

AIDS – New Zealand

HIV & AIDS IN NEW ZEALAND – 2006

HIV INFECTION

- A total of 177 people were diagnosed with HIV through antibody testing in New Zealand in 2006.
- 70 were men infected through sex with other men (MSM), 85 were people infected through heterosexual contact, 2 were children infected through perinatal transmission overseas, for 8 people information is yet to be received and for 12 people the mode of infection was unknown.
- A further 27 people with HIV infection, who had not had an antibody test here, had their first viral load test in New Zealand in this period. These were mostly people who had been previously diagnosed overseas.

AIDS

- 29 people were notified with AIDS in 2006.
- 14 were men infected through sex with other men and 15 were people infected through heterosexual contact.
- 13 were European, 3 Maori, 2 Pacific people, 6 Africans and 5 Asians.

HIV infection

In 2006, 177 people were newly diagnosed with HIV in New Zealand through antibody testing. This is similar to the overall number (183) diagnosed in 2005. A further 27 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. It must be remembered that

these figures relate to people diagnosed in each respective year and that the infection may have occurred many years earlier.

A total of 85 people (40 men and 45 women) diagnosed with HIV in 2006 were infected through heterosexual contact. This is the highest number of heterosexuals and also the highest number of females diagnosed in any one year in New Zealand. One reason for this is that 2006 was the first full year of HIV screening of new immigrants since the introduction of new government regulations in November 2005. For

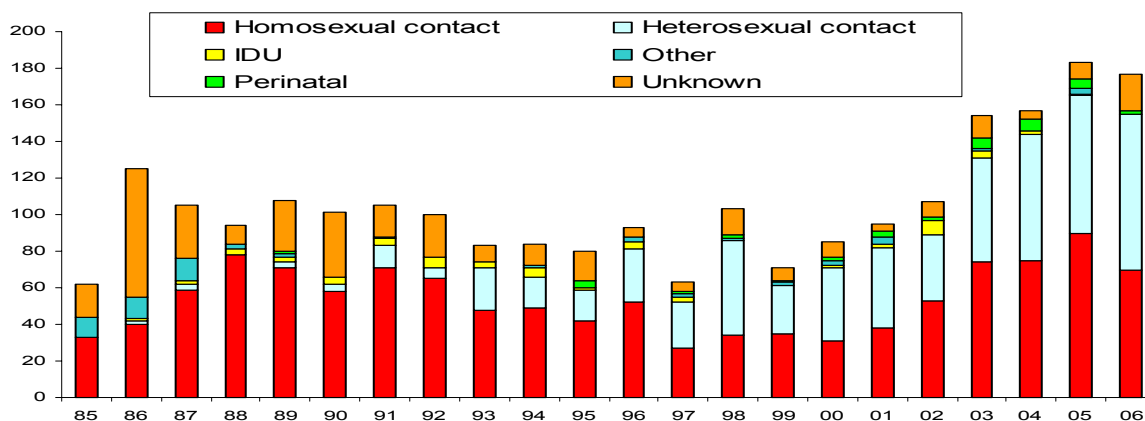


Figure 1 Number of people diagnosed with HIV in New Zealand through antibody testing by year of diagnosis* and means of infection. * Infection might have occurred some time before diagnosis.

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.

49 people (27 men and 22 women) HIV testing was being undertaken as part of an immigration medical – 28% of all those diagnosed in 2006.

Of the 49 people diagnosed through immigration medical, 35 (71%) were people who had been heterosexually infected, 6 (12%) were men who had had sex with men, 1 (2%) was infected through perinatal transmission, and for 7 (14%) the mode of infection remains unknown. The average age was 35 years, with a wide range from 15 to 61 years. The main ethnic group was African (61%), followed by Asian (22%), and 16% were of other ethnic groups.

Not all these people diagnosed through immigration medical will be staying in New Zealand permanently.

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

Overall, 70 MSM were diagnosed with HIV through antibody testing in 2006, including one who might have been infected through injecting drug use. While this is a smaller number than 2005, it is similar to the numbers diagnosed in 2003 and 2004.

Of the 70 MSM diagnosed in 2006, for 52 (74%), the infection was reported to have occurred in New Zealand (Figure 2).

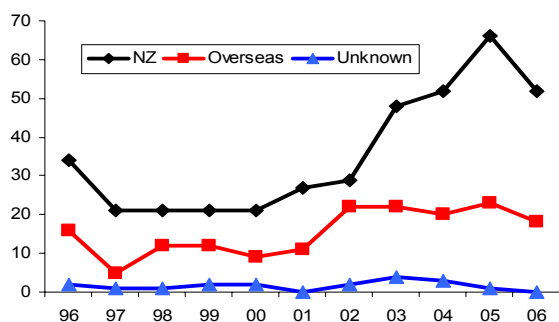


Figure 2 Place of infection of MSM diagnosed by antibody test, by year of diagnosis

Of these 52, at least 23 were infected in the previous 5 years, and at least 9 of these in the last 12 months. This information is on the basis of reports of timing of previous negative tests, showing evidence of continuing transmission among men who have sex with men in this country.

The average age of these 52 men was 38 years, with most - 22 (42%) - in the 40-49 year age group. Nevertheless there was a wide range with 15% aged less than 30 years old, and 15% aged 50 years or more.

Most of these men (77%) were of European ethnicity, with 11%, 8% and 2% being of Maori, Asian and Pacific ethnicity respectively. The majority (81%) were living in the North Island (mainly in the Auckland region).

It is encouraging that the number of MSM being diagnosed with HIV in New Zealand has not continued to rise. However, HIV remains a threat to this group and risk is not confined to any particular age or ethnic group.

HIV diagnoses among people heterosexually infected

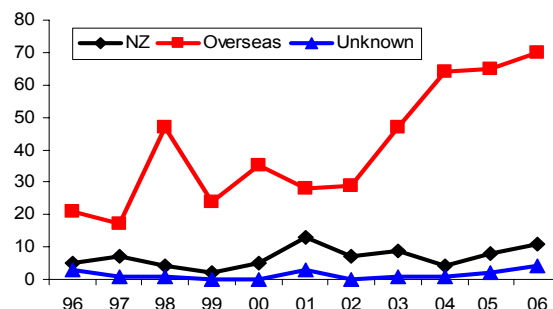


Figure 3 Place of infection of those infected through heterosexual contact, diagnosed by antibody test, by year of diagnosis

In 2006 the highest number of people (85, 40 men and 45 women) were diagnosed with heterosexually-acquired infection, 10 more than in 2005 – a 13% rise. As mentioned earlier, the requirement for HIV testing to be undertaken as part of an immigration medical was a major factor in this rise.

As in previous years, in contrast to the pattern for MSM, the majority - 64 (82%) - of these people were infected overseas, and only 11 (13%) in New Zealand (Figure 3). In 2006, 20% of those diagnosed in New Zealand with heterosexually-acquired HIV were of European, Maori or Pacific ethnicity.

In 2006 five women have tested HIV positive through antenatal screening, one of whom was found to be positive through the newly introduced Universal Routine-Offer Antenatal HIV Screening Programme

Over the past 5 years, of the 322 people diagnosed with heterosexually acquired HIV, 39 (12%) - 17 men and 22 women - were reported to have been infected in New Zealand. Of these 39, 14 (36%) were infected by a partner who had been heterosexually infected overseas, mostly from countries where heterosexual HIV is relatively common. Of the remaining 25, 5 were women

infected by partners who had been infected through homosexual contact or injecting drug use. For 20 people the means of infection of the partner was not reported or unclear.

In 2006, more people diagnosed with HIV were infected through heterosexual contact than homosexual contact.

Most people infected through heterosexual contact acquired the infection outside New Zealand, but most infected through homosexual contact acquired their infection in New Zealand.

The main risk for acquiring HIV infection in New Zealand is still among MSM.

Most who require diagnosis and care for HIV infection are either MSM or people from high prevalence areas. Nevertheless, there is the potential for wider spread of HIV and testing is important for all people at potential risk of sexual transmission.

Children infected through mother to child transmission

Two children were diagnosed in 2006 with HIV that had been acquired through mother to child transmission (Figure 4). Both were born overseas.

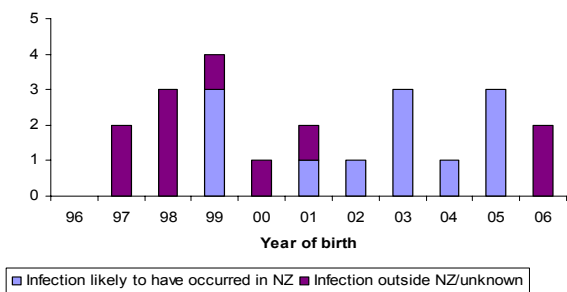


Figure 4 Number of children diagnosed with mother to child transmission in New Zealand, by year of birth

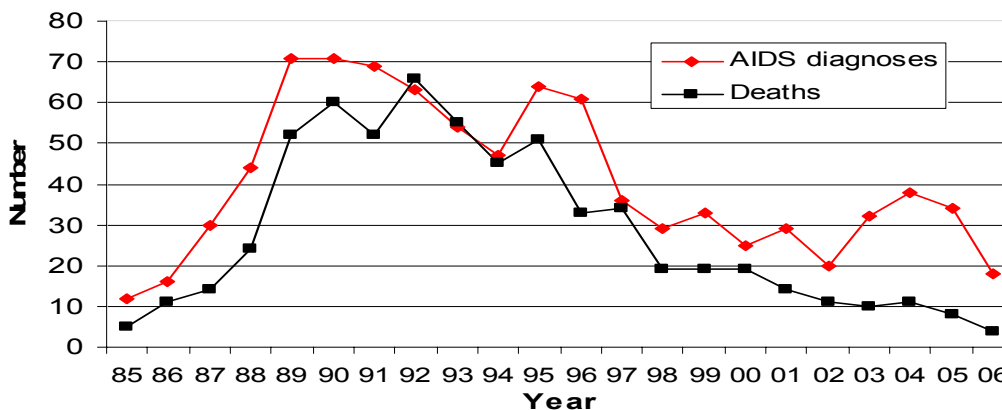


Figure 5 Annual number of diagnoses of AIDS and deaths among people notified with AIDS. (The number of notifications and deaths for 2006 might rise due to delayed reports)

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.

A total of 29 people were notified with AIDS in 2006 of whom 10 were diagnosed in the previous year. Fourteen were men infected through sex with other men and 15 were people infected through heterosexual contact. Thirteen were of European ethnicity, 3 Maori, 2 Pacific people, 6 Africans and 5 Asians. The average age of those notified in 2006 was 40 years.

The number of deaths continues to remain well below the number of AIDS notifications indicating that treatment has allowed prolonged survival in many people with AIDS. However, a number of people are having their HIV infection diagnosed late. For example, 78% of the 134 people diagnosed with AIDS in the five year period from 2002-2006 had their HIV infection diagnosed within three months of their AIDS diagnosis. If HIV infection had been diagnosed earlier, and they had been offered appropriate treatment, most people would not have progressed to AIDS in this time. This shows the importance of early HIV testing in preventing the development of AIDS.

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

		HIV Infection*									
		1985-1999		2000-2004		2005		2006		Total	
Exposure	Sex	No.	%	No.	%	No.	%	No.	%	No.	%
Homosexual contact	Male	854	55.9	346	47.5	110	50.7	85	41.7	1395	52.1
Homosexual & IDU	Male	19	1.2	12	1.6	2	0.9	1	0.5	34	1.3
Heterosexual contact	Male	116	7.6	130	17.8	39	18.0	40	19.6	325	12.1
	Female	126	8.2	141	19.3	42	19.3	48	23.5	357	13.3
Injecting drug use (IDU)	Male	34	2.2	19	2.6	1	0.5	0	0.0	54	2.1
	Female	10	0.6	1	0.1	0	0.0	0	0.0	11	0.4
Blood product recipient	Male	34	2.2	0	0.0	0	0.0	0	0.0	34	1.3
Transfusion recipient§	Male	6	0.4	3	0.4	1	0.5	0	0.0	10	0.4
	Female	6	0.4	3	0.4	0	0.0	0	0.0	9	0.3
	NS	5	0.3	0	0.0	0	0.0	0	0.0	5	0.2
Perinatal	Male	6	0.4	10	1.4	6	2.8	1	0.5	23	0.9
	Female	4	0.3	10	1.4	0	0.0	1	0.5	15	0.6
Other	Male	3	0.2	1	0.1	2	0.9	0	0.0	6	0.2
	Female	4	0.3	3	0.3	2	0.9	0	0.0	9	0.3
Awaiting information/undetermined	Male	266	17.4	44	6.0	9	4.1	21	10.3	340	12.7
	Female	21	1.4	6	0.8	3	1.4	7	3.4	37	1.4
	NS	13	0.8	0	0.0	0	0.0	0	0.0	13	0.5
TOTAL		1527	100.0	729	100.0	217	100.0	204	100.0	2677	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.

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 by antibody test and first viral load test. (A small number of transsexuals are included with the males).

		HIV Infection*									
		1996-1999		2000-2004		2005		2006		Total	
Ethnicity	Sex	No.	%	No.	%	No.	%	No.	%	No.	%
European/Pakeha	Male	257	53.5	337	46.4	94	43.3	73	35.8	761	46.7
	Female	25	5.2	30	4.1	8	3.7	6	2.9	69	4.2
Maori†	Male	29	6.0	41	5.6	14	6.4	9	4.4	93	5.7
	Female	4	0.8	5	0.7	1	0.5	3	1.5	13	0.8
Pacific Island	Male	4	0.8	19	2.6	7	3.2	5	2.4	35	2.1
	Female	4	0.8	10	1.4	1	0.5	2	1.0	17	1.0
African	Male	55	11.4	70	9.6	31	14.3	26	12.7	182	11.2
	Female	33	6.8	85	11.6	22	10.1	35	17.1	175	10.7
Asian	Male	32	6.7	69	9.5	16	7.4	19	9.3	136	8.3
	Female	16	3.3	32	4.4	12	5.5	3	1.5	63	3.9
Other	Male	7	1.4	16	2.2	6	2.7	4	2.0	33	2.0
	Female	0	0.0	2	0.3	1	0.5	4	2.0	7	0.4
Awaiting information/undetermined	Male	13	2.7	13	1.8	2	0.9	12	5.9	40	2.5
	Female	1	0.2	0	0.0	2	0.9	3	1.5	6	0.4
TOTAL		480	100.0	729	100.0	217	100.0	204	100.0	1630	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
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