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AIDS - New Zealand

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INTRODUCTION

This, the thirty fourth 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 30 June 1997.

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

Fourteen people were notified as having AIDS in the second quarter of 1997. All were male.

The total number of people notified since monitoring began (to 30 June 1997) was 621, of whom 593 were male and 28 female. The cumulative incidence rate to that time was 18.1 per 100,000 total population.

Figure 1 shows the number of people known to have been diagnosed in each year. This is a change from earlier issues of AIDS - New

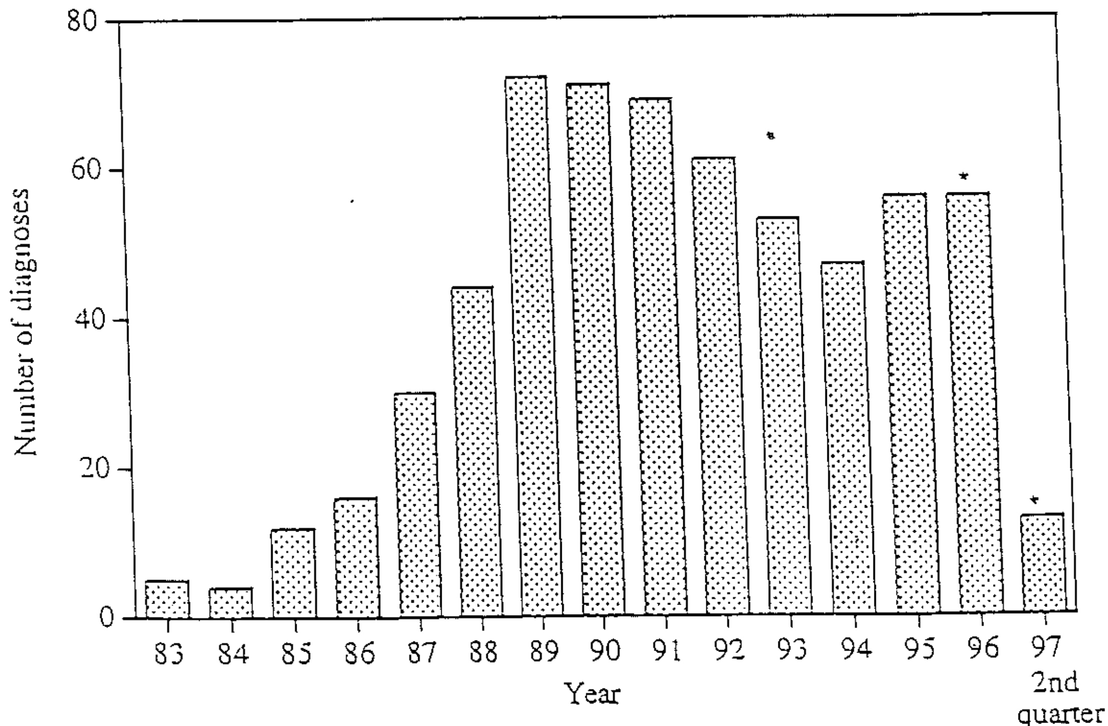

Figure 1 **Annual number of people with AIDS by year of diagnosis**

Zealand which showed the number of people notified each year and in total. The change was made because of uneven patterns of delays in notification, which made the notification figures difficult to interpret. When looking at this figure it is most important to appreciate that the numbers of people we report as diagnosed with AIDS in the first half of 1997, 1996, and possible earlier years, may increase as a result of delayed notification. The largest annual number of people with AIDS was diagnosed in New Zealand in 1989. Since that time the annual number of diagnoses has declined, although it is not clear whether or not this decline will be sustained.

Risk behaviour categories of people with AIDS

Of the 14 males notified with AIDS in the second quarter of 1997, 12 were reported to have been infected through sex with other men, and 2 through heterosexual contact. Both of the latter 2 men had had sex with women from South East Asia. 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 June 1997, and in total to that date.

PEOPLE FOUND TO BE INFECTED WITH HIV IN NEW ZEALAND

In the second quarter of 1997, 17 people were newly found to be infected with HIV. Of those 17, 11 were male, and 6 were female.

The total number of people found to be infected with HIV in New Zealand since

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

	AIDS				HIV antibody positive*			
	12 months to 30.6.97		Total to 30.6.97		12 months to 30.6.97		Total to 30.6.97	
	No.	%	No.	%	No.	%	No.	%
Homosexual or bisexual +	47	72.3	508	81.8	28	41.8	669	55.9
Homosexual & IDU +	0	0	10	1.6	1	1.5	12	1.0
Injecting drug user (IDU)								
Male	1	1.5	9	1.5	3	4.5	30	2.5
Female	1	1.5	5	0.8	1	1.5	8	0.7
Unknown					1	1.5	1	0.1
Blood product recipient+	2	3.1	14	2.3	1	1.5	29	2.4
Transfusion related								
Male	0	0	1	0.2	0	0	2	0.2
Female	0	0	1	0.2	0	0	5	0.4
Unknown	0	0	0	0	0	0	5	0.4
Heterosexual								
Male	7	10.8	25	4.0	9	13.4	46	3.8
Female	4	6.2	20	3.2	13	19.4	80	6.7
Perinatal								
Male	0	0	0	0	1	1.5	5	0.4
Female	0	0	1	0.2	0	0	2	0.2
Not stated or unknown								
Male	3	4.6	26	4.2	8	11.9	267	22.3
Female	0	0	1	0.2	1	1.5	19	1.6
Unknown	0	0	0	0	0	0	14	1.2
Other								
Male	0	0	0	0	0	0	1	0.1
Female	0	0	0	0	0	0	2	0.2
TOTAL	65	100.0	621	100.0	67	100.0	1197	100.0

+ All male *Includes people who have developed AIDS

testing became available in 1985 is 1197 (1061 male, 116 female, 20 sex not stated).

Of the 11 males found to be infected in the last quarter, 3 were reported to have been infected through sex with other men, 2 to have been injecting drug users, 2 to have been heterosexually infected (both had had sexual contact with women from South East Asia), and one was a child who had been perinatally infected. For 3 no information is available.

The 6 females were all considered to have been heterosexually infected. Two were from parts of the world where heterosexual transmission is common, one was the partner of an HIV-infected injecting drug user, one had had sex with a man infected through sex with another man, and the circumstances of the remaining 2 women was not known.

Neither the mother of the perinatally-infected boy, nor her HIV infected partner, were diagnosed until some time after the child's birth, so measures known to reduce the risk of perinatal transmission could not have been implemented.

Ethnic distribution of people with AIDS

Table 2 shows the ethnic groups of people with AIDS.

Table 2 Ethnic groups of people notified with AIDS to 30 June 1997

	No.	%
European/Pakeha	510	82.1
Maori*	66	10.6
Pacific Islander	16	2.6
Other	22	3.5
Unknown	7	1.1
Total	621	100.0

*Includes people classified as Maori and another ethnic group

Outcome of people notified with AIDS

The outcome of the 621 people notified with AIDS by 30 June 1997, as reported to the AIDS Epidemiology Group by the end of August 1997, is shown in Table 3.

Table 3 Outcome of people with AIDS

	No.	%
Alive	96	15.5
Known to have died	493	79.4
Lost to follow up	6	1.0
Overseas	26	4.2
Total	621	100.0

Age and sex of people with AIDS

Table 4 shows the sex, and the age at diagnosis, of those people notified with AIDS.

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 notified with AIDS to 30 June 1997

Age (years)	Male	Female	Total
0-9	1	2	3
10-19	5	0	5
20-29	97	6	103
30-39	233	10	243
40-49	173	5	178
50-59	61	4	65
60 or more	23	1	24
Total	593	28	621

Controlling HIV infection among Injecting Drug Users

In New Zealand the proportion of people with AIDS, or found to be infected with HIV, who are injecting drug users is low relative to the USA and many European countries. However the high prevalence of hepatitis C virus among injecting drug users in New Zealand, and recent experience overseas with the spread of HIV, warns against complacency.

This experience comes from Canada, and has recently been published in the international journal AIDS (Needle exchange is not enough: lessons from the Vancouver injecting drug use study. AIDS 1997;11:F59-F65). In Vancouver, a needle exchange programme was introduced in 1988 at a time when it was estimated that 1-2% of injecting drug users were infected with HIV. HIV prevalence appeared to remain at a low level until 1994, since when a rapid increase in HIV infection has been documented.

In 1996, nearly a quarter of a sample of over a thousand injecting drug users in Vancouver was found to be infected. Less than half of these people were aware of their status. A concerning finding was the continuing high rate of needle sharing. In addition sharing was similar among those who knew they were infected with HIV and those who did not. One factor suggested as being important for the rapid rise in prevalence was the shift from heroin use to increasing dependence on cocaine. Cocaine has been associated with a greater risk of HIV transmission, possibly due to a higher frequency of injections.

The Canadian authors suggest their findings show that without the addition of adequate and appropriate community-wide treatment services - including methadone maintenance and counselling, needle exchange programmes may be insufficient to maintain low HIV prevalence and incidence for a prolonged period.

These conclusions are consistent with those we have reported previously (AIDS - New Zealand, issue 31, August 1996), that sustained multiple interventions, as well as early preventive action early to increase the availability of needles and syringes, were common features in cities where HIV prevalence had remained low.

These findings are particularly relevant to New Zealand where a needle exchange programme has been in operation since 1988, and the prevalence of recognised HIV infection has apparently remained low.

Needle availability must be maintained. It is also important to reduce the number of people who start injecting drugs, and to minimise the harm to those who do so.

Ongoing testing for HIV infection among those who inject is also important to allow treatments to be provided for individuals found to be infected, and also so that the extent of any local outbreak can be minimised.

Periodic surveillance of the prevalence of HIV infection among injecting drug users as a group is also necessary to evaluate the effectiveness of control measures.

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