HIV/AIDS estimates

In 2003 and during the first quarter of 2004, UNAIDS and WHO worked closely with national governments and research institutions to recalibrate current estimates on people living with HIV/AIDS. These calculations are based on the previously published estimates for 1999 and 2001 and recent trends in HIV/AIDS surveillance in various populations. A methodology developed in collaboration with an international group of experts was used to calculate the new estimates on prevalence and incidence of HIV and AIDS deaths, as well as the number of children infected through mother-to-child transmission of HIV. Different approaches were used to estimate HIV prevalence in countries with low-level, concentrated or generalised epidemics. The current estimates do not claim to be an exact count of infections. Rather, they use a methodology that has thus far proved accurate in producing estimates that give a good indication of the magnitude of the epidemic in individual countries. However, these estimates are constantly being revised as countries improve their surveillance systems and collect more information.

Adults in this report are defined as women and men aged 15 to 49. This age range covers people in their most sexually active years. While the risk of HIV infection obviously continues beyond the age of 50, the vast majority of those who engage in substantial risk behaviours are likely to be infected by this age. The 15 to 49 range was used as the denominator in calculating adult HIV prevalence.

Estimated number of adults and children living with HIV/AIDS, end of 2003

These estimates include all people with HIV infection, whether or not they have developed symptoms of AIDS, alive at the end of 2003:

<table>
<thead>
<tr>
<th>Category</th>
<th>Low estimate</th>
<th>High estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults and children</td>
<td>2,800</td>
<td>5,300</td>
</tr>
<tr>
<td>Adults (15–49)</td>
<td>2,600</td>
<td>5,100</td>
</tr>
<tr>
<td>Low estimate</td>
<td>900</td>
<td>High estimate</td>
</tr>
<tr>
<td>Low estimate</td>
<td>0.0</td>
<td>0.3</td>
</tr>
<tr>
<td>Children (0–15)</td>
<td>800</td>
<td>1,500</td>
</tr>
<tr>
<td>Low estimate</td>
<td>300</td>
<td></td>
</tr>
<tr>
<td>High estimate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Estimated number of deaths due to AIDS

Estimated number of adults and children who died of AIDS during 2003:

<table>
<thead>
<tr>
<th>Category</th>
<th>Low estimate</th>
<th>High estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths in 2003</td>
<td>&lt;100</td>
<td>&lt;200</td>
</tr>
</tbody>
</table>

Estimated number of orphans

Estimated number of children who have lost their mother or father or both parents to AIDS and who were alive and under age 17 at the end of 2003:

<table>
<thead>
<tr>
<th>Category</th>
<th>Low estimate</th>
<th>High estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current living orphans</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Assessment of the epidemiological situation 2004

Since the start of the epidemic and as of June 2003, 3,216 persons had been diagnosed with HIV. The majority (34%) are drug injectors. A further 32% are heterosexual and 22% hom/bi-sexual cases.

The epidemiology of HIV infection in Ireland has changed considerably in the last ten years.

Annual incidence of new cases has increased since 1994, with 364 new cases in 2002 and a further 243 cases in the first six months of 2003.

In recent years the incidence of both new injecting drug use and homo/bi-sexual cases has declined and remained relatively stable, however there have been marked increases in heterosexual cases.

Since 1998 the increase in incidence of heterosexual cases has been marked. In 2002 63% of new cases were heterosexual compared with 13% homo/bi-sexual and 14% injecting drug use. Further analysis of heterosexual cases reported in 2002 revealed that 77% were born in sub-Saharan Africa.

Since the start of the epidemic and as of December 2002, 731 AIDS cases had been reported.

A marked decline and stabilisation in AIDS incidence in recent years is due to the increased use of highly active antiretroviral therapies (HAART).

The total number of AIDS related deaths is 370. A decline in deaths is mainly due to introduction of HAART, which delays progression of disease and therefore prevents deaths.
Basic indicators

For consistency reasons the data used in the table below are taken from official UN publications.

<table>
<thead>
<tr>
<th>DEMOGRAPHIC DATA</th>
<th>YEAR</th>
<th>ESTIMATE</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (thousands)</td>
<td>2004</td>
<td>3,999</td>
<td>UN population division database</td>
</tr>
<tr>
<td>Female population aged 15-24 (thousands)</td>
<td>2004</td>
<td>324</td>
<td>UN population division database</td>
</tr>
<tr>
<td>Population aged 15-49 (thousands)</td>
<td>2004</td>
<td>2,095</td>
<td>UN population division database</td>
</tr>
<tr>
<td>Annual population growth rate (%)</td>
<td>1992-2002</td>
<td>1</td>
<td>UN population division database</td>
</tr>
<tr>
<td>% of population in urban areas</td>
<td>2003</td>
<td>59.8</td>
<td>UN population division database</td>
</tr>
<tr>
<td>Average annual growth rate of urban population</td>
<td>2000-2005</td>
<td>1.5</td>
<td>UN population division database</td>
</tr>
<tr>
<td>Crude birth rate (births per 1,000 pop.)</td>
<td>2004</td>
<td>14.5</td>
<td>UN population division database</td>
</tr>
<tr>
<td>Crude death rate (deaths per 1,000 pop.)</td>
<td>2004</td>
<td>8.2</td>
<td>UN population division database</td>
</tr>
<tr>
<td>Maternal mortality rate (per 100,000 live births)</td>
<td>2000</td>
<td>4</td>
<td>WHO (WHR2004)/UNICEF</td>
</tr>
<tr>
<td>Life expectancy at birth (years)</td>
<td>2002</td>
<td>77.1</td>
<td>World Health Report 2004, WHO</td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>2002</td>
<td>1.9</td>
<td>World Health Report 2004, WHO</td>
</tr>
<tr>
<td>Infant mortality rate (per 1,000 live births)</td>
<td>2000</td>
<td>6</td>
<td>World Health Report 2004, WHO</td>
</tr>
<tr>
<td>Under 5 mortality rate (per 1,000 live births)</td>
<td>2000</td>
<td>7</td>
<td>World Health Report 2004, WHO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOCIO-ECONOMIC DATA</th>
<th>YEAR</th>
<th>ESTIMATE</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross national income, ppp, per capita (Int.$)</td>
<td>2002</td>
<td>28,040</td>
<td>World Bank</td>
</tr>
<tr>
<td>Gross domestic product, per capita % growth</td>
<td>2001</td>
<td>1,935</td>
<td>World Health Report 2004, WHO</td>
</tr>
<tr>
<td>Per capita total expenditure on health (Int.$)</td>
<td>2001</td>
<td>76</td>
<td>World Health Report 2004, WHO</td>
</tr>
<tr>
<td>General government expenditure on health as % of total expenditure on health</td>
<td>2000/2001</td>
<td>not available</td>
<td>UNESCO</td>
</tr>
<tr>
<td>Total adult illiteracy rate</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Adult male illiteracy rate</td>
<td></td>
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<tr>
<td>Adult female illiteracy rate</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Gross primary school enrolment ratio, male</td>
<td>2000/2001</td>
<td>not available</td>
<td>UNESCO</td>
</tr>
<tr>
<td>Gross primary school enrolment ratio, female</td>
<td>2000/2001</td>
<td>not available</td>
<td>UNESCO</td>
</tr>
<tr>
<td>Gross secondary school enrolment ratio, male</td>
<td>2000/2001</td>
<td>not available</td>
<td>UNESCO</td>
</tr>
<tr>
<td>Gross secondary school enrolment ratio, female</td>
<td>2000/2001</td>
<td>not available</td>
<td>UNESCO</td>
</tr>
</tbody>
</table>

Contact address

UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance
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Switzerland
Fax: +41-22-791-4834

email: hivstrategicinfo@who.int or estimates@unaids.org

website: http://www.who.int/hiv
http://www.unaids.org

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HIV prevalence in different populations

This section contains information about HIV prevalence in different populations. The data reported in the tables below are mainly based on the HIV database maintained by the United States Bureau of the Census where data from different sources, including national reports, scientific publications and international conferences are compiled. To provide a simple overview of the current situation and trends over time, summary data are given by population group, geographical area (Major Urban Areas versus Outside Major Urban Areas), and year of survey. Studies conducted in the same year are aggregated and the median prevalence rates (in percentages) are given for each of the categories. The maximum and minimum prevalence rates observed, as well as the total number of surveys/sentinel sites, are provided with the median, to give an overview of the diversity of HIV-prevalence results in a given population within the country. Data by sentinel site or specific study from which the medians were calculated are printed at the end of this fact sheet.

The differentiation between the two geographical areas Major Urban Areas and Outside Major Urban Areas is not based on strict criteria, such as the number of inhabitants. For most countries, Major Urban Areas were considered to be the capital city and - where applicable - other metropolitan areas with similar socio-economic patterns. The term Outside Major Urban Areas considers that most sentinel sites are not located in strictly rural areas, even if they are located in somewhat rural districts.

HIV sentinel surveillance*

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<tbody>
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<td>Pregnant women</td>
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<td>Sex workers</td>
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<tr>
<td>Injecting drug users</td>
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<tr>
<td>STI patients</td>
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<tr>
<td>Men having sex with men</td>
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<tr>
<td>Tuberculosis patients</td>
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*Detailed data by site can be found in the Annex.
Maps & charts

Mapping the geographical distribution of HIV prevalence among different population groups may assist in interpreting both the national coverage of the HIV surveillance system as well as explaining differences in levels of prevalence. The UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance, in collaboration with the WHO Public Health Mapping Team, Communicable Diseases, is producing maps showing the location and HIV prevalence in relation to population density, major urban areas and communication routes. For generalized epidemics, these maps show the location of prevalence of antenatal surveillance sites.

Trends in antenatal sentinel surveillance for higher prevalence countries, or in prevalence among selected populations for countries with concentrated epidemics, are a new addition. These are presented for those countries where sufficient data exist.

No recent data for mapping available.
Reported AIDS cases

Following WHO and UNAIDS recommendations, AIDS case reporting is carried out in most countries. Data from individual AIDS cases are aggregated at the national level and sent to WHO. However, case reports come from surveillance systems of varying quality. Reporting rates vary substantially from country to country and low reporting rates are common in developing countries due to weaknesses in the health care and epidemiological systems. In addition, countries use different AIDS case definitions. A main disadvantage of AIDS case reporting is that it only provides information on transmission patterns and levels of infection approximately 5-10 years in the past, limiting its usefulness for monitoring recent HIV infections.

Despite these caveats, AIDS case reporting remains an important advocacy tool and is useful in estimating the burden of HIV-related morbidity as well as for short-term planning of health care services. AIDS case reports also provide information on the demographic and geographic characteristics of the affected population and on the relative importance of the various exposure risks. In some situations, AIDS reports can be used to estimate earlier HIV infection patterns using back-calculation. AIDS case reports and AIDS deaths have been dramatically reduced in industrialized countries with the introduction of Anti-Retroviral Therapy (ART).

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</thead>
<tbody>
<tr>
<td>Total</td>
<td>25</td>
<td>13</td>
<td>27</td>
<td>32</td>
<td>8</td>
<td>776</td>
<td>4</td>
<td>7/11/2004</td>
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</tbody>
</table>
Curable sexually transmitted infections (STIs)

The predominant mode of transmission of both HIV and other STIs is sexual intercourse. Measures for preventing sexual transmission of HIV and STIs are the same, as are the target audiences for interventions. In addition, strong evidence supports several biological mechanisms through which STIs facilitate HIV transmission by increasing both HIV infectiousness and HIV susceptibility. Thus, detection and treatment of individuals with STIs is an important part of an HIV control strategy. In summary, if the incidence/prevalence of STIs is high in a country, then there is the possibility of high rates of sexual transmission of HIV. Monitoring trends in STIs provides valuable insight into the likelihood of the importance of sexual transmission of HIV within a country, and is part of second generation surveillance. These trends also assist in assessing the impact of behavioural interventions, such as delaying sexual debut, reducing the number of sex partners and promoting condom use.

Clinical services offering STI care are an important access point for people at high risk for both STIs and HIV. Identifying people with STIs allows for not only the benefit of treating the STI, but for prevention education, HIV testing, identifying HIV-infected persons in need of care, and partner notification for STIs or HIV infection. Consequently, monitoring different components of STI prevention and control can also provide information on HIV prevention and control activities within a country.

STI syndromes

<table>
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</thead>
<tbody>
<tr>
<td>Comments:</td>
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<tr>
<td>Source:</td>
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</tr>
</tbody>
</table>

Syphilis prevalence, women

Percent of blood samples taken from pregnant women aged 15-49 that test positive for syphilis - positive reaginic and treponema test-during routine screening at selected antenatal clinics.

<table>
<thead>
<tr>
<th>Year</th>
<th>Area</th>
<th>Rate</th>
<th>Range</th>
</tr>
</thead>
</table>

Comments:      
Source:        

Estimated prevalence of curable STIs among female sex workers

- Chlamydia

<table>
<thead>
<tr>
<th>Year</th>
<th>Area</th>
<th>Rate</th>
<th>Range</th>
</tr>
</thead>
</table>

Comments:      
Source:        

- Gonorrhoea

<table>
<thead>
<tr>
<th>Year</th>
<th>Area</th>
<th>Rate</th>
<th>Range</th>
</tr>
</thead>
</table>

Comments:      
Source:        

Source:

Syphilis prevalence, women

Percent of blood samples taken from pregnant women aged 15-49 that test positive for syphilis - positive reaginic and treponema test-during routine screening at selected antenatal clinics.
Estimated prevalence of curable STIs among female sex workers (continued)

- **Syphilis**

<table>
<thead>
<tr>
<th>Year</th>
<th>Area</th>
<th>Rate</th>
<th>Range</th>
</tr>
</thead>
</table>

Comments:
Source:

- **Trichomoniasis**

<table>
<thead>
<tr>
<th>Year</th>
<th>Area</th>
<th>Rate</th>
<th>Range</th>
</tr>
</thead>
</table>

Comments:
Source:
Health service and care indicators

HIV prevention strategies depend on the twin efforts of care and support for those living with HIV or AIDS, and targeted prevention for all people at risk or vulnerable to the infection. It is difficult to capture such a large range of activities with one or just a few indicators. However, a set of well-established health care indicators may help to identify general strengths and weaknesses of health systems. Specific indicators, such as access to testing and blood screening for HIV, help to measure the capacity of health services to respond to HIV/AIDS-related issues.

Access to health care

### Indicators

<table>
<thead>
<tr>
<th>Year</th>
<th>Estimate</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>100</td>
<td>Department of Health</td>
</tr>
<tr>
<td>1999</td>
<td>100</td>
<td>Department of Health</td>
</tr>
<tr>
<td>1999</td>
<td>100</td>
<td>Department of Health</td>
</tr>
</tbody>
</table>

- **Contraceptive prevalence rate (%)**
- **Percentage of contraceptive users using condoms**
- **% of births attended by skilled health personnel**
- **% of 1-yr-old children fully immunized - DPT**
- **% of 1-yr-old children fully immunized - Measles**
- **% of ANC clinics where HIV testing is available**

---

**Number of adults (15-49) with advanced HIV infection receiving ARV therapy as of June 2004**

**Adults on treatment**

Number: 

Source: 

**Estimated number of adults (15-49) in need of treatment in 2003**

**Adults needing treatment**

Number: ...

Source: WHO/UNAIDS

**Coverage of HIV testing and counselling**

Number of public and NGO services providing testing and counselling services.

<table>
<thead>
<tr>
<th>Year</th>
<th>Area</th>
<th>N=</th>
</tr>
</thead>
</table>

Comments: 

Source:
Knowledge and behaviour

In most countries the HIV epidemic is driven by behaviours (e.g.: multiple sexual partners, injecting drug use) that expose individuals to the risk of infection. Information on knowledge and on the level and intensity of risk behaviour related to HIV/AIDS is essential in identifying populations most at risk for HIV infection and in better understanding the dynamics of the epidemic. It is also critical information in assessing changes over time as a result of prevention efforts. One of the main goals of the 2nd generation HIV surveillance systems is the promotion of a standard set of indicators defined in the National Guide (Source: National AIDS Programmes, A Guide to Monitoring and Evaluation, UNAIDS/00.17) and regular behavioural surveys in order to monitor trends in behaviours and to target interventions.

The indicators on knowledge and misconceptions are an important prerequisite for prevention programmes to focus on increasing people's knowledge about sexual transmission, and, to overcome the misconceptions that act as a disincentive to behaviour change. Indicators on sexual behaviour and the promotion of safer sexual behaviour are at the core of AIDS programmes, particularly with young people who are not yet sexually active or are embarking on their sexual lives, and who are more amenable to behavioural change than adults. Finally, higher risk male-male sex reports on unprotected anal intercourse, the highest risk behaviour for HIV among men who have sex with men.

Knowledge of HIV prevention methods

Prevention indicator: Percentage of young people 15-24 who both correctly identify two ways of preventing the sexual transmission of HIV and who reject three misconceptions about HIV transmission.

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: 
Source:

Reported condom use at last higher risk sex (young people 15-24)

Prevention indicator: Proportion of young people reporting the use of a condom during sex with a non-regular partner.

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Comments: 
For this indicator only data will be shown if they were collected after 1998.
Source:

Age-mixing in sexual partnerships among young women

The proportion of young women who have had sex in the last 12 months with a partner who is 10 or more years older than themselves.

<table>
<thead>
<tr>
<th>Year</th>
<th>Area</th>
<th>Age group</th>
<th>Male</th>
<th>Female</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Comments: 
Source:

Reported non-regular sexual partnerships

Prevention indicator: Proportion of young people 15-24 having at least one sex partner other than a regular partner in the last 12 months.

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<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Comments: 
Source:
Knowledge and behaviour (continued)

Ever used a condom

Percentage of people who ever used a condom.

<table>
<thead>
<tr>
<th>Year</th>
<th>Area</th>
<th>Age group</th>
<th>Male</th>
<th>Female</th>
<th>All</th>
</tr>
</thead>
</table>

Comments:
Source:

Adolescent pregnancy

Percentage of teenagers 15-19 who are mothers or pregnant with their first child.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
</table>

Comments:
Source:

Age at first sexual experience

Proportion of 15-19 year olds who have had sex before age 15.

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

Comments:
Source:
Prevention indicators

Male and female condoms are the only technology available that can prevent sexual transmission of HIV and other STIs. Persons exposing themselves to the risk of sexual transmission of HIV should have consistent access to high quality condoms. AIDS Programs implement activities to increase both availability of and access to condoms. These activities should be monitored and have resources directed to problem areas. The indicator below highlights the availability of condoms. However, even if condoms are widely available, this does not mean that individuals can or do access them.

Condom availability nationwide

Total number of condoms available for distribution nationwide during the preceding 12 months, divided by the total population aged 15-49.

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Comments:

Source:

Prevention of mother-to-child transmission (MTCT) nationwide

Percentage of women who were counselled during antenatal care for their most recent pregnancy, accepted an offer of testing and received their test results, of all women who were pregnant at any time in the preceding two years.

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Source:

Blood safety programs aim to ensure that the majority of blood units are screened for HIV and other infectious agents. This indicator gives an idea of the overall percentage of blood units that have been screened to high enough standards that they can confidently be declared free of HIV.

Screening of blood transfusions nationwide

Percentage of blood units transfused in the last 12 months that have been adequately screened for HIV according to national or WHO guidelines.

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Source:
Sources

Data presented in this Epidemiological Fact Sheet come from several sources, including global, regional and country reports, published documents and articles, posters and presentations at international conferences, and estimates produced by UNAIDS, WHO and other United Nations agencies. This section contains a list of the more relevant sources used for the preparation of the Fact Sheet. Where available, it also lists selected national Web sites where additional information on HIV/AIDS and STI are presented and regularly updated. However, UNAIDS and WHO do not warrant that the information in these sites is complete and correct and shall not be liable whatsoever for any damages incurred as a result of their use.

Websites:
## Annex: HIV surveillance by site

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