

# AIDS - New Zealand

## INTRODUCTION

This, the nineteenth issue of 'AIDS - New Zealand', provides information about the occurrence of acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV) in New Zealand to 30 September 1993.

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

## DEFINITION OF AIDS

The Medical and Scientific Advisory Committee on AIDS has recommended that invasive cervical cancer, recurrent pneumonia, and tuberculosis should be added to the list of conditions which are criteria for AIDS in people infected with HIV. To remain comparable with many other countries, this change is effective from 1 January 1993.

## AIDS IN NEW ZEALAND

Twenty one people were notified as having AIDS in the third quarter of 1993. 20 were male

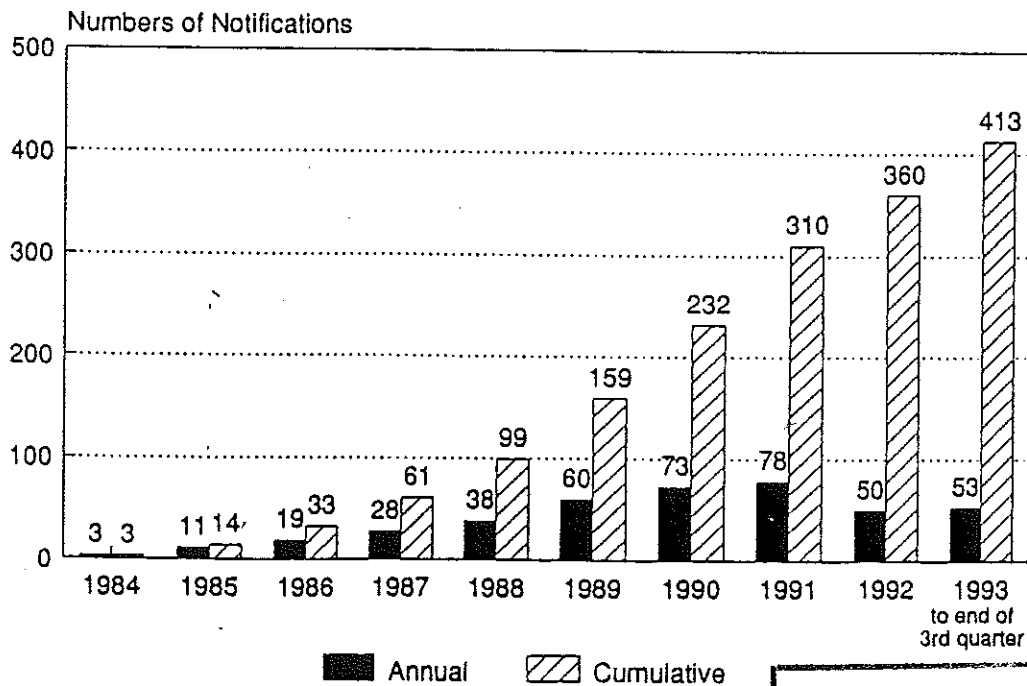


Figure 1 AIDS notifications in New Zealand

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and one female. Thus the total number notified to 30 September 1993, was 413.

Figure 1 shows the annual and cumulative numbers of notifications since 1984.

The AIDS Epidemiology Group has recently completed a study on the completeness of notification of people with AIDS. This study was possible because the same codes are used for notifications and applications to use zidovudine. The results showed that by international standards reporting is good in New Zealand. Notifications had already been received concerning 94% of those people with AIDS (diagnosed by the end of 1992) who had received the drug zidovudine.

The notifications of 7 of the 21 people notified in the last quarter were made on account of this study, and occurred considerably after the date of diagnosis. This may create a 'hump' in the number of notifications in 1993.

This illustrates the fact that notification rates are sensitive to reporting practices, so the annual number of notifications may not accurately reflect the

course of the epidemic. For this reason the year of diagnosis, rather than year of notification, is more useful in describing the past course of the epidemic. However recent diagnosis figures will be too low as not all reports are made immediately after diagnosis. So while past diagnosis figures are useful, recent ones do not provide such a good description of the current state of the epidemic.

Figure 2 shows both the number of people notified and the number diagnosed to the end of 1992 (1993 data are not included because of the inaccuracies in such recent figures due to delayed notification). Date of diagnosis is unavailable for 9 people notified by that time.

The inclusion in our figures of previously unreported cases now gives us a clearer picture of the trends in the incidence of AIDS according to year of diagnosis. A levelling off in new diagnoses has occurred since 1989. Figure 2 also shows a small drop in 1992, but given the current pattern of reporting, we believe that this number will rise once all cases diagnosed in 1992 are notified.

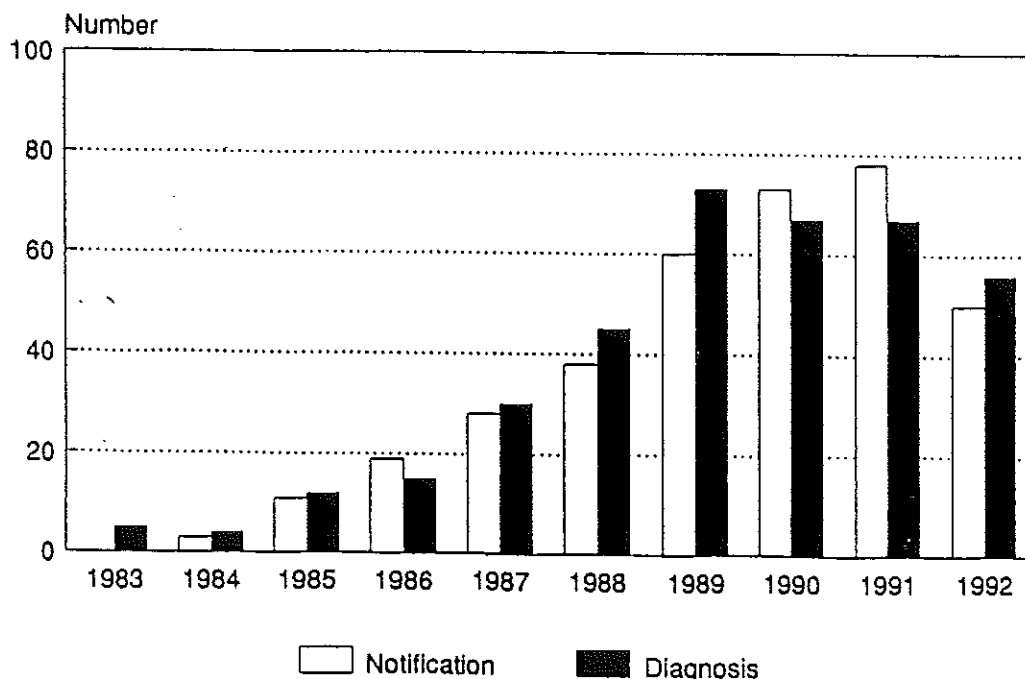


Figure 2 Numbers of people with AIDS by year of notification and year of diagnosis

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 30.9.93		30.9.93		12 Months to 30.9.93		Total to 30.9.93	
	No.	%	No.	%	No.	%	No.	%
Homosexual or bisexual	47	72.3	344	83.3	51	57.3	511	57.8
Homosexual & IDU	2	3.1	9	2.2	3	3.4	10	1.1
Injecting drug user (IDU)								
Male	2	3.1	7	1.7	4	4.5	20	2.3
Female	0	0	3	0.7	0	0	5	0.6
Blood Product Recipient+	2	3.1	6	1.5	0	0	28	3.2
Transfusion Related								
Male	0	0	1	0.2	0	0	2	0.2
Female	0	0	1	0.2	0	0	5	0.6
Unknown	0	0	0	0	0	0	5	0.6
Heterosexual								
Male	3	4.6	14	3.4	5	5.6	14	1.6
Female	7	10.8	13	3.1	8	9.0	27	3.1
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	2	3.1	14	3.4	16	18.0	233	26.4
Female	0	0	0	0	1	1.1	12	1.4
Unknown	0	0	0	0	1	1.1	10	1.1
<b>TOTAL</b>	<b>65</b>	<b>100.0</b>	<b>413</b>	<b>100.0</b>	<b>89</b>	<b>100.0</b>	<b>884</b>	<b>100.0</b>

+ All male

#### HIV POSITIVE TESTS

In the three months to 30 September 1993, 20 people were newly found to be infected with HIV. Of these 20, 17 were male, and three 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 WITH AIDS AND INFECTED WITH HIV

Of the 20 men notified with AIDS in the third quarter of 1993, 17 reported having had sex with other men, one was an injecting drug user, and for 2 (both notified as a result of our study of under-reporting), the likely mode of transmission could not be determined. The one woman notified with AIDS

during that quarter was infected heterosexually.

Table 1 shows the likely risk behaviour categories of the people notified with AIDS, and those found to be infected with HIV.

#### OUTCOME

The outcome of the 413 people notified as having AIDS by 30 September 1993, as known to us at the time of publication, is shown in Table 2.

Table 2 Outcome of people with AIDS

Alive	86
Known to have died	314
Lost to follow up	3
Overseas	10
<b>Total</b>	<b>413</b>

**HETEROSEXUAL TRANSMISSION**

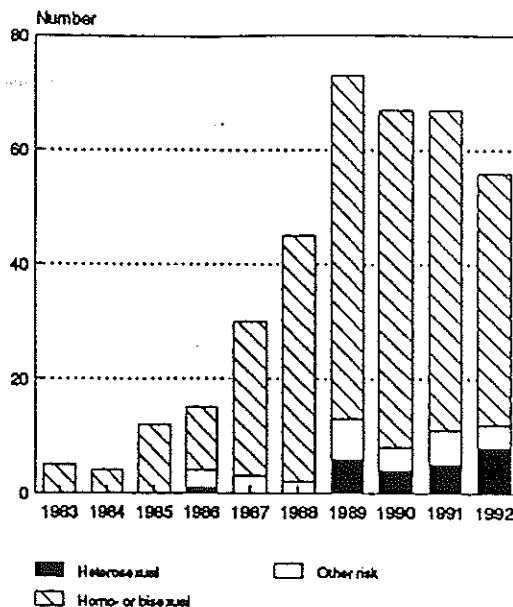
Figures 3 and 4 show the main risk behaviour categories, and the sex of people with AIDS by year of diagnosis to the end of 1992.

The number of people with AIDS infected through the heterosexual transmission of HIV, and the numbers of females diagnosed with AIDS are still small, so there are no clear patterns in the data. However these small numbers suggest that a heterosexual epidemic of AIDS in New Zealand is not growing rapidly. This is supported by data from the AIDS Epidemiology Group's study of HIV prevalence in STD clinics, which found low rates of HIV infection among women and heterosexual men.<sup>1</sup>

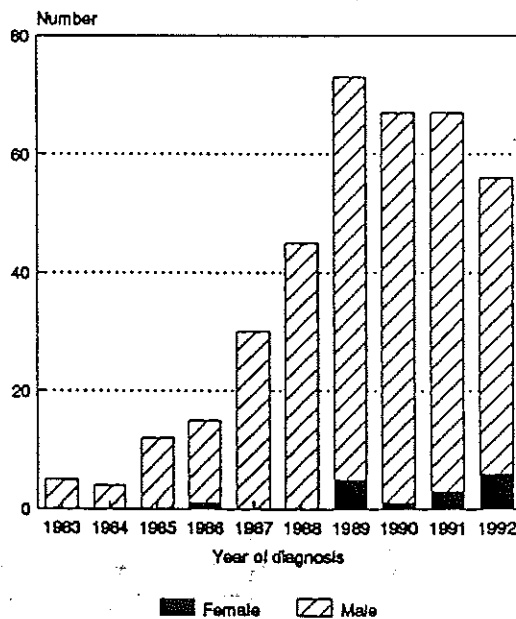
Studies such as this will need to be repeated in the future to determine the extent of such spread, as the long time between HIV infection and development of AIDS, means that any increase in HIV prevalence would not be reflected in AIDS figures for some time. In addition interpretation of the results from voluntary testing for HIV is difficult, as not all at risk will be tested.

It will be some time before the extent of heterosexual spread of HIV in New Zealand can be predicted with any confidence. Clearly the course of the epidemic will depend on the extent to which people practise low risk behaviour.

1. New Zealand Medical Journal, 11 August 1993, pages 325-327



**Figure 3 Main risk behaviour categories and year of diagnosis of people with AIDS**



**Figure 4 Number of people with AIDS by sex and year of diagnosis**

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