

AIDS - New Zealand

INTRODUCTION

This, the twenty-eighth issue of 'AIDS - New Zealand', provides information about the occurrence of acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV) infection in New Zealand to 31 December 1995.

These reports are produced quarterly by the AIDS Epidemiology Group, which is funded by the Ministry of Health. We aim to give timely and relevant details about the problem of HIV/AIDS in New Zealand and elsewhere.

AIDS IN NEW ZEALAND

Twelve people were notified as having AIDS in the final quarter of 1995. Eleven were male, and one female. The total number notified since monitoring began (to 31 December 1995) was 523. The cumulative incidence rate to that time was 15.2 per 100,000 total population.

Figure 1 shows the annual and cumulative numbers of notifications since 1984. The year relates to that of notification, which does not always correspond to the year of diagnosis, due to delays in reporting.

Number of notifications

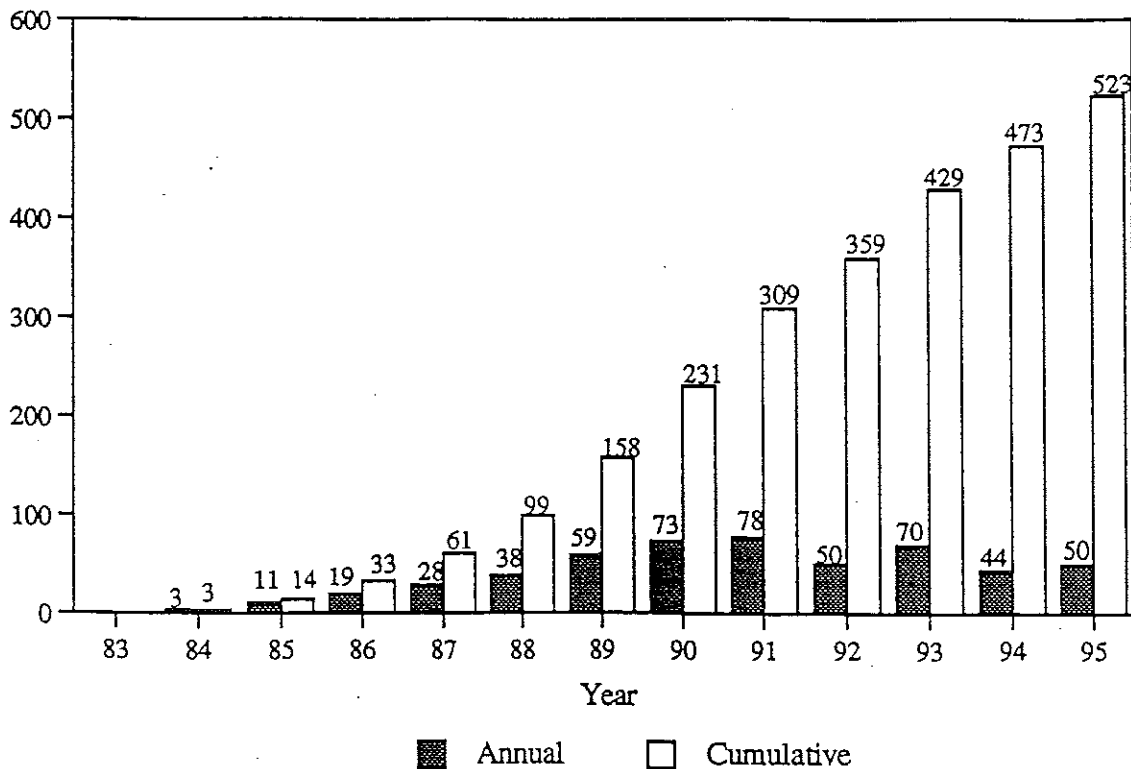


Figure 1 AIDS notifications in New Zealand

UNIVERSITY OF OTAGO
MEDICAL LIBRARY
GREAT KING ST.,
P.O. BOX 913, DUNEDIN
NEW ZEALAND

Table 2 Site of testing of people found to be infected with HIV in 1994/5

	No.	%
General practice	60	35.1
Hospital (including STD and drug clinics)	50	29.2
AIDS centres	13	7.6
Other	13	7.6
Unknown	35	20.5
TOTAL	171	100

Over the last 2 years information has been available on the type of facility where people were found to be infected (Table 2). Of the 80% of people for whom this is known, the commonest site of such testing was general practice.

OUTCOME OF PEOPLE WITH AIDS

The outcome of the 523 people who were notified as having AIDS by 31 December 1995, and known to us at the time of publication, is shown in Table 3.

Annual number of people found to be infected with HIV

A blood test for HIV infection first became available in New Zealand in 1985. Although the number of people found to be infected with HIV has been lower in recent years, a substantial number of people have been found to be infected each year (Figure 2). The proportion of these people who are female has increased in recent years.

Table 3 Outcome of people with AIDS

	No.	%
Alive	74	14.1
Known to have died	429	82.0
Lost to follow up	3	0.6
Overseas	17	3.3
TOTAL	523	100.0

Number

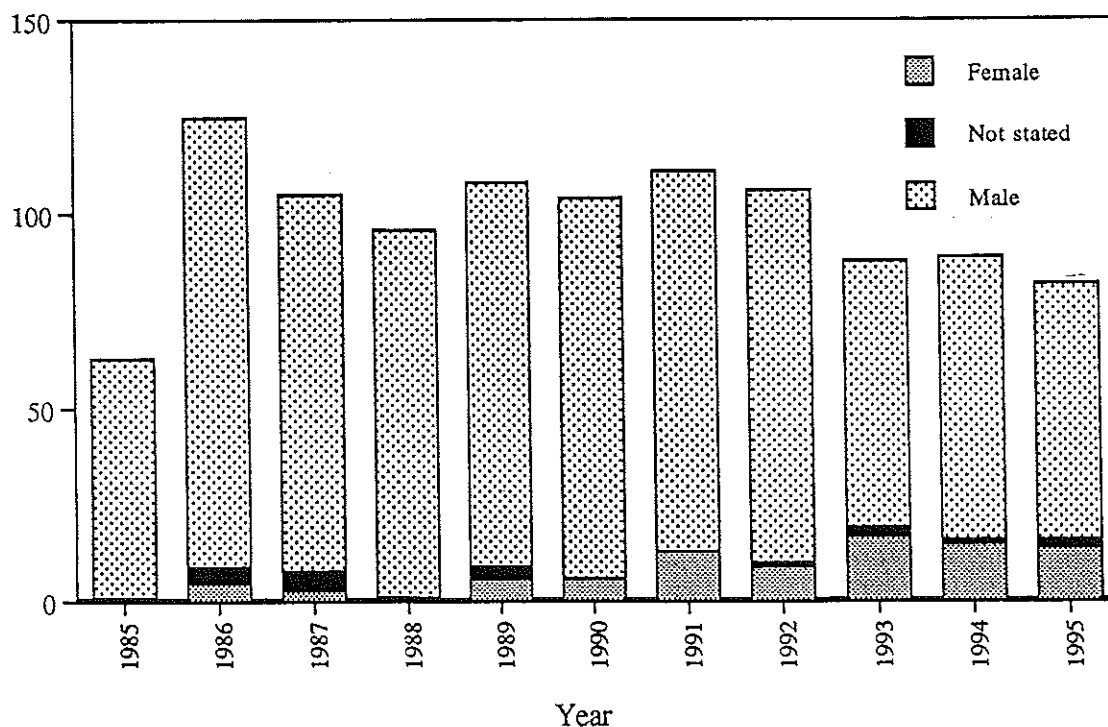


Figure 2 The number of people found to be infected each year in New Zealand

RISK TO HEALTH-CARE WORKERS OF OCCUPATIONAL EXPOSURE TO HIV-INFECTED BLOOD

Although to date no health care worker is known to have been infected with HIV through occupational exposure in New Zealand, this remains a potential risk.

A recent international study assessed which factors associated with percutaneous contact, that is contact through the skin, with HIV-infected blood increases the risk of a health care worker being infected. (*MMWR*, Centers for Disease Control, December 22, 1995)

Comparisons were made between health care workers who became infected following an injury with a contaminated needle or other sharp object, and health care workers who did not become infected following such an incident. Included in the analysis was whether the drug zidovudine (AZT) was given after the exposure, in an attempt to reduce the risk of infection.

It was found that a deep injury, injury with a sharp object that was visibly contaminated with the infected patient's blood, procedures that involved a needle placed in a vein or artery, and terminal illness in the source patient, increased the risk of infection. In addition, those health workers who did not receive zidovudine were more likely to

become infected.

There were limitations in the study design which should lead to caution in interpreting the results, particularly about the effectiveness of zidovudine.

In New Zealand recommendations on the prevention and management of needlestick injuries were published by the Department of Health in 1990. It was recommended that when a deep needlestick injury involved blood from a person known to be infected with HIV, then prophylactic zidovudine should be considered. Zidovudine has now been approved for such use in New Zealand. In such situations consultation with a specialist physician experienced in managing people with HIV infection should be sought urgently, as the early institution of such treatment is required.

The mainstay of preventing HIV infection in health care workers is the adoption of universal precautions where all blood is treated as potentially infectious. Guidelines have been published in [HIV/AIDS Information for Health Professionals](#), Department of Health, 1993.

As HIV infection is much more common in many other parts of the world, it is important that health care workers who work in such places are particularly aware of ways that the risks of infection can be minimised.

For further information about the occurrence of AIDS in New Zealand contact Dr Nigel Dickson, AIDS Epidemiology Group, Department of Preventive and Social Medicine, University of Otago Medical School, PO Box 913, Dunedin, New Zealand
Phone: (03) 479 7211, Fax: (03) 479 7298, or Email ndickson@gandalf.otago.ac.nz