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[TITLE:] MIGRATION TO FLORIDA BY HIV/AIDS PATIENTS FOLLOWING AN HIV DIAGNOSIS

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OBJECTIVES: Estimate the extent to which persons living with HIV/AIDS (PLWHAs) may have migrated to Florida following an HIV diagnosis. Characterize these PLWHAs by geographic, demographic and risk variables, comparing them with non-migrating PLWHAs, to help plan for secondary HIV prevention. Estimate the proportion of patients who may have been reportable with HIV elsewhere.

METHODS: In 2004, we sampled a random cross section comprising 1,286 (8.3%) of 15,409 patients enrolled in the AIDS Drug Assistance Program and/or public HIV/AIDS clinic setting in Broward (Ft. Lauderdale), Duval (Jacksonville), Hillsborough (Tampa), Miami-Dade (Miami), and Pinellas (St. Petersburg) counties, and conducted a self-administered, voluntary and anonymous survey, ascertaining migration status and personal data. Demographic and risk-profile comparisons were drawn between migrating and non-migrating patients. We conducted a special analysis of data from the CDC/Florida Interstate Duplication Evaluation Project (IDEP) and compared those migration patterns with the ones from our survey.

RESULTS: The survey participation rate was 88%. Overall, 29% (range, 20%-40%) of the 1,286 PLWHAs in the study migrated to the five counties following an HIV diagnosis: 8% (range, 2%-16%) from other Florida counties, 15% (range, 9%-24%) from other states, and 5% (range, 2%-9%) from other countries. Of 190 patients from other states, more than half were from New York (27%), California (16%) and Georgia (9%). Of 69 patients from other countries, more than half were from Venezuela (22%), Argentina (13%), Puerto Rico (12%) and Haiti (9%). Whites, males, MSM and those with higher education tended to migrate from other states to a greater extent than those in other demographic risk groups. MSM were particularly over-represented among immigrating patients: the proportion of participants migrating from other states and

countries who were MSM (59% and 58%, respectively) exceeded the proportion of MSM in the total study population (38%). As many as 12% (range, 4%-23%) of the samples may have been reportable with HIV from other Florida counties or other states. The percentage distribution of in-migrating patients by state in our survey correlated highly with that of the IDEP ($r = 0.93$, $p < 0.001$). IDEP findings indicated net in-migration from other states equaling 1,508 (32%) of 4,657 duplicated HIV/AIDS cases post-diagnosis. Through extrapolation, we estimate that roughly 8,000 (10%) of 76,697 PLWHAs reported through 2004 in Florida may have migrated post-diagnosis from out of state.

CONCLUSIONS: A substantial proportion (29%) of PLWHAs receiving publicly funded HIV/AIDS services (largely whites, males and MSM) migrated to the study counties. The IDEP findings tended to corroborate the survey findings concerning migration patterns to Florida from other states. An estimated 10% of all reported PLWHAs may have relocated to Florida. Ongoing needs assessments that plan for secondary HIV prevention should take into account the demographic and risk profiles of persons who migrate to communities following an HIV diagnosis, and the additional resources required for care. Further research is warranted to assess how two major life events (HIV diagnosis and relocation) may affect risk-reduction behavior medication adherence, and other psychosocial issues possibly associated with migration.

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