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AIDS - New Zealand

INTRODUCTION

This, the twenty-fifth 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 1995.

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

AIDS IN NEW ZEALAND

Thirteen people were notified as having AIDS in the first quarter of 1995. Twelve were male and one female.

The total number notified since monitoring began (to 31 March 1995) was 486. The cumulative incidence rate to that time was 14.5 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

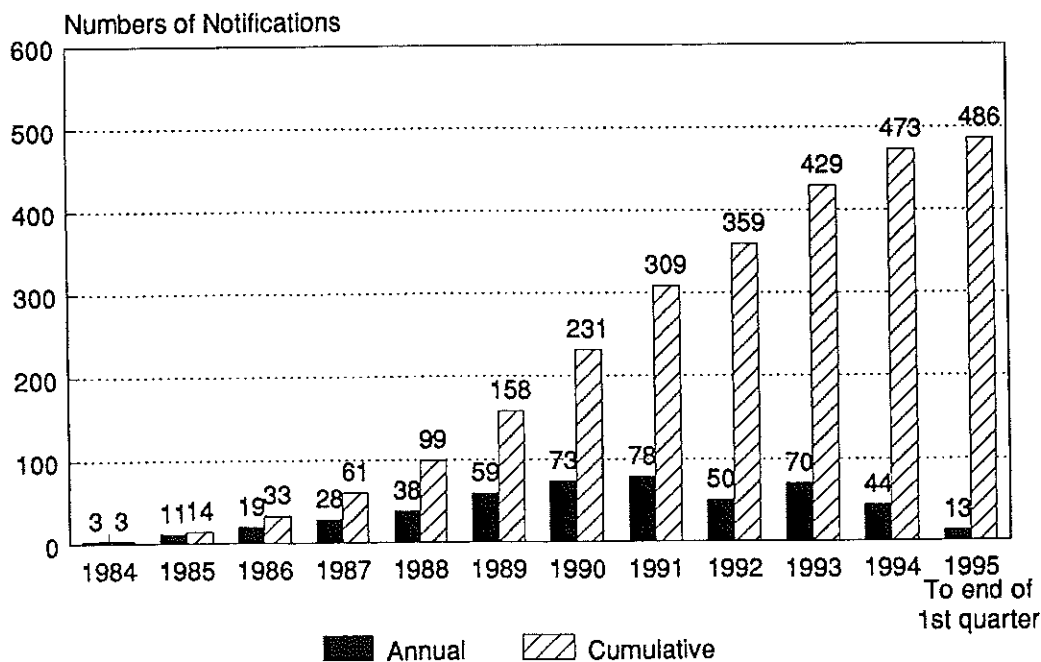


Figure 1 AIDS notifications in New Zealand

always correspond to the year of diagnosis, due to delays in reporting.

Risk behaviour categories of people with AIDS

Of the 12 males, 9 were men who were reported to have had sex with other men, 2 suffered from haemophilia and were considered to have been infected through the receipt of infected blood products, and the remaining man (from a part of the world where heterosexual infection is common) was considered to have been heterosexually infected. The one female had been an injecting drug user.

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 1995, and in total to that date.

PEOPLE FOUND TO BE INFECTED WITH HIV IN NEW ZEALAND

In the first quarter of 1995, 16 people were newly found to be infected with HIV. Of these 16, 14 were male, and 2 female.

Risk behaviour categories of people found to be infected with HIV

Of the 14 men found to be infected with HIV in the first quarter of 1995, 11 were reported to have had sex with other men, and one had also been an injecting drug user. Two were considered to have been heterosexually infected, both being from parts of the world where heterosexual transmission of HIV is common. The remaining male was a child infected before or around the time of birth.

The 2 women found to be infected in the last quarter, were reported to have been

Table 1 Category of risk behaviour by date of notification of people with AIDS, and those identified as HIV antibody positive

	AIDS		Total to		HIV antibody positive*			
	12 Months to 31.3.95		31.3.95		12 Months to 31.3.95		Total to 31.3.95	
	No.	%	No.	%	No.	%	No.	%
Homosexual or bisexual+	41	87.2	408	84.0	46	56.1	582	57.5
Homosexual & IDU+	0	0	9	1.9	1	1.2	11	1.1
Injecting drug user (IDU)								
Male	1	2.1	8	1.6	2	2.4	24	2.4
Female	1	2.1	4	0.8	2	2.4	7	0.7
Blood product recipient+	2	4.3	8	1.6	0	0	28	2.8
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	4.3	16	3.3	9	11.0	27	2.7
Female	0	0	14	2.9	8	9.8	48	4.7
Perinatal								
Male	0	0	0	0	1	1.2	2	0.2
Female	0	0	1	0.2	0	0	1	0.1
Not stated or unknown								
Male	0	0	16	3.3	8	9.8	243	24.0
Female	0	0	0	0	3	3.7	15	1.5
Unknown	0	0	0	0	1	1.2	12	1.2
Other	0	0	0	0	1	1.2	1	0.1
TOTAL	47	100.0	486	100.0	82	100.0	1013	100.0

+ All male

* Includes people who have developed AIDS

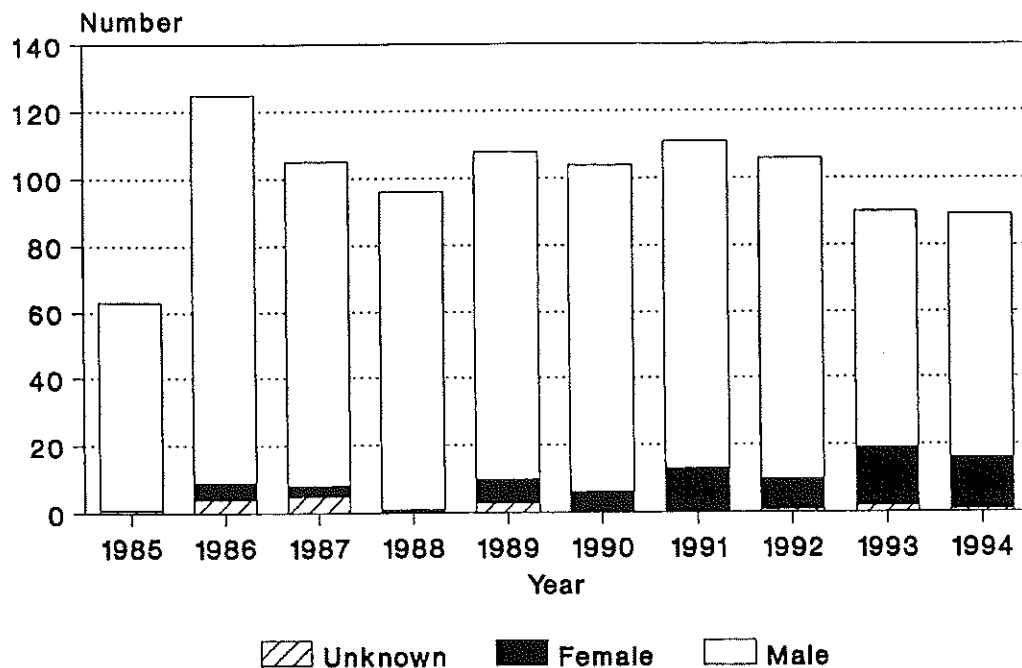


Figure 2 Annual number and sex of people found to be infected with HIV in New Zealand. The year people are found to be infected is not necessarily the same as when the infection occurred

heterosexually infected and were both from parts of the world where heterosexual transmission is common.

Number of people found to be infected annually

Testing for HIV infection through the presence of antibodies to the virus has been available since 1985. In Figure 2 are shown the annual number and sex of people found to be infected in New Zealand since that time.

Care must be taken in interpreting the HIV antibody data. Not all people at risk will have been tested. It is also important to appreciate that the number of people found to be infected during a 12 month period should not be interpreted as the number who were actually infected during that time. Testing may not be requested until many years after infection has occurred.

The greatest number of people were found to be infected in 1986. Since that time there has been no great change in the number of people who have been

found to be infected each year. The proportion of females has increased. Men who have had sex with men continue to be largest single group who are being found to be infected.

ETHNIC DISTRIBUTION OF PEOPLE WITH AIDS

Table 2 shows the ethnic groups of people with AIDS. None of the main ethnic groups in New Zealand have been disproportionately affected. Ethnicity is not reported for people found to be HIV antibody positive.

Table 2 Ethnic groups of people notified with AIDS to 31 March 1995

	No.	%
European/Pakeha	401	82.5
Maori	52	10.7
Pacific Islander	12	2.5
Other	14	2.9
Unknown	7	1.4
Total	486	100.0

Results from a study of sexual behaviour in New Zealand

Results of a nationwide survey of sexual behaviour have been published in the Australian Journal of Public Health (1995; 19:13-18). This anonymous telephone survey was designed to provide information on patterns of sexual behaviour, particularly in relation to the risk of a heterosexual epidemic of AIDS. The response rate was 63%.

There was clear evidence of a change in sexual behaviour over the last 30 years. Generations now in middle age reported fewer sexual partners in their lifetime than younger generations. The reported number of sexual partners increased with age up to 25 to 29 years for women and 30 to 34 years for men, and declined at older ages. Fifteen or more partners in their lifetime was reported by 17% of men and 4% of women. Multiple partnerships in the previous 12 months were commonest among those aged 20 to 24. In this age group 32% of men and 20% of women reported two or more partners in the last year. Condom use was highest in the age group 18 to 24 years, and use sharply decreased with age.

The proportion of men reporting sexual contact with other men was low - 2% overall, and 4% in the age group 25 to 34. This prevalence is likely to be an underestimate because of participation bias and a reluctance to acknowledge socially stigmatised behaviours. But it is fairly similar to

survey findings in European countries, where 3-4% of men reported same sex contact. Overall 2% of women reported sex with other women. Very few men or women reported having had only same sex partners.

These findings highlight the importance of era in influencing sexual decisions. The sexual mores of a society change over time and appear to have a major influence on sexual behaviour. In New Zealand, as in many other industrialised countries, there has been an increasing liberalisation of sexual behaviour since the 1960s. There have been increases in the proportion of both men and women reporting large number of partners, as well as decreases in the proportion reporting only one or two sexual partners. The advent of HIV and recognition of the importance of sexually transmitted diseases does not appear to have influenced sexual behaviour among heterosexuals, except for increases in condom use. The authors of the paper suggest that the results should help focus attention on the societal factors rather than just individual factors that determine sexual behaviour.

The principal investigators of the study who contributed to this report were Dr Charlotte Paul (AIDS Epidemiology Group), Professor Jane Chetwynd (Department of Public Health and General Practice, Christchurch School of Medicine), and Dr Peter Davis (Department of Community Health, Auckland School of Medicine). The study was funded by the Health Research Council of New Zealand.

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