

AIDS - New Zealand

INTRODUCTION

This, the twenty-first 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 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.

In this issue we report the results of a study carried out by the AIDS Epidemiology Group of the occurrence of HIV infection among injecting drug users using the needle and syringe exchange scheme.

AIDS IN NEW ZEALAND

Ten people were notified as having AIDS in the first quarter of 1994. All were male. The

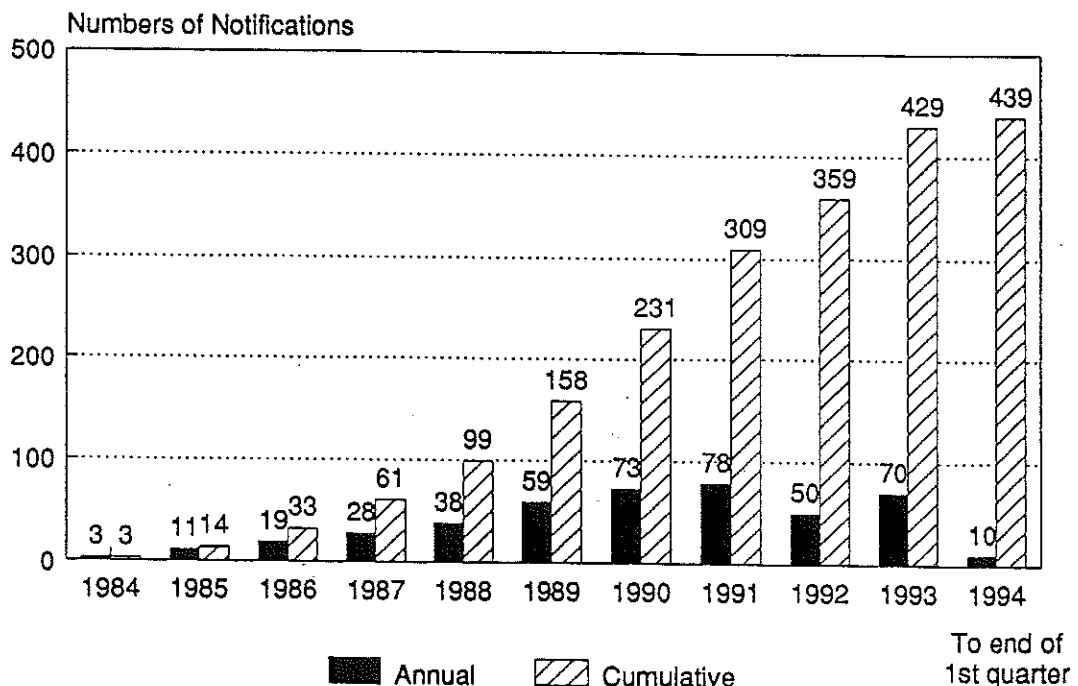


Figure 1 AIDS notifications in New Zealand

total number notified since monitoring began, to 31 March 1994, was 439.

Figure 1 (previous page) 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. The higher number of people notified in 1993, compared to 1992, is due to an increase in delayed notifications received in 1993.

Risk behaviour categories of people with AIDS

All of the 10 people notified with AIDS in the first quarter

of 1994 were men who reported having sex 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 March 1994, and in total to that date.

Age and sex of people with AIDS

Table 2 shows the sex, and age at diagnosis, of those people notified with AIDS. AIDS has been notified most frequently from men in the age group 30-39yr.

It is important to appreciate that infection with HIV could have occurred many years before the development of AIDS.

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

	AIDS 12 Months to 31.3.94		Total to 31.3.94		HIV antibody positive* 12 Months to 31.3.94		Total to 31.3.94	
	No.	%	No.	%	No.	%	No.	%
Homosexual or bisexual+	53	79.1	367	83.6	44	48.4	531	57.0
Homosexual & IDU+	2	3.0	9	2.1	2	2.2	10	1.1
Injecting drug user (IDU)								
Male	2	3.0	7	1.6	4	4.4	22	2.4
Female	0	0	3	0.7	0	0	5	0.5
Blood product recipient+	2	3.0	6	1.4	0	0	28	3.0
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	2	3.0	14	3.2	7	7.7	18	1.9
Female	2	3.0	14	3.2	18	19.8	40	4.3
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	4	6.0	16	3.6	14	15.4	240	25.8
Female	0	0	0	0	0	0	12	1.3
Unknown	0	0	0	0	2	2.2	11	1.2
TOTAL	67	100.0	439	100.0	91	100.0	931	100.0

+ All male

* Includes people who have developed AIDS

Table 2 Age and sex of people notified with AIDS to 31 March 1994

Age (years)	Male	Female	Total
0-9	1	2	3
10-19	3	0	3
20-29	72	6	78
30-39	170	5	175
40-49	119	4	123
50-59	44	2	46
60 or more	11	0	11
Total	420	19	439

PEOPLE FOUND TO BE INFECTED WITH HIV IN NEW ZEALAND

In the first quarter of 1994, 23 people were newly found to be infected with HIV. Of these 23, 20 were male, and 3 were female.

The proportion of those found to be infected in the first quarter of 1994 who were female (13%), contrasts with the proportion in the last quarter of 1993 (42%). This illustrates the apparently large fluctuations that can occur in quarterly figures with the relatively small number of people found to be infected in each of these periods.

As seen in Table 1, 91 people were found to be infected with HIV in the 12 month period to the end of March 1994, and 931 in total to that date.

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 20 men found to be infected with HIV in the first

quarter of 1994, 10 were reported to have had sex with men; two were from an area of Africa where heterosexual transmission is common, and one man was reported as being an injecting drug user. No information is available on 7 of the men.

All 3 women found to be infected were considered to have been heterosexually infected.

OUTCOME

The outcome of the 439 people notified as having AIDS by 31 March 1994, as known to us at the beginning of May 1994, is shown in Table 3.

Table 3 Outcome of people with AIDS

Alive	76
Known to have died	346
Lost to follow up	3
Overseas	14
Total	439

ETHNIC DISTRIBUTION OF PEOPLE WITH AIDS

Table 4 shows the ethnic groups of people with AIDS. Ethnicity is not recorded for the people reported as being HIV antibody positive.

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

	No.	%
European/Pakeha	362	82.5
Maori	48	10.9
Pacific Islander	11	2.5
Other	11	2.5
Unknown	7	1.6
Total	439	100.0

**SENTINEL SURVEILLANCE OF HIV
INFECTION AMONG INJECTING DRUG
USERS**

A study performed by the AIDS Epidemiology Group found that less than 1% of a sample of injecting drug users who used the New Zealand needle and syringe exchange scheme were infected with HIV. The results of the study have recently been published in the Journal of Epidemiology and Community Health (February 1994).

About 600 saliva samples were collected anonymously in 1992 from injecting drug users who attended 12 outlets of the needle and syringe scheme in 6 centres throughout the country. Only 3 people had antibodies which provide evidence of infection. Two were in Wellington, and one in Auckland.

The antibodies were measured in saliva, rather than blood, as this could be collected more easily from people who used the needle and syringe outlets. In this way it was possible to test a large number of injecting drug users who would otherwise be hard to approach. Although saliva has not been found to be important in the spread of HIV, it has been found to contain the antibodies which provide evidence of infection.

More than half of the samples were collected with the help of the community outreach groups which run needle and syringe outlets and provide HIV/AIDS prevention information for injecting drug users. The remainder were collected from

pharmacies involved in the scheme.

The conclusion of this study, that HIV has been uncommon among injecting drug users in New Zealand, is supported by two other observations. Firstly, when washings were taken from 759 randomly selected syringes returned as part of the exchange scheme in 1990, only two were definitely positive for HIV antibody. Secondly, in unlinked anonymous monitoring of HIV prevalence at sexually transmitted disease clinics between August 1991 and August 1992, only 2 of 208 heterosexual men known to have injected drugs, and none of 151 women known to have injected drugs, were found to be infected.

It is very likely that the low level of infection in this group is related to educational activities, and the legislative changes that allowed the establishment of the needle and syringe exchange scheme. This scheme has markedly increased the availability of clean equipment, and an evaluation conducted after the first year showed a reduction in sharing.

Although the low occurrence of HIV is pleasing, it is vital that efforts to prevent HIV infection among injecting drug users continue. Overseas experience has shown that HIV can spread very rapidly among people who share needles. Injecting drug users are now the leading transmission group in parts of Europe.

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