19th HIV/AIDS Think Tank Meeting

4 and 5 December 2012
Luxembourg

EUROPEAN COMMISSION
HEALTH & CONSUMERS DIRECTORATE-GENERAL

Directorate C - Public Health and Risk Assessment
C4 - Health determinants

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HIV infection in migrant populations

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Epidemiology of HIV/AIDS in migrants in Europe

Migrant populations, largely people from SSA, represent a **considerable and growing proportion** of AIDS cases and HIV infections reported in the EU 27 countries plus Norway during 1999–2010.

The proportion of migrants from SSA among heterosexual and MTCT cases is very high, but a significant percentage of diagnoses in MSM are migrants, largely from WE and LA and the Caribbean, highlighting the **sexual diversity of migrants living with HIV/AIDS**.

The proportion of migrants among AIDS and HIV cases is higher among female reports, highlighting **feminisation of the HIV/AIDS REPORTS & testing migrant epidemic in the EU**.

Closely linked to the high burden of HIV infection in women from SSA is the **very high proportion of migrants from SSA among MTCT HIV reports in EU.**

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Delayed diagnosis of HIV in migrants in Europe

Delayed diagnosis of HIV infection is a **major public health issue** worldwide.

Despite adequate diagnostic techniques and appropriate treatment, a third of PLWHA in Europe remains undiagnosed; **late HIV diagnosis is greater for the HIV-positive migrant population of non-Western origin**.

Numbers of AIDS cases in most EU countries declined from mid-1990s onwards, largely attributed to the impact of HAART. For migrants this decline is not observed, reflecting **late diagnosis of HIV infection and poorer access and uptake of HAART for migrant populations**.

Delayed HIV diagnosis is associated with **higher mortality, lower perception of risk transmission and higher HIV transmission to the community**.

- **Unknown country of HIV acquisition**

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Barriers to HIV testing & counseling in migrants in Europe

Barriers to testing and care have been described for **health in general in migrants and ethnic minorities** (time or financial constrains, administrative, legal, language and cultural barriers, living and work conditions)

Other barriers are HIV-specific: insufficient knowledge of HIV, stigmatisation, low risk perception, lack of knowledge about testing sites, concerns about confidentiality

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- **Barriers have a hierarchical structure.** In a framework of prosecution of migrants, irrespective of legal residency status, all recommendations to decrease language, cultural and gender barriers are bound to fail.

- **Fear of deportation will abort many of the public health initiatives** aimed to prevent HIV and AIDS in migrants

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Transversal gender component

- **Fear of deportation will abort many of the public health initiatives** aimed to prevent HIV and AIDS in migrants

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- Three axes- gender, ethnicity and social class – conform social health inequalities

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- Gender, ethnicity and social class should be viewed as EFFECT MODIFIERS rather than confounders requiring stratified analyses

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- Gender, ethnicity and social class should be

We need large numbers

➔Incorrect assumption that unmeasured confounders are equally distributed within these three axes

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Founding networks

CASCADE – Collaboration of 26 adult seroconverter cohorts

COHERE – Collaborative group of 35 adult, paediatric, and mother/child cohorts

IMIT AMAGS ECS-Mothers & ECS-Infants NSHPC-Mothers & NHPS-Infants PISCIS KOMPNET CASCADE ANRS CO2 SEROCO Frankfurt HIV Cohort Study San Raffaele ANRS CO1/CO10 EPF UK CHIC Athena ITLR-Mothers & ITLR-Infants Swiss HIV Cohort Study ICC ANRS CO6 PRIMO Co-RIS MOCHIV-Mothers & MoCHIV-Infants The Italian MASTER Cohort CHIPS ANRS CO4 French Hospital's Database on HIV HIV-MIP-Mothers & HIV-MIP-Infants GEMES-Haemo ANRS CO3 AQUITAINE EuroSIDA Madrid Cohort HIV Children VACH Modena Cohort Study Danish HIV Study ANRS CO8 COPILOTE ICONA St. Pierre

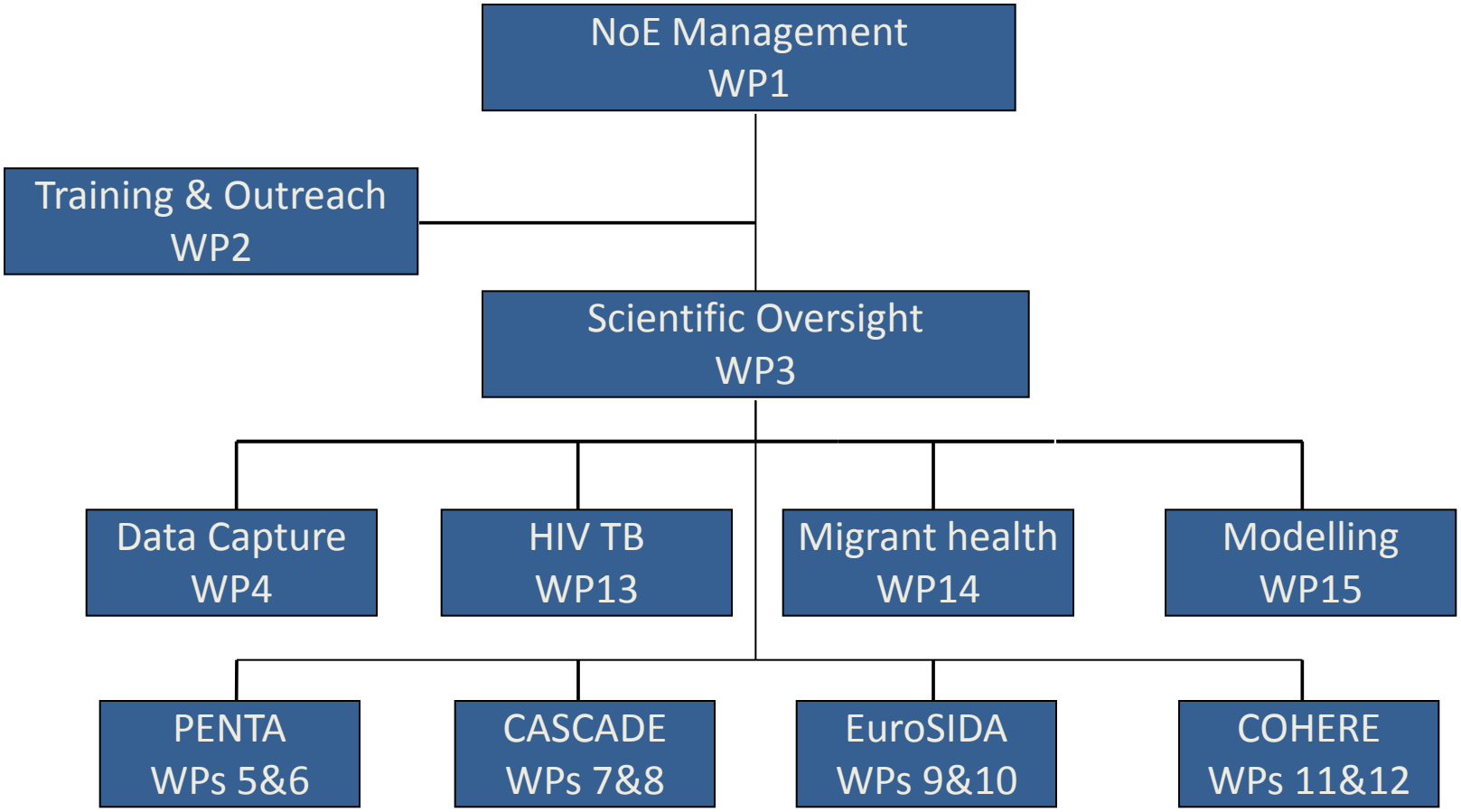
Collaboration of Observational HIV Epidemiological Research Europe

Coordination: Copenhagen HIV Programme (CHIP) & Institut de Santé Publique,d'Epidemiologie et de Développement (ISPED)

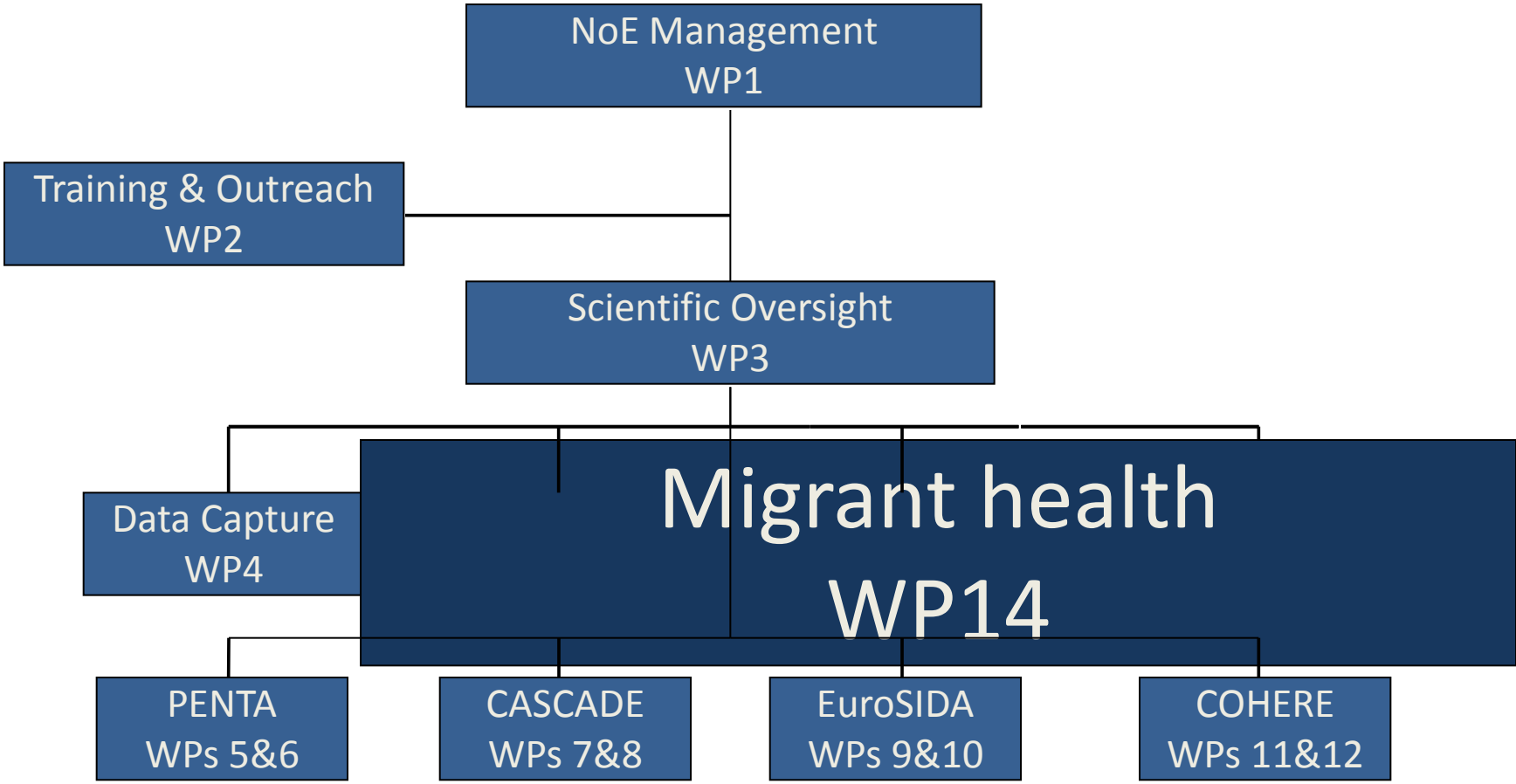
EuroSIDA – Cohort study of adult patients from a network of just over 100 clinics

PENTA – Integrated programme of trials and observational studies among infected children & also pregnant women as part of the European Collaborative Study (ECS)

EuroCoord Workpackage Structure



EuroCoord Workpackage Structure



Objective

- We aim to prevent HIV infection, improve diagnosis, and prognosis, of migrant populations living with HIV in Europe by providing evidence to support policy development at European level.

Specific objectives

Determine likely country of HIV acquisition for migrants

Identify barriers to HIV prevention, testing and treatment

Study key outcomes by geographical origin and sex:

1. Appropriateness of the timing of cART initiation and treatment interruptions
2. Virological and immunological responses to cART
3. All-cause and cause-specific mortality
4. Appropriateness of PMTCT interventions
5. MTCT and pregnancy outcomes

Model the relationships between the characteristics of the European cities migrants live in with major HIV-related outcomes

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Methodology WP14

Surveys

Clinical survey
Barriers to HIV prevention, testing and treatment
Likely country of HIV acquisition for migrant populations

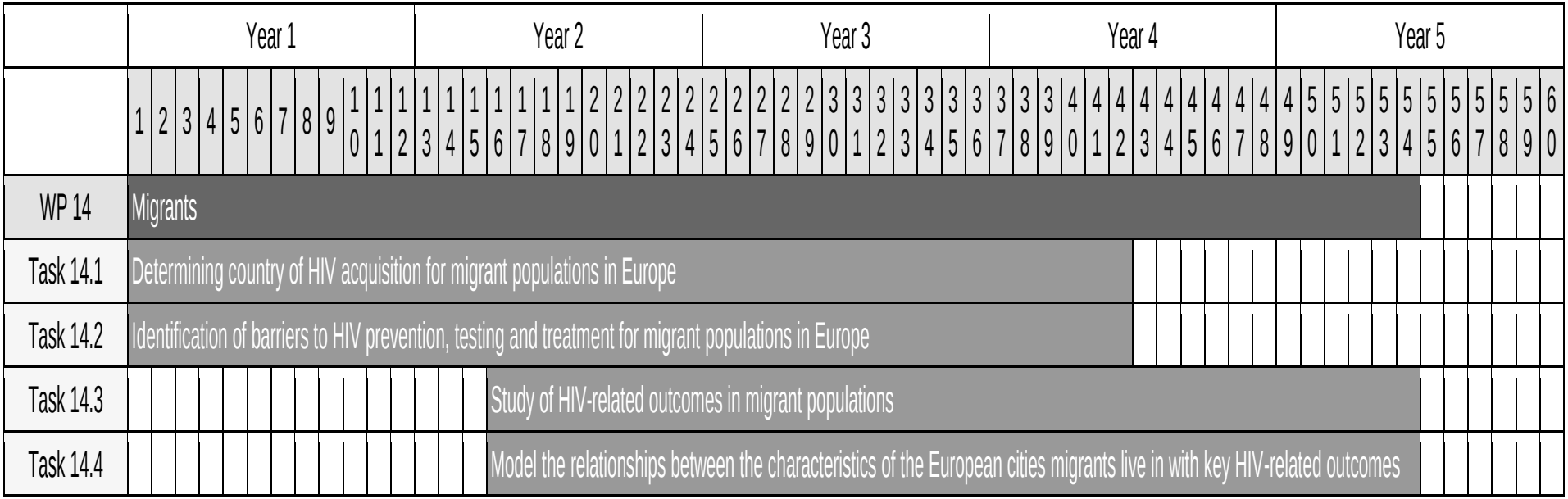
Community survey
Barriers to HIV prevention, testing and treatment

COHERE data supplemented with social epidemiology variables

Cohort data analyses
Key HIV-related outcomes and their determinants by geographical origin and sex

Multi-level analyses
Model relationships between the characteristics of the European cities migrants live in with major HIV-related outcomes

Main Objective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WP 14
Migrants
Task 14.1
Determining country of HIV acquisition for migrant populations in Europe
Task 14.2
Identification of barriers to HIV prevention, testing and treatment for migrant populations in Europe
Task 14.3
Study of HIV-related outcomes in migrant populations
Task 14.4
Model the relationships between the characteristics of the European cities migrants live in with key HIV-related outcomes

Clinic Survey

aMASE: advancing Migrant Access to health Services in Europe

Participating countries

Belgium
France
Germany
Greece
Italy
Netherlands
Portugal
Spain
Swtizerland
UK

Clinic Survey

aMASE: advancing Migrant Access to health Services in Europe

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40 clinical sites in 10 countries.

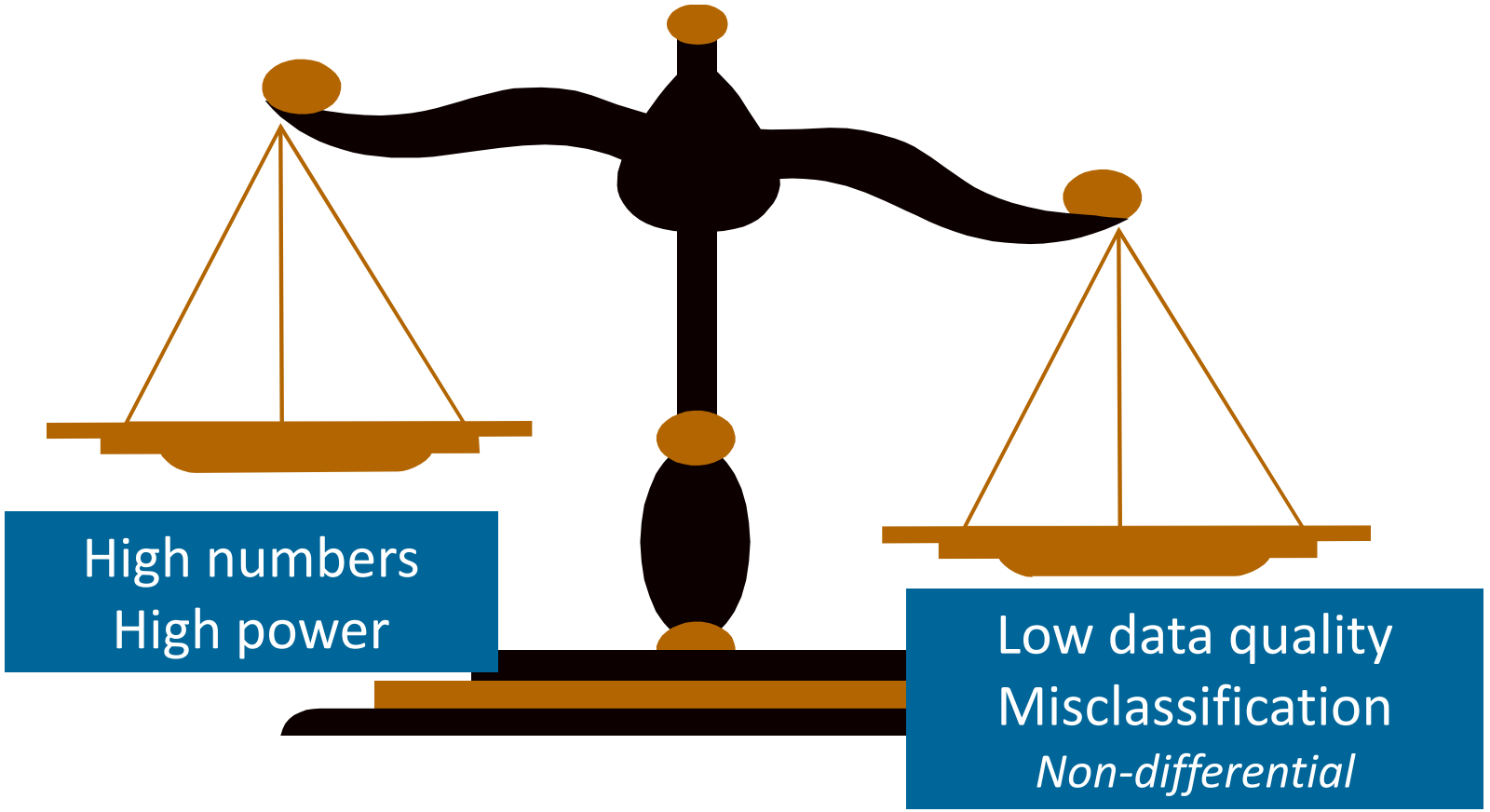
- Sample of 4000 service users (2000 males and 2000 females)

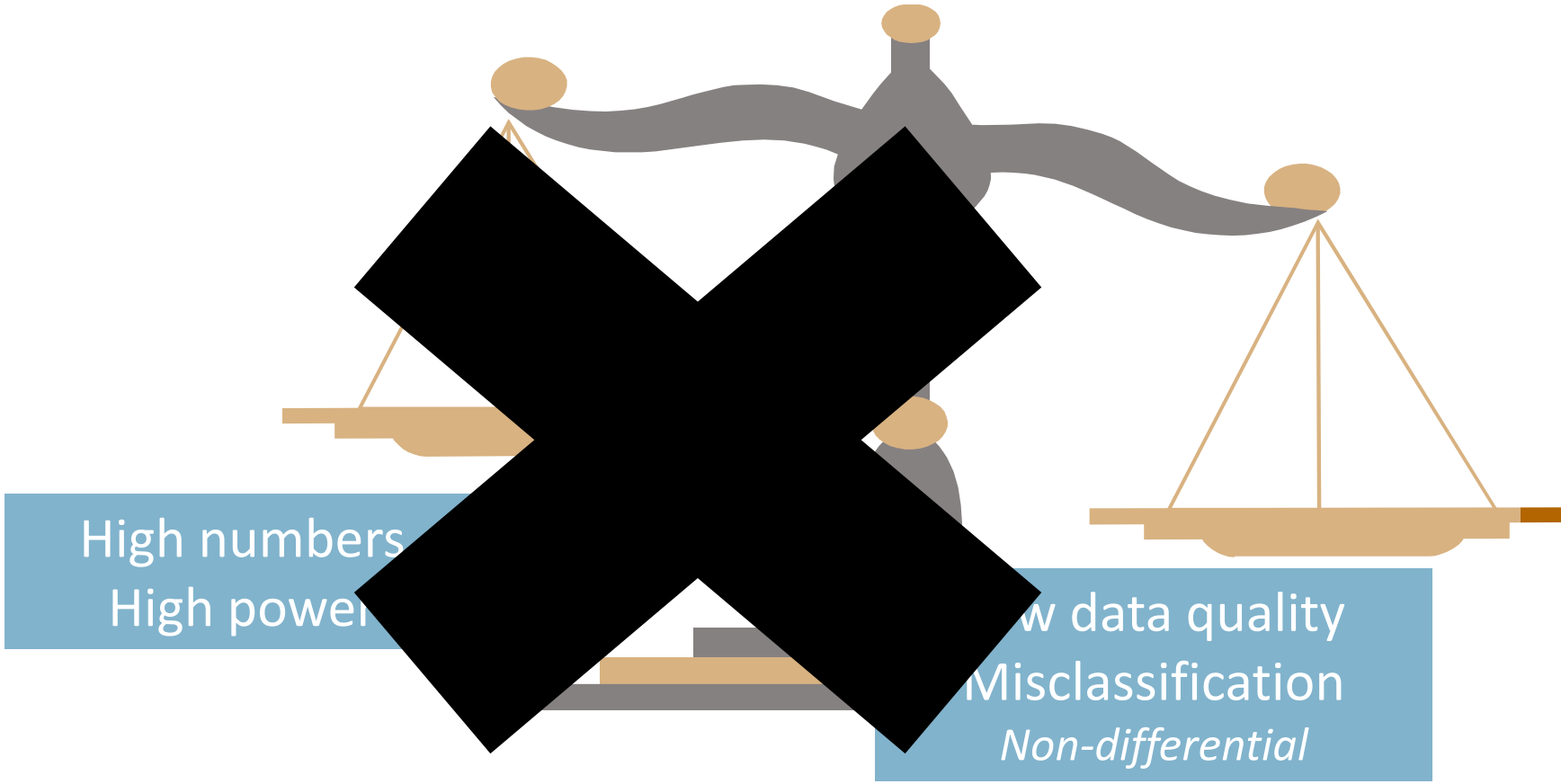
Clinic Survey

aMASE: advancing
Migrant **A**ccess to health
Services in **E**urope

- ✓Ethics committees
- ✓Developed questionnaire
- ✓Cognitive interviews
- ✓Translated to 14 languages
- ✓Implemented on-line version
- ✓Developed clinic “package”
- ✓Pilots in UK and Madrid
- ✓Staggered launching 2012-13

Strategic questions on migrant populations need to be formulated within large datasets


High numbers
High power
Low data quality
Misclassification
Non-differential


High numbers
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Strategic questions on migrant populations need to be formulated within large datasets

- using **standardized definitions**

- **quality control procedures**

- to provide the **adequate statistical power** for its translation into public health policy

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Strategic questions on migrant populations need to be formulated within large datasets

- us

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- to

power for its translation into public health policy

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