

Enfermedades Infecciosas y Microbiología Clínica

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ABSTRACT

Objective: To study the characteristics of HIV infection in the gypsy (Roma) population in Spain, as compared with those of the Caucasian, non-gypsy majority.

Design: Cross-sectional, historical cohort study from the Spanish VACH Cohort.

Methods: Patients attending VACH clinics between 1 June 2004 and 30 November 2004 were classified according to their racial and ethnic origin as "gypsies", Caucasian non-gypsy Spanish natives (CNGN), and "other" (the last being excluded from this study). Their sociodemographic and clinico-epidemiological characteristics were compared, as well as the Kaplan–Meier curves of time to AIDS, or death, or disease progression (either of the 2 outcomes).

Results: 4819 (48%) of 10,032 cases included in the VACH database were eligible: 210 (4.2%) were gypsies and 4252 (84.8%) were CNGN. Differences were observed in age, household, academic, inmate, marital, and employment history. Injecting drug use had been the most frequent mechanism of transmission in both groups, but to a greater extent among gypsies (72% versus 50%; P < 0.000). Sex distribution, CD4 cell counts, and viral loads at the first visit were similar in the 2 groups, as was the percentage of patients with previous AIDS, percentage receiving antiretrovirals, and percentage subsequently starting antiretroviral therapy. Up to 1 April 2005, 416 new AIDS cases and 85 deaths were recorded. The percentage of these outcomes did not differ between groups, but log-rank test showed a shorter time to AIDS and disease progression among gypsies.

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Conclusions: The sociodemographic characteristics of gypsies, the largest minority in the VACH Cohort, show differences relative to those of CNGN. HIV-related outcomes suggest that gypsies have a poorer prognosis.

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Características y evolución de la infección por el VIH en sujetos gitanos en la Cohorte VACH

RESUMEN

Objetivo: estudiar las características de la infección por el VIH en gitanos en España, en comparación con las de la mayoría caucásica no gitana (CNG).

Métodos: estudio transversal y de cohortes históricas en la Cohorte VACH. Clasificamos a los pacientes que acudieron a las clínicas participantes en VACH entre el 1 de junio de 2004 y el 30 de noviembre de 2004 de acuerdo a su raza y etnia, como «gitanos», «nativos españoles CNG» u «otros» (estos, excluidos de este estudio). Comparamos sus características sociodemográficas y clinicoepidemiológicas, así como sus curvas de Kaplan-Meier del tiempo hasta sida, muerte o progresión de la enfermedad (cualquiera de ambos).

Resultados: 4819 (48%) de 10.032 casos recogidos en la base de datos de VACH fueron incluidos en el estudio: 210 (4,2%) eran gitanos y 4.252 (84,8%) eran nativos CNG. Observamos diferencias en sus distribuciones por edad, domicilio, estudios, antecedentes penales, situación laboral y marital. La inyección de drogas había sido el mecanismo de transmisión del VIH más frecuente en los dos grupos, pero más marcadamente en los gitanos (72% frente a 50%; p < 0,000). La distribución por sexos, los recuentos de linfocitos CD4 y las cargas virales en la primera visita fueron similares en ambos grupos, así como las proporciones de pacientes con sida previo y las de quienes estaban ya en, o iniciaron entonces, tratamiento antirretroviral. Hasta el 1 de abril de 2005 se registraron 416 nuevos casos de sida y 85 muertes. La proporción de ambos resultados fue similar en ambos grupos, pero la prueba del rango logarítmico demostró una evolución más rápida a sida y a progresión de la enfermedad para los gitanos.

Conclusiones: Los gitanos constituyen la minoría étnica más numerosa en la Cohorte VACH. Observamos diferencias en sus características sociodemográficas en relación con las de los nativos españoles CNG. Las variables de evolución relacionadas con el VIH sugieren que los gitanos tienen peor pronóstico.

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Palabras clave: VIH Gitanos Minorías Grupos étnicos Progresión de la enfermedad por VIH Factores socioeconómicos Desigualdades Epidemiología

Introduction

The gypsy (Roma) population is the largest ethnic minority in Spain and in several countries across Southeastern Europe. Despite this considerable presence, there are no official data on their existence, not to mention particular aspects of their socioeconomic or health situation.

Investigation elsewhere has demonstrated that socioeconomic, racial, and ethnic differences are major determinants of disparity in the quality of health care and of worse health outcome.¹ In Europe, the assumption that equality under the law assures equality in health and health care protracts the development of comprehensive investigation.² In addition, the identification of minorities for whatever purpose is viewed by many as further stigmatizing already marginalized groups.

In this scenario, the HIV epidemic and its impact on the gypsy minority represents a challenging subject. Scattered reports suggest that this population may be at increased risk for viral infection, both enteric and blood borne.^{3–5} In addition, HIV infection interacts with other social stigmata to increase any degree of marginality.

However, the existence of a problem can be anticipated, and the search for solutions starts by identifying its terms and magnitude. This study investigates whether there are any differences in the characteristics of the HIV epidemic between gypsies and Caucasian non-gypsy Spanish natives in our area, and to what extent these differences might influence the outcome of HIV infection.

Patients and methods

The aims and methods of the VACH Study Group have been presented elsewhere.⁶ Briefly, the group was established in 2000 by an association of clinicians working in 16 (currently, 19) public hospitals throughout Spain who shared a common software tool, AC&H[®], which has undergone 6 major operative updates. The fourth one, performed in June 2004, uploaded a racial and ethnic

classification selected from the Dictionary of Demographic and Reproductive Health Terminology of the United Nations Population Information Network.⁷

On this basis, we performed a cross-sectional analysis of the clinical and epidemiological characteristics at the time of the first visit to a VACH-associated clinic, of HIV-infected patients of gypsy ethnic origin as compared with those of HIV-infected Caucasian non-gypsy Spanish natives (CNGN). Additionally, we collected historical cohort data on the risk of progression of HIV diseases according to this ethnic classification.

To be included in the VACH Cohort, a patient must have documented HIV infection and have attended at least 1 visit to any VACH-associated clinic after 1 January 1997. Patients who came to the clinics between 1 June and 30 November 2004 were asked to give informed consent for their data to be used in this study. We updated their racial and ethnic information at each site, and subsequently, in the VACH central database. Non-Caucasian patients and non-Spanish Caucasians were excluded from the study, so that all remaining patients would be classified as either "gypsy" or "CNGN".

The variables selected for the cross-sectional analysis and their categories are presented in Table 1, together with their results. We defined "cumulative AIDS", "previous AIDS", and "incident AIDS", respectively, as an AIDS-defining disease previous to or during follow-up, an AIDS-defining disease prior to inclusion in the cohort, and an AIDS-defining disease after inclusion in the cohort. We defined "new HIV diagnoses" as patients with HIV infection diagnosed in the preceding 3 months who had not attended another specialized HIV clinic previously. The percentage of patients who had ever initiated ART and those who had started it after inclusion were also studied. The longitudinal analysis is described below.

Analysis

We present summary statistics of the variables listed in Table 1, broken down by study group, as the median and Download English Version:

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