Issue 32 - February 1997
ISSN 1170-2656

AIDS - New Zealand

INTRODUCTION

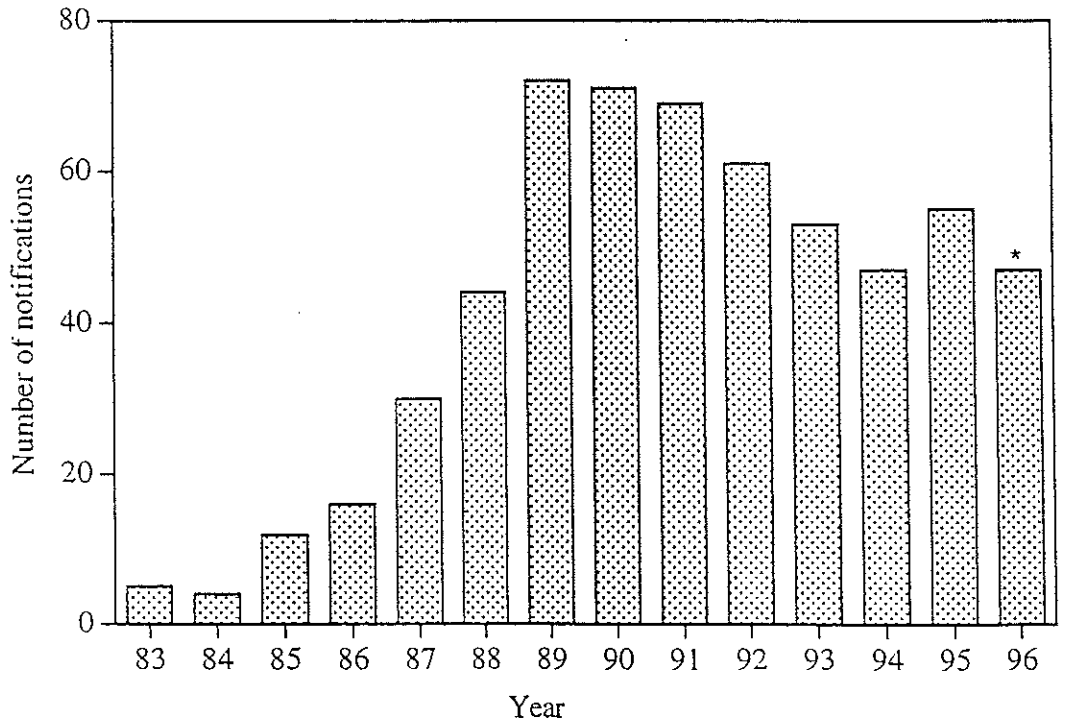
This, the thirty second issue of AIDS - New Zealand, provides information about the occurrence of acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV) infection in New Zealand to 31 December 1996.

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

Twenty three people were notified as having AIDS in the final quarter of 1996. Of these 23, 22 were male and 1 female. Eight of the notifications were delayed, and related to people who were diagnosed with AIDS between 1990 and 1995.

Figure 1 shows the number of people known to have been diagnosed in each year. This is a change from previous issues of AIDS - New Zealand which showed the number of people notified each year and in total. The change was made because of uneven patterns



* Number diagnosed in 1996 and possibly earlier will rise due to delayed notifications

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

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 number of people we report as diagnosed with AIDS in 1996, and possible earlier years, will increase as a result of delayed notification. In addition, for 12 people notified the year of diagnosis is not known, 7 of these were notified before 1990.

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.

Two factors influence the pattern of AIDS incidence. First is the rate at which people become infected with HIV, and second the time between acquiring HIV infection and the development of AIDS. The latter can vary markedly between individuals.

The pattern of the AIDS epidemic to date in New Zealand suggests that new infections with HIV occurred most extensively in the early and middle 1980s, and subsequently have occurred at a lower rate.

Because of the often prolonged period between HIV infection and AIDS, it is not possible to deduce the present rate of new HIV infections from the number of people currently developing AIDS.

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 31.12.96		Total to 31.12.96		12 months to 31.12.96		Total to 31.12.96	
	No.	%	No.	%	No.	%	No.	%
Homosexual or bisexual +	57	75.0	489	81.8	49	53.3	661	56.6
Homosexual & IDU +	0	0	10	1.7	1	1.1	12	1.0
Injecting drug user (IDU)								
Male	1	1.3	9	1.5	3	3.3	28	2.4
Female	1	1.3	5	0.8	1	1.1	8	0.7
Blood product recipient+	3	3.9	13	2.2	0	0	28	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	6	7.9	23	3.8	14	15.2	44	3.8
Female	4	5.3	20	3.3	16	17.4	73	6.3
Perinatal								
Male	0	0	0	0	0	0	4	0.3
Female	0	0	1	0.2	0	0	2	0.2
Not stated or unknown								
Male	3	3.9	25	4.2	6	6.5	262	22.4
Female	1	1.3	1	0.2	1	1.1	17	1.5
Unknown	0	0	0	0	0	0	14	1.2
Other								
Male	0	0	0	0	1	1.1	1	0.1
Female	0	0	0	0	0	0	2	0.2
TOTAL	76	100.0	598	100.0	92	100.0	1168	100.0

+ All male *Includes people who have developed AIDS

Risk behaviour categories of people with AIDS

Of the 22 males notified with AIDS in the final quarter of 1996, 17 were reported to have been infected through sex with other men, 3 to have been heterosexually infected, one man was an injecting drug user, and the means of infection of the remaining man was unknown. The one female notified was reported to have been heterosexually infected.

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 December 1996, and in total to that date.

PEOPLE FOUND TO BE INFECTED WITH HIV IN NEW ZEALAND

In the final quarter of 1996, 14 people were newly found to be infected with HIV. Of those 14, 13 were male, and 1 female.

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 13 males found to be infected with HIV, 9 were reported to have been infected through sex with other men and 2 to have been heterosexually infected (one was from a part of the world where heterosexual transmission is common, and the other a New Zealander infected in South East Asia). For 2 men the means of transmission was not known or information is awaited.

The one female found to be infected had lived in a part of the world where heterosexual transmission is common.

REGIONAL DISTRIBUTION OF AIDS NOTIFICATIONS

Table 2 shows the numbers and cumulative rates of AIDS notifications according to the regional health authority (RHA) of notification. The cumulative rates for Auckland and Wellington regions are also shown.

The highest rate of notification has been from the Northern region. However the similarity which is seen between the rates of AIDS notified from Auckland and Wellington, cannot be appreciated from the regional health authority figures.

Table 2 Cumulative numbers and rates of notification by region (per 100,000 total population) to 31 December 1996

	No.	Rate
Northern RHA	328	32.3
Auckland	*318*	*34.0*
Midland RHA	61	8.5
Central RHA	154	17.3
Wellington	*121*	*29.9*
Southern RHA	55	7.5
TOTAL	598	17.5

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 December 1996

	No.	%
European/Pakeha	491	82.1
Maori*	64	10.7
Pacific Islander	15	2.5
Other	21	3.5
Unknown	7	1.2
TOTAL	598	100.0

*Includes people classified as Maori and another ethnic group

AIDS AND HIV INFECTION IN THE WESTERN PACIFIC REGION

The Western Pacific Regional Office of the World Health Organization (WHO) receives reports of the number of people with AIDS and HIV infection in their region, which includes some countries in South East Asia (Thailand is excluded) as well as the Pacific, Australia and New Zealand. The different patterns of the epidemic in this part of the world have been described in their most recent report [STD/HIV/AIDS Surveillance Report, WHO Western Pacific Region, Number 8, November 1996].

In two countries in the region there is clear evidence of increasing heterosexual epidemics. In Cambodia, the first person was found to be infected with HIV as recently as 1991. In 1995, HIV prevalence among pregnant women was approaching 3%, and by 1996 had increased to over 4%. Recent studies estimate the prevalence among female sex workers in certain parts of Cambodia to be around 40- 50%. There are now believed to be approximately 60,000 infected people in that country, giving one of the highest rates of infection in this part of the world. The other country in which WHO reports an increasing heterosexual epidemic is Papua New Guinea. There, while the extent of HIV infection is far less than Cambodia, there is clear evidence of a steady increase in HIV infection among pregnant women.

In some other countries in the region, in particular China, Malaysia and Viet Nam, the pattern of HIV transmission has so far been dominated by very high levels of infection detected among injecting drug users. High levels of transmission among this group probably began in the late 1980s in Malaysia, in the early 1990s in China, and even more recently in Viet Nam. Marked variation can occur within a country. For example, in Viet Nam, HIV infection is much more common among injecting drug users in the south of the country compared to the north. Injecting drug use appears to be largely a male practice in these countries, and early surveys found few infections among women, but this appears to be changing. Recently, there have been reported increases in HIV prevalence among pregnant women and among female sex workers in both Malaysia and Viet Nam, presumably due to heterosexual transmission. The situation in China is less clear as there is less information to assess recent trends.

Although people with HIV infection have been detected in most other countries in the region, including Pacific Island countries, in most countries there is so far no indication of rapid increases in infections due to sexual contact or injecting drug use. However the risk behaviours for HIV transmission (unprotected sexual intercourse with multiple partners and sharing of equipment used for injecting drugs) are present in many of these countries. Thus the current relatively low prevalence levels do not mean that significant epidemics could not occur in the future.

Knowing the pattern of the epidemic in other countries is important for individual New Zealanders so that they are aware of, and can minimise, their risks when travelling overseas.

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