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Telephone 971-673-1111
Fax 971-673-1100

cd.summary@state.or.us
http://oregon.gov/dhs/ph/cdsummary

OREGON PUBLIC HEALTH DIVISION • DEPARTMENT OF HUMAN SERVICES

HIV/AIDS IN OREGON LATINOS

The new National HIV/AIDS Strategy calls for reducing HIV /AIDS occurrence among Hispanics/Latinos.[1] This edition of *CD Summary* examines the national and local epidemiology of HIV/AIDS in Hispanics/Latinos, and presents strategies for reducing incidence in this population.

THE SCOPE OF THE PROBLEM

In 2009, 241 people received a diagnosis of HIV infection in Oregon, of whom 44 (18%) were reported to be Hispanic/Latino. (Hispanics account for approximately 11% of Oregon's population.) The rate of new HIV/AIDS diagnoses among Hispanics/Latinos in Oregon during 2009 was 10.3 per 100,000, twice that of non-Hispanic whites (5.5 per 100,000).

In the US, one in 52 (1.9%) Hispanics will be diagnosed with HIV during their lifetime, three times the risk among non-Hispanic whites (one in 170 or 0.6%).[2] Among Hispanic men, the estimated lifetime risk is 1 in 36 (2.8%). (Incidentally, lifetime risk is almost *eight-fold* higher among blacks/African Americans than among non-Hispanic whites.) Compared to non-Hispanic whites, Hispanics have higher rates of previously undiagnosed HIV infection, experience delays in obtaining HIV test results, and are more likely to have AIDS-defining conditions at the time of diagnosis.[3]

Like other racial and ethnic health disparities, this one has been attributed to social and cultural circumstances experienced by many Hispanics in the US.[4] Migration across international borders in search of work might contribute to: riskier sexual behaviors or drug use associated with loneliness, isolation, and disruption of normal social relationships; in addition, limited access to protective health information and health care can be associated with poverty, language, immigration status and education.

A CLOSER LOOK AT THE OREGON EXPERIENCE

The Oregon Public Health Division recently reviewed all 56 case reports of HIV/AIDS among Hispanic Oregon residents reported between October 2008 and November 2009 and interviewed a subset of these extensively (Table). Most cases occurred in men, 65% were born outside the US in Latin America, most commonly in Mexico; and most (68%) lived in Marion, Multnomah or Washington county at the time of diagnosis. Approximately 80% of all cases were believed to have been acquired by sex among men or by injection drug use, similar to presumed transmission route for Oregon cases of other race or ethnicity.

We attempted to contact not only cases who were residents of Oregon at diagnosis and reported during October 2008 through March 2009, but cases diagnosed in other states and reported to us. Our bilingual interviewer successfully reached 25 of the 56 cases (three reported they were not Hispanic so were not included). All 22 of the cases successfully contacted agreed to be interviewed.

Migration experiences and residency concerns were nearly universal. Half of the respondents had lived in at least 2 different places during the previous 12 months. Among those (majority) who were foreign born, most had concerns about their legal status, usually a fear of being deported to their country of origin where sufficient medical care for their illness goes wanting. Education was generally minimal and work unskilled and unsteady among the cases. Relatively few respondents reported delays in medical care, and those who did were unlikely to report that residency concerns were related to the delay.

Although interviewed cases were reported during October 2008 through March 2009, only 14 of them had been diagnosed since the beginning of 2008. The remainder were diagnosed 2–10 years earlier. Half the respondents had been diagnosed in health department clinics, but a third had been diagnosed in an emergency department, urgent care center, or hospital. Only a third had ever had a previous HIV test prior to being diagnosed. These data emphasize that many people (Hispanic or not), don't recognize that they might be infected and don't get tested.

Characteristics of Oregon Hispanic/Latino HIV/AIDS Cases reported November 2008–October 2009.

Characteristic	n (%)
Male	41 (89)
Female	5 (11)
County of residence	
Marion	12 (26)
Multnomah	10 (22)
Washington	9 (20)
Other	15 (32)
Birth country	
US	11 (24)
Other	30 (65)
Missing	3 (7)
Probable transmission route	
Sex with other men (men only)	26 (63)
Injection drugs and sex with other men (men only)	2 (5)
Injection drugs (men and women)	4 (9)
High risk heterosexual sex (men and women)	5 (11)
Unknown	9 (12)

WHAT CAN BE DONE?

At present, absent an effective and widely disseminated HIV vaccine, early diagnosis is our best strategy to HIV prevention because:

- Approximately 50% of HIV transmission occurs within 6 months of infection in the source case,[5]
- Within the first few months after diagnosis and without any special counseling or other incentives, people newly diagnosed with HIV spontaneously reduce unprotected intercourse by 47%, increase condom use by 65% and

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increase number of sexual partners by 34%,[6]

- Approximately 21% of all people with HIV/AIDS are completely unaware that they are infected (i.e., have yet to be tested). In Oregon, we estimate this number at 1,283 people. Many new infections likely arise from this group,[7]
- Presently in the US, almost half of all newly diagnosed HIV infections meet criteria for AIDS within 12 months of diagnosis, meaning that they have been infected for an average of seven to 10 years, and that they are relatively unlikely to be the source of new infections.[8]

ROLE FOR PROVIDERS

Encourage all of your adult patients (and friends for that matter) to be tested for HIV at least once. If patients can't or don't want to be tested in a traditional health care setting, the Oregon AIDS/STD Hotline (*www.oregonaidshotline.com*) lists many local and statewide resources for testing, some free or reduced cost. Too often, even patients who ask their physician for an HIV test are told they don't need one. Consider using prompts in your medical record to remind you to recommend testing to all patients.

Talk with your patients about sexual behaviors and about whether or not they need periodic testing if they change sexual partners or practices.

Do be aware of an epidemiological paradox as you expand HIV testing recommendations to all adults: as testing is more widely recommended in people with lesser average HIV risk, a larger proportion of positive tests will be falsely so. False positive tests and associated distress are an important expected "cost" of burgeoning efforts to prevent new HIV by earlier diagnosis. Discuss the possibility of false positive tests and what you will do to verify the diagnosis with patients ahead of time.*

Ethnic disparities such as increased HIV/AIDS incidence in Hispanics are likely due to economic, social and cultural differences resulting in variations in exposure, risk factors, detection, and health care access (the "social determinants of disease" concept). Accordingly, providers can maximally meet the needs of their Hispanic patients by remaining knowledgeable about the relationship between HIV/AIDS and international, national, and state policies related to immigration, racial/ethnic discrimination, and HIV testing. In addition, clinicians can take opportunities to be involved in policy discussions towards the goal of universal HIV testing and early treatment. In particular, providers should consider encouraging development of universal voluntary testing programs in emergency departments and health care settings where you work.

FOR MORE INFORMATION

See Oregon Health Authority HIV/Sexually Transmitted Disease/Tuberculosis Program at *www.oregon.gov/DHS/ph/hst/index.shtml*

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* Typically, a false positive test would be recognized by persistently negative antigen tests ("viral loads") after initial confirmed positive antibody tests confirmed by Western Blot.

WORLD AIDS DAY — DEC 1

At the end of December 31, 2008, there were 4,826 people living with reported cases of HIV infection in Oregon. CDC estimates that 21% of all people with HIV/AIDS have yet to even be tested or diagnosed. That means that an additional (approximately) 1,283 Oregonians are infected yet unaware. On Wednesday, December 1st, World AIDS Day, take a moment to consider the 1,283 Oregonians along with the 21% of people with HIV around the world who are missing the opportunity to protect their partners or to benefit from life-prolonging treatment. Encourage your patients to be tested. For more information about HIV testing and services in Oregon, visit *www.oregonaidshotline.com*.