

HIV / AIDS

Acquired Immunodeficiency Syndrome

Based on the MoH Communicable Diseases Control Manual 2012

[Awaiting an update on notification by primary care following the Health Protection Amendment Act](#)

Associated Documents

Notification form:

http://dnmeds.otago.ac.nz/departments/psm/research/aids/pdf/AIDS_Case_Rpt_Frm.pdf

Fact sheet:

<K:\CFS\Quality\ApprovedDocuments\ProtectionTeam\FactSheets\AIDS-HIVFactSheet.pdf>

The Illness

Acquired immunodeficiency syndrome (AIDS) is the late stage of the spectrum of disease caused by the human immunodeficiency virus (HIV). Currently in New Zealand, AIDS is a notifiable condition while HIV is not.

Epidemiology Of HIV And AIDS In New Zealand

In New Zealand, the number of people developing AIDS declined in the mid-1990s, as it did in many developed countries as a result of improved treatments for people with HIV infection. The majority of people currently meeting AIDS criteria have tested late for HIV and therefore have not previously been on anti-retroviral treatment.

The survival of those people who do progress to AIDS is also longer due to treatment, and the annual number of deaths is now consistently lower than the number notified with AIDS.

For the most up-to-date information on the epidemiology of HIV and AIDS in New Zealand, refer to *AIDS – New Zealand*, the six-monthly newsletter produced by the AIDS Epidemiology Group (www.otago.ac.nz/aidsepigroup) which is also posted on the Ministry of Health website (<http://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/hiv-aids>).

Case Definition

For surveillance purposes in New Zealand, and in most other developed countries, a person with HIV infection is said to have developed AIDS when one or more of a list of 25 AIDS-defining illnesses first develop. A CD4 count of less than 200 cells per cubic millimetre of blood, which is used in the United States as a criterion for AIDS, is not used in New Zealand.

AIDS-defining diseases (CDC 1993) are:

- candidiasis of bronchi, trachea or lungs
- candidiasis, oesophageal
- cervical cancer, invasive
- coccidioidomycosis, disseminated or extrapulmonary
- cryptococcosis, extrapulmonary
- cryptosporidiosis, chronic intestinal (> 1 month duration)
- cytomegalovirus disease (other than liver, spleen or nodes)
- cytomegalovirus retinitis (with impairment of vision)
- herpes simplex: chronic ulcer(s) (> 1 month duration), bronchitis, pneumonitis or oesophagitis
- histoplasmosis, disseminated or extrapulmonary
- HIV-related encephalopathy
- HIV-related wasting
- isosporiasis, chronic intestinal (> 1 month duration)
- Kaposi's sarcoma
- lymphoma, Burkitt's (or equivalent term)
- lymphoma, immunoblastic (or equivalent term)
- lymphoma, primary, of brain

	<ul style="list-style-type: none"> • <i>Mycobacterium avium</i> complex or <i>M. kansasii</i> infection, disseminated or extrapulmonary • <i>Mycobacterium tuberculosis</i> infection, any site (pulmonary or extrapulmonary) • <i>Mycobacterium</i>, other species or unidentified species, infection, disseminated or extrapulmonary • <i>Pneumocystis jiroveci</i> pneumonia • pneumonia, recurrent • progressive multifocal leukoencephalopathy • <i>Salmonella</i> septicaemia, recurrent • toxoplasmosis of brain. <p>For children, additional AIDS-defining conditions are:</p> <ul style="list-style-type: none"> • serious multiple or recurrent bacterial infections, that is, at least two culture confirmed infections (septicaemia, pneumonia, meningitis, bone or joint infection, or abscess of an internal organ or body cavity) within a 2-year period • lymphoid interstitial pneumonitis (CDC 1994). <p>Incubation period Without treatment, the time from initial infection with HIV to clinical onset of AIDS in an untreated patient is variable, averaging 8–10 years in developed countries.</p> <p>Mode of transmission HIV is transmitted from person to person in four main ways:</p> <ul style="list-style-type: none"> • through anal and vaginal sex • through the sharing of contaminated injecting equipment (needles and syringes) • from an infected mother to her baby during pregnancy or childbirth or through breastfeeding • through transfusion of infected blood or blood components and the transplantation of infected tissue or organs. <p>Period of communicability While transmission of HIV can occur throughout an infected person’s life, the transmissibility varies with the viral load, which is typically high during initial seroconversion and later as the CD4 count falls. Appropriate anti-retroviral therapy that controls the circulating viral load reduces infectivity.</p> <p>Prevention Health education. HIV/AIDS prevention programmes can be effective only with full community and political commitment.</p>
<p>Notification Procedure</p>	
	<p>AIDS and HIV are both notifiable (following the Health Protection Amendment Act 2016) although identifying details apart from the NHI are omitted.</p> <p>The notification process is to be electronic where possible. Details are entered into EpiSurv.</p> <p>HIV case classification</p> <ul style="list-style-type: none"> • Under investigation: Not applicable. • Probable: Not applicable. • Confirmed: Positive screening and confirmatory tests for HIV. • Not a case: A case that has been investigated and subsequently found not to meet the case definition <p>AIDS case classification</p> <ul style="list-style-type: none"> • Under investigation: Not applicable. • Probable: Not applicable. • Confirmed: HIV infection with an AIDS-defining disease (as above). • Not a case: A case that has been investigated and subsequently found not to meet the case definition.
<p>Laboratory Testing</p>	
	<p>There is laboratory testing available for HIV but AIDS is a clinical diagnosis.</p>

Management of Case	
	<p>Investigation</p> <ul style="list-style-type: none"> Identify the mode of infection in consultation with the attending infectious diseases physician. Discuss with GP or specialist doctor regarding the assistance we can provide. Generally our involvement is information gathering. C&PH may become involved if case attends a school, early childhood facility or workplace (see Management of Contacts - Counselling). Education of staff, parents etc. and assisting in policy development would be our focus. <p>Restriction</p> <ul style="list-style-type: none"> No isolation precautions other than standard precautions are needed for HIV-positive cases in health care facilities. Staff who are asked to perform an invasive procedure on the case are commonly informed about the case's infectious status. In almost all cases, there are no restrictions on work, attendance at early childhood service or school or other community activities. <p>Treatment</p> <p>The case should be under the care of a physician (Dr Alan Pithie at Christchurch hospital or Dr Paul Holt at Greymouth hospital) or paediatrician who has a special interest in HIV - AIDS.</p> <p>Counselling</p> <p>People found to be infected with HIV should receive counselling on the implications of the diagnosis from a medical practitioner and/or counsellor. This should include the practical and legal aspects of preventing transmission of HIV. Specific recommendations include:</p> <ul style="list-style-type: none"> not donating blood not sharing drug-injecting equipment not sharing razors or toothbrushes following safe sex practices and informing sexual partners informing health care workers (including dentists) of the infection. People infected with HIV/AIDS should receive appropriate counselling and support. Refer to NZAF South Te Toka (NZ AIDS Foundation) Phone (03) 379 1953. Also Positive Women, national group providing support for women, phone 0800 769 848. A fact sheet is available: K:\CFS\Quality\ApprovedDocuments\ProtectionTeam\FactSheets\AIDS-HIVFactSheet.pdf
Management of Contacts / Outbreaks	
	<p>Definition</p> <p>Contacts include:</p> <ul style="list-style-type: none"> sexual or needle-sharing partners of an HIV-infected person individuals who have suffered a sharp injury with an object contaminated with HIV-infected blood or body fluid newborn babies whose mothers are HIV-positive individuals who have received HIV-infected body fluid (for example, blood, semen or cerebrospinal fluid) splashes to a mucosal surface or area of broken skin. <p>Investigation</p> <ul style="list-style-type: none"> All investigation and treatment, including management of HIV-infected pregnant women, should be undertaken under the supervision of an adult and/or paediatric infectious diseases physician with a special interest in HIV. It is essential that all HIV tests be performed with the informed consent (verbal consent is sufficient in most cases) of the person and with pre-test counselling that includes the reason for the test, the person's right to decline testing, the date and means by which the results will be made available and an assurance that steps will be taken to maintain

confidentiality, including an offer to test under code. More comprehensive pre-test counselling is indicated if the person is at high risk of being HIV-positive.

Prophylaxis

- Immediate advice should be sought from the infectious diseases service of the closest tertiary care hospital.
- Prophylaxis must be authorised by an anti-retroviral prescriber. Anti-retroviral prophylaxis depends on:
 - the period that has elapsed between exposure and the time of availability of appropriate treatment (chemoprophylaxis has been shown to have some protective effect up to 36 hours post exposure)
 - the type of exposure and source material, for example, a needle-stick injury versus sexual contact.

Restriction

Nil.

Counselling

- The contact should be offered comprehensive counselling, ideally in conjunction with the supervising infectious diseases physician. The New Zealand AIDS Foundation is the lead Ministry of Health non-governmental agency for HIV and AIDS. See: www.nzaf.org.nz
- Refer to NZAF South Te Toka (NZ AIDS Foundation) for counselling and support and to Positive Women as appropriate.
- If there are major issues in a school or workplace contact Diane Shannon at the Christchurch office for educational sessions with staff or parents Phone (03) 3786 755
- A fact sheet s available:
<K:\CFS\Quality\ApprovedDocuments\ProtectionTeam\FactSheets\AIDS-HIVFactSheet.pdf>

Prophylaxis

In the event of a needle stick injury or sexual assault refer to the on-call microbiologist at Canterbury Health Laboratory. Otherwise nil.

Other Control Measures

Identification of source

If there is a cluster of cases, investigate for a common exposure, including sexual contact, sharing of injecting drug equipment, health care or skin penetration practices (for example, tattooing). If the case could be transfusion-related, contact the New Zealand Blood Service.

Disinfection

- Clean equipment and surfaces potentially contaminated with blood or body fluids.
- For further details, refer to MoH Communicable Diseases Manual Appendix 1: Disinfection <http://www.health.govt.nz/system/files/documents/publications/cd-manual-appendices-may2012.pdf>

Health education and prevention

- Information, including frequently asked questions regarding HIV infection and AIDS, is available from the Ministry of Health website: (refer to References and further information, and from the New Zealand AIDS Foundation website: www.nzaf.org.nz
- Advise injecting drug users on single-use injecting equipment. Needle and syringe exchange programmes exist in pharmacies and community groups throughout New Zealand. A list of outlets is available from the New Zealand Needle Exchange Programme website: http://www.needle.co.nz/new/fastpage/fpengine.php/home_page.html/262 . Contact The Rodger Wright Centre (main Needle Exchange in Christchurch) for peer based education and support, phone (03) 365 2293.
- The Ministry of Health offers a screening programme for all pregnant women. Information is available on the National Screening Unit website: www.nsu.govt.nz

	<ul style="list-style-type: none"> • For educational sessions with groups contact Diane Shannon at Community and Public Health (03) 3786 755 DD. For education/counselling on behaviour change for individuals refer to NZAF Te Toka (NZ AIDS Foundation), especially for gay/bisexual men and members of the African communities. General educational material is available from CHIC (Community and Public Health Information Centre), 310 Manchester St. • For injecting drug users: Needle and syringe exchange programmes exist throughout New Zealand based on pharmacies and community groups. • HIV and pregnancy: A test for HIV is now offered and recommended to all pregnant women in New Zealand as part of routine antenatal tests. Mother to child transmission can be reduced from 30% to < 1% with a combination of interventions including not breastfeeding. • A fact sheet is available: <p>For further information, refer References and further information.</p> <p>Identification of source If there is a cluster of cases, investigate for a common exposure including sharing of injecting drug equipment.</p> <p>Disinfection Viral.</p>
<p>Reporting</p>	
	<ul style="list-style-type: none"> • Reporting is electronically via EpiSurv (REDCap) • File paper records in the appropriate secure communicable disease file.
<p>References and further information</p>	
	<ul style="list-style-type: none"> • CDC. 1993. Revised classification system for HIV infection and expanded surveillance case definition for AIDS among adolescents and adults. <i>Morbidity and Mortality Weekly Report</i> 41(RR-17). www.cdc.gov/mmwr/preview/mmwrhtml/00018871.htm. • CDC. 1994. Revised classification system for Human Immunodeficiency Virus infection in children less than 13 years of age. <i>Morbidity and Mortality Weekly Report</i> 43(RR 12). http://wonder.cdc.gov/wonder/help/AIDS/MMWR-09-30-1994.html. • AIDS info. US department of Health and Human Services https://aidsinfo.nih.gov/education-materials/fact-sheets/19/45/hiv-aids--the-basics • AIDS Epidemiology Group - www.otago.ac.nz/aidsepigroup - 6 monthly publication <i>AIDS – New Zealand</i>. • Ministry of Health websites: <ul style="list-style-type: none"> – http://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/hiv-aids – http://www.health.govt.nz/our-work/diseases-and-conditions/hiv-and-aids – http://www.health.govt.nz/our-work/diseases-and-conditions/hiv-and-aids/hiv-aids-research-and-information – https://www.healthed.govt.nz/ codes HE1102 and HE4264