

# AIDS - New Zealand

## INTRODUCTION

This, the tenth issue of 'AIDS - New Zealand', provides information about the occurrence of acquired immunodeficiency syndrome (AIDS) in New Zealand to 30 June 1991. These reports are produced quarterly by the AIDS Epidemiology Group, which is jointly funded by the Health Research Council of New Zealand and the Department of Health. We aim to give timely and relevant details about the problem of HIV/AIDS in New Zealand. Not all tables and figures will be updated in every edition.

## AIDS IN NEW ZEALAND

Nineteen people were notified as having AIDS in the second quarter of 1991. The total number notified since monitoring began was 276 at 30 June 1991. Figure 1 depicts the annual and cumulative notification numbers since 1984.

The cumulative notification rate, since AIDS was first reported in 1984, now stands at 8.4 per 100,000 total population.

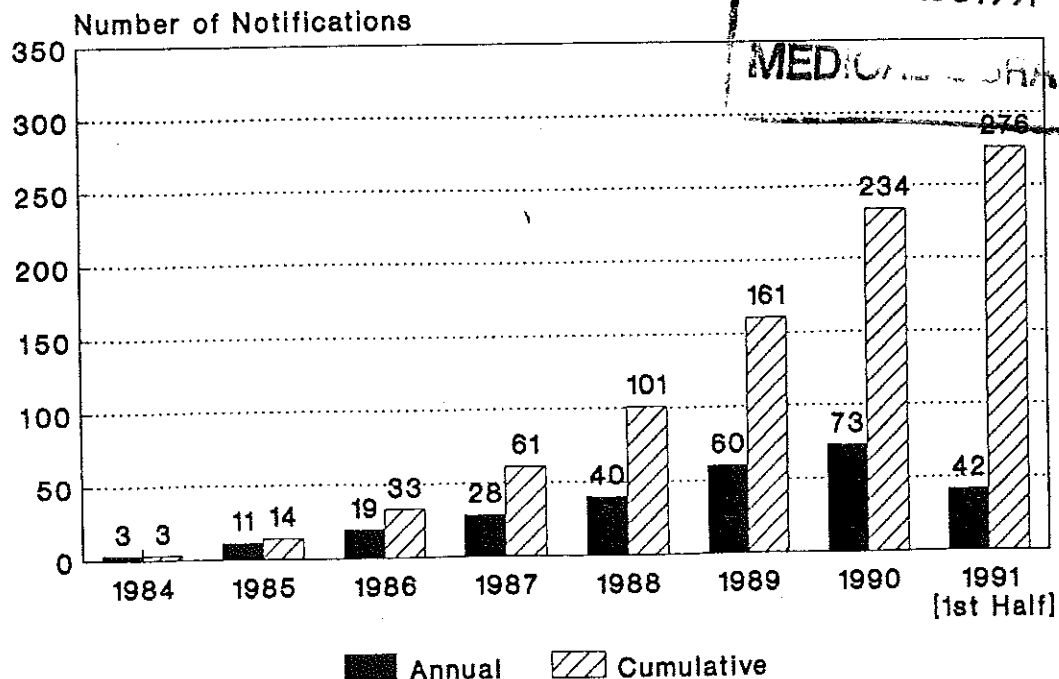


Figure 1 AIDS notifications in New Zealand

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## HIV POSITIVE TESTS

As of 21 June 1991, 669 people had been reported to have had a positive HIV antibody test. This is certain to be an underestimate because not all people have been tested.

## RISK BEHAVIOUR CATEGORIES

The risk behaviour most likely to have resulted in HIV transmission in people notified as having AIDS, and also for those having positive HIV antibody tests, is shown in Table 1.

Figure 2 shows the people with AIDS notified in each year who were most likely to have been infected by homosexual contact, heterosexual contact, and by other or unknown means.

There is a significant trend upwards in the proportion infected through heterosexual contact compared to all other

categories (chi-squared for trend test,  $p=0.02$ ).

Although care must be taken in drawing conclusions from the data on HIV antibody tests, in the first half of 1991, 6 (19%) of the 31 reported HIV antibody positive tests for which a likely transmission behaviour was stated, were due to heterosexual transmission. Before this year the proportion was 12/426 (2.8%).

The data suggest that in New Zealand an increasing proportion of people are being infected with HIV through heterosexual contact.

## SEX DISTRIBUTION OF PEOPLE WITH AIDS AND HIV INFECTION

Nine (3.3%) of the 276 people with AIDS notified to 30 June 1991 were female. Of the 669 people reported as having positive HIV antibody tests, 35 (5.2%) were female.

Table 1 Likely mode of HIV transmission among people with AIDS (to end of 2nd Quarter) and people with confirmed HIV antibody (to 22 June 1991) - 1984-91

	AIDS		HIV antibody	
	No.	%	No.	%
Homo/Bisexual	234	84.8	369	55.2
Homosexual & IVDU	4	1.4	9	1.3
Intravenous Drug User	6	1.8	16	2.4
Heterosexual contact	15	5.4	18	2.7
Haemophiliac	4	1.4	31	4.6
Transfusion related	2	0.7	14	2.1
Perinatal	1	0.4	0	
Unknown/Not stated	10	4.0	212	31.7
Total	276	100	669	100

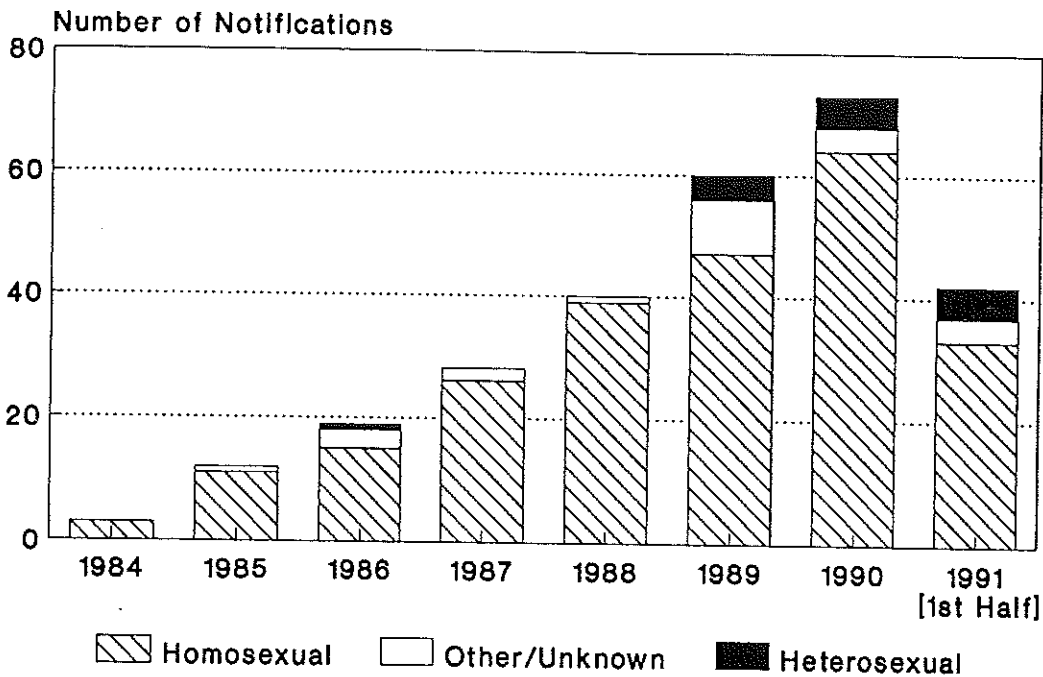


Figure 2 Numbers of people with AIDS who were most likely to have been infected by homosexual contact, heterosexual contact, and other means

#### INTERNATIONAL COMPARISONS

Table 2 shows the comparative rates for the USA, Canada, Australia, and the United Kingdom. The rates for those countries are the latest available and are compared to the rate for New Zealand at the end of March to allow appropriate comparison.

Thus New Zealand continues to have a cumulative incidence rate lower than that of Australia, but very similar to that of the United Kingdom.

#### CLINICAL INDICATORS OF AIDS

AIDS is defined by the presence of certain 'clinical indicators' or 'AIDS-defining conditions' in someone who is infected with HIV virus.

Most of these are infections which generally occur only in people with reduced immunity, and are referred to as opportunistic infections. Since 1987 the definition used for surveillance purposes has also included 'HIV encephalopathy', a dementing condition

Table 2 International comparison of cumulative rates of notified cases of AIDS

	Reporting date	No. of cases	Cumulative rate
United States	17.3.91	171876	71.5/100,000
Canada	4.4.91	4768	18.4/100,000
Australia	31.3.91	2450	15.5/100,000
United Kingdom	31.3.91	4454	7.9/100,000
New Zealand	31.3.91	257	7.8/100,000

associated with HIV infection, and 'HIV wasting syndrome' - profound weight loss in the absence of other explanations.

Table 3 shows the distribution of clinical indicators reported.

**Table 3 Clinical indicators in people notified with AIDS to 30 June 1991**

	No.	%
Opportunistic Inf	202	73.2
Opp Inf & Other	11	4.0
Kaposi's sarcoma (KS)	17	6.2
Opp Inf & KS	12	4.3
HIV encephalopathy	11	4.0
HIV wasting syndrome	10	3.6
Lymphoma	6	2.2
Other	7	2.5
<b>Total</b>	<b>276</b>	<b>100.0</b>

**ETHNIC DISTRIBUTION OF PEOPLE WITH AIDS**

Table 4 shows the ethnic groups of people with AIDS. When the size and age distribution of the various ethnic groups are taken into consideration, AIDS is not found to be significantly more common in any group.

Ethnicity is not recorded for

the people reported as being HIV antibody positive.

**Table 4 Ethnic groups of people notified with AIDS to 30 June 1991**

	No.	%
European/Pakeha	225	81.5
Maori	30	10.9
Pacific Islander	5	1.8
Other	9	3.3
Unknown	7	2.5
<b>Total</b>	<b>276</b>	<b>100.0</b>

**OTHER NEW ZEALAND INFORMATION**

The Health Research Services section of the Department of Health published in July 'Readings in AIDS Research' edited by Stephen Lungley.

This reports the results of a number of research projects undertaken by the Department of Health relating to AIDS, with particular emphasis on knowledge and concerns about HIV/AIDS in various groups.

Copies are available for \$10 from the Technical Support Officer, Health Research Services, Department of Health, PO Box 5013, Wellington.

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