

HIV among Foreign-Born Residents in the District of Columbia, 2008

Leigh Willis¹, Jenevieve Opoku², Ashley Reed¹, Tiffany West², Nnemdi Kamanu-Elias², and Madeline Sutton¹

¹Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Division of HIV/AIDS, Epidemiology Branch

²District of Columbia Department of Health, Strategic Information Bureau, HIV/AIDS, Hepatitis, STD and TB Administration

Background

The District of Columbia has one of the highest rates of HIV among cities in the US. Like other urban areas in the United States, the District has a sizeable immigrant population. The purpose of this study is to describe HIV/AIDS among foreign born residents of the District in 2008.

Purpose

To characterize HIV-infected (not imported), foreign-born residents in DC to support improved HIV education and prevention efforts.

Methods

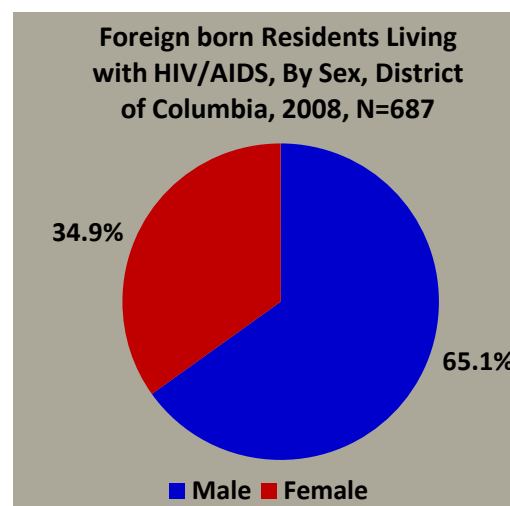
An analysis of the enhanced HIV/AIDS reporting system (eHARS) was used to generate the cumulative diagnosed cases of foreign born residents living with HIV/AIDS through 2008 in Washington, DC. Variables of interest included sex, race/ethnicity, age at diagnosis, current age, mode of transmission, region of origin, CD4 counts, care information and insurance coverage. Frequencies of responses were analyzed using SAS version 9.1.

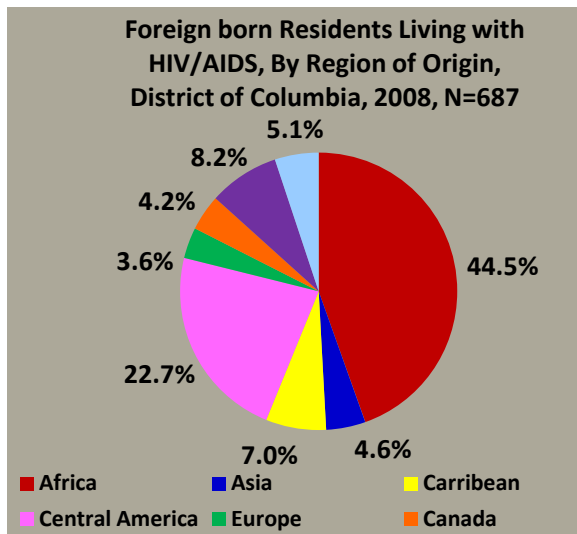
Results

Demographics

Among the 16,513 adults and adolescents living in DC with HIV/AIDS at the end of 2008, 687 were foreign-born (4.2%). Of the foreign-born residents living with HIV/AIDS, 65.1% were

women. By race/ethnicity, 52.6% and 37.4% were among Blacks and Hispanics, respectively. Nearly three quarters (70.1%) of foreign-born residents living with HIV/AIDS were aged 30 and older at the time of diagnosis, and 88.1% are currently aged 30 and older. Nearly half (45.0%) of foreign born residents living with HIV/AIDS were African-born and nearly a quarter (22.7%) were Central American-born. Over half (51.2%) acquired HIV/AIDS via heterosexual contact, a quarter (25.7%) via MSM contact; less than half (44.3%) had health insurance coverage; and 55.7% received a CD4 or viral load test within 12 months from their diagnoses. Of the 687 foreign-born residents living with HIV/AIDS, 14.8% had private insurance, 30.1% had some type of public insurance, and 55.0% had no coverage or insurance was unknown at the time of diagnosis.





Overall, Africa and Central America had the highest regions of origin among foreign-born DC residents living with HIV/AIDS. Among African-born residents, 52.0% were among women, 85.6% were between the ages of 20-49 at diagnosis, 85.0% were between the ages of 30-59 at the end of 2008, and the leading mode of transmission was heterosexual contact (68.3%). Among Central American-born residents living with HIV/AIDS, 75.6% were male, 89.1% were between the ages of 29-49 at diagnosis, 73.1% were between the ages of 30-59 at the end of 2008, and the leading modes of transmission were heterosexual contact (50.0%) and MSM (34.6%).

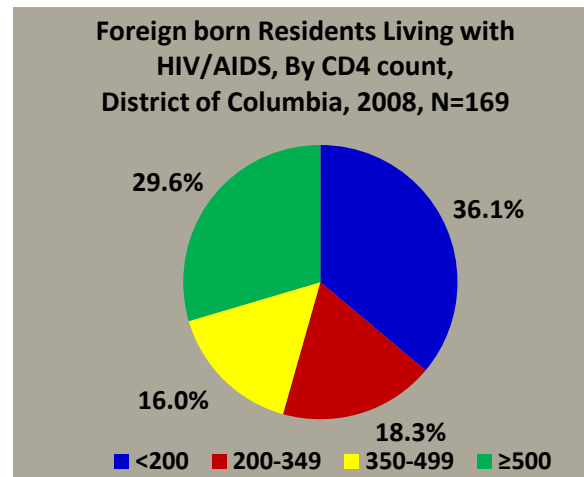
HIV/AIDS Related Care

Of the 687 foreign-born residents living with HIV/AIDS, 383 (55.7%) had a CD4 or viral load test within 12 months of their diagnosis, while 44.3% had no documented clinical visit within a year of their HIV diagnosis. Among foreign-born residents who had a CD4 or viral load tests within 12 months of their initial diagnosis, 64.5% were men, 53.0% were Black compared to whites (3.7%) and Hispanics (39.7%), and 60.3% were between the ages of 30-49. Among foreign-born residents who had a CD4 or viral

load test in 2008 (n=249, 36.2%), 61.0% were men, 52.6% were Black, and 57.4% were between the ages of 30-49.

CD4 Counts

Of the 687 foreign-born residents living with HIV/AIDS, 169 (24.6%) had a CD4 count test in 2008. Over a third (36.1%) of foreign-born residents had a CD4 count <200, signifying an AIDS diagnosis. Men (68.9%) and Blacks (52.5%) were more likely to have a CD4 count <200 compared to women (31.1%) and people of non-black race/ethnicities (47.5%). Foreign-born residents between the ages of 30-59 were most likely to have a CD4 count <200 (78.6%).



Discussion/Conclusion

These results highlight the importance of HIV prevention and care efforts for foreign born individuals living in the District of Columbia, particularly among those immigrating from Africa and Central America. Though these data offer insight into foreign-born residents living with HIV/AIDS, there were several limitations, including not knowing whether foreign born cases were infected in prior to immigrating to and how long they have resided in the US. Future HIV prevention and care strategies must continue to include foreign-born resident needs by promoting routine HIV testing, condom use linkage to care and reducing HIV related stigma.