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HIV/AIDS Among Foreign Born Persons in New Mexico

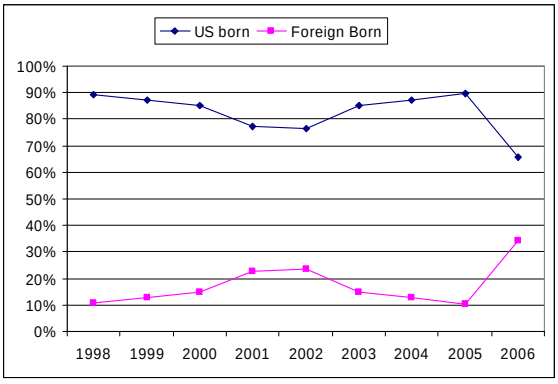
According to the Migration Policy Institute, between 1990 and 2000 the number of foreign born residents in New Mexico (NM) increased by 86%.[1] In 2000, foreign born persons represented 8% of the total NM population. The top three countries of birth were Mexico, Germany and Canada. At the end of 2006, foreign born persons also made up about 8% of reported HIV/AIDS cases in NM; they are no more or less likely to be reported with HIV infection than the US born population in NM.

Data Collection

The NM Department of Health's HIV & Hepatitis Epidemiology Program has always collected country of birth data in persons reported with HIV or AIDS. Ninety-two percent of cases reported in NM have country of birth recorded. Information regarding the legal status of foreign born individuals is not collected. To date, a total of 374 foreign born cases of HIV/AIDS have been reported. Of those cases, 273 (73%) were initially diagnosed in NM.

Figure 1 shows that the proportion of foreign born cases in NM has ranged from approximately 10-35%. Although there appears to be a large increase in foreign born cases in 2006, it is important to note that a third of cases in this year lacked country of birth data. Incomplete data would distort the true proportions of US and foreign born persons. Cases from 2006 are also subject to reporting delay until later this year. Country of birth is often not recorded in medical files; therefore it can be difficult to obtain this information. Cases with unknown country of birth may be more likely to be US born, as a health care provider may be more likely to note foreign born history than US born history.

Figure 1. Incident HIV/AIDS in US and foreign born persons, New Mexico, 1998-2006

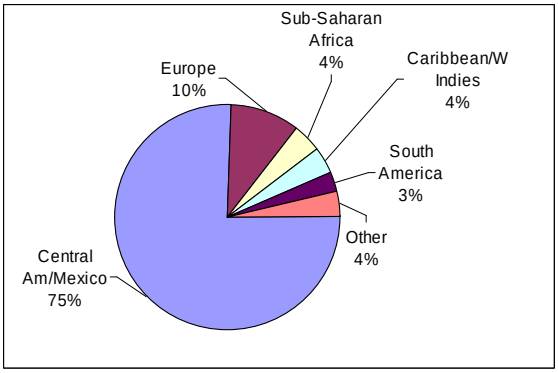


Source: NMDOH, HIV & Hepatitis Epidemiology Program

HIV/AIDS in Foreign Born Persons

Most foreign born cases of HIV/AIDS reported in NM were born in Mexico and Central America (75%). The distribution of country of birth for foreign born persons is shown in Figure 2.

Figure 2. HIV/AIDS cases in foreign born persons by country of birth, New Mexico, 2006

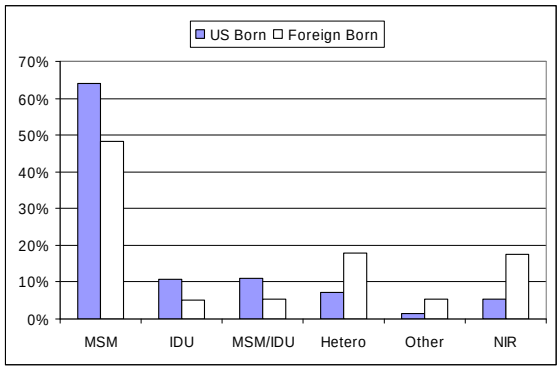


Source: NMDOH, HIV & Hepatitis Epidemiology Program

The proportion of females is slightly greater in foreign born (11%) cases than US born cases of HIV/AIDS (8%). The age of initial diagnosis of HIV infection is approximately the same for foreign born and US born cases (data not shown).

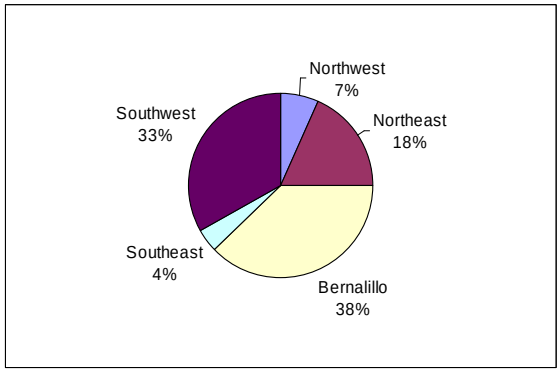
As shown in Figure 3, foreign born cases of HIV/AIDS report more heterosexual risk, other risk, and no reported risk (NIR) than US born cases. Risk reported as 'other' includes blood transfusions which are more common in some third world countries where screening for HIV in blood donors is not as rigorous as in the US. Lack of available sterile needles for injections and other hospital equipment could also explain why foreign born persons make up a larger proportion of 'other' and NIR risk categories than US born persons. Note that there are very small numbers of cases in these risk categories, therefore, data should be interpreted with caution.

Figure 3. HIV/AIDS cases in US and foreign born persons by mode of exposure, New Mexico, 2006



Source: NMDOH, HIV & Hepatitis Epidemiology Program

Figure 4. HIV/AIDS cases in foreign born persons by region of diagnosis, New Mexico, 2006



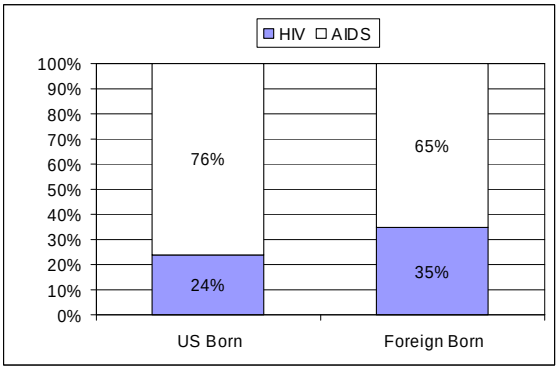
Source: NMDOH, HIV & Hepatitis Epidemiology Program

The majority of foreign born cases of HIV/AIDS were living in Bernalillo County at the time of diagnosis (Figure 4). However, the southwestern region of NM had the largest proportion (22%) of foreign born cases; foreign born cases of HIV/AIDS only make up 7% of cases in Bernalillo County. The southwestern region includes three counties (Hidalgo, Luna and Doña Ana) that border Mexico.

HIV Testing and Disease Progression

As shown in Figure 5, the proportion of foreign born cases that have progressed to AIDS is lower (65%) than for US born cases (76%). A smaller proportion of foreign born cases have also been reported as deceased compared to those US born (22% vs. 41%). This could indicate that HIV infection in foreign born persons reported in New Mexico is a relatively new trend. This is supported by incidence data. While foreign born cases made up 8% of all cases in NM, recent trends show this has more than doubled to 17% in the last 9 years. An alternative explanation is that foreign born persons are less likely to seek care after their initial diagnosis and perhaps return to their home countries when they become very ill. In this case, progression to AIDS would not be captured by the surveillance system in NM.

Figure 5. HIV and AIDS cases in US and foreign born persons, New Mexico, 2006



Source: NMDOH, HIV & Hepatitis Epidemiology Program

US Travel & Immigration Policy on HIV

On December 1, 2006, President George W. Bush signed an executive order which is intended to streamline the process for HIV+ travelers to enter the US. It is, however, unclear how this will change

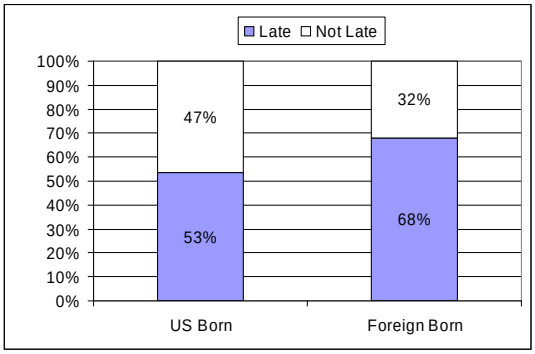
existing procedures. Previously, travelers were required to disclose their HIV status; they could also be refused entry for being positive and not holding a travel waiver. Obtaining a travel waiver required a personal interview at a US embassy and subsequent documentation on the person's passport to show requirement of the waiver for US entry.[2] Those who did not disclose their HIV+ status during the visa application or entry process could have been required to take an HIV test if they were suspected to be infected with HIV. This happened, for example, when HIV medications were found upon customs inspections.

In order to avoid disclosure of personal health information, some travelers sent their medications to the US ahead of time (which often didn't reach their destination), or stopped taking their medication while traveling to the US.[3] Treatment interruption can increase one's viral load and thereby 1) increase the likelihood of HIV transmission through unprotected sex and/or needle sharing and/or 2) lead to drug resistance. One small study found that just 1.5% of HIV+ travelers to the US obtained a travel waiver.[3]

The 2006 executive order did not change policy regarding HIV+ persons wishing to immigrate to the US permanently. The Immigration and Nationality Act continues to prohibit HIV+ persons from immigrating to the US unless they obtain an immigration waiver.[4] Obtaining this type of waiver is difficult and requires proof that one is able to pay for HIV treatment without government assistance.

A study that examined HIV prevalence among foreign and US born clients of sexually transmitted disease (STD) clinics concluded that most foreign born HIV+ persons were infected after arriving in the US.[5] The US policy is likely to prevent HIV testing among foreign born persons who are trying to change their legal status from testing for HIV, which in turn may contribute to a higher proportion of late testers in this population. Persons who know they are HIV+ are also more likely to remain in the US as undocumented which might lead to delay or avoidance in seeking care for fear of deportation. As shown in Figure 6, foreign born cases in NM are more likely to be concurrently diagnosed with HIV and AIDS ('late testers') than US born cases.

Figure 6. Late Testers of HIV/AIDS in US and foreign born persons, New Mexico, 2006



Source: NMDOH, HIV & Hepatitis Epidemiology Program

Several HIV advocacy groups are working to change this policy in the US. The San Francisco AIDS Foundation and the National Immigration Project of the National Lawyers Guild have developed a manual for service providers of HIV+ persons who are non-citizens which can be found online at:
http://www.nationalimmigrationproject.org/

References:

1. Migration Information Source: New Mexico Fact Sheet. Available at: http://www.migrationinformation.org/data
2. "People with HIV Face US Immigration Ban" http://amfar-devel.mediapolis.com
3. EJ Bernard. "Why the US Travel Ban is Seriously Damaging our Health." October 27-04. http://www.aidsmap.com
4. "Moving Beyond the US Government Policy of Inadmissibility of HIV-Infected Noncitizens." *A Report of the CSIS Task Force on HIV/AIDS.* March, 2007.
5. NT Harawa, TA Bingham, SD Cochran, et al. HIV Prevalence Among Foreign and US Born Clients of Public STD Clinics. *American Journal of Public Health*. 2002; 1958-1963.

HIV/AIDS IN NEW MEXICO FACT SHEET

Cases reported through April 2, 2007

In previous reports, the HIV & Hepatitis Epidemiology Program summarized only cases diagnosed in New Mexico. Living cases diagnosed in New Mexico are used by the U.S. Centers for Disease Control (CDC) to represent prevalent cases. However, data that include out-of-state diagnoses provide a better reflection of local prevalence patterns and are now also provided in the summary.

	Cases diagnosed in New Mexico					All cases in New Mexico				
		Living		Cumulative			Living		Cumulative	
	N	%	Rate*	N	%	N	%	Rate	N	%
Type of case										
HIV	901	42%	45.8	966	27%	1303	39%	66.2	1406	27%
AIDS	1262	58%	64.1	2583	73%	2029	61%	103.1	3843	73%
Sex										
Male	1884	87%	194.6	3173	89%	2918	88%	301.4	4702	90%
Female	279	13%	27.9	376	11%	414	12%	41.4	547	10%
Race/Ethnicity										
White	958	44%	113.1	1730	49%	1655	50%	195.3	2780	53%
Hispanic	941	44%	110.1	1416	40%	1206	36%	141.1	1793	34%
Native American	144	7%	72.6	209	6%	242	7%	122.0	344	7%
African American	108	5%	272.5	176	5%	208	6%	524.7	305	6%
Asian/Pacific Islander	10	0%	35.6	16	0%	19	1%	67.7	25	0%
Multi-race	2	0%	-	2	0%	2	0%	-	2	0%
Region at Diagnosis**										
Region 1 (Northwest)	257	12%	62.7	414	12%	325	10%	79.2	487	9%
Region 2 (Northeast)	424	20%	142.4	749	21%	527	16%	177.0	907	17%
Region 3 (Bernalillo Co.)	939	43%	152.8	1683	47%	1131	34%	184.0	1960	37%
Region 4 (Southeast)	121	6%	48.5	221	6%	165	5%	66.1	279	5%
Region 5 (Southwest)	344	16%	86.8	482	14%	403	12%	101.7	572	11%
Out of state	-	-	-	-	-	781	-	-	1044	-
Age at Diagnosis										
< 13	9	0%	2.6	12	0%	15	0%	4.3	22	0%
13-19	48	2%	23.0	55	2%	65	2%	31.2	70	1%
20-29	487	23%	175.7	722	20%	767	23%	276.8	1092	21%
30-39	845	39%	350.9	1471	41%	1367	41%	567.7	2233	43%
40-49	522	24%	177.4	924	26%	820	25%	278.6	1310	25%
50+	172	8%	28.9	365	10%	261	8%	43.9	469	9%
Unknown	-	-	-	-	-	37	-	-	53	-
Exposure Risk										
MSM	1232	57%	-	2172	61%	2000	60%	-	3229	62%
IDU	219	10%	-	363	10%	346	10%	-	540	10%
MSM/IDU	199	9%	-	345	10%	344	10%	-	574	11%
Heterosexual	221	10%	-	295	8%	317	10%	-	396	8%
Other	24	1%	-	62	2%	36	1%	-	79	2%
No Identified Risk	175	8%	-	293	8%	232	7%	-	365	7%
Pediatric	15	1%	-	19	1%	57	2%	-	66	1%
TOTALS	**2163**	**100%**	**109.9**	**3549**	**100%**	**3332**	**100%**	**169.3**	**5249**	**100%**

*Rates per 100,000 based on Bureau of Business and Economic Research data for 2005; **Residence at time of HIV or AIDS diagnosis.

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