

'CHILDREN LIVING IN A WORLD WITH AIDS'

The special theme of this year's World AIDS Day observed on 1 December 1997 is 'Children Living in a World with AIDS'.

The World Health Organization estimates that worldwide by the end of 1997 there will be over a million HIV-infected children living. Most of these children will be in developing countries. It is estimated that about 400,000 children under the age of 15 years are newly infected each year.

Since the start of the epidemic, nearly 3 million children under 15 years have developed AIDS. Most of these children have since died.

As well as being infected themselves, children can be affected by the epidemic in other ways. Over 9 million children have lost their mothers to AIDS. In addition to the trauma of being orphaned, children from families where both parents have died can be anticipated to suffer long term effects through needing to leave school early to take the place of adults in the work force.

Mother to child transmission of HIV is the major way that children have been infected, although this has also occurred through contaminated blood transfusions and through sexual contact.

Children being involved in the sex industry is a particular concern. In 1996 the World Congress Against Commercial Sexual Exploitation of Children indicated that worldwide more than a million children enter the sex trade each year. These children are not only at risk of HIV infection and AIDS, but other sexually transmitted disease, and a

life of exploitation.

In New Zealand in the early years of the epidemic most of the children with HIV had been infected through the receipt of contaminated blood products used to treat haemophilia. However more recently, as in the rest of the world, perinatal transmission (transmission from an infected mother to her infant at or around the time of birth) has become the commonest means of infection.

The risk of such transmission can be significantly reduced with zidovudine treatment. However, for this to be most effective the mother's infection must be recognised early in pregnancy. Sadly, this is not always the case. A recently published report from Canada estimated that only 8% of general practitioners always discussed HIV as part of pregnancy care, and 5% always offered HIV testing early in pregnancy (Ogilvie G, Adsett S, Macdonald G. Do physicians discuss HIV testing during antenatal care? Canadian Family Physician 1997;43:1376-81).

As well as being able to reduce the risk of perinatal transmission, there are also potential advantages to women themselves of knowing their HIV status. In particular, infected women have the opportunity to access appropriate treatment.

To raise awareness of issues surrounding HIV in pregnancy, the Ministry of Health has prepared resources for women and health professionals, including discussion of counselling and testing for HIV. The leaflet *Pregnant? Worried about HIV and AIDS?* and a poster, are available from the local public health service. The guideline for health professionals, *HIV in pregnancy*, is available from the Ministry of Health.

AIDS - New Zealand

This issue of *AIDS New Zealand* coincides with World AIDS Day. This year's theme is "Children Living in a World with AIDS"

INTRODUCTION

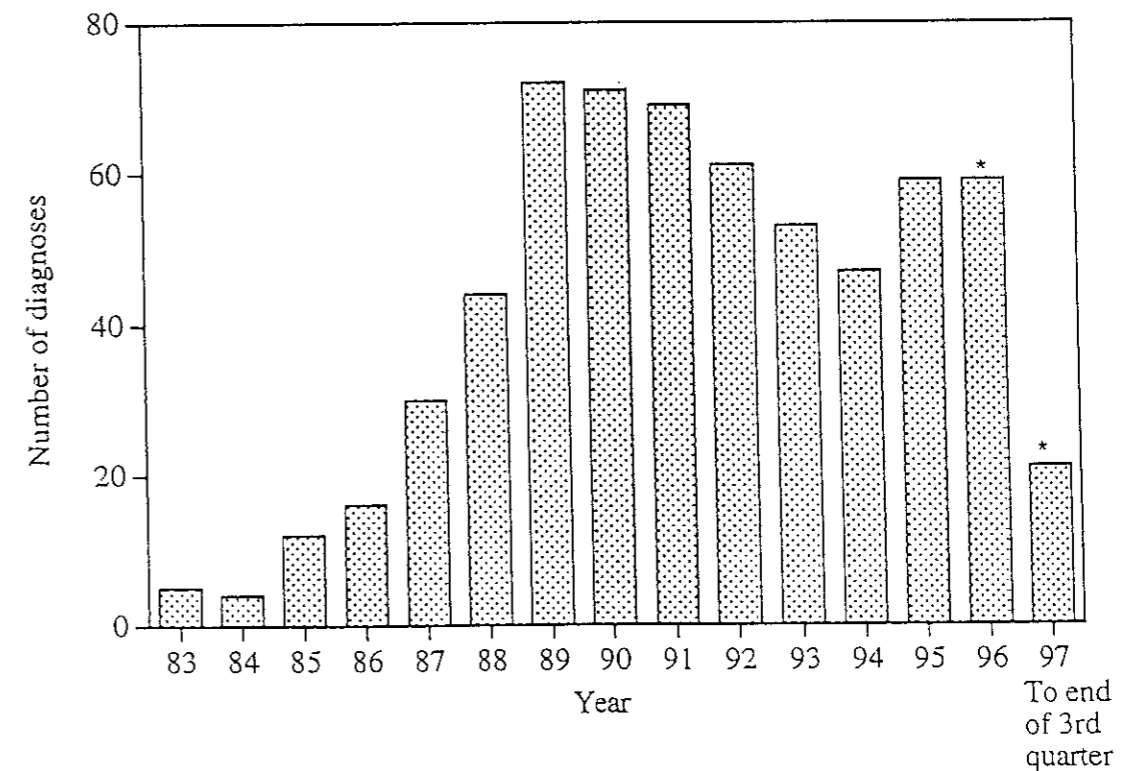
This, the thirty-fifth issue of *AIDS - New Zealand*, provides information about the occurrence of acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV) infection in New Zealand to 30 September 1997.

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 third quarter of 1997. Of these 13 were male and one female.

The total number of people notified since monitoring began (to 30 September 1997) was 635, of whom 606 were male and 29 female. The cumulative incidence rate to that time was 18.5 per 100,000 total population.



* Number diagnosed in 1997, 1996 and possibly earlier will rise due to delayed notifications

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

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Figure 1 shows the number of people known to have been diagnosed in each year. 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 3 quarters of 1997, 1996, and possibly 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 overall pattern has been a decline in the annual number of diagnoses.

Risk behaviour categories of people with AIDS

Of the 13 males notified with AIDS in the last quarter, 8 were reported to have had sex with men, 3 were considered to have been heterosexually infected (2 were from parts

of the world where heterosexual transmission is common), one was an injecting drug user who was infected overseas, and the remaining male was a child who had been perinatally infected. The one female notified was heterosexually infected and was from a part of the world where heterosexual transmission is common.

PEOPLE FOUND TO BE INFECTED WITH HIV IN NEW ZEALAND

In the third quarter of 1997, 17 people were newly found to be infected with HIV. Of those, 14 were male, and 3 were female.

The total number of people found to be infected with HIV in New Zealand since testing became available in 1985 is 1214 (1075 male, 119 female, 20 sex not stated).

Of the 14 males found to be infected in the last quarter, 9 were reported to have been infected through sex with other men, 3 to have been heterosexually infected (one was from a part of the world where heterosexual transmission is common), and one was a child who had been perinatally infected. The means of infection of the remaining man was not known.

Of the 3 females found to be infected 2 were considered to have been infected heterosexually, and information is awaited on the remaining woman.

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.

CHILDREN FOUND TO BE INFECTED WITH HIV IN NEW ZEALAND

In New Zealand to the end of September 1997, 18 children under the age of 15 have been diagnosed with HIV. Six have so far had been notified with AIDS.

Of the 18 children found to have been infected with HIV, 7 were reported to have suffered from haemophilia and had been infected by contaminated blood products, and 7 to have been perinatally infected - that is infected at or around the time of birth. No means of infection was given for the remaining 4 children. It is possible that there are other HIV infected children in New Zealand whose infection has not been recognised.

All of the children with haemophilia were diagnosed in 1987 or earlier, whereas all but one of the perinatally infected children were born since 1991.

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 September 1997

	No.	%
European/Pakeha	517	81.4
Maori*	69	10.9
Pacific Islander	16	2.5
Other	26	4.1
Unknown	7	1.1
TOTAL	635	100.0

*Includes people classified as Maori and another ethnic group

REGIONAL DISTRIBUTION OF AIDS NOTIFICATIONS

Table 3 shows the numbers and cumulative rates of AIDS notifications according to the health region of notification. The cumulative rates for Auckland and Wellington are also shown.

The highest rate of notification has been from the Northern region.

Table 3 Cumulative numbers and rates of notification of AIDS by region (per 100,000 total population) to 30 September 1997

	No.	Rate
Northern region	352	34.7
Auckland	348	37.2
Midland region	63	8.8
Central region	158	17.7
Wellington	125	30.8
Southern region	62	8.5
TOTAL	635	18.5

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

	AIDS		Total to 30.9.97		HIV antibody positive*			
	12 months to 30.9.97		No.	%	12 months to 30.9.97		Total to 30.9.97	
	No.	%	No.	%	No.	%	No.	%
Homosexual or bisexual +	44	73.3	516	81.3	27	45.0	679	55.9
Homosexual & IDU +	0	0	10	1.6	0	0	12	1.0
Injecting drug user (IDU)								
Male	2	3.3	10	1.6	2	3.3	30	2.5
Female	0	0	5	0.8	0	0	8	0.7
Unknown					1	1.7	1	0.1
Blood product recipient+	1	1.7	14	2.2	1	1.7	29	2.4
Transfusion related								
Male	0	0	1	0.2	1§	1.7	3	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	8	13.3	28	4.4	6	10.0	50	4.1
Female	2	3.3	21	3.2	12	20.0	82	6.8
Perinatal								
Male	1	1.7	1	0.2	1	1.7	5	0.4
Female	0	0	1	0.2	0	0	2	0.2
Not stated or unknown								
Male	2	3.3	26	4.1	8	13.3	266	21.9
Female	0	0	1	0.2	1	1.7	18	1.5
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	4	0.3
TOTAL	60	100.0	635	100.0	60	100.0	1214	100.0

+ All male * Includes people who have developed AIDS § Occurred overseas