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Women's Health
Committee



New Zealand

Board of Health

AIDS AND THE HEALTH OF NEW ZEALAND WOMEN

1 Introduction

The Women's Health Committee of the Board of Health was established in 1985 to advise the Minister of Health on matters relating to the health of New Zealand women. The Committee has been discussing a wide range of health issues. It has become apparent that AIDS has the potential to become a major health risk to both women and men. Women are at risk of contracting the virus themselves. In addition, the care of AIDS sufferers will often be the responsibility of women both as health professionals and as carers of relatives or friends with the AIDS virus. There has been a great deal of misinformation about AIDS. The committee members believe it is vital that straightforward, factual information about the virus be produced and available. To this end a member of the committee has prepared the following short paper on AIDS. It is suggested that the paper may be suitable for inclusion in newsletters, magazines or distributed for information. The Women's Health Committee are happy for the paper to be used in this way or as a basis for discussion.

2 General Features

Like it or not, the AIDS virus is here in New Zealand and will not go away. Only by reasoned, deliberate effort will the escalating epidemic of infection occurring elsewhere be prevented in New Zealand. The small number of cases in New Zealand so far is a measure of the success of preventative measures and proof of the importance of informing the public about the virus. New Zealand women will become involved in the continuing care of those affected by this disease. The virus to date has been associated in the public's mind with homosexual males, IV drug abusers, and the recipients of blood transfusions or blood products. Evidence is emerging, however, that the AIDS virus infection is not confined solely to these groups.

Consider the following evidence:

- (1) In Africa the ratio of AIDS infected males to females is 1.1 to 1.
- (2) Among Haitians the major risk factor for contracting the disease is heterosexual promiscuity.
- (3) Wives of infected bisexual males, haemophiliacs and drug addicts have become infected.
- (4) Included amongst the group labelled "others" when lists of AIDS-affected groups are compiled, are heterosexual prostitutes and their clients.

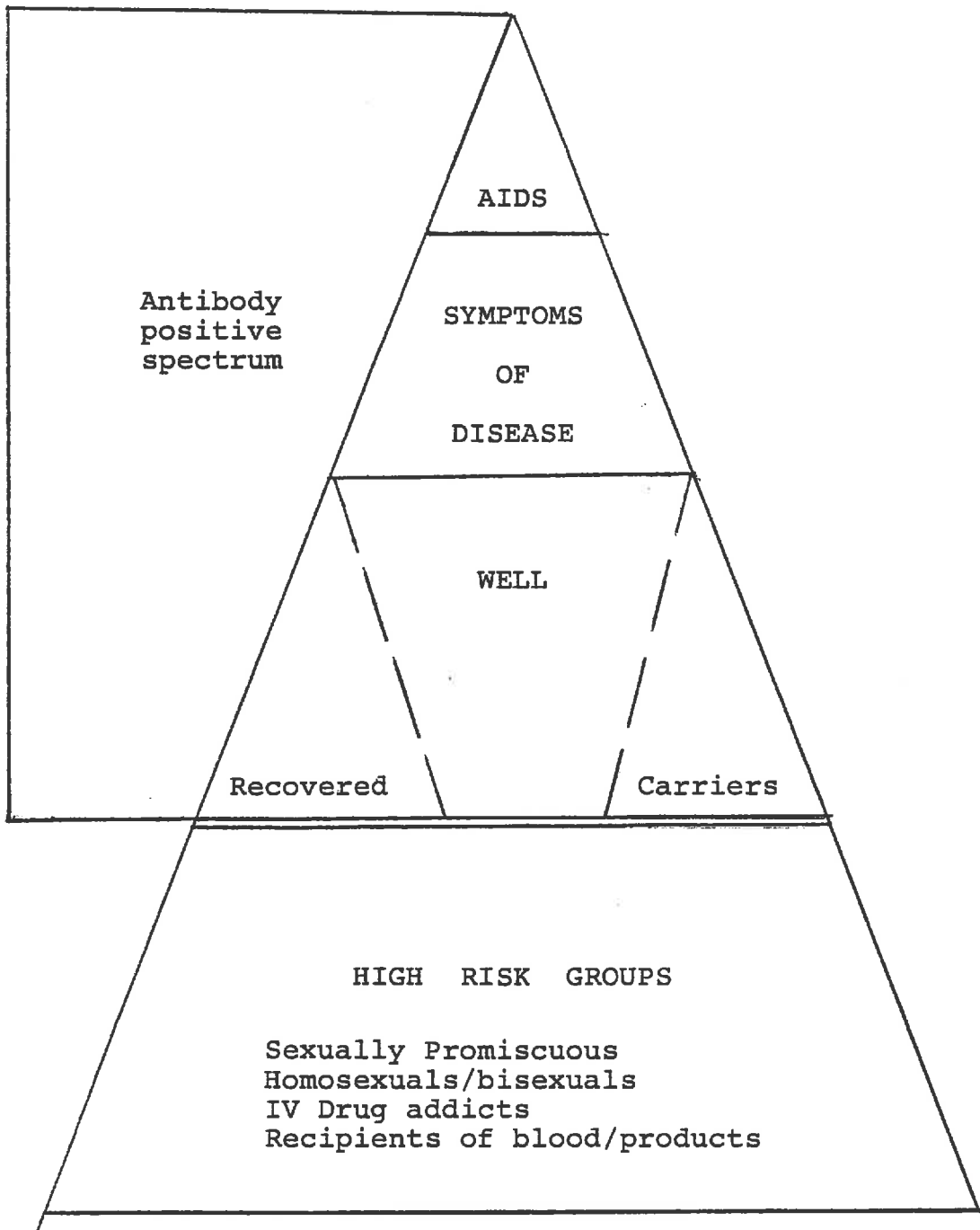
- (5) In studies of US Army personnel that are found to be antibody positive to AIDS virus, 30-40% admit either heterosexual promiscuity or contact with female prostitutes.
- (6) So far there are more than 200 cases of paediatric AIDS originating via neonatal transmission.

The picture that emerges is thus one of a sexually transmitted disease, sharing with other such diseases the potential to spread to all sections of the population, particularly where sexual activity involves more than one sexual partner.

In the United States, the incidence of AIDS doubles every eight months, there now being over 13,500 cases of AIDS reported with estimates of between several hundred thousand and up to one million people exposed to the virus. In New Zealand there are now 20 cases of "full-blown" AIDS. Of these only one case is thought to be "home grown". All other cases have had recent contacts overseas and this makes it likely that AIDS was contracted overseas. If experience in Australia proves comparable to the New Zealand situation, it is likely that there may be at least 100 antibody positive contacts in the community.

3 Clinical Course

About three months after the virus enters into the body, sero-conversion or antibody production occurs. At this stage the condition is detectable by antibody testing. A small number of people have developed an acute "glandular fever-like" illness, several weeks after exposure to the virus. This eventually settles with time and there then follows a variable period where an individual may be perfectly well or develop some of the signs of viral illness. The common signs of illness are persistent enlargement of the lymph nodes over at least a three month period, recurrent fevers, sweats, persisting tiredness, diarrhoea and weight loss of greater than 10% of body weight. The incubation period is very variable and may be anywhere between 12-18 months and up to a number of years. Only a small group of those who have become infected with the virus eventually end up with AIDS. In an American study of a large group of infected males, only 2.7% of those who were infected with AIDS virus developed AIDS over a followup period of six years. Around one third had various patterns of illness, the other two thirds remained well. What will happen to these people with time is not yet defined. It is not known whether individuals may recover totally from the virus or how long they remain as infectious carriers. Much has yet to be learnt about the natural history of this new disease. The answers to these questions will only become apparent after a much longer period of observation.



4 Implications for Health Care Workers

The mode of transmission of AIDS is the same as for Hepatitis B, for which standard precautions are agreed and well-known. Whilst Hepatitis B can be transmitted by inoculation of contaminated blood, including needle-stick injury, contamination of fresh cuts and abrasions, and possibly by splash exposures of mucous membranes, it is clear from evidence obtained by the Centres of Disease Control (Atlanta) that AIDS virus is only ever rarely transmitted in this fashion. There are only two cases of transmission of AIDS virus by needle-stick injury (one in the UK where a nurse injected a small amount of blood, and one in the US). Also there is no evidence at this stage indicating that mucous membrane exposure to the virus as in laboratory accidents have been associated with virus transmission. Centres for Disease Control have on record over 600 needle-stick, laceration and splash injuries, and of these, only one person has been shown to have antibodies to the AIDS virus, this individual's sexual partner belonging to a "high-risk" category. It would appear therefore that AIDS virus is a far less infectious virus than Hepatitis B, and indeed there have been incidences recorded where following needle-stick injuries the injured person has developed Hepatitis B but not AIDS.

There is also no evidence that AIDS is transmitted by casual personal contact or by exposure to inanimate objects that have been contaminated by the virus (for example shared cutlery, crockery etc). Although the virus has in some cases been demonstrated in saliva and tears it is by no means always present and exposure to these fluids has not been linked with virus transmission. In haemophilic families the infected member has not spread the infection within the family despite them using the same cutlery, crockery etc. The AIDS virus is a very fragile virus, being very sensitive to heat which is the best way to eliminate the virus. As far as contaminated clothing is concerned, even a standard hot wash at 60°C is adequate to destroy the virus. It is also readily killed by exposure to low concentrations of household bleach.

SUMMARY

If AIDS in New Zealand is to be confined to a small number of people, the message must be understood that it is a sexually transmitted disorder of both males and females, both homosexual and heterosexual. We may therefore wish to review our attitudes towards current sexual values. In the meantime it is clear that provided reasonable precautions are observed by health care workers who may come in contact with people infected by the AIDS virus, the risk of them contacting the disease is negligible.

This paper was prepared by Dr Paddy Twigg, a member of the Women's Health Committee, and approved for release by the Women's Health Committee and the Board of Health.

Acknowledgement

We wish to thank Dr Richard Meech, Chairperson of the Advisory Committee on AIDS (a National Advisory Committee to the Minister and Department of Health) for his invaluable assistance in preparation of this paper.