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# Immigration without information: an impending crisis?

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[www.nhivna.org](http://www.nhivna.org)



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## Conflict of Interest

I am chairing a Viiv Symposium at this conference

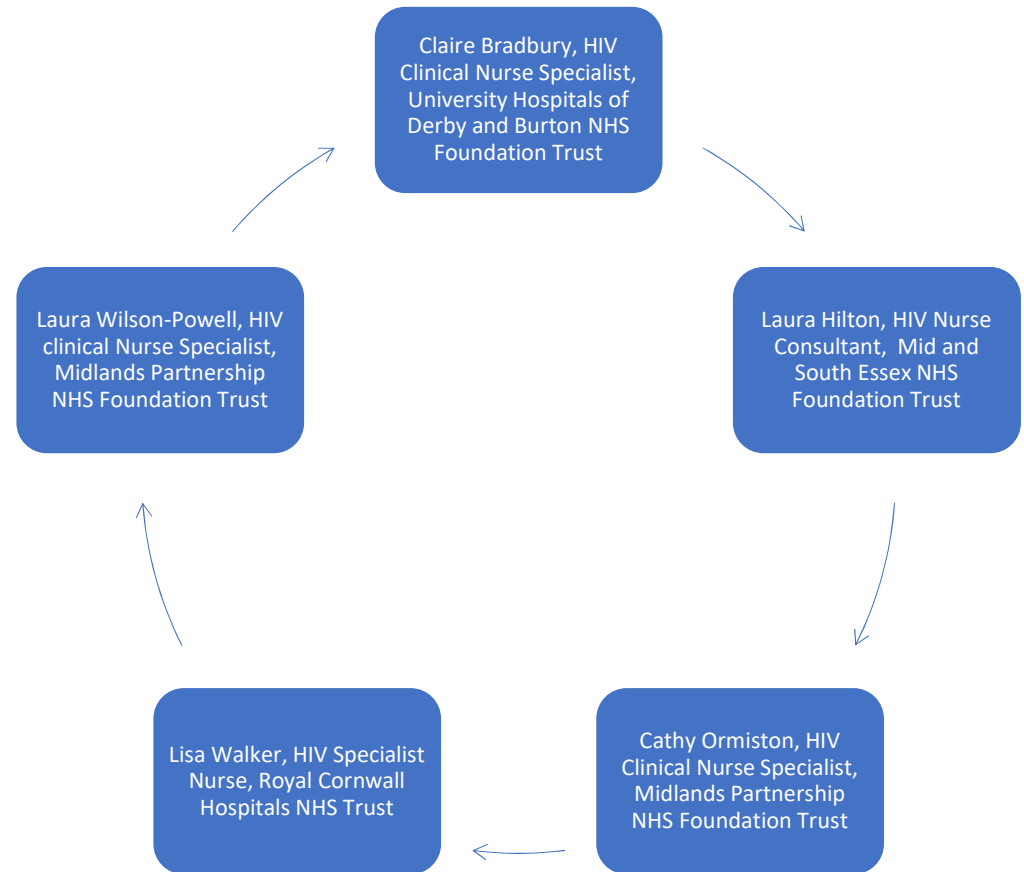
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# Background

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- The 5 authors noticed a rise in patient's transferring from overseas in the past 6-12 months. They decided to unite to do a joint piece of work.
- All have a significantly increased rate of people living with HIV transferring from overseas recently with a nearly 300% increase in the past 6 months compared to the previous 6 month period.
- These people come from a diverse range of countries and are often moving to the UK for work purposes and many have been recruited by NHS Trusts or care agencies.
- All authors recount that the transferees often have limited HIV history available at presentation and few doses of Anti-retroviral drugs left, making it challenging to continue treatment uninterrupted.

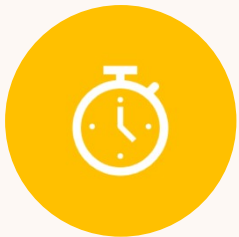
# Participating centres



# Proposed method



Two tools to audit the data.



The second tool will be gathering anonymised retrospective data on the last twenty PLWHIV who have transferred to each service in the preceding 12 months.



The first will analyse data at a service level looking at the structure and set up of each service. It aims to identify whether location has an impact on the number of PLWHIV transferring care from overseas and to identify the impact on services.



Propose to ask centres to complete audit tools in September 2023 so we have time to recruit more participants.

**Data Collection for each Clinic – New patients from Overseas Jan-Sep 23**

Name of Clinic.....|

Clinic type: Hospital setting  Community based   
Sexual Health  Infectious Diseases

Location : City  Urban rural  Rural

Number of HIV clinics per week.....

Number of HIV Patients in cohort.....

Number of Staff in HIV Department :

Doctors.....

Nurses.....

HCA's.....

Pharmacists.....

Number of prescribers in team.....

Number of new transfers of patients to the department from non-UK origin since January 2023:

Jan	Feb	March	April	May	June	July	August	September

Number of above patients who are healthcare workers/carers.....

Patient ID (for your purposes only) .....

Gender Male / Female

Age .....

Country of Origin .....

How long in UK when contacted your service? .....

Reason for Immigration .....

Referred by Self /GP / Other .....

Medication entering the UK with? .....

How many doses of ART left when contacted the clinic? .....

Medication given by your clinic.....

Transfer letter/history available (Resistance tests, ART history, vaccination?)

Complete/ Some / None .....

Language barrier ? Yes / No / Some

CD4 level at first blood test with your service? .....

Viral load at first blood test with your service? .....

Co-infection – HBV / HCV / TB / Syphilis

Other tests done (HLAB/resistance test/T-spot) .....

Other information?

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# Preliminary data

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Preliminary data from two of the services (Cornwall and Southend) show that the majority of the individuals were very unsure about the HIV service provision in the UK and whether they had to pay anything towards care.

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Most had at least a week of medication left when they were seen in clinic, but a smaller proportion only made initial contact when they had a few days left.

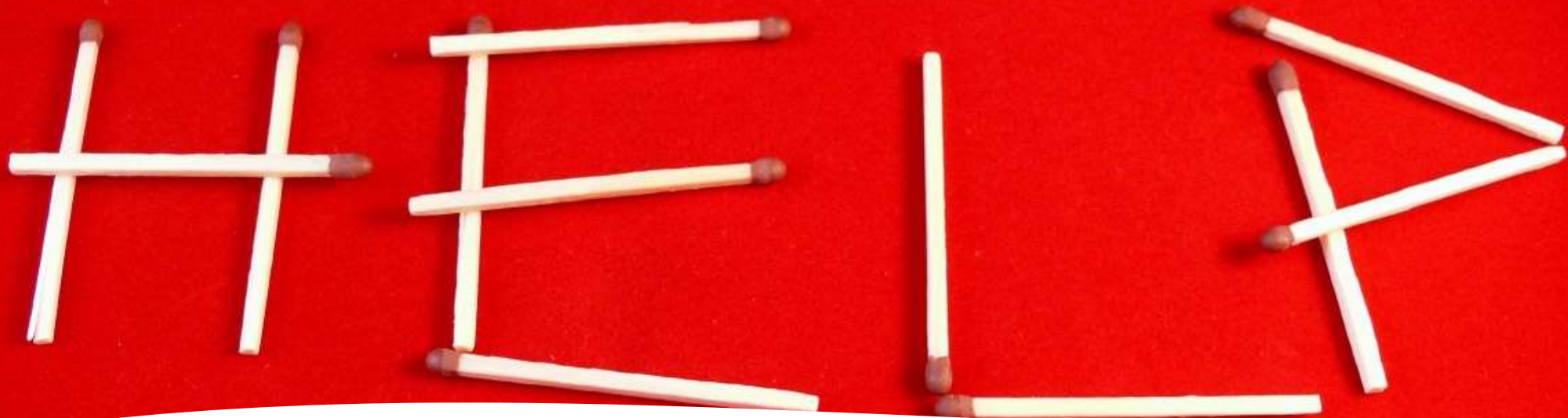
Most were taking an Integrase inhibitor based regime with 18% on a NNRTI based regime.

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Most individuals had no transfer of care information. A small number presented with some written history.

# The community perspective – a Zimbabwean snapshot

- Anecdotal evidence also given by Rutendo Chitiga, Health promotion co-Ordinator, Brook and community campaigner.
- Spoke to 2 community leaders in Zimbabwe, some care agencies in Southend and Zimbabwean health professionals in Southend to seek their views and experiences and to understand the complexities behind the issue from different perspectives.
- Concluded that being an immigrant, being black and living with HIV is a triple disadvantage and can be compounded when fear of rejection and stigma are at play.
- Barriers to accessing care:
  - Fear of being searched at the airport then being sent back/ deported because of their HIV status
  - Fear of divulging status to employers and colleagues
  - Fear of stigma
  - Lack of understanding about the current climate in the UK around the criminalisation of HIV (particularly with stories of Zimbabweans travelling to the UAE and other Middle Eastern countries where PLWHIV are heavily criminalised).



## Call to action!

- We need you!
- We are looking to make this a national piece of work representing as many services as possible.
- To join us:
- [Laura.hilton1@nhs.net](mailto:Laura.hilton1@nhs.net)
- 01702 385641

# Next steps

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