

Migration as a driver of change in characteristics of new referrals of people living with HIV in a tertiary hospital in Lisbon, Portugal

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Background

Migrations have become a central talking point of Portuguese and European politics in recent years. However, the role of these population shifts in reshaping the landscape of people living with HIV and their impact on healthcare systems is not often discussed. In Portugal, antiretroviral medication is freely accessible for migrants. However, initial admission into the healthcare system is still a challenge. Despite only representing 11,5% of registered residents, people born outside Portugal represented 50% of new notifications for HIV infection in 2022 [1,2].

Materials and methods

In this retrospective observational study, we gathered information regarding new referrals of people living with HIV from 2019-2023 to the Infectious Disease Department of a tertiary hospital in Lisbon, including both new and previous diagnoses, and analyzed how migrations are changing population characteristics and how it may impact the healthcare system.

Results

n=1059

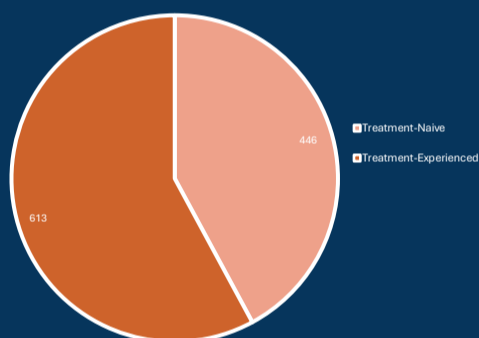


Figure 1: Distribution of treatment naive and treatment experienced patients among new referrals

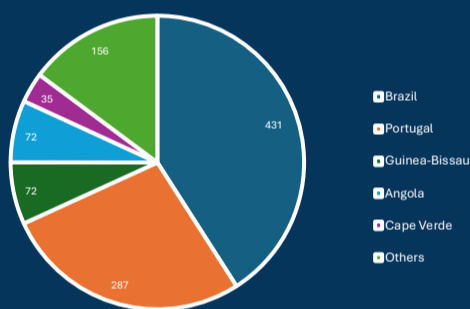


Figure 2: Distribution of all new referrals by country of birth

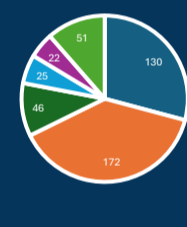


Figure 3: Distribution of new diagnoses (treatment naive) by country of birth

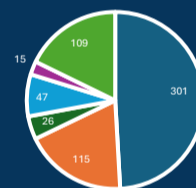


Figure 4: Distribution of established diagnoses (treatment experienced) by country of birth

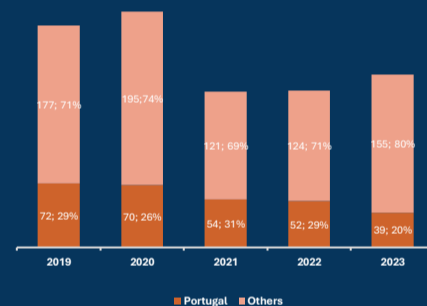


Figure 5: Distribution of new referrals by year and country of birth

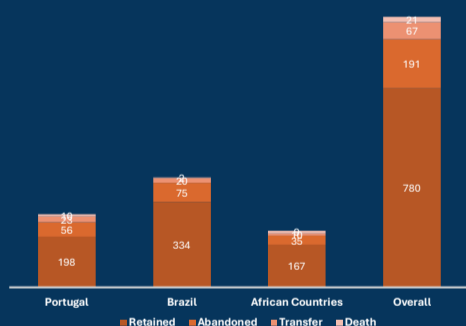


Figure 6: Current state of referrals by country of birth

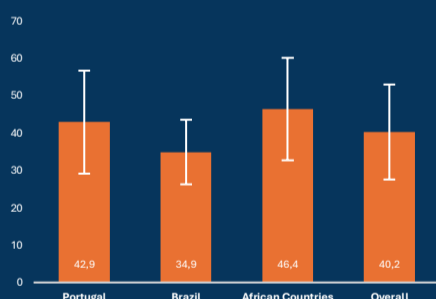


Figure 7: Mean age and standard deviation (white line) of new referrals

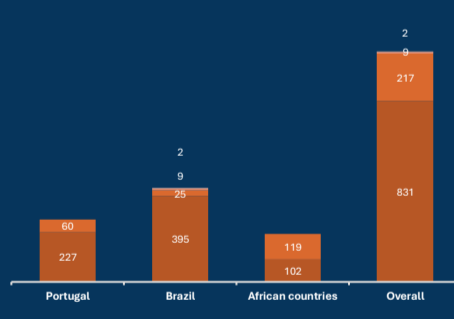


Figure 8: Distribution of new referrals by gender and country of birth

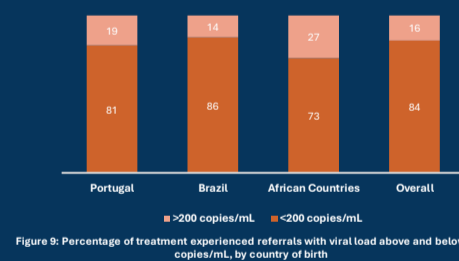


Figure 9: Percentage of treatment experienced referrals with viral load above and below 200 copies/mL, by country of birth

Discussion and Conclusion

Our study reveals a growing number of migrants among new people living with HIV in Lisbon, Portugal. People born outside of Portugal accounted for 61% of new diagnoses and 81% of treatment-experienced referrals. As in Figure 5, the overall number of referrals grew from 2019-2020, reduced in 2021 due to the SARS-CoV-2 pandemic and grew again in 2022-2023. However, the number of referrals for people born in Portugal diminished over the analysis period, while the number of foreign-born referrals grew. This may indicate that while the measures taken by the Portuguese health authorities appear to be reducing new diagnoses among the population, the importation of new cases from migrants continues to create additional pressure on the healthcare system.

We identified 3 distinct subpopulations in our analysis. Portuguese born referrals were mostly cis-male (79%), with a mean age of 42,9 years. Brazilian born referrals represented an almost exclusively cis-male population (92%) with a younger mean age (34,9 years). African born referrals represented a vastly different population, which was predominantly cis-female (54%) and slightly older, with a mean age of 46,4 years. African migrants also had a higher number of treatment experienced people presenting with positive viral load, suggesting delays in linkage to care. This may indicate that the current surveillance and referral-to-care system for people living with HIV may not be adequate for this group.

Healthcare systems must invest additional resources to adapt and better deal with the pressure coming from the migrant population or fail to achieve their goals in controlling HIV.