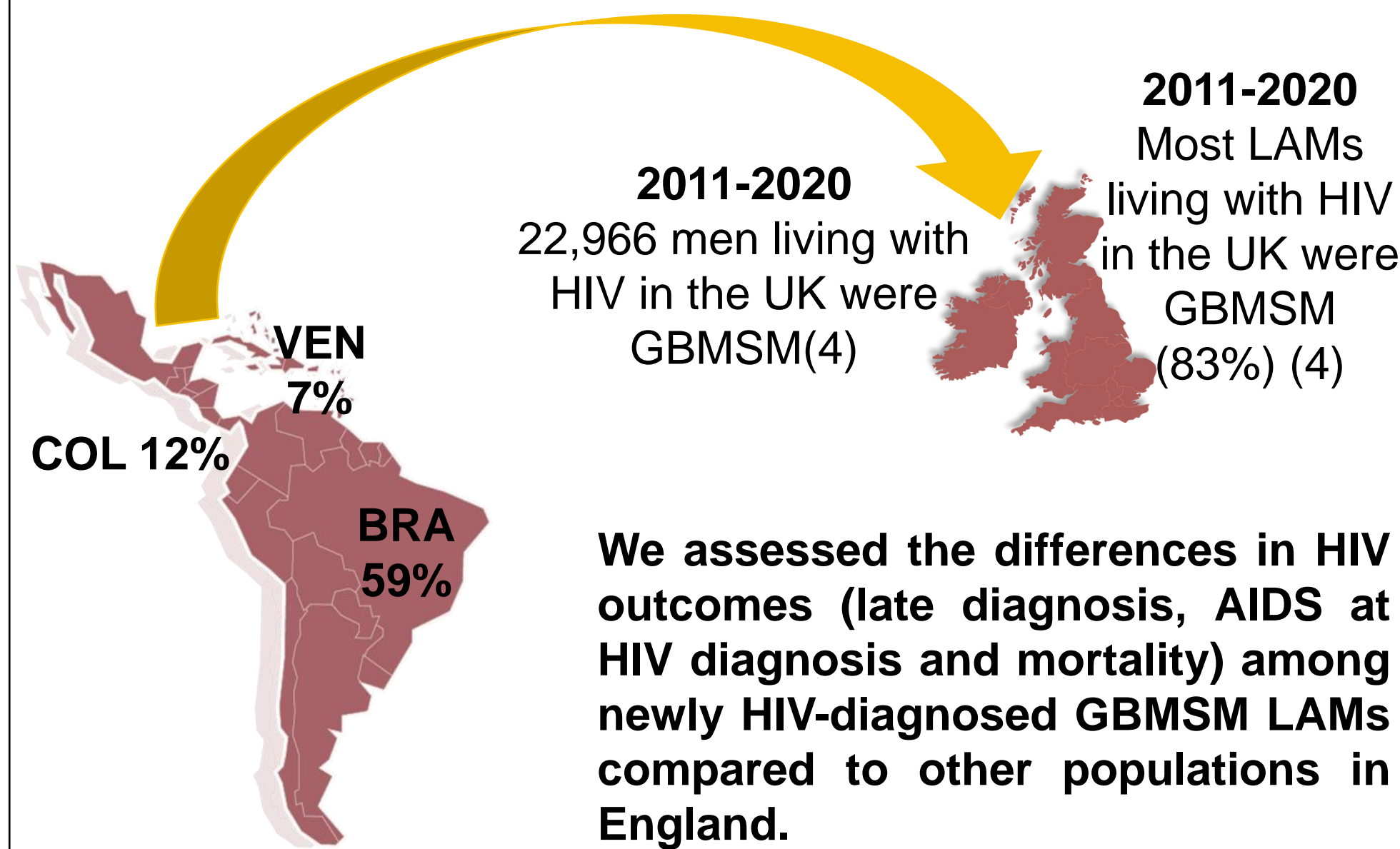# HIV outcomes differences between gay and bisexual Latin American migrants and other gay and bisexual populations in England

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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).

VEN 7%
COL 12%
BRA 59%

2011-2020 22,966 men living with HIV in the UK were GBMSM(4)

2011-2020 Most LAMs 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.

METHODS

Data source
- The HIV and AIDS new diagnoses and deaths database
- The HIV and AIDS reporting system*

England 2011-2020

*Figures might vary slightly from the latest published UKHSA figures due to delayed reporting

Population
- GBMSM adults newly diagnosed with HIV (aged 15 years and over) in England. Those with evidence of recent seroconversion were excluded

Sociodemographic, epidemiological, and clinical characteristics

Statistical analysis
- A comparison between GBMSM LAMs and three other GBMSM populations in England was performed through logistic regression

1. UK-born
2. African migrants
3. European/North American migrants

- Additionally, a descriptive trend analysis was performed

- New HIV diagnosis
- Late diagnosis

DEFINITIONS

AIDS at HIV diagnosis: the presence of one or more clinical AIDS-defining illnesses within 91 days of HIV diagnosis
Late HIV diagnosis: having a CD4 count <350 cells/mm3 within 91 days of the first HIV diagnosis in the UK and no evidence of recent seroconversion
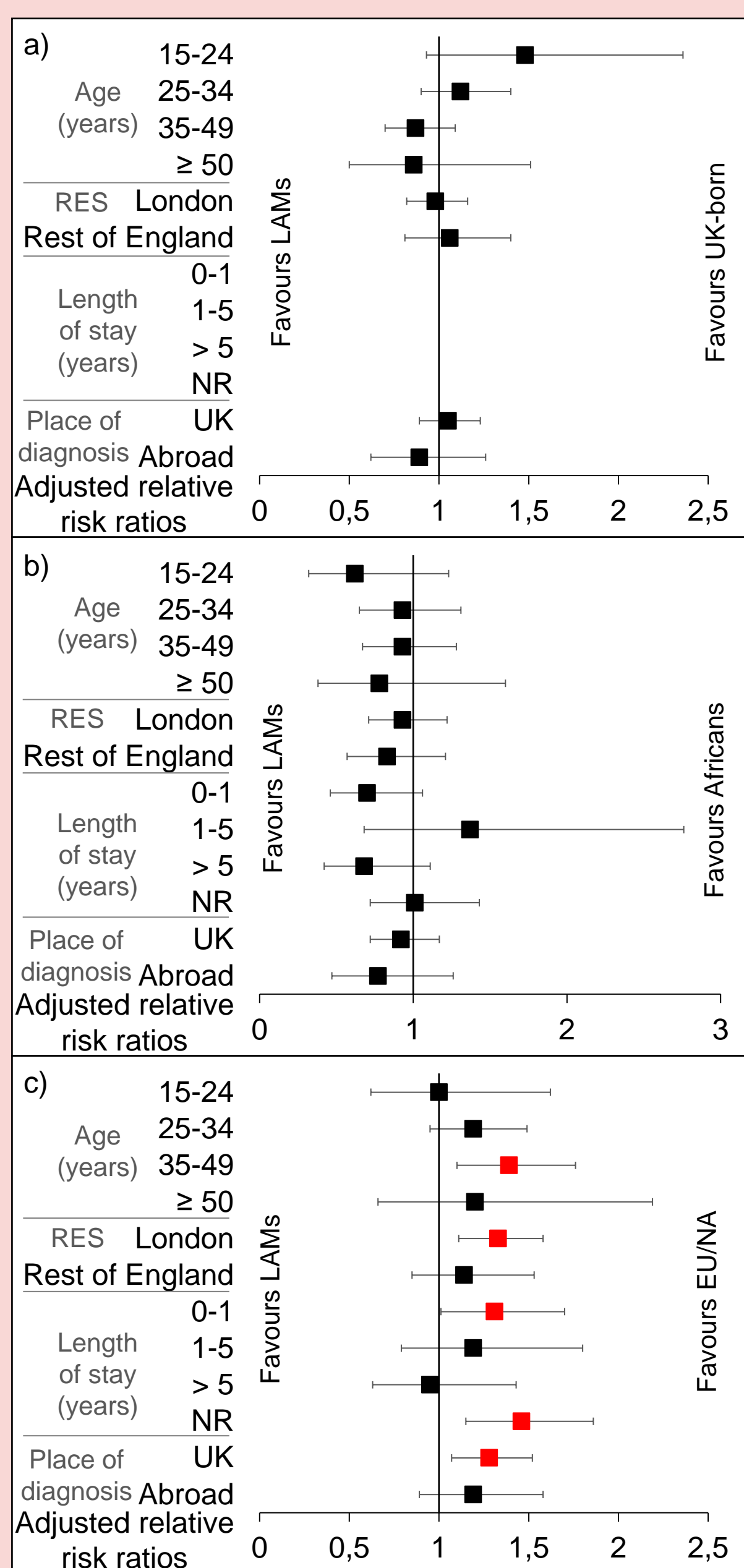**Latin America:** the entire continent of South America in addition to Mexico, Central America, and the islands of the Caribbean whose inhabitants speak Spanish, Portuguese, or French
Migrant: people born outside the UK
Retention in care: any attendance at HIV specialist care in two consecutive years
Viral suppression: having less than 200 HIV copies per millilitre of blood

RESULTS

Figure 1. Late HIV diagnosis comparison between GBMSM LAMs against (a) UK-born, (b) Africa, and (c) Europe/North America (EU/NA) GBMSM, controlled by each variable category. ND: No difference; RES: Residence.
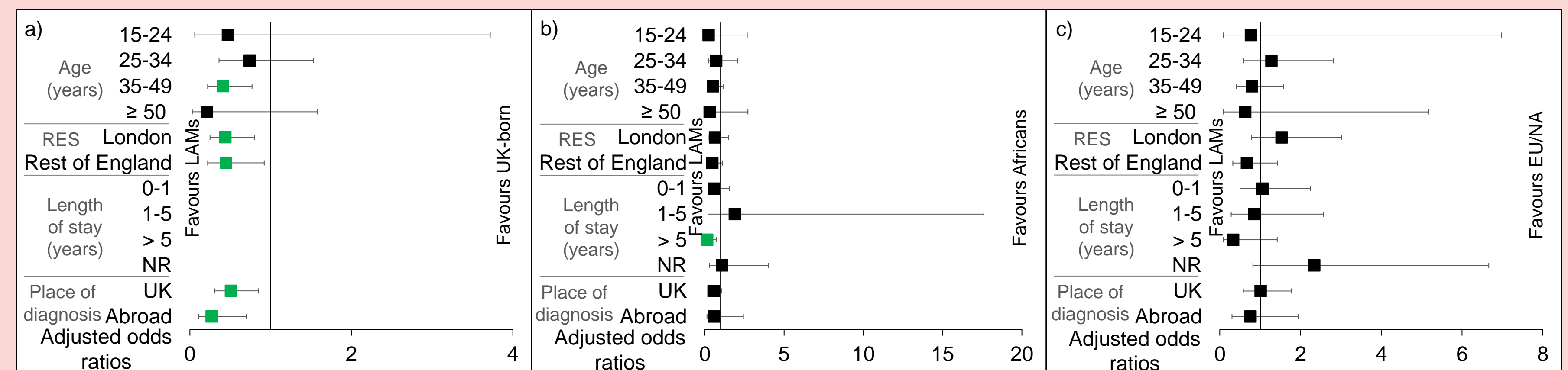
Of 1,928 newly diagnosed GBMSM LAMs, 16.1% were late diagnosed, 1.1% were diagnosed with AIDS at HIV diagnosis, and 0.4% died by any cause.

In general, newly diagnosed GBMSM LAMs were not more likely to be diagnosed late than UK-born residents (aRRR: 1.03; 95%CI: 0.89–1.19).
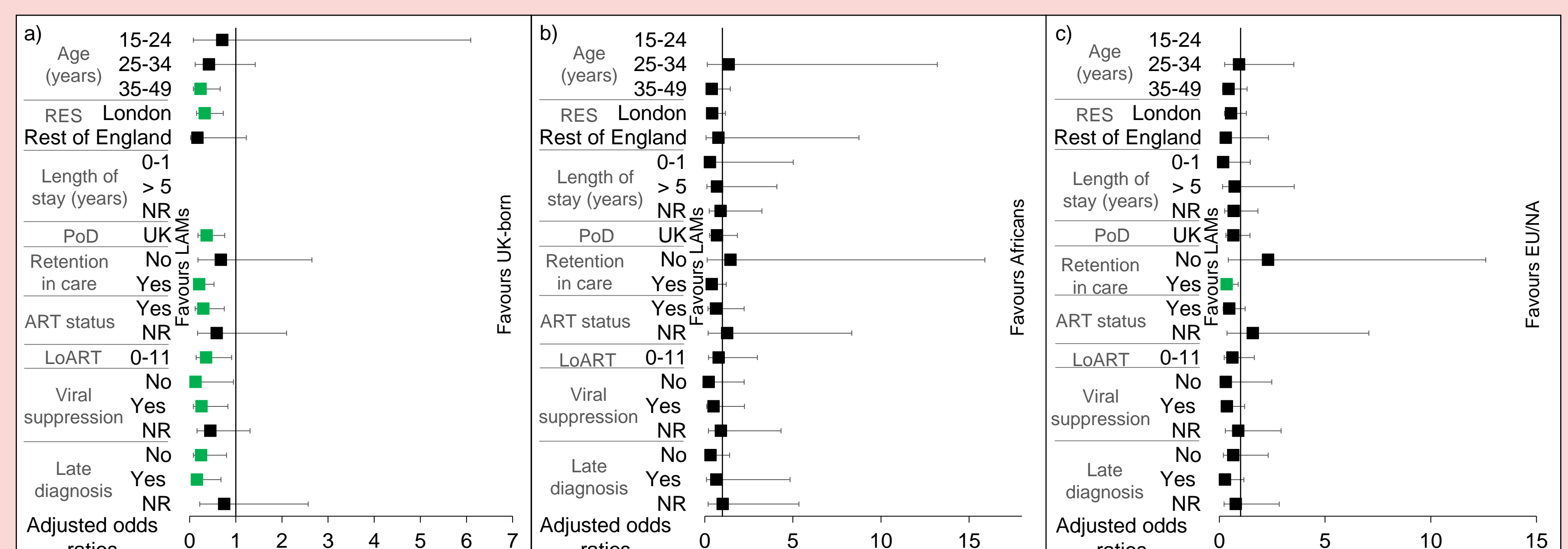
Some GBMSM LAMs subgroups were more likely to be diagnosed late than GBMSM Europe/NA migrants (Fig. 1).

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: 0.14–0.58) 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).
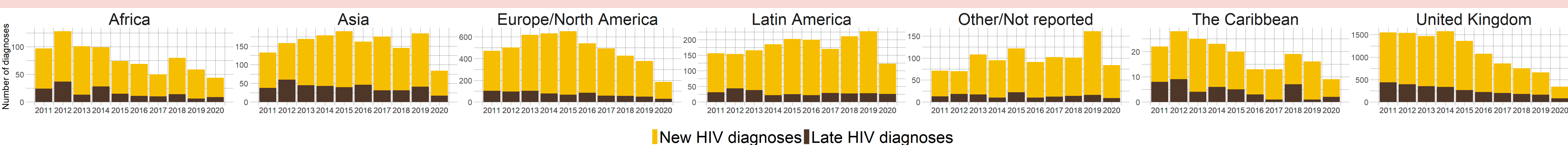
Unlike other GBMSM populations in England, the number of new HIV diagnoses among GBMSM LAMs increased, and the number of late diagnoses remained nearly constant during that period (Fig. 4).

Figure 2. Comparison between GBMSM LAMs against (a) UK-born, (b) Africa, and (c) Europe/North America (EU/NA) GBMSM in terms of AIDS at HIV diagnosis, controlled by each variable category. RES: Residence.

Figure 3. Comparison between GBMSM LAMs against (a) UK-born, (b) Africa, and (c) Europe/North America (EU/NA) GBMSM in terms of mortality, controlled by each variable category. RES: Residence; PoD: Place of diagnosis; LoART: Length of ART.

New HIV diagnoses   Late HIV diagnoses

Figure 4. Number of new HIV diagnoses and late diagnoses among GBMSM by region of birth in the 2011-2020 period in England.

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 perceiving 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 barriers 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

References & e-Poster