

## Demographic Indicators

	With AIDS Series	Without AIDS Scenario		With AIDS Series	Without AIDS Scenario
Population (1,000s)	20,180	21,010	Growth rate	2.2	2.4
Crude birth rate	33	33	Crude death rate	11	9
Infant mortality rate			Life expectancy		
Both sexes	70	65	Both sexes	55	60
Male	77	73	Male	54	59
Female	62	58	Female	55	62
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Total fertility rate		4.2			
Estimated percentage of adults living with HIV		4.4			
Estimated new AIDS cases		52,237			
Estimated AIDS deaths		52,143			
Percent urban (2007)		47			

**Note:** Indicators are for 2008 unless otherwise noted. The "With AIDS Series" shows an estimate of demographic indicators in the country including AIDS mortality. The "Without AIDS Scenario" reflects a hypothetical population if the country was not affected by the AIDS epidemic.

Sources: U.S. Census Bureau, International Data Base and unpublished tables. "Percent urban" from the Population Reference Bureau.

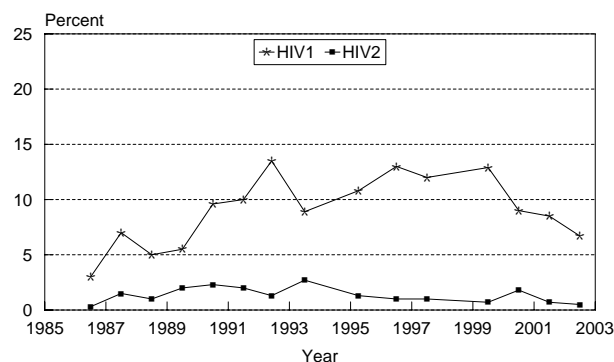
### Epidemiological Data

### Epidemic State: Generalized

Cote d' Ivoire has one of the highest HIV infection rates in West Africa, and is affected by both HIV1 and HIV2. HIV1 is more virulent than HIV2, with an estimated 7 percent of adults HIV1 positive. HIV2 among pregnant women has remained under 3 percent since 1986 in Abidjan. Recent data also show declines in HIV1 among pregnant women in Abidjan, but an increase or stabilization of rates in other urban areas.

The epidemic among pregnant women in Abidjan started to decline around 2000. This is evident in both HIV1 and HIV2 rates. HIV1 rates dropped to below 7 percent from 2000 to 2002 while HIV2 rates declined to below 1 percent.

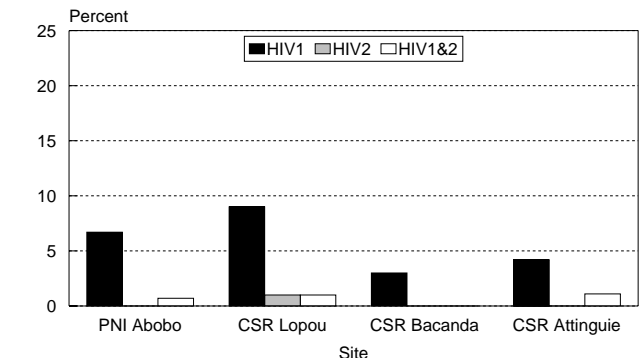
HIV Seroprevalence for Pregnant Women, in Abidjan, Côte d'Ivoire: 1986-2002



Source: HIV/AIDS Data Base ID Numbers B0122, B0223, B0280, C0296, D0030, D0112, G0223, K0105, K0430, K0434, O0004, P0231.

Among pregnant women in Abidjan, data from the Abobo and Lopou sites show HIV1 prevalence rates above 5 percent in 2002. Sites testing for HIV2 and dual infection (HIV1&2) found a prevalence rate at 1 percent or less in each case.

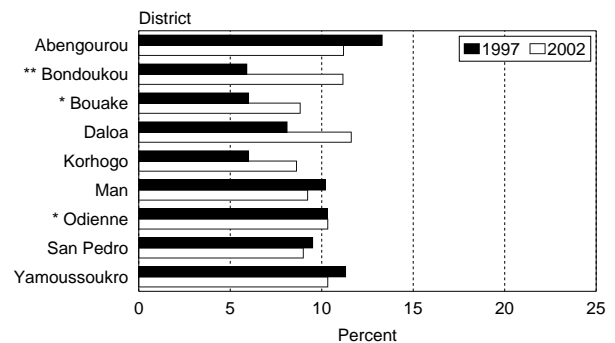
HIV Seroprevalence for Pregnant Women, by Site and Data Type, in Abidjan, Côte d'Ivoire: 2002



Source: HIV/AIDS Data Base ID Number K0434.

HIV prevalence remained stable in four of the nine available urban sites, with around 10 percent of pregnant women testing positive in 1997 and 2001/2002. Abengourou reported a decrease in prevalence among pregnant women from 13 percent in 1997 to 11 percent in 2002. However, the HIV prevalence for pregnant women tested in Bondoukou nearly doubled from 6 percent to 11 percent from 1997 to 2002-2003.

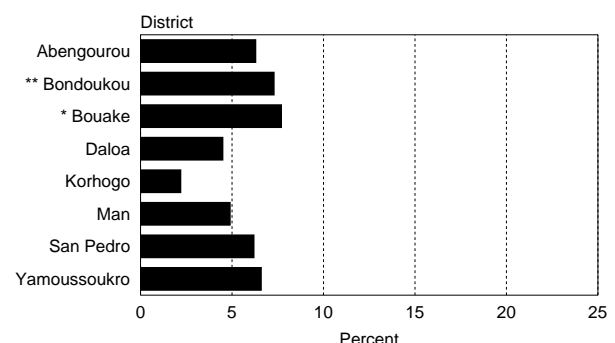
HIV Seroprevalence for Pregnant Women, in Selected Districts (Urban Sites), Côte d'Ivoire: 1997 and 2002



\* 2001 data. \*\* Includes 2002-2003 data.  
Source: HIV/AIDS Data Base ID Numbers K0283, K0430, K0434.

Prevalence rates among pregnant women tested in rural sites from 2001/2002 vary from a low of 2 percent in Korhogo to a high of 8 percent in Bouake.

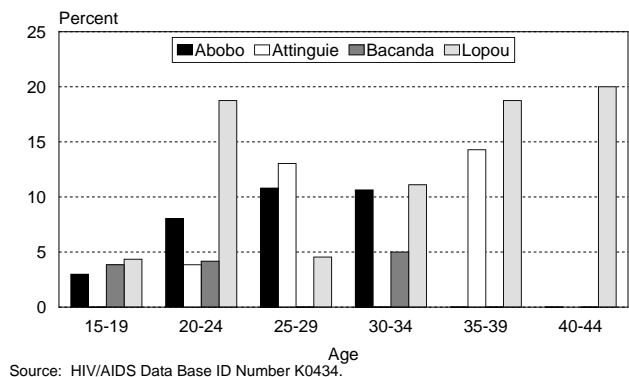
HIV Seroprevalence for Pregnant Women, in Selected Districts (Rural Sites), Côte d'Ivoire: 2002



\* 2001 data. \*\* Includes 2002-2003 data.  
Source: HIV/AIDS Data Base ID Numbers K0430, K0434.

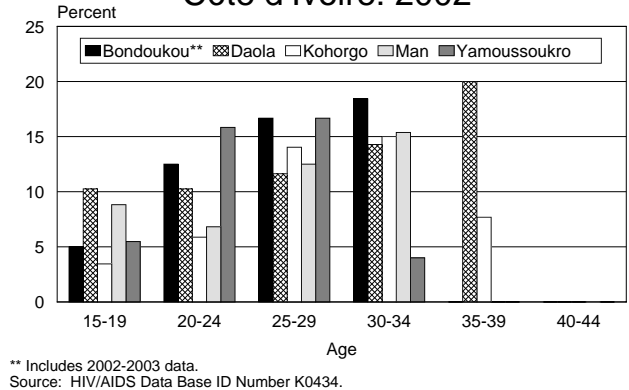
Lopou has some of the highest HIV seroprevalence rates for pregnant women by age in Abidjan District. Close to 20 percent of pregnant women tested in ages 20 to 24, 35 to 39, and 40 to 44 were HIV positive. In Abobo, rates reached 11 percent for 25 to 29 and 30 to 34 year old pregnant women and in Attinguie around 14 percent of pregnant women ages 25 to 29 and 35 to 39 tested positive. Bacanda reported seroprevalence rates ranging from zero to 5 percent.

HIV Seroprevalence for Pregnant Women, by Site and Age, in Abidjan District, Côte d'Ivoire: 2002



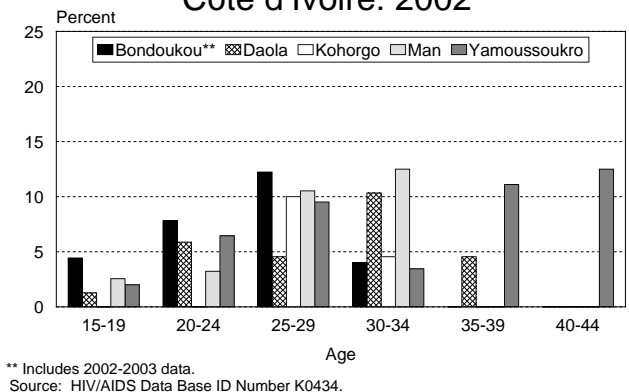
At five urban sites, HIV seroprevalence among pregnant women tested was generally lower for the younger ages and peaked in the 25 to 29 and 30 to 34 age groups. At Daola, rates increased with age, reaching 20 percent among 35 to 39 year old pregnant women. No pregnant women tested ages 40 to 44 at sites in Bondoukou, Daola, Kohorgo and Yamoussoukro were HIV positive.

HIV Seroprevalence for Pregnant Women, by Age, in Selected Districts (Urban Sites), Côte d'Ivoire: 2002



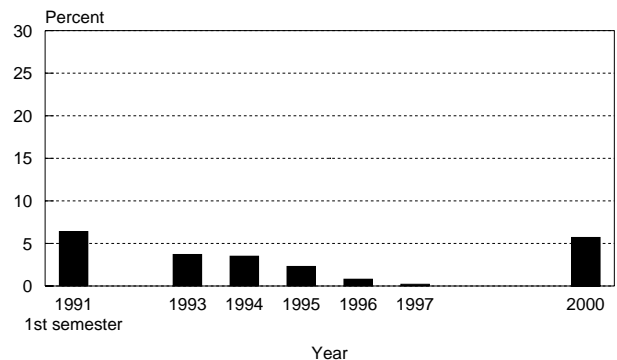
HIV seroprevalence was lower among pregnant women tested at rural sites in the same districts. The rates for four of the five sites, between 10 percent and 13 percent, were highest in either the 25 to 29 or 30 to 34 age group. At Yamoussoukro, the HIV rate peaked among pregnant women ages 40 to 44 years at over 12 percent.

HIV Seroprevalence for Pregnant Women, by Age, in Selected Districts (Rural Sites), Côte d'Ivoire: 2002



HIV seroprevalence among blood donors in Abidjan declined yearly between 1991 and 1997. However, the 2000 rate was nearly 6 percent, close to the 1991 level. There are no recent data on blood donors for rural areas of the country.

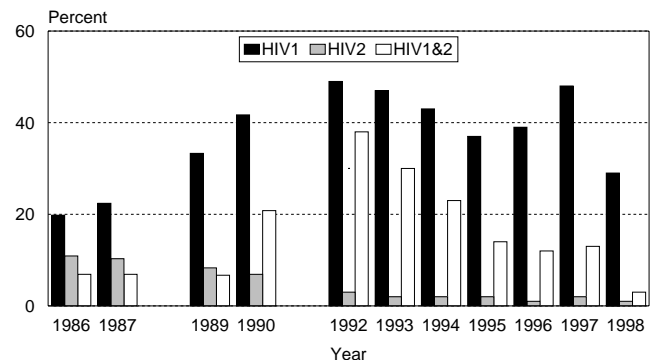
**HIV Seroprevalence for Blood Donors, in Abidjan, Côte d'Ivoire: 1991-2000**



Source: HIV/AIDS Data Base ID Numbers A0202, E0071, S0141, Y0042.

In Abidjan, HIV1 levels were higher than HIV2 and dual infection levels among sex workers from 1986 to 1998. A study conducted from 1992 to 1998 on increased condom use and sexually transmitted infections (STI) found that nearly half of the sex workers tested were positive for HIV1 in 1992. Rates remained high for the next 6 years, though in 1998, 30 percent of sex workers tested HIV1 positive. Rates for HIV2 and dual infection declined during the study period to 1 and 3 percent, respectively in 1998.

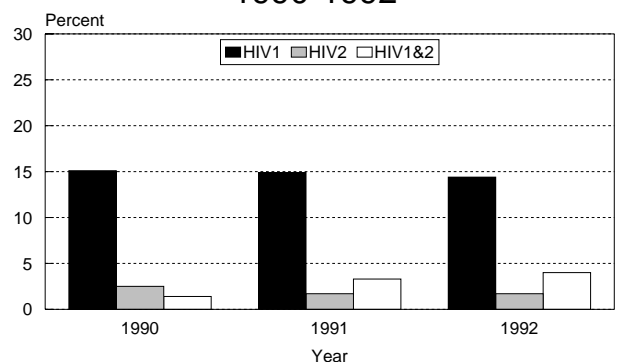
**HIV Seroprevalence for Sex Workers, in Abidjan, Côte d'Ivoire: 1986-1998**



Source: HIV/AIDS Data Base ID Numbers D0030, K0105, G0334.

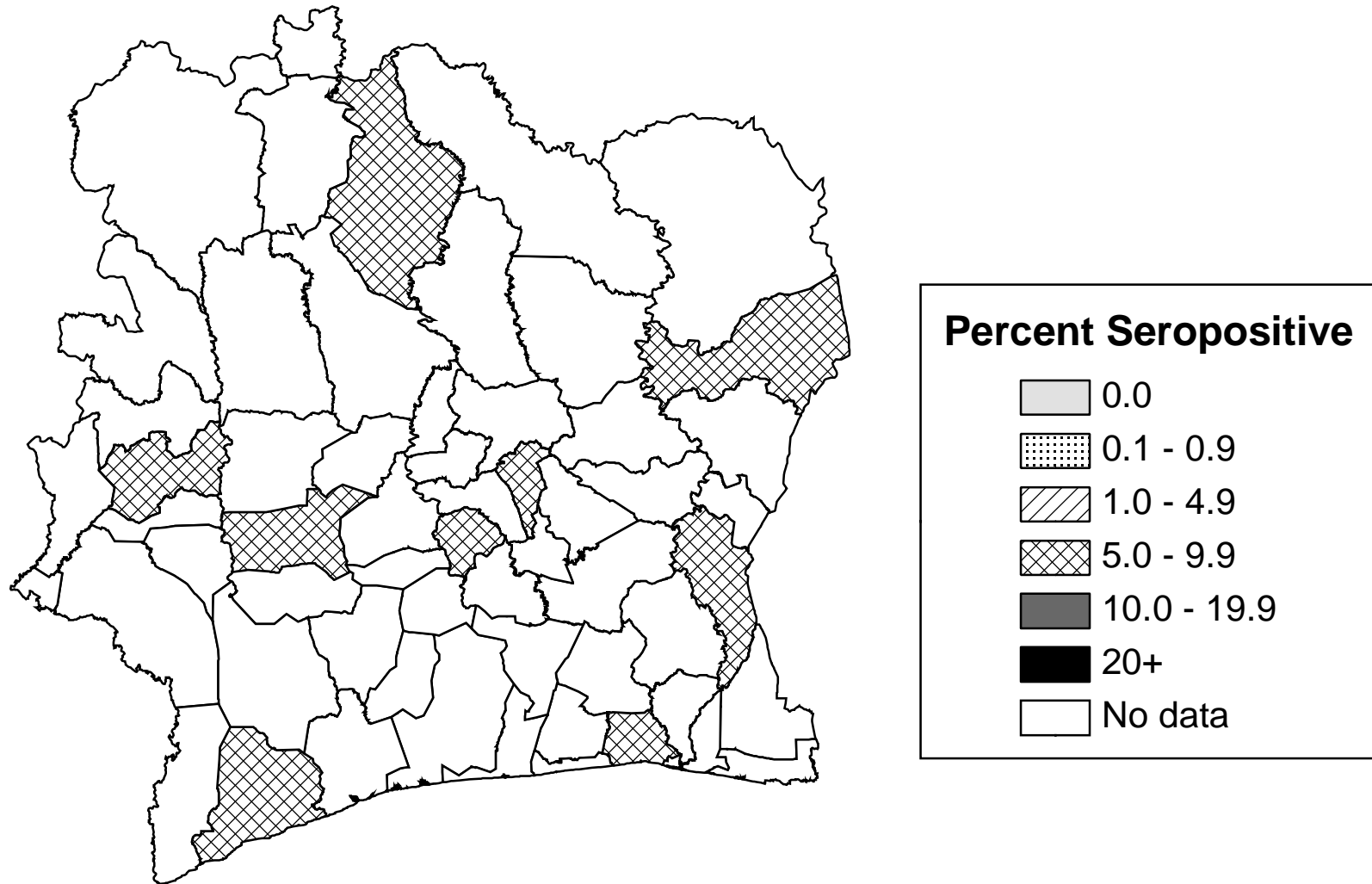
Male STI clinic patients provide the best opportunity to study HIV among “high-risk” males. However, the most recent data are from the early 1990s in Abidjan, and found 14 percent of male STI patients positive for HIV1. Dual infection and HIV2 rates were below 5 percent.

**HIV Seroprevalence for Male STI Clinic Patients, in Abidjan, Côte d'Ivoire: 1990-1992**



Source: HIV/AIDS Data Base ID Number T0078.

# Seroprevalence of HIV for Pregnant Women, by District, in Cote d'Ivoire: 2002 - 2003



## Sources by HIV/AIDS Data Base ID Number:

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- B0223 Brattegaard, K., D. Yavo, J. Kouadio, et al., 1993, Evaluation of a Mixed Elisa Screening Test for HIV-1 and HIV2 Antibodies in Abidjan, Cote d'Ivoire, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Abstract W.P.A.016.
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- D0030 Denis, F., G. Gershy-Damet, M. Lhuillier, et al., 1987, Prevalence of Human T-Lymphotropic Retroviruses Type III (HIV) and Type IV in Ivory Coast, Lancet, Feb. 21, vol. 1, pp. 408-411.
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- G0175 Gneragbe, T., T. Mutombo, 1993, Syndrome D'Immunodeficiency Acquis (SIDA) En Milieu Rural Cas de Dabou et Environs, Medecine Tropicale, vol. 53, no. 3, pp. 309-313.
- G0223 Greenberg, A., I. M. Coulibaly, A. Kadio, et al., 1997, Trends in the HIV-1 and HIV-2 Epidemics in Abidjan, Cote d'Ivoire: 11 Years of HIV Serosurveillance at Project Retro-CI, Xth International Conference on AIDS and STD in Africa, Abidjan, Cote d'Ivoire, 12/7-11, Session B.041.
- G0334 Ghys, P. D., M. O. Diallo, V. E. Traore, et al., 2002, Increase in Condom Use and Decline in HIV and Sexually Transmitted Diseases among Female Sex Workers in Abidjan, Cote d'Ivoire, 1991-1998, AIDS, vol. 16, no. 2, pp. 251-258.
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- K0283 Kassim, S., S. Z. Wiktor, C. Maurice, et al., 1998, Prevalence of HIV and Syphilis Infections among Pregnant Women Attending Urban Antenatal Clinics in Cote d'Ivoire, 1997, 12th World AIDS Conference, Geneva, 6/28 - 7/3, Poster 13111.
- K0430 Kunombo, E. A., 2001, Revision of HIV/AIDS and STI Surveillance Form: Cote d'Ivoire, WHO Regional Office for Africa, DCC, WHO/AFRO Regional Programme on HIV/AIDS, unpublished tables.

**Sources by HIV/AIDS Data Base ID Number:**

- K0434 Kunombo, E. A., 2002, Revision of HIV/AIDS and STI Surveillance Form: Cote d'Ivoire, WHO Regional Office for Africa, DCC, WHO/AFRO Regional Programme on HIV/AIDS, unpublished tables.
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