Latin Americans in the UK: a key population for HIV prevention
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INTRODUCTION

It has been estimated that in 2013, there were around 250,000 Latin American individuals living in the UK, of which around 145,000 were in London (1). With increasing Latin American migration to the UK, there is a recognised need to better understand the sexual health needs of this group (2).

In 2017, the estimated HIV prevalence rate among adults was 0.50% in Latin America (3) whilst in the UK it was 0.22% (4).

Here we describe the HIV epidemiology of people originating from Latin America and living in the UK.

METHODS

Data source
UK national HIV surveillance data held at Public Health England.

We included records with reported country of birth (COB) data for new diagnoses over the 10 year period 2008-2017 and for persons being seen for HIV care in 2017.

Population of interest
Adults (aged ≥15 years) with a Latin American country of birth reported to have acquired HIV after arrival in the UK.

Analyses performed:

Late diagnosis:
• Time trends
• Demographics
• Reported probable acquisition of HIV in the UK %
• Late diagnoses %
• Linkage to care within 3 months %

Viral suppression:
• Demographics
• Receiving treatment %
• Viral suppression %
• Retention in care % (using 2016 data)

Latin Americans accounted for 3.8% (2,127/55,556) of adults diagnosed with HIV in the UK between 2008-2017, with country of birth data reported (93% completion).

The annual number of new HIV diagnoses among Latin Americans (and proportion of UK total) increased from 189 (2.8%) in 2008 to 264 (5.6%) in 2016, before dipping to 209 (5.5%) in 2017 (Figure 1). Demographic information of new diagnoses is shown in Figure 2.

Among the 2,127 Latin Americans newly diagnosed with HIV in the UK between 2008 and 2017:

- Of those with probable country of infection data (79% completion), 47% (799/1,689) were reported to have likely acquired HIV in the UK (range by year: 36%-58%).
- The vast majority (81%) were living in London, where 94% were men who have sex with men (MSM), accounting for 12% of all MSM diagnoses in the capital (1,146/11,996).

This proportion has increased since 2014, in 2016 and 2017 more than 1 in 6 (17%) MSM diagnosed in London were Latin American.

- 33% were diagnosed late (603/1,840) (range by year: 20%-51%). Late diagnosis rates were higher in heterosexual men (60% / 61/103) and women (43% / 53/123) compared to MSM (30% / 461/1,532).
- 87% were linked to care within 3 months of diagnosis, with similar rates across demographic groups.

RESULTS

Diagnosed with HIV between 2008 and 2017 (n=2,127)

Analyses performed:

- Time trends
- Demographics
- Reported probable acquisition of HIV in the UK %
- Late diagnoses %
- Linkage to care within 3 months %

Receiving specialist HIV care in 2017 (n=2,019)

Analyses performed:

- Demographics
- Receiving treatment %
- Viral suppression %
- Retention in care % (using 2016 data)

2,127 New HIV diagnoses

92% Men
8% Women

Median age 33 years (IQR: 29-39)

81% Living in London

2,019 (2.5%) of the 82,057 adults receiving HIV specialist care in the UK in 2017 with country of birth data (88% completion) were Latin American: 1,820 men and 195 women, with a median age of 41 (IQR 35-49).

- 81% resided in London, where they accounted for 9% of MSM in care (1,332/15,071).
- 91% (1,733/1,910) of those seen in care in 2016, were also attending for care in 2017.

2017 care outcomes are shown in Figure 3.

LIMITATIONS

- There are no up-to-date estimates for the size of the Latin American population in the UK, so we are unable to calculate current prevalence rates.
- UK data collection systems do not capture data on Latin American ethnicity and therefore there is no data on second generation Latin Americans.

DISCUSSION

Whilst Latin American adults make up a relatively small proportion of all new HIV diagnoses in the UK, this proportion has increased since 2008, and is substantive among MSM in London.

With around half reported to have acquired their HIV after arrival in the UK, reducing transmission within this population will be important, especially for London to achieve its aim to end new infections by 2030 as part of the Fast-Tack Cities initiative (6).

Encouragingly, high rates of treatment and viral suppression show good engagement with HIV care among this group.

Continued monitoring will be vital to examine trends in the Latin American population as HIV declines in the UK.

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REFERENCES