

# AIDS - New Zealand

## AIDS AND HIV INFECTION IN NEW ZEALAND TO END OF MARCH 2000

In the first quarter of 2000, there were 6 notifications of AIDS (5 were males and one female) and 24 people (16 males and 8 females) were found to be infected with HIV. To the end of March 2000, in total 708 people (670 male and 38 female) have been notified with AIDS, and 1431 people (1243 male, 169 female, and 19 sex not stated) have been found to be infected with HIV.

### UPDATE ON THE GLOBAL EPIDEMIC OF HIV/AIDS

Recently the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) updated their assessment of the global epidemic of HIV/AIDS. [AIDS epidemic update: December 1999. UNAIDS/WHO. Geneva, November 1999. <http://www.unaids.org/>]

It is important for New Zealanders to keep abreast of the world-wide situation. This allows health professionals to assess the risks of HIV among people from - or who have had

sexual contact with people from - other parts of the world; and individual New Zealanders to be aware of the situation, so they can minimise their own risk

### Key features of the epidemic

It is estimated that at the end of 1999 there were 32.4 million adults and 1.2 million children living with HIV. The way the epidemic varies among different regions of the world is shown in Table 1.

There were 5.6 million new infections in 1999,

**Table 1 Regional HIV/AIDS statistics and features, December 1999 (UNAIDS/WHO 1999)**

Region	Number living with HIV/AIDS	Number infected with HIV 1999	Adult prevalence rate*	% of infected adults who are women	Main transmission mode(s) for adults† - in order of frequency
Sub-Saharan Africa	23.3 million	3.8 million	8.0%	55%	Heterosexual
North Africa & Middle East	220 000	19 000	0.13%	20%	IDU‡, Heterosexual
South & South-East Asia	6 million	1.3 million	0.69%	30%	Heterosexual
East Asia & Pacific	530 000	120 000	0.07%	15%	IDU, Heterosexual, MSM
Latin America	1.3 million	150 000	0.57%	20%	MSM, IDU, Heterosexual
Caribbean	360 000	57 000	1.96%	35%	Heterosexual, MSM
Eastern Europe & Central Asia	360 000	95 000	0.14%	20%	IDU, MSM
Western Europe	520 000	30 000	0.25%	20%	MSM, IDU
North America	920 000	44 000	0.56%	20%	MSM, IDU, Heterosexual
Australia & New Zealand	12 000	500	0.1%	10%	MSM, IDU
<b>TOTAL</b>	<b>33.6 million</b>	<b>5.6 million</b>	<b>1.1%</b>	<b>46%</b>	

\* The proportion of adults (15 to 49 years of age) living with HIV/AIDS in 1999, using 1998 population numbers.

† MSM (sexual transmission among men who have sex with men), ‡ Injecting drug users

around half of which occurred in people less than 25 years old in developing countries, where most can be expected to die before they reach 35. This makes the epidemic particularly threatening to children. There are estimated to be 11.2 million AIDS orphans – children who have lost their mother before the age of 15. Many of these children were also themselves infected at, or around, the time of birth.

In 1999, there were 2.6 million deaths from HIV worldwide, the highest annual total since the beginning of the epidemic, despite anti-retroviral treatment which staved off many deaths in the developed countries.

### Sub-Saharan Africa

Sub-Saharan Africa, where nearly 70% of infected people live, still bears the brunt of the epidemic. Apart from human suffering, the epidemic is having a profound effect on business in Africa. In one industry, illness and death have replaced old-age retirement as the leading reason why people now leave.

### Some Asian prevention successes and failures

Although Thailand was the first country in Asia extensively affected by the epidemic, the now well-established prevention efforts are bringing rewards. A decline in HIV prevalence among military conscripts in Northern Thailand, noted a few years ago, has now been followed by a fall in the prevalence among women under 25 experiencing their first pregnancy.

Cambodia now has Asia's highest level of infection. On average nearly 4% of married women aged under 45 were believed to be infected with HIV in 1998. Prevalence in men may be somewhat higher, with a rate of 4.5% in male and 2.5% in female blood donors.

Although infection rates remain relatively low in nearby Viet Nam, they are rising. There was a five fold increase in prevalence among female sex workers between 1994 and 1998,

when it reached to 2.6%. In the same period the prevalence among men attending sexual health clinics doubled to 1%. In the Philippines, HIV appears to be at low levels, without significant growth in groups traditionally at increased risk. This is probably because registered sex workers are screening for other sexually transmitted infections, and have a relatively high rate of condom use.

### Variable levels of HIV in India

In India there is a very variable situation. In some states, particularly in the south and west, HIV has a significant grip on the urban population, with 2% of pregnant women testing positive. In the northeast, HIV has spread rapidly among injecting drug users. Yet in other states there have been very few HIV infections detected at all. Overall it is estimated that there are around 4 million Indians infected with HIV.

### World's steepest HIV curve in the former Soviet Union

Spread of HIV through the sharing of contaminated needles and syringes in the former Soviet Union, mainly in the Russian Federation and the Ukraine, has resulted in that part of the world recording the highest increase in prevalence in recent years.

In addition, the number of sexually transmitted infections has also risen dramatically there in recent years. Syphilis has been diagnosed in around a third of sex workers who injected drugs in one city. This indicates they are at high risk of acquiring and transmitting HIV, so that the epidemic could spread widely in the population.

### Warning signs in the Middle East

Although there have been relatively few cases of AIDS reported in the Middle East, in some countries many are related to injecting drug use. As this behaviour is common in some areas, a widespread epidemic may be imminent. Although the prevalence rates

reported are low, sexually transmitted infection rates are particularly high among young adults in urban areas.

#### Central America and the Caribbean

Central America and the Caribbean have some of the worst epidemics outside of sub-Saharan Africa. There are estimated to be around 1.7 million people infected in this part of the world. In Guatemala in 1999, some 2-4% of pregnant women in urban areas were infected, and in Guyana 3.2% of blood donors. In Haiti, the last time surveillance was undertaken among pregnant women in 1996, the prevalence was almost 6%.

#### HIV still a challenge in developed countries

Although the provision of treatments available in richer developed countries can help many infected people, and HIV has not spread extensively outside those groups traditionally most at risk, HIV is still a challenge. In particular, there is concern that the rates of safer sexual behaviour among men who have sex with men is dropping in some areas, opening the possibility of a resurgence of spread among this group.

#### Stigmatisation of infected people in many countries

People with HIV are highly stigmatised in many parts of world. The association between HIV and "promiscuous" behaviour has created a belief that people who are infected with HIV "deserve" their fate. Paradoxically, women – who are often monogamous wives infected by their husbands – are particularly stigmatised. This attitude can affect the provision of health care. Many hospitals in India are reported to turn away HIV-infected people. Some health workers believe that treating such people is a waste of time and money, as their outlook is so poor. Interestingly, they do not express similar views about young adults with many other chronic diseases.

## **AIDS AND HIV INFECTIONS IN NEW ZEALAND IN THE FIRST QUARTER OF 2000**

### **AIDS**

The AIDS Epidemiology Group received 6 notifications of people with AIDS in the first quarter of 2000.

Of these 6 people, 5 were men. Two were reported to have been infected through sex with men, one to have been heterosexually infected when he lived in sub-Saharan Africa, one to have been an injecting drug user and one infected through the receipt of a contaminated blood product. The other person notified was a two-month-old baby who was born in New Zealand to parents from overseas.

### **HIV infection**

The Group has been informed of 24 people, 16 males and 8 females, found to be infected in the first quarter of 2000.

So far information has been obtained on 22. Of these 22, 8 were men who were reported to have had sex with men (one had also injected drugs), 12 (6 men and 6 women) were reported to have been heterosexually infected (all except one overseas), and one woman (from overseas) was reported to have been infected through injections for medical treatment in Africa. One child was perinatally infected. Her mother was not diagnosed until the child developed AIDS.

### **EXPOSURE CATEGORIES AND ETHNICITY OF PEOPLE NOTIFIED WITH AIDS AND FOUND TO BE INFECTED WITH HIV**

Information on the categories of risk, sex and ethnicity, of the 708 people notified as having AIDS and the 1431 people diagnosed with HIV in New Zealand to the end of March 2000 is shown in Tables 2 and 3 (overleaf).

**Table 2 Exposure category by time of notification of people with AIDS, and by time of diagnosis for those found to be infected with HIV. A small number of transsexuals are included with the males.**

Exposure category	Sex	AIDS				HIV Infection*			
		12 months to 31.3.00		Total to 31.3.00		12 months to 31.3.00		Total to 31.3.00	
		No.	%	No.	%	No.	%	No.	%
Homosexual contact	Male	20	66.7	564	79.7	35	45.5	764	53.4
Homosexual contact & IDU	Male	0	0.0	10	1.4	1	1.3	14	1.0
Heterosexual contact	Male	3	10.0	37	5.2	14	18.2	106	7.4
	Female	4	13.3	27	3.8	14	18.2	122	8.5
Injecting drug use (IDU)	Male	1	3.3	13	1.8	0	0.0	31	2.2
	Female	0	0.0	5	0.7	0	0.0	8	0.6
Blood product recipient	Male	1	3.3	16	2.3	0	0.0	29	2.0
Transfusion recipient	Male	0	0.0	1†	0.1	1	1.3	5	0.3
	Female	0	0.0	1†	0.1	1	1.3	6	0.4
	NS	0	0.0	0	0.0	0	0.0	5	0.3
Perinatal	Male	0	0.0	1	0.1	1	1.3	6	0.4
	Female	1	3.3	3	0.4	1	1.3	5	0.3
Awaiting information/ undetermined	Male	0	0.0	28	4.0	7	9.1	286	20.0
	Female	0	0.0	2	0.3	1	1.3	23	1.6
	NS	0	0.0	0	0.0	0	0.0	14	1.0
Other	Male	0	0.0	0	0.0	0	0.0	2	0.1
	Female	0	0.0	0	0.0	1	1.3	5	0.3
<b>TOTAL</b>		<b>30</b>	<b>100.0</b>	<b>708</b>	<b>100.0</b>	<b>77</b>	<b>100.0</b>	<b>1431</b>	<b>100.0</b>

NS = Not stated

\*Includes people who have developed AIDS

†Acquired overseas

**Table 3 Ethnicity by time of notification for 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 is only available since 1996. A small number of transsexuals are included with the males.**

Ethnicity	Sex	AIDS				HIV Infection*			
		12 months to 31.3.00		Total to 31.3.00		12 months to 31.3.00		1.1.96 to 31.3.00	
		No.	%	No.	%	No.	%	No.	%
European/Pakeha	Male	17	56.7	538	76.0	38	49.4	156	43.9
	Female	2	6.7	22	3.1	2	2.6	15	4.2
Maori †	Male	4	13.3	77	10.9	1	1.3	18	5.1
	Female	0	0.0	1	0.1	1	1.3	3	0.8
Pacific Island	Male	0	0.0	15	2.1	1	1.3	4	1.1
	Female	1	3.3	4	0.6	2	2.6	5	1.4
Other	Male	4	13.3	33	4.7	17	22.1	84	23.7
	Female	2	6.7	11	1.6	13	16.9	55	15.5
Awaiting information/ undetermined	Male	0	0.0	7	1.0	2	2.6	14	3.9
	Female	0	0.0	0	0.0	0	0.0	1	0.3
<b>TOTAL</b>		<b>30</b>	<b>100.0</b>	<b>708</b>	<b>100.0</b>	<b>77</b>	<b>100.0</b>	<b>355</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  
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