

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
June 4th, 2020

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HIV, STIs, HCV, and COVID-19 represent national public health priorities.

 **Ending
the
HIV
Epidemic**

HHS Launches New Web Page for the STI Federal Action Plan, [HHS.GOV/STI](https://www.hhs.gov/sti)

Prevention and Control of STIs in the United States

**NATIONAL
VIRAL HEPATITIS**

ACTION PLAN
2017-2020

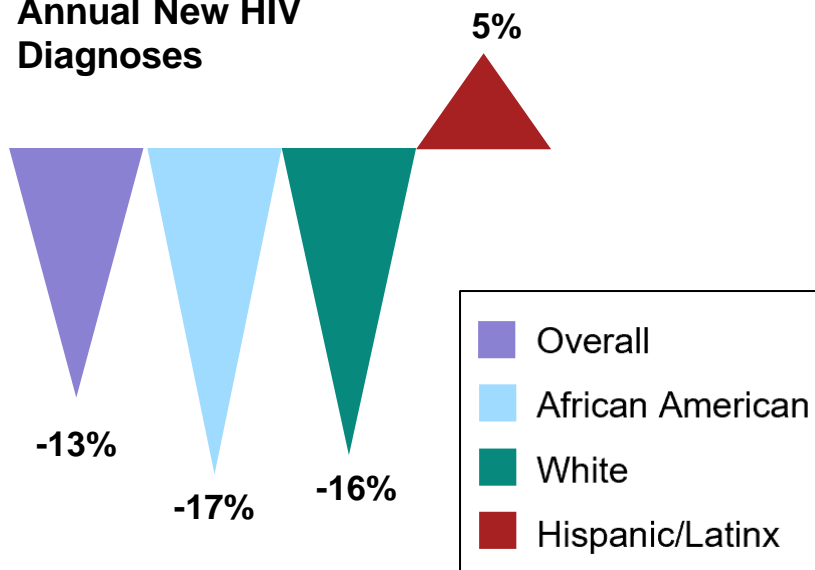


Hispanic/Latinx communities in the U.S. are impacted by **overlapping epidemics of HIV, STIs, HCV, and COVID-19.**

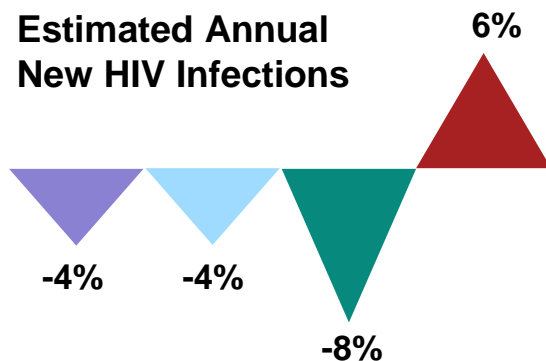
The underlying contextual drivers of these epidemics remain largely **overlooked, inadequately addressed, and warrant attention for future prevention and control efforts.**

HIV Trends Among Hispanics/Latinx

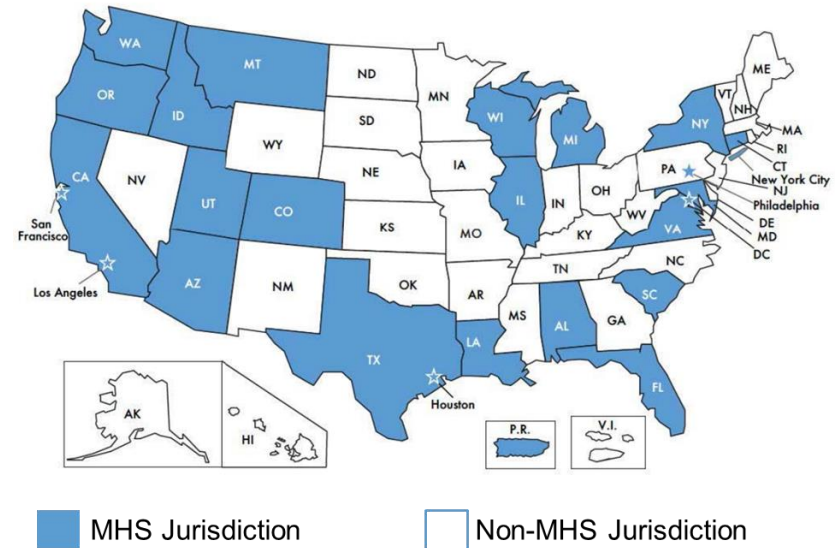
2010-2018 Annual New HIV Diagnoses



2014-2018 Estimated Annual New HIV Infections



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

70%

<30 years old

Sources: CDC. NCHHSTP Atlas Plus. Accessed May 28, 2020; CDC. HIV Surveillance Supplemental Report: Estimated HIV Incidence and Prevalence in the United States 2014-2018. Vol. 25(1); France AM, et al. Rapidly Growing HIV Transmission Clusters in the United States, 2013–2016. Presented at CROI 2018; Boston, MA.; Oster AM, et al. JAMA. 2018;319(16):1657-1658

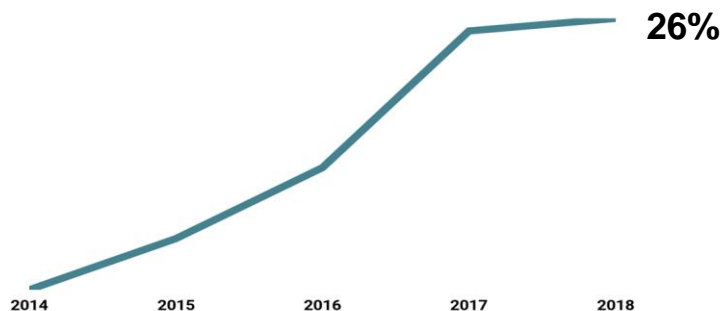
Hispanic/Latinx Sexually Transmitted Infections (STIs)

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

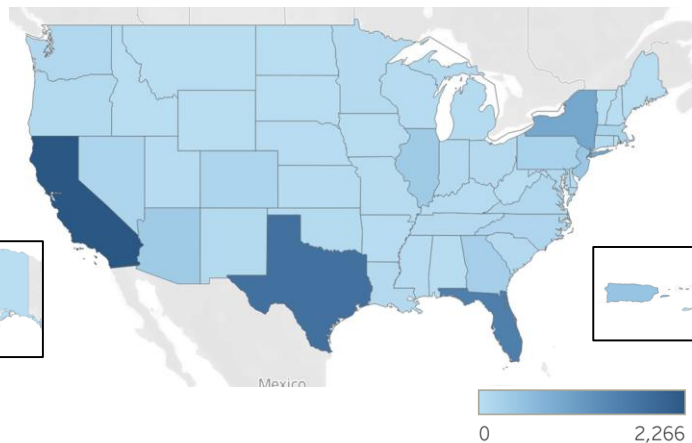


Approximately **one in five** of all reportable STIs, with known race/ethnicity, are among Hispanics/Latinx

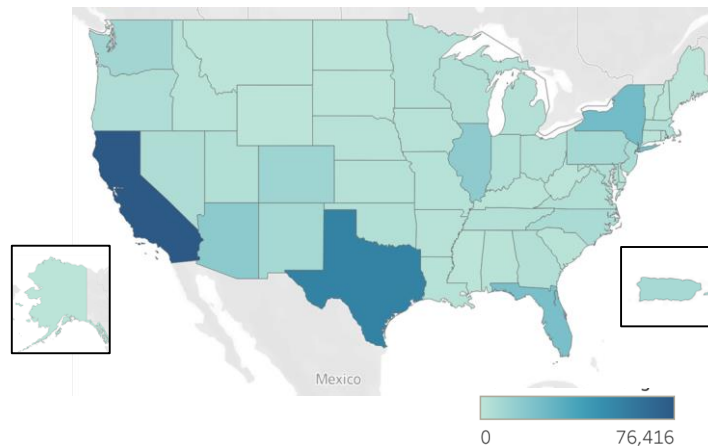
2014-2018:
Percent Change in Reportable STIs Among Hispanics/Latinx



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



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

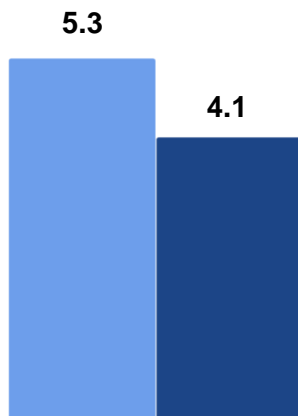


Hepatitis C (HCV) Among Hispanics/Latinos

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

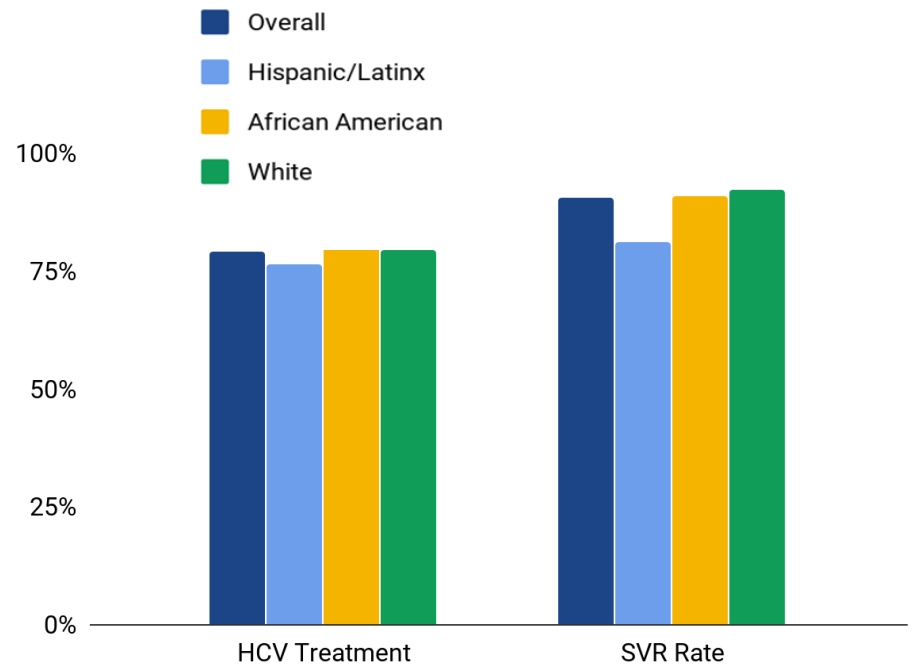
Hispanic/Latinx have **higher rates of hepatitis C related deaths** than the overall population

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

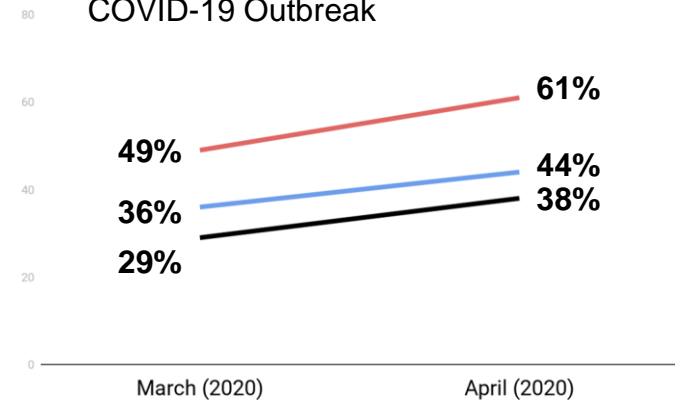
Overall COVID-19 Cases in the U.S as of June 1, 2020:

>1.8M



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

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



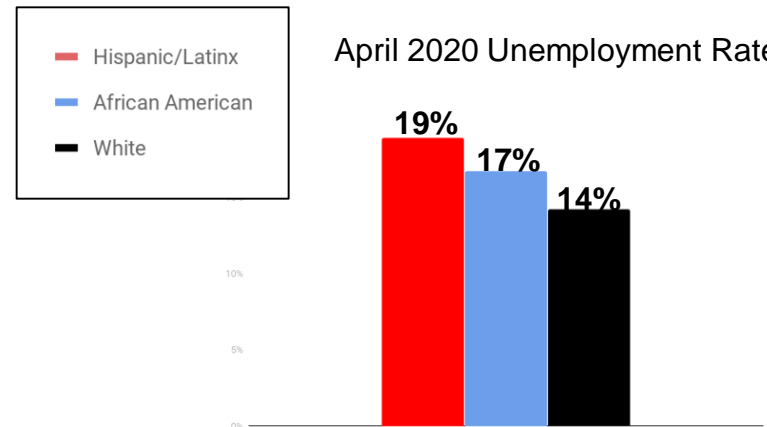
Overall COVID-19 Deaths in the U.S as of June 1, 2020:

>104K



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

April 2020 Unemployment Rate

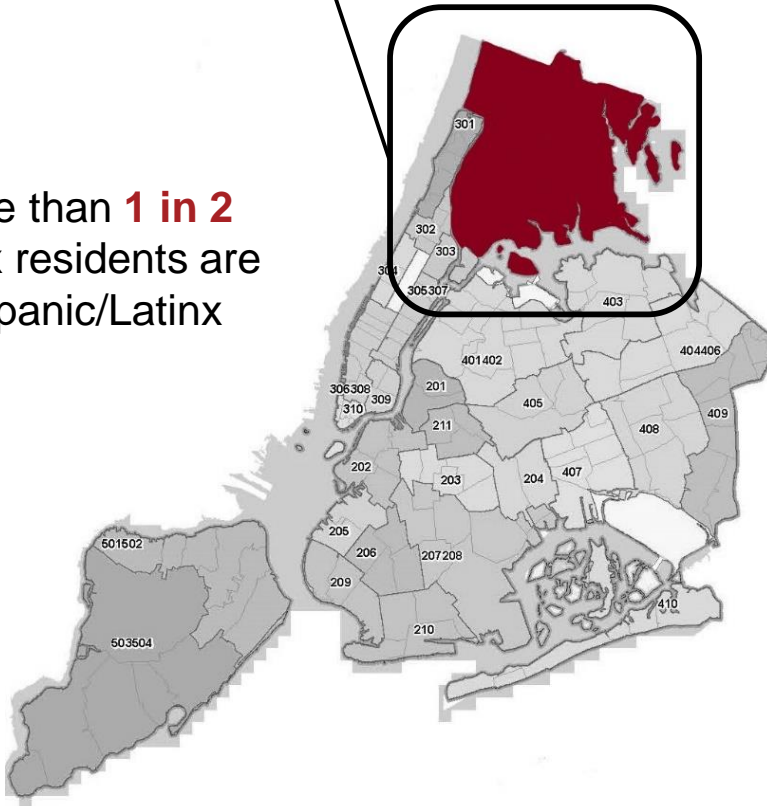


Overlapping Epidemics: A Tale of Two Contexts

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

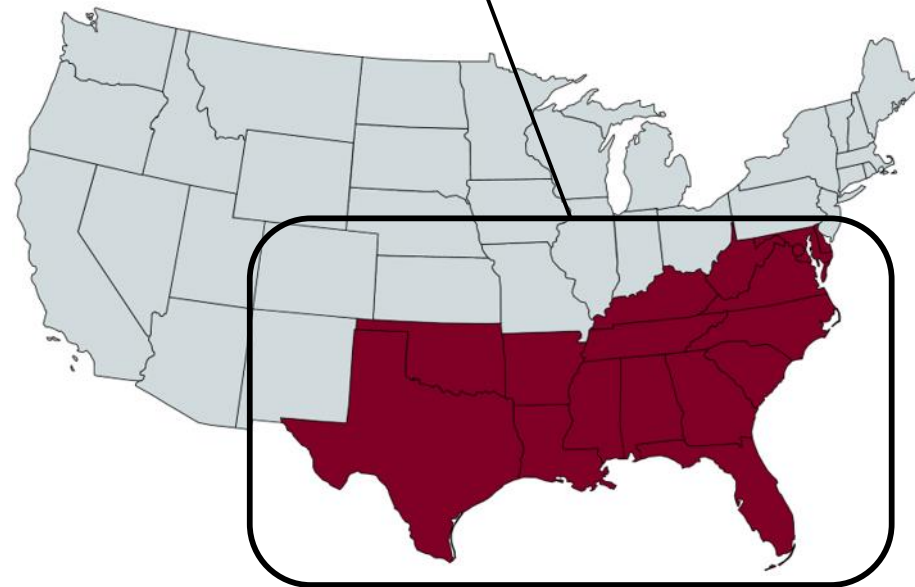
The Bronx, New York City

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



The Southern United States

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



The Bronx:

A Context of Inequality & Disparate Health Outcomes for Hispanics/Latinx

Hispanics/Latinx in the Bronx



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



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

Latinx in the Bronx are:



~**40%** Dominican



~**33%** Puerto Rican



~**10%** Mexican

Key Social Welfare Issues



HRSA Designated as Medically Underserved and Health Professional Shortage Area



Approximately **1 in 4** Hispanics/Latinx in the Bronx live below the poverty line

The rate of psychiatric hospitalizations in the Bronx is higher than in any other NYC borough



Health Outcomes in the Bronx



Self-reported health in the Bronx is lower than in any other NYC borough

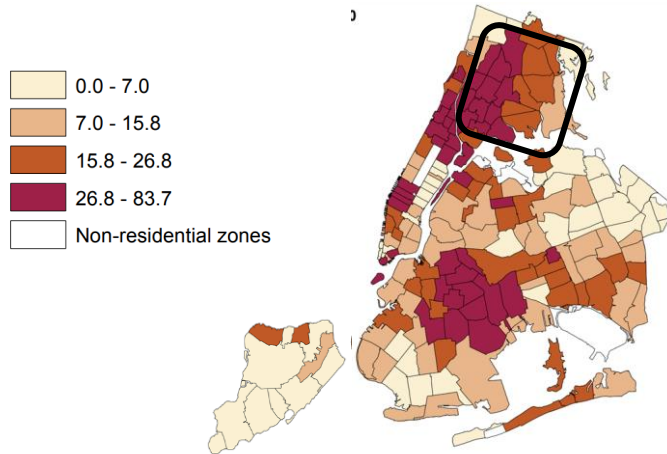


More Bronx residents report more unmet medical needs than in any other NYC borough

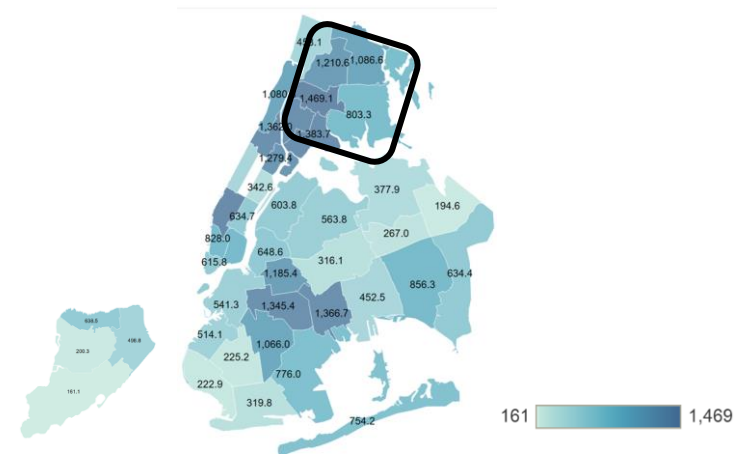
Premature deaths are **77%** more common in the Bronx than in NYC as a whole

Overlapping Epidemics in the Bronx

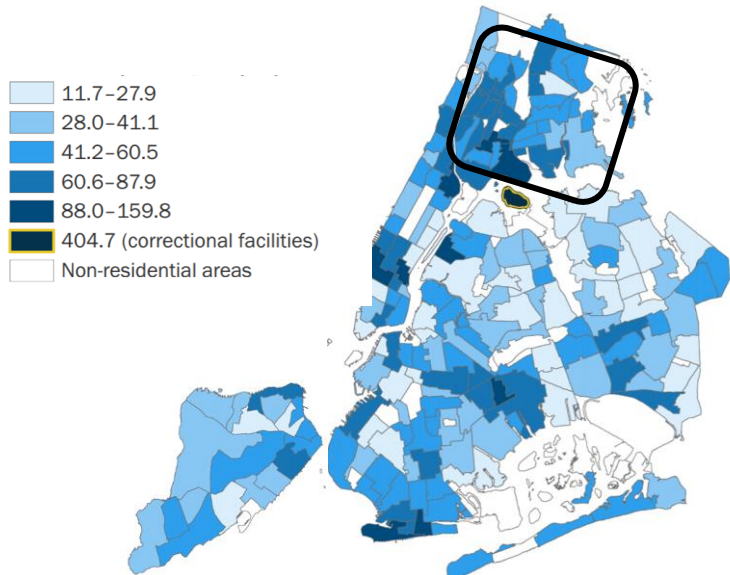
HIV Diagnoses Age-Adjusted Case Rate, 2018



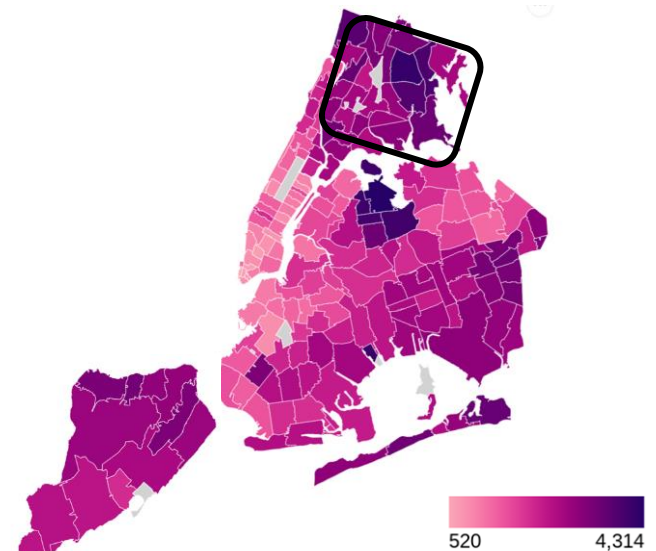
Chlamydia Case Rate Per 100,000, 2016



Chronic HCV Age-Adjusted Case Rate, 2018



COVID-19 Age-Adjusted Case Rate, 2020



Bronx Prevention Case Example 1: HIV

HIV Testing

The Bronx has the **highest rate of new HIV diagnoses** among Hispanics/Latinx in NYC,



but only **1 in 2** Hispanics/Latinx in the Bronx have tested within the past 12 months

PrEP

1 in 3

New Yorkers (NYC) is Hispanic/ Latinx, but only about

1 in 6

PrEP users in NYC is.



1 in 5

New Yorkers (NYC) lives in the Bronx, only

1 in 10

PrEP users does.

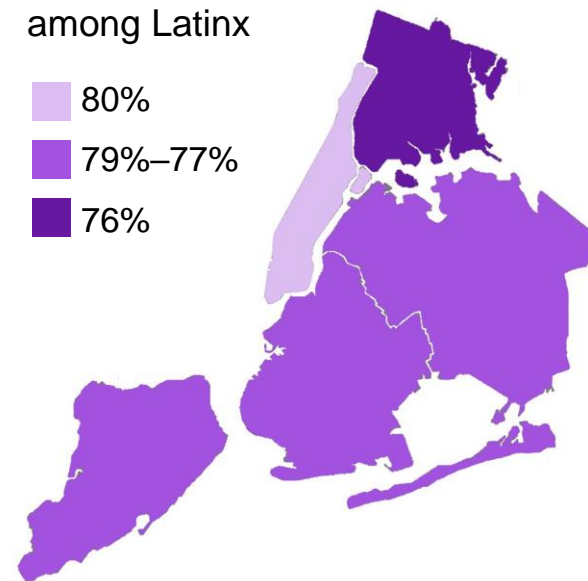
HIV Care

Viral Suppression among Latinx

80%

79%–77%

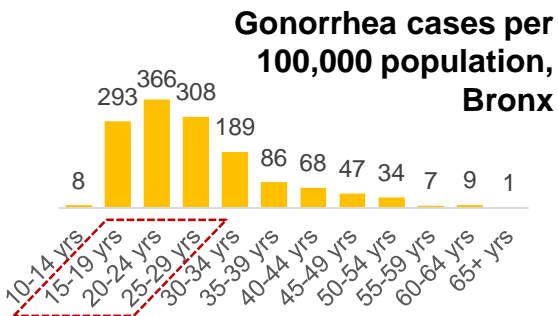
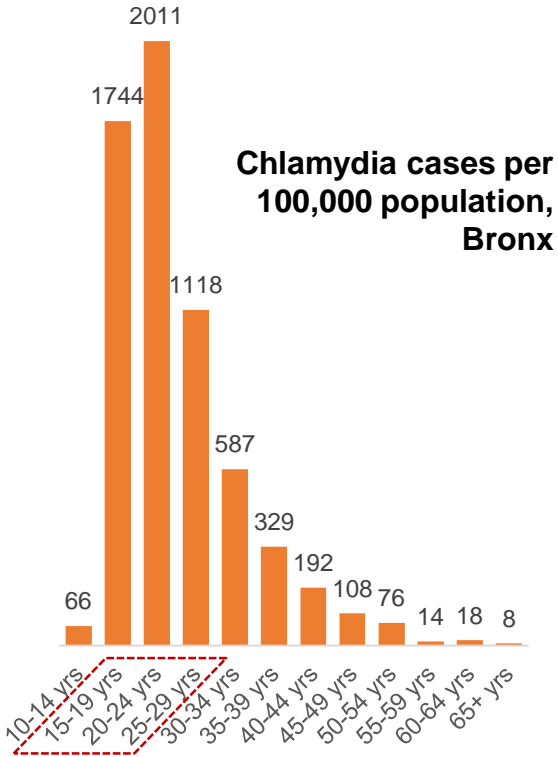
76%



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

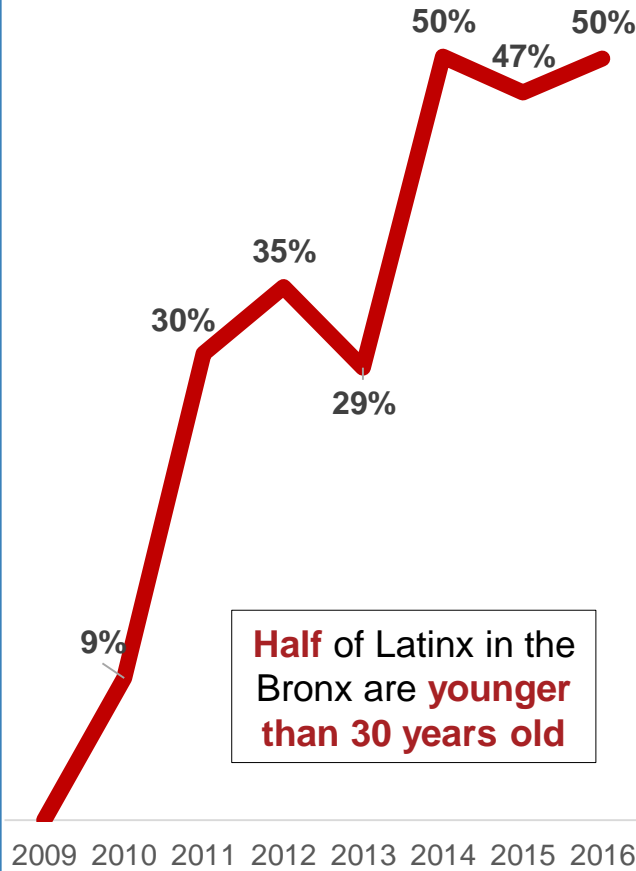
Bronx Prevention Case Example 2: STIs

Key Age Group <30 Years



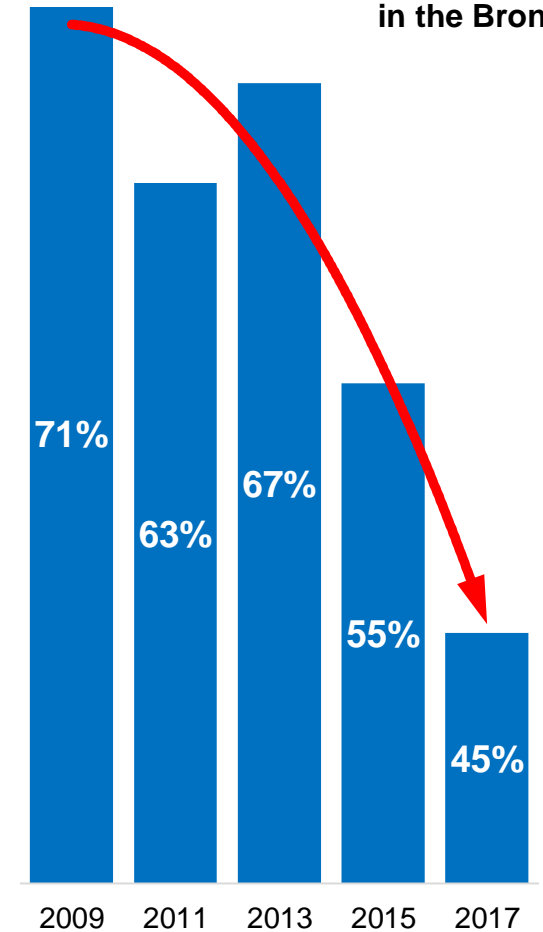
STI Trends, Latinx Youth

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



Condom Use

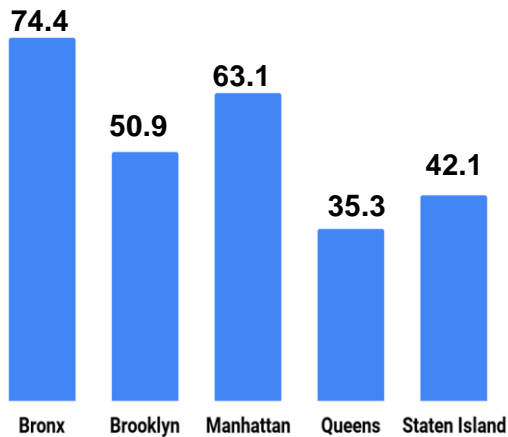
Condom use at last sex, Latinx high school youth in the Bronx



Bronx Prevention Case Example 3: HCV

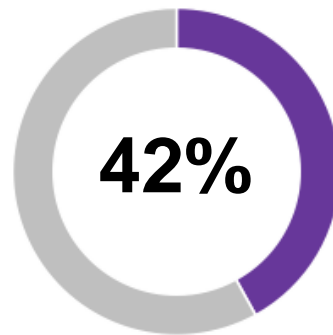
Chronic HCV Incidence

Chronic HCV Rate Per 100,000 (2018)



HCV Treatment Initiation

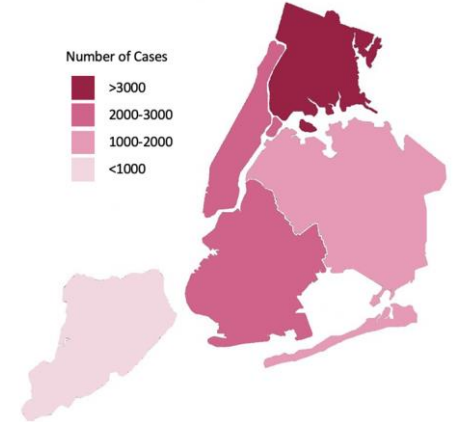
Less than half of all people in the Bronx who tested positive for HCV in 2017 initiated treatment by the end of 2018.



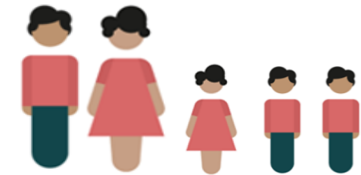
HCV/HIV Co-Infection

Number of Cases

- >3000
- 2000-3000
- 1000-2000
- <1000



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.

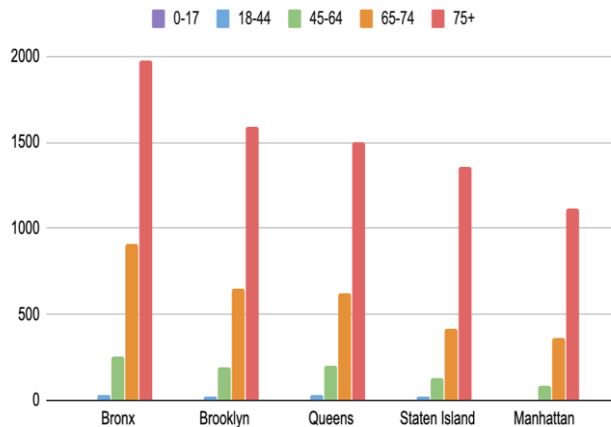
Bronx Prevention Case Example 4: COVID-19

Morbidity and Mortality

1 in 3

COVID-19 deaths in NYC are among Hispanic/Latinxs, the highest of any demographic.

Death Rate (Per 100,000) by NYC Borough and Age

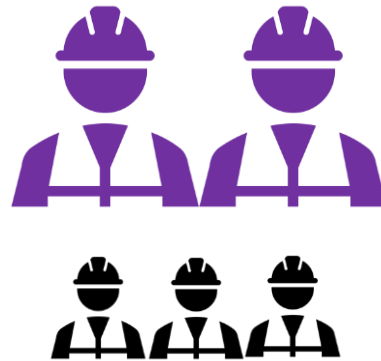


The Bronx has the highest rates of COVID-19 **hospitalizations and deaths** of any borough.

Essential Workers

2 in 5

non-healthcare essential workers living in NYC are **Hispanic/Latinx.**



Bronx residents make up **~20%** of all non-healthcare essential workers in NYC.

COVID-19 Testing



1 in 4

people tested for COVID-19 in the Bronx have tested positive. **Higher than in any other borough.**



Yet in NYC, the Bronx is **3rd** in number of tests performed.

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.

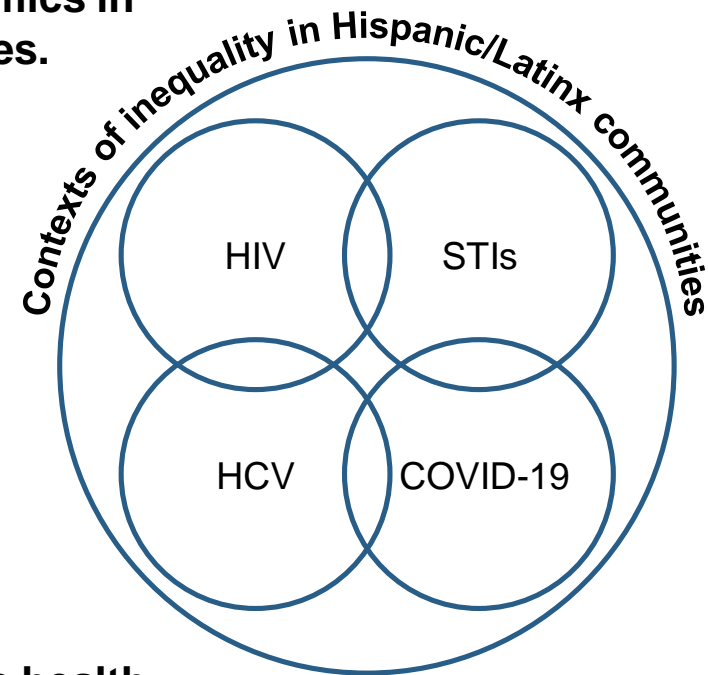
2

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.

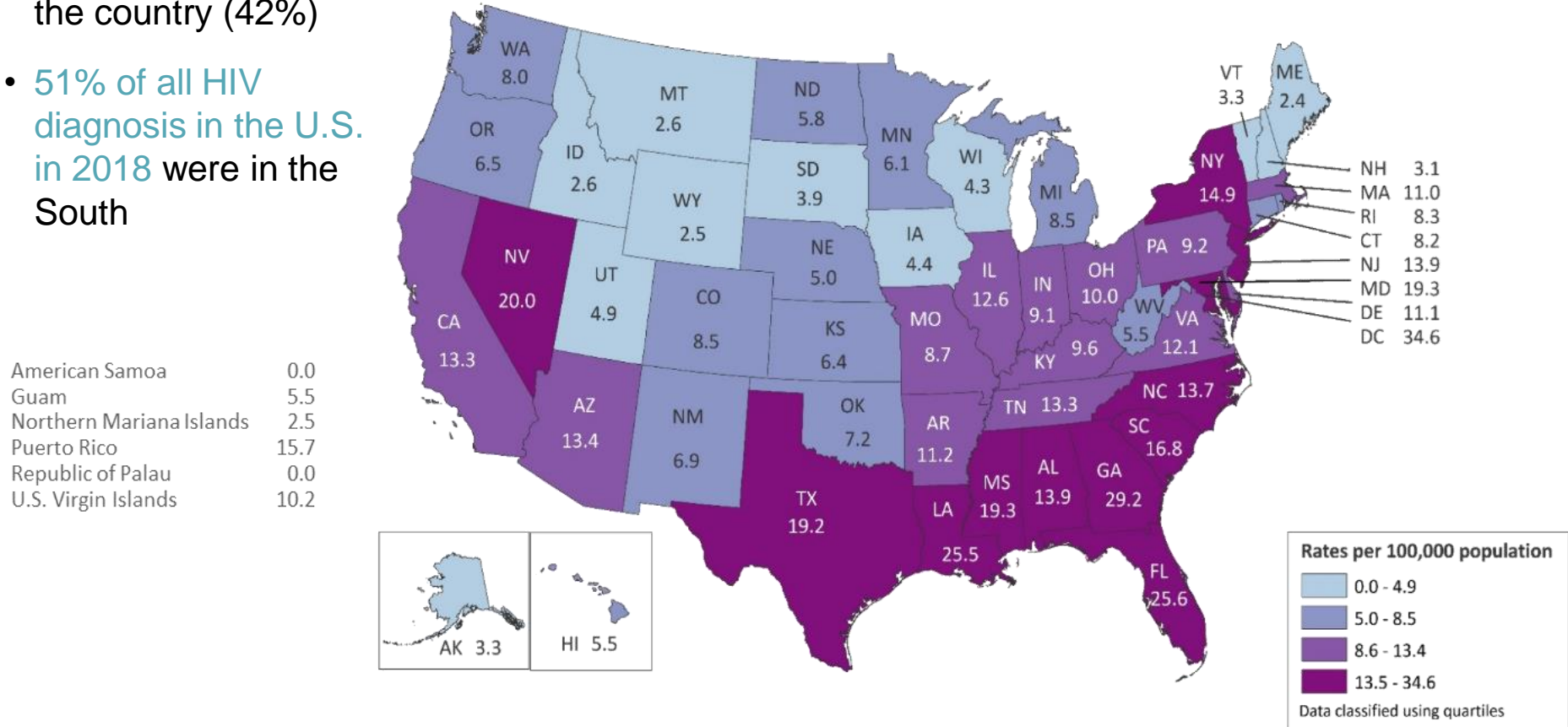


The US HIV Epidemic is Centered in the South

- 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

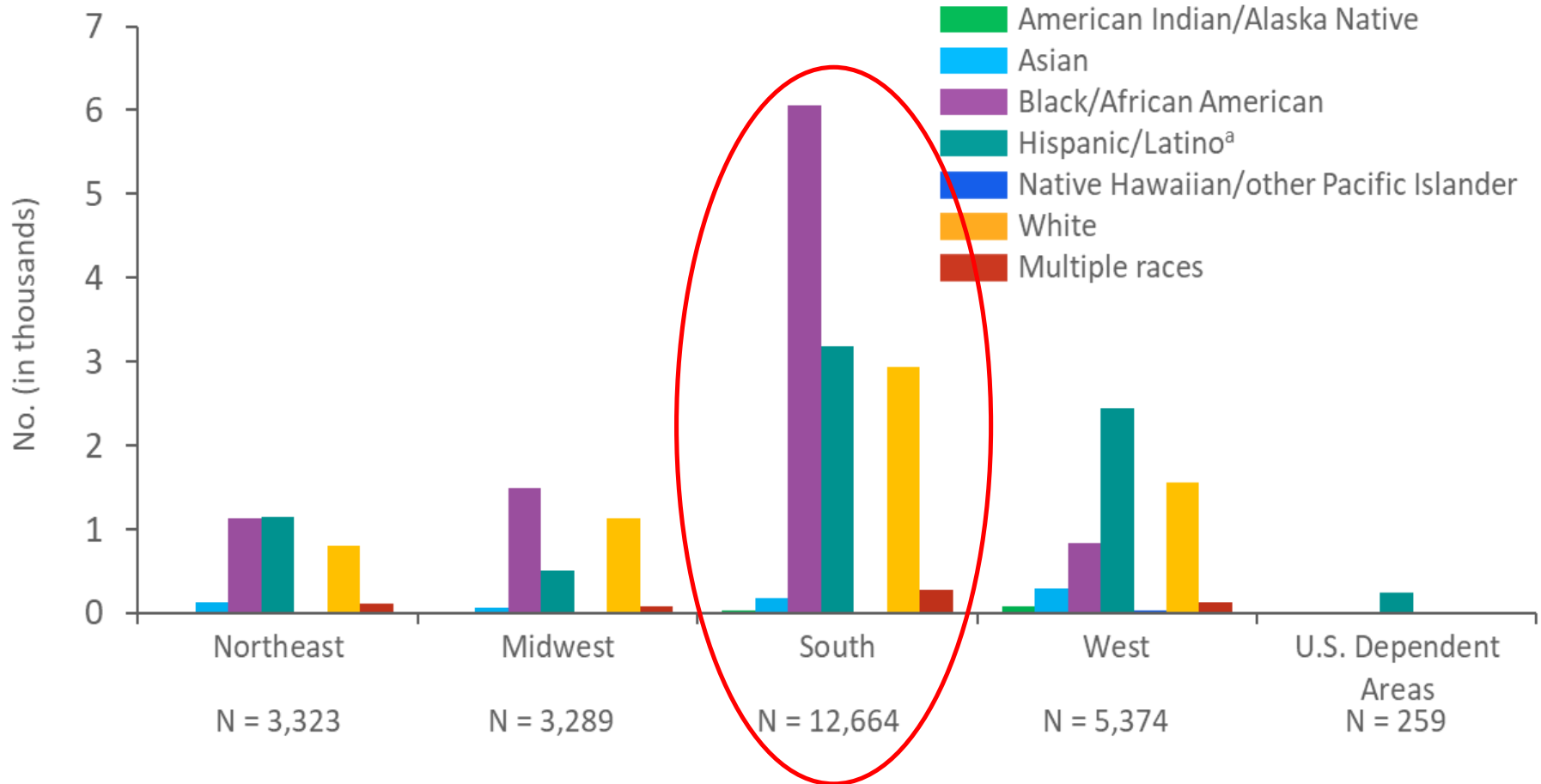
Rates of Diagnoses of HIV Infection among Adults and Adolescents 2018—United States and 6 Dependent Areas

N = 37,741 Total Rate = 13.6



American Samoa	0.0
Guam	5.5
Northern Mariana Islands	2.5
Puerto Rico	15.7
Republic of Palau	0.0
U.S. Virgin Islands	10.2

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 have been statistically adjusted to account for missing transmission category. 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.

^a Hispanics/Latinos can be of any race.



Lifetime Risk of HIV Diagnosis by Race



HHS Public Access

Author manuscript

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Lifetime Risk of a Diagnosis of HIV Infection in the United States

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Abstract

Purpose—To estimate lifetime risk of receiving an HIV diagnosis in the United States if existing infection rates continue.

Methods—We used mortality, census, and HIV surveillance data for 2010–2014 to calculate age-specific probabilities of an HIV diagnosis. The probabilities were applied to a hypothetical cohort of 10 million live births to estimate lifetime risk.

Results—Lifetime risk was 1 in 68 for males and 1 in 253 for females. Lifetime risk for men was 1 in 22 for blacks, 1 in 51 for Hispanic/Latinos, and 1 in 140 for whites; and for women was 1 in 54 for blacks, 1 in 256 for Hispanic/Latinas, and 1 in 941 for whites. By risk group, the highest risk was among men who have sex with men (1 in 6) and the lowest was among male heterosexuals (1 in 524). The majority of the states with the highest lifetime risk were in the south.

Conclusions—The estimates highlight different risks across populations and the need for continued improvements in prevention and treatment. They can also be used to communicate the risk of HIV infection and increase public awareness of HIV.

Keywords

HIV; surveillance; risk

INTRODUCTION

Approximately 1.2 million people were living with HIV infection in the United States at the end of 2012, 12.8% of whom were unaware of their infection (1). In addition, disparities

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The authors have no conflicts of interest to report.

Portions of these results were presented at: Hess KL, Hu X, Lansky A, Mermin J, Hall HI. Estimating the lifetime risk of a diagnosis of HIV infection in the United States. Oral presentation at CROI 2016, Boston, MA, February 22–25, 2016.

Disclaimer: The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Whites

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

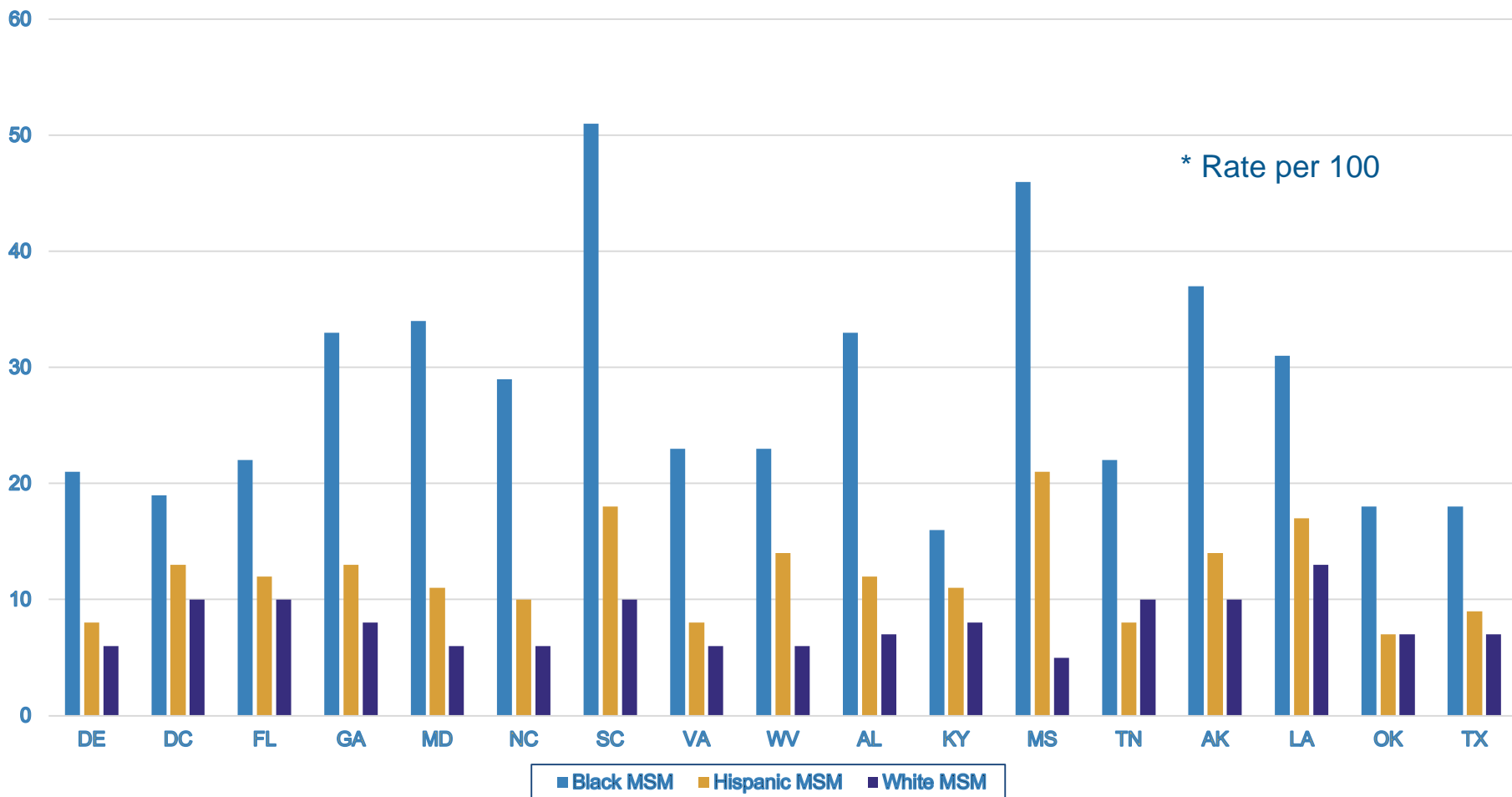
Hispanic/Latinx

- 1 in 51 for men
- **1 in 5 MSM**
- 1 in 256 for women

Blacks

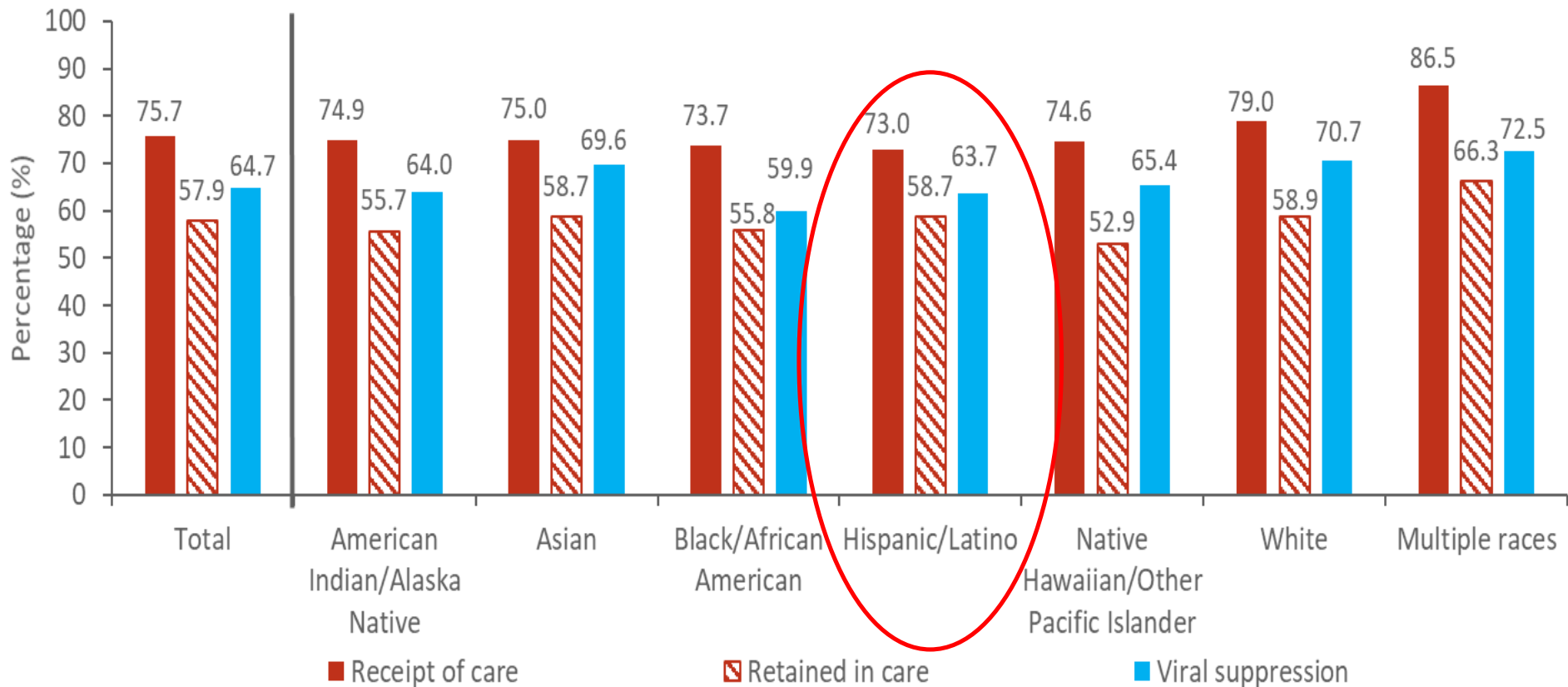
- 1 in 22 for men
- **1 in 2 MSM**
- 1 in 54 for women

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



(Rosenberg ES, et al. Annals of Epidemiology 2018)

Engagement Across the Care Continuum by Race/Ethnicity

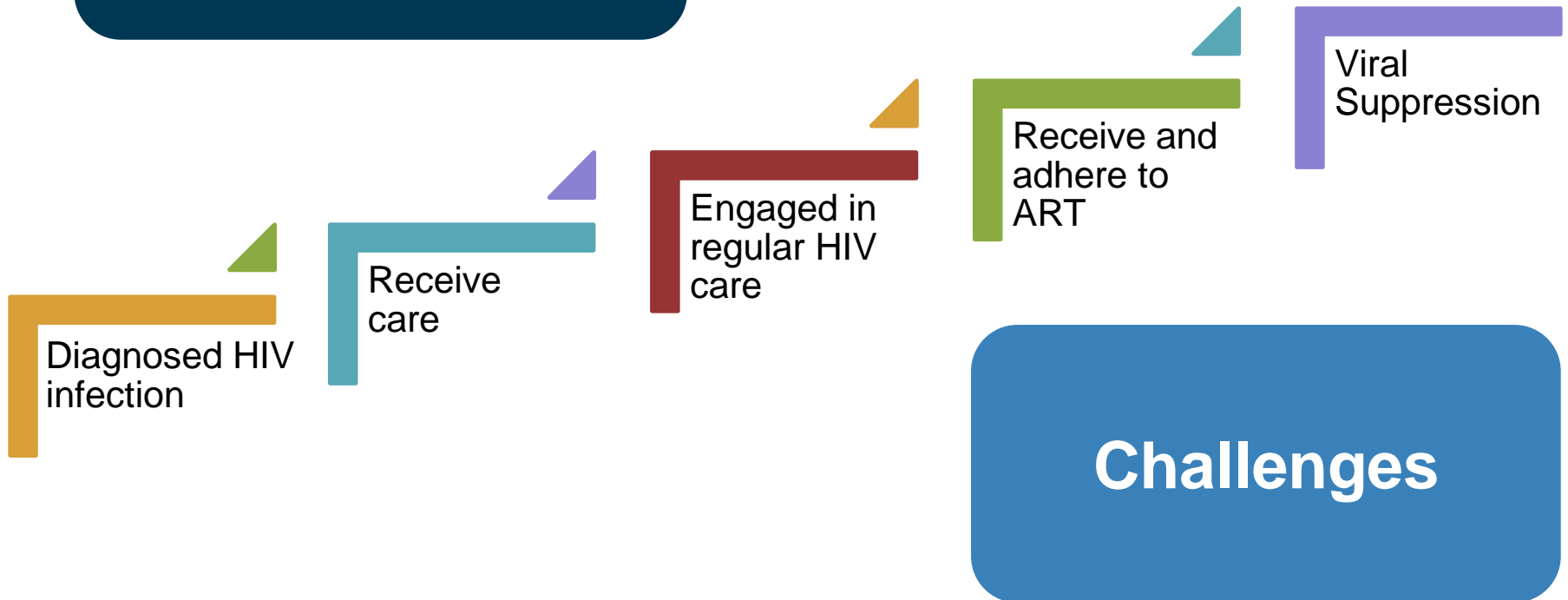


Note. Receipt of medical care was defined as ≥ 1 test (CD4 or VL) in 2018. Retained in continuous medical care was defined as ≥ 2 tests (CD4 or VL) ≥ 3 months apart in 2018. Viral suppression was defined as < 200 copies/mL on the most recent VL test in 2018. Asian includes Asian/Pacific Islander legacy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

Reaching Viral Suppression

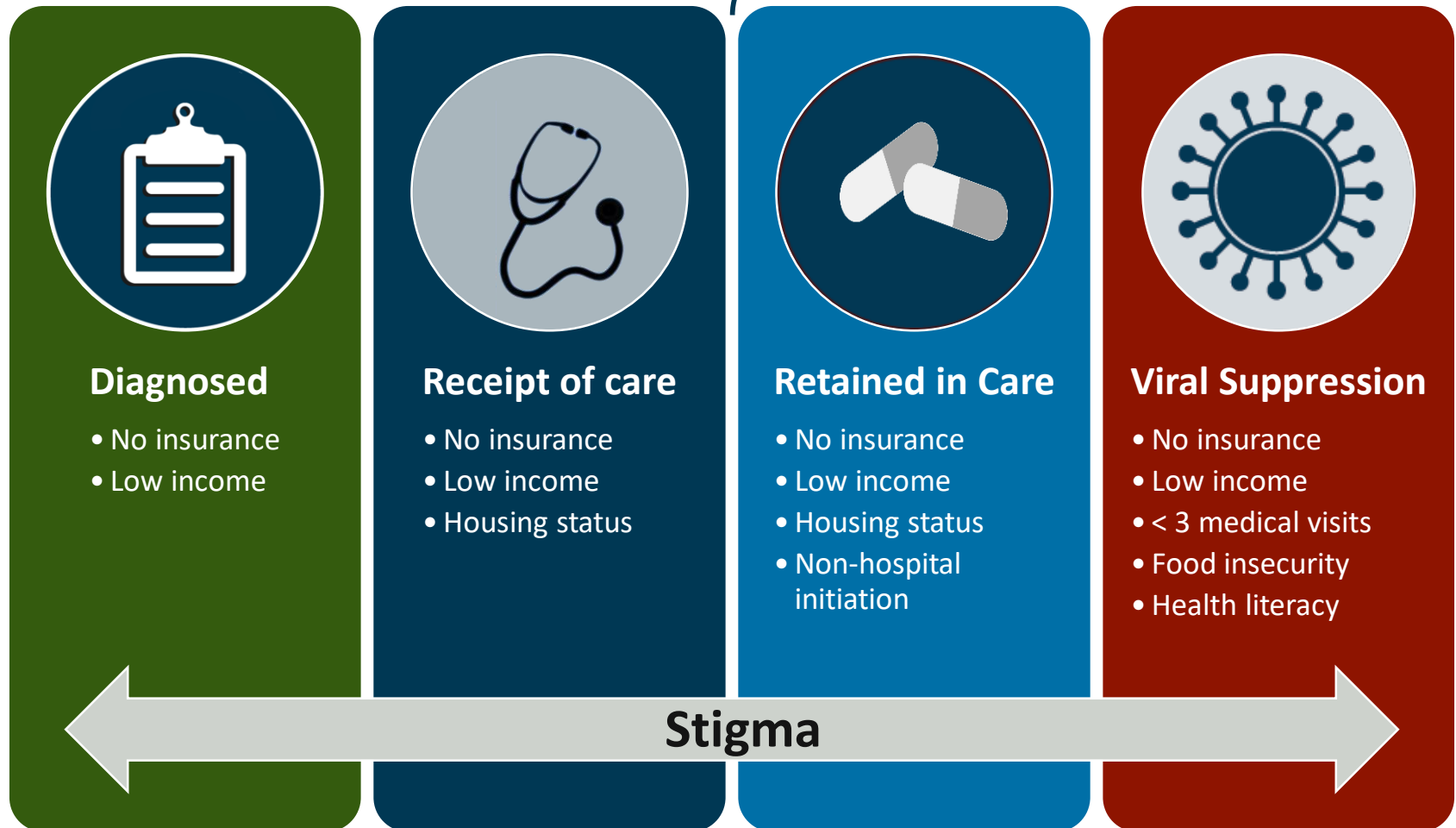
Opportunities

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



Disparities Across the Care Continuum

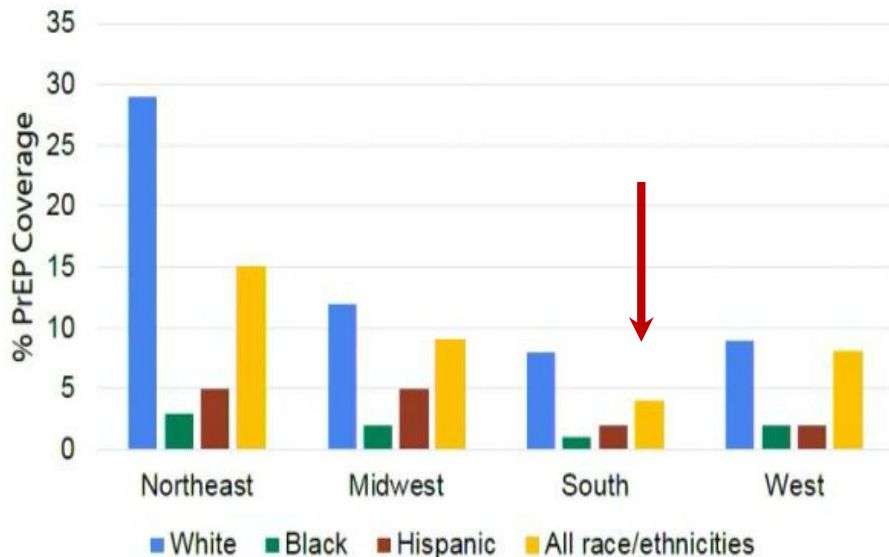
ART Adherence Housing status; Low social support



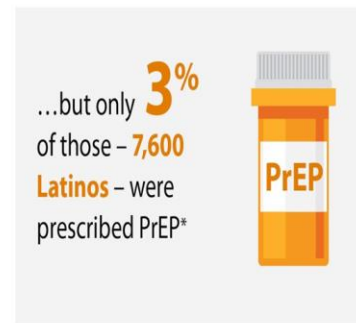
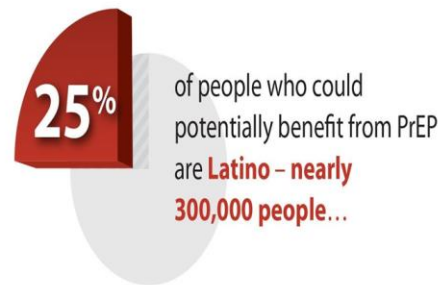
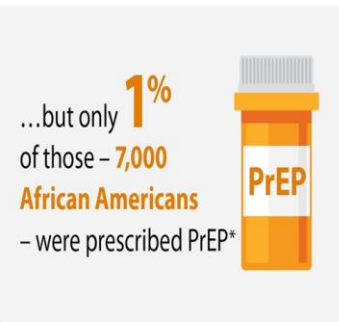
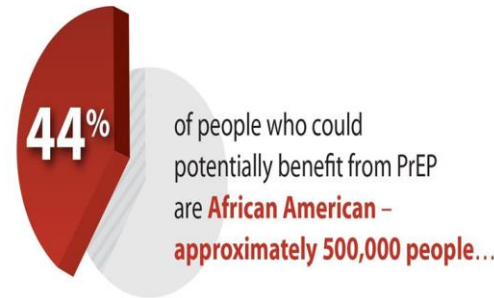
1.1 million Americans are likely to benefit from using HIV pre-exposure prophylaxis (PrEP)

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

220,000 have been prescribed PrEP so far



HIV prevention pill is not reaching most who could potentially benefit – especially African Americans and Latinos



*Prescription data in this analysis limited to those filled at retail pharmacies or mail order services from September 2015 – August 2016; racial and ethnic information not available for one-third of the prescription data

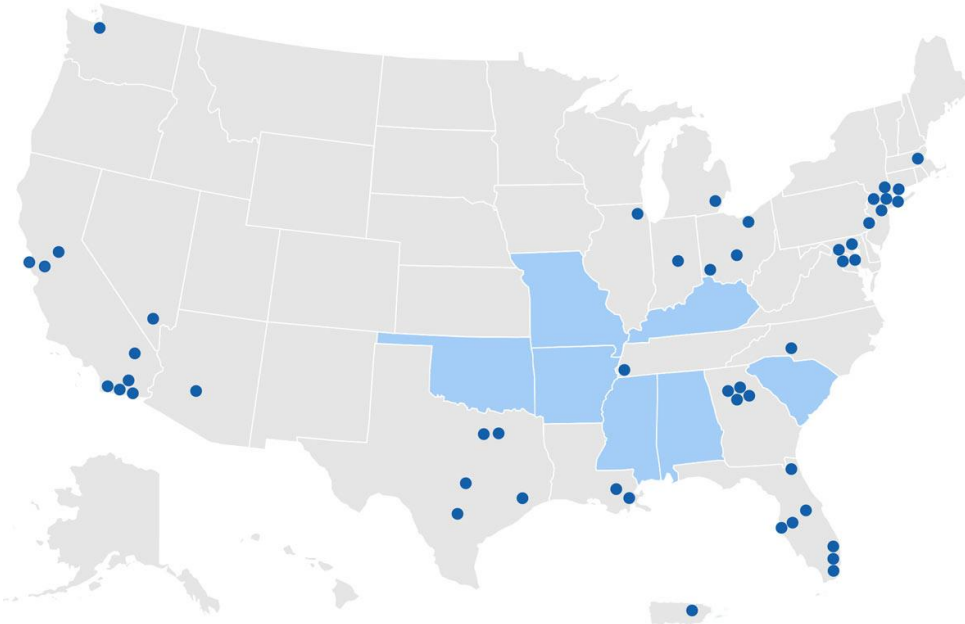
Challenges for Latino MSM Prevention and Care in the South

- 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.

MARCH 2019

HIV PREVENTION IN THE UNITED STATES

BOLSTERING LATINX GAY AND BISEXUAL MEN

TO PROMOTE HEALTH
AND REDUCE
HIV TRANSMISSION



To sign: <https://mpactglobal.org/sign-the-call-to-action-addressing-the-hiv-crisis-among-latinx-gay-and-bisexual-men-in-the-united-states/>

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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