

# AIDS - New Zealand

## INTRODUCTION

This, the twenty-ninth 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 March 1996.

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

Nineteen people were notified as having AIDS in the first quarter of 1996. Eighteen were male, and one female. Six of these people were diagnosed more than 6 months before the notification was made.

The total number notified since monitoring began (to 31 March 1996) was 542. The cumulative incidence rate to that time was 15.8 per 100,000 total population.

Figure 1 shows the annual and cumulative numbers of notifications since 1984. The

Number of notifications

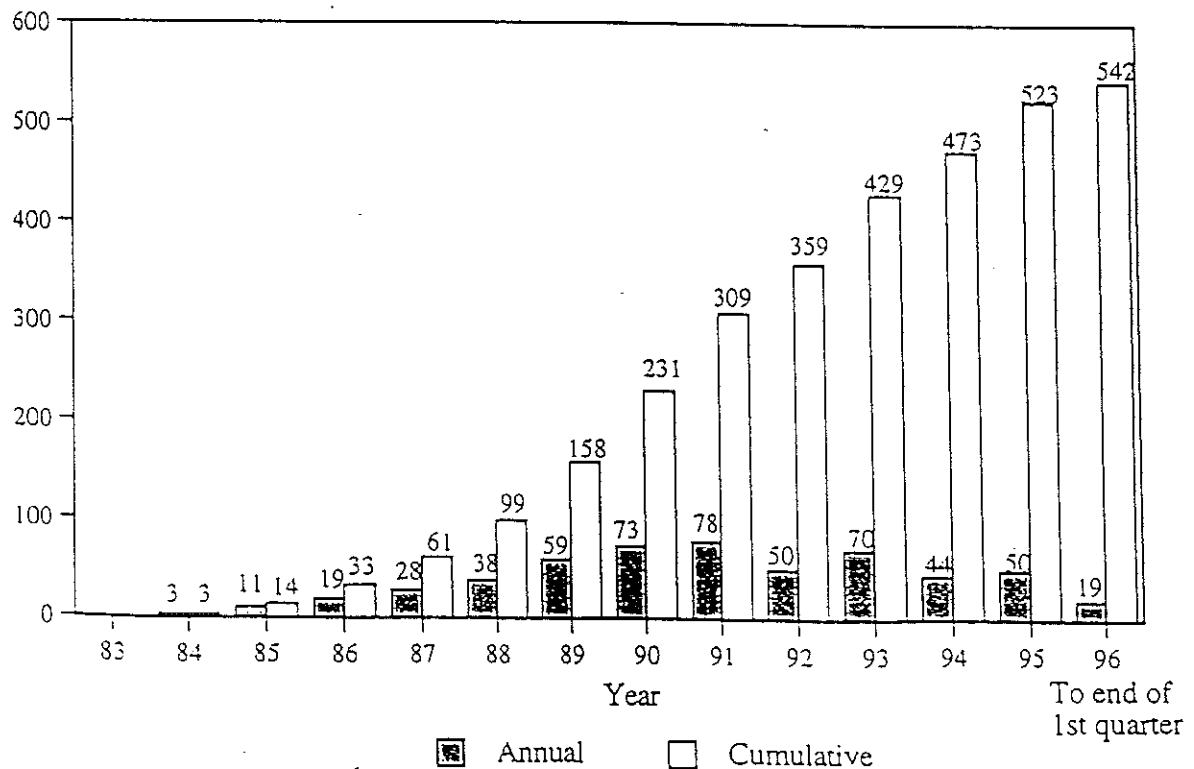


Figure 1 AIDS notifications in New Zealand

Of the 33 males in this age group, 5 were reported to have been perinatally infected, 10 suffered from haemophilia, 13 were believed to have been infected through sex with other men, and no further information is available on the remaining 5. Of the 6 females, 2 were perinatally infected, one was reported to be heterosexually infected, and no further information is available on the remaining 3.

## HIV EPIDEMIC IN INDIA

The World Health Organization estimates that there are now over 1.75 million HIV-infected adults in India, and that within 5 years India will have more people with AIDS than any other country in the world. (Lancet, May 18, 1996)

Since 1988 there has been a rapid rise in the occurrence of HIV infection in India. The rise has been documented among sexually transmitted disease (STD) clinic attenders, as well as commercial sex workers, and injecting drug users.

Among STD clinic patients in Pune, Maharashtra, 22% were infected with HIV. Of those who were initially free of HIV at the start of the survey period, over 10% became infected during the following year. In 1995 in Bombay, 60% of commercial sex workers tested for HIV infection were infected, as were 90% of injecting drug users tested in the north eastern state of Manipur in that year.

Although heterosexual transmission is the predominant mode of spread, transmission of HIV through transfusion of infected blood and blood products is a concern in India. All

cities now have facilities for screening donated blood, but estimates of the proportion of blood nationwide that is actually tested vary for 30% to 80%.

In India there is a shortage of sterile disposable needles. Thus the potential for the spread of HIV through the reuse of contaminated needles is high.

Tuberculosis is the most important HIV-associated infection. In India, as in other parts of the world there is concern about the recent emergence of strains of tuberculosis that are resistant to the common drug treatments.

Voluntary risk reduction is seen as the major means of prevention, but at present there is little awareness of AIDS, HIV infection, and the modes of HIV transmission in India. Knowledge is reported to be particularly low among those who are illiterate and living in poverty.

One hope is that as the epidemic is occurring later than in many other developing countries, lessons learnt elsewhere can be utilised. The vigorous promotion of condoms among commercial sex workers has resulted in a decline in the rate of infection in that group in Zaire, and improved care of people with other sexually transmitted diseases has reduced the incidence of HIV in the general population in rural Tanzania. The implementation of such strategies may help control the spread of HIV in India.

Knowledge of the evolving epidemic in India is of relevance to the many New Zealanders who travel there each year.

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year relates to that of notification, which does not always correspond to the year of diagnosis, due to delays in reporting.

### Risk behaviour categories of people with AIDS

Of the 18 males notified with AIDS in the first quarter of 1996, 14 were reported to have had sex with other men, 2 had haemophilia and were infected through the receipt of infected blood products, one was heterosexually infected, and no risk behaviours were identified for the remaining man notified. The mode of infection of the one female notified was unknown.

Table 1 shows the likely risk behaviour categories of the people notified with AIDS (and those diagnosed as being infected with HIV) for the twelve months to the end of March 1996, and in total to that date.

### PEOPLE FOUND TO BE INFECTED WITH HIV IN NEW ZEALAND

In the first quarter of 1996, 31 people were newly found to be infected with HIV. Of those 31, 22 were male, 8 female, and the sex of the remaining person was not stated.

Care must be taken in interpreting the HIV antibody data. Not all people at risk will have been tested, and testing may not be requested until many years after infection has occurred.

### Risk behaviour categories of people found to be infected with HIV

Of the 22 males found to be infected with HIV, 8 were reported to have been infected through sex with other men, 2 to have been heterosexually infected (both were from parts of the world where heterosexual transmission is common), one was reported

**Table 1 Category of risk behaviour by date of notification of people with AIDS, and those found to be HIV antibody positive**

	AIDS		Total to		HIV antibody positive*		Total to	
	12 months to 31.3.96 No.	%	31.3.96 No.	%	12 months to 31.3.96 No.	%	31.3.96 No.	%
Homosexual or bisexual +	39	69.6	447	82.5	38	39.2	615	55.5
Homosexual & IDU +	1	1.8	10	1.8	0	0	11	1.0
Injecting drug user (IDU)								
Male	0	0	8	1.5	2	2.1	26	2.3
Female	0	0	4	0.7	0	0	7	0.6
Blood product recipient+	4	7.1	12	2.2	0	0	28	2.5
Transfusion related								
Male	0	0	1	0.2	0	0	2	0.2
Female	0	0	1	0.2	0	0	5	0.5
Unknown	0	0	0	0	0	0	5	0.5
Heterosexual								
Male	2	3.6	18	3.3	5	5.2	32	2.9
Female	2	3.6	16	3.0	15	15.5	63	5.7
Perinatal								
Male	0	0	0	0	3	3.1	5	0.5
Female	0	0	1	0.2	1	1.0	2	0.2
Not stated or unknown								
Male	7	12.5	23	4.2	26	26.9	272	24.5
Female	1	1.8	1	0.2	3	3.1	18	1.6
Unknown	0	0	0	0	3	3.1	15	1.4
Other	0	0	0	0	1	1.0	2	0.2
<b>TOTAL</b>	<b>56</b>	<b>100.0</b>	<b>542</b>	<b>100.0</b>	<b>97</b>	<b>100.0</b>	<b>1108</b>	<b>100.0</b>

+ All male

\*Includes people who have developed AIDS

to be an injecting drug user, and one was an infant born to an HIV-infected mother. Information on the remaining men is awaited.

Of the 8 females found to be infected, 6 were reported to be heterosexually infected, 5 of whom came from a part of the world where heterosexual transmission is common. Information is awaited on the remaining 2 women.

#### OUTCOME OF PEOPLE WITH AIDS

The outcome of the 542 people who were notified as having AIDS to 31 March 1996, and known to us at the time of publication, is shown in Table 2.

**Table 2 Outcome of people with AIDS**

	No.	%
Alive	79	14.6
Known to have died	441	81.4
Lost to follow up	3	0.6
Overseas	19	3.5
TOTAL	542	100.0

#### ETHNIC DISTRIBUTION OF PEOPLE WITH AIDS

Table 3 shows the ethnic groups of people with AIDS.

**Table 3 Ethnic groups of people notified with AIDS to 31 March 1996**

	No.	%
European/Pakeha	447	82.5
Maori	58	10.7
Pacific Islander	13	2.4
Other	17	3.1
Unknown	7	1.3
TOTAL	542	100.0

#### AGE AND SEX OF PEOPLE WITH AIDS

The age at diagnosis, and sex, of those people notified with AIDS is shown in Table 4. AIDS has been notified most frequently among men in the age group 30-39 years.

It is important to appreciate that infection with HIV could have occurred many years before the development of AIDS.

**Table 4 Age and sex of people with AIDS to 31 March 1996**

Age (yrs)	Male	Female	Total
0-9	1	2	3
10-19	5	0	5
20-29	87	6	93
30-39	205	7	212
40-49	153	4	157
50-59	52	3	55
60 or more	16	1	17
TOTAL	519	23	542

#### CHILDREN AND YOUNG PEOPLE WITH AIDS AND HIV INFECTION

Eight children and young people under the age of 20 years have been notified with AIDS, 6 were males and 2 females.

Of the 6 males in this age group, 4 suffered from haemophilia and were infected by contaminated blood products, one was infected through sex with another male, and the means of infection of the remaining boy was not known. Of the two females, one was perinatally infected from her infected mother, and the other was infected by a contaminated blood transfusion (outside New Zealand).

Thirty-nine children and young people under the age of 20 years at the time of diagnosis are known to have been infected with HIV in New Zealand.