

The HIV Epidemic: Mexico

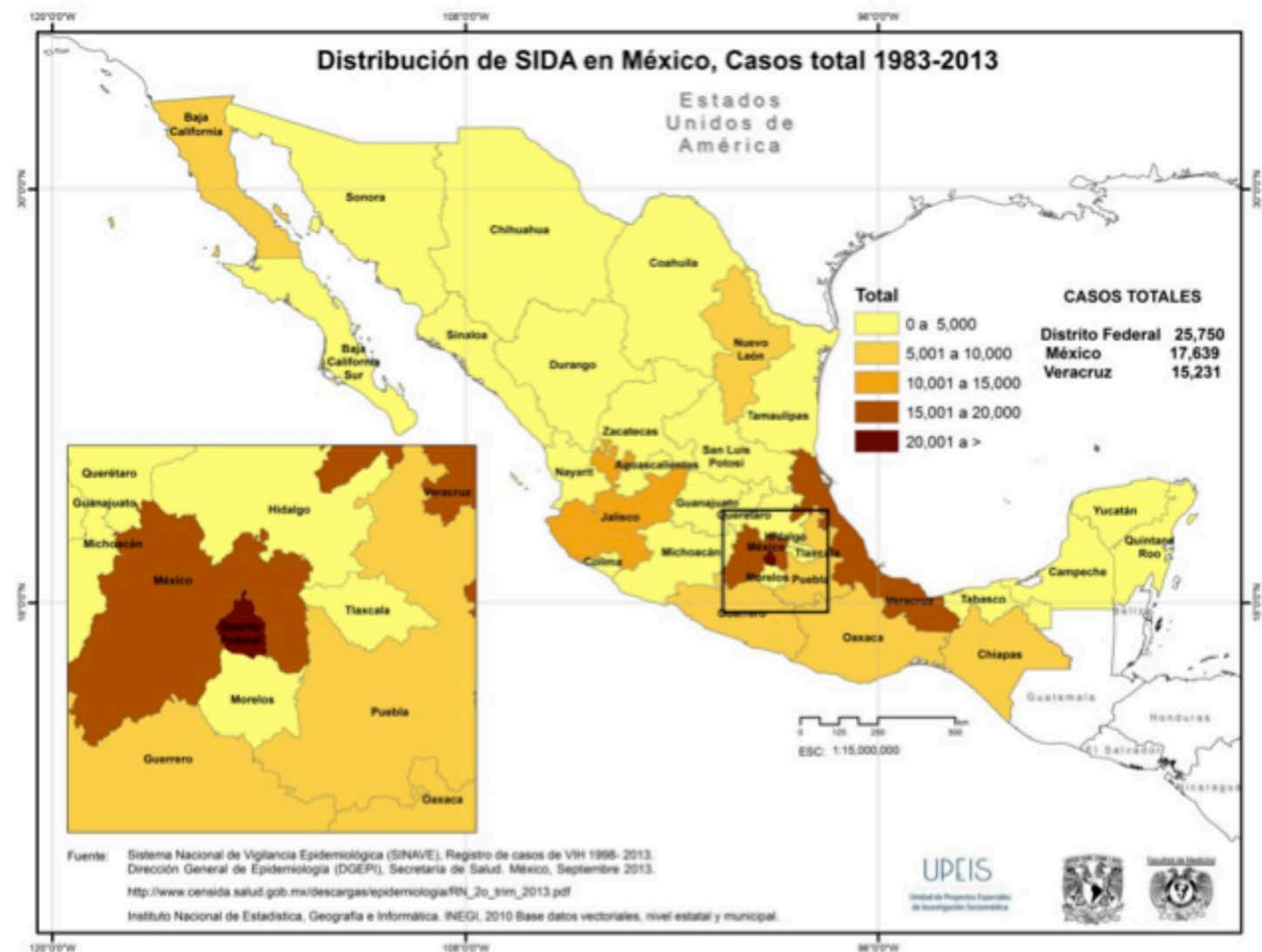
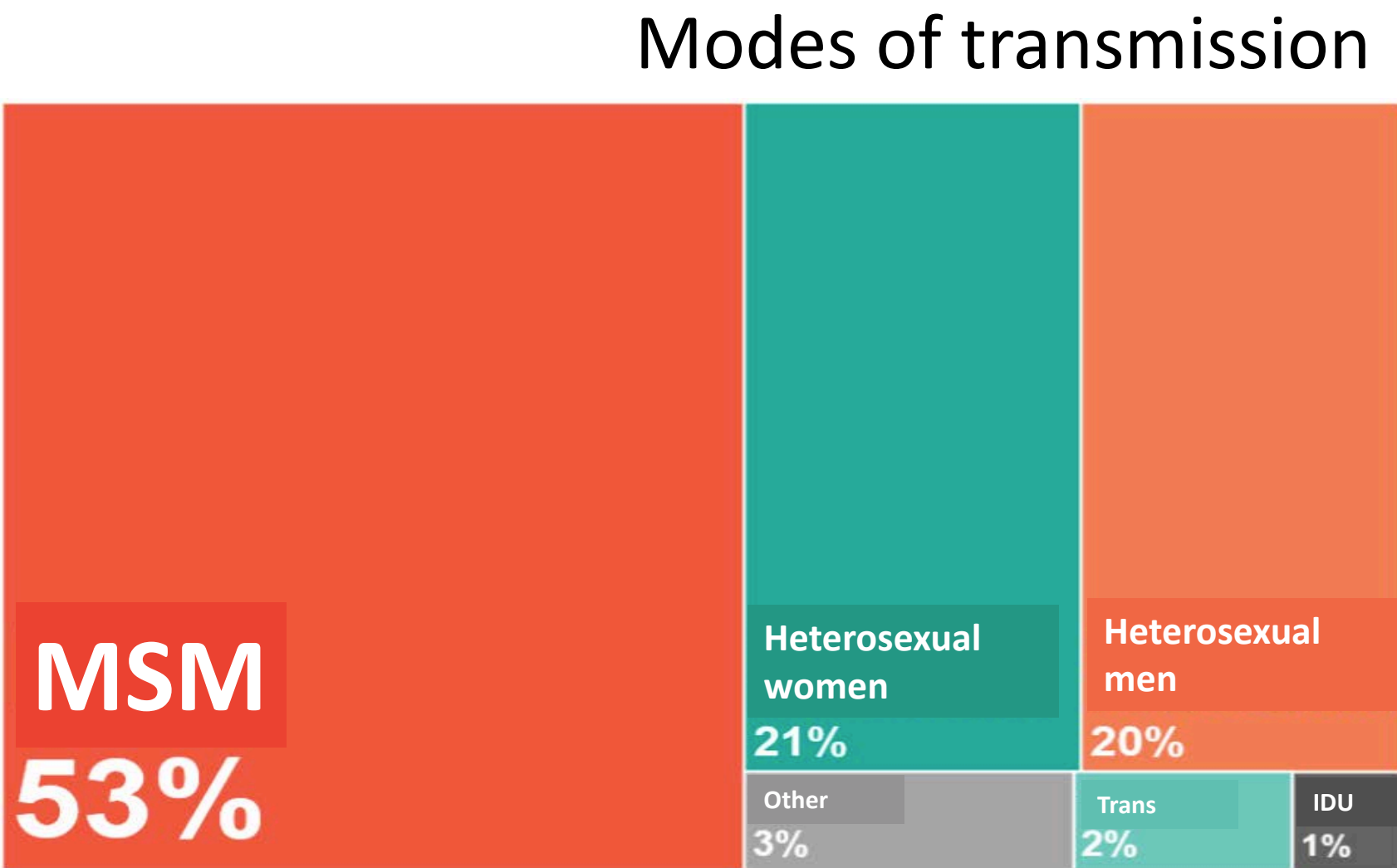
R. Victoria Alvarez Wyssmann

204 000 notified HIV cases (1983-2018)

Prevalence of HIV in people 15 to 49 years old is **0.3%** with an incidence of 12 000 cases per year. Accumulated incidence varies across the country with the highest being in Mexico City, Yucatán, Campeche, Quintana Roo and Veracruz, followed by Baja California.

Mexico has a **concentrated epidemic** in the following key populations:

- Men who have sex with men (17.3%)
- Intravenous drug users (5.8%)
- Men sex workers (24.1%)
- Trans women (15-20%)



Access to Care and Treatment

Universal access to antiretroviral treatment provided by the government has had relative success, with heterogeneity of mortality by employment status, gender and state of residence. On behalf of the Ministry of Health, attending 55% of patients, specialized clinics for HIV care were established in every state.

Mexico's fragmented health system as a barrier to HIV care

Mexico has different health systems according to employment status between which patients have to transfer for care. The complexity of transition poses a threat to retention in care, continuity of ART provision and long-term virological suppression.

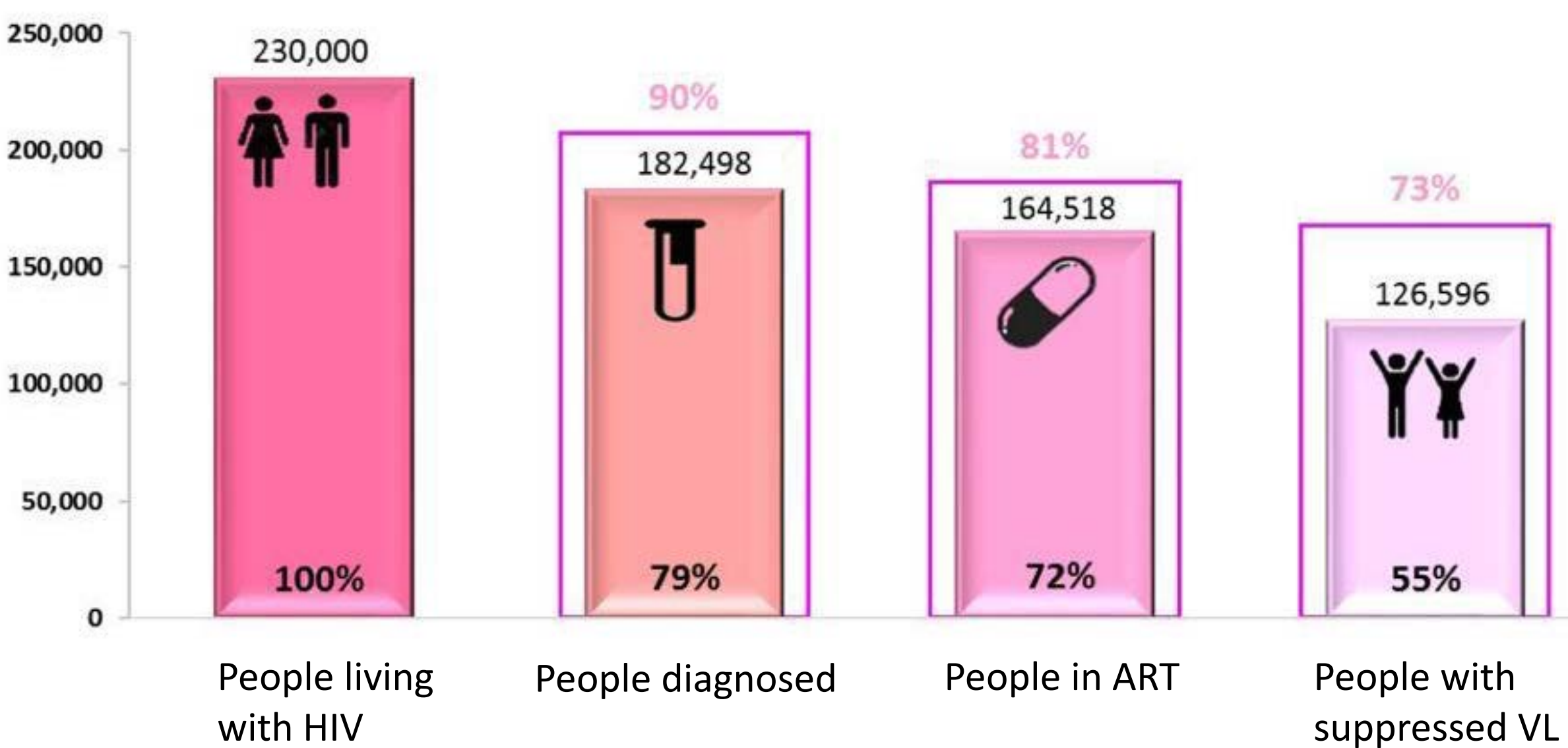
New Paradigm for HIV

May 2019

1. Reduce treatment regimens, maintain efficacy and decrease adverse effects and interactions.
2. Depurate codes of obsolete drugs.
3. Individual supervision of special cases.
4. Guarantee better monitoring and clinical follow-up of users.

<https://nuevoparadigmavih.mx>

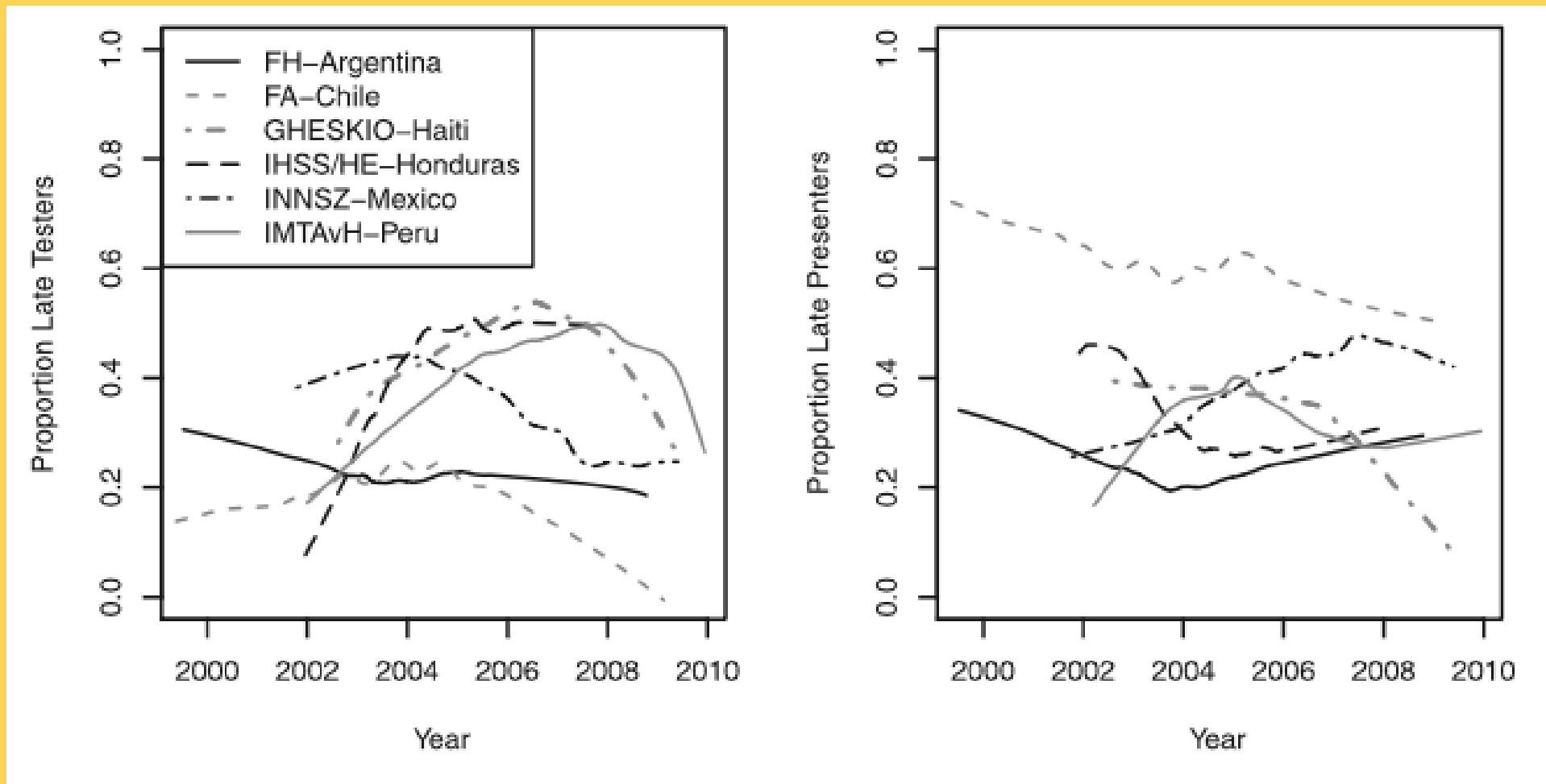
HIV Care Continuum 2018



Source: Centro Nacional para la Prevención y el Control del VIH y SIDA. 2018.

Late HAART Initiation

Among subjects starting HAART, 79% (95%CI 75-83) have a CD4+ count less than 200 cells/mm³. There was no statistically significant risk factor associated with this presentation, but a trend that higher education was associated with decreased risk.



Crabtree-Ramirez et al. PLoS ONE. 2011

AIDS associated mortality has decreased 16% from 2009 to 2015. Nonetheless, 80% of death s in people living with HIV are associated with AIDS, with pneumonia, sepsis, tuberculosis and *Pneumocystis pneumonia* in first place.

Special Epidemic in the Northern Border: Tijuana

The HIV epidemic on the northern border faces particular challenges:

- Transit hub for **migrants/deportees**
- Semi regulated **sex work industry**
- Heroin, methamphetamine and fentanyl **trafficking route**
- High rates of **violence/organized crime**

Key population	HIV testing (Ever)	ART coverage
Men who have sex with men	67%	~30% (15-45)
Female sex workers	52%	~15% (2-18)
People who inject drugs	41%	<10% (2-18)

Some of the **barriers** to testing and coverage identified are:

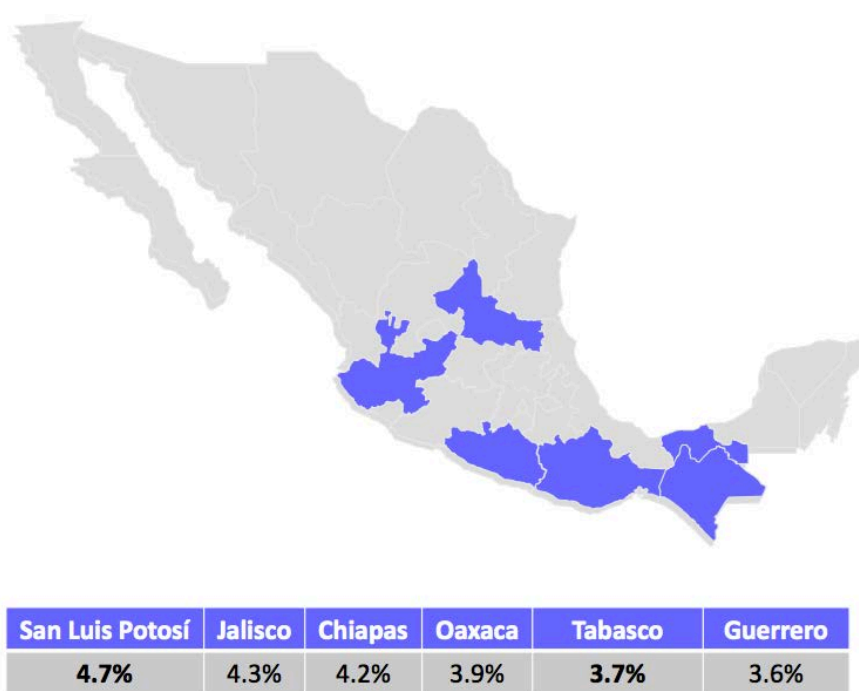
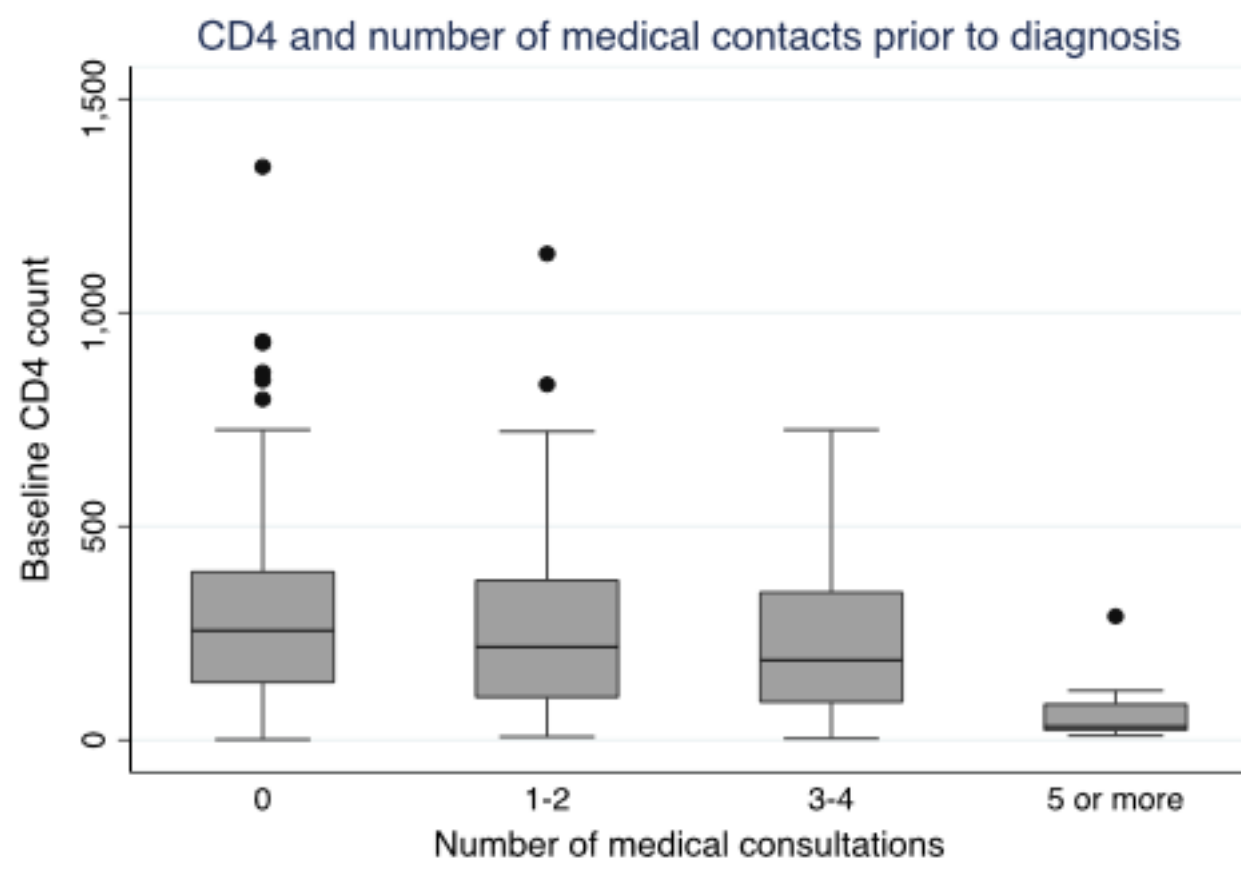
- Distance to public HIV clinic
- Services not tailored to key populations
- Stigma among health care providers

Bórquez et al. IAS 2019 WESY0406

Missed Opportunities in Women

Most national programs target high-risk groups, not including women. Women are a vulnerable population diagnosed late in about 50% with missed opportunities for diagnosis during prenatal screening and when symptomatic women seek medical care. In a study conducting interview to Mexican women living with HIV, 31% had only primary school, 47/30% reported physical/sexual violence, 75% acquired HIV from their stable partner, 61% was not offered prenatal HIV screening and 40% attended consultation for HIV related symptoms without being tested for HIV.

Martin-Onrät et al. AIDS Behav. 2017.



San Luis Potosí	Jalisco	Chiapas	Oaxaca	Tabasco	Guerrero
4.7%	4.3%	4.2%	3.9%	3.7%	3.6%