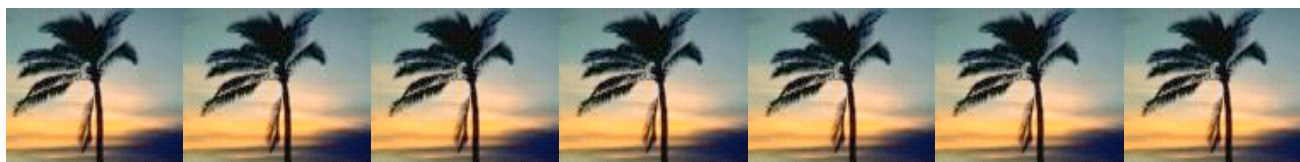


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# AIDS – New Zealand

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## UPDATE ON HIV/AIDS IN THE PACIFIC REGION

With the forthcoming Pan-Pacific Regional HIV/AIDS Conference in Auckland in October (see overleaf), this issue of AIDS New Zealand presents an overview of the HIV/AIDS epidemic in the Pacific Region.

Globally the number of people infected with HIV/AIDS continues to grow, with currently 40 million people estimated to be living with HIV (United Nations AIDS). Much of the focus has been on Sub-Saharan Africa where more than 60% of those infected with HIV live. The Pacific Region, which comprises 22 independent countries, has been largely overlooked in view of the overall epidemic and also that which is occurring in neighbouring countries of Southeast Asia.

Although the current prevalence is low in many Pacific Island countries the epidemic has been likened to “a dangerously powerful storm that was forming offshore” and in Papua New Guinea, which has the highest prevalence, the situation has been described as a “silent catastrophe”.<sup>1</sup>

### Surveillance of HIV/AIDS in the Pacific Region

The first known case of HIV/AIDS in a Pacific Island country was reported in 1982. Since that time, the total number of HIV positive cases recorded in the 22 Pacific Island countries has risen to 11,212 (December 2004). The table on the next page shows the distribution of cases throughout the

region. Papua New Guinea has the highest recorded cumulative incidence of HIV, accounting for about 90 percent of the region's reported cases. The remaining 21 countries have a combined total of only 1,028 people infected with HIV. But we could be seeing just the tip of the iceberg as the number of reported cases, and the differences among countries, may be affected by access to diagnostic tests, testing uptake, and the effectiveness of public health surveillance.<sup>2</sup>

The majority of those affected in Pacific Island countries are men and women infected through heterosexual contact with an almost equal proportion overall (51% men, 45% women and 4% unknown). A smaller number of children are being infected through mother to child transmission, while an even smaller number are thought to be infected through intravenous drug use and homosexual contact. The epidemic in Papua New Guinea (PNG) is considered to be generalized and while originally thought to be mostly confined to the Port Moresby area, during the first three months of 2000, new cases were reported in 11 of PNG's 20 provinces.<sup>3</sup>

The high rate of sexually transmitted infections and teenage pregnancies is the reason given for fearing a much greater epidemic than is currently seen. A study of 427 pregnant women utilizing two antenatal hospital clinics in Samoa showed that overall 42.7% had at least 1 sexually transmitted

1. Cullen T. Press coverage of AIDS/HIV in the South Pacific: Short-term view of a long-term problem. *Pacific Journalism Review* 2003; 9: 139-147

2. Secretariat of the Pacific Community. The Pacific Regional Strategy on HIV/AIDS 2004-2008. 5 July 2004. [www.spc.org.nc](http://www.spc.org.nc)

3. Caldwell J and Isaac-Toua G. AIDS in Papua New Guinea: Situation in the Pacific. *J Health Popul Nutr* 2002; 20(2) 104-11

disease (STD), mostly chlamydia and trichomoniasis, and that young women less than 25 years were three times more likely to have a STD than older women<sup>4</sup>. A similar study carried out amongst 547 women in Vanuatu showed 40% of women who had one or more STD<sup>5</sup>.

### Challenges to addressing HIV/AIDS

The high rate of STDs not only reflects failure or lack of safe sex messages, but also STDs are known risk factors for increased HIV transmission. Efforts to prevent, detect and treat these infections can substantially reduce HIV transmission.

Issues raised include concern that poor understanding of how HIV is transmitted can lead to fear and a low level of social tolerance for those infected. This is compounded by cultural taboos on open discussion of sexual matters. Putting a human face on the problem by encouraging people living with HIV/AIDS to talk about it openly will encourage an atmosphere of gradual acceptance.

Large rural populations make access to services and information difficult. Alongside this, limited economic opportunities and unemployment result in a high level of travel and time away from home which can lead to more risky behaviours.

Inequalities faced by women and the cultural norms surrounding the role of women in society place them in positions of vulnerability and greater risk of HIV transmission.

### HIV in Pacific Island people diagnosed in New Zealand

Since the start of enhanced surveillance of new HIV infections in New Zealand in 1996, a total of 32 Pacific Island people have been diagnosed through antibody testing and 8 found to be infected with HIV in New Zealand through viral load testing. Of these 40 people (25 males and 15 females), 18 were thought to have been infected in New Zealand, 15 in a mixture of Pacific Island

Countries, 5 in other overseas countries and for 2 the place of infection was unknown. Of the 18 infected in New Zealand, most (61%) were men infected through sex with another man, whereas 80% of those infected in the Pacific Region were men and women infected through heterosexual contact.

Much is being done in the Pacific to deal with the challenges of HIV prevention and control. It is important that this is maintained and built upon to ensure that Pacific peoples are protected from HIV and that those who are already infected are cared for and supported.

Table 1 Cumulative HIV/AIDS per 100,000 population Pacific Islands Countries & Territories (PICTs), NZ and Australia at 31 Dec 2004

Country	HIV (inc. AIDS)	Cumulative incidence rate per 100,000
American Samoa	3	4.8
Cook Islands	2	14.3
Federated States of Micronesia	25	22.2
Fiji Islands	182	21.8
French Polynesia	243	97.0
Guam	168	101.1
Kiribati	46	49.4
Marshall Islands	10	18.1
Nauru	2	19.8
New Caledonia	272	114.8
Niue	0	-
Northern Mariana Islands	25	32.1
Palau	8	38.6
Papua New Guinea*	10,184	178.8
Pitcairn Islands	0	-
Samoa	12	6.6
Solomon Islands	5	1.1
Tokelau Islands	0	-
Tonga	13	13.2
Tuvalu	9	93.8
Vanuatu	2	0.9
Wallis and Futuna	1	6.7
<b>All PICTs</b>	<b>11,212</b>	<b>130.1</b>
<b>All PICTs (excl. PNG)</b>	<b>1,028</b>	<b>35.2</b>
<b>New Zealand</b>	<b>1,975</b>	<b>49.5</b>
<b>Australia**</b>	<b>23,306</b>	<b>118.1</b>

\* Sept.2004 \*\* Dec 2003

Source: AIDS Section, Public Health Programme, Secretariat of the Pacific Community ([www.spc.int/aids](http://www.spc.int/aids)) (7<sup>th</sup> June 2005)

4. Sullivan E.A. et al. Prevalence of sexually transmitted diseases and human immunodeficiency virus among women attending prenatal services in Apia, Samoa. International Journal of STD & AIDS 2004; 15: 116-9

5. Sullivan E.A. et al. Prevalence of sexually transmitted infections among antenatal women in Vanuatu, 1999-2000. Sexually Transmitted Diseases 2003;30: 362-6

## For further information on HIV/AIDS in the Pacific Region

Pacific Islands AIDS Foundation

<http://www.pacificaids.org>

Secretariat of the Pacific Community

<http://www.spc.org.nc/aids/>

WHO Regional Office for the Western Pacific

<http://www.wpro.who.int>

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## HIV and AIDS in New Zealand

### HIV

For the first six months of 2005, 85 people (68 males and 17 females) have been found to be infected with HIV through antibody testing. A further 17 people (14 males and 3 females), mostly diagnosed overseas who had not had an antibody test here, had viral load testing in this period.

The likely means of infection and ethnicity of the 102 people diagnosed with HIV in the first half of 2005 are shown in Tables 2 and 3 (overleaf)

### AIDS

To the end of June 2005, a total of 875 people (799 males and 76 females) have been notified with AIDS. Overall 653 (75%) were men infected through sex with another man; 132 (15%) were men and women infected through heterosexual contact; 19 (2%) through injecting drug use; 20 (2%) as a result of a blood product or transfusion; 12 (1%) through perinatal transmission; and for 39 (4%) the mode of infection remains unknown.

Of those notified with AIDS; 636 (73%) were European; 94 (11%) Maori; 26 (3%) Pacific Island; 112 (13%) of "other" ethnicity; and for 7 (1%) information on their ethnicity was not provided.



**TE WHĀNAU O TE MOANA-NUI-A-KIWA,  
ME TE MATE PAREKORE – FAMILY OF THE  
PACIFIC AND HIV/AIDS**

**PAN PACIFIC REGIONAL HIV/AIDS CONFERENCE 2005**  
**AUCKLAND CONVENTION CENTRE, THE EDGE,  
AUCKLAND, AOTEAROA/NEW ZEALAND**

**25 – 28 OCTOBER 2005**

Please mark these dates in your diary and share this information with your colleagues and friends

For information about the conference contact:

[contact@panpacific-hiv aids05.net.nz](mailto:contact@panpacific-hiv aids05.net.nz) or [www.panpacific-hiv aids05.net.nz](http://www.panpacific-hiv aids05.net.nz)

**Table 2. 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 (antibody and viral load)*							
		<2000		2000-2004		2005 (to end of June)		Total	
Exposure category	Sex	No.	%	No.	%	No.	%	No.	%
Homosexual contact	Male	854	55.9	346	47.5	51	50.0	1251	53.1
Homosexual & IDU	Male	19	1.2	12	1.6	1	1.0	32	1.4
Heterosexual contact	Male	116	7.6	130	17.8	14	13.7	260	11.0
	Female	126	8.2	141	19.3	18	17.6	285	12.1
Injecting drug use (IDU)	Male	34	2.2	19	2.6	0	0.0	53	2.2
	Female	10	0.6	1	0.1	0	0.0	11	0.5
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	1.0	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	0	0.0	16	0.7
	Female	4	0.3	10	1.4	0	0.0	14	0.6
Awaiting information/ undetermined	Male	266	17.4	44	6.0	14	13.7	324	13.7
	Female	21	1.4	6	0.8	2	2.0	29	1.2
	NS	13	0.8	0	0.0	0	0.0	13	0.6
Other	Male	3	0.2	1	0.1	1	1.0	5	0.2
	Female	4	0.3	3	0.4	0	0.0	7	0.3
<b>TOTAL</b>		<b>1527</b>	<b>100.0</b>	<b>729</b>	<b>100.0</b>	<b>102</b>	<b>100.0</b>	<b>2358</b>	<b>100.0</b>

NS = Not stated

**Table 3. 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 (antibody and viral load)*							
		1996-1999		2000-2004		2005 (to end of June)		Total	
Ethnicity	Sex	No.	%	No.	%	No.	%	No.	%
European/Pakeha	Male	256	53.4	338	46.4	47	46.1	641	48.9
	Female	25	5.2	30	4.1	4	3.9	59	4.5
Maori†	Male	29	6.1	41	5.6	6	5.9	76	5.8
	Female	4	0.8	5	0.7	1	1.0	10	0.8
Pacific Island	Male	4	0.8	19	2.6	2	2.0	25	1.9
	Female	4	0.8	10	1.4	1	1.0	15	1.1
Other	Male	94	19.6	154	21.1	20	19.6	268	20.5
	Female	49	10.3	119	16.3	12	11.8	180	13.7
Awaiting information/ undetermined	Male	13	2.7	13	1.8	7	6.9	33	2.5
	Female	1	0.2	0	0.0	2	2.0	3	0.2
<b>TOTAL</b>		<b>479</b>	<b>100.0</b>	<b>729</b>	<b>100.0</b>	<b>102</b>	<b>100.0</b>	<b>1310</b>	<b>100.0</b>

† 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. The date of initial diagnosis may have preceded the viral load date by months or years.

For further information about the occurrence of HIV/AIDS in New Zealand contact  
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