HIV in migrant populations in Australia: A Changing Epidemiology

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Background

• National and state-level HIV strategies prioritise migrants from culturally and linguistically diverse backgrounds

• People born in Sub-Saharan Africa and South-East Asia alone ≈ 20% PLHIV in Australia

• More likely to be diagnosed late and may face barriers e.g. to treatment access
Aims

1. To describe recent HIV epidemiological trends in people born overseas; and

2. Inform the development and delivery of targeted and culturally appropriate HIV programs.
Methods – Data Sources

- All people diagnosed with HIV in Australia between 2006 to 2015 from the National HIV registry
- Variables:
  - Age and sex
  - Mode of exposure (male to male sex (MSM) or heterosexual sex)
  - Country of birth
- Countries of birth grouped into 10 regions based on ABS classification
- ABS population data
Methods – Analysis

• Calculation of:
  • Diagnosis rates per 100,000 population
  • incidence rate ratios (IRRs) and summary rate ratios (SRRs)
  • Compare regions of birth and time periods using poisson regression
• P value set at 0.05
Findings

• Total of 8,834 new HIV diagnoses in Australia between 2006 and 2015.

• Between 2006-2010 and 2011-2015 % of HIV diagnoses attributed to male-to-male sex:
  • ↓72.5% to 66.5% in Australian-born men
  • ↑9.7% to 15.8% in South-East, North-East or Southern and Central Asia
HIV diagnosis rate per 100,000, MSM select regions of birth, 2006-15

- Men born overseas: 34% - acquired overseas
- Median time since arrival: 3 years

Median age: 36

Men born overseas: 34% - acquired overseas
Median time since arrival: 3 years

Source: State and Territory Health Authorities
HIV diagnosis rate per 100,000, heterosexual males select regions of birth, 2006-15

Men born overseas: 77% - acquired overseas
Median time since arrival six years

Source: State and Territory Health Authorities
HIV diagnosis rate per 100,000, heterosexual females select regions of birth, 2006-15

Women born overseas: 64% - acquired overseas
Median time since arrival five years

Source: State and Territory Health Authorities
Conclusions

• Epidemiology of HIV among people born overseas is changing:

↑ diagnosis rate in MSM from SE/NE Asia and the Americas

↓ diagnosis rate due to heterosexual sex in South-East Asian and Sub-Saharan African born
Future directions

• Need for interviews with men Asian-born MSM, heterosexuals born overseas
  • Include people from different backgrounds
  • Social and sexual networks
  • Behavioural and cultural factors
  • Views on ways to improve access to prevention

• Implement culturally appropriate interventions
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• State and territory health departments

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