

# Study examines characteristics, risk factors among HIV-positive persons born outside the US

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An examination of the characteristics of persons born outside the United States diagnosed with HIV while living in the U.S. finds that, compared to U.S.-born persons with HIV, they are more likely to be Hispanic or Asian, and to have a higher percentage of HIV infections attributed to heterosexual contact, according to a study appearing in *JAMA* being published online.

H. Irene Hall, Ph.D., of the [Centers for Disease Control and Prevention](#), Atlanta, presented the findings of the study at a [JAMA](#) media briefing at the International AIDS Conference.

"Persons born outside the [United States](#) comprise approximately 13 percent of the total U.S. population and represent a varied group of people, including students, [skilled workers](#), family members of U.S. citizens, undocumented migrants, naturalized citizens, and refugees," according to background information in the article. "Although more than 95 percent of persons with HIV in the world live outside the United States, an understanding of HIV infection in persons born outside but living in the United States allows for both a new perspective on HIV in this country as well as a better understanding of the [health status](#) and [health education](#) needs of persons born outside the United States." The authors add that it can be difficult for persons born outside the United States to learn about [HIV prevention](#), access HIV testing, and obtain timely medical care because of language and cultural barriers.

Dr. Hall and colleagues examined the demographic, geographic, and risk factor characteristics of U.S.-born and persons born outside the U.S. who received a diagnosis of HIV while living in the U.S. from 2007 through 2010 in 46 states and 5 U.S. territories, as reported to the National HIV [Surveillance System](#). The category of persons were defined as persons born outside the United States and its territories was inclusive of naturalized citizens.

The researchers found that from 2007 through 2010, a total of 191,697 persons received a diagnosis of HIV. Of these, 30,995 (16.2 percent) were born outside the United States. The 4 states (California, Florida, New York, and Texas) reporting the highest numbers of persons born outside the U.S. and diagnosed with HIV were also the top 4 states with HIV cases overall. The majority of HIV cases occurred in males ( $n = 124,863$  [77.7 percent] among U.S.-born males vs.  $n = 22,773$  [73.5 percent] among males born outside the United States).

Regarding race/ethnicity, the researchers found that the proportion of persons born outside the United States varied by category. "Of the 55,574 HIV diagnoses in whites, 1,841 (3.3 percent) were in persons born outside the U.S.; of 86,547 diagnoses in blacks, 8,614 (10.0 percent) were in persons born outside the U.S. Of the 42,431 HIV diagnoses in Hispanics, 17,913 (42.2 percent) were in persons born outside the U.S. Of 3,088 HIV diagnoses in Asians, 1,987 (64.3 percent) were in persons born outside the U.S."

Overall, 39.4 percent of HIV diagnoses in persons born outside the United States (men and women combined) were attributed to heterosexual contact; for U.S.-born persons, 27.2 percent was due to heterosexual contact. For both males born outside the U.S. and U.S.-born men, the majority of HIV diagnoses were in men who have male-to-male sexual contact.

Of the 25,255 persons diagnosed with HIV with a specified country or region of birth outside the United States, the most common region of birth origin was Central America (including Mexico;  $n = 10,343$  [41.0 percent]), followed by the Caribbean ( $n = 5,418$ ; 21.5 percent), Africa ( $n = 3,656$ ; 14.5 percent), Asia ( $n = 1,995$ ; 7.9 percent), and South America ( $n = 1,929$ ; 7.6 percent).

The researchers note that the date of first entry into the United States is not collected on the HIV case report form, so it is not possible to know whether [HIV infection](#) preceded or followed immigration.

"These findings demonstrate the diversity of the HIV-infected population born outside the United States, presenting many clinical and public health challenges," the authors conclude.

Mitchell H. Katz, M.D., of the Los Angeles County Department of Health Services, and Deputy Editor, *Archives of Internal Medicine*, writes in an accompanying editorial that the findings of this study "suggests that persons born outside the United States who reside in the United States are a heterogeneous group."

"This study and other studies suggest that these persons are in need of appropriate education and outreach, testing and treatment, and mental health services including specialized services for those who experience traumatic events in their home countries or during the immigration process, substance treatment for those addicted to drugs, as well as HIV care for those who are infected. Although these lessons may apply regardless of country of origin for HIV-infected persons, the effectiveness of these messages and interventions will require culturally relevant delivery to each specific population of immigrants."

**More information:**

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