

AIDS – New Zealand

WORLD AIDS DAY



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Prevalence of HIV in men who have sex with men in New Zealand

In this issue of *AIDS – New Zealand* we report the main findings of a study led by Dr Peter Saxton of the AIDS Epidemiology Group on the prevalence of HIV among a community sample of gay and bisexual men in Auckland in early 2011. A paper reporting the study results was published in *BMC Public Health* and is available on our website: www.otago.ac.nz/aidsepigroup. The main findings are in the box below and more details are overleaf.

Key findings and implications:

- ◆ In this sample of 1049 gay and bisexual men in Auckland, approximately 1 in 15 (6.5%) were HIV positive, and this was higher in some groups of men than others (eg. by age groups, place of residence).
 - ◇ HIV may be less common among gay and bisexual men who did not attend the sites where this sample was recruited.
- ◆ Encouragingly this level of infection is quite low by international standards, and it is important to acknowledge the success of HIV control in New Zealand.
- ◆ Around 1 in 5 gay and bisexual men with HIV in this sample were undiagnosed; 1.3% of the total sample.
- ◆ Even if a person has tested HIV negative in the past and believes that they are negative, they might have acquired HIV since that test and be placing others at risk without knowing it. In fact the majority of men with undiagnosed HIV infection in this sample had previously tested for HIV and thought themselves to be uninfected.
- ◆ Condom use remains the best way to take control of risk and to prevent HIV transmission.
- ◆ It is easy to get an HIV test in New Zealand at a GP clinic, sexual health clinic, or one of the New Zealand AIDS Foundation or Body Positive Centres.
- ◆ Early diagnosis followed by appropriate treatment provides the best outcome for the individual and can help limit further spread of HIV.

How was the study done?

Recruitment for the study took place at a gay community fair (the Big Gay Out), gay bars and sex-on-site venues in Auckland in February 2011.

Overall, 1049 men agreed to take part and provided an oral fluid specimen which was tested for HIV antibodies. The men also completed a questionnaire on demographic characteristics and sexual behaviour.

Both the questionnaire and oral fluid sample were anonymous with the two linked by a non-identifying code.

What were the main findings?

Prevalence of HIV

Overall, 68 of the 1049 men tested were found to be infected with HIV giving a prevalence of 6.5%.

The prevalence was lower in men aged 16-29 years (3.3%) compared to those aged 30-44 (7.5%) and 45 year or older (8.9%).

The prevalence was also higher in those who were normally resident overseas (13.7%). There were no statistically significant differences in prevalence for ethnicity, recruitment site, education or sexual identity.

Undiagnosed HIV infection

Of the 67 men with HIV infection who offered information on previous testing, 53 (79%) had been previously diagnosed with HIV. Hence, 14 of the infected men (21%) were unaware of their infection. These were men of all ages and ethnicities, but non-European men with HIV were less likely to have been diagnosed.

Eleven men (79%) had previously tested for HIV and of these, eight had tested in the last year. Most (86%) believed that they were 'definitely' or 'probably' HIV negative at the time of the survey.

Attitudes

The majority of men agreed that "Condoms are OK as part of sex" although this was significantly lower in men who were diagnosed with HIV (91%) compared to uninfected men (97%). Diagnosed men were less likely to agree that there is a "condom culture" among the men they have sex with (55% vs. 76%) and more agreed that they "Sometimes felt under pressure to not use a condom" (45% vs. 29%).

More of the diagnosed men agreed that "HIV is a less serious threat than it used to be" (53% vs. 31%) and fewer agreed that "A man who knew he had HIV would disclose his HIV status before sex" (19% vs. 38%).

How do the study results compare with other countries?

A summary of findings from prevalence studies among MSM in community settings in a number of countries is presented in Table 1. This shows that HIV remains relatively well controlled in Auckland despite having an epidemic that has existed there since the early 1980s.

The proportion of HIV infected MSM who were undiagnosed in Auckland was also lower than most other countries. This lower rate may be an indication that testing in Auckland is targeted at MSM at highest risk, or that the incidence of HIV is lower in Auckland.

Table 1: HIV antibody prevalence and undiagnosed infection in community samples of MSM in selected countries

Location		Year conducted	Sample size	HIV prevalence %	Undiagnosed %
England:	Manchester	2003-4	348	8.6	36.7
	London	2003-4	1436	12.3	44.1
	Brighton	2003-4	373	13.7	33.3
Scotland:	Glasgow	2005	749	3.6	48.1
	Edinburgh	2005	601	5.5	36.4
Southern Africa:	(3 countries)	2008	537	17.4	76.3
United States:	(21 cities)	2008	8153	6.4-37.8	15.4-73.4
Australia:	Brisbane	2008	465	8.8	19.5
	Melbourne	2008	639	9.5	31.1
France:	Paris	2009	886	17.7	20.0
New Zealand:	Auckland	2011	1049	6.5	20.9

What are the implications of the study results?

HIV is relatively well controlled among New Zealand MSM although prevalence of infection is higher among some groups. Current prevention approaches should continue to be supported and strengthened.

Not everyone with HIV knows they are infected. For this reason, relying on disclosure of HIV status may be risky.

Condoms remain the best way to protect against HIV and should continue to be promoted.

Promotion of HIV testing should continue amongst all MSM and should be widely available.

Safe sexual behaviour after diagnosis of HIV also needs to be promoted.

Helen Brady Senior Scientist at ESR

Helen has recently resigned after many years of undertaking western blot testing of HIV.

The AIDS Epidemiology Group wishes to recognise Helen for the pivotal role she has had in helping us do our work and thank her for the professional and friendly way she has undertaken this over the years.

HIV INFECTION AND AIDS DIAGNOSED IN NEW ZEALAND JANUARY - JUNE 2012

HIV INFECTION

- Fifty-six people (51 males and 5 females) were diagnosed with HIV through antibody testing in New Zealand in the first half of 2012.
 - While this is similar to that reported in the first six months of 2011 (n=58), full analysis will only be possible when numbers for the complete 2012 year are obtained.
- Thirty-one were men infected through sex with other men, 14 (10 men and 4 women) through heterosexual contact. For the remaining 11 people the means of infection was unknown or information is still awaited.
- Of the 31 men infected through sex with other men, 22 (71%) were infected in New Zealand, and 9 (29%) overseas.
- Of the 14 people reported to have been infected through heterosexual contact, 8 (57%) people were infected in New Zealand, 5 (36%) overseas, and for one (7%) the place of infection was unknown.
- A further 25 people (17 males and 8 females) had a first viral load test in this period. These were mostly people who had been previously diagnosed overseas and had not had an antibody test in New Zealand.

AIDS

- Nine people (6 males and 3 females) were notified with AIDS in the first half of 2012.
- Four were men infected through sex with other men, 2 women were infected through heterosexual contact, and for 3 people (2 males and 1 female) the mode of infection was unknown.
- Of the nine people diagnosed with AIDS, there were six Europeans, 1 Maori, 1 Asian, and 1 African.

Table 2. Exposure category by time of diagnosis for those found to be infected with HIV by antibody test and first viral load test.

		HIV Infection*							
		1985-2003		2004-2011		2012 (to end of June)		Total	
Sex	Exposure category	N	%	N	%	N	%	N	%
Male	Homosexual contact	1163	56.1	775	50.5	44	54.3	1982	53.7
	Homosexual & IDU	26	1.3	17	1.1	0	0.0	43	1.2
	Heterosexual contact	212	10.2	269	17.5	11	13.6	492	13.3
	Injecting drug use	53	2.6	15	1.0	1	1.2	69	1.9
	Blood product recipient	34	1.6	0	0.0	0	0.0	34	0.9
	Transfusion recipient [§]	9	0.4	4	0.3	0	0.0	13	0.4
	Perinatal	13	0.6	24	1.6	0	0.0	37	1.0
	Other	4	0.2	5	0.3	0	0.0	9	0.2
	Unknown	237	11.4	116	7.6	12	14.8	365	9.9
Female	Heterosexual contact	234	11.3	257	16.7	11	13.6	502	13.6
	Injecting drug use	11	0.5	0	0.0	0	0.0	11	0.3
	Transfusion recipient [§]	8	0.4	2	0.1	0	0.0	10	0.3
	Perinatal	11	0.5	9	0.6	0	0.0	20	0.5
	Other	7	0.3	7	0.5	1	1.2	15	0.4
	Unknown	24	1.2	33	2.1	1	1.2	58	1.6
Transgender	Total	8	0.4	3	0.2	0	0.0	11	0.3
NS	Transfusion recipient	5	0.2	0	0.0	0	0.0	5	0.1
	Unknown	13	0.6	0	0.0	0	0.0	13	0.4
TOTAL		2072	100.0	1536	100.0	81	100.0	3689	100.0

* Includes people who have developed AIDS. HIV numbers are recorded by time of diagnosis for those reported through antibody testing and by time of first viral load for those reported through viral load testing. The latter include many who have initially been diagnosed overseas and not had an antibody test here. The date of initial diagnosis may have preceded the viral load date by months or years.

NS = Not stated § All people in this category, diagnosed since 1996, infection was acquired overseas

Table 3. Ethnicity[†] by time of diagnosis in New Zealand for those found to be infected with HIV by antibody test and first viral load test.

		HIV Infection*							
		1996-2003		2004-2011		2012 (to end of June)		Total	
Sex	Ethnicity	N	%	N	%	N	%	N	%
Male	European/Pakeha	513	50.0	667	43.4	35	43.2	1215	46.0
	Maori [†]	60	5.8	110	7.2	3	3.7	173	6.5
	Pacific Island	19	1.9	36	2.3	4	4.9	59	2.2
	African	96	9.4	151	9.8	1	1.2	248	9.4
	Asian	91	8.9	124	8.1	16	19.7	231	8.7
	Other	19	1.9	78	5.1	3	3.7	100	3.8
	Unknown	20	1.9	59	3.8	6	7.4	85	3.2
	Female	European/Pakeha	53	5.2	44	2.9	2	2.5	99
Maori [†]		7	0.7	13	0.8	2	2.5	22	0.8
Pacific Island		13	1.3	13	0.8	1	1.2	27	1.0
African		88	8.6	164	10.7	6	7.4	258	9.8
Asian		44	4.3	45	2.9	1	1.2	90	3.4
Other		1	0.1	16	1.0	0	0.0	17	0.6
Unknown		1	0.1	13	0.8	1	1.2	15	0.6
Transgender		Total	1	0.1	3	0.2	0	0.0	4
TOTAL		1026	100.0	1536	100.0	81	100.0	2643	100.0

* Information on ethnicity of people diagnosed with HIV only collected since 1996

* Includes people who have developed AIDS. HIV numbers are recorded by time of diagnosis for those reported through antibody testing and by time of first viral load for those reported through viral load testing. The latter include many who have initially been diagnosed overseas and not had an antibody test here. The date of initial diagnosis may have preceded the viral load date by months or years.

† Includes people who belong to Maori and another ethnic group.

For further information about the occurrence of HIV/AIDS in New Zealand, contact:

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