

# AIDS - New Zealand

## INTRODUCTION

This is the second issue of AIDS - New Zealand. It is a summary of the facts and figures relating to infection with the Human Immunodeficiency Virus (HIV) in New Zealand and the subsequent epidemic of Acquired Immunodeficiency Syndrome (AIDS). This report is produced quarterly by the Medical Research Council AIDS Epidemiology Group. This group is responsible to the AIDS Task Force of the Department of Health for the monitoring of the HIV/AIDS epidemic in New Zealand.

## AIDS IN NEW ZEALAND

During 1989 up to July 21 there have been a total of 42 people newly notified as having AIDS in New Zealand. This brings the total since AIDS became notifiable in August

1983 to 143. Annual and cumulative figures are shown in figure 1.

The number of cases reported in the second quarter of 1989 was 16. This is lower than the 24 notifications in the first quarter but still represents the second highest quarterly total so far (figure 2).

A previous prediction (Skegg DCG, New Zealand Medical Journal 23 Sept 1987) suggested that there might be 66 people notified as having AIDS in New Zealand in 1989. Current trends suggest that this figure may be exceeded. One possible reason for this is the use of new, slightly broader, criteria for making the diagnosis of AIDS in a person infected with HIV. These criteria were established by the Centers for Disease Control in the United States late in 1987 and have since been adopted in New Zealand.

Figure 1 - AIDS NOTIFICATIONS IN NEW ZEALAND

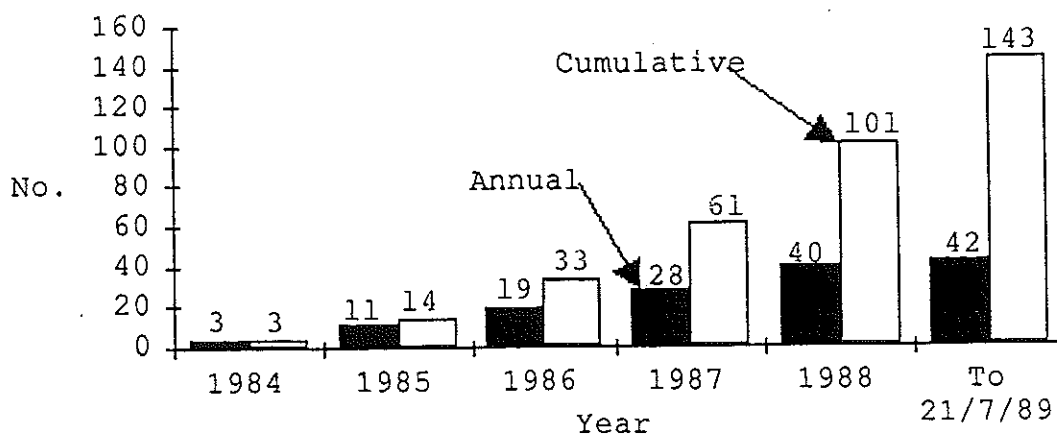
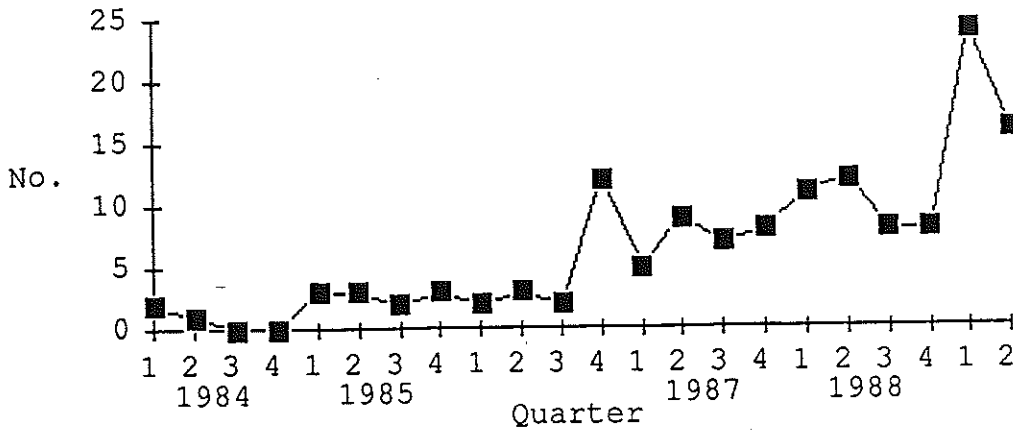


Figure 2 - NUMBER OF AIDS NOTIFICATIONS BY QUARTER



**GEOGRAPHIC DISTRIBUTION**

Auckland and Wellington continue to show the highest rates of notification. The regional distribution of notifications of people with AIDS is summarised in Table 1.

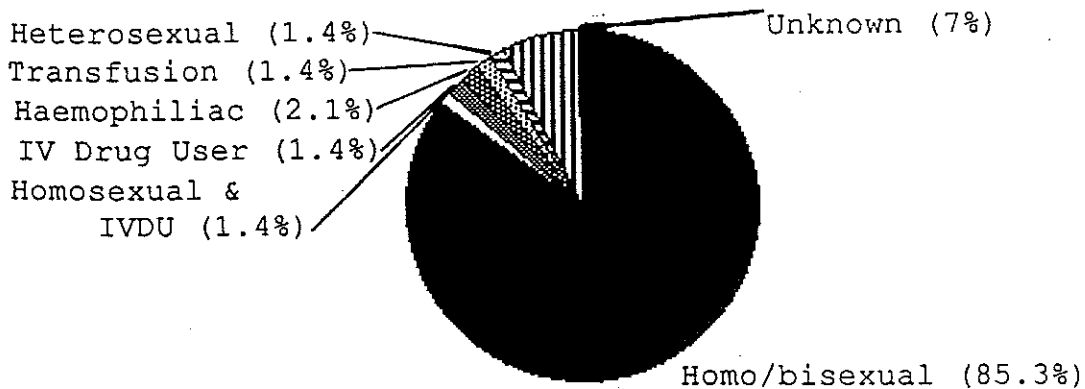
Table 1 - Regional Distribution

	Total No. AIDS Reports	AIDS Reports per 100000
Auckland	83	9.2
Wellington	30	8.2
Other		
North Is.	20	1.8
South Is.	10	1.2
TOTAL N.Z.	143	4.5

**RISK BEHAVIOUR CATEGORY**

Categorisation of risk behaviour is important in understanding the principal modes of transmission of HIV. Figure 3 summarises the information on risk behaviour category among people with AIDS notified in New Zealand.

Figure 3 - Risk Behaviour Categories (AIDS Notifications)



## AGE AND SEX DISTRIBUTION

The sex distribution of people with AIDS in New Zealand is as follows:

Male	-	140
Female	-	3
TOTAL	-	143

The age distribution of people with AIDS in New Zealand is shown below in figure 4.

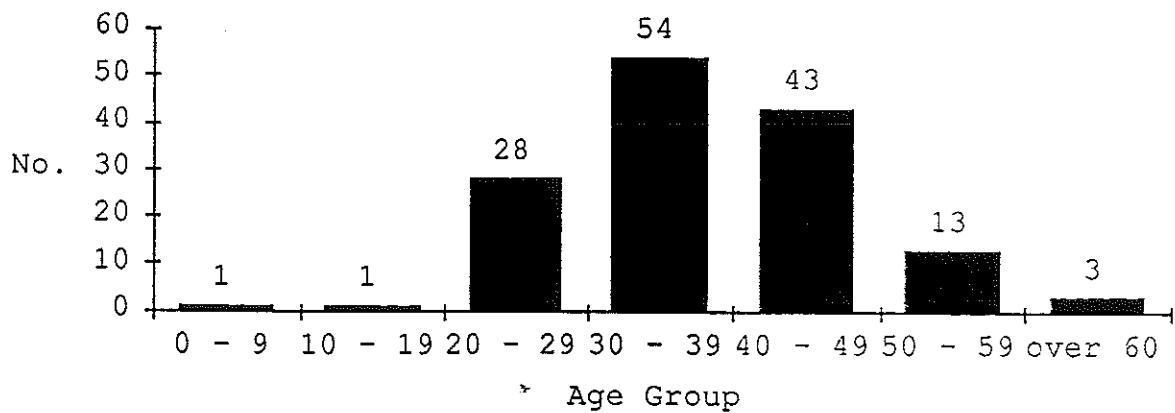
## OUTCOMES

Table 2 shows the known outcomes in people notified as having AIDS in New Zealand according to the year in which reporting took place.

Table 2 - Outcomes by Year of Notification

Year	No. Alive	No. Unknown	No. Dead
1984	0	0	3
1985	0	1	10
1986	1	6	12
1987	7	1	20
1988	30	2	8
1989	32	0	10
TOTAL	70	10	63

Figure 4 - Age Distribution: People with AIDS in N.Z.



## HIV ANTIBODY POSITIVE REPORTS

A total of 462 positive antibody tests had been reported in New Zealand to June 30, 1989. This represents an increase of 38 since March 10, 1989 (upon which the figures in our last report were based).

Table 2 summarises the information that is known about positive antibody tests in New Zealand. Because of confidentiality requirements in testing, these data contain an unknown number of duplicate results.

TABLE 3 - CONFIRMED POSITIVE HIV ANTIBODY TESTS

	To June 30, 1989:	Increase Since 10 March:
Number of positive tests	462	38
Sex:		
Male	425	33
Female	16	3
Not stated	21	2
Age Groups:		
0 - 9	6	0
10 - 19	12	1
20 - 29	120	9
30 - 39	166	15
40 - 49	76	5
50 - 59	19	3
over 60	7	0
Not stated	56	5
Risk Behaviour Category:		
Homo/bisexual	255	26
Haemophiliac	31	0
Transfusion	14	1
Heterosexual	8	2
IV Drug User	8	1
Homosexual and IV Drug User	7	1
Not stated/unknown	139	7

For further information about the occurrence of AIDS in New Zealand, contact: Dr. Robert Carlson, Epidemiologist, MRC AIDS Epidemiology Group, Department of Preventive and Social Medicine, University of Otago Medical School, P.O. Box 913, Dunedin. Phone (024) 797 268. Fax (024) 790 529.