HIV, STIs, HCV, and COVID-19: Overlapping Public Health Crises Among Hispanics/Latinx in the United States

Educational Workshop Session I: A. State of Health in Hispanic/Latinx Communities; B. Lessons Learned from COVID19 Response
Virtual Reunion Latina
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HIV, STIs, HCV, and COVID-19 represent national public health priorities.

Hispanic/Latinx communities in the U.S. are impacted by overlapping epidemics of HIV, STIs, HCV, and COVID-19. The underlying contextual drivers of these epidemics remain largely overlooked, inadequately addressed, and warrant attention for future prevention and control efforts.
HIV Trends Among Hispanics/Latinx

In 2018, the CDC reported **60 high HIV transmission clusters** with transmission rates from 5 to 33 times the national average. Individuals in rapid growth clusters were:

- **38%** Hispanic/Latinx
- **83%** MSM
- **<30 years old**

Hispanic/Latinx Sexually Transmitted Infections (STIs)

STI incidence in the U.S. has reached a record high in 2018, rising for the fifth year in a row.

Approximately one in five of all reportable STIs, with known race/ethnicity, are among Hispanics/Latinx.

HIV Diagnoses Among Latinos in the U.S. (2018)

Reportable STIs Among Latinos in the U.S. (2018)

Hepatitis C (HCV) Among Hispanics/Latinos

From 2013 to 2017, over **13,000** Hispanics/Latinx died from HCV

Hispanic/Latinx have **higher rates** of hepatitis C related deaths than the overall population

Age-adjusted HCV death rate per 100,000 (2017)

Hispanics/Latinx are among the **least** likely to be treated for chronic HCV and to have a **sustained virologic response**

HCV Treatment & Sustained Virologic Response (SVR) Rate by Race/Ethnicity (N=3,673 Chronic HCV Patients) — 12 Adult Primary Care Clinics San Francisco Health Network, 2014-2016

COVID-19 Among Hispanics/Latinx

Hispanics/Latinx have disproportionate health and economic outcomes as a result of COVID-19

Overall COVID-19 Cases in the U.S as of June 1, 2020:

>1.8M

Hispanics/Latinx account for **one in three** (32.6%) of all confirmed cases of COVID-19 with known race/ethnicity data.

Overall COVID-19 Deaths in the U.S as of June 1, 2020:

>104K

Hispanics/Latinx account for more than **one in four** (26.8%) of all COVID-19 related deaths with known race/ethnicity data.

March-April 2020: Household Member Lost Job or Took Pay Cut Due to the COVID-19 Outbreak

- March (2020): 61%
- April (2020):
  - Hispanic/Latinx: 49%
  - African American: 44%
  - White: 38%

April 2020 Unemployment Rate

- Hispanic/Latinx: 19%
- African American: 17%
- White: 14%

Overlapping Epidemics: A Tale of Two Contexts

We highlight two geographies with pronounced HIV, STIs, HCV, and COVID-19 disparities among Hispanics/Latinx as case studies for the underlying contextual drivers of the overlapping epidemics.

More than **1 in 2** Bronx residents are Hispanic/Latinx

1 in 5 people in the U.S. South are Hispanic/Latinx

**The Bronx: A Context of Inequality & Disparate Health Outcomes for Hispanics/Latinx**

<table>
<thead>
<tr>
<th>Hispanics/Latinx in the Bronx</th>
<th>Key Social Welfare Issues</th>
<th>Health Outcomes in the Bronx</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 1 in 2 Bronx residents are Hispanics/Latinx</td>
<td></td>
<td>Self-reported health in the Bronx is lower than in any other NYC borough</td>
</tr>
<tr>
<td></td>
<td>HRSA Designated as Medically Underserved and Health Professional Shortage Area</td>
<td>More Bronx residents report more unmet medical needs than in any other NYC borough</td>
</tr>
<tr>
<td>Approximately 1 in 4 Hispanics/Latinx in the Bronx live below the poverty line</td>
<td>The rate of psychiatric hospitalizations in the Bronx is higher than in any other NYC borough</td>
<td>Premature deaths are 77% more common in the Bronx than in NYC as a whole</td>
</tr>
<tr>
<td>More than 1 in 2 Bronx residents are Hispanics/Latinx</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HRSA Designated as Medically Underserved and Health Professional Shortage Area</td>
<td></td>
</tr>
<tr>
<td>Half of Latinx in the Bronx are younger than 30 years old</td>
<td>Approximately 1 in 4 Hispanics/Latinx in the Bronx live below the poverty line</td>
<td></td>
</tr>
<tr>
<td>Latinx in the Bronx are:</td>
<td>The rate of psychiatric hospitalizations in the Bronx is higher than in any other NYC borough</td>
<td></td>
</tr>
<tr>
<td>~40% Dominican</td>
<td></td>
<td></td>
</tr>
<tr>
<td>~33% Puerto Rican</td>
<td></td>
<td></td>
</tr>
<tr>
<td>~10% Mexican</td>
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</table>

Overlapping Epidemics in the Bronx

HIV Diagnoses Age-Adjusted Case Rate, 2018

Chlamydia Case Rate Per 100,000, 2016

Chronic HCV Age-Adjusted Case Rate, 2018

COVID-19 Age-Adjusted Case Rate, 2020

### Bronx Prevention Case Example 1: HIV

<table>
<thead>
<tr>
<th>HIV Testing</th>
<th>PrEP</th>
<th>HIV Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Bronx has the <strong>highest rate of new HIV diagnoses</strong> among Hispanics/Latinx in NYC, but only <strong>1 in 2</strong> Hispanics/Latinx in the Bronx have tested within the past 12 months.</td>
<td><strong>1 in 3</strong> New Yorkers (NYC) is Hispanic/Latinx, but only about <strong>1 in 6</strong> PrEP users in NYC is.</td>
<td>Viral Suppression among Latinx</td>
</tr>
<tr>
<td></td>
<td><strong>1 in 5</strong> New Yorkers (NYC) lives in the Bronx, only <strong>1 in 10</strong> PrEP users in NYC is.</td>
<td><strong>80%</strong>&lt;br&gt;<strong>79%–77%</strong>&lt;br&gt;<strong>76%</strong></td>
</tr>
</tbody>
</table>

Viral suppression rates for Hispanics/Latinx in the Bronx are **lower than in any other borough**.

Bronx Prevention Case Example 2: STIs

Key Age Group <30 Years

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2011</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-14 yrs</td>
<td>1744</td>
<td>1118</td>
<td>66</td>
</tr>
<tr>
<td>15-19 yrs</td>
<td>1118</td>
<td>587</td>
<td>293</td>
</tr>
<tr>
<td>20-24 yrs</td>
<td>587</td>
<td>329</td>
<td>366</td>
</tr>
<tr>
<td>25-29 yrs</td>
<td>366</td>
<td>192</td>
<td>308</td>
</tr>
<tr>
<td>30-34 yrs</td>
<td>308</td>
<td>108</td>
<td>86</td>
</tr>
<tr>
<td>35-39 yrs</td>
<td>86</td>
<td>76</td>
<td>68</td>
</tr>
<tr>
<td>40-44 yrs</td>
<td>68</td>
<td>14</td>
<td>47</td>
</tr>
<tr>
<td>45-49 yrs</td>
<td>47</td>
<td>18</td>
<td>34</td>
</tr>
<tr>
<td>50-54 yrs</td>
<td>34</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>55-59 yrs</td>
<td>9</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>60-64 yrs</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65+ yrs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Chlamydia cases per 100,000 population, Bronx

Gonorrhea cases per 100,000 population, Bronx

STI Trends, Latinx Youth

Chlamydia and Gonorrhea cases among Latinx youth (10-29 years) in the Bronx

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>9%</td>
<td>30%</td>
<td>35%</td>
<td>29%</td>
<td>50%</td>
<td>47%</td>
<td>50%</td>
<td></td>
</tr>
</tbody>
</table>

Condom Use

Condom use at last sex, Latinx high school youth in the Bronx

<table>
<thead>
<tr>
<th>Year</th>
<th>2009</th>
<th>2011</th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>71%</td>
<td>63%</td>
<td>67%</td>
<td>55%</td>
<td>45%</td>
<td></td>
</tr>
</tbody>
</table>

Half of Latinx in the Bronx are younger than 30 years old

Bronx Prevention Case Example 3: HCV

Chronic HCV Incidence

<table>
<thead>
<tr>
<th></th>
<th>Rate Per 100,000 (2018)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronx</td>
<td>74.4</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>50.9</td>
</tr>
<tr>
<td>Manhattan</td>
<td>63.1</td>
</tr>
<tr>
<td>Queens</td>
<td>35.3</td>
</tr>
<tr>
<td>Staten Island</td>
<td>42.1</td>
</tr>
</tbody>
</table>

HCV Treatment Initiation

Less than half of all people in the Bronx who tested positive for HCV in 2017 initiated treatment by the end of 2018.

HCV/HIV Co-Infection

The Bronx has the highest rate of HIV/HCV co-infections.

Hispanics/Latinx accounted for 2 in 5 (42.2%) of all HCV/HIV co-infection diagnoses from 2014-2017 in NYC.

### Bronx Prevention Case Example 4: COVID-19

<table>
<thead>
<tr>
<th>Morbidity and Mortality</th>
<th>Essential Workers</th>
<th>COVID-19 Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 in 3</strong></td>
<td><strong>2 in 5</strong></td>
<td><strong>1 in 4</strong></td>
</tr>
<tr>
<td>COVID-19 deaths in NYC are among Hispanic/Latinxs, the highest of any demographic.</td>
<td>non-healthcare essential workers living in NYC are <strong>Hispanic/Latinx</strong>.</td>
<td>people tested for COVID-19 in the Bronx have tested positive. <strong>Higher than in any other borough.</strong></td>
</tr>
<tr>
<td>The Bronx has the highest rates of COVID-19 hospitalizations and deaths of any borough.</td>
<td>Bronx residents make up ~20% of all non-healthcare essential workers in NYC.</td>
<td>Yet in NYC, the Bronx is 3rd in number of tests performed.</td>
</tr>
</tbody>
</table>

Hispanic/Latinx Health: Lessons Learned from the Bronx

1. The HIV, STI, HCV, and COVID-19 disparities in the Bronx highlight the overlapping nature of these epidemics in Hispanic/Latinx communities in the United States.

2. The underlying drivers of Hispanic/Latinx health disparities in contexts of inequality remain largely under-addressed. (e.g., low PrEP uptake; inadequate access to culturally and linguistically appropriate prevention, testing, and care; working and living environments of elevated risk)

3. Programmatic efforts to address national public health priorities need to take Hispanic/Latinx-specific issues into consideration to achieve overall targets.
The US HIV Epidemic is Centered in the South

• More people living with HIV reside in the South than any other region of the country (42%)

• 51% of all HIV diagnosis in the U.S. in 2018 were in the South

Rates of Diagnoses of HIV Infection among Adults and Adolescents
2018—United States and 6 Dependent Areas
N = 37,741  Total Rate = 13.6
HIV Disproportionately Impacts MSM in the South, Especially MSM of Color

Note. Data for the year 2018 are preliminary and based on 6 months reporting delay. Data on men who have sex with men do not include men with HIV infection attributed to male-to-male sexual contact and injection drug use. Numbers less than 12, and trends based on these numbers, should be interpreted with caution.

*Hispanics/Latinos can be of any race.*
Lifetime Risk of HIV Diagnosis by Race

Whites
- 1 in 140 for men
- 1 in 11 MSM
- 1 in 941 for women

Hispanic/Latinx
- 1 in 51 for men
- 1 in 5 MSM
- 1 in 256 for women

Blacks
- 1 in 22 for men
- 1 in 2 MSM
- 1 in 54 for women

Prevalence rates* of HIV among MSM by race and ethnicity in Southern States (2013)

Engagement Across the Care Continuum by Race/Ethnicity

Note. Receipt of medical care was defined as ≥1 test (CD4 or VL) in 2018. Retained in continuous medical care was defined as ≥2 tests (CD4 or VL) ≥3 months apart in 2018. Viral suppression was defined as <200 copies/mL on the most recent VL test in 2018. Asian includes Asian/Pacific Islander legacy cases. Hispanics/Latinos can be of any race.

Reaching Viral Suppression

Opportunities

- Diagnosed HIV infection
- Receive care
- Engaged in regular HIV care
- Receive and adhere to ART

Challenges

- Healthy fulfilling life
- Minimizing HIV morbidity and mortality
- Eliminate transmissions

Disparities Across the Care Continuum

**Diagnosed**
- No insurance
- Low income

**Receipt of care**
- No insurance
- Low income
- Housing status

**Retained in Care**
- No insurance
- Low income
- Housing status
- Non-hospital initiation

**Viral Suppression**
- No insurance
- Low income
- < 3 medical visits
- Food insecurity
- Health literacy

**ART Adherence**
- Housing status; Low social support

CDC website. HIV/AIDS continuum of care fact sheet.
1.1 million Americans are likely to benefit from using HIV pre-exposure prophylaxis (PrEP)

African American .......... 500,000
Hispanic/Latinx............ 300,000
White.......................... 300,000

220,000 have been prescribed PrEP so far

Sources: Smith CROI 2018
Challenges for Latino MSM Prevention and Care in the South

- Access to health care
- Poverty and lower education
- Understanding the heterogeneity of Hispanic/Latinx communities:
  - U.S. Born vs. Foreign Born
- Linguistic and culturally competent services
- Discrimination and racism
- HIV stigma & homophobia
- Latinx healthcare workforce and service providers
- Challenges for new immigrants and migration patterns
- Anti-immigrant policies and health-related immigrant bills
- Lack Hispanic/Latinx research and researchers
- Lack of knowledge about the health care needs and challenges that Latino communities face
Ending the HIV Epidemic (EHE): A Plan for America

**Overall Goal:** Reduce the number of new HIV infections by 75% in 5 years!

EHE focuses on Geographic “Hot Spots”

**Four Pillars**

1. **Diagnose**  
   Increase HIV testing

2. **Treat**  
   Increase care engagement and viral suppression

3. **Prevent**  
   Increase PrEP uptake

4. **Respond**  
   Increase molecular surveillance & outbreak response
Strategies to Reduce HIV Related Disparities

- Integrating Resources
- Build Models that Reduce Disparities
- Workforce Development
- Policy Level Changes

A CALL TO ACTION

We must address both the HIV service needs of Latinx gay and bisexual men in all parts of the country AND the need to fully fund and scale-up tailored prevention efforts where new HIV infections are rising. In response to increases in HIV incidence and the structural barriers to service access among Latinx gay and bisexual men, we call on allies, policy makers, funders, and public health officials at the local, state and national levels to:

1. Publicly denounce any anti-immigrant initiatives/laws. Develop action plans and implementation guidelines for ensuring unimpeded access to services for Latinx gay and bisexual men regardless of immigration status. This includes opposing changes to Public Charge rules.¹⁰
2. Include targets for Latinx gay and bisexual men and other men who have sex with men across ALL indicators in the National HIV/AIDS Strategy (NHAS) update, in close consultation with community leaders.
3. Prioritize the HIV prevention and treatment needs of Latinx gay and bisexual men in the End the Epidemic Initiative, especially in focus jurisdictions experiencing increases in new HIV infections.
4. Direct increases in domestic HIV funding to Latinx gay and bisexual men’s programs and organizations that provide comprehensive, community-led prevention programs that include PrEP and PEP.
5. Increase funding for the Ryan White HIV/AIDS Program and support Medicaid and Marketplace reforms that advance universal health coverage and reject health care reforms that result in increased uninsured rates and reduced access to medically necessary prevention, care and treatment services.¹¹
6. Create guidelines for state and local health department HIV planning bodies that address recruitment, engagement, retention, and leadership development practices that are culturally/linguistically competent to ensure the full participation of Latinx gay and bisexual men.
7. Fund comprehensive (one-stop-shop) stigma-free, culturally/linguistically competent, evidence-informed and rights-based programs that include HIV/STI testing, prevention, care, and treatment, mental health, substance use, legal and other support services.
8. Meaningfully support the leadership pipeline by funding training and learning exchanges, creating safe professional development spaces, and creating leadership positions and other jobs for young Latinx gay and bisexual men in the HIV sector.

Summary

• Ending the HIV epidemic in the U.S. will require ending the epidemic for people of all races, ethnicities, and risk groups.

• An effort to address disparities among Hispanic/Latinx MSM must be in parallel to efforts to prevent new HIV infections and improve HIV care for Black MSM.

• To combat HIV-related disparities among Hispanic/Latinx MSM, we must understand how, where, and why they arise.

• We should take action swiftly on available data about HIV incidence in Hispanic/Latinx MSM to prevent another public health calamity.
Thank You!

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