

AIDS - New Zealand

INTRODUCTION

This, the twenty-fourth 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 1994.

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

AIDS IN NEW ZEALAND

Twelve people were notified as having AIDS in the fourth quarter of 1994. All were male.

The number of AIDS notifications during 1994 was 44, the lowest number since 1988.

The total number notified since monitoring began (to 31 December 1994) was 473. The cumulative incidence rate to that time was 14.1 per 100,000 total population.

Figure 1 shows the annual and cumulative numbers of

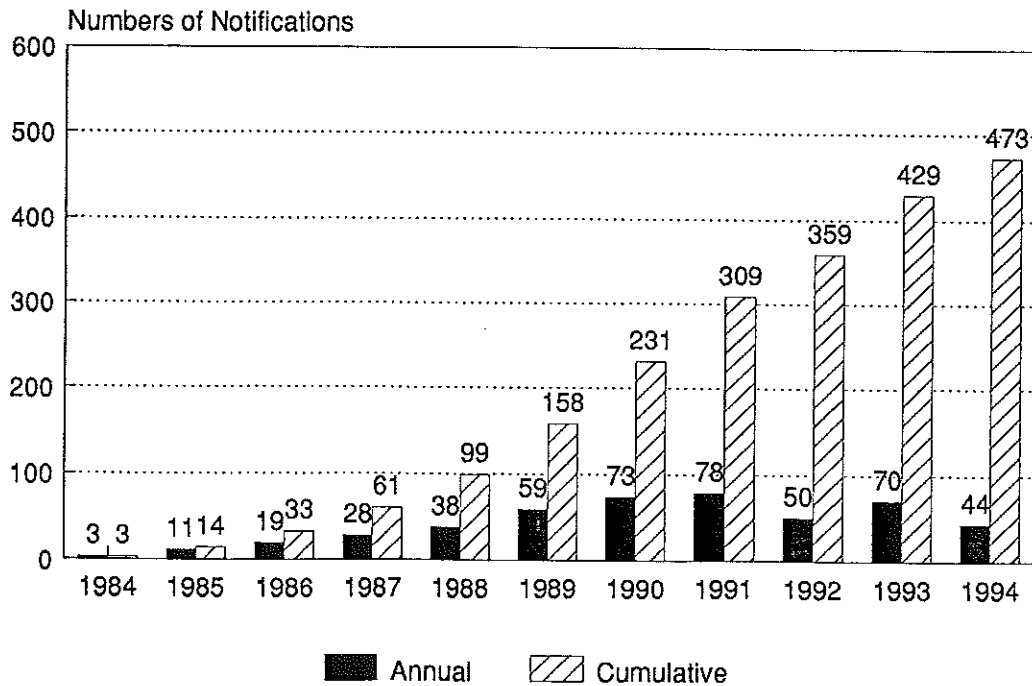


Figure 1 AIDS notifications in New Zealand

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 12 people notified with AIDS in the fourth quarter of 1994, all were male, and all reported having had sexual contact with other men.

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 1994, and in total to that date.

PEOPLE FOUND TO BE INFECTED WITH HIV IN NEW ZEALAND

In the fourth quarter of 1994, 26 people were newly found to be infected with HIV. Of these 26, 22 were male, and 4 were female.

As seen in Table 1, 89 people were found to be infected with HIV during 1994, and 997 in total to the end of that year.

It is important to appreciate that the number of people found to be infected during a 12 month period should not be interpreted as the number who were actually infected during that time.

As always, care must be taken in interpreting the HIV antibody data. Not all people at risk

Table 1 Category of risk behaviour by date of notification of people with AIDS, and those identified as HIV antibody positive

	AIDS		Total to		HIV antibody positive*			
	12 Months to 31.12.94		31.12.94		12 Months to 31.12.94		Total to 31.12.94	
	No.	%	No.	%	No.	%	No.	%
Homosexual or bisexual+	42	95.5	399	84.4	51	57.3	571	57.3
Homosexual & IDU+	0	0	9	1.9	0	0	10	1.0
Injecting drug user (IDU)								
Male	1	2.3	8	1.7	3	3.4	24	2.4
Female	0	0	3	0.6	2	2.2	7	0.7
Blood product recipient+	0	0	6	1.3	0	0	28	2.8
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	1	2.3	15	3.2	9	10.1	25	2.5
Female	0	0	14	3.0	9	10.1	46	4.6
Perinatal								
Male	0	0	0	0	0	0	1	0.1
Female	0	0	1	0.2	0	0	1	0.1
Not stated or unknown								
Male	0	0	16	3.4	10	11.2	243	24.4
Female	0	0	0	0	3	3.4	16	1.6
Unknown	0	0	0	0	1	1.1	12	1.2
Other	0	0	0	0	1	1.1	1	1.1
TOTAL	44	100.0	473	100.0	89	100.0	997	100.0

+ All male

* Includes people who have developed AIDS

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 22 men found to be infected with HIV in the fourth quarter of 1994, information is available on 20. Of these 20, 13 were reported to have been infected through sex with other men. One man was reported to be an injecting drug user. Six were considered to have been heterosexually infected, 5 of whom were from parts of the world where heterosexual transmission of HIV is common, such as certain parts of Africa and of South East Asia.

Two of the 4 women found to be infected in the last quarter, were reported to have been heterosexually infected, one of whom was from a part of the world where heterosexual transmission is common. One woman was reported to be an injecting drug user.

Site of testing

Where possible the site of testing of people who have been found to be infected with HIV during 1994 has been determined.

As is seen in Table 2, the largest single source during the last 12 months has been general practice.

OUTCOME

The outcome of the 473 people notified as having AIDS by 31 December 1994, as reported to us at the beginning of February 1995, is shown in Table 3.

Table 3 Outcome of people with AIDS

	No.	%
Alive	68	14.4
Known to have died	387	81.8
Lost to follow up	3	0.6
Overseas	15	3.2
Total	473	100.0

ETHNIC DISTRIBUTION OF PEOPLE WITH AIDS

Table 4 shows the ethnic groups of people with AIDS. Ethnicity is not reported on people found to be HIV antibody positive.

Table 4 Ethnic groups of people notified with AIDS to 31 December 1994

	No.	%
European/Pakeha	390	82.5
Maori	52	11.0
Pacific Islander	12	2.5
Other	12	2.5
Unknown	7	1.5
Total	473	100.0

Table 2 Site of testing of people found to be infected with HIV during 1994

	No.	%
General practice	36	40.4
AIDS Foundation centres	11	12.4
Hospital:		
Infectious disease units	12	13.5
Drug clinics	1	1.1
Sexually transmitted disease clinics	10	11.2
Other	9	2.2
Not stated	10	11.2
Total	89	100.0

PREVENTING THE TRANSMISSION OF HIV FROM MOTHER TO INFANT

Worldwide, transmission of HIV from a mother to her infant at, or around, the time of birth is the primary means by which young children become infected with HIV. Between 15 and 40% of infants born to mothers with HIV become infected. That HIV can be transmitted early in pregnancy, during delivery, and following birth through breast feeding, is now clear, although the relative importance of transmission at these times is uncertain.

There are various ways that the risk of transmission can be reduced.

Breast feeding

Studies in developed countries have suggested that the risk of transmission through breast feeding is increased by about 14% over and above that occurring before or during delivery. Hence, in Europe breast feeding appears to double (from 14 to 28%) the risk of transmission from mother to infant.

The World Health Organization recommends that in developed countries HIV-infected women should be advised not to breast feed. By contrast, in countries where the primary causes of infant deaths are infectious diseases and malnutrition, HIV-infected women should be advised to breast feed. This is because the baby's risk of becoming infected through breast feeding is likely to be less than the risk of dying from other causes if fed artificially.

Zidovudine (AZT)

A recently published trial found that the drug zidovudine given to HIV-infected women during

pregnancy and labour, and to the infant for six weeks after birth, significantly reduced the rate of transmission by about two thirds. (Connor et al. Reduction of Maternal-Infant Transmission of HIV with Zidovudine Treatment. New England Journal of Medicine 1994;331:1173-80)

Questions about the use of this drug have been raised, that could not be fully answered by the study. Does giving zidovudine to pregnant women and their infants pose a risk to the children who, although born to HIV-infected mothers, would not have been infected? Will the administration of the drug reduce its subsequent benefit to the infected woman when her own clinical course suggests the advisability of such treatment?

Caesarean Section

A review of the available studies suggests that delivery by caesarean section may reduce the risk of transmission of HIV. (Villari et al. Caesarean section to reduce perinatal transmission of HIV. Online J Current Clinical Trials 1993, 2; document no 74) However the effect is probably less than that gained by the avoidance of breast feeding, and the use of zidovudine.

Testing pregnant women for HIV

For women to benefit from the strategies available that may reduce the risk of transmission to their infants, their HIV status must be known early in pregnancy. The current extent of HIV testing among pregnant women in New Zealand is not known, but is probably low. In New Zealand there is no national policy on HIV testing of pregnant women. Studies in England suggest that the majority of infected women were not known to be infected by the obstetricians or paediatricians at the time of delivery.

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