

# AIDS – New Zealand

## *AIDS AND HIV INFECTION IN NEW ZEALAND TO END OF DECEMBER 2002*

*In the second half of 2002, there were 7 notifications of AIDS (5 males and 2 females) and 67 people (54 males and 13 females) were found to be infected with HIV in New Zealand. To the end of December 2002, a total of 772 people (716 males and 56 females) have been notified with AIDS, and 1887 people (1608 males, 261 females, and 18 sex not stated) have been found to be infected with HIV. This total includes 222 persons whose infections were reported through viral load testing.*

### **THE GAY AUCKLAND PERIODIC SEX SURVEY (GAPSS) - 2002**

In March 2002, the AIDS Epidemiology Group collaborated with researchers at the New Zealand AIDS Foundation to survey men who have sex with men (MSM) in Auckland about risk behaviours, HIV testing patterns and attitudes to HIV/AIDS and safer sex. The study, called the Gay Auckland Periodic Sex Survey (GAPSS), was funded by the Ministry of Health, and is intended to be the first of regular surveys to measure changes in these areas.

Knowing what people do, and their attitudes, provides early warning of possible changes in the HIV/AIDS epidemic. Such surveys can also help locate sub-groups in which higher-risk activities are evident or emerging, allowing prevention programmes to be targeted. The World Health Organization now considers collecting information regularly on behaviour as a vital part of surveillance of the HIV/AIDS epidemic.

#### **Who participated?**

The GAPSS project invited men who have sex with men attending gay community activities and venues in Auckland in March 2002 to complete a short questionnaire. The majority (71%) of the 812 respondents were recruited at the Big Gay Out fair, 17% at saunas, and 12% at gay bars. Half of the participants were aged between 25-39, a third 40 or over, and the remainder under 25 years. Overall 8% identified

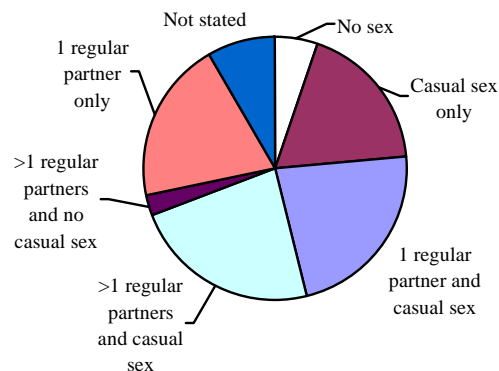
as Maori, 3% as Pacific Island and 9% gave another non-European ethnicity.

#### **Main findings**

##### *Sexual relationships*

The questionnaire asked about regular sex partners (those who the participant had had sex with four or more time in the previous six months) and casual partners (men who they had had sex with less often).

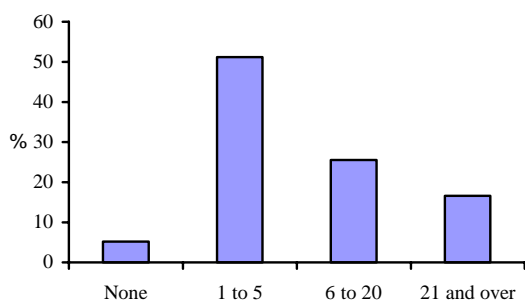
Patterns of sexual partnering were quite diverse. While about two-thirds (68%) had had a regular partner, and slightly fewer (63%) a casual partner in the previous 6 months, many had had both (Figure 1). Only one in five (20%) had had just one regular partner in that time.



**Figure 1 Sexual relationships with men in the previous 6 months** (“>1” indicates “greater than one”.)

Overall, 5% had had no sexual partners, and just over half (51%) of the participants had had

between one and five partners in the previous six months (Figure 2).



**Figure 2** Number of male sexual partners in the previous 6 months

Half (49%) of all participants had a current regular male partner at the time of survey. A quarter (25%) of these men had been in this sexual relationship for less than six months, and a similar proportion (26%) had been in this for five years or more.

#### *Sexual practice and condom use*

Safe sex practices were found to vary by type of partner. Anal sex was more common with regular (80%) than with casual sex partners (68%). Among those who had anal sex with their current (or last) regular partner, just under half (45%) were classified as high users of condoms and the same proportion low users. Among those having anal sex with a casual male partner or partners, most (85%) were categorised as high, and just 5% as low users.

Those men with a regular partner were asked about their partner's HIV status. Just under a third (30%) reported that they had not asked their partner, they did not know, or that their partner had never had an HIV test. Just under two-thirds (63%) said their partner was HIV negative, and a small proportion (4%) that he was positive.

#### *Testing for HIV*

The majority (71%) had tested for HIV at least once in their lifetime. A quarter of the sample (24%) had their last test in the six months prior to survey, however one-in-seven (14%) had last tested three or more years earlier.

Men aged under 25 were more likely to have been tested for HIV in the previous six months than older men, although their behaviours – as indicated by their number of partners in this period did not differ.

#### *HIV status*

Overall 5% of the total sample had tested HIV positive. This was higher (12%) among those aged 40 and over, than among those less than 40 years (3%).

#### *Attitudes to HIV/AIDS and safe sex*

Nearly one in five (19%) considered that HIV/AIDS was “a less serious threat because of new treatments”. Nearly all (95%) agreed that “condoms are OK as part of sex”, 40% said they “don't like wearing condoms because they reduce sensitivity”, and 13% would “rather risk HIV that use a condoms during anal sex”. About three quarters (74%) agreed that they would “expect a man who knew he had HIV to tell me he was positive before we had sex”.

There are some differences between these attitudes among the groupings of participants. For example, whereas over half (51%) of those 40 and over said they “don't like wearing condoms because they reduce sensitivity” this was reported by only a quarter (26%) of those under 25.

#### **Conclusion**

While it is evident that there are complex patterns of partnership and behaviours among MSM that cannot be fully documented by this form of study, clearly the risk of HIV transmission still exists in this group in Auckland.

Condom use was relatively high with casual partners though not universal. Condoms were used less within regular relationships. However, as having other sexual contact outside of regular partnerships was common, the risk of HIV transmission between regular partners cannot be ignored. In addition, a significant proportion of men in regular partnerships, for one reason or another, did not know the HIV status of their regular partner.

The responses to the questions on attitudes suggest that while the need for condoms is appreciated, a sizeable proportion, particularly of the older men in this sample, found they reduced sensitivity and preferred not to use them.

A significant minority agreed that HIV/AIDS was less of a threat because of new treatments. While medical advances have improved the survival of people with HIV, this will, if anything, increase the prevalence of HIV, and therefore not necessarily diminish the risk of being exposed to HIV. Internationally there is

concern that effective treatments might lead to less concern and hence less safe sex.

While this survey gave only a snapshot of the behaviour and attitudes of MSM, it is hoped that it will be repeated every two years to see how these change with time.

The willingness of so many MSM to be involved in this survey, and the strong support of the gay community, is greatly appreciated. It is hoped that it will lead to a safer environment for MSM.

*For further details of the finding of GAPSS please contact: [peter.saxton@nzaf.org.nz](mailto:peter.saxton@nzaf.org.nz)*

### AIDS AND HIV INFECTION IN NEW ZEALAND

The AIDS Epidemiology Group received notifications of five men and two women with AIDS during the second half of 2002. Three of the men were reported infected through sex with other men and two through heterosexual contact. Both females were heterosexually infected overseas.

The Group has been informed of 54 people (43 males and 11 females) found to be infected with HIV during the second half of 2002 through HIV antibody testing. Information has been obtained on 51, of whom 25 were men who had had sex with other men, and 18 (nine men and nine women) were heterosexually infected. Three men were infected through injecting drug use, two in New Zealand and one overseas. One child was infected perinatally overseas, and for four people the mode of infection remains unknown.

Of the 25 men infected through sex with other men, 18 were known to have had a previous negative test, 10 in the last two years (six in New Zealand). Clearly men who have sex with men are continuing to be infected with HIV in this country.

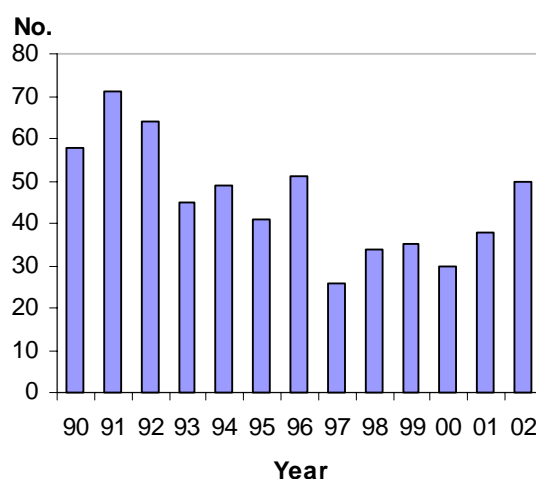
Of the 18 people reported infected heterosexually, 14 (eight men and six women) were infected overseas. Of the four infected heterosexually in New Zealand, two had had partners infected in high-prevalence countries, and for the two the risk status of the partner remains unknown.

A further 13 people (11 males and two females) who had viral load testing in this period were not known to have had an antibody test in this country. So far information has been received

for 10 of these people, of whom seven were diagnosed overseas, two in New Zealand and for one the place of diagnosis is unknown.

### AIDS and HIV diagnoses acquired through homosexual contact

During 2002, whilst only five men infected through homosexual contact were notified with AIDS, there were 50 diagnosed with HIV through antibody testing in New Zealand. As shown in Figure 3 this is higher than in recent years. Although some men now being diagnosed might have acquired their infection many years ago, as discussed earlier, there is evidence that new infections are still occurring.



**Figure 3** Number diagnosed with HIV acquired through homosexual contact 1990-2002

### Exposure categories and ethnicity of people notified with AIDS and found to be infected with HIV

In Table 1 and 2 overleaf are shown the risk, sex and ethnicity, of the 772 people notified with AIDS and of the 1887 people ever found to be infected with HIV in New Zealand to the end of December 2002.

The number of people with HIV include those diagnosed through antibody testing in New Zealand, and those whose infection has been monitored with viral load testing. Many of the latter were initially diagnosed overseas and have not had antibody tests here. The inclusion of the latter in Table 1 explains the discrepancy between the number of men infected through homosexual contact in Table 1 and in the previous section.

**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 31.12.02		Total to 31.12.02		12 months to 31.12.02		Total to 31.12.02	
		No.	%	No.	%	No.	%	No.	%
Homosexual contact	Male	5	29.4	592	76.7	67	49.3	1015	53.8
Homosexual & IDU	Male	0	0.0	10	1.3	0	0.0	23	1.2
Heterosexual contact	Male	6	35.3	51	6.6	19	14.0	171	9.1
	Female	5	29.4	42	5.4	20	14.7	200	10.6
Injecting drug use (IDU)	Male	0	0.0	13	1.7	8	5.9	45	2.4
	Female	0	0.0	5	0.6	0	0.0	11	0.6
Blood product recipient	Male	0	0.0	16	2.1	0	0.0	34	1.8
Transfusion recipient	Male	0	0.0	2†	0.3	0	0.0	9	0.5
	Female	0	0.0	1†	0.1	1	0.7	7	0.4
	NS	0	0.0	0	0.0	0	0.0	5	0.3
Perinatal	Male	0	0.0	3	0.4	0	0.0	9	0.5
	Female	1	5.9	4	0.5	2	1.5	9	0.5
Awaiting information/undetermined	Male	0	0.0	30	3.9	18	13.2	298	15.8
	Female	0	0.0	2	0.3	1	0.7	27	1.4
	NS	0	0.0	0	0.0	0	0.0	13	0.7
Other	Male	0	0.0	0	0.0	0	0.0	4	0.2
	Female	0	0.0	1	0.1	0	0.0	7	0.4
<b>TOTAL</b>		<b>17</b>	<b>100.0</b>	<b>772</b>	<b>100.0</b>	<b>136</b>	<b>100.0</b>	<b>1887</b>	<b>100.0</b>

NS = Not stated

† Acquired overseas

\* 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. Also, the date of initial diagnosis may have preceded the viral load date by months or years.

**Table 2. Ethnicity by time of notification for people with AIDS, and 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.**

Ethnicity	Sex	AIDS				HIV Infection*			
		12 months to 31.12.02		Total to 31.12.02		12 months to 31.12.02		1.01.96 to 31.12.02	
		No.	%	No.	%	No.	%	No.	%
European/Pakeha	Male	5	29.4	562	72.8	72	52.9	421	50.1
	Female	1	5.9	26	3.4	8	5.9	50	6.0
Maori†	Male	3	17.6	81	10.5	8	5.9	47	5.6
	Female	1	5.9	4	0.5	0	0.0	6	0.7
Pacific Island	Male	0	0.0	17	2.2	1	0.7	9	1.0
	Female	0	0.0	4	0.5	0	0.0	11	1.1
Other	Male	3	17.6	50	6.5	22	16.2	162	19.3
	Female	4	23.5	21	2.7	16	11.8	105	12.5
Awaiting information/undetermined	Male	0	0.0	7	0.9	9	6.6	28	3.3
	Female	0	0.0	0	0.0	0	0.0	1	0.1
<b>TOTAL</b>		<b>17</b>	<b>100.0</b>	<b>772</b>	<b>100.0</b>	<b>136</b>	<b>100.0</b>	<b>840</b>	<b>100.0</b>

NS = Not stated

† Includes people who belong to Maori and another ethnic group

\* 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. Also, the date of initial diagnosis may have preceded the viral load date by months or years.

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