Mexico

Epidemiological Fact Sheets

on HIV/AIDS
and Sexually
Transmitted
Infections

2002 Update

Joint United Nations Programme on HIV/AIDS
UNAIDS
UNICEF • UNDP • UNFPA • UNDCP
ILO • UNESCO • WHO • WORLD BANK

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2 - Mexico

Estimated number of people living with HIV/AIDS

In 2001 and during the first quarter of 2002, UNAIDS and WHO worked closely with national governments and research institutions to recalculate current estimates on people living with HIV/AIDS. These calculations are based on the previously published estimates for 1997 and 1999 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 generalized 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 which 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 2001

These estimates include all people with HIV infection, whether or not they have developed symptoms of AIDS, alive at the end of 2001:

Adults and children	**150,000**		
Adults (15-49)	**150,000**	**Adult rate (%)**	**0.3**
Women (15-49)	**32,000**		
Children (0-15)	**3,600**		

Estimated number of deaths due to AIDS

Estimated number of adults and children who died of AIDS during 2001:

Deaths in 2001	**4,200**

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 15 at the end of 2001:

Current living orphans	**27,000**

UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance

Global Surveillance of HIV/AIDS and sexually transmitted infections (STIs) is a joint effort of WHO and UNAIDS. The UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance, initiated in November 1996, guides respective activities. The primary objective of the Working Group is to strengthen national, regional and global structures and networks for improved monitoring and surveillance of HIV/AIDS and STIs. For this purpose, the Working Group collaborates closely with national AIDS programmes and a number of national and international experts and institutions. The goal of this collaboration is to compile the best information available and to improve the quality of data needed for informed decision-making and planning at national, regional, and global levels. The Epidemiological Fact Sheets are one of the products of this close and fruitful collaboration across the globe.

Within this framework, the Fact Sheets collate the most recent country-specific data on HIV/AIDS prevalence and incidence, together with information on behaviours (e.g. casual sex and condom use) which can spur or stem the transmission of HIV.

Not unexpectedly, information on all of the agreed-upon indicators was not available for many countries in 2001. However, these updated Fact Sheets do contain a wealth of information which allows identification of strengths in currently existing programmes and comparisons between countries and regions. The Fact Sheets may also be instrumental in identifying potential partners when planning and implementing improved surveillance systems.

The fact sheets can be only as good as information made available to the UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance. Therefore, the Working Group would like to encourage all programme managers as well as national and international experts to communicate additional information to them whenever such information becomes available. The Working Group also welcomes any suggestions for additional indicators or information proven to be useful in national or international decision-making and planning.

Assessment of the epidemiological situation (2002)

There is some information available on HIV prevalence among antenatal women in Mexico since the late 1980s. HIV testing of antenatal women in Mexico City in 1987 resulted in no evidence of HIV infection. HIV test results from 10 states in 1990 also showed no evidence of HIV infection among antenatal women. In 1991, HIV testing in 12 states resulted in a prevalence of 0.1 percent and in 1994, 0.6 percent of antenatal women tested were HIV positive.

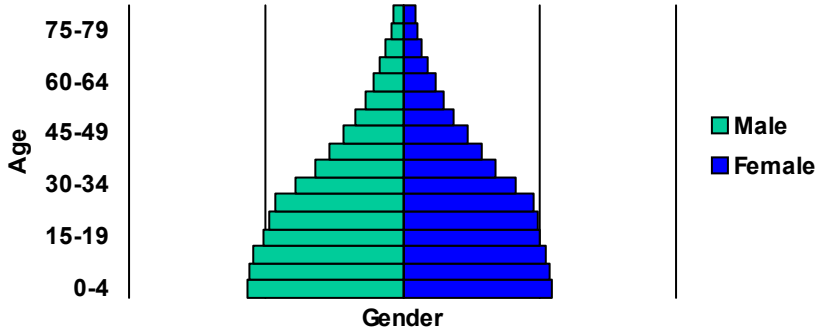
HIV information among sex workers is available since 1986. Among the major urban areas, HIV information is available from Mexico City, Guadalajara and in 1987, Monterrey. Between 1986 and 1996, HIV prevalence among sex workers tested has remained below 0.5 percent. Outside the major urban areas, HIV information is available from Merida, Acapulco, Tijuana, and the states of Chiapas, Jalisco and Michoacan from the late 1980s and from the 18 states through 1997. HIV prevalence among sex workers tested in the 18 states reached 1 percent in 1996.

In 1995, 6 percent of IVDUs tested in Chihuahua were HIV positive. In 1997, 1 percent of IVDUs tested in Tijuana were HIV positive.

In 1999, the information on HIV prevalence among STD clinic patients resulted ina very high prevalence in one site: MSM (30.0%), IDUM (8.0%), SWM (48.5%), as results of patients autoselection.

Country Information

Population pyramid, 2001



Indicators	Year	Estimate	Source
Total Population (thousands)	2001	100,368	UNPOP
Population Aged 15-49 (thousands)	2001	54,019	UNPOP
Annual Population Growth	1995-2000	1.6	UNPOP
% of Urban Population	2000	74	UNPOP
Average Annual Growth Rate of Urban Population	1995-2000	1.9	UNPOP
GNI Per Capita (US$)	1999	4,440	World Bank
GNI Per Capita Average Annual Growth Rate	1999	2.6	World Bank
Per Capita Expenditure of Health	1997	202	World Bank
% of Government Budget Spent on Health Care	1998	7.2	WHO
Total Adult Literacy Rate	1997	90	UNESCO
Adult Male Literacy Rate	1997	93	UNESCO
Adult Female Literacy Rate	1997	88	UNESCO
Male Primary School Enrolment Ratio	1996	115.7	UNESCO
Female Primary School Enrolment Ratio	1996	113.1	UNESCO
Male Secondary School Enrolment Ratio	1996	63.9	UNESCO
Female Secondary School Enrolment Ratio	1996	64.0	UNESCO
Crude Birth Rate (births per 1,000 pop.)	1995-2000	25	UNPOP
Crude Death Rate (deaths per 1,000 pop.)	1995-2000	5	UNPOP
Maternal Mortality Rate (per 100,000 live births)	1995	65	WHO
Life Expectancy at Birth	1995-2000	72	UNPOP
Total Fertility Rate	1995-2000	2.8	UNPOP
Infant Mortality Rate (per 1,000 live births)	1995-2000	31	UNPOP
Under 5 Mortality Rate	1995-2000	34	UNPOP

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

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4 - Mexico

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

Group	Area		1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Pregnant women	Major Urban Areas	N-sites	1			1	1			1							
		Minimum	0			0	0.1			0.6							
		Median	0			0	0.1			0.6							
		Maximum	0			0	0.1			0.6							
Group	**Area**		**1987**	**1988**	**1989**	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**	**2001**
Sex workers	Major Urban Areas	N-sites	3		1	1		1	3			1	1		1		
		Minimum	0		0.2	1.2		0.2	0			0.1	0.1		0.3		
		Median	0		0.2	1.2		0.2	0.3			0.1	0.1		0.3		
		Maximum	1		0.2	1.2		0.2	1.1			0.1	0.1		0.3		
	Outside Major Urban Areas	N-sites	3	4	3	1	1	1	1	1	1	1	1				
		Minimum	0	0	0	0.4	0.6	0.2	0.3	0.3	0.3	1	1.1				
		Median	0	0.15	0.2	0.4	0.6	0.2	0.3	0.3	0.3	1	1.1				
		Maximum	1	0.8	1	0.4	0.6	0.2	0.3	0.3	0.3	1	1.1				
Group	**Area**		**1987**	**1988**	**1989**	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**	**2001**
Injecting drug users	Major Urban Areas	N-sites											1				
		Minimum											1.1				
		Median											1.1				
		Maximum											1.1				
	Outside Major Urban Areas	N-sites		1			1				1		1				
		Minimum		0			2				5.9		1.1				
		Median		0			2				5.9		1.1				
		Maximum		0			2				5.9		1.1				
Group	**Area**		**1987**	**1988**	**1989**	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**	**2001**
STI patients, Males/both & females	Major Urban Areas	N-sites														1	
		Minimum														17.4	
		Median														17.4	
		Maximum														17.4	
Group	**Area**		**1987**	**1988**	**1989**	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**	**2001**
Men who have sex with men	Major Urban Areas	N-sites	1	4	2	3	1	1		1							
		Minimum	30.3	25	26	25	30	42.7		38							
		Median	30.3	31.95	27.55	29.2	30	42.7		38							
		Maximum	30.3	35	29.1	50	30	42.7		38							
	Outside Major Urban Areas	N-sites		2	2	2	4				1						
		Minimum		0	0	6	3.6				12.7						
		Median		12.5	9.5	14	9				12.7						
		Maximum		25	19	22	20				12.7						

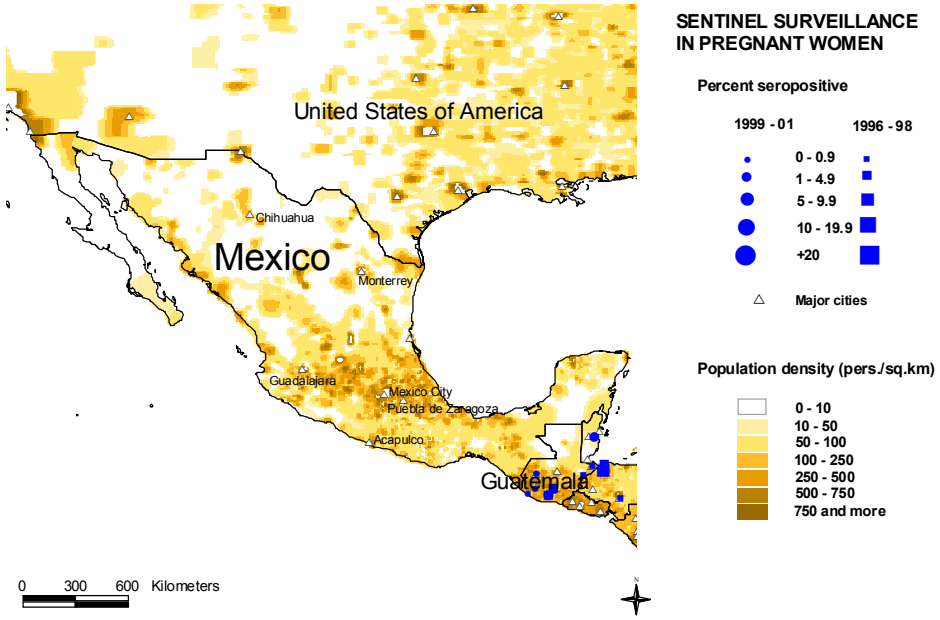
■ Additional data

Group	Area		1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Blood donors																	
Group	**Area**		**1987**	**1988**	**1989**	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**	**2001**
Tuberculosis patients	Major Urban Areas	N-sites					1		1								
		Minimum					5		63.6								
		Median					5		63.6								
		Maximum					5		63.6								
	Outside Major Urban Areas	N-sites				1	3			1					1		
		Minimum				1	0.4			3.6					2.7		
		Median				1	3			3.6					2.7		
		Maximum				1	5			3.6					2.7		

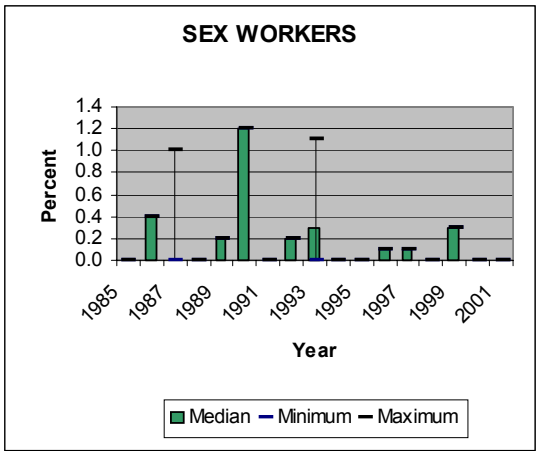
Maps of HIV sentinel sites

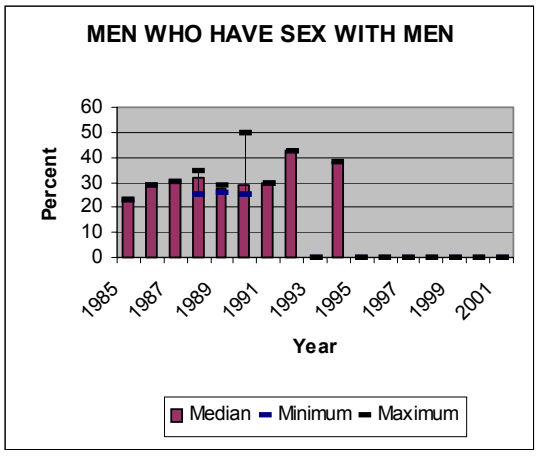
Mapping the geographical distribution of HIV sentinel sites for different population groups may assist in interpreting both the national coverage of the HIV surveillance system as well in explaining differences in levels and trends of prevalence. The UNAIDS/WHO Working Group on Global HIV/AIDS and STI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

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 will be presented for those countries where sufficient data exist.



Trends in HIV prevalence in high risk groups





Median prevalence and ranges are shown in areas with more than one sentinel site.

6 - Mexico

Reported AIDS cases

AIDS cases by year of reporting

1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
				6	6	29	246	518	905	1605	2587	3155	3210	5058	4111	4310	4216	3670	4758	4372	4855

2001	Total	Unk
4297	51914	

Date of last report: 15-May-2002

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 HAART (Highly Active Anti-Retroviral Therapy).

AIDS cases by mode of transmission

Hetero: Heterosexual contacts.
Homo/Bi: Homosexual contacts between men.
IDU: Injecting drug use. This transmission category also includes cases in which other high-risk behaviours were reported, in addition to injection of drugs.
Blood: Blood and blood products.
Perinatal: Vertical transmission during pregnancy, birth or breastfeeding.
NS: Not specified/unknown.

Sex	Trans. Group	<97	1997	1998	1999	2000	2001	Unkn.	Total	%
All	All	29962	3670	4758	4372	4855	4297		51914	100.0
	Hetero	6020	974	1273	1010	1274	1604		12155	23.4
	Homo/Bi	11894	1334	1791	969	1090	1270		18348	35.3
	IDU	199	22	31	17	14	1		284	0.5
	Blood	2860	106	133	10	2	0		3111	6.0
	Perinatal	376	42	107	53	45	50		673	1.3
	Other knowr	202	2	0	0	0	0		204	0.4
	Unknown	8411	1190	1423	2313	2430	1372		17139	33.0
Male	All	25771	3166	4041	3711	4119	3589		44397	100.0
	Hetero	4544	753	962	725	894	1126		9004	20.3
	Homo/Bi	11894	1334	1791	969	1090	1270		18348	41.3
	IDU	177	20	23	15	14	1		250	0.6
	Blood	1532	60	70	4	1	0		1667	3.8
	Perinatal	204	18	46	29	20	30		347	0.8
	Other knowr	202	2	0	0	0	0		204	0.5
	Unknown	7218	979	1149	1969	2100	1162		14577	32.8
Female	All	4191	504	717	661	736	708		7517	100.0
	Hetero	1476	221	311	285	380	478		3151	41.9
	IDU	22	2	8	2	0	0		34	0.5
	Blood	1328	46	63	6	1	0		1444	19.2
	Perinatal	172	24	61	24	25	20		326	4.3
	Other knowr	1193	211	274	344	330	210		2562	34.1
	Unknown		0	0	0	0	0		0	0.0
NS	All		0	0	0	0			0	
	Hetero		0	0	0	0			0	
	IDU		0	0	0	0			0	
	Blood		0	0	0	0			0	
	Perinatal		0	0	0	0			0	
	Other knowr		0	0	0	0			0	
	Unknown		0	0	0	0			0	

AIDS cases by age and sex

Sex	Age	<97	1997	1998	1999	2000	2001	Unkn.	Total	%
All	All	29962	3670	4758	4372	4855	4297		51914	100.0
	0-4	481	51	88	53	58	54		785	1.5
	5-9	168	9	28	14	16	10		245	0.5
	10-14	144	15	17	11	13	7		207	0.4
	15-19	484	74	68	72	85	70		853	1.6
	20-24	3014	366	503	386	428	438		5135	9.9
	25-29	5967	717	925	749	906	779		10043	19.3
	30-34	6205	722	998	864	998	900		10687	20.6
	35-39	4598	610	745	777	828	774		8332	16.0
	40-44	3063	393	528	518	557	484		5543	10.7
	45-49	2096	243	331	358	362	288		3678	7.1
	50-54	1368	187	213	199	243	220		2430	4.7
	55-59	878	107	130	169	156	124		1564	3.0
	60+	931	131	142	175	196	143		1718	3.3
	NS	565	45	42	27	9	6		694	1.3
Male	All	25771	3166	4041	3711	4119	3589		44397	100.0
	0-4	283	24	40	27	30	34		438	1.0
	5-9	106	5	11	7	9	5		143	0.3
	10-14	109	7	13	8	11	7		155	0.3
	15-19	376	51	55	48	59	50		639	1.4
	20-24	2531	303	407	302	348	349		4240	9.6
	25-29	5281	635	807	637	780	647		8787	19.8
	30-34	5442	655	857	739	867	775		9335	21.0
	35-39	4005	531	649	679	710	672		7246	16.3
	40-44	2637	344	454	457	482	403		4777	10.8
	45-49	1800	212	288	316	301	243		3160	7.1
	50-54	1161	161	185	176	206	175		2064	4.6
	55-59	765	89	111	140	136	101		1342	3.0
	60+	789	111	125	154	172	122		1473	3.3
	NS	486	38	39	21	8	6		598	1.3
Female	All	4191	504	717	661	736	708		7517	100.0
	0-4	198	27	48	26	28	20		347	4.6
	5-9	62	4	17	7	7	5		102	1.4
	10-14	35	8	4	3	2	0		52	0.7
	15-19	108	23	13	24	26	20		214	2.8
	20-24	483	63	96	84	80	89		895	11.9
	25-29	686	82	118	112	126	132		1256	16.7
	30-34	763	67	141	125	131	125		1352	18.0
	35-39	593	79	96	98	118	102		1086	14.4
	40-44	426	49	74	61	75	81		766	10.2
	45-49	296	31	43	42	61	45		518	6.9
	50-54	207	26	28	23	37	45		366	4.9
	55-59	113	18	19	29	20	23		222	3.0
	60+	142	20	17	21	24	21		245	3.3
	NS	79	7	3	6	1	0		96	1.3
NS	All		0	0	0	0			0	
	0-4		0	0	0	0			0	
	5-9		0	0	0	0			0	
	10-14		0	0	0	0			0	
	15-19		0	0	0	0			0	
	20-24		0	0	0	0			0	
	25-29		0	0	0	0			0	
	30-34		0	0	0	0			0	
	35-39		0	0	0	0			0	
	40-44		0	0	0	0			0	
	45-49		0	0	0	0			0	
	50-54		0	0	0	0			0	
	55-59		0	0	0	0			0	
	60+		0	0	0	0			0	
	NS		0	0	0	0			0	

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 STI are the same, as are the target audiences for interventions. In addition, strong evidence supports several biological mechanisms through which STI facilitate HIV transmission by increasing both HIV infectiousness and HIV susceptibility. Also significant is the observation of a sharp decline in the concentration of HIV in genital secretions when the infection is treated. Monitoring trends in STI can provide valuable information on the sexual transmission of HIV as well as the impact of behavioural interventions, such as promotion of condom use.

Clinical services offering STI care are an important access point for people at high risk for both AIDS and STIs, not only for diagnosis and treatment but also for information and education. Therefore, control and prevention of STIs have been recognized as a major strategy in the prevention of HIV infection and ultimately AIDS. One of the cornerstones of STI control is adequate management of patiens with symptomatic STIs. Ths includes diagnosis, treatment and individual health education and counselling on disease prevention and partner notification. Consequently, monitoring different components of STI control can also provide information on HIV prevention within a country.

Reported STI syndromes

Syndrome	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	Total	Unk
Urethral discharge														
Genital Ulcer														
Vaginal discharge														
Lower Abdominal Pain														
Neonatal conjunctivitis														

Date of last report:

Incidence of urethral discharge, men

Year	Area	Age Group	Rate	N=

Comments:
Sources:

Syphilis prevalence, women

Percent of blood samples taken from women aged 15-24 that test positive for syphilis during routine screening at selected antenatal clinics.

Year	Area	Age Group	Rate	N=

Comments:
Sources:

8 - Mexico

Estimated size of populations at increased risk of HIV infection

	Year	Area	High estimate	Low estimate
Number of female sex workers	2000	National		87,647
Number of injecting drug users				49,351
Number of men who have sex with men				661,049

Comments: The estimations are based in the statistics national, and the records de programs in the HIV/AIDS at the level state.
Sources: The Ministry of Health (CENSIDA).

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 repsond to HIV/AIDS - related issues.

Access to health care

Indicators	Year	Estimate	Source
% of population with access to health services - total:	1998	97	MOH
% of population with access to health services - urban:			
% of population with access to health services - rural:			
Contraceptive prevalence rate (%):	1998	68.7	UNICEF/UNPOP
Percentage of contraceptive users using condoms:			
% of births attended by skilled health personnel:	1997	85.7	WHO
% of 1-yr-old children fully immunized - DPT:	2000	89.1	WHO/UNICEF
% of 1-yr-old children fully imunized - Measles:	2000	95.9	WHO/UNICEF
% of ANC clinics where HIV testing is available:			
% of PLWHA who have access to ARV:			

Number of people living with HIV/AIDS (PLWHA) receiving highly active antiretroviral therapy (HAART

	1995	1996	1997	1998	1999	2000	2001	Total	Unk
People initiating HAART therapy	na	na	7145	8971	9511	11369	16732	53728	na

Coverage of HIV Voluntary Counselling and Testing (VCT)

Number of functioning VCT sites per 100,000 population aged 15-49.

Year	Area	N=	Rate
2001	Ministry of Health	51	4.69

Comments:
Sources: The Ministry of Health (CENSIDA).

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 Evaluatoin, 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

Proportion of people citing correctly at least two acceptable ways of protection from HIV infection.

Year	Area	Age Group	Male	Female	All
	Urban	15-49	91.4		

Comments:
Sources: Survey conducted by the Ministry of Health in Mexico City.

Misconception about AIDS (no incorrect beliefs)

Proportion of people who correctly reject the two most common local misconceptions about AIDS transmission or prevention, and who know that a healthy looking person can transmit AIDS

Year	Area	Age Group	Male	Female	All

Comments:
Sources:

Median age at first sexual experience

The age by which one half of young men or young women aged 15-24 have had penetrative sex (median age) of all young people surveyed.

Year	Area	Age Group	Male	Female	All
1997	National	15-24	15	16	

Comments:
Sources: Survey conducted by the Ministry of Health in Mexico City.

Higher risk sex in the last year (adults)

Proportion of adult respondents who have had sex with a non-regular (non-marital, non-cohabiting) partner in the last 12 months, of all adult respondents reporting sexual activity in the last 12 months.

Year	Area	Age Group	Male	Female	All

Comments:
Sources:

Young people having multiple partners in last year (youth)

Proportion of respondents who have had sex with more than one partner in the last 12 months.

Year	Area	Age Group	Male	Female	All

Comments:
Sources:

Knowledge and behaviour

Condom use in last higher risk sex (adults)

The percentage of adult respondents who say they used a condom the last time they had sex with a non-regular (non-marital, non-cohabiting) partner, of those who have had sex with such a partner in the last 12 months.

Year	Area	Age Group	Male	Female	All
1999	Mexico, D.F.	15-49	5.7	16.9	11.0

Comments: Use consistent of condom, in the group heterosexual, 1999.
Sources: The Ministry of Health (CENSIDA. Centro de Información Flora).

Young people using a condom during premarital sex (youth)

Proportion of young single people who used a condom at last sex.

Year	Area	Age Group	Male	Female	All
2000	National	15-29			56.9

Comments:
Sources: Encuesta Nacional de la Juventud.

Commercial sex in the last year

Proportion of men reporting sex with a sex worker in the last 12 months.

Year	Area	Age Group	Rate	All

Comments:
Sources:

Reported condom use in commercial sex

Proportion of men reporting condom use the last time they had sex with a sex worker, of those who report having had sex with a sex worker in the last 12 months.

Year	Area	Age Group	Rate	All

Comments:
Sources:

Higher risk male-male sex in the last year

The percentage of men who have had anal sex with more than one male partner in the last 6 months, of all men surveyed who have had sex with a male partner.

Year	Area	Age Group	Rate	All

Comments:
Sources:

Injecting drug users sharing equipment at last injection nationwide

Percentage of injecting drug users active in the last month who report sharing injecting equipment the last time they injected drugs.

Year	Area	Age Group	Rate	All

Comments:
Sources:

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.

Year	N	Rate
2000	129,000,000	2.4

Comments: 2.4 condoms per populations 15-49 years
Sources: Cuentas Nacionales en VIH/SIDA, 1999-2000.

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.

Year	N	Rate
1997-1998	6,435	23.6

Comments: The calculations are based in the statistics national, and the investigation of the Ministry of Health (CENSIDA).
Sources: The Ministry of Health (CENSIDA).

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.

Year	N	Rate
2000	1,139,583	100

Comments:
Sources: The Ministry of Health (CNTS).

Sources

Data presented in this Epidemiological Fact Sheet come from several different 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.

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Annex: HIV Surveillance by site

Group	Area		1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Pregnant women	Major Urban Areas	10 states				0.00											
		12 states					0.10										
		Mexico City	0.00														
		National								0.60							
Group	**Area**		**1987**	**1988**	**1989**	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**	**2001**
Sex workers	Major Urban Areas	Guadalajara	0.00		0.20												
		Mexico City	1.00			1.20		0.20				0.10	0.10		0.30		
		Mexico City bar							0.30								
		Mexico City parlor							0.00								
		Mexico City street							1.10								
		Monterrey	0.00														
	Outside Major Urban Areas	18 states				0.40	0.60	0.20	0.30	0.30	0.30	1.00	1.10				
		Acapulco	0.00														
		Chiapas state		0.00	0.20												
		Jalisco state		0.80	1.00												
		Merida	0.00														
		Michoacan state		0.00	0.00												
		Tijuana	1.00	0.30													
Group	**Area**		**1987**	**1988**	**1989**	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**	**2001**
Injecting drug users	Outside Major Urban Areas	Border States					2.00										
		Chihuahua									5.90						
		Tijuana, Baja California		0.00									1.10				
Group	**Area**		**1987**	**1988**	**1989**	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**	**2001**
STI patients, Males/both & females	Major Urban Areas	B/ Mexico City														17.40	
Group	**Area**		**1987**	**1988**	**1989**	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**	**2001**
Men having sex with men	Major Urban Areas	Distrito Federal State		25.00	26.00	25.00	30.00										
		Guadalajara	30.30	29.90	29.10	29.20											
		Mexico City		34.00		50.00		42.70		38.00							
	Outside Major Urban Areas	Border States					12.00										
		Jalisco state		25.00	19.00	22.00	20.00										
		Michoacan state		0.00	0.00	6.00	6.00				12.70						

Additional data

Group	Area		1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Blood donors																	
Group	**Area**		**1987**	**1988**	**1989**	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**	**2001**
Tuberculosis patients	Major Urban Areas	Distrito Federal state					5.00										
		Mexico City							63.60								
	Outside Major Urban Areas	Baja California state				1.00	5.00			3.60							
		Guerrero state					0.40										
		Orizaba													2.70		
		Veracruz state					3.00										