

AIDS – New Zealand

HIV & AIDS IN NEW ZEALAND – 2005

- In 2005, 183 people were diagnosed with HIV through antibody testing in New Zealand, 26 more than in 2004 – a 17% rise.
- 89 men who had had sex with men (MSM) were diagnosed with HIV through antibody testing in 2005, 14 more than in 2004 – a 19% rise.
- 73 people heterosexually infected were diagnosed with HIV in 2005 - a similar number to 2004.
- In 2005, three quarters of MSM diagnosed were reported to be infected in New Zealand, compared to one in ten of those heterosexually infected.
- There were 6 infants diagnosed with HIV in 2005, acquired through mother to child transmission, 4 of whom were born in New Zealand to women whose HIV was not diagnosed before they gave birth.

HIV infection

In 2005, there were 183 people newly diagnosed with HIV in New Zealand through antibody testing. This is 26 more than the number diagnosed in 2004, a rise of 17%. A further 35 people were reported with HIV through viral load testing, mostly people who were previously diagnosed overseas.¹

Figure 1 shows the total annual number, and reported means of infection, of people diagnosed through HIV antibody testing since it first became available in 1985.

HIV diagnoses among men who had had sex with men (MSM)

The marked rise in HIV diagnoses among MSM, that has been clearly evident since 2003, continued in 2005.

Overall, 89 MSM were diagnosed with HIV through antibody testing in 2005, including 2 who might have been infected through injecting drug use. This was an increase of 19% from the number diagnosed in 2004.

The increase among MSM is entirely due to an increase in men infected in New Zealand, not overseas (Figure 2 - overleaf).

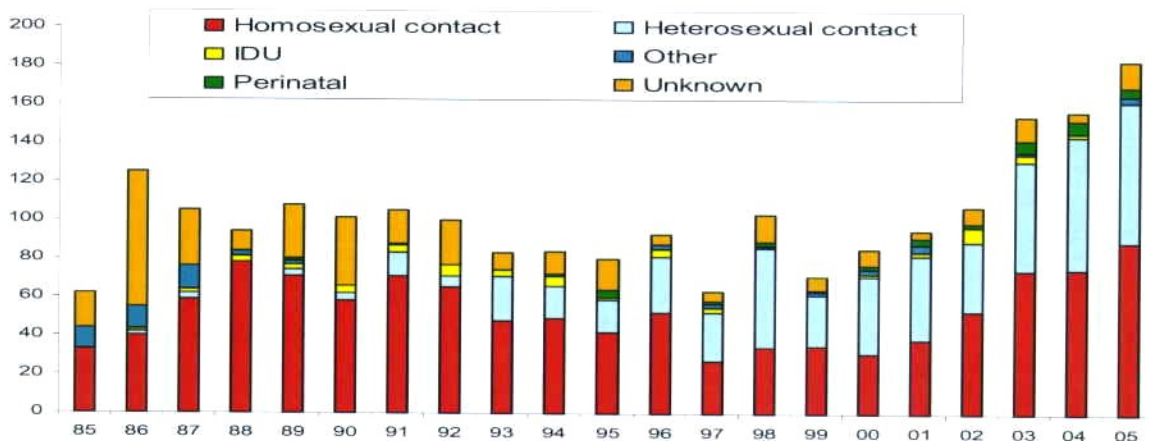


Figure 1 Number of people diagnosed with HIV in New Zealand through antibody testing by year of diagnosis* and means of infection

* Infection might have occurred some time before the diagnosis was made.

¹ Viral load testing has been available in New Zealand since 1996. Only the trends in those diagnosed through antibody testing have been analysed as this has been available for the whole period.

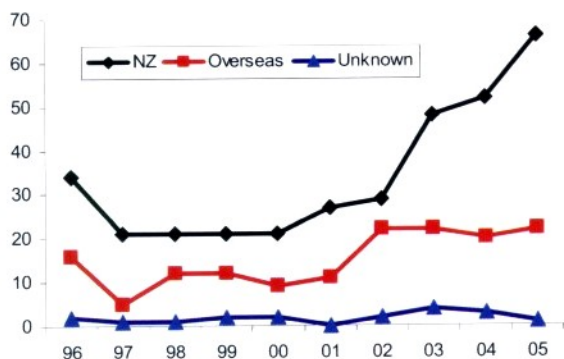


Figure 2 Place of infection of MSM diagnosed by antibody test, by year of diagnosis

Infection in New Zealand was reported for 66 (74%) of the MSM diagnosed in 2005.

Of the 66 MSM diagnosed in 2005 and infected in New Zealand, at least 35 were infected in the previous 5 years, and at least 11 of these in the last 12 months. This information is on the basis of reports of timing of previous negative tests.

The average age of these 66 men was 37 years, with most - 27 (41%) - in the 30-39 year age group. Nevertheless there was a wide range with 23% aged less than 30 years old, and 15% aged 50 years or more.

Most of these men (70%) were of European ethnicity, with 14%, 9% and 5% being of Maori, Asian and Pacific ethnicity respectively.

Almost all (94%) were living in the North Island (mainly in the Auckland region).

HIV diagnoses among people heterosexually infected

In 2005, 35 men and 38 women were diagnosed with heterosexually acquired infection. Similar to the numbers in 2004.

As in previous years, in contrast to the data for MSM, the majority - 64 (88%) - of these people were infected overseas, and only 7 (10%) in New Zealand (Figure 3).

In 2005, less than a quarter (21%) of those diagnosed in New Zealand with heterosexually acquired HIV were of European, Maori or Pacific ethnicity.

Over the past 5 years, of the 279 people diagnosed with heterosexually acquired HIV, 40 (14%) - 16 men and 24 women - were reported to have been

infected in New Zealand. Of these, 19 (47%) were infected by a partner who had been heterosexually infected overseas, mostly from countries where heterosexual HIV is relatively common. Of the remaining 21, 4 were women infected by partners who had been infected through homosexual contact or injecting drug use. For 17 people the means of infection of the partner was not reported or unclear.

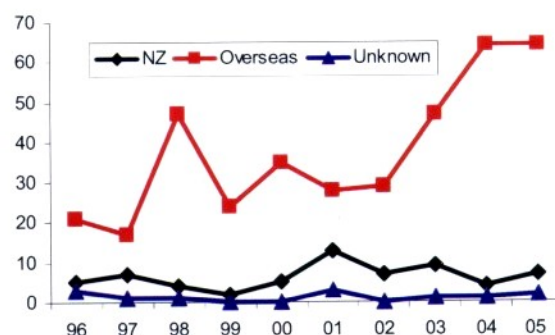


Figure 3 Place of infection of those infected through heterosexual contact, diagnosed by antibody test, by year of diagnosis

Children infected through mother to child transmission

Six children were diagnosed in 2005 with HIV that had been acquired through mother to child transmission. Of these, 4 were born in New Zealand, and 2 overseas.

Three of the 4 New Zealand-born children were born in 2005. This already equals the highest number for any one year, even though it is likely to increase due to late diagnosis of infected children.

Figure 4 shows the number of children diagnosed with HIV acquired from an infected mother by place of birth and year of birth (rather than by year of diagnosis).

None of the mothers of the affected children had had their HIV diagnosed prior to giving birth, so they had missed the opportunity to be offered care known to reduce the risk of such transmission. Since 1995, there have been no cases in New Zealand where a mother with HIV diagnosed prior to giving birth has had an infected baby.

These figures reiterate the importance of HIV testing during pregnancy. A policy that all pregnant women be offered – and recommended to have – an HIV test during pregnancy, is

currently being implemented by the Ministry of Health.

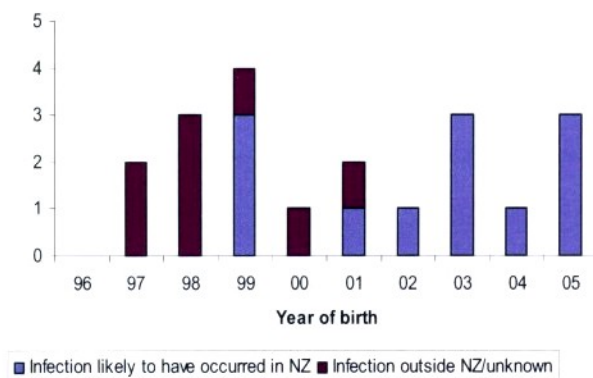


Figure 4 Number of children diagnosed with mother to child transmission in New Zealand, by year of birth

People infected in other ways

While there is no evidence of extensive HIV infection among injecting drug users in New Zealand, over the past 5 years there have been 16 injecting drug users diagnosed. Of these, 6 (37%) were reported to have been infected in New Zealand. This number is still very small compared to the number of people infected with hepatitis C in this population.

In the early years of the epidemic there was a significant number of people infected in New Zealand through the receipt of infected blood products. In recent years, all of the people diagnosed with HIV infection through receipt of blood or blood products had acquired the infection overseas.

AIDS

Trends in AIDS notifications and deaths

Figure 5 shows the annual number of notifications of AIDS by year of diagnosis and the number of deaths of people notified.

The levelling of AIDS notifications in the early 1990s was due to a reduction in the incidence of HIV several years earlier. The drop, that has been sustained since 1996, resulted from the effective use of antiretroviral therapy in people with HIV. A similar reduction is seen in many developed countries.

In the early years of the epidemic the rise in numbers of AIDS diagnoses was mirrored by a similar rise in deaths a year or so later, a reflection of the survival of people with AIDS then being around 18 months. In recent years the number of deaths has remained well below the number of AIDS notifications indicating dramatic success in treatment of HIV infection which has allowed prolonged survival in many people with AIDS.

However, frequently infection with HIV is still first recognised at or around the time of AIDS diagnosis – a late stage of HIV infection. While many of these people will still benefit from antiretroviral treatment, earlier diagnosis might have markedly delayed the progress of their infection and reduced their suffering.

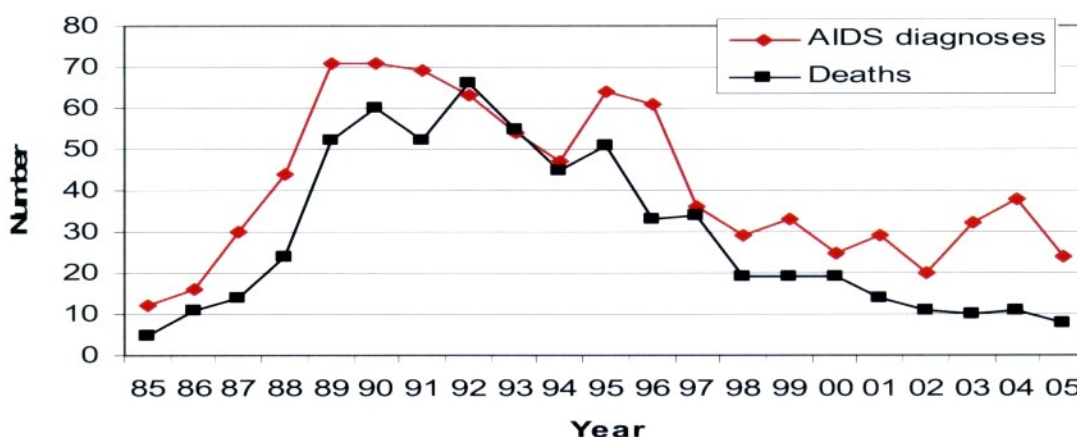


Figure 5 Annual number of diagnoses of AIDS and deaths among people notified with AIDS. (The number of notifications and deaths for 2005 might rise due to delayed reports)

Table 1. Exposure category by time of diagnosis for those found to be infected with HIV. (A small number of transsexuals are included with the males).

		HIV Infection*							
		1985-1999		2000-2004		2005		Total	
Exposure category	Sex	No.	%	No.	%	No.	%	No.	%
Homosexual contact	Male	854	55.9	346	47.5	109	50.0	1309	52.9
Homosexual & IDU	Male	19	1.2	12	1.6	2	0.9	33	1.3
Heterosexual contact	Male	116	7.6	130	17.8	38	17.4	284	11.5
	Female	126	8.2	141	19.3	42	19.3	309	12.5
Injecting drug use (IDU)	Male	34	2.2	19	2.6	0	0.0	53	2.1
	Female	10	0.6	1	0.1	0	0.0	11	0.4
Blood product recipient	Male	34	2.2	0	0.0	0	0.0	34	1.4
Transfusion recipient [§]	Male	6	0.4	3	0.4	1	0.5	10	0.4
	Female	6	0.4	3	0.4	0	0.0	9	0.4
	NS	5	0.3	0	0.0	0	0.0	5	0.2
Perinatal	Male	6	0.4	10	1.4	6	2.7	22	0.9
	Female	4	0.3	10	1.4	0	0.0	14	0.6
Other	Male	3	0.2	1	0.1	2	0.9	6	0.2
	Female	4	0.3	3	0.3	2	0.9	9	0.4
Awaiting information/ undetermined	Male	266	17.4	44	6.0	12	5.5	322	13.0
	Female	21	1.4	6	0.8	4	1.8	31	1.2
	NS	13	0.8	0	0.0	0	0.0	13	0.5
TOTAL		1527	100.0	729	100.0	218	100.0	2474	100.0

NS = Not stated

[§] All people in this category, diagnosed since 1996, acquired overseas

Table 2. Ethnicity[‡] by time of diagnosis in New Zealand for those found to be infected with HIV. (A small number of transsexuals are included with the males).

		HIV Infection*							
		1996-1999		2000-2004		2005		Total	
Ethnicity	Sex	No.	%	No.	%	No.	%	No.	%
European/Pakeha	Male	257	53.4	337	46.4	92	42.2	686	48.0
	Female	25	5.2	30	4.1	8	3.7	63	4.4
Maori [†]	Male	29	6.1	41	5.6	14	6.4	84	5.9
	Female	4	0.8	5	0.7	1	0.5	10	0.7
Pacific Island	Male	4	0.8	19	2.6	7	3.2	30	2.1
	Female	4	0.8	10	1.4	1	0.5	15	1.0
Other	Male	94	19.6	155	21.1	52	23.8	301	21.1
	Female	49	10.3	119	16.3	37	17.0	205	14.4
Awaiting information/ undetermined	Male	13	2.7	13	1.8	5	2.3	31	2.2
	Female	1	0.2	0	0.0	1	0.5	2	0.1
TOTAL		480	100.0	729	100.0	218	100.0	1427	100.0

* Includes people who have developed AIDS. HIV numbers are recorded by time of diagnosis for those reported through antibody testing and by time of first viral load for those reported through viral load testing. The latter include many who have initially been diagnosed overseas and not had an antibody test here. The date of initial diagnosis may have preceded the viral load date by months or years.

[‡] Information on ethnicity of people diagnosed with HIV only collected since 1996

[†] Includes people who belong to Maori and another ethnic group

For further information about the occurrence of HIV/AIDS in New Zealand contact
 Sue McAllister, AIDS Epidemiology Group, Department of Preventive and Social Medicine, University of
 Otago Medical School, PO Box 913, Dunedin, New Zealand
 Phone: (03) 479 7220, Fax: (03) 479 7298, or Email sue.mcallister@stonebow.otago.ac.nz