

NEW ZEALAND

Summary

The first AIDS cases in New Zealand were reported in 1983. The incidence of AIDS increased progressively until 1989, but has decreased since 1991. As of the end of June 1999, 1371 HIV infections (including 681 AIDS cases and 532 HIV/AIDS related deaths) had been reported. Reporting of AIDS in New Zealand appears to be nearly complete.

The majority of reported HIV infections occur among men (88%). The largest representation is among MSM infected through homo-/bisexual contacts (54%). While the percentage of reported HIV cases attributable to heterosexual transmission increased from 0% in 1985 to 44% in 1998, most such cases were acquired outside the country. Many refugees from high prevalence geographic areas contributed to the increase in reported cases of HIV in 1998.

The number of STI reported remains low. Gonococcal antimicrobial resistance is lower than most countries in the region (up to 15% for penicillin, <2% for quinolones). The percentage of people who report use of condoms is low, both among men (23%) and women (19%)

Surveillance Structure

- The CDC AIDS case definition (1993) is used (excluding CD4 count of less than 200).
- AIDS cases are notifiable to the Ministry of Health.
- Although new HIV cases are not formally notifiable, they are reported by the two laboratories performing confirmatory tests.
- Curable STI are not notifiable.

HIV/AIDS

Reported cases as of June 1999

Since the first case of AIDS was reported in 1983, 1371 HIV infections including 681 AIDS cases have been reported. Reported AIDS cases have decreased since 1992 (Table 1).

Although the number of annual HIV/AIDS decreased between 1991 and 1997, an increase occurred in 1998. This may be attributed to a large number of refugees from certain high prevalence areas. The decline in AIDS incidence since 1990 is related to an earlier decrease in HIV incidence among homo-/bisexual men.

Table 1: Reported cases of HIV/AIDS by year of diagnosis in New Zealand as of June 30 1999

	<86	87	88	89	90	91	92	93	94	95	96	97	98	99	Total
AIDS	21	30	44	71	71	69	62	53	47	60	59	31	26	9	681
HIV/ AIDS	125	105	96	108	104	111	106	88	88	82	93	63	105	34	1371

The majority of diagnosed HIV infections and AIDS cases have occurred among MSM through homo-/bisexual contacts (Table 2). Twenty four per cent of data on mode of transmission for HIV infections were missing for some of the early years of surveillance. Since the first heterosexually acquired HIV case was reported in 1986, the proportion of diagnosed HIV infections from heterosexual contact increased steadily, reaching 30% by 1998. Most of these infections were acquired outside New Zealand. The increase in observed HIV infections in 1998 was associated with a large number of refugees from high prevalence areas.

Table 2: Distribution of cumulative reported HIV/AIDS cases by sex and mode of transmission in New Zealand as of June 1999

	HIV (%)	AIDS (%)
Sex		
Male	88	95
Female	11	5
Unknown	1	0
Mode of transmissio		
Homo-/bisexual	54	80
IDU	15	9
Heterosexual	4	4
Blood products	3	2
Mother to infant	<1	<1
Other/unknown	24	4

Active HIV/AIDS surveillance HIV serological surveillance suggests generally low HIV prevalence rates in New Zealand.

- Anonymous, unlinked seroprevalence studies of STI clinic patients were carried out in 2 centres in 1992-1993 and 4 centres 1996-1997. Moderate prevalence rates have been found among MSM and low rates among heterosexual men and women (Table 3).

Table 3: HIV/AIDS seroprevalence rates in unlinked, anonymous studies among sexual health clinic attendees

	1991-1992			1996-1997					
	Auckland and Christchurch			Auckland, Hamilton Wellington & Christchurch			Auckland and Christchurch		
	No.	per 1000	95%CI	No.	per 1000	95% CI	No.	per 1000	95% CI
Heterosexual men	6/4486	1.3	0.5%-2.9	3/3816	0.8	0.2-2.4	3/2972	1.0	0.2-3.0
MSM	13/295	44.1	23.5-75.4	5/266	18.8	6.2-43.3	5/161	31.1	10.2-71.0
Heterosexual women	4/3660	1.1	0.3-2.8	2/2980	0.7	0.1-2.5	2/2138	0.9	0.06-3.4

- Voluntary, anonymous prevalence studies in 1992 and 1997 used saliva testing among IDUs participating in needle exchange programmes (Table 4). Prevalence rate was found to be 0.3% in both years. Prevalence rate among IDUs enrolled in sexual health clinic studies was also found to be less than 1%.

Table 4: HIV prevalence rates among needle exchange programme attendees in New Zealand (1992 and 1997)

	1992			1997		
	No.	%	95% CI	No.	%	95% CI
IDUs	2/591	0.3	0.04-1.2	4/1193	0.3	0.09-0.9

- An unlinked anonymous prevalence study of SWs attending sexual health clinics in 1996-1997 showed prevalence rate less than 1%.

- Only one of more than 750 000 voluntary, unremunerated blood donations since mid-1994 has been identified as HIV infected.

Estimates and projections for HIV/AIDS

A comprehensive profile of the present and future epidemiological situation was developed by a group of international experts in 1998; their estimates and other analyses were subsequently endorsed by New Zealand's government. An estimated 1200 persons were living with HIV infection (prevalence in people aged 15-49 years, <0.1%) (Table 5). It is believed that the prevalence of HIV infection will rise slightly, not due to the immigration of HIV infected people, but due to new infections occurring in New Zealand, and the prolonged transition period from asymptomatic HIV infection to AIDS attributable to the recent introduction of highly active antiretroviral therapy.

Table 5: Estimates and projections for HIV/AIDS in New Zealand adults (15 years or older) and total population in 1998 and 2000

		1998	2000*
	Population (15-49) (thousands)	1941	1959
AIDS	Incidence	35	-
	Incidence rate in adults (15-49)	<0.1%	-
HIV	Prevalence	1200	1250
	Prevalence rate in adults (15-49)	<0.1%	<0.1%

*Projections of AIDS incidence were not made given the need to adjust for the impact of antiretroviral treatment.

Sexual contact accounts for 95% of all HIV infections. The proportion of cases occurring in women remains low (an estimated 15%, Table 6).

Table 6: HIV/AIDS epidemiological features of HIV/AIDS in New Zealand (1998 estimates)

HIV	Prevalence	1200
	Prevalence rate in adults (15-49)	<0.1%
	Women among HIV infected population	15%
HIV Infection by mode of transmission	Sexual contact	95%
	Injecting drug use	3%
	Others	2%
	Estimated reporting rate for HIV	>95%
	Estimated reporting rate for AIDS	>90%

STI other than HIV

Reported cases STI cases are not reported.

Active STI surveillance Some data on prevalence of STI are available from ad hoc studies. One survey of patients attending family planning clinics in 1987 reported prevalence of 15.8% for chlamydia. In 1990, a sample of women with pelvic inflammatory disease showed chlamydia prevalence of 40%. In a cohort of young people, 7.5% of males and 16% of females reported having had an STI (1993).

Estimates for STI Sufficient survey data are not available to develop national prevalence estimates for STI.

Gonococcal antimicrobial resistance Data from indicate that, during 1992 through 1997, the percentage of gonococcal strains resistant to penicillin ranged from 9 to 15%. Resistance for quinolones was less than 2%.

HIV and STI Risk Behaviour Surveillance

Results of a 1995 national survey showed that 32% of men and 20% of women aged 20 to 24 years reported two or more sexual partners in the previous 12 months. Recent condom use rates were 23% for men and 19% for women.