Issue 44 – February 2000
ISSN 1170-2656

AIDS - New Zealand

AIDS AND HIV INFECTION IN NEW ZEALAND TO END OF DECEMBER 1999

In the final quarter of 1999, there were 8 notifications of AIDS (all male), and 12 people (all male) were found to be infected with HIV. To the end of December 1999, in total 702 people (665 male and 37 female) have been notified with AIDS, and 1407 people (1228 male, 160 female, and 19 sex not stated) have been found to be infected with HIV.

PREVENTING HIV INFECTION IN INFANTS

Between 25% and 35% of babies born to women infected with HIV will be infected unless specific measures are taken to reduce the risk. This perinatal infection occurs before, during or after birth (through breast feeding).

The prevention of such infection has recently been reviewed and recommendations made, in an editorial published in the New Zealand Medical Journal (Chambers ST, Teele D, Aickin DR, Grimwood K. Preventing neonatal HIV infection. New Zealand Medical Journal 2000;113:1-2).

Control strategies

The chance of perinatal infection can be reduced by giving anti-retroviral drugs to the mother, delivery by elective Caesarian section and by avoidance of breast-feeding. Rates of perinatal infection of less than 5% can be achieved with the combined use of these methods.

Of course, for these interventions to be offered the mother's HIV infection must be recognised. This allows the chance to reduce the risk of spread of HIV to her child. It also allows the opportunity for the mother to have treatments that can prolong her life.

Chambers and his colleagues in their recent editorial proposed HIV testing be routinely offered and recommended to all pregnant women in New Zealand, unless there are compelling reasons not to do so.

This proposal for the universal offer of testing is different from the interim Ministry of Health advice published in 1997 (Ministry of Health. HIV in Pregnancy: risk screening guidelines and information for health professionals. Ministry of Health, Wellington, 1997). At that time, the Ministry advised health professionals caring for pregnant women to ask about risks for HIV, and to counsel and offer HIV testing to those at increased risk. */cont.*

HIV/AIDS Information for Health Professionals

The Ministry of Health has recently published a third edition of this book aimed at health professionals so they can better:

- Educate people to help them avoid HIV
- Counsel and support those infected with HIV or considered at risk of infection

Copies are available from the Health Education Providers in local Public Health Units.

Advice was also given on how to approach risk assessment of pregnant women and their partners.

The approach now being advocated by Chambers and his colleagues for New Zealand is similar to the course recommended in the United Kingdom since August 1999. The previous advice there – routine offer of antenatal HIV testing for all women in areas of relatively high prevalence (London and South East England) and for women with risk factors in all other areas - was changed to advice that offering and recommending an antenatal HIV test should be "a routine and integral part of antenatal care" for all pregnant women (Nicoll A, Peckham C. Reducing vertical transmission of HIV in the UK. BMJ 1999;319:1211-2).

The UK change was introduced for three main reasons. Firstly, in the previous five years the number of infants presenting with AIDS in the United Kingdom had not declined as it had in other western European countries which have a greater burden of adult HIV. Secondly, in 1997 the programme of unlinked anonymous testing of neonatal blood spots for HIV antibodies showed that over 70% of infected women who gave birth were unaware of their infection. Thirdly, despite official guidelines, few hospitals in areas of relatively high prevalence did in fact offer routine HIV testing.

At that time an economic analysis concluded that in areas of the United Kingdom with a relatively high prevalence, routine HIV testing of pregnant women would be cost effective compared to selective testing. In areas with lower prevalence this would depend on the uptake, cost of the test and the time taken for counseling. In these areas it was necessary to have a high rate of testing to make it cost effective. (Ades AE, Sculpher MJ, Gibb DM, Gupta R, Ratcliffe J. Cost effectiveness analysis of antenatal HIV screening in United Kingdom. BMJ 1999;319:1230-4).

Further information available showed that, in a low risk antenatal clinic population, an acceptance rate of HIV testing of nearly 90% was achieved where the test was offered by midwives who had been trained in the use of a standard discussion protocol. The protocol emphasised the benefits of the test and presented it as routine, at the same time making it clear the woman could refuse. On average it increased the consultation time by two and half minutes (Simpson WM et al. Antenatal testing: assessment of a routine voluntary approach. BMJ 1999;318:1660-1).

Situation in New Zealand

Ten of the 15 children under the age of 5 ever diagnosed with HIV in New Zealand were known to have been perinatally infected, and reported as such. Eight of these children were diagnosed since the start of 1995: 4 were born before 1995, 4 during 1995, but none since then.

In 1998, the first year when this information was collected, there were 4 pregnant women known by paediatricians to be infected with HIV, none of whom was known to have given birth to an infected infant (Dow N et al. The New Zealand Paediatric Surveillance Unit: establishment and first year of operation. New Zealand Public Health Report 1999;6:41-44).

The proportion of pregnant women who currently are tested for HIV, or are asked about the risks is not known. However a local Dunedin survey in 1998 found that nearly three quarters of health professionals interviewed who cared for pregnant women "seldom or never" raised the issues of HIV risk with their antenatal patients (Eberhart-Philips J *et al*. Asking pregnant women about HIV risk. New Zealand Medical Journal 1998;111:175).

There have been no published studies of the attitudes of women to HIV testing in pregnancy.

These data suggest that there are likely to be HIV infected women who have gone through a pregnancy undiagnosed in this country, and that there might be children with undiagnosed HIV infection. The numbers are not known as there is no monitoring programme of HIV prevalence among pregnant women using neonatal blood spots or antenatal clinic patients, as occurs in several other countries. Nevertheless based on the similarity of HIV prevalence in New Zealand and the UK outside London, and current knowledge of diagnosed HIV in pregnant women, it is probable that the prevalence of HIV in pregnancy may be in the order of 1 in 10,000 in this country.

In this low prevalence situation, the choice of routine or selective HIV testing depends on a proper investigation of the feasibility of implementing each strategy and then a common commitment from all those working in primary maternity care.

AIDS and HIV infections in New Zealand in the final quarter of 1999

AIDS

The AIDS Epidemiology Group received 8 notifications of people with AIDS in the final quarter of 1999. All were male.

Of these, 7 were men who had sex with men, and one man, who was from a high prevalence area, was reported to have been heterosexually infected.

In addition in this period the AIDS Epidemiology Group was informed of two men, infected with HIV, who died of liver disease, without developing an AIDS-defining condition.

HIV infection

The Group has been informed of 12 people found to be infected with HIV in the final quarter of 1999. As with people notified with AIDS, all were male.

So far information has been obtained on 11. Of these, 7 were reported to have had sex with men, 3 to have been heterosexually infected overseas and one man to have been infected through a blood transfusion received in a country where there is a high prevalence of HIV. Two of the men heterosexually infected were from parts of the world where there is a high prevalence of HIV among the heterosexual population, and the other was reported to have been infected in such an area.

Exposure categories and ethnicity of people notified with AIDS and found to be infected with HIV

Information on the categories of risk, sex and ethnicity, of the 702 people notified as having AIDS and the 1407 people diagnosed with HIV in New Zealand to the end of December 1999 is shown in Tables 1 and 2 (overleaf).

Table 1 Exposure category by time of notification of people with AIDS, and by time of diagnosis for those found to be infected with HIV. A small number of transsexuals are included with the males.

Exposure category	Sex	AIDS 12 months to 31.12.99 No.	AIDS 12 months to 31.12.99 %	AIDS Total to 31.12.99 No.	AIDS Total to 31.12.99 %	HIV Infection* 12 months to 31.12.99 No.	HIV Infection* 12 months to 31.12.99 %	HIV Infection* Total to 31.12.99 No.	HIV Infection* Total to 31.12.99 %
Homosexual contact	Male	23	69.7	562	80.1	34	47.9	755	53.7
Homosexual contact & IDU	Male	0	0.0	10	1.4	0	0.0	13	0.9
Heterosexual contact	Male	4	12.1	36	5.1	11	15.5	101	7.2
	Female	5	15.2	27	3.9	14	19.7	115	8.2
Injecting drug use (IDU)	Male	0	0.0	12	1.7	0	0.0	31	2.2
	Female	0	0.0	5	0.7	0	0.0	8	0.6
Blood product recipient	Male	0	0.0	15	2.2	0	0.0	29	2.1
Transfusion recipient	Male	0	0.0	1	0.1	1†	1.4	5	0.4
	Female	0	0.0	1	0.1	1†	1.4	6	0.4
	NS	0	0.0	0	0.0	0	0.0	5	0.4
Perinatal	Male	0	0.0	1	0.1	1	1.4	6	0.4
	Female	0	0.0	2	0.3	0	0	4	0.3
Awaiting information/ undetermined	Male	1	3.0	28	4.0	8	11.3	286	20.3
	Female	0	0.0	2	0.3	1	1.4	23	1.6
	NS	0	0.0	0	0.0	0	0.0	14	1.0
Other	Male	0	0.0	0	0.0	0	0.0	2	0.1
	Female	0	0.0	0	0.0	0	0.0	4	0.3
TOTAL		33	100.0	702	100.0	71	100.0	1407	100.0

NS = Not stated *Includes people who have developed AIDS †Acquired overseas

Table 2 Ethnicity by time of notification for people with AIDS, and by time of diagnosis for those found to be infected with HIV. Information on ethnicity of people found to be infected with HIV is only available since 1996. A small number of transsexuals are included with the males.

Ethnicity	Sex	AIDS 12 months to 31.12.99 No.	AIDS 12 months to 31.12.99 %	AIDS Total to 31.12.99 No.	AIDS Total to 31.12.99 %	HIV Infection* 12 months to 31.12.99 No.	HIV Infection* 12 months to 31.12.99 %	HIV Infection* 1.1.96 to 31.12.99 No.	HIV Infection* 1.1.96 to 31.12.99 %
European/Pakeha	Male	20	60.6	537	76.5	36	50.0	146	44.1
	Female	2	6.1	22	3.1	0	0.0	14	4.2
Maori †	Male	3	9.1	74	10.5	1	1.4	17	5.1
	Female	0	0.0	1	0.1	1	1.4	3	0.9
Pacific Island	Male	0	0.0	15	2.1	0	0.0	3	0.9
	Female	0	0.0	3	0.4	0	0.0	3	0.9
Other	Male	5	15.2	32	4.6	17	23.6	81	24.5
	Female	3	9.1	11	1.6	13	18.1	50	15.1
Awaiting information/ undetermined	Male	0	0.0	7	1.0	3	4.2	13	3.9
	Female	0	0.0	0	0.0	1	1.4	1	0.3
TOTAL		33	100.0	702	100.0	72	100.0	331	100.0

NS = Not stated * Includes people who have developed AIDS † Includes people who belong to Maori and another ethnic group

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