

GEOGRAPHICAL DISTRIBUTION

The greatest number of cases arise from the Auckland region. However, notification rates from the Wellington region have risen rapidly in the past year, and the number of cases per head of population in Wellington is now nearly equal to that in Auckland. The remainder of the North Island and the South Island continue to have slowly rising and relatively low notification rates.

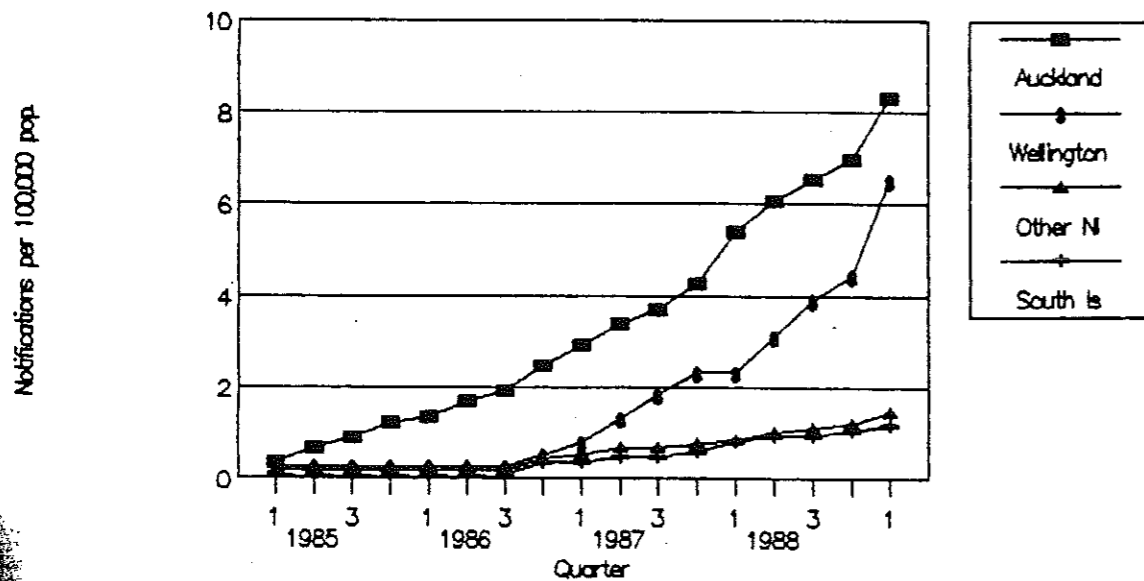
Table 1 shows the cumulative notification rates for the four geographical regions by which the data have been analysed. Figure 3 depicts the trends in geographic distribution on a year by year basis.

TABLE 1 - REGIONAL DISTRIBUTION

	TOTAL NUMBER CASES REPORTED	AIDS REPORTS PER 100,000
Auckland	75	8.3
Wellington	25	6.5
Other North Is	18	1.6
South Island	10	1.2
TOTAL NZ	128	4.0

Note - Auckland Region includes South Auckland and Takapuna Health Districts; Wellington includes Hutt Health District.

Figure 3 - Regional Distribution
People with AIDS in New Zealand



RISK BEHAVIOUR CATEGORY

Of the 128 people reported as having AIDS in New Zealand, 126 were male and two were female. The vast majority of cases continue to occur in homosexual or bisexual men. Eleven percent (i.e. three of 27) of the reports received in 1989 were in the unknown risk behaviour category. Two cases have been reported this year in intravenous drug users. Neither of these is thought to have been contracted in New Zealand.

The distribution of people with AIDS into the category corresponding to the most likely risk behaviour to have resulted in infection is shown in figure 4 below.

HIV ANTIBODY POSITIVE REPORTS

A total of 424 positive antibody tests had been reported in New Zealand to March 10, 1989. This number is probably much smaller than the total number of people infected with the virus. It is very difficult to extract meaningful interpretation from the HIV-antibody positive data, because there is no reliable information about what segments of the population are being tested. Therefore an increase in antibody positive reports could represent the fact that more people who have been involved in high risk behaviour are asking to be tested. It would not necessarily indicate more rapid spread of the infection.

The distribution of people with HIV antibody positive tests according to the most likely risk behaviour to have resulted in infection is shown in figure 5 below.

Figure 4 - Risk Behaviour Category
People with AIDS in New Zealand

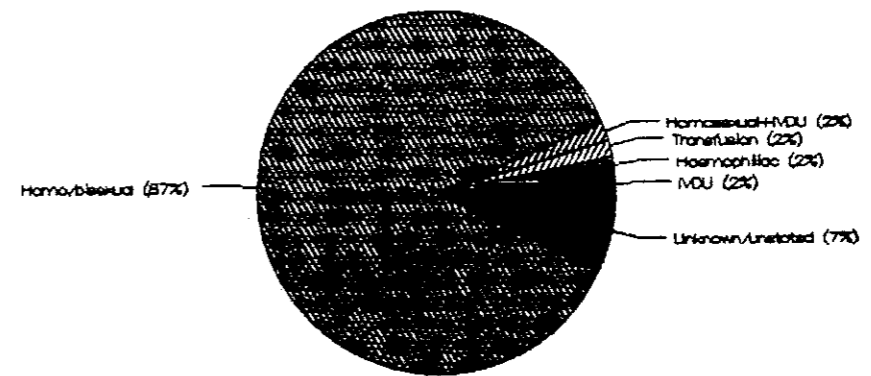
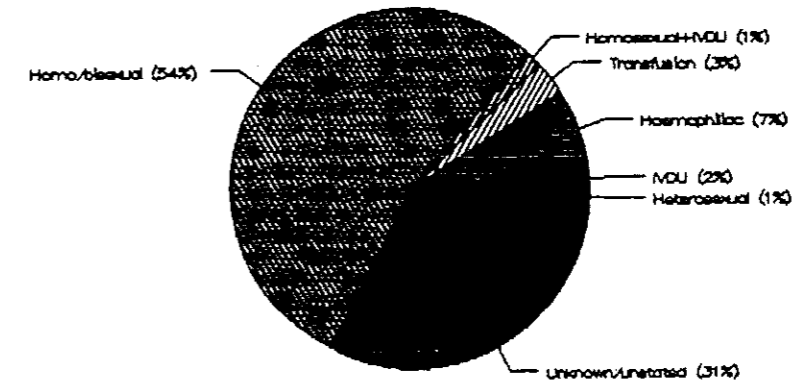


Figure 5 - Risk Behaviour Category
Positive HIV-Antibody Reports



AGE AND SEX DISTRIBUTION

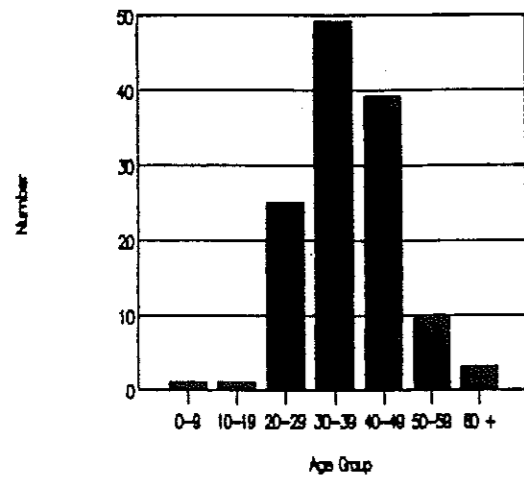
I. People with AIDS

Male	- 126
Female	- 2
TOTAL	- 128

The age distribution of people with AIDS in New Zealand is shown below in figure 6.

Figure 6 - Age Distribution

People with AIDS in New Zealand



II. People with Positive Antibody Tests

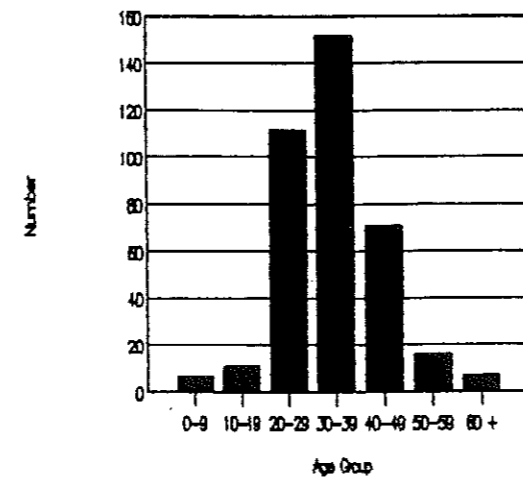
Male	- 392
Female	- 13
Not stated	- 19

The age distribution of people with antibody-positive test results is shown in figure 7 below.

(N.B. Some of these may represent duplicate test results)

Figure 7 - Age Distribution

Positive HIV Antibody Reports



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

AIDS - New Zealand

INTRODUCTION

This report summarises facts and figures relating to the AIDS epidemic in New Zealand. It has been prepared by the newly established Medical Research Council (M.R.C.) AIDS Epidemiology Group. This group is based in the Department of Preventive and Social Medicine, University of Otago Medical School. It aims to monitor the spread of human immunodeficiency virus (HIV) infection and the resulting epidemic of acquired immunodeficiency syndrome (AIDS) in New Zealand. The Group will also have a role in undertaking epidemiological research into HIV infection and AIDS and a role in disseminating relevant information. In this regard it is planned to publish reports similar to this on a quarterly basis.

AIDS IN NEW ZEALAND

During 1988, a further 40 patients meeting the accepted criteria for the diagnosis of AIDS were notified in New Zealand. By April 14, 1989 a further 27 cases had been reported. This brings the total number of people with AIDS reported in New Zealand to 128.

The expansion of the AIDS epidemic in New Zealand continues in the pattern shown in figure 1. Quarterly numbers of reports are shown in figure 2.

The first quarter of 1989 saw 24 new reports. This far exceeds the 12 reported in the second quarter of 1988 which had previously been the quarter with the greatest increase in AIDS notifications. While some

of these undoubtedly represent reporting delays, the large number of new notifications to date this year strongly suggests an unabated exponential increase in the number of people with AIDS in New Zealand. It is important to remember, however, that the time from contracting the human immunodeficiency virus infection to the time of symptoms leading to a diagnosis of AIDS averages approximately eight years. Therefore most of the people with AIDS now are likely to have been infected before 1985.

Figure 1 - AIDS Notifications in New Zealand

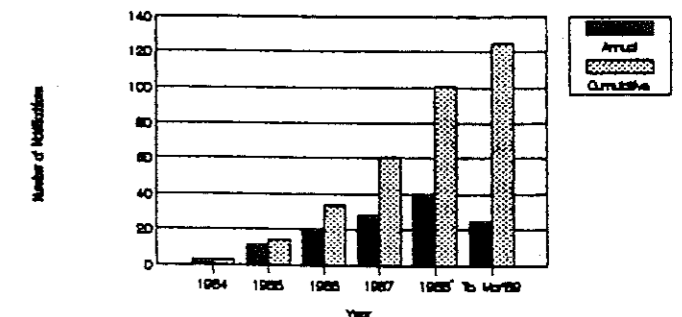
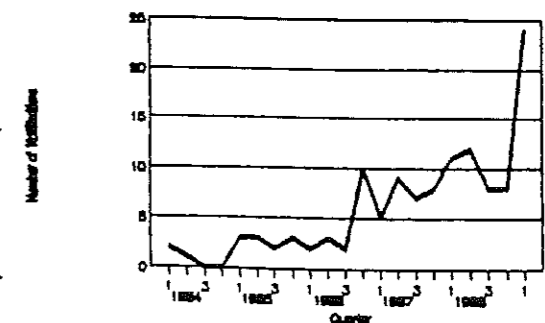


Figure 2 - Quarterly Totals AIDS Reports in New Zealand



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