



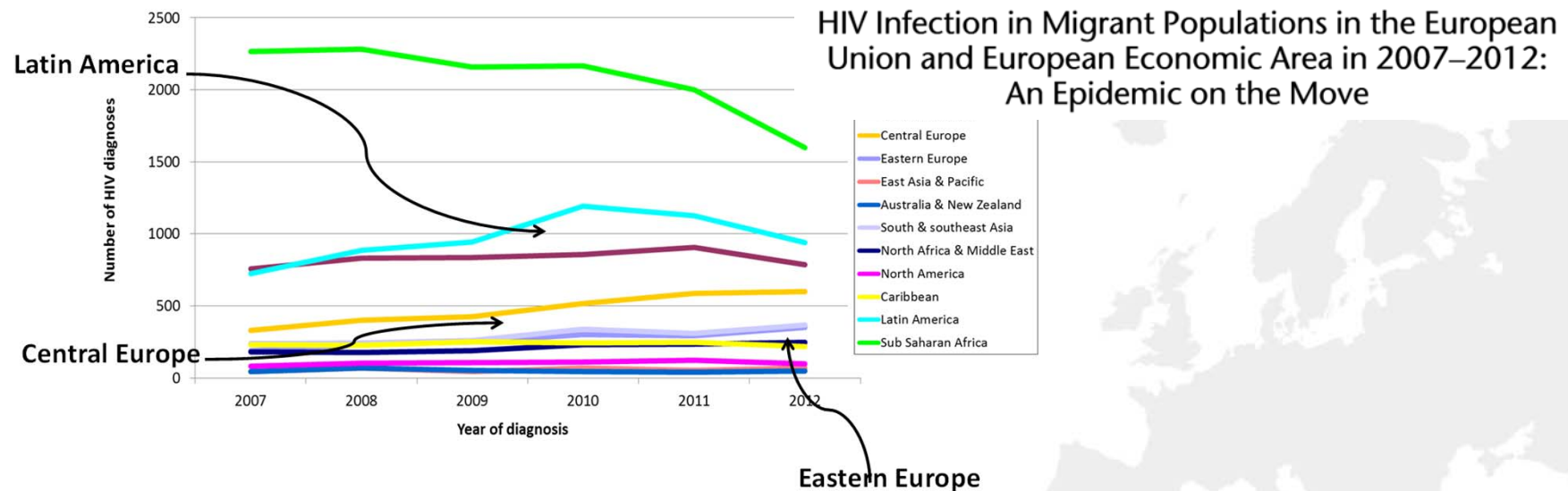
HIV diagnoses in migrants from Latin America & the Caribbean, Western, Central and Eastern Europe in the EU/EEA; distinct epidemics

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Background

- Whereas sustained declines in HIV diagnoses in migrants from Sub-Saharan Africa have been reported in countries of the European Union/Economic Area (EU/EEA), trends for migrants from different geographical origins are less well described

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Objective



- We describe the epidemiological characteristics, CD4 counts at diagnosis and trends in HIV diagnoses in migrants from sub-regions of Latin America and the Caribbean and Europe newly diagnosed between 2004-2013 in the European Union/Economic Area (EU/EEA)



Methodology-I



- HIV diagnoses reported to the European Surveillance System (TESSy) from 30 EU/EEA countries between 2004 and 2013 were analysed

Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Iceland, Italy, Lithuania, Luxembourg, Latvia, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovenia, Slovakia, Spain, Sweden, United Kingdom



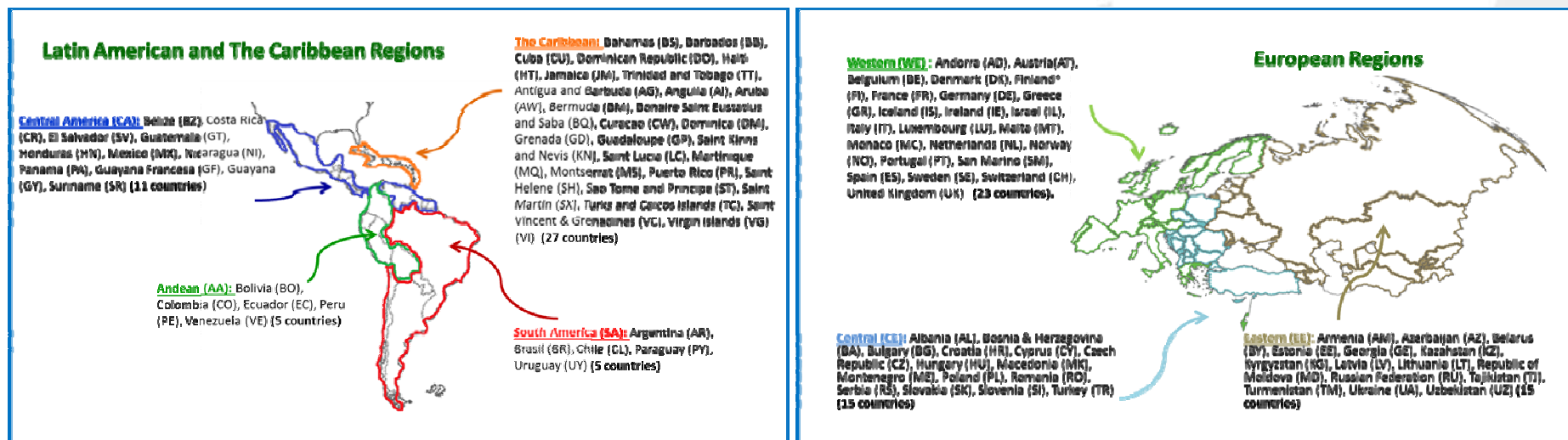
Methodology-II

Migrants were defined as people whose geographical origin was different to the reporting country

Cases from UN-regions in Latin America and the Caribbean (LAC) and Europe (E)

LAC: Central America (CA), the Caribbean (Cb), Andean (AA), South America (SA)

Europe: Western (WE), Central (CE) and Eastern Europe (EE)



Results-I



252 609 new HIV diagnoses with available data on country of origin were reported in the **EU/EEA during** 2004-2013

14,621 (6%) were from LAC countries

19,452 (8%) were from other European countries

Countries of diagnosis of migrants from LAC

Spain	(37%)
UK	(20%)
France	(18%)
Portugal	(7%)
Italy	(6%)

Countries of diagnosis of migrants from Europe

UK	(33%)
Germany	(13%)
Spain	(10%)
France	(7%)

Results-II – Migrants from LAC



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

	% MSM	% Heterosexuals
South-America	81%	13%
Andean America	75%	18%
Caribbean	56%	34%
Central America	41%	50%

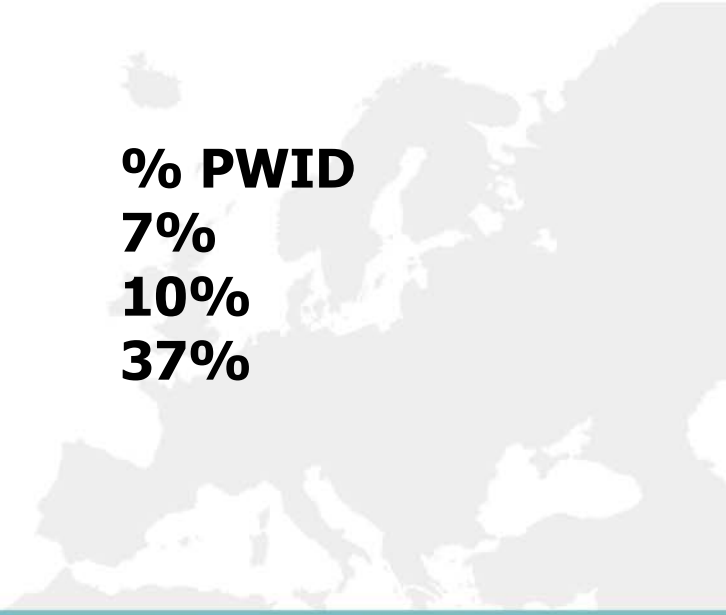
M/F = Male/Female ratio

Results-III – Migrants from Europe



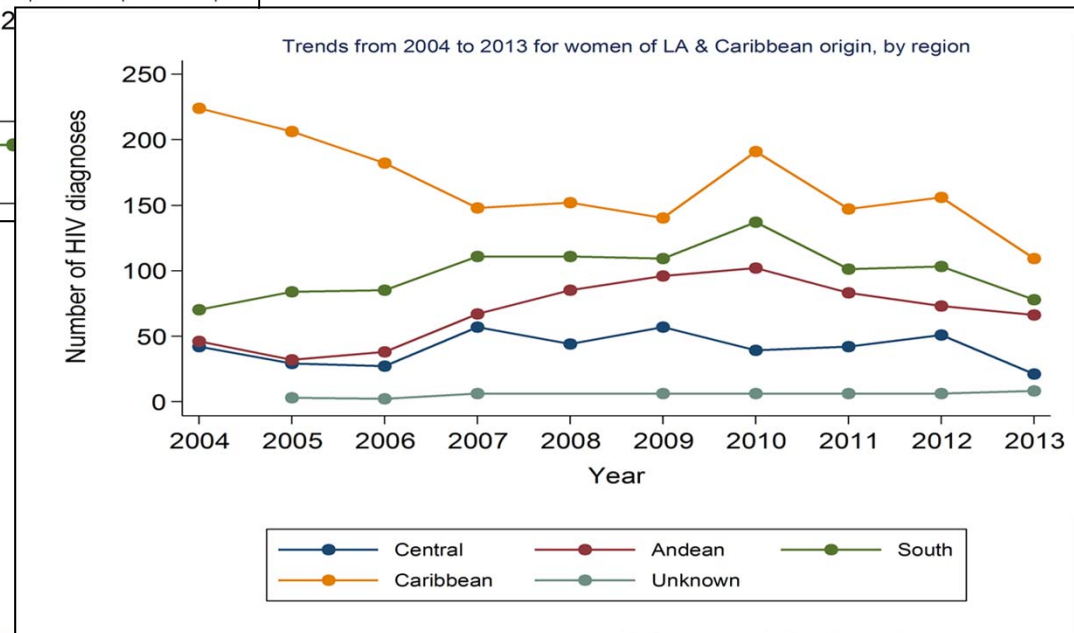
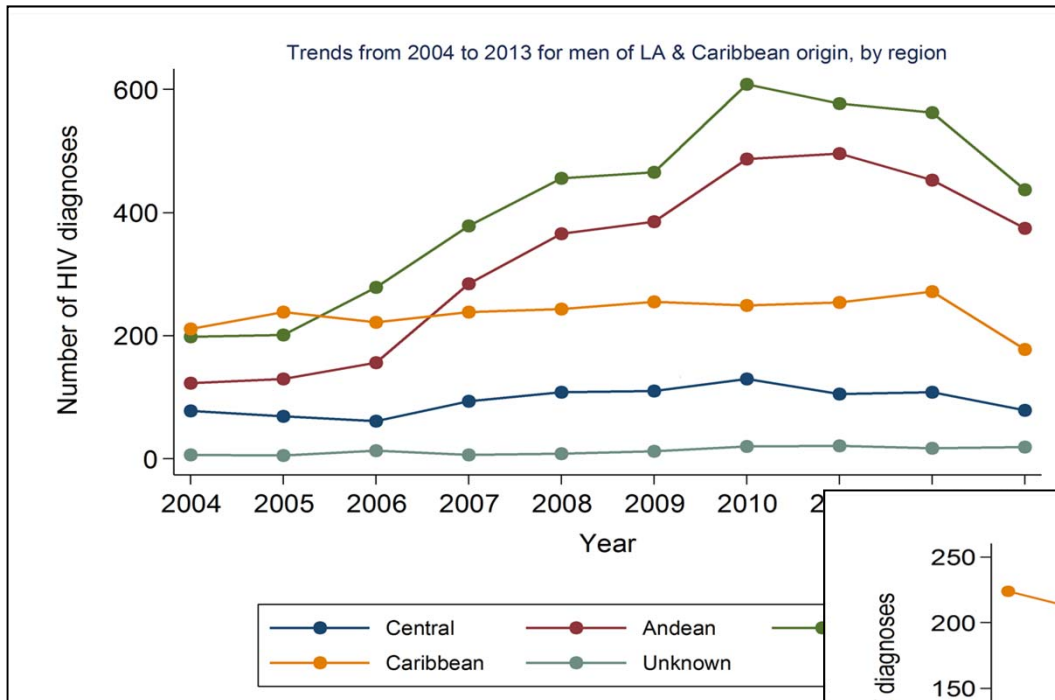
49% from Western Europe	M/F 7
30% from Central Europe	M/F 3.3
21% from Eastern Europe	M/F 1.7

	% MSM	% PWID
Western Europe	73%	7%
Central Europe	55%	10%
Eastern Europe	24%	37%

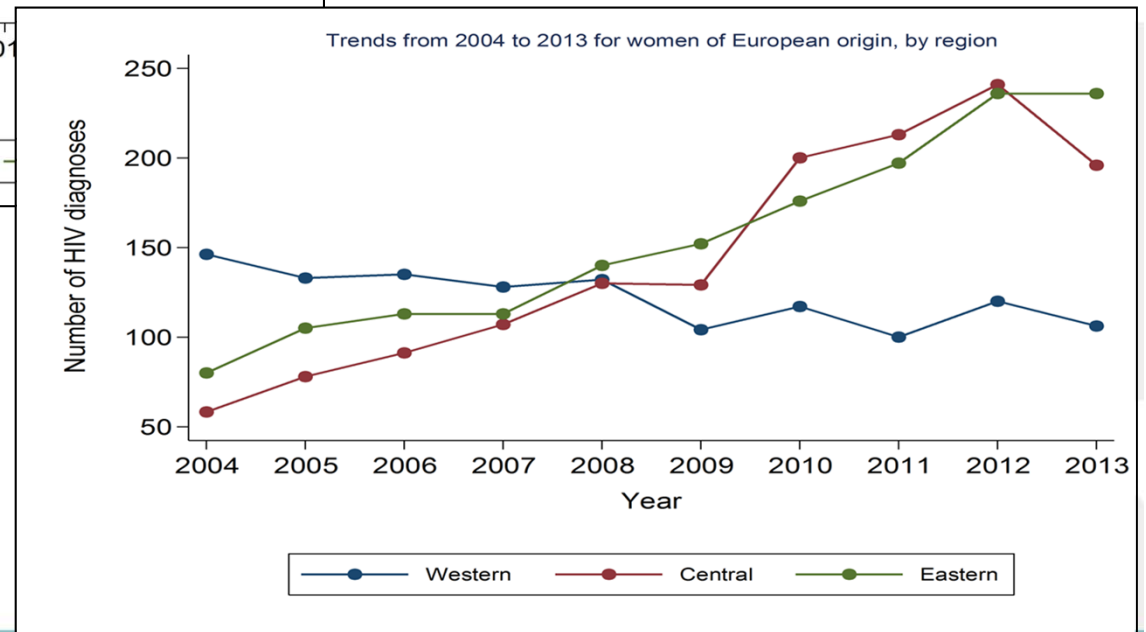
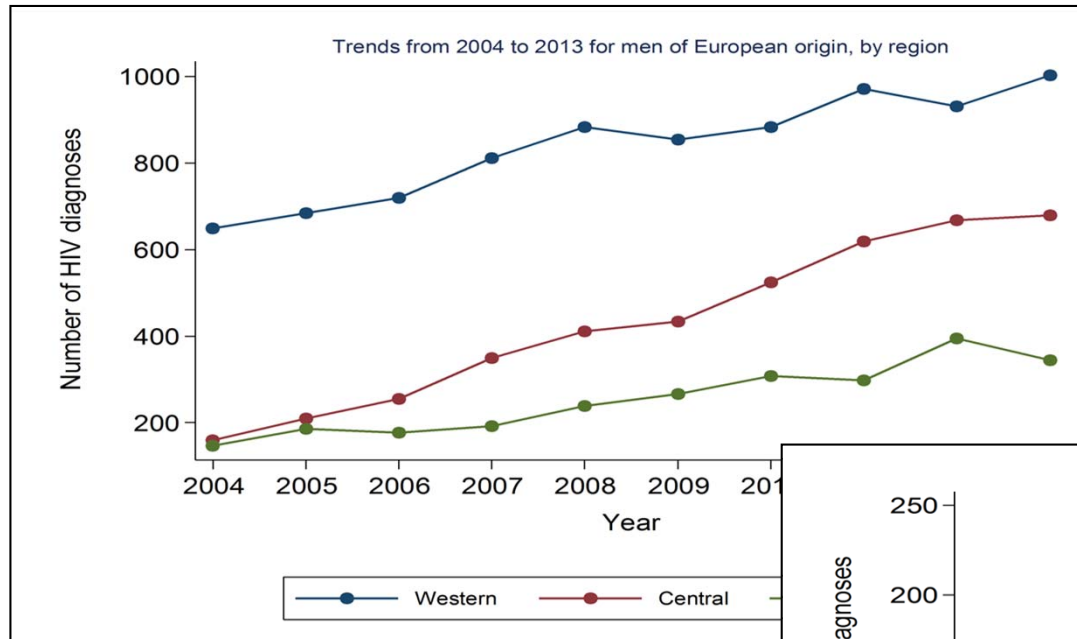


M/F = Male/Female ratio

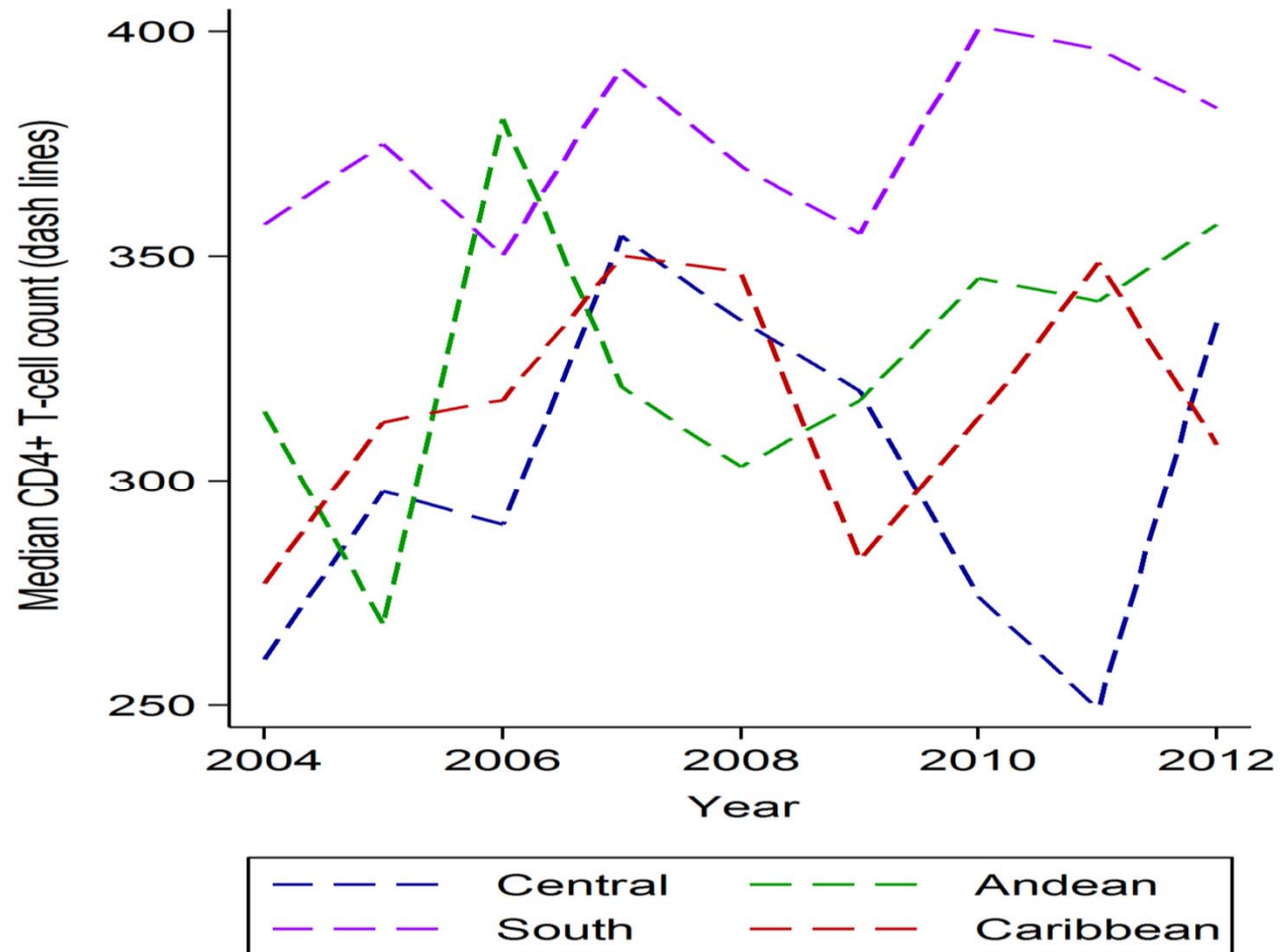
Number of HIV diagnoses by sub-region in LA & Caribbean in men and in women



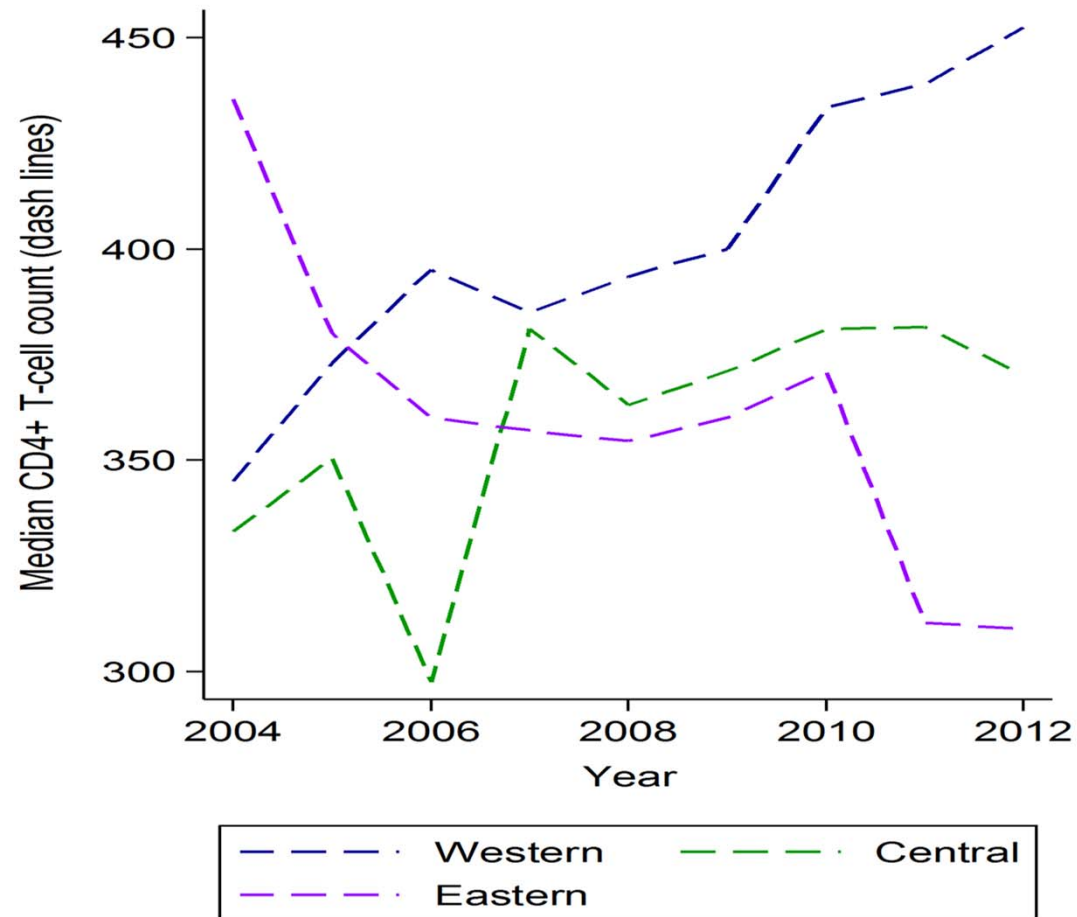
Number of HIV diagnoses by sub-region in Europe in men and in women



Median CD4 cell count at HIV diagnosis in migrants from LA & Caribbean



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



Conclusions I



- HIV diagnoses in the EU/EEA among migrants from LAC and other European regions have not declined in the last decade and the following sub-regional trends are of note:
 - HIV reports in migrant groups with high proportions of MSM (South and 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.

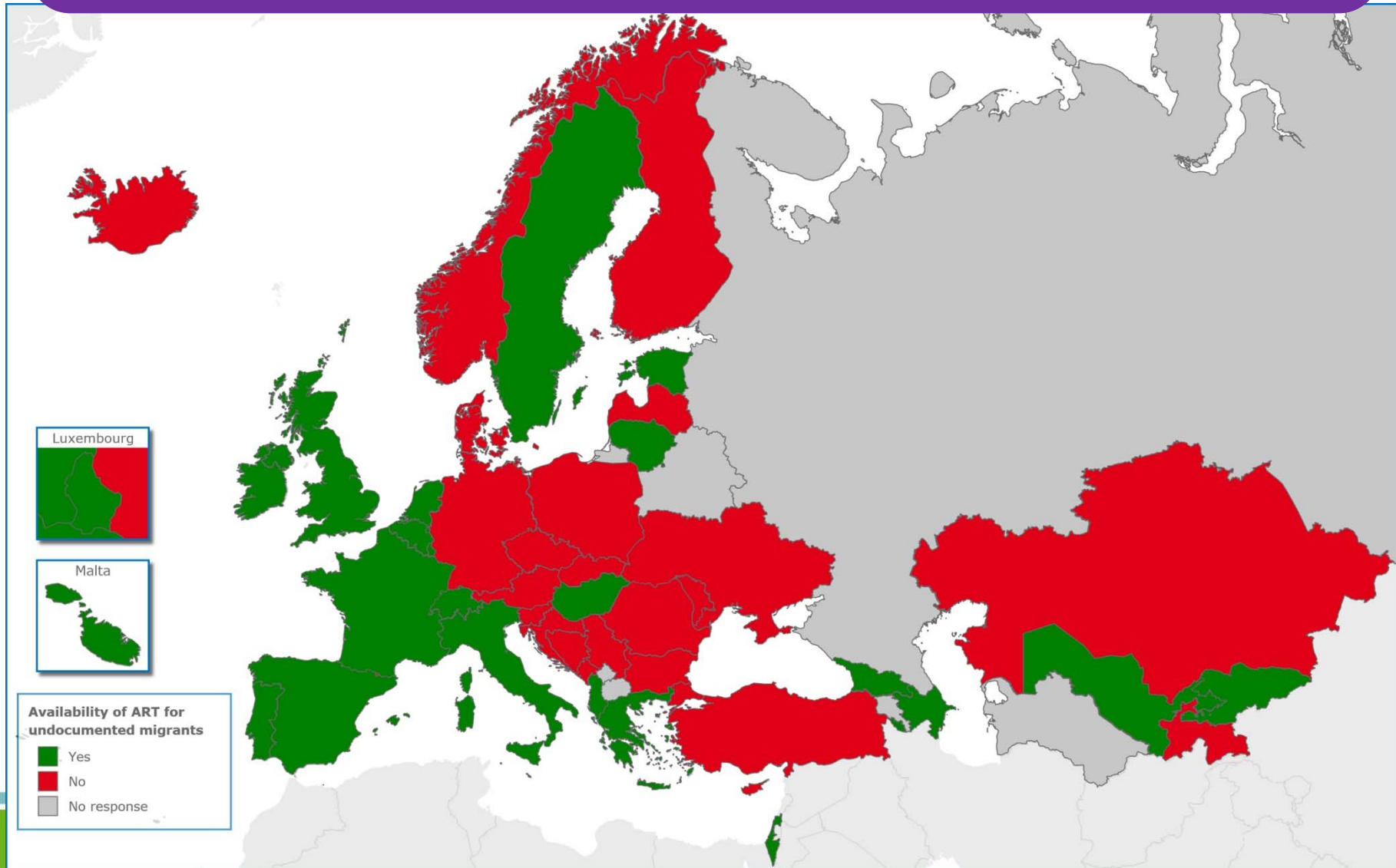


Reporting countries



Austria: Daniela Schmid; Belgium: Andre Sasse, Dominique Van Beckhoven; Bulgaria: Tonka Varleva; Croatia: Tatjana Nemeth Blazic; Cyprus: Linos Hadjihannas, Maria Koliou; Czech Republic: Marek Maly; Denmark: Susan Cowan; Estonia: Kristi Ruutel; Finland: Kirsi Liitsola, Mika Salminen; France: Francoise Cazein, Josiane Pillonel, Florence Lot; Germany: Barbara Gunsenheimer-Bartmeyer; Greece: Georgios Nikolopoulos, Dimitra Paraskeva; Hungary: Maria Dudas; Iceland: Haraldur Briem, Gudrun Sigmundsdottir; Ireland: Dervaj Igoe, Kate O'Donnell, Darina O'Flanagan; Italy: Barbara Suligoi; Latvia: Šarlote Konova; Liechtenstein: Sabine Erne; Lithuania: Irma Čaplinskienė; Luxembourg: Aurelie Fischer Jean-Claude Schmit; Malta: Jackie Maistre Melillo, Tanya Melillo; Netherlands: Eline Op de Coul; Norway: Hans Blystad; Poland: Magdalena Rosinska; Portugal: Kamal Mansinho, Helena Cortes Martins; Romania: Mariana Mardarescu; Slovakia: Peter Truska; Slovenia: Irena Klavs; Spain: Asuncion Diaz; Sweden: Maria Axelsson; United Kingdom: Valerie Delpech

Can we “test and not treat”?



The relationship between the existing policies in the previous maps and implementation of these in order to improve testing in Europe

If there is no ART entitlement for undocumented migrants; do they get treated?

YES/NO

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If there is ART entitlement, are barriers surmountable?



1. YES
2. No



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- What are the implications of existing policies and how are European level policies addressed and implemented nationally?
 - 90 90 90 will not be achieved and is likely to cost us more
- What indicators do we have to measure the impact of European policies?
 - Dublin declaration supplemented with data from different sources