

AIDS - New Zealand

INTRODUCTION

This, the thirty third 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 1997.

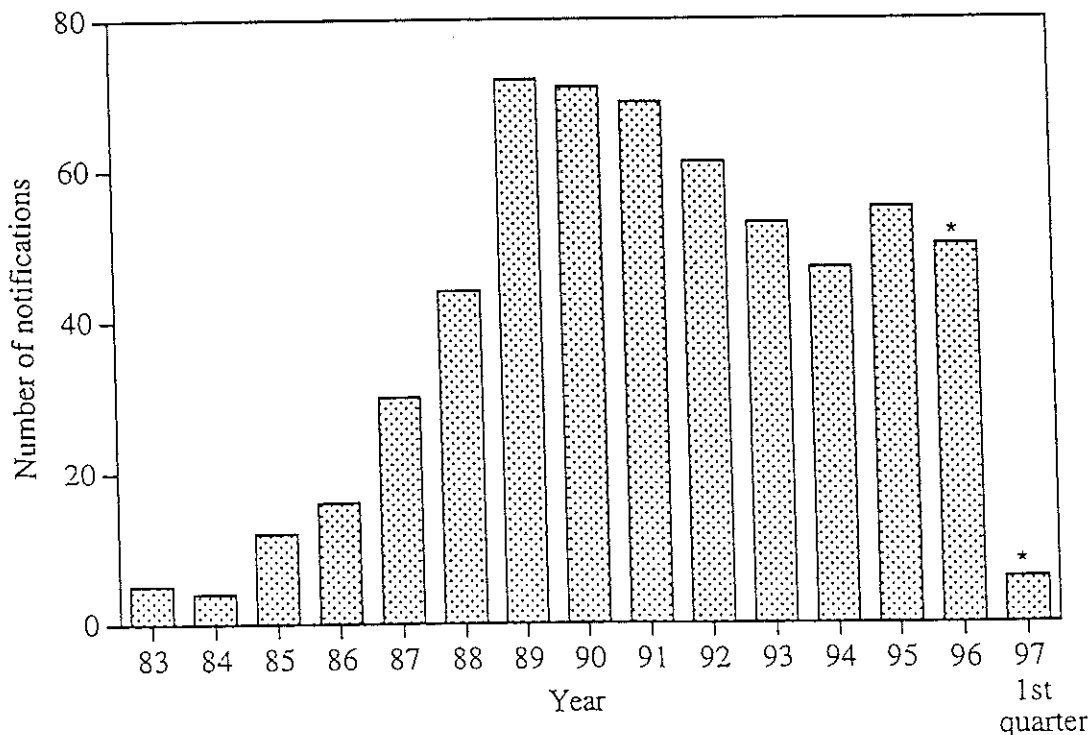
These reports are produced quarterly by the AIDS Epidemiology Group, which is funded by the Ministry of Health. We aim to give timely and relevant details about the problem of HIV/AIDS in New Zealand and elsewhere.

AIDS IN NEW ZEALAND

Nine people were notified as having AIDS in the first quarter of 1997. All were male.

The total number of people notified since monitoring began (to 31 March 1997) was 607, of whom 579 were male and 28 female. The cumulative incidence rate to that time was 17.7 per 100,000 total population.

Figure 1 shows the number of people known to have been diagnosed in each year. This is a change from earlier issues of AIDS - New Zealand which showed the number of people



* 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

notified each year and in total. The change was made because of uneven patterns 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 possibly earlier years, will increase as a result of delayed notifications. The largest annual number of people diagnosed with AIDS in New Zealand was 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.

Risk behaviour categories of people with AIDS

Of the 9 males notified with AIDS in the first

quarter of 1997, 7 were reported to have been infected through sex with other men, one man suffered from haemophilia and was infected through contaminated blood products, and the means of infection of the remaining man is currently not known to us. 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 1997, and in total to that date.

PEOPLE FOUND TO BE INFECTED WITH HIV IN NEW ZEALAND

In the first quarter of 1997, 12 people were newly found to be infected with HIV. Of those 12, 8 were male, 3 were female, and sex of the remaining person is not currently known to us.

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 31.3.97		Total to 31.3.97		12 months to 31.3.97		Total to 31.3.97	
	No.	%	No.	%	No.	%	No.	%
Homosexual or bisexual +	50	75.8	496	81.7	39	50.6	666	56.4
Homosexual & IDU +	0	0	10	1.6	1	1.3	12	1.0
Injecting drug user (IDU)								
Male	1	1.5	9	1.5	2	2.6	28	2.4
Female	1	1.5	5	0.8	1	1.3	8	0.7
Unknown					1	1.3	1	0.1
Blood product recipient+	2	3.0	14	2.3	1	1.3	29	2.5
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	5	7.6	23	3.8	11	14.3	44	3.7
Female	4	6.1	20	3.3	10	13.0	74	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	4.5	26	4.3	7	9.1	264	22.4
Female	0	0	1	0.2	2	2.6	19	1.6
Unknown	0	0	0	0	0	0	14	1.2
Other								
Male	0	0	0	0	1	1.3	1	0.1
Female	0	0	0	0	1	1.3	2	0.2
TOTAL	66	100.0	607	100.0	77	100.0	1180	100.0
+ All male								

*Includes people who have developed AIDS

Risk behaviour categories of people found to be infected with HIV

Of the 8 males found to be infected with HIV, 4 were reported to have been infected through sex with other men. One man suffered from haemophilia, and although he was only recently diagnosed with HIV infection he last received blood products over ten years ago. Information is awaited on the remaining 3 men. The 3 females found to be infected were all considered to have been heterosexually infected. Two were from parts of the world where heterosexual transmission is common. The sex of one person is not known to us, this person was reported to be an injecting drug user.

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 31 March 1997

	No.	%
European/Pakeha	496	81.7
Maori*	66	10.9
Pacific Islander	16	2.6
Other	22	3.6
Unknown	7	1.2
TOTAL	607	100.0

*Includes people classified as Maori and another ethnic group

ESTIMATION OF THE NUMBER OF PEOPLE CURRENTLY LIVING WITH HIV INFECTION IN NEW ZEALAND

HIV testing first became available in 1985. The annual number and sex of people found to be infected with HIV in New Zealand is shown in Table 3. It is important to appreciate that this table does not show the number of new HIV infections occurring each year but the annual number diagnosed. Not all people at risk will have been tested,

and testing may not be requested until many years after infection has occurred. The largest annual number of people found to be infected with HIV was 125 in 1986. In the ten years since then the annual numbers have not fluctuated greatly, and over the last four years an average of just under 90 people have been diagnosed annually.

Table 3 Annual number of people found to be infected with HIV

Year of diagnosis	Male	Female	Not stated	Total
1985	62	0	1	63
1986	116	5	4	125
1987	97	3	5	105
1988	95	1	0	96
1989	99	6	3	108
1990	98	6	0	104
1991	98	13	0	111
1992	96	9	1	106
1993	69	17	2	88
1994	72	15	1	88
1995	66	14	2	82
1996	74	18	0	92
1997 (1st quarter)	8	3	1	12
TOTAL	1050	110	20	1180

The year of diagnosis is known for 586 people diagnosed with AIDS since 1985. Of these, 91 are believed to be alive in New Zealand. The year of death has been reported for most people who have died. From knowledge of the number of people found to be infected with HIV, and the outcome of people notified with AIDS, it is possible to estimate the prevalence (that is the number of people living with HIV infection now) as approximately 673. Of these 92 are females.

These figures are only approximations of the actual situation as some HIV-infected people are likely have gone overseas, some to have entered New Zealand, and others may have died without developing AIDS. In spite of these limitations, and that not all infected

people will have been diagnosed, this does provide an indication of the number of people likely to require health and support services. The actual service needs will depend on the distribution of people at different stages of infection, which cannot be deduced from these data as people are diagnosed at a variety of stages.

The estimated prevalence of people known to be infected with HIV at the end of each year, has risen in the last ten years (Figure 2), even though the annual incidence of AIDS has dropped since 1989. This means that the annual number of people diagnosed with HIV infection has exceeded the number dying from AIDS.

Using information on where people were tested for HIV, and on where AIDS notifications have been made, an estimate of the prevalence of HIV infection in various parts of the country can be made (Table 4). A further source of uncertainty in estimating the geographic distribution of people with HIV infection currently, is that people may

have sought HIV testing outside their area of residence, or may have moved following the diagnosis of HIV or AIDS. The prevalence of people living with HIV infection appears highest in the northern areas of New Zealand.

Table 4 Estimated prevalence of people known to be living with HIV by health region

Health region	Est. number living with HIV	Est. prevalence rate (per 100,000)
Northern & Midland*	425	224
Central	158	173
Southern	84	103
Unknown	6	
New Zealand	673	183

* The Northern and Midland health regions have been combined in view of the relative proximity of the main centres in the 2 regions, and the past configuration of sub speciality services

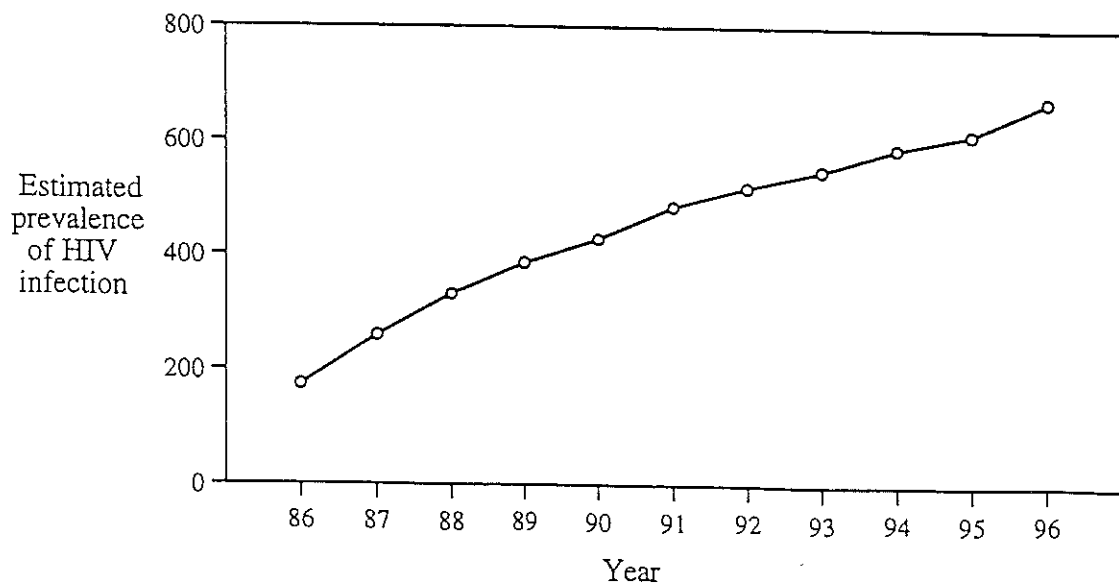


Figure 2 Estimated prevalence of people known to be living with HIV in New Zealand at end of each year

For further information about the occurrence of AIDS in New Zealand contact Dr Nigel Dickson, AIDS Epidemiology Group, Department of Preventive and Social Medicine, University of Otago Medical School, PO Box 913, Dunedin, New Zealand
Phone: (03) 479 7211, Fax: (03) 479 7298, or Email ndickson@gandalf.otago.ac.nz