High proportion of born-abroad MSM acquire HIV after migration in France: First results from the ANRS-MIE GANYMEDE study

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Abstract

We aimed to estimate the (minimum) proportion of post-migration HIV acquisition among born-abroad MSM treated for HIV in the Paris region, and describe the social conditions on arrival in France, based on data collected in the ANRS-MIE GANYMEDE study.

Background

- In France, born-abroad men who have sex with men (MSM) represent the group with the highest incidence and prevalence of HIV, and the highest prevalence of undiagnosed HIV [1].
- About 56% of born-abroad HIV-infected MSM live in the Paris region.
- Recent findings suggested that MSM have the highest proportion of HIV acquisition after migration in several European countries [2]. No data are available in France.

Methods

Study design:
- The ANRS-MIE GANYMEDE study is a cross-sectional retrospective life-event and clinical data survey conducted in 16 HIV centres in the Paris region, from a random sample of born-abroad MSM living with HIV.
- Data on migration history, socioeconomic conditions, sexual activity, health status, and at the time of migration in France, were collected through self-administered questionnaires and medical records.

Inclusion criteria:
- Cis-gender men who reported having sex with men.
- Over 18 years of age.
- Type 1 HIV-infected.
- Born in a country other than France.
- Participants who arrived in France before the age of 15 did not answer the questionnaire and only clinical data were collected from medical records.
- Participants who arrived in France at the age of 15 or later were eligible to answer the questionnaire, and clinical data were also collected.
- Followed in the Paris region for HIV treatment.
- Consent to participate in the research.

Exclusion criteria:
- Somatic or psychiatric pathology making it impossible to participate in the research.

How was determined the likely place of HIV infection?

The main outcome of the ANRS-MIE GANYMEDE study is the post-migration HIV acquisition in the study population. This proportion is to be estimated using data collected through questionnaires and medical records, and mathematical modelling based on the CD4 count on arrival in France for individuals whose time of HIV acquisition is unknown. We present here estimations only based on data from questionnaires and medical records.

- Among the participants who arrived in France at the age of 15 or later, HIV infection was assumed to have occurred before migration if participants reported to have learnt about their HIV-positive status in a country different to France (self-questionnaire), and if the information was confirmed with: (i) a year of HIV diagnosis before the year of arrival in France (self-questionnaire), or (ii) a year of ART initiation before the year of arrival in France (self-questionnaire).
- Among the participants who did not satisfy the previous conditions, we classified them in the post-migration HIV acquisition category in case of: (i) a first sexual intercourse in France (self-questionnaire), (ii) a negative HIV test in France (self-questionnaire), or (iii) diagnosis of primary infection at least one year after arrival in France (medical records). Otherwise, the timing of HIV acquisition remained unknown.
- Finally, for participants who arrived in France at the age of 15 or later, we used medical records to identify the timing of HIV acquisition.

Results

- A total of 997 born-abroad MSM were included in the study, of which 28.7% were born in Latin America and the Caribbean, 26.9% from Europe, 17.4% from North Africa, 14.8% from Asia, 11.5% from Sub-Saharan Africa, and 3.4% from North America and 0.3% from Oceania.
- Of 997 participants, 829 (83%) migrated after the age of 15, a median age of 27 (IQR:23-33).
- Of the 168 participants who arrived in France before the age of 15, 164 had HIV diagnosis after arrival in France. There are 4 individuals with missing information about the date of HIV diagnosis in the medical records, then we concluded that at least 99% of the MSM who arrived in France before the age of 15, acquired HIV after the migration.

Conclusion and perspectives

- These high proportions of post-migration HIV acquisition, and administrative and social insecurity on arrival in France, highlight the need for improved HIV policies targeting MSM migrants.
- Because the process model and CD4+ T-cell counts will be used to estimate the HIV seroconversion time for participants with unknown timing of HIV acquisition. This will allow a better estimation of the proportions of post-migration HIV acquisition.

References