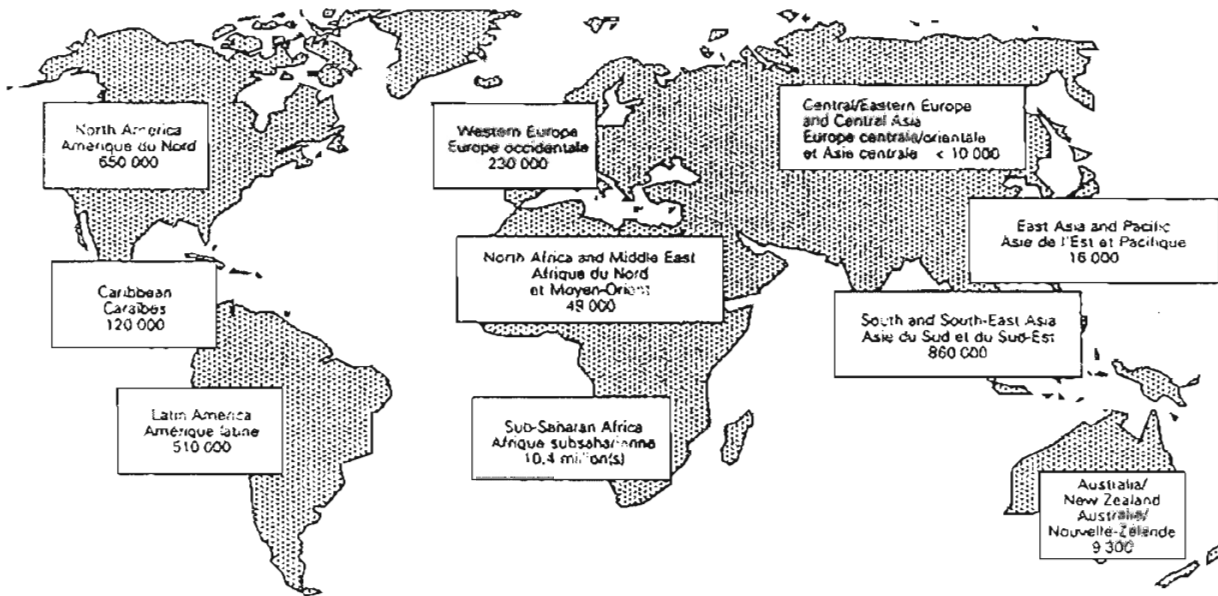
Sub-Saharan Africa contains two-thirds of the total number of people in the world living with HIV/AIDS, and has an estimated overall prevalence rate of 7.4% among adults aged 15-49 years. The main transmission route in sub-Saharan Africa is through heterosexual contact. In general, infection rates are higher in eastern and southern Africa than in western Africa.

Niveaux régionaux et tendances des taux d'infection à VIH

Deux tiers du nombre total des personnes qui vivent avec le VIH/SIDA dans le monde habitent en Afrique subsaharienne où le taux de prévalence moyen se situe, selon les estimations, à 7,4 % des adultes âgés de 15 à 49 ans. Les rapports hétérosexuels constituent la principale voie de transmission dans cette région. En général, les taux d'infection sont plus élevés en Afrique orientale et australe qu'en Afrique occidentale.

Map 2 Estimated number of persons who ever had AIDS, by region

Carte 2 Nombre estimé de personnes ayant eu le SIDA à un moment donné, par région



Global total: 12.9 million. - Total mondial: 12,9 millions.

* Total may not add due to rounding. - Les chiffres ayant été arrondis, leur somme ne correspond pas nécessairement au total.

Source: UNAIDS/WHO Working Group on Global HIV/AIDS and STD Surveillance. - Groupe de travail ONUSIDA/OMS sur la surveillance mondiale du VIH/SIDA et des MST.

Asia has fairly low prevalence rates, although the absolute number of HIV infections is high, due to the large population size. Levels of infection vary considerably between countries within Asia, and within countries, as do modes of transmission.

In Latin America, for the most part the HIV/AIDS epidemic has been concentrated among men having sex with men and among injecting drug users, although transmission through heterosexual contact has been increasing in some countries such as Brazil.

In several eastern European countries, HIV infection rates have risen recently, mainly among intravenous drug users. In addition, the rates for sexually transmitted diseases (STD) have also been increasing. The rise in STD rates may be indicative of further rises in HIV, because both HIV and STD have similar routes of transmission, and because the presence of STD increases the rate of transmission.

In the developed world, where antiretroviral treatment has become available, the rate of vertical transmission has declined sharply. In addition, there has been a marked reduction in the number of persons diagnosed with AIDS. This mainly reflects the fact that improved therapeutic regimens introduced since 1995 can substantially delay the disease progression in HIV-positive individuals.

• The complete UNAIDS/WHO Report on the Global HIV/AIDS Epidemic, December 1997, can be accessed in English, French and Spanish at the UNAIDS web site (<http://www.unaids.org>). For printed versions you may contact UNAIDS by e-mail (unaids@unaids.org) or write to the UNAIDS Information Centre, 20, avenue Appia, 1211 Geneva 27, Switzerland.

L'Asie a des taux de prévalence assez faibles, bien qu'en nombre absolu le total des cas de SIDA soit élevé à cause de la taille des populations. Les niveaux d'infection varient considérablement d'un pays à l'autre et au sein des pays. Il en va de même pour les voies de transmission.

En Amérique latine, l'épidémie de VIH/SIDA s'est concentrée en majeure partie sur les hommes ayant des rapports homosexuels et sur les utilisateurs de drogues par injection, bien que la transmission lors de rapports hétérosexuels ait augmenté dans certains pays comme le Brésil.

Dans plusieurs pays de l'Europe orientale, les taux d'infection par le VIH ont augmenté récemment, en particulier chez les toxicomanes par voie intraveineuse. Il en a été de même pour les maladies sexuellement transmissibles (MST). L'accroissement des taux de MST pourrait indiquer que le VIH progressera encore car les deux ont les mêmes voies de transmission et parce que la présence d'une MST accroît le taux de transmission.

Dans les pays développés, où les traitements antirétroviraux sont maintenant disponibles, le taux de transmission verticale a diminué fortement. En outre, on a observé une réduction importante du nombre de personnes chez qui l'on a diagnostiqué le SIDA. Cela s'explique principalement par le fait que les schémas thérapeutiques améliorés introduits depuis 1995 permettent de beaucoup retarder l'évolution de la maladie chez les personnes séropositives pour le VIH.

• L'édition de décembre 1997 du rapport complet ONUSIDA/OMS sur l'épidémie mondiale de VIH/SIDA se trouve en anglais, français et espagnol sur le site Internet de l'ONUSIDA (<http://www.unaids.org>). Pour obtenir la version imprimée, il est possible de prendre contact par courrier électronique avec l'ONUSIDA (unaids@unaids.org) ou d'écrire au Centre d'information de l'ONUSIDA, 20, avenue Appia, 1211 Genève 27, Suisse.

A SIDA NO MUNDO

Informação epidemiológica sobre os casos de SIDA registados mundialmente e enviados à Organização Mundial de Saúde até Dezembro de 1997.

Adaptado do *Weekly Epidemiological Record*, 1997,72 (49):365-372

Global AIDS surveillance

Part II¹

Last week the WER presented a table giving the total number of reported AIDS cases from the beginning of the epidemic to the present. This article gives the distribution of reported AIDS cases by age and sex (*Table 1*) and by assumed mode of transmission (*Table 2*).

A number of factors need to be kept in mind when interpreting these data. In the first place, they come from surveillance systems of varying quality, and as such are subject to all the limitations of international comparisons. For example, the proportion of AIDS cases which are reported ranges widely – from less than 10% in some countries to over 90% in others.

Next, the development of AIDS occurs fairly late in the natural history of the disease. This has 2 major implications for the data presented here. Most of the people now living with HIV infection have not yet developed AIDS. For the most part, those who have already developed AIDS are those who were infected up to a decade ago. Thus, the AIDS data presented here reflect HIV transmission that took place years ago.

In addition, there is considerable variation in the speed of progression from HIV to AIDS between children and adults, between those receiving treatment and those without treatment, and between different regions of the world.

Finally, there is considerable variation in the way in which the data have been reported by countries. For those who reported by year of diagnosis, the data are presented here only for the 4 most recent years (1994, 1995, 1996 and 1997), in order to show the most recent patterns of AIDS. However, for countries not reporting AIDS cases by year of diagnosis, only the cumulative distribution of AIDS cases by age, sex and assumed mode of transmission can be shown here (as indicated in the last column of *Tables 1* and *2*). Therefore, a degree of caution should be exercised when doing intercountry comparisons of these data.

¹ Part I appeared in No. 48 of 28 November 1997.

Surveillance mondiale du SIDA

Partie II¹

La semaine dernière, le REH a présenté un tableau indiquant le nombre total de cas de SIDA signalés depuis le début de l'épidémie. Cet article donne maintenant la répartition des cas de SIDA signalés par âge et par sexe (*Tableau 1*) et par mode de transmission présumé (*Tableau 2*).

Il faut tenir compte d'un certain nombre de facteurs dans l'interprétation de ces données. En premier lieu, elles proviennent de systèmes de surveillance de plus ou moins bonne qualité et, en tant que telles, sont sujettes à toutes les limites des comparaisons internationales. Ainsi, la proportion des cas de SIDA qui est signalée varie énormément – de moins de 10% dans certains pays à plus de 90% dans d'autres.

Ensuite, l'apparition du SIDA survient relativement tard dans l'évolution de la maladie, ce qui a 2 conséquences principales pour les données présentées ici. La plupart des personnes vivant actuellement avec l'infection à VIH n'ont pas encore le SIDA. Pour la majeure partie, ceux qui ont déjà le SIDA sont des personnes qui ont été infectées au cours des 10 dernières années. Aussi les données sur le SIDA présentées ici correspondent-elles à une transmission du VIH survenue il y a des années.

De plus, le rythme de progression du VIH vers le SIDA varie énormément entre enfants et adultes, entre ceux qui bénéficient d'un traitement et les autres, et entre régions du monde.

Enfin, les modalités de notification par les pays varient considérablement. Pour les pays qui signalent en fonction de l'année du diagnostic, les données ne sont présentées ici que pour les 4 années les plus récentes (1994, 1995, 1996 et 1997), de manière à faire apparaître les schémas les plus récents pour le SIDA. Toutefois, pour les pays qui ne signalent pas les cas de SIDA en fonction de l'année du diagnostic, seule la répartition cumulée par âge, par sexe et par mode de transmission présumé des cas de SIDA peut être présentée ici (comme cela est indiqué dans la dernière colonne des *Tableaux 1* et *2*). Il faut donc être relativement prudent lorsque l'on compare ces données d'un pays à l'autre.

¹ La Partie I a paru dans le N° 48 du 28 novembre 1997.

Table 1 Male cases as percentage of reported AIDS cases and age at diagnosis, by continent for selected countries, as of 20 November 1997^a
(excludes cases with unknown age or sex)

Country/Area Pays/Territoire	Male cases (% of reported cases) Cas masculins (% des cas signalés)	Age (years) at diagnosis (%) Âge (années) lors du diagnostic (%)			Year Année
		0-14	15-49	50+	
Africa — Afrique					
Algeria — Algérie	75	5	84	11	1985-1997
Angola	48	9	87	4	1985-1996
Benin — Bénin	64	7	86	7	1985-1997
Botswana	51	18	71	11	1988-1997
Burkina Faso	57	...	...	...	1994-1996
Cameroon — Cameroun	50	...	...	...	1995
Central African Republic — République centrafricaine	45	13	81	6	1987-1997
Côte d'Ivoire	62	2	89	9	1985-1995
Djibouti	48	2	90	8	1995-1996
Egypt	93	0	96	4	1995-1997
Equatorial Guinea — Guinée équatoriale	42	3	95	3	1988-1996
Ethiopia — Éthiopie	61	2	93	5	1986-1997
Gambia — Gambie	62	6	80	14	1989-1996
Ghana	67	2	91	7	1986-1996
Guinea-Bissau — Guinée-Bissau	54	1	76	23	1989-1996
Kenya	54	10	86	5	1986-1996
Lesotho	44	9	87	4	1986-1996
Malawi	50	10	84	6	1995-1997
Mauritius — Maurice	83	...	...	...	1987-1997
Morocco — Maroc	67	1	90	8	1995-1996
Mozambique	52	12	84	4	1986-1996
Sierra Leone	59	4	86	10	1987-1996
South Africa — Afrique du Sud	48	12	83	5	1982-1996
Sudan — Soudan	78	2	94	4	1995-1997
Swaziland	50	14	83	4	1991-1997
Togo	57	7	87	6	1987-1997
Tunisia — Tunisie	82	10	83	6	1995-1996
Zambia — Zambie	48	6	89	4	1984-1997
Zimbabwe	56	16	78	6	1987-1997
Americas — Amériques					
Antigua and Barbuda — Antigua-et-Barbuda	68	5	81	14	1994-1997
Argentina — Argentine	71	4	90	6	1994-1997
Bahamas	61	6	80	14	1994-1997
Barbados — Barbade	92	6	86	9	1994-1996
Belize	68	6	80	13	1994-1996
Bermuda — Bermudes	74	2	84	15	1994-1997
Bolivia — Bolivie	74	4	88	8	1994-1997
Brazil — Brésil	75	4	90	7	1994-1997
Canada	91	1	86	13	1994-1996
Chile — Chili	90	2	86	12	1994-1997
Colombia — Colombie	91	2	89	9	1994-1997
Costa Rica	89	2	90	7	1994-1997
Cuba	74	1	96	3	1994-1997
Dominica — Dominique	77	3	80	17	1994-1997
Dominican Republic — République dominicaine	65	3	97	0	1994-1997
Ecuador — Équateur	84	2	95	4	1994-1997
El Salvador	74	5	86	9	1994-1997
Grenada — Grenade	67	12	76	12	1994-1997
Guatemala	78	4	89	7	1994-1997
Guyana	59	4	89	7	1994-1997

Table 1 Cas masculins en pourcentage des cas de SIDA signalés et âge au moment du diagnostic, par continent pour certains pays, au 20 novembre 1997^a
(à l'exclusion des cas dont l'âge ou le sexe est inconnu)

Country/Area Pays/Territoire	Male cases (% of reported cases) Cas masculins (% des cas signalés)	Age (years) at diagnosis (%) Âge (années) lors du diagnostic (%)			Year Année
		0-14	15-49	50+	
Honduras	42	6	86	8	1994-1997
Jamaica — Jamaïque	59	8	80	12	1994-1997
Mexico — Mexique	87	2	86	12	1994-1997
Nicaragua	89	3	91	6	1994-1997
Panama	76	6	80	14	1994-1997
Paraguay	75	5	93	2	1994-1997
Peru — Pérou	80	4	90	7	1994-1997
Saint Lucia — Sainte-Lucie	60	10	71	19	1994-1997
Saint Vincent and the Grenadines — Saint-Vincent-et-Grenadines	76	6	88	6	1994-1996
Suriname	64	7	71	21	1994-1996
Trinidad and Tobago — Trinité-et-Tobago	66	7	79	14	1994-1996
United States of America ^b — États-Unis d'Amérique ^b	85	1	88	10	1994-1997
Uruguay	76	6	88	6	1994-1997
Venezuela	89	2	90	8	1994-1996
Asia — Asie					
China ^b — Chine ^b	94	0	90	10	1985-1996
Hong Kong Special Administrative Region of China ^b — Hong Kong, Région administrative spéciale de la Chine ^b	91	2	82	16	1985-1996
Indonesia — Indonésie	78	1	95	4	1995-1997
Iran (Islamic Republic of) — Iran (République islamique d')	93	0	93	8	1995-1996
Israel — Israël	72	3	81	16	1995-1997
Japan ^b — Japon ^b	87	1	78	21	1985-1996
Laos People's Democratic Republic ^b — République démocratique populaire lao ^b	60	2	91	7	1991-1996
Malaysia — Malaisie	94	2	92	7	1987-1996
Myanmar	81	1	95	3	1995-1997
Nepal — Népal	58	0	98	2	1995-1996
Philippines ^b	65	2	88	10	1984-1996
Republic of Korea ^b — République de Corée ^b	89	0	88	12	1986-1996
Saudi Arabia — Arabie saoudite	58	2	90	9	1995-1996
Singapore ^b — Singapour ^b	94	0	83	17	1986-1996
Sri Lanka	69	0	89	11	1995-1997
Thailand — Thaïlande	81	5	91	4	1984-1997
Turkey — Turquie	84	3	76	21	1995-1997
Viet Nam	88	0	96	4	1993-1996
Yemen — Yémen	60	1	96	3	1995-1996
Europe					
Austria — Autriche	77	1	87	11	1995-1997
Belgium — Belgique	70	4	81	15	1995-1997
Croatia — Croatie	77	3	80	17	1995-1997
Czech Republic — République tchèque	95	0	82	18	1995-1997
Denmark — Danemark	84	0	83	16	1995-1997
Finland — Finlande	91	1	88	10	1995-1997
France	80	1	85	13	1995-1997

Country/Area Pays/Territoire	Male cases (% of reported cases) Cas masculins (% des cas signalés)	Age (years) at diagnosis (%) Age (années) lors du diagnostic (%)			Year Année	Country/Area Pays/Territoire	Male cases (% of reported cases) Cas masculins (% des cas signalés)	Age (years) at diagnosis (%) Age (années) lors du diagnostic (%)			Year Année
		0-14	15-49	50+				0-14	15-49	50+	
Germany — Allemagne	85	0	82	17	1995-1997	Ukraine	74	5	93	2	1995-1997
Greece — Grèce	86	1	80	19	1995-1997	United Kingdom — Royaume-Uni	84	2	87	11	1995-1997
Hungary — Hongrie	90	2	84	13	1995-1997	Yugoslavia ^c — Yougoslavie ^c	72	1	86	13	1995-1997
Ireland — Irlande	83	3	92	5	1995-1997	Oceania — Océanie					
Italy — Italie	76	1	91	7	1995-1997	Australia ^b — Australie ^b	96	1	87	12	1982-1997
Luxembourg	87	0	77	23	1995-1997	Guam ^b	91	0	91	9	1985-1997
Netherlands — Pays-Bas	84	1	86	13	1995-1997	New Caledonia and Dependencies ^b — Nouvelle-Calédonie et Dépendances ^b	82	2	92	6	1987-1997
Norway — Norvège	84	2	86	12	1995-1997	New Zealand ^b — Nouvelle-Zélande ^b	95	1	85	14	1984-1997
Poland — Pologne	82	1	92	7	1995-1997	Papua New Guinea ^b — Papouasie-Nouvelle-Guinée ^b	50	10	89	1	1987-1997
Portugal	83	1	89	10	1995-1997						
Romania — Roumanie	56	84	15	1	1995-1997						
Russian Federation — Fédération de Russie	79	8	81	9	1995-1997						
Slovenia — Slovénie	84	4	92	4	1995-1997						
Spain — Espagne	80	1	92	6	1995-1997						
Sweden — Suède	80	3	86	11	1995-1997						
Switzerland — Suisse	74	2	87	11	1995-1997						

^a For countries reporting 25 cases or more. — Pour les pays signalant au moins 25 cas.

^b Age distribution: 0-12, 13-49, 50+ years. — Répartition par âge: 0-12, 13-49, 50+ ans.

^c Refers to states/areas of the former Socialist Federal Republic of Yugoslavia with the exception of Bosnia and Herzegovina, Croatia, Slovenia, and The former Yugoslav Republic of Macedonia. — Concerne les États/territoires de l'ancienne République fédérale socialiste de Yougoslavie qui ne sont pas cités séparément, à l'exception de la Bosnie-Herzégovine, la Croatie, la Slovénie, et l'Ex-République yougoslave de Macédoine.

... = Data not available. — Données non disponibles.

Table 2 Reported AIDS cases by assumed mode of transmission (in percentage), by continent for selected countries, as of 20 November 1997^a (excludes cases with unknown mode of transmission)

Tableau 2 Cas de SIDA signalés, selon le mode de transmission présumé (en pourcentage), par continent pour certains pays, au 20 novembre 1997^a (à l'exclusion des cas pour lesquels le mode de transmission n'est pas connu)

Country/Area Pays/Territoire	Hetero- sexual Hétéro- sexuel	Homo/ bisexual Homo/ bisexuel	Intra- venous drug use Utilisation de drogues par voie intra- veineuse	Transfusion/ haemo- philic Transfusion/ hémophile	Mother- to-infant Mère- enfant	Year Année
Africa — Afrique						
Algeria — Algérie	63	9	5	18	5	1985-1997
Angola	59	1	9	24	8	1985-1997
Benin — Bénin	92	0	0	2	6	1985-1997
Botswana	94	0	0	0	6	1988-1995
Chad — Tchad	98	0	0	0	2	1986-1997
Democratic Republic of the Congo — République démocratique du Congo	97	0	0	3	4	1986-1995
Djibouti	96	0	0	0	2	1995-1997
Egypt — Égypte	67	14	6	14	0	1995-1997
Equatorial Guinea — Guinée équatoriale	98	0	0	0	2	1988-1996
Ethiopia — Éthiopie	97	0	0	2	2	1986-1996
Gabon	96	0	0	0	4	1987-1996
Gambia — Gambie	94	0	0	0	6	1989-1996
Guinea — Guinée	98	0	0	0	2	1987-1996
Guinea-Bissau — Guinée-Bissau	100	0	0	0	0	1989-1993
Lesotho	90	0	0	6	4	1986-1993
Malawi	89	0	0	2	9	1995-1996
Mauritania — Mauritanie	93	2	1	1	2	1988-1995
Mauritius — Maurice	84	0	6	0	0	1987-1997
Morocco — Maroc	72	16	9	3	1	1995-1997
Mozambique	84	0	0	10	6	1986-1997
Niger	99	0	0	0	1	1987-1995
Nigeria — Nigéria	95	0	0	4	1	1986-1995
Reunion — Réunion	17	35	35	8	4	1987-1990
Senegal — Sénégal	97	1	0	1	0	1986-1994
Sierra Leone	97	1	0	0	3	1987-1996
South Africa — Afrique du Sud	79	7	0	1	13	1982-1997
Sudan — Soudan	98	0	0	0	1	1995-1997
Swaziland	86	0	0	0	14	1991-1995

Country/Area Pays/Territoire	Hetero- sexual Hétéro- sexuel	Homo/ bisexual Homo/ bisexuel	Intra- venous drug use Utilisation de drogues par voie intra- veineuse	Transfusion/ haemo- philic Transfusion/ hémophile	Mother- to-infant Mère- enfant	Year Année
Togo	91	0	0	2	7	1987-1997
Tunisia — Tunisie	45	7	28	11	8	1995-1997
United Republic of Tanzania — République-Unie de Tanzanie	96	0	0	0	3	1983-1995
Zambia — Zambie	94	0	1	5	0	1984-1990
Zimbabwe	86	0	0	0	14	1987-1997
Americas — Amériques						
Antigua and Barbuda — Antigua-et-Barbuda	57	39	0	0	4	1993-1996
Argentina — Argentine	21	31	42	1	4	1993-1996
Bahamas	92	2	0	0	6	1993-1996
Barbados — Barbade	79	16	0	0	6	1993-1996
Belize	65	30	1	0	4	1993-1996
Bermuda — Bermudes	31	34	30	4	2	1993-1996
Bolivia — Bolivie	66	29	4	0	7	1993-1996
Brazil — Brésil	34	34	25	4	4	1993-1996
Canada	13	71	13	2	1	1993-1996
Chile — Chili	25	67	6	1	2	1993-1996
Colombia — Colombie	16	83	0	1	1	1993-1996
Costa Rica	22	73	2	1	2	1993-1996
Cuba	45	54	0	1	1	1993-1996
Dominica — Dominique	20	68	0	0	12	1993-1996
Dominican Republic — République dominicaine	81	6	4	6	3	1993-1996
Ecuador — Équateur	42	56	0	0	1	1993-1996
El Salvador	84	9	2	0	5	1993-1996
Grenada — Grenade	81	7	2	5	4	1993-1996
Guadeloupe	61	22	6	6	5	1993-1996
Guatemala	77	16	1	2	3	1993-1996
Guyana	86	7	1	3	3	1993-1996
Honduras	60	11	0	0	6	1993-1996
Jamaica — Jamaïque	84	8	0	0	6	1993-1996
Martinique	69	17	6	6	3	1993-1996
Mexico — Mexique	31	55	1	8	2	1993-1996
Nicaragua	49	41	7	2	2	1993-1996

Country/Area Pays/Territoire	Hetero- sexual Hétéro- sexuel	Homosexual/ bisexual Homo-/ bisexuel	Intra- venous drug use Utilisation de drogues par voie intra- veineuse	Transfusion/ haemo- philic Transfusion/ hémophile	Mother- to-infant Mère- enfant	Year Année
Panama	57	36	1	0	5	1993-1996
Paraguay	50	28	12	4	6	1993-1996
Peru — Pérou	47	48	0	2	3	1993-1996
Saint Lucia — Sainte-Lucie	75	10	5	0	10	1993-1996
Saint Vincent and the Grenadines — Saint-Vincent- et-Grenadines	81	14	0	0	5	1993-1996
Suriname	86	5	0	0	9	1993-1996
Trinidad and Tobago — Trinité-et-Tobago	83	13	0	0	4	1993-1996
United States of America — Etats-Unis d'Amérique	13	52	13	2	0	1993-1995
Uruguay	24	38	30	7	7	1993-1996
Venezuela	36	54	4	5	3	1993-1996
Asia — Asie						
Cambodia — Cambodge	80	1	0	0	19	1993-1997
China — Chine	17	5	59	20	0	1985-1997
Hong Kong Special Administrative Region of China — Hong Kong, Région administrative spéciale de la Chine	57	35	2	6	1	1985-1997
Indonesia — Indonésie	72	24	3	0	1	1987-1997
Iran (Islamic Republic of) — Iran (République islamique d')	48	0	10	43	0	1995-1996
Israel — Israël	31	36	17 ^b	13	2	1980-1997
Japan — Japon	39	27	1	33	1	1985-1997
Loa People's Democratic Republic — République démocratique populaire loa	78	0	0	18	4	1991-1997
Malaysia — Malaisie	16	3	68	12	2	1987-1997
Myanmar	60	1	37	2	0	1995-1997
Pakistan	92	0	0	0	8	1995-1997
Philippines	56	39	1	3	2	1984-1997
Republic of Korea — République de Corée	84	12	0	4	0	1987-1997
Saudi Arabia — Arabie saoudite	69	2	2	21	5	1995-1997
Singapore — Singapour	46	31	2	20	0	1986-1997
Thailand — Thaïlande	89	0	6	0	5	1995-1997
Turkey — Turquie	51	19	17 ^b	12	2	1985-1997
Viet Nam	18	0	81	1	0	1993-1997
Yemen — Yémen	91	2	0	7	0	1995-1996
Europe^{a,c}						
Austria — Autriche	15	46	30	7	2	1983-1997
Belgium — Belgique	44	40	7	5	4	1980-1997
Bulgaria — Bulgarie	77	19	0	4	0	1987-1997
Croatia — Croatie	36	50	8	6	1	1986-1997
Czech Republic — République tchèque	16	68	2	13	0	1986-1997
Denmark — Danemark	17	70	9	3	1	1981-1997
Finland — Finlande	23	69	4	4	1	1982-1997
France	19	48	26	5	1	1980-1997
Germany — Allemagne	8	70	16	5	1	1981-1997
Greece — Grèce	16	65	5	12	1	1982-1997
Hungary — Hongrie	10	77	0	12	0	1986-1997
Iceland — Islande	7	83	5	5	0	1985-1997
Ireland — Irlande	13	35	44	5	3	1983-1997
Italy — Italie	14	15	68	2	2	1982-1997
Luxembourg	19	56	17	7	1	1984-1997
Malta — Malte	12	51	2	37	2	1986-1997
Monaco	11	15	12	3	0	1986-1997
Netherlands — Pays-Bas	13	72	12	3	1	1982-1997
Norway — Norvège	20	58	17	4	1	1983-1997
Poland — Pologne	14	33	51	2	1	1986-1997
Portugal	27	24	44	4	1	1983-1997
Romania — Roumanie	20	2	0	63	16	1985-1997
Russian Federation — Fédération de Russie	32	64	1	2	2	1986-1997
Slovenia — Slovénie	23	59	7	7	4	1986-1997
Spain — Espagne	11	17	68	2	2	1981-1997
Sweden — Suède	21	60	12	6	1	1982-1997
Switzerland — Suisse	17	39	41	2	1	1980-1997
Ukraine	24	6	64	1	5	1988-1997
United Kingdom — Royaume-Uni	15	70	8	5	2	1981-1997
Yugoslavia ^d — Yougoslavie ^d	17	15	53	14	1	1985-1997
Oceania — Océanie						
Australia — Australie	5	57	3	4	0	1982-1997
Guam	17	64	10	10	0	1985-1997
New Caledonia — Nouvelle-Calédonie	21	63	12	2	2	1987-1997
New Zealand — Nouvelle-Zélande	8	87	2	3	0	1984-1997
Papua New Guinea — Papouasie-Nouvelle-Guinée	87	4	0	0	10	1984-1997

^a For countries reporting 25 cases or more. — Pour les pays signalant au moins 25 cas.

^b Intravenous drug use category includes homosexual drug user. — La catégorie «Utilisation de drogues par voie intraveineuse» comprend les homosexuels utilisateurs de drogues.

^c Nosocomial infections not included in the table. — Infections nosocomiales non comprises dans le tableau.

^d Refers to states/areas of the former Socialist Federal Republic of Yugoslavia with the exception of Bosnia and Herzegovina, Croatia, Slovenia, and the Former Yugoslav Republic of Macedonia. — Concern les États/territoires de l'ancienne République fédérale socialiste de Yougoslavie qui ne sont pas cités séparément, à l'exception de la Bosnie-Herzégovine, la Croatie, la Slovénie, et l'Ex-République yougoslave de Macédoine.

Despite these caveats, a number of interesting observations can be made from *Tables 1* and *2*. For example, there are wide differences in transmission patterns between countries. Age distribution shows fewer differences. In every country except Romania,¹ the vast majority of reported cases are in the 15-49-year age category. However, there are some general differences in the age distribution of AIDS cases from region to region. In 20 of the 24 industrialized countries listed in *Table 1*, more than 10% of the AIDS cases in the last 4 years have been diagnosed in adults over the age of 50. This may be due in part to improved treatment for HIV-infected people that postpones the development of AIDS. On the other hand, in sub-Saharan Africa, a relatively low percentage of AIDS cases has been diagnosed over age 50, whereas AIDS in children is an important phenomenon in many such countries.

¹ Most cases in Romania were children infected in the 1980s by injections of blood or the use of unsterile injection equipment.

Cela étant, les *Tableaux 1* et *2* permettent de faire plusieurs observations intéressantes. Par exemple, il y a d'importantes différences entre pays dans les schémas de transmission. La répartition par âge accuse des différences moindres. Dans tous les pays, à l'exception de la Roumanie,¹ la grande majorité des cas signalés concerne le groupe d'âge 15-49 ans. Il y a toutefois quelques différences générales dans la répartition par âge des cas de SIDA d'une région à l'autre. Dans 20 des 24 pays industrialisés figurant dans le *Tableau 1*, plus de 10% des cas de SIDA pour ces 4 dernières années ont été diagnostiqués chez des adultes de plus de 50 ans. Cela peut s'expliquer en partie par l'amélioration du traitement des personnes infectées par le VIH, ce qui retarde l'apparition du SIDA. En revanche, dans les pays d'Afrique subsaharienne, un pourcentage relativement faible de cas de SIDA a été diagnostiqué chez des personnes de plus de 50 ans, alors que le SIDA chez les enfants est un phénomène important dans bon nombre de ces pays.

¹ La plupart des cas en Roumanie concernaient des enfants contaminés dans les années 80 lors d'une transfusion sanguine ou de l'utilisation de matériel d'injection non stérilisé.

Gabinete de Direito da saúde

VIH/SIDA - Disposições normativas

Circular normativa nº 35/85, 05.09, Secretaria-Geral do Ministério da Saúde - Comunicado relativo à SIDA.

Aviso, Secretaria Geral do Ministério da Saúde, D.R. nº 241, II Série, 19 de Outubro de 1985 - Constitui o grupo de trabalho da SIDA.

Despacho 11/86, Ministério da Saúde, in D.R. nº 102, II Série, de 5 de Maio de 1986 - Determina medidas de profilaxia da SIDA nos centros de hemodiálise, de histocompatibilidade e de transplantação.

Despacho 12/86, Ministério da Saúde, in D.R. nº 102, II Série, de 5 de Maio de 1986 - Determina medidas em ordem a proteger os doentes a quem deva ser administrado o sangue humano, seus componentes ou fracções, da possibilidade da transmissão da SIDA.

Decreto-Lei nº 319/86, de 25 de Setembro - Estabelece normas relativas à disciplina e actividades dos "bancos de esperma".

Resolução do Conselho de Ministros nº 23/87, 21 de Abril de 1987, D.R. nº 92, I Série - Dentro do plano que aprova, relativo ao tráfico ilícito e uso indevido de estupefacientes e de substâncias psicotrópicas, determina medidas específicas com o propósito de prevenir a propagação da SIDA entre os toxicómanos.

Despacho, Ministro da Saúde, in D.R. nº 116, II Série, de 21 de Maio de 1987 - Determina que o Instituto Nacional de Saúde Dr. Ricardo Jorge, seja o laboratório central de referência no âmbito da SIDA.

Despacho 3/87, Ministério da Saúde, in D.R. nº 116, II Série, 21 de Maio de 1987 - Estabelece o regime de utilização de um novo medicamento "Retrovir", sujeito a normas a definir pela Direcção Geral dos Hospitais, ouvido o Grupo de Trabalho da SIDA.

Parecer, Procuradoria Geral da República, in D.R. nº 120, II Série, 24 de Maio de 1988 - Parecer sobre a competência dos institutos de medicina legal para procederem a autópsias em caso de suspeita de SIDA.

Despacho 30/89, Ministério da Saúde, in D.R. nº 197, II Série, de 26 de Agosto de 1989 - Determina, sob proposta do Grupo de Trabalho da SIDA, a alteração do Desp. 11/86, publicado no Diário da República, de 5 de Maio de 1986, que passa a ter uma nova redacção onde se lê «anti-LAV», e ou «anti-HTLV-III», deve ler-se agora «VIH, tipos 1 e 2» passando a ser obrigatória, nos casos expressos no citado Despacho, a pesquisa de anti-corpos HIV, tanto do tipo 1 como do tipo 2.

Despacho 31/89, Ministério da Saúde, in D.R. nº 196, II Série, de 26 de Agosto de 1989 - Determina, sob proposta do grupo de trabalho da SIDA, a alteração do nº 1 do Despacho 12/86, publicado no D.R. nº 102, 2ª, de 5 de Maio de 1986, que passa a ter uma nova redacção incluindo agora referência também à pesquisa de anticorpos anti-VIH do tipo 2.

Decreto Legislativo Regional nº 14/89/A, de 10 de Agosto, D.R. nº 183, I Série - Estabelece normas relativas aos dadores de sangue na Região Autónoma dos Açores.

Despacho 5/90, Ministério da Saúde, in D.R. nº 78, II Série, 3 de Abril de 1990 - Determina que o Grupo de Trabalho da SIDA, passe a designar-se Comissão Nacional de Luta Contra SIDA, competindo-lhe a implementação de acções de luta contra a SIDA nas suas múltiplas vertentes - preventiva, educativa, assistencial, de investigação, de aconselhamento e de acompanhamento, sendo a mesma apoiada por um conselho consultivo e por uma direcção executiva, cuja constituição se refere.

Despacho, Director Geral dos Cuidados de Saúde Primários, DR nº 108, II Série, 11 de Maio de 1990 - Determina a obrigatoriedade de comunicação à Direcção Geral dos Cuidados de Saúde Primários dos óbitos causados por diversas doenças entre elas a SIDA.

Decreto Legislativo Regional nº 11/90/M, 22 de Maio, D.R. nº 117, I Série - Define o conjunto de direitos de que são titulares os dadores benévolos de sangue na Região Autónoma da Madeira.

Decreto-Lei nº 294/90, de 21 de Setembro, D.R. nº 219, I Série - Cria o Instituto Português de Sangue.

Desp. 14/91, Ministro da Saúde, in D.R. nº 164, II Série, de 19 de Julho de 1991 - Determina que todos os casos de infecção pelo vírus de imunodeficiência humana (VIH) devem ser notificados à Comissão Nacional de Luta Contra a SIDA, e estabelece as regras de fornecimento e os encargos decorrentes do tratamento com o medicamento Retrovir.

Despacho 19/91, Ministério da Saúde, in D.R. nº 210, 12 de Setembro de 1991, II série - Aprova o Regulamento sobre Transfusão de Sangue.

Despacho, Ministro da Saúde, in D.R. nº 20, II Série, de 24 de Janeiro de 1992 - Estabelece a criação de um grupo de trabalho que deverá proceder a uma análise dos problemas suscitados pela Associação Portuguesa de Hemofílicos, bem como das condições em que os estabelecimentos de saúde efectuam os testes de detecção da SIDA nas unidades de sangue transfundidas.

Desp.4/92 Ministro da Saúde, in D.R. nº 79, II Série, 3 de Abril de 1992 - Determina os elementos constitutivos da Comissão Nacional de Luta contra a SIDA e as suas competências.

Decreto-Lei nº 54/92, de 11 de Abril - Estabelece o regime de taxas moderadoras para o acesso aos serviços de urgência, às consultas e a meios complementares de diagnóstico e terapêutica em regime de ambulatório. Isenta do pagamento de taxa moderadora os doentes com SIDA e os seropositivos.

Secretaria-Geral do Ministério da Saúde, D.R. nº 112, II Série, de 15 de Maio de 1992 - Prorrogação por 60 dias do prazo estabelecido no despacho do Ministro da Saúde, publicado no DR nº 20, 2º, de 24 de Janeiro de 1992.

Despacho, Ministro da Saúde, in D.R. nº 164, II Série, de 18 de Julho de 1992 - Determina a criação da Comissão de Interpretação de Resultados de Análises para Detecção de Doenças Transmissíveis, destinada a estabelecer critérios interpretativos obtidos nas análises para detecção de doenças transmissíveis nos produtos derivados do plasma humano.

Desp. 9/92, in D.R. nº 183, II Série, 10 de Agosto de 1992 - Determina que a aquisição de produtos derivados do plasma humano destinados aos serviços e estabelecimentos do Ministério da Saúde seja feita exclusiva e obrigatoriamente através de concursos, organizados pela Secretaria Geral.

Desp. 10/92, Ministro da Saúde, in D.R. nº 178, II Série, 4 de Agosto de 1992 - Aprova o Regulamento do Conselho Consultivo da Comissão Nacional de Luta Contra SIDA.

Despacho, Secretário de Estado Adjunto do Ministro da Saúde, in D.R. nº 189, II Série, 18 de Agosto de 1992 - Determina a criação do Fundo de Apoio Social aos Hemofílicos Infectados com o vírus da SIDA.

Desp. 17/92, Ministro da Saúde, in D.R. nº 238, II Série, de 15 de Outubro de 1992 - Determina a criação do Prémio para Trabalhos de Jornalismo sobre a SIDA, a atribuir anualmente no âmbito das comemorações do Dia Mundial da SIDA e publica o respectivo regulamento.

Desp. 18/92, Ministro da Saúde, in D.R. nº 260, II Série, 10 de Novembro de 1992 - Reconhece os programas de avaliação da qualidade, criados ou a desenvolver pelo INSA, passando a constituir esses programas, no seu conjunto, o programa de controlo de qualidade para os laboratórios de análises clínicas nos sectores público e privado.

Desp. 22/92, Ministro da Saúde, in D.R. nº 6, II Série, 8 de Janeiro de 1993 - Determina os requisitos a que deve obedecer a aquisição de produtos derivados do plasma humano destinados aos serviços e estabelecimentos do Ministério da Saúde durante o ano de 1993, a título provisório, em virtude de não estarem ainda cumpridas todas as condições para que o abastecimento daqueles produtos seja efectuado através de concurso organizado pela Secretaria-Geral daquele Ministério.

Desp. 23/92, Ministro da Saúde, in D.R. nº 9, II Série, 12 de Janeiro de 1993 - Determina a alteração dos nºs 1, 3 e 5 do Desp. 4/92, publicado no DR, 79, de 3-4-92, em virtude das alterações da Comissão Nacional de Luta Contra a SIDA.

Desp. 8/93, Ministro da Saúde, D.R. nº 70, II Série, 24 de Março de 1993 - Determina as condições de fornecimento e utilização do medicamento "Videx" (didanosina) e define as entidades a quem compete assumir os respectivos encargos.

Despacho Conjunto, Ministros da Educação, da Saúde e do Emprego e da Segurança Social, D.R. nº 127, II Série, 1 de Junho de 1993 - Determina a reestruturação da Comissão Nacional de Hemofilia para, em colaboração com o Instituto Português de Sangue, promover

a articulação com as diferentes entidades e serviços envolvidos nesta matéria, orientar as várias acções a empreender, bem como acompanhar a sua execução.

Decreto-Lei nº 237/93, de 3 de Julho, D.R. nº 154, Série I-A Prevê a celebração de convenções de arbitragem com os doentes infectados com o vírus da SIDA. Rectificado pela Declaração nº 147/93, publicada no D.R. nº 204, Série I-A, 3º Suplemento, de 31 de Agosto de 1993.

Despacho Conjunto A-30/93-XII, Ministérios das Finanças, da Justiça e da Saúde, in D.R. nº 216, II Série, 14 de Setembro de 1993 - Apresenta a proposta de convenção de arbitragem, a celebrar entre o Estado e cada um dos hemofílicos ao abrigo do artº 1º do Decreto-Lei nº 237/93, de 3-7.

Despacho nº 32/93, Ministro da Saúde, D.R. nº 22, II Série, 27 de Janeiro de 1994 - Determina, a título provisório, os requisitos a que deve obedecer a aquisição de produtos derivados do plasma humano destinados aos serviços e estabelecimentos do Ministério da Saúde, em virtude de se ter verificado a interposição de recurso no âmbito do concurso centralizado para a selecção daqueles produtos.

Desp. 11/94, Ministério da Saúde, D.R. nº 60, II Série, 12 de Março de 1994 - Na sequência da reestruturação interna do Ministério da Saúde, determina a alteração da composição da Comissão Nacional de Luta Contra a SIDA.

Desp. 18/94, Ministério da Saúde, in D.R. nº 87, II Série, 14 Abril de 1994 - Designa um elemento que substitua o representante na Direcção-Geral da Saúde na Comissão Nacional de Luta Contra a SIDA, nas suas faltas e impedimentos.

Desp. 6/94, Secretário de Estado da Saúde, in D.R. nº 154, II Série, 6 de Julho de 1994 - Determina que o medicamento "Apo Zidovudine" seja fomecido nos termos estabelecidos para o medicamento "Retrovir" pelo Desp. 14/91, de 3-7, publicado no D.R. nº 164, 2ª, de 19-7-91.

Despacho Conjunto, Ministros da Saúde, e do Emprego e da Segurança Social, in D.R. nº 166, II Série, 20 de Julho de 1994 - Determina que no início de cada trimestre a Santa Casa da Misericórdia de Lisboa transfira para o Instituto de Gestão Informática e Financeira da Saúde, o produto de 25 % dos resultados líquidos do JOKER apurados no trimestre anterior consignados às acções coordenadas pela Comissão Nacional de Luta Contra a SIDA.

Portaria nº 21/95 (2ª Série), de 14 de Janeiro, DR nº 12, II Série - Reconhece a Fundação Portuguesa «A comunidade contra a SIDA».

Desp. 56/94, Ministro da Saúde, D.R. nº 17, II Série, 20 de Janeiro de 1995 - Determina a reestruturação da Comissão de Fomento em Cuidados de Saúde, à qual competirá, entre outras, assessorar a criação do plano de investigação operacional na área de cuidados de saúde, primários e diferenciados, nos temas prioritários da SIDA, tuberculose e outras doenças infecciosas etc.

Edital, Ministério da Saúde, D.R. nº 17, II Série, 20 de Janeiro de 1995 - No âmbito da Comissão de Fomento da Investigação em Cuidados de Saúde, declara a abertura de um

concurso para apresentação de projectos de investigação aplicada na área de cuidados de saúde, constituindo a SIDA, a tuberculose e outras doenças infecciosas, algumas das áreas preferenciais.

Despacho Conjunto, Secretários de Estado da Saúde e da Segurança Social, 5 de Maio de 1995, D.R. nº 104, II Série - Determina a constituição de um grupo de trabalho com o objectivo de definir as competências dos sectores da saúde e da segurança social no âmbito do apoio às pessoas infectadas com o HIV e suas famílias.

Decreto Regulamentar nº 16/95, de 29 de Maio, DR nº 124, Série I-B - Aprova o Regulamento arquivístico dos documentos relativos à transfusão de sangue.

Desp. 30/95, Ministro da Saúde, in DR nº252, II Série, 31 de Outubro de 1995 - Adita dois números ao nº 10 do Regulamento sobre a Transfusão de Sangue, aprovado pelo Desp. 19/91, do Ministro da Saúde, publicado no DR, 2ª, de 12-9-91.

Desp. 1/96, Secretário de Estado da Saúde, D.R. nº 57, II Série, de 7 de Março de 1996 - Determina as condições de fornecimento e utilização do HIVID (zalcitabina) e define as entidades a quem compete assumir os respectivos encargos.

Lei nº 36/96, de 29 de Agosto, DR nº 200, Série I-A - Adopta providências relativamente a cidadãos condenados em pena de prisão afectados por doença grave e irreversível em fase terminal.

Desp.280/96, Ministra da Saúde, in DR nº 237, II Série, 12 de Outubro de 1996 - Estabelece regras relativamente aos medicamentos anti-retrovíricos destinados ao tratamento da infecção pelo VIH, no que respeita à sua prescrição, utilização e carácter gratuito. Divulga as Recomendações da Comissão Nacional de Luta Contra a Sida Para o Tratamento Anti-Retrovírico.

Aviso, Ministério da Saúde, DR nº 238, II Série, 14 de Outubro de 1996 - Protocolo de acordo celebrado entre a Comissão Nacional de Luta Contra a Sida e o Programa de Promoção e Educação para a Saúde, do Ministério da Educação, com vista ao desenvolvimento, estímulo e apoio de acções de educação para a prevenção da infecção pelo VIH/SIDA junto dos conselhos directivos, professores, pessoal não docente, alunos e encarregados de educação.

Aviso, Ministério da Saúde, DR nº 277, II Série, 29 de Novembro de 1996 - Protocolo de acordo entre a Comissão Nacional de Luta Contra a SIDA e a Santa Casa da Misericórdia de Lisboa tendo em vista o alargamento de apoio domiciliário a seropositivos e doentes com SIDA a partir do Projecto Solidariedade.

Parecer nº 26/95, Procuradoria Geral da República, DR nº 96, II Série, de 24 de Abril de 1997 - Conclui que a lei portuguesa actual não exclui a emissão relativamente a indivíduos portadores do VIH do atestado de robustez física e de perfil psíquico previsto na alínea f) do artigo 22º do Decreto-Lei nº 498/88, de 30-12.

Releva da apreciação médica, através do respectivo atestado, avaliar se os indivíduos portadores do VIH dispõem ou não de robustez físico-psíquica necessária ao exercício das funções a que se candidatam.

Despacho nº 6778/97, 2ª Série), Ministra da Saúde, DR nº 199, II Série, de 29 de Agosto de 1997 - Determina a alteração do Despacho nº 280796, publicado no DR, 2ª, de 12 de Outubro de 1996, que estabeleceu as condições de prescrição e de fornecimento dos medicamentos utilizados na terapêutica da infecção pelo vírus da imunodeficiência humana.

Resolução do Conselho de Ministros nº 197/97, de 18 de Novembro, DR nº 267, Série I-B - Procedê ao reconhecimento público da chamada "rede social", que inclui acções destinadas a pessoas afectadas pela toxicodependência e pelo vírus HIV.

98.01.20
GDS/APC

ANEXO

ACTUALIZAÇÃO DE INFORMAÇÃO

QUADRO 1

Distribuição dos casos de SIDA por data de diagnóstico e por data de notificação

01/01/83 - 13/02/98

ANO	Casos por data de DIAGNÓSTICO	Casos por data de NOTIFICAÇÃO*
1983	1	0
1984	4	0
1985	29	18
1986	38	30
1987	76	47
1988	132	110
1989	196	154
1990	251	226
1991	297	246
1992	399	383
1993	541	464
1994	634	608
1995	718	689
1996	802	896
1997	612	864
1998	14	72
Ignorado	63	0
TOTAL	4807	4807

FONTE: CVEDT

* DATA DE NOTIFICAÇÃO - data em que o médico NOTIFICA o caso, sendo diferente da data de recepção no CVEDT.

QUADRO 2

Distribuição dos casos por idades e sexo

01/01/83 - 13/02/98

GRUPO ETARIO	SEXO			TOTAL	
	Masculino	Feminino	Não referido	Nº	%
0 - 11 meses	13	14	0	27	0.6
1 - 4 anos	9	10	0	19	0.4
5 - 9 anos	8	3	0	11	0.2
10 - 12 anos	5	0	0	5	0.1
13 - 14 anos	8	2	0	10	0.2
15 - 19 anos	52	21	0	73	1.5
20 - 24 anos	413	106	1	520	10.8
25 - 29 anos	857	185	4	1046	21.8
30 - 34 anos	868	147	0	1015	21.1
35 - 39 anos	651	102	0	753	15.7
40 - 44 anos	418	56	0	474	9.9
45 - 49 anos	272	26	0	298	6.2
50 - 54 anos	198	26	0	224	4.7
55 - 59 anos	105	22	0	127	2.6
60 - 64 anos	81	14	0	95	2.0
65 +	70	15	0	85	1.8
Desconhecido	23	2	0	25	0.5
TOTAL	4051	751	5	4807	100

FONTE: CVEDT

QUADRO 2.1

Casos de SIDA por ano de diagnóstico e grupo etário

01/01/83 - 13/02/98

Grupo Etário	1983-86	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	DESC	TOTAL
0 - 11 meses	0	0	0	2	4	1	4	2	6	6	1	0	0	1	27
1 - 4 anos	1	2	0	1	1	1	1	1	4	5	1	1	0	0	19
5 - 9 anos	2	2	2	0	1	1	0	1	0	1	1	0	0	0	11
10 - 12 anos	1	0	1	1	0	2	0	0	0	0	0	0	0	0	5
13 - 14 anos	1	0	2	2	0	1	0	1	1	0	0	1	0	1	10
15 - 19 anos	1	1	2	5	0	5	9	10	7	17	12	3	0	1	73
20 - 24 anos	2	4	13	9	25	19	41	71	90	90	101	50	2	3	520
25 - 29 anos	14	10	13	35	44	40	96	122	153	176	182	146	3	12	1046
30 - 34 anos	4	16	22	29	53	71	79	106	127	150	183	161	2	12	1015
35 - 39 anos	19	14	29	30	40	45	50	87	81	105	137	104	4	8	753
40 - 44 anos	9	13	15	30	31	36	37	53	58	72	65	48	1	6	474
45 - 49 anos	6	2	10	15	25	27	34	27	39	33	41	31	1	7	298
50 - 54 anos	4	5	13	12	11	20	19	23	29	23	33	27	0	5	224
55 - 59 anos	2	3	5	9	5	12	12	14	10	17	21	13	1	3	127
60 - 64 anos	4	1	4	9	5	12	10	8	14	7	9	11	0	1	95
65 +	1	1	0	5	6	4	6	9	10	14	14	13	0	2	85
Desconhecido	1	2	1	2	0	0	1	6	5	2	1	3	0	1	25
TOTAL	72	76	132	196	251	a) 297	399	541	634	b) 718	c) 802	d) 612	14	e) 63	4807

FONTE: CVEDT

- a) Inclui 1 caso com ano de diagnóstico de 1991 e 'sexo não referido'.
b) Inclui 1 caso com ano de diagnóstico de 1995 e 'sexo não referido'.
c) Inclui 1 caso com ano de diagnóstico de 1996 e 'sexo não referido'.
d) Inclui 1 caso com ano de diagnóstico de 1997 e 'sexo não referido'.
e) Inclui 1 caso com ano de diagnóstico desconhecido e 'sexo não referido'.

QUADRO 2.2

Casos de SIDA por ano de diagnóstico e grupo etário (Sexo Masculino)

01/01/83 - 13/02/98

Grupo Etário	1983-86	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	DESC	TOTAL
0 - 11 meses	0	0	0	1	3	0	1	1	4	2	1	0	0	0	13
1 - 4 anos	1	1	0	0	0	1	1	0	0	4	1	0	0	0	9
5 - 9 anos	2	2	1	0	1	0	0	1	0	0	1	0	0	0	8
10 - 12 anos	1	0	1	1	0	2	0	0	0	0	0	0	0	0	5
13 - 14 anos	1	0	2	2	0	0	0	1	0	0	0	1	0	1	8
15 - 19 anos	1	0	1	4	0	4	9	4	6	14	7	2	0	0	52
20 - 24 anos	2	2	13	8	20	14	33	55	72	67	78	44	2	3	413
25 - 29 anos	12	9	9	31	36	32	77	97	122	147	152	122	2	9	857
30 - 34 anos	4	14	20	26	50	57	69	89	106	129	152	142	2	8	868
35 - 39 anos	18	12	27	23	39	36	42	74	72	92	118	87	4	7	651
40 - 44 anos	7	11	15	27	28	32	30	48	50	63	55	45	1	6	418
45 - 49 anos	6	2	10	13	24	26	30	23	37	30	36	28	1	6	272
50 - 54 anos	3	4	12	10	9	19	17	21	27	19	30	23	0	4	198
55 - 59 anos	2	3	5	9	4	11	11	10	10	15	14	9	1	1	105
60 - 64 anos	3	1	4	7	5	8	9	7	13	5	8	10	0	1	81
65 +	1	1	0	4	4	4	6	7	6	12	14	10	0	1	70
Desconhecido	1	2	1	2	0	0	1	6	4	2	0	3	0	1	23
TOTAL	65	64	121	168	223	246	336	444	529	601	667	526	13	48	4051

FONTE: CVEDT

QUADRO 2.3

Casos de SIDA por ano de diagnóstico e grupo etário (Sexo Feminino)

01/01/83 - 13/02/98

Grupo Etário	1983-86	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	DESC	TOTAL
0 - 11 meses	0	0	0	1	1	1	3	1	2	4	0	0	0	1	14
1 - 4 anos	0	1	0	1	1	0	0	1	4	1	0	1	0	0	10
5 - 9 anos	0	0	1	0	0	1	0	0	0	1	0	0	0	0	3
10 - 12 anos	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13 - 14 anos	0	0	0	0	0	1	0	0	1	0	0	0	0	0	2
15 - 19 anos	0	1	1	1	0	1	0	6	1	3	5	1	0	1	21
20 - 24 anos	0	2	0	1	5	5	8	16	18	22	23	6	0	0	106
25 - 29 anos	2	1	4	4	8	7	19	25	31	29	29	23	1	2	185
30 - 34 anos	0	2	2	3	3	14	10	17	21	21	31	19	0	4	147
35 - 39 anos	1	2	2	7	1	9	8	13	9	13	19	17	0	1	102
40 - 44 anos	2	2	0	3	3	4	7	5	8	9	10	3	0	0	56
45 - 49 anos	0	0	0	2	1	1	4	4	2	3	5	3	0	1	26
50 - 54 anos	1	1	1	2	2	1	2	2	2	4	3	4	0	1	26
55 - 59 anos	0	0	0	0	1	1	1	4	0	2	7	4	0	2	22
60 - 64 anos	1	0	0	2	0	4	1	1	1	2	1	1	0	0	14
65 +	0	0	0	1	2	0	0	2	4	2	0	3	0	1	15
Desconhecido	0	0	0	0	0	0	0	0	1	0	1	0	0	0	2
TOTAL	7	12	11	28	28	50	63	97	105	116	134	85	1	14	751

FONTE: CVEDT

QUADRO 3

Distribuição dos casos de SIDA segundo
Categorias de Transmissão por Ano de Diagnóstico

01/01/83 - 13/02/98

Categorias de Transmissão	ANO DE DIAGNÓSTICO										TOTAL	
	=<1990	1991	1992	1993	1994	1995	1996	1997	1998	DESC.	Nº	%
Homo ou Bissexuais	325	107	124	118	110	107	105	66	2	15	1079	22.4
Tóxico-Dependentes	92	72	128	232	320	376	437	374	9	17	2057	42.8
Homo/Toxico-Dependentes	9	1	10	9	8	10	9	2	0	2	60	1.2
Hemofílicos	32	6	5	3	0	2	1	2	0	1	52	1.1
Transfusionados	37	14	9	12	11	13	7	4	0	1	108	2.2
Heterossexuais	192	79	104	146	158	175	219	142	2	22	1239	25.8
Mãe/Filho	11	4	4	4	11	10	3	1	0	0	48	1.0
Nosocomial	0	0	0	0	0	0	0	0	0	0	0	0.0
Desconhecidos	29	14	15	17	16	25	21	21	1	5	164	3.4
TOTAL	727	297	399	541	634	718	802	612	14	63	4807	100

FONTE: CVEDT

NOTA: O ano de 1990 inclui os casos de 1983 a 1990.

QUADRO 3.1

Distribuição dos casos de SIDA segundo o Ano de Diagnóstico
por Sexo/Estado Vital

01/01/83 - 13/02/98

ANO	Número de Casos			Número de Casos Vivos			Número de Casos Mortos		
	Homens	Mulheres	TOTAL	Homens	Mulheres	TOTAL	Homens	Mulheres	TOTAL
1983	1	0	a) 1	1	0	1	0	0	0
1984	3	1	4	1	0	1	2	1	3
1985	28	1	29	7	1	8	21	0	21
1986	33	5	38	2	1	3	31	4	35
1987	64	12	76	12	4	16	52	8	60
1988	121	11	132	26	3	29	95	8	103
1989	168	28	196	34	7	41	134	21	155
1990	223	28	251	33	11	44	190	17	207
1991	246	50	b) 297	39	10	49	207	40	248
1992	336	63	399	74	21	95	262	42	304
1993	444	97	541	119	33	152	325	64	389
1994	529	105	634	177	44	221	352	61	413
1995	601	116	c) 718	232	55	287	369	61	431
1996	667	134	d) 802	374	82	457	293	52	345
1997	526	85	e) 612	395	67	463	131	18	149
1998	13	1	14	8	1	9	5	0	5
DESC	48	14	f) 63	13	4	18	35	10	45
TOTAL	4051	751	4807	1547	344	1894	2504	407	2913

FONTE: CVEDT

- a) Sem informação sobre o estado vital do caso.
b) Em 1991 notificou-se 1 caso de 'sexo não referido', morto.
c) Em 1995 notificou-se 1 caso de 'sexo não referido', morto.
d) Em 1996 notificou-se 1 casos de 'sexo não referido', vivo.
e) Em 1997 notificou-se 1 caso de 'sexo não referido', vivo.
f) Notificou-se 1 caso com ano de diagnóstico e sexo 'não referido', vivo.

QUADRO 3.2

Distribuição das mortes de SIDA segundo
Categorias de Transmissão.

01/01/83 - 13/02/98

Categorias de Transmissão	SEXO			TOTAL	
	Masc.	Femin.	Desc.	Nº	%
Homo ou Bissexuais	776	0	0	776	26.6
Toxico-Dependentes	940	177	1	1118	38.4
Homo/Toxico Dependentes	39	0	0	39	1.3
Hemofilicos	46	0	0	46	1.6
Transfusionados	50	26	0	76	2.6
Heterossexuais	531	169	1	701	24.1
Mae/Filho	11	14	0	25	0.9
Nosocomial	0	0	0	0	0.0
Desconhecidos	111	21	0	132	4.5
TOTAL	2504	407	2	2913	100

FONTE: CVEDT

QUADRO 4

Casos de SIDA por patologia (*) segundo Categorias de Transmissão

01/01/83 - 13/02/98

Categorias de Transmissão	Patologia								TOTAL
	IO	SK	IO+SK	LINF	ENCEF	S.EMAC	PIL	CICU	
Homo ou Bissexuais	738	147	144	24	8	18	0	0	1079
Tóxico-Dependentes	1929	19	29	17	16	42	0	5	2057
Homo/Tóxico-Dependentes	48	2	7	1	2	0	0	0	60
Hemofílicos	49	1	1	1	0	0	0	0	52
Transfusionados	94	2	1	0	7	4	0	0	108
Heterossexuais	1061	44	56	37	15	19	0	7	1239
Mãe/Filho	29	0	0	0	3	6	10	0	48
Nosocomial	0	0	0	0	0	0	0	0	0
Desconhecidos	138	9	11	3	3	0	0	0	164
TOTAL	4086	224	249	83	54	89	10	12	4807

FONTE: CVEDT

* Casos de SIDA por patologia observada no diagnóstico, segundo Categorias de Transmissão

IO	- Infecção Oportunista	IO+SK	- Inf. Oportunista & Sarcoma de Kaposi
SK	- Sarcoma de Kaposi	PIL	- Pneum. Intersticial Linfoide
LINF	- Linfoma	S.EMAC	- Síndrome de Emaciação por VIH
ENCEF	- Encefalopatia	CICU	- Carcinoma invasivo do colo do útero

QUADRO 5

Distribuição dos casos e mortes por
categoria da doença oportunista.

01/01/83 - 13/02/98

Categoria da Doença	Casos		Mortes	
	Nº	%	Nº	%
Infecção Oportunista	4086	85.0	2409	82.7
Sarcoma de Kaposi	224	4.7	147	5.0
Inf. Oportunista + S. Kaposi	249	5.2	198	6.8
Linfoma	83	1.7	53	1.8
Encefalopatia	54	1.1	35	1.2
Síndrome de Emaciação	89	1.9	68	2.3
Pneum. Intersticial Linfoide	10	0.2	3	0.1
Carc. invasivo colo do útero	12	0.2	0	0.0
OUTRAS	0	0.0	0	0.0
TOTAL	4807	100	2913	100

FONTE: CVEDT

QUADRO 6

Distribuição dos casos de SIDA por
categoria da doença e sexo.

01/01/83 - 13/02/98

Categoria da Doença	MASCULINO		FEMININO		NÃO REFERIDO	
	Nº	%	Nº	%	Nº	%
Infecção Oportunista	3430	84.7	652	86.8	4	80.0
Sarcoma de Kaposi	215	5.3	9	1.2	0	0.0
Inf. Oportunista + S. Kaposi	236	5.8	12	1.6	1	20.0
Linfoma	62	1.5	21	2.8	0	0.0
Encefalopatia	41	1.0	13	1.7	0	0.0
Síndrome de Emaciação	63	1.6	26	3.5	0	0.0
Pneum. Intersticial Linfoide	4	0.1	6	0.8	0	0.0
Carc. invasivo colo do útero	0	0.0	12	1.6	0	0.0
OUTRAS	0	0.0	0	0.0	0	0.0
TOTAL	4051	100	751	100	5	100

FONTE: CVEDT

QUADRO 7

Distribuição dos casos de SIDA por
categoria da doença e tipo de vírus.

01/01/83 - 13/02/98

CATEGORIA DA DOENÇA	VIH1	VIH2	VIH1+VIH2	TIPO DE VIRUS NÃO REFERIDO
Infecção Oportunista	3792	207	71	16
Sarcoma de Kaposi	214	4	2	4
Inf. Oportunista + S. Kaposi	243	4	1	1
Linfoma	71	12	0	0
Encefalopatia	42	9	2	1
Síndrome de Emaciação	79	8	2	0
Pneum. Intersticial Linfoide	8	2	0	0
Carc. invasivo colo útero	8	3	1	0
OUTRAS	0	0	0	0
TOTAL	4457	249	79	22

FONTE: CVEDT

QUADRO 8

Distribuição dos casos e mortes de SIDA por residência

01/01/83 - 13/02/98

RESIDENCIA	CASOS	MORTES
PORTUGAL:	4639	2829
AVEIRO	85	61
BEJA	24	13
BRAGA	76	43
BRAGANCA	27	15
CASTELO BRANCO	37	25
COIMBRA	95	67
EVORA	24	12
FARO	163	93
GUARDA	22	15
LEIRIA	95	63
LISBOA	2375	1480
PORTALEGRE	11	10
PORTO	747	383
SANTAREM	79	47
SETUBAL	607	388
VIANA DO CASTELO	42	30
VILA REAL	16	10
WISEU	48	28
ACORES	23	17
MADEIRA	43	29
ESTRANGEIRO	74	44
AFRICA	40	22
EUROPA	22	13
N. AMERICA	4	2
S. AMERICA	8	7
ASIA	0	0
OCEANIA	0	0
Desconhecida	94	40
TOTAL	4807	2913

FONTE: CVEDT

