

# AIDS - New Zealand

## INTRODUCTION

This, the twenty-sixth 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 June 1995.

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

During the last quarter the 500th person with AIDS in New Zealand was notified. He was a gay man from the Auckland area. This person typifies the group which has borne the heaviest burden of AIDS in New Zealand to date. On the back page of this issue, the maintenance of safer sex among gay men is discussed.

Fifteen people were notified as having AIDS in the second quarter of 1995. All were male. The total number notified since

Number of Notifications

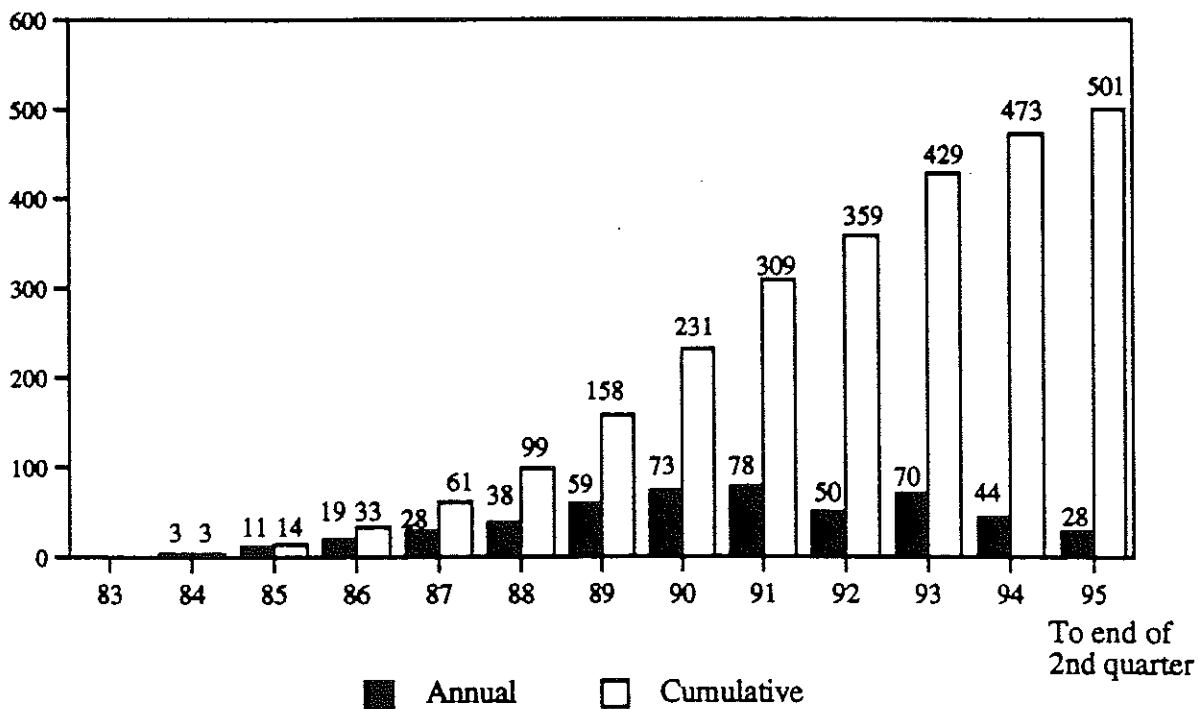


Figure 1 AIDS notifications in New Zealand

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NEW ZEALAND

monitoring began (to 30 June 1995), was 501. The cumulative incidence rate to that time was 14.6 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 always correspond to the year of diagnosis, due to delays in reporting.

### Risk behaviour categories of people with AIDS

Of the 15 people notified with AIDS in the second quarter of 1995 (all of whom were male), 11 were reported to have had sexual contact with other men (one of whom also injected drugs), 2 had haemophilia and were considered to have been infected through the

receipt of infected blood products, and one who came from a part of the world where heterosexual transmission of HIV is common, was reported to have been heterosexually infected. Information is still awaited on the remaining man.

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 June 1995, and in total to that date.

### PEOPLE FOUND TO BE INFECTED WITH HIV IN NEW ZEALAND

In the second quarter of 1995, 20 people were newly found to be infected with HIV. Of those 20, 18 were male, and 2 were

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

	AIDS 12 months to 30.6.95		Total to 30.6.95		HIV antibody positive* 12 months to 30.6.95		Total to 30.6.95	
	No.	%	No.	%	No.	%	No.	%
Homosexual or bisexual +	39	78.0	418	83.4	45	56.3	592	57.7
Homosexual & IDU +	1	2.0	10	2.0	1	1.3	11	1.1
Injecting drug user (IDU)								
Male	1	2.0	8	1.6	2	2.5	25	2.4
Female	1	2.0	4	0.8	1	1.3	7	0.7
Blood product recipient+	4	8.0	10	2.0	0	0	28	2.7
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	3	6.0	17	3.4	10	12.5	29	2.8
Female	0	0	14	2.8	7	8.8	50	4.8
Perinatal								
Male	0	0	0	0	1	1.3	2	0.2
Female	0	0	1	0.2	0	0	1	0.1
Not stated or unknown								
Male	1	2.0	17	3.4	10	12.5	248	24.0
Female	0	0	0	0	2	2.5	15	1.5
Unknown	0	0	0	0	0	0	12	1.2
Other	0	0	0	0	1	1.3	1	0.1
<b>TOTAL</b>	<b>50</b>	<b>100.0</b>	<b>501</b>	<b>100.0</b>	<b>80</b>	<b>100.0</b>	<b>1033</b>	<b>100.0</b>

+ All male

\* Includes people who have developed AIDS

female. As always 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 18 men found to be infected with HIV in the second quarter of 1995, 10 were reported to have been infected through sex with other men. Two men were reported to have been heterosexually infected; further information provided on one of these men was that he came from a part of the world where heterosexual infection is common, while no further details were provided for the other person. One man was reported to be an injecting drug user. Information on the remaining 5 men is not yet available.

Both of the 2 women found to be infected in the last quarter, were considered to have been heterosexually infected, and to have had sex in, or with, men from a part of the world where heterosexual transmission is common.

### **Ages of people found to be infected with HIV in previous 12 months**

Age at the time of diagnosis was known for all except one of the 80 people found to be infected with HIV in the 12 month period to the end of June 1995. There is a particular interest in young adults who become infected. There were 8 men between the ages of 18 and 25 years found to be infected during this time, 6 of whom were believed to have been infected through having sex with other men.

Among the 10 women found to be infected in the 12 months to the end of June 1995, half were in the age group 18 to 25 years. As in other countries the average age of

women found to be infected is lower than that of men.

### **ETHNIC DISTRIBUTION OF PEOPLE WITH AIDS**

Table 2 shows the ethnic groups of people with AIDS. Ethnicity is not reported on people reported as being HIV antibody positive.

**Table 2 Ethnic groups of people notified with AIDS to 30 June 1995**

	No.	%
European/Pakeha	414	82.6
Maori	53	10.6
Pacific Islander	12	2.4
Other	15	3.0
Unknown	7	1.4
Total	501	100.0

### **OUTCOME**

The outcome of the 501 people who have been notified as having AIDS by 30 June 1995, as known to us at the time of publication, is shown in Table 3.

**Table 3 Outcome of people with AIDS**

	No.	%
Alive	80	16.0
Known to have died	403	80.4
Lost to follow up	3	0.6
Overseas	15	3.0
Total	501	100.0

## MAINTENANCE OF SAFER SEX AMONG GAY MEN

Sexual behaviour amongst gay men has changed markedly since the beginning of the HIV/AIDS epidemic in many countries. There has been an increased use of condoms, less anal intercourse, and a reduction in the number of sexual partners, which has resulted in a slowing of the rate of new infections amongst gay men. In New Zealand the current reduction in new diagnoses of AIDS is likely to be partly due to such changes towards safer sexual behaviour resulting in a reduction in new HIV infections among gay men from the mid-1980s.

But HIV infections transmitted by sex between men are continuing to occur in New Zealand. As described in this issue of *AIDS - New Zealand*, 46 men who have had sex with men have been found to be infected in the last 12 months, 6 of whom were aged 25 years or less, suggesting that they would have started sexual activity since the promotion of safer sex.

Young men are more likely to engage in unsafe sexual behaviour than older men, although studies in Europe suggest that young gay men in the 1990s have much safer sexual behaviour than men of the same age in the 1980s (van Griensven et al. Risk behaviour and HIV infection among younger homosexual men. *AIDS*, 1994, 8 (suppl 1):S125-S130). One reason why younger gay men are more likely to engage in risky sex, in spite of knowing the dangers, is that they are less able to communicate and negotiate about safer sex, through being less experienced and assertive. Another reason

may be that the young tend to feel themselves to be less vulnerable.

Recent research in Australia and the United Kingdom has found that unprotected anal intercourse between casual contacts is more likely when the partners believe themselves to be of the same HIV sero-status. This has dangers, as it requires not only that both partners know their infection status, but also that they communicate this openly and honestly. Relying on appearances can be dangerously deceptive with many persons infected with HIV being fit and well.

For partners in a stable relationship a new pattern of safer sexual behaviour, "negotiated safety" has been described. (Kippax S et al. Sustaining safe sex: a longitudinal study of a sample of homosexual men. *AIDS* 1993, 7:257-263) This involves the negotiated practice of unprotected intercourse within regular partnerships, where neither (or both) partners are HIV positive. A crucial factor is the ability of such partners to openly discuss the nature of any other current or future relationships.

As well as individual approaches, prevention programmes aimed at changing the social norms of behaviour have been shown to be very important. The New Zealand AIDS Foundation still regards the first priority for prevention as maintaining safer sex as the gay community norm. Its other priorities are reaching homosexual and bisexual men who are not attached to the gay community, including youth, those who do not identify as gay, and those living away from the main centres, and developing assertiveness, communication, and negotiation skills.

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