

HIV diagnoses in migrants from Latin America & the Caribbean, Western, Central and Eastern Europe in the EU/EEA; distinct epidemics



Del Amo J¹⁻², Jarrín I¹⁻², Hernando V¹⁻², Álvarez-del Arco D¹⁻², Alejos B¹⁻², Amato-Gauci³ AJ, Pharris A³, Noori T³

1 Centro Nacional de Epidemiología, Instituto de Salud Carlos III, Madrid, Spain; 2 CIBERESP, Madrid, Spain; 3 European Centre for Disease Prevention and Control, Solna, Sweden

Background

Whereas sustained declines in HIV diagnoses in migrants from Sub-Saharan Africa (SSA) have been reported in countries of the European Union/Economic Area (EU/EEA), trends for migrants from different geographical origins show different patterns. We describe the epidemiological characteristics, CD4 counts at diagnosis and trends overtime of new HIV reports in migrants diagnosed in EU/EEA countries who originate from UN-defined regions of Central America (CA), the Caribbean (Cb), Andean (AA) and South America (SA), as well as of Western (WE), Central (CE) and Eastern Europe (EE).

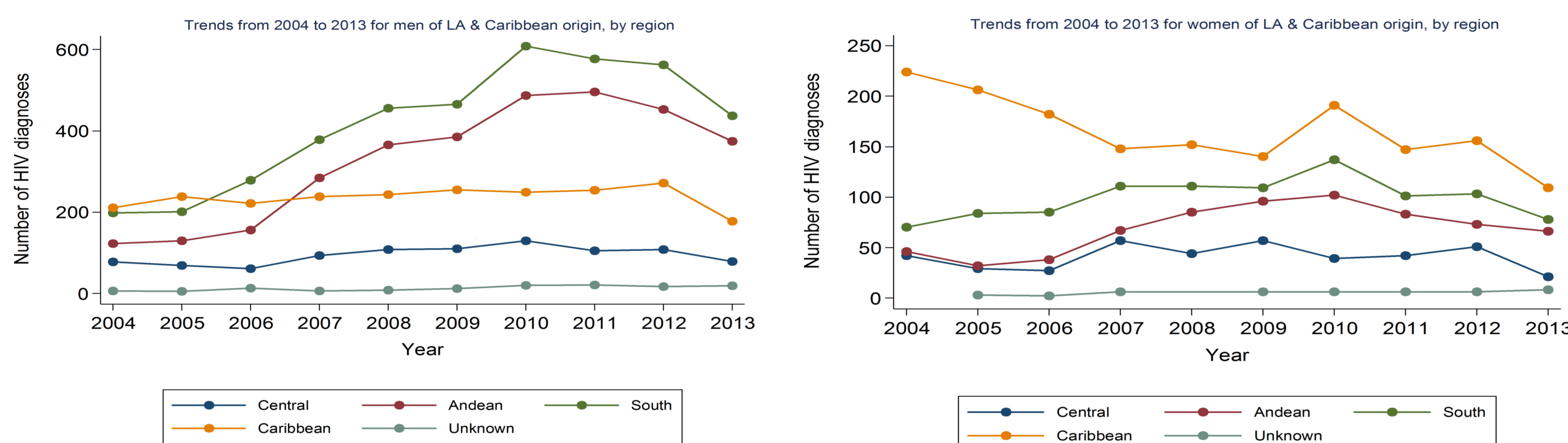
Methods

New HIV diagnoses reported to the European Surveillance System (TESSy) during 2004-2013 from 30 EU/EEA countries were analysed. Migrants were defined as people whose geographical origin was different to the reporting country. Cases from UN-regions within Latin America and the Caribbean (LAC) and from European regions were selected and further classified into CA, Cb, AA and SA and WE, CE and EE. Male/Female (M/F) ratios were estimated. Differences in CD4 counts at HIV diagnosis over time for each region were used as a measure of HIV testing delay and were analyzed using median regression adjusting for transmission category, age and sex.

Results

Of 252,609 HIV reports during 2004-2013, 14,621 (6%) were from LAC and 19,452 (8%) were from other European countries. The countries reporting the largest numbers of cases from LAC were Spain (37%), United Kingdom (20%), France (18%), Portugal (7%) and Italy (6%). For migrants from other European countries, United Kingdom (33%), Germany (13%), Spain (10%) and France (7%). The majority of new HIV diagnoses were attributed to sex between men (MSM) in migrants from SA (81%), AA (75%), WE (73%), and CE (55%). The proportion of MSM was 24% in EE, while injecting drug use accounted for 37% of new diagnoses.

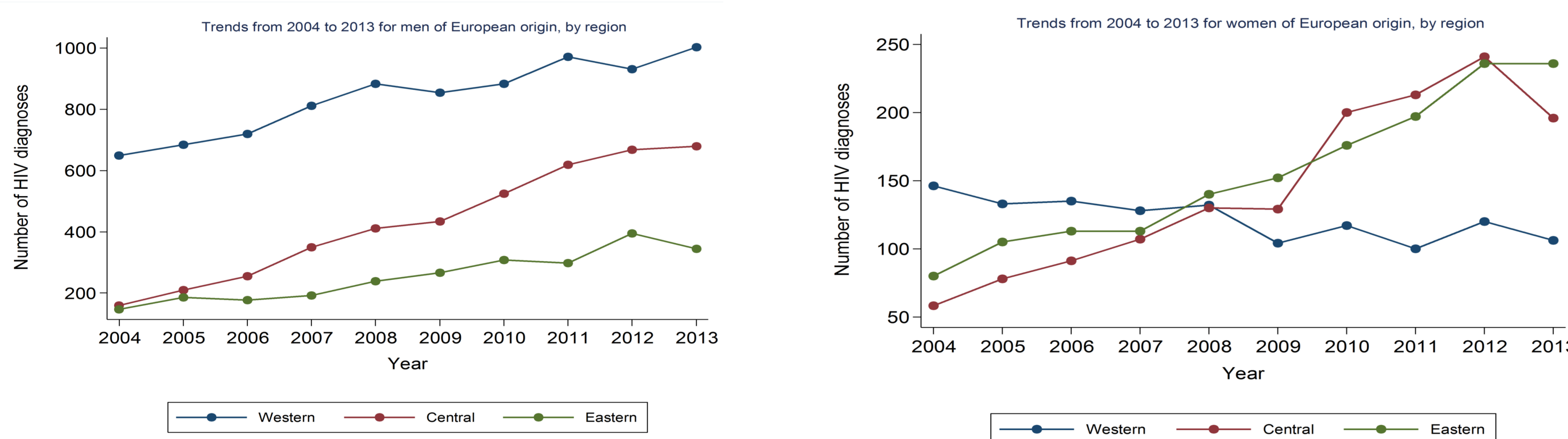
Figure 1: Number of HIV diagnoses by sub-region in LA & Caribbean in men and in women



35% from South-America M/F 5
27% from Andean America M/F 5
27% from Caribbean M/F 1.5
9% from Central America M/F 2.5

Overall, median CD4 cell counts at HIV diagnosis increased steadily over time; 308 cells/mm³ in 2004 and 377 cells/mm³, were higher in migrants from SA and Cb and only statistically significant in Cb.

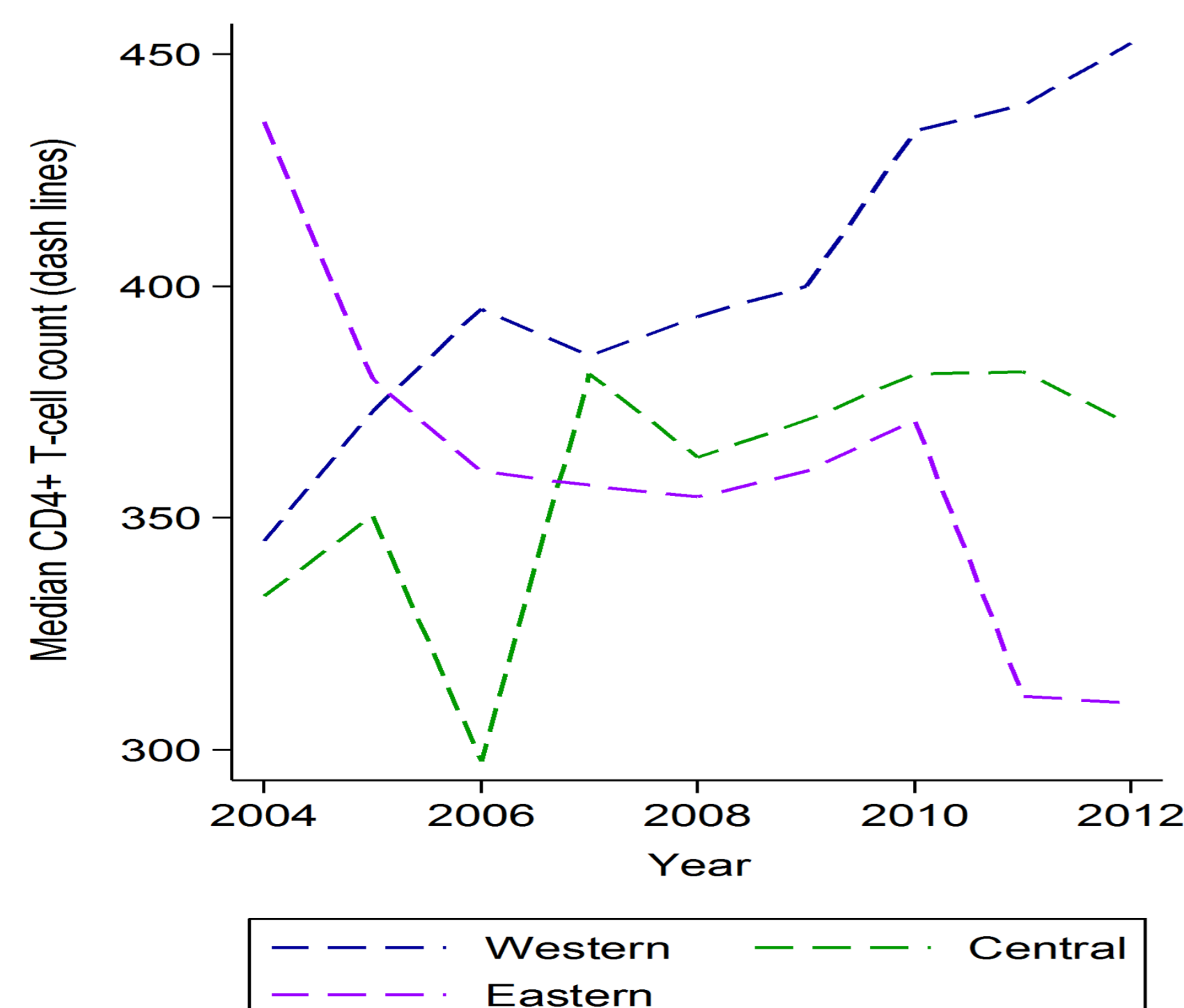
Figure 2: Number of HIV diagnoses by sub-region in Europe in men and in women



49% from Western Europe M/F 7
30% from Central Europe M/F 3.3
21% from Eastern Europe M/F 1.7

Median CD4 cell counts at HIV diagnosis showed statistically significant increases overtime in migrants from WE, non-statistically significant increases in migrants from CE, and statistically significant decreases in migrants from EE (Figure 3). Findings were similar in sensitivity analyses of subsets with stable CD4 count reporting

Figure 3: Median CD4 cell count at HIV diagnosis in migrants from European sub-regions



Discussion and Conclusions

HIV reports in migrants from Latin America, the Caribbean and other European regions in the EU/EEA have not declined in the last decade and confirm the previously described heterogeneity of HIV among migrants populations. Different trends are observed in men and women from specific sub-regions:

- HIV reports in migrant groups with high proportions of MSM (South America, Andean America and Western Europe) show increasing trends
- Increasing HIV reports in male and female migrants from Central and Eastern Europe
- Decreasing HIV reports in migrant women from the Caribbean

Median CD4 counts have increased over the years and for most regions except for migrants from Eastern Europe.

HIV epidemics in migrant populations in the EU/EEA present distinct features which require different responses.