HIV outcomes differences between gay and bisexual Latin American migrants and other gay and bisexual populations in England

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INTRODUCTION

Although Latin American migrants (LAMs) are one of the fastest growing migrant populations in England (1), they still face health barriers that make them unaware of their HIV status (2), leading to late HIV diagnosis, AIDS, and even death (3). LAMs living with HIV in the UK are disproportionately gay/bisexual men (GBMSM) (4).

2011-2020

22,966 men living with HIV in the UK were GBMSM (83%) (4).

We assessed the differences in HIV outcomes (late diagnosis, AIDS) at HIV diagnosis and mortality) among newly HIV-diagnosed GBMSM LAMs compared to other populations in England.

RESULTS

Of 1,928 newly diagnosed GBMSM LAMs, 16.1% were late diagnosed, 1.1% were diagnosed with AIDS at HIV diagnosis, and 0.4% died by any cause.

In general, newly diagnosed GBMSM LAMs were not more likely to be diagnosed late than UK-born residents (aRRR: 1.03; 95%CI: 0.89–1.18).

Some GBMSM LAMs subgroups were more likely to be diagnosed late than GBMSM Europe/NA migrants (Fig. 1).

GBMSM LAMs were less likely to be diagnosed with AIDS (aOR: 0.47; 95%CI: 0.30–0.74) or die by any cause (aOR: 0.28; 95%CI: 0.14–0.59) than GBMSM UK-born residents. However, the results on AIDS and mortality by subgroups should be interpreted with caution since some observations were excluded due to a low number of events (Fig. 2 & 3).

Unlike other GBMSM populations in England, the number of new HIV diagnoses among GBMSM LAMs and the number of late diagnoses remained nearly constant during that period (Fig. 4).

DISCUSSION

Some GBMSM LAMs come from countries where the LGBTQ+ community is discriminated against, lack proper legal protection, and even suffer hate crimes (5). Therefore, the disproportionate proportion of GBMSM LAMs men living with HIV in England might be the consequence of perceived European cities (such as London) as cities where they can express their sexuality and personality freely and anonymously (6).

However, the migration process disrupts previously established social and sexual networks, increasing the likelihood of HIV exposure. In general, migrants are more likely to adopt riskier behaviours than locals (7). The barrier to accessing the healthcare system, discrimination, and stigmatisation are additional factors that might increase the risk of HIV outcomes (2).

Although no difference in late diagnosis likelihood between GBMSM LAMs and GBMSM UK-born residents was found, some GBMSM EU/NA subgroups were less likely to be diagnosed late than their LAMs counterparts.

These LAMs subgroups (35-49 years, those living in London, those living less than one year in the UK, and those diagnosed in the UK) should be prioritised in current and future HIV policies and programmes.

LIMITATIONS

The UK HIV reporting system does not capture the ethnic diversity in Latin American

The UK databases do not include information on second generation and irregular LAMs

Missing data is considerable, ranging from 8.5% to 39.1%

CONCLUSIONS

Although the current HIV epidemiological situation of GBMSM LAMs living in the UK is not troublesome, the expansion of the LAM population and their increasing number of new HIV diagnoses could become a public health challenge in the coming years.

If England is to be successful in ending HIV transmission by 2030, it is necessary to include the GBMSM LAM community in HIV programmes and policies.

RECOMMENDATIONS

Greater efforts directed at data collection are needed to reduce missing values

UK HIV reporting should capture the diversity of Latin American migrants

UNAIDS may consider migrants as the sixth HIV key population, particularly in England