CHARACTERISTICS, TRANSMISSION RISKS, AND CLINICAL STATUS OF NEWLY HIV-DIAGNOSED, AFRICAN-BORN PERSONS REFERRED FOR PARTNER SERVICES IN NEW YORK CITY: 2007-2015

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BACKGROUND
Nationally, significant differences in sociodemographics, transmission risk, and clinical status exist between non-Hispanic black and African-born HIV-positive persons.

NYC metropolitan area has the largest number of African-born residents of all metropolitan areas in the US.

HIV-diagnosis rates are higher in African-born residents of NYC than among other foreign-born residents.
HIV FIELD SERVICES UNIT

- Established in 2006 to provide assistance with linkage to care and partner services for HIV-positive persons

- Disease intervention specialists interview HIV-diagnosed persons

Flowchart:
- Elicit
- Notify
- Test for HIV
  - HIV+
  - HIV-
  - Link to HIV Care
  - Link to PEP/PrEP
METHODS
OBJECTIVES

- To better understand the epidemiologic profile of persons of African origin who were newly diagnosed with HIV in NYC

- To assess differences in characteristics, transmission risks, and clinical status African-born and US-born, non-Hispanic blacks
POPULATION AND DATA SOURCES

- **Population**
  - Diagnosed with HIV by a NYC provider
  - $\geq 13$ years
  - Referred to FSU between January 2007 and December 2015
  - Reported a country of birth on the African Continent
    - US-born, non-Hispanic black (For comparison)

- **Data Sources**
  - FSU Case Investigation Form
  - NYC Surveillance Registry Data
METHODS: STATISTICAL ANALYSIS

- Univariate statistics of African-born persons
- Bivariate statistics comparing African-born to US-born, non-Hispanic black patients
- Chi-Square test of proportion and Fisher’s exact test
- Cochran-Armitage test of trend
RESULTS
<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Median</th>
<th>Range</th>
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</thead>
<tbody>
<tr>
<td>Age</td>
<td>39</td>
<td>13, 75</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>Male</td>
<td>300</td>
<td>46</td>
</tr>
<tr>
<td>Female</td>
<td>350</td>
<td>54</td>
</tr>
<tr>
<td>Transmission Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men Who Have Sex with Men (n=300)</td>
<td>49</td>
<td>16</td>
</tr>
<tr>
<td>Sex with Known HIV-Positive Person</td>
<td>67</td>
<td>10</td>
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<tr>
<td>Clinical Characteristics</td>
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<tr>
<td>HIV-2 Infection</td>
<td>14</td>
<td>2</td>
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<td>Acute HIV Infection</td>
<td>16</td>
<td>2</td>
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<tr>
<td>Pregnant at Diagnosis (n=350)</td>
<td>72</td>
<td>21</td>
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<tr>
<td>Concurrent AIDS Diagnosis</td>
<td>291</td>
<td>45</td>
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</table>
RESULTS: SELECTED SIGNIFICANT DIFFERENCES WITH NON-HISPANIC, AMERICAN BORN BLACKS

- Acute HIV Infection: 5% Non-Hispanic, 2% African-Born
- Concurrent Diagnosis with AIDS: 37% Non-Hispanic, 45% African-Born
- Female: 53% Non-Hispanic, 30% African-Born
- Pregnant at Diagnosis: 8% Non-Hispanic, 21% African-Born
- MSM: 61% Non-Hispanic, 16% African-Born
- Lifetime Drug Use: 34% Non-Hispanic, 6% African-Born
- Sex with Known HIV-Positive Person: 21% Non-Hispanic, 10% African-Born
- History of an STI: 13% Non-Hispanic, 2% African-Born
- Condomless Sex in 12 Months Prior to Diagnosis: 61% Non-Hispanic, 54% African-Born
- Transactional Sex: 8% Non-Hispanic, 3% African-Born
CONDOMLESS SEX IN 12 MONTHS PRIOR TO DIAGNOSIS: 2007-2015 (P<0.0001)
CONCURRENT DIAGNOSIS WITH AIDS: 2007-2015 (P<0.0001)
LINKED TO CARE WITHIN 91 DAYS OF DIAGNOSIS: 2007-2015 (P<0.0001)
HEALTH INSURANCE AT TIME OF DIAGNOSIS: 2007-2015
(P=0.0288)
DISCUSSION
Compared to US-born, non-Hispanic blacks, African-born persons:

- More likely to have a concurrent AIDS diagnosis, be female, and pregnant at diagnosis
- Less likely to have acute HIV-infection, report MSM, lifetime drug use, sex with a known HIV-positive person, history of an STI, condomless sex, and transactional sex

Several other statistically significant differences were reported (results not shown)
TRANSMISSION RISK AND CLINICAL FACTORS

- Rise in condomless sex in 12 months prior to diagnosis
  - Sociocultural barriers to condom use
  - Culturally appropriate continued emphasis on condom use with PrEP
  - No data on PrEP use or acceptability among African migrants in the US to date

- Concurrent AIDS diagnoses fell in conjunction with a rise in health insurance at the time of diagnosis
  - Possibly indicative of increased access to preventative healthcare screenings
    - Consistent with the passing of the Affordable Care Act in 2012
      - More research is needed to determine the impact of the Affordable Care Act on HIV-screening programs
THANK YOU!

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