

# AIDS - New Zealand

## AIDS AND HIV INFECTION IN NEW ZEALAND TO END OF MARCH 1998

In the first quarter of 1998, there were 8 notifications of AIDS (all male), while 29 people (19 male, 9 female, one sex not stated) were found to be infected with HIV.

To the end of March 1998, in total 649 people (620 male and 29 female) have been notified with AIDS, and 1260 (1108 male, 132 female and 20 sex not stated) have been found to be infected with HIV.

The cumulative incidence rate of AIDS notifications to the end of March 1998 was 18.9 per 100,000 total population.

### DIAGNOSED HIV AMONG WOMEN IN NEW ZEALAND

The annual number of females found to be infected with HIV in New Zealand has been stable over the last 5 years (Table 1). Nevertheless, more females have been diagnosed with HIV in New Zealand in recent years compared with earlier years of the epidemic. There were 34 females diagnosed by the end of 1991, and 98 since then.

As previously reported (AIDS - New Zealand, February 1998), more infected women are diagnosed each year than are dying from this disease. This has resulted in a steady increase in the number of women living with diagnosed HIV infection in recent years. Of the estimated 472 people living with HIV in New Zealand at the end of 1991, 30 (6%) were females. This had risen to 100 (14%) by the end of 1997. This rise has been reported with some concern in the press. ("Alarm raised after jump in HIV women" New Zealand Herald, April 7 1998).

These estimates are derived from information on the number of people **diagnosed** each year. Because of the usually prolonged period between infection and health problems clearly

related to HIV, the diagnosis may not be made until many years after infection occurred.

Three factors could be related to more females being diagnosed during this decade. Firstly, diagnosis may be made at later stages of HIV illness in women compared with men. This can  
(cont. overleaf)

**Table 1** Number of people found to be infected with HIV each year by sex. Includes people with AIDS

Year	Male	Female	Not stated	Total
1985	62	0	1	63
1986	116	5	4	125
1987	97	3	5	105
1988	95	1	0	96
1989	99	6	3	108
1990	98	6	0	104
1991	98	13	0	111
1992	96	9	1	106
1993	69	17	2	88
1994	72	15	1	88
1995	66	14	2	82
1996	74	18	0	92
1997	47	16	0	63
1998 (1st quarter)	19	9	1	29
Total	1108	132	20	1260

happen when women are considered to be less at risk, and would result in a disproportionate number of people found to be infected in later years to be women, even if the ratio of infection rates in the two sexes had not changed.

Secondly, more new infections could be occurring among women due to heterosexual transmission. This is plausible since there has been an increase in the number of infected men.

Thirdly, more infected women could be entering the country and being diagnosed here.

Some understanding of the impact that the worldwide epidemic has had on these latter two factors - and hence on the epidemiological situation among women in New Zealand - can be obtained from the information available about the means of infection of women.

Of the 89 women diagnosed in New Zealand between 1992 and 1997, 70 were believed to have been heterosexually infected; 5 were injecting drug users; one was an infant perinatally infected; while the remaining 13 women were considered to have been infected in other ways or the means of infection was undetermined or not reported.

Although detailed information has only been routinely sought on people found to be infected since the beginning of 1996, some information is available about many women who were diagnosed earlier.

Of the 70 heterosexually infected women, details of their risk category were provided for 45 (64%). Of these, 32 were from parts of the world where heterosexual transmission of HIV is common (particularly sub-Saharan Africa and parts of South East Asia); 5 had had sexual contact with men either from or in such areas; 4 were reported to have been infected by bisexual men; and 4 were considered to have been infected by injecting drug users.

Thus infection among immigrants or visitors has been the major single factor associated with

HIV infection diagnosed among women in New Zealand in recent years.

Recognition of how the epidemic of HIV in New Zealand is linked to that of the rest of the world is important. It provides more understanding of the pattern of the epidemic in New Zealand. In addition it may guide appropriate individual health care and help in the detection of HIV infection at a relatively early stage which is now considered important so that appropriate treatment can be initiated.

A further reason to strive for the early diagnosis of infection in women is that it allows appropriate management to be advised during pregnancy to lower the risk of perinatal transmission to infants.

#### **NOTIFICATIONS OF AIDS IN NEW ZEALAND IN THE FIRST QUARTER OF 1998**

Eight people, all males, were notified as having AIDS in the first quarter of 1998. Of these, 6 were reported to have had sex with men, and the remaining 2 were reported to have been heterosexually infected (both were for parts of the world where heterosexual transmission is common).

Thus there had been 649 people notified with AIDS in New Zealand by 31 March 1998. Of these, 620 were male and 29 female. The number of known deaths among people notified is 510.

Table 3 (page 4) shows the likely exposure categories of the people notified with AIDS (and those diagnosed as being infected with HIV) for the twelve months to the end of March 1998 and in total to that date.

**PEOPLE FOUND TO BE INFECTED WITH HIV IN NEW ZEALAND IN THE FIRST QUARTER OF 1998**

Twenty nine people (19 male, 9 female, one sex not stated) were found to be infected with HIV in the first quarter of 1998. This brings the total number of people found to be infected in New Zealand to 1260 (1108 male, 132 female, 20 sex not stated).

Of the 19 males found to be infected in the first quarter of 1998, it was reported that 5 had had sex with men, 6 had been heterosexually infected (5 of whom came from a part of the world where heterosexual transmission is common), and for the remaining 8 the means of infection is not known or information is awaited. Of these latter 8, 5 are known to be from overseas.

Of the 9 females found to be infected in the first quarter of 1998, it was reported that 5 had been heterosexually infected; 3 of these were from parts of the world where heterosexual transmission is common, while the remaining 2 women had had sex with men from such areas. The means of infection is not known or information is awaited on 3 women, all of whom are known to be from overseas. The remaining female was a young child who had been perinatally infected. She was born to one of the women found to be infected in this quarter.

**INFORMATION ON THE EPIDEMIC OF AIDS AND HIV INFECTION IN NEW ZEALAND TO THE END OF MARCH 1998**

The annual numbers of people **notified** and of those **diagnosed**, as having AIDS in New Zealand are shown in Table 2. The numbers are different as some notifications occur a considerable time after diagnosis.

It is likely that the numbers of people diagnosed in 1997 and possibly earlier will increase due to delayed notifications. The largest annual number of people diagnosed with AIDS in New Zealand

was in 1989. Since that time the annual number of diagnoses has declined. In spite of delayed notifications it is probable that the drop in diagnoses in 1997 compared to preceding years will be confirmed. This fall is likely to be partly due to the recent introduction of new treatments that delay the progression of HIV infection.

Table 1 (page 1) shows the annual numbers of people found to be infected with HIV. HIV antibody tests were first available here in 1985. It is important to appreciate that infection could have occurred many years before it was diagnosed, and therefore that these figures do not represent the number of new infections occurring each year.

The likely means of infection, and the ethnicity of people notified with AIDS and found to be infected with HIV are shown in Tables 3 and 4 (overleaf)

**Table 2 Annual number of people notified and diagnosed with AIDS**

Year	NOTIFIED	DIAGNOSED		
		Male	Female	Total
1983	0	5	0	5
1984	3	4	0	4
1985	11	12	0	12
1986	19	15	1	16
1987	28	30	0	30
1988	38	44	0	44
1989	59	67	5	72
1990	73	70	1	71
1991	78	66	3	69
1992	50	56	6	62
1993	70	50	3	53
1994	44	45	2	47
1995	49	57	2	59
1996	76	54	5	59
1997	43	27	1	28†
1998 (to end of 1st quarter)	8	6	0	6
Unknown	0	12	0	12
Total	649	620	29	649

† The numbers of people known to have been diagnosed in 1997, and possibly in earlier years, will increase due to delayed notification.

**Table 3 Exposure category by time of notification of people with AIDS, and by time of diagnosis for those found to be infected with HIV**

Exposure category	Sex	AIDS				HIV Infection *			
		12 months to 31.3.98		Total to 31.3.98		12 months to 31.3.98		Total to 31.3.98	
		No.	%	No.	%	No.	%	No.	%
Homosexual contact	Male	31	73.8	527	81.2	24	30.4	691	54.8
Homosexual contact & IDU	Male	0	0	10	1.5	1	1.3	13	1.0
Heterosexual contact	Male	7	16.7	30	4.6	15	19.0	60	4.8
	Female	1	2.4	21	3.2	17	21.5	91	7.2
Injecting drug use (IDU)	Male	1	2.4	10	1.5	2	2.5	31	2.5
	Female	0	0	5	0.8	0	0	8	0.6
Blood product recipient	Male	1	2.4	15	2.3	0	0	29	2.4
Transfusion recipient	Male	0	0	1	0.2	1†	1.3	3	0.2
	Female	0	0	1	0.2	0	0	5	0.4
	NS	0	0	0	0	0	0	5	0.4
Perinatal	Male	1	2.4	1	0.2	2	2.5	5	0.4
	Female	0	0	1	0.2	0	0	3	0.2
Awaiting information/ undetermined	Male	0	0	26	4.0	11	13.9	274	21.7
	Female	0	0	1	0.2	4	5.1	21	1.7
	NS	0	0	0	0	1	1.3	15	1.2
Other	Male	0	0	0	0	1	1.3	2	0.2
	Female	0	0	0	0	0	0	4	0.3
<b>TOTAL</b>		<b>42</b>	<b>100.0</b>	<b>649</b>	<b>100.0</b>	<b>79</b>	<b>100.0</b>	<b>1260</b>	<b>100.0</b>

NS = Not stated

\*Includes people who have developed AIDS

†Occurred overseas

**Table 4 Ethnicity by time of notification of people with AIDS, and by time of diagnosis for those found to be infected with HIV. Information on ethnicity of people found to be infected with HIV only is available since 1996**

Ethnicity	Sex	AIDS				HIV Infection *			
		12 months to 31.3.98		Total to 31.3.98		12 months to 31.3.98		1.1.96 to 31.3.98	
		No.	%	No.	%	No.	%	No.	%
European/pakeha	Male	31	73.8	506	78.0	31	39.2	82	44.6
	Female	0	0	21	3.2	4	5.1	10	5.4
Maori†	Male	5	11.9	70	10.8	5	6.3	13	7.1
	Female	0	0	1	0.2	1	1.3	2	1.1
Pacific Island	Male	0	0	13	2.0	0	0	2	1.1
	Female	0	0	3	0.5	2	2.5	3	1.6
Other	Male	5	11.9	24	3.7	13	16.5	31	16.8
	Female	1	2.4	4	0.6	15	19.0	27	14.7
Awaiting information/ undetermined	Male	0	0	7	1.1	7	8.9	12	6.5
	Female	0	0	0	0	0	0	1	0.5
	NS	0	0	0	0	1	1.3	1	0.5
<b>TOTAL</b>		<b>42</b>	<b>100.0</b>	<b>649</b>	<b>100.0</b>	<b>79</b>	<b>100.0</b>	<b>184</b>	<b>100.0</b>

NS = Not stated

\*Includes people who have developed AIDS

†Includes people who belong to Maori and another ethnic group

For further information about the occurrence of AIDS in New Zealand contact  
 Dr Nigel Dickson, AIDS Epidemiology Group, Department of Preventive and Social Medicine,  
 University of Otago Medical School, PO Box 913, Dunedin, New Zealand  
 Phone: (03) 479 7211, Fax: (03) 479 7298, or Email ndickson@gandalf.otago.ac.nz