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HSC 400

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HIV in Hispanics/Latinos

HIV is a serious disease that affects the Hispanic/Latino community, threatening their health and lives. Latinos are the biggest minority group in the US, and according to Census, consisted of 18.1% of the nation's population, and yet they are disproportionately affected by HIV (2018). Latinos have health disparities, such as a disparity in treatments for Latinos, in which "too few Latinos with HIV receive the care and treatment they need" (Centers for Disease Control and Prevention, 2019). Other disparities include a higher prevalence of STDs, lower socioeconomic status, language barriers, and cultural factors (such as machismo). Machismo is a way of thinking in which the male is the breadwinner, and the women are dainty servants to the men and their families, serving them at hand and foot. Latino culture, due to machismo, is one in which if a man was a closeted gay man or bisexual, they would rather die or suffer from the disease of HIV, rather than seek help because of the fear of being outed and feeling emasculated.

Extent

Latinos account for about only 17% of the US population but are about 1/5 of those with diagnosed and undiagnosed HIV, and 1/4 of all people with HIV. According to CDC, in 2016, they accounted for 26% of new HIV diagnoses in the US (2018). Of Hispanics/Latinos with HIV, 1/6 are unaware they have it (CDC, 2018). As shown in Appendix A, Latino males account for 39 of those diagnosed in 2016 per each 100,000 people and Latinas account for 5 per each 100,000.

Agent of Disease

HIV is caused by the human immunodeficiency virus, an infectious agent that targets the immune system, and can lead to the advanced form of this disease, AIDS. HIV increases the risk of infections and diseases. It is transmitted through body fluids. This virus "destroys cells in your

immune system called CD4 cells or T cells”, making it hard for your body to fight infections and diseases (Planned Parenthood, n.d.).

Condition

There are “two known variants of HIV; HIV-1 and HIV-2”, but most refer to HIV-1, and it is the more aggressive form, and HIV-2 cases are rare in the US (Morgan, n.d.). Those with HIV may have no symptoms at all, which is dangerous because it can progress to AIDS without the person even knowing. Around the time the person was first infected, they may experience “an acute illness known as acute retroviral syndrome”, in which they’d experience flu-like symptoms. It can take anywhere up to 10 years for someone with HIV to show symptoms.

Modes of Transmission

This virus is transmitted through body fluids such as blood, semen, vaginal fluids, and breast milk. Since those who contract this virus may be asymptomatic, it is easy to unknowingly spread this virus to others. It is important to note that HIV is not transmitted through saliva, sweat, tears, air, water, insects/pets, or through sharing food/drinks. One of the most common myths about HIV is that you can transmit HIV through those things, and we need further education to combat these myths. It is most commonly transmitted sexually or through the use of needles/syringes. The fluids “must come in contact with a mucous membrane or damaged tissue or be directly injected into the bloodstream” for the transmission to occur (CDC, 2018).

Control Mechanism

There are methods to reduce the risk of getting HIV, by getting tested, knowing your partners HIV status, have safe sex, and using PrEP. PrEP stands for pre-exposure prophylaxis and is a preventative medicine that must be taken every day. When in the bloodstream, the medicine “can stop HIV from taking hold and spreading throughout the body” (AIDS info,

2018). PrEP is recommended for those who are at high risk of getting HIV, but not infected, such as those with a partner who has HIV. Other people who are at high risk are those who are very sexually active, and it is best for these people to take PrEP, but also to engage in safe sex and not rely completely on this medication. The more frequently you take it, which is recommended to be taken every day, the more effective this drug is, and lowers your risk by more than 90%. It isn't 100% effective, so other preventative options are recommended for more safety. The only 100% effective HIV preventative option is abstinence.

Host Factors

Those that are more vulnerable to this infection are men who have sex with men (MSM). As seen in Appendix B, gay and bisexual men account for 76% of Latinos diagnosed, the highest amount, and about 7 times the amount of the next highest percentage. As shown in Appendix E, Hispanic and Latino MSM, as represented by the yellow line, are the third highest of those diagnosed with HIV among all MSM and is gradually increasing. They account for only 2% of the US population, but “nearly two-thirds of all new infections occurred within this group in 2009, and one-half of all people living with HIV in 2008 were MSM” (National Institute on Drug Abuse, n.d.). As seen in Appendix C, the rates of diagnosis of HIV among adults and adolescents for MSM, are at 61%, the highest percentage, about triple of the next highest percentage. Injection drug users and ethnic minorities are also more vulnerable.

Environmental and Socioeconomic Factors

“The HIV/AIDS epidemic is increasingly regarded as a socioeconomic problem”, in which factors and barriers such as poverty, culture, attitudes, transportation, physical structures, and etc. play a role in the HIV epidemic (Alfsen, 2004). Not only are people with low income and lower education more at risk to get HIV, but those who are living with HIV are affected as

well. These factors make a negative impact on their quality of life. “Both intrinsic... and extrinsic... factors may have a significant impact on the lives of people with disabilities” (Nichols et.al., 2009). The areas with the highest percentages of people living with HIV who are aware of their status are the South, and a few in the Midwest (CDC, 2016). As seen in Appendix D, most states in the South have a 77 to 84% percentage of people living with HIV who are aware of their status, as shown by the dark purple color, which is the highest amount. The other regions have much lower percentages, and don’t have as many of the purple colored states in one area as the South does.

Temporal Variations

The HIV epidemic began in around the 1980s, and gradually increased, reaching its peak in 1993 (CDC, n.d.). The rates rapidly increased but when it reached its peak, it began to decrease a bit into the 2000s.

Additional Epidemiological Variables

“The cumulative number of persons in the United States and 6 dependent areas with diagnosed HIV infection ever classified as stage 3 (AIDS) at the end of 2017 was 1,281,787” (CDC, 2018). The cumulative number of persons who were diagnosed with Stage 3 HIV infection (AIDS) that were Hispanic/Latino was 266,602, the third highest behind Black/African Americans and Whites.

Current Hypothesis

The HIV epidemic has been affecting our country since the 1980s and has claimed hundreds of thousands of lives since then. We have discovered and utilized different types of preventative measures and interventions to take to avoid spreading this disease, through learning more about this virus, but these efforts have not been enough to end this epidemic. CDC and

Johns Hopkins conducted a study that showed that a “rapid scale up of HIV prevention efforts could substantially reduce the number of HIV infections and the number of people living with HIV over the next 10 years”, as shown by the blue line. They found that if they continue current trends and maintain the status quo efforts, the rates of HIV will have a substantial increase. In order to decrease the rates of HIV, we must invest more time and money into more effective interventions.

Areas for Further Research

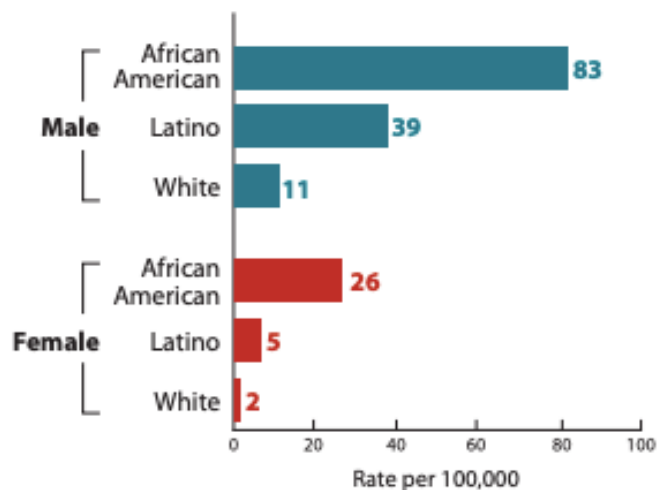
Further areas of research for HIV I would recommend are more effective preventative measures, interventions, and educational workshops. People should be more well educated on what risky behaviors are and how to avoid them. There are also many myths regarding HIV that people are misinformed about, and that should be debunked so that people aren't misinformed and are correctly caring for themselves. Another useful thing would be a new medicine that is long-acting and doesn't need to be taken every day. The fact that the medicine PrEP must be taken every day to get maximum effectiveness is risky because people can forget to take it. Medicines that can be taken in different forms would also be more useful, such as through patches or implants. The most ideal discovery as a result of further research would be to invent an HIV vaccine, whether it must be taken at several times throughout one's life or just once.

Appendices

Appendix A

<https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/cdc-hiv-latinos-508.pdf>

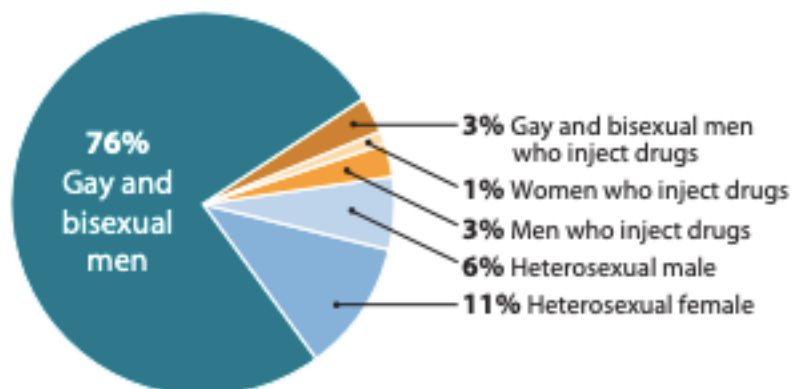
**Rate of HIV Diagnoses, 2016,
by Gender and Race/Ethnicity**



Appendix B

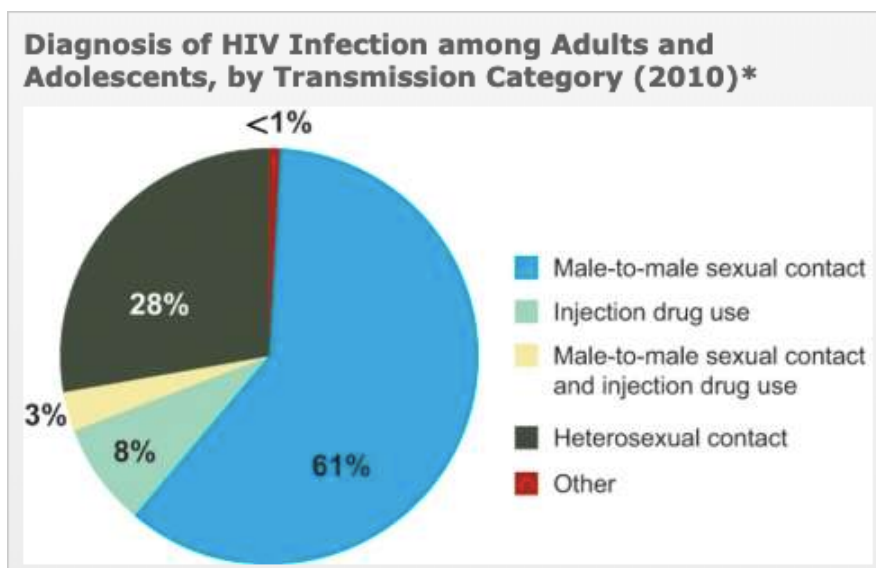
<https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/cdc-hiv-latinos-508.pdf>

**HIV Diagnoses among Latinos, 2016,
by Transmission Route**



Appendix C

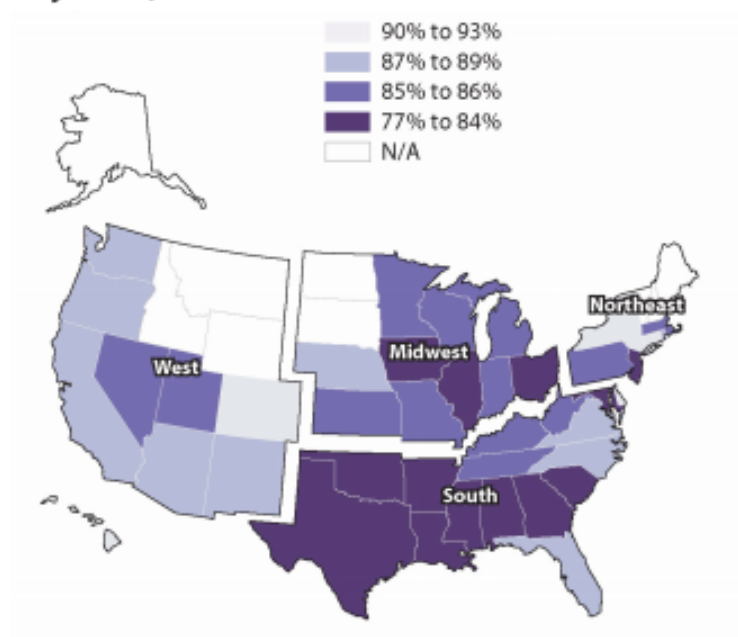
<https://www.drugabuse.gov/publications/research-reports/hivaids/who-risk-hiv-infection-which-populations-are-most-affected>



Appendix D

<https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/hiv-data-trends-fact-sheet-508.pdf>

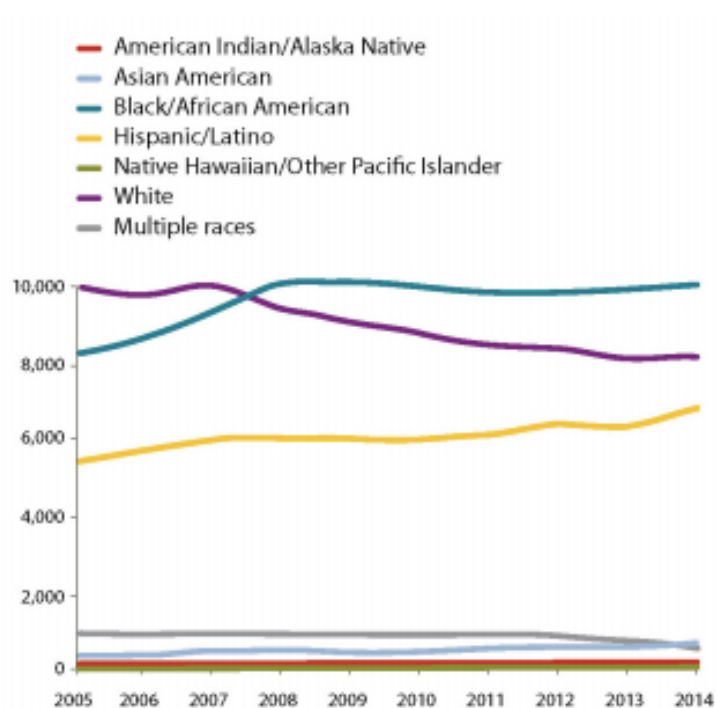
Figure 8. Percentage of People Living with HIV who are Aware of their Status, by State, 2012



Appendix E

<https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/hiv-data-trends-fact-sheet-508.pdf>

Figure 3. HIV Diagnoses among MSM by Race/Ethnicity, 2005-2014



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