

OLB14

2-hour Oral Session

Late breaker session: Refugee and migrant health

Incidence of HIV infection and late presentation for HIV care among refugees and family-reunified migrants compared to Danish-born individuals

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Background: The HIV epidemic continues to be a public health issue in Europe with migrants representing a considerable proportion of new HIV infections. Migrants may experience formal or informal barriers to HIV testing and care in the recipient country and are therefore considered a group at risk of late presentation. The aim was to determine the incidence of HIV infection and the risk of late presentation among migrants living in Denmark compared to Danish-born, and to identify factors associated with late presentation among migrants.

Material/methods: A historically prospective cohort study was established comprising all newly-arrived adult migrants to Denmark between 1.1.1993 and 31.12.2010 (n=114.282), matched 1:6 to Danish-born by age and sex. Personal identification numbers were cross-linked to the National Surveillance Register (NSR) and data on HIV infection and CD4 cell counts at diagnosis was retrieved from NSR. An initial CD4 count <350 cells/ μ L or an AIDS defining event defined late presentation. We estimated hazard ratios (HRs) and 95% confidence intervals (CIs) for HIV incidence using a Cox regression model. Differences in late presentation between migrants and Danish-born were assessed by logistic regression. Factors associated with late presentation among migrants were identified using multivariable logistic regression.

Results: In total, 684 HIV cases were reported, of which 405 were migrants and 279 Danish-born. The adjusted HRs were significantly higher for both refugees (HR= 5.27; 95% CI 4.17-6.65) and family-reunified immigrants (HR= 7.23; 95% CI 6.11-8.55) compared to Danish-born. Variations were further seen according to region of origin, where migrants originating from South and Eastern Asia (HR=6.52; 95% CI 5.23-8.14), Sub-Saharan Africa (HR=27.22; 95% CI 22.68-32.66), Eastern Europe and Central Asia (HR=4.18; 95% CI 2.52-6.94) and Latin America (HR=6.97; 95% CI 4.46-10.88) all had a significantly higher incidence than Danish-born.

Of the 567 patients included in the analysis of late presentation, 53.97% were late presenters. Compared to Danish-born, late presentation was more common among refugees (OR=1.87; 95 % CI 1.07-3.26) and family-reunified immigrants (OR=2.3; 95% CI 1.49-3.55). In the migrant population, factors significantly associated with late presentation were region of origin and mode of transmission. Originating from Sub-Saharan Africa (OR= 3.60; 95% CI 1.06-12.19) and South and Eastern Asia (OR= 6.24; 95%CI 1.83-21.29) were associated with an increased risk compared with migrants originating from Western countries. Being homosexual was significantly associated with a decreased risk compared with heterosexual migrants (OR=0.23; 95% CI 0.09-0.61).

Conclusions: This register-based study revealed a higher incidence of HIV infection among migrants compared with Danish-born. Late presentation represents a significant problem, and is more common among migrants than Danish-born. This may indicate that migrants experience barriers in accessing HIV testing and appears to call for more systematic medical reception of newly arrived migrants in the recipient country.