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

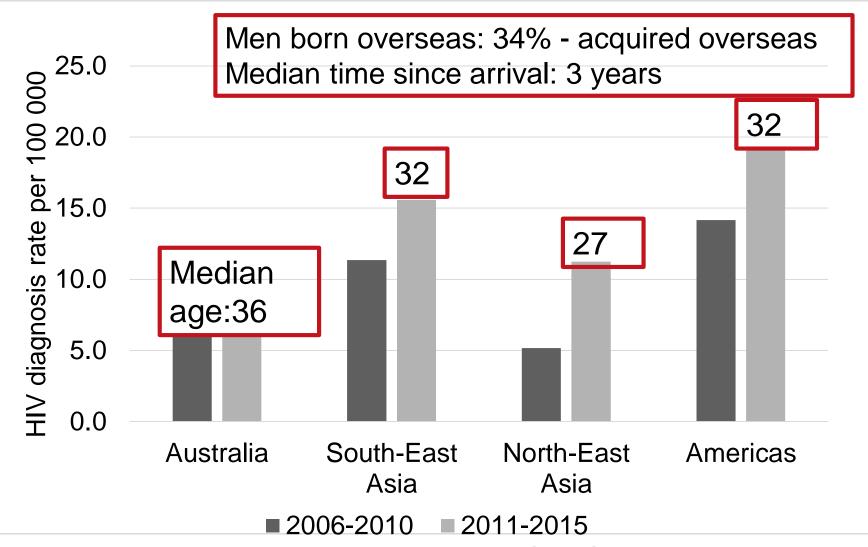


Findings

- 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

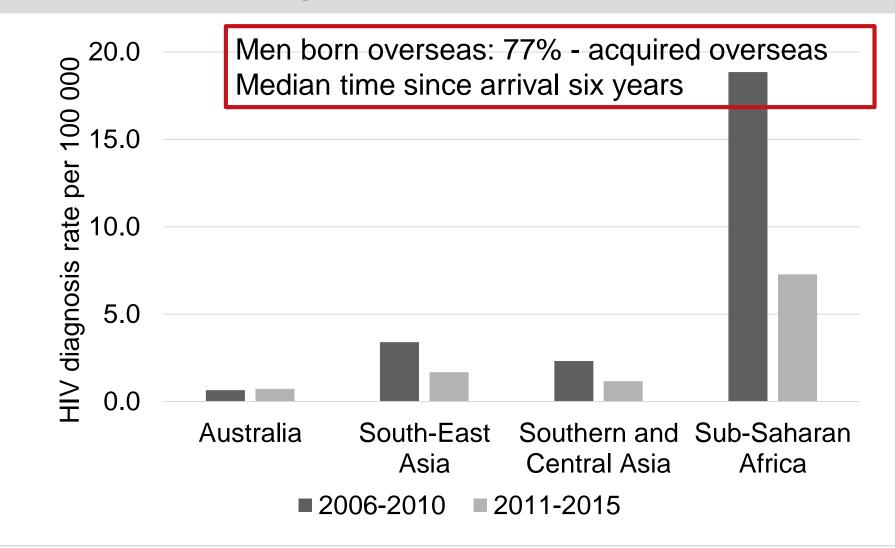


HIV diagnosis rate per 100,000, <u>MSM</u> select regions of birth, 2006-15



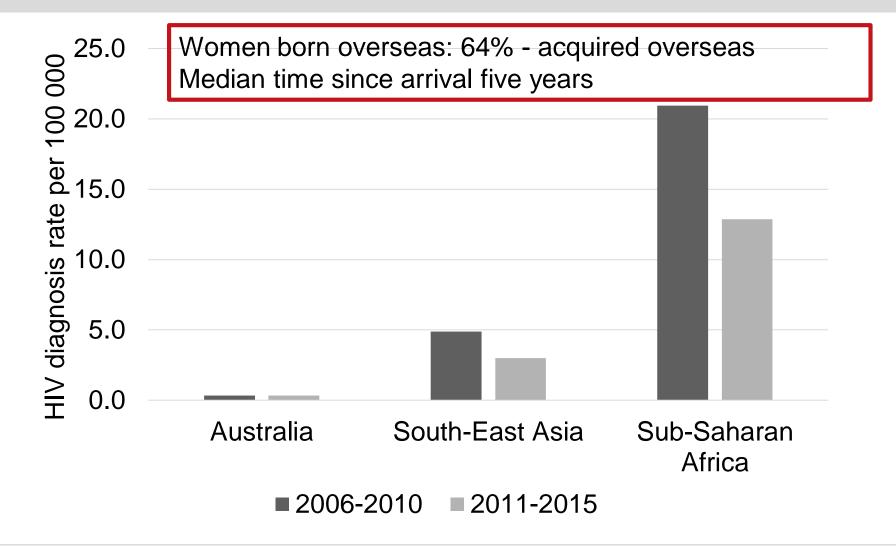


HIV diagnosis rate per 100,000, <u>heterosexual</u> males select regions of birth, 2006-15





HIV diagnosis rate per 100,000, <u>heterosexual</u> <u>females</u> select regions of birth, 2006-15





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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