
AIDS – New Zealand

AIDS AND HIV INFECTION IN NEW ZEALAND TO END OF JUNE 2001

In the first half of 2001, there were 12 notifications of AIDS (7 males and 5 females) and 48 people (32 males and 16 females) were found to be infected with HIV. To the end of June 2001, a total of 741 people (696 males and 45 females) have been notified with AIDS, and 1,513 people (1,292 males, 202 females, and 19 sex not stated) have been found to be infected with HIV. This total reflects 31 deletions from the HIV database, found to be duplicates.

Update on HIV/AIDS in women

AIDS was once considered a disease of men. Men, particularly gay men, accounted for the vast majority of reported cases early in the epidemic, and men still constitute the majority of cases in developed countries.

But globally, as the burden of HIV/AIDS has shifted to more vulnerable populations, the epidemic has increasingly become a threat to the health of girls and women. Today women comprise 47% of the 34.7 million adults thought to be infected with HIV worldwide. Last year females accounted for 52% of the 2.5 million deaths from AIDS, according to the United Nations.

The gender shift of HIV/AIDS has accelerated in recent years, and is likely to continue. In sub-Saharan Africa, where more than two-thirds of HIV-positive people live, 55% of the infected population is female. In Africa new HIV infections among teenage girls occur at a rate 5 to 6 times that seen in teenage boys. Infection rates among women in their 20s are about 3 times that of their male counterparts. In 7 of 11 recent surveys of urban and rural African populations, HIV prevalence in women aged 20 to 24 years exceeded 20%. In Carletonville, South Africa, nearly 60% of women in their young 20s were found to suffer from HIV. Many

will not live to see their 30th birthday.

A similar picture is emerging in other foci of HIV infection globally. In the Caribbean nation of Trinidad and Tobago, HIV infections are 5 times more likely in teenage girls than in boys of the same age. In India, the country with the world's largest HIV-positive population, HIV prevalence among urban sex workers is now thought to exceed 70%. This represents a sharp increase from levels of about 25% observed in the mid-1990s.

Reasons for the gender disparity in Africa, India and elsewhere are both biological and social. Biologically, women are at increased risk of acquiring HIV because semen has a far greater viral load than vaginal fluid. Women have a larger mucosal surface exposed to abrasions during sexual intercourse, portals which allow entry of the virus to the bloodstream. African women also suffer from high rates of ulcerative genital infections, which are known to facilitate HIV transmission.

Social reasons for the increased vulnerability of women are numerous, and vary in different regions. Part of the discrepancy in risk between the sexes is due to the age-mixing of young women with older men in many countries. The older men tend to be more experienced and are more likely to

transmit the virus to their younger female partners. In Trinidad and Tobago, nearly 30% of teenage girls reported having sex with men from older age groups in one recent study. In several African and Asian countries there is even a belief that intercourse with a female virgin will cure a man of HIV/AIDS.

Women’s increased risk of acquiring HIV can also stem from power imbalances between the sexes. In places where it is assumed that men should play the dominant role in initiating sex, women are often powerless to negotiate for safe sex. In one Zambian study, more than three-quarters of married women believed they could not refuse sex with their husbands, and only 11% thought they could ask their husband to use a condom. Sexual assault, including domestic violence, also increases the risk of infection among women.

“Gender inequality is at the heart of the epidemic,” says Noeleen Heyzer, executive director of the UN Development Fund for Women (UNIFEM). “It is not simply a matter of justice and fairness. In this case, gender inequality is fatal.” The rising tide of

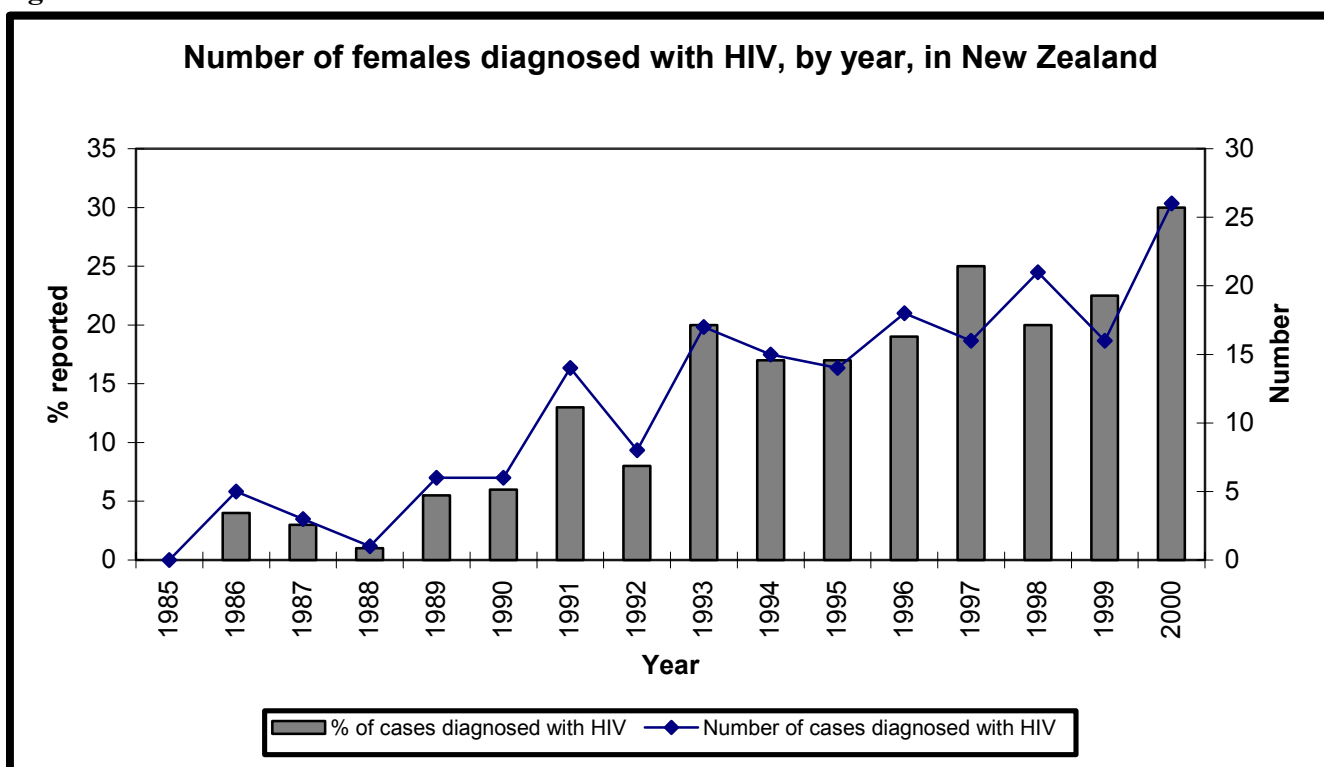
HIV/AIDS also has fatal implications for the children of infected women.

Efforts to reverse the spread of HIV/AIDS to girls and women will require a greater understanding of the role of gender relations in HIV transmission. Results of community-based research can be used to provide information and teach skills that will enable young women to make appropriate decisions, to resist sexual violence, to communicate effectively about sex, and to insist on condom use. Ultimately the control of HIV/AIDS in women will require greater care and commitment from men and women alike in the expression of sexuality in safe, healthy and positive ways.

HIV/AIDS among women in New Zealand

Since the first woman was diagnosed with AIDS in New Zealand in 1986, a total of 45 females have been notified with AIDS (6% of the total). During that time 202 females (10 girls and 192 women) have been diagnosed with HIV infection in New Zealand (14% of the total). The number and proportion of HIV infections diagnosed among females in New Zealand have been increasing since the early 1990s, with a

Figure 1



record 26 HIV infections (32% of the total) diagnosed among females during 2000 (figure 1, previous page). One-third of the 48 infections diagnosed during the first half of 2001 have been in females.

Since the start of 1996, when the AIDS Epidemiology Group began to collect detailed information on the circumstances of new HIV infections, 113 of the 465 new infections diagnosed in New Zealand have occurred in females (24.3% of the total). Of these 113, the mode of infection is known for all but 11. Ninety female cases (80%) arose from heterosexual transmission, 4 cases were acquired perinatally, 1 case arose from injecting drug use, 1 case was due to a blood transfusion, and 6 cases were acquired by other means. All but 20 of the new HIV infections (82% of the total) diagnosed among females here were thought to have been acquired overseas, with 51 of the cases (45%) acquired in Africa and 22 cases (19%) acquired in Asia. Seventy percent of the females with new HIV infections were members of ethnic groups other than European, Maori or Pacific Islands people.

By contrast, the proportion of new male HIV infections acquired by heterosexual means since the start of 1996 was just 28% ($p < 0.0001$). This lower fraction reflects the fact that 192 of the 352 new infections seen in males (55%) were the result of homosexual contact. Compared to females, the proportion of male cases acquired overseas was also lower at 59% ($p < 0.0001$). Only 30% of males with newly diagnosed HIV belonged to ethnic groups other than European, Maori or Pacific Islands people ($p < 0.0001$). Males also tended to be older than the females, with a mean age of 37 years at diagnosis, compared to 29 years for the females ($p < 0.0001$).

Of the 20 females whose infections occurred in New Zealand, 19 were infected by heterosexual means and one was infected perinatally. By contrast, only 7 of the 146 males who acquired their infections in New Zealand were infected heterosexually ($p < 0.0001$). Seven of the females infected heterosexually in New Zealand had partners

from high-prevalence countries, while 7 had partners with other HIV risk factors. Information on partners' HIV risk was missing for 5 of the women.

AIDS and HIV Infection in New Zealand

The AIDS Epidemiology Group received 12 notifications of people (7 males and 5 females) with AIDS during the first half of 2001. Four of the men were reported to have been infected through sex with men. Seven people were infected heterosexually (2 males and 5 females). All but 2 of the females infected heterosexually were infected overseas. For one man the mode of infection is unknown, but his infection was likely to have been acquired in Asia.

The Group has been informed of 48 people (32 males and 16 females) found to be infected with HIV during the first half of 2001. So far information on the likely mode of infection has been obtained for 42. Of these 42, 18 were men who were reported to have had sex with men, and 20 (8 men and 12 women) were reported to have been infected heterosexually. One man was reported to have received a blood transfusion while living in Asia, one man was infected through injecting drug use overseas, and one woman was infected during a medical procedure in Africa. HIV was also diagnosed in the child of an HIV infected mother from Africa. Of those 20 reported to have been infected heterosexually, 15 (6 men and 9 women) were infected overseas. Of the 4 persons known to have been infected heterosexually in New Zealand, 3 had partners from high-prevalence countries and 1 was infected by a partner with unknown risk factors.

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 741 people notified as having AIDS and of the 1,513 people diagnosed with HIV in New Zealand to the end of June 2001 is shown in Tables 1 and 2 (overleaf).

Table 1. Exposure category by time of notification for 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 30.06.01		Total to 30.06.01		12 months to 30.06.01		Total to 30.06.01	
		No.	%	No.	%	No.	%	No.	%
Homosexual contact	Male	12	54.5	583	78.7	35	41.2	788	52.1
Homosexual contact & IDU	Male	0	0.0	10	1.3	1	1.2	15	1.0
Heterosexual contact	Male	3	13.6	42	5.7	12	14.1	126	8.3
	Female	5	22.7	33	4.5	19	22.3	148	9.8
Injecting drug use (IDU)	Male	0	0.0	13	1.7	1	1.2	33	2.2
	Female	0	0.0	5	0.7	0	0.0	8	0.5
Blood product recipient	Male	0	0.0	16	2.2	0	0.0	29	1.9
Transfusion recipient	Male	0	0.0	1†	0.1	2	2.4	7	0.5
	Female	0	0.0	1†	0.1	0	0.0	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	1.2	7	0.5
	Female	0	0.0	3	0.4	0	0.0	6	0.4
Awaiting information/ undetermined	Male	2	9.1	30	4.0	9	10.6	285	18.8
	Female	0	0.0	2	0.3	3	3.5	26	1.7
	NS	0	0.0	0	0.0	0	0.0	14	0.9
Other	Male	0	0.0	0	0.0	0	0.0	2	0.1
	Female	0	0.0	1	0.1	2	2.4	8	0.5
TOTAL		22	100.0	741	100.0	85	100.0	1513	100.0

NS = Not stated

*Includes people who have developed AIDS

†Acquired overseas

Table 2. 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 30.06.01		Total to 30.06.01		12 months to 30.06.01		1.1.96 to 30.06.01	
		No.	%	No.	%	No.	%	No.	%
European/Pakeha	Male	10	45.5	554	74.8	35	41.2	198	42.6
	Female	1	4.5	24	3.2	3	3.5	19	4.1
Maori †	Male	1	4.5	78	10.5	2	2.4	20	4.3
	Female	2	9.1	3	0.4	2	2.4	5	1.1
Pacific Island	Male	1	4.5	17	2.3	1	1.2	6	1.3
	Female	0	0.0	4	0.5	1	1.2	7	1.5
Other	Male	4	18.2	40	5.4	17	20.0	106	22.8
	Female	2	9.1	14	1.9	17	20.0	79	17.0
Awaiting information/ undetermined	Male	1	4.5	7	0.9	6	7.1	22	4.7
	Female	0	0.0	0	0.0	1	1.2	3	0.6
TOTAL		22	100	741	100.0	85	100.0	465	100.0

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 Jason Eberhart-Phillips, AIDS Epidemiology Group, Department of Preventive and Social
 Medicine, University of Otago Medical School, PO Box 913, Dunedin, New Zealand
 Phone: (03) 479 7201, Fax: (03) 479 7298, or Email jeberhart@gandalf.otago.ac.nz