HIV in the Agricultural Worker Population: Initiating a Screening Program

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About Us

Great Lakes Bay Health Centers (GLBHC) is a federally qualified health center with 28+ sites located throughout the Great Lakes Bay region. GLBHC provides quality care that is sensitive to the needs of individuals and communities. Services rendered are not based on ability to pay and are offered without regard to race, religion, national origin, sexual orientation, and gender identity.

Our Vision

“We change lives because we care.”

“Cambiamos vidas, porque nos importa.”

Our Slogan

“Quality Healthcare for Everyone.”

“Atención Médica de Calidad Para Todos.”
HIV Transmission & Myths

1. You can “catch” HIV by casual contact like sharing living space, using a public toilet, etc.

2. There is no treatment for HIV.
3. If you get poked with a needle or splashed with blood from an HIV-infected person at work, you will most likely get HIV.

4. If you think you might have been exposed to HIV, there is nothing you can do about it but wait and see.

**PEP 72h**
5. Once you get HIV, you will soon be sick all the time and die young. You can’t live a normal life.

6. You can tell if someone has HIV because they look or act sick.
HIV Transmission & Myths cont.

7. Because of all the funding, it is easy to get treated for HIV once you have been diagnosed.
HIV Transmission & Myths cont.

8. HIV is a disease of metropolitan areas or big cities
States that did not expand Medicaid
Rates of Persons Living with HIV by County (Southeast)
HIV Transmission & Myths cont.

9. Only men who have sex with men get HIV.

10. Male-to-male sexual contact is rare in the Latino community (both in the US and in Latin America and the Caribbean), so HIV is not much of a problem for Latinos or other non-white communities.
New HIV Infections by Population, 2017

UNAIDS

GLOBAL

- Sex workers: 3%
- People who inject drugs: 9%
- Gay men and other men who have sex with men: 18%
- Transgender women: 1%
- Clients of sex workers and other sexual partners of key populations: 19%
- Rest of population: 53%

WESTERN AND CENTRAL EUROPE AND NORTH AMERICA

- Sex workers: 10%
- People who inject drugs: 2%
- Gay men and other men who have sex with men: 7%
- Transgender women: 2%
- Clients of sex workers and other sexual partners of key populations: 24%
- Rest of population: 57%

EASTERN AND SOUTHERN AFRICA

- Sex workers: 1%
- People who inject drugs: 6%
- Gay men and other men who have sex with men: 8%
- Transgender women: 2%
- Clients of sex workers and other sexual partners of key populations: 83%
- Rest of population: 83%
New HIV Infections by Population, 2017

UNAIDS

GLOBAL
- Sex workers: 3%
- People who inject drugs: 9%
- Gay men and other men who have sex with men: 18%
- Transgender women: 1%
- Clients of sex workers and other sexual partners of key populations: 1%
- Rest of population: 53%

CARIBBEAN
- Sex workers: 32%
- People who inject drugs: 13%
- Gay men and other men who have sex with men: 1%
- Transgender women: 1%
- Clients of sex workers and other sexual partners of key populations: 30%
- Rest of population: 23%

LATIN AMERICA
- Sex workers: 23%
- People who inject drugs: 3%
- Gay men and other men who have sex with men: 24%
- Transgender women: 6%
- Clients of sex workers and other sexual partners of key populations: 41%
- Rest of population: 3%
HIV Transmission

1. Sexual Transmission
2. Parenteral (Injection) Transmission
3. Maternal Transmission
<table>
<thead>
<tr>
<th>Exposure route</th>
<th>Risk per 10,000 exposures to an infected source (risk)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood-borne exposure</td>
<td></td>
</tr>
<tr>
<td>Blood transfusion</td>
<td>9000 (9/10)</td>
</tr>
<tr>
<td>Needle-sharing injection drug use</td>
<td>67 (1/150)</td>
</tr>
<tr>
<td>Percutaneous needle stick</td>
<td>23 (1/435)</td>
</tr>
<tr>
<td>Mucous membrane exposure to blood (eg. splash to eye)</td>
<td>10 (1/1,000)</td>
</tr>
<tr>
<td>Sexual exposure</td>
<td></td>
</tr>
<tr>
<td>Receptive anal intercourse</td>
<td>138 (1/72)</td>
</tr>
<tr>
<td>Insertive anal intercourse</td>
<td>11 (1/900)</td>
</tr>
<tr>
<td>Receptive penile-vaginal intercourse</td>
<td>8 (1/1250)</td>
</tr>
<tr>
<td>Insertive penile-vaginal intercourse</td>
<td>4 (1/2500)</td>
</tr>
<tr>
<td>Receptive or insertive penile-oral intercourse</td>
<td>0-4</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Licking, spitting, throwing body fluids (including semen and saliva), sharing sex toys</td>
<td>Negligible</td>
</tr>
</tbody>
</table>
How is HIV diagnosed

Screening Testing

Confirmation/Diagnostic Testing

An HIV test is done by taking blood from the finger or arm, or by an oral swab.
# HIV Epidemic

## Summary of the global HIV epidemic (2018)

<table>
<thead>
<tr>
<th></th>
<th>People living with HIV in 2018</th>
<th>People newly infected with HIV in 2018</th>
<th>HIV-related deaths 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>37.9 million (32.7 million – 44.0 million)</td>
<td>1.7 million (1.4 million – 2.3 million)</td>
<td>770,000 (570,000 – 1.1 million)</td>
</tr>
<tr>
<td><strong>Adults</strong></td>
<td>36.2 million (31.3 million – 42.0 million)</td>
<td>1.6 million (1.2 million – 2.1 million)</td>
<td>670,000 (500,000 – 920,000)</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td>18.8 million (16.4 million – 21.7 million)</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td>17.4 million (14.8 million – 20.5 million)</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Children (&lt;15 years)</strong></td>
<td>1.7 million (1.3 million – 2.2 million)</td>
<td>160,000 (110,000 – 280,000)</td>
<td>100,000 (64,000 – 160,000)</td>
</tr>
</tbody>
</table>

Source: UNAIDS/WHO estimates

### USA (2018)
- 1.1m people living with HIV**
- n/a adult HIV prevalence (ages 15-49)*
- 38,500 new HIV infections**
- 6,000 AIDS-related deaths
- n/a adults on antiretroviral treatment*
- n/a children on antiretroviral treatment*

*All adults/children living with HIV

Source: UNAIDS, *no data since 2011/12, **CDC 2015
Current Trends

HIV over time in Michigan
New diagnoses and deaths have leveled off. In general, prevalence continues to rise.

Count

16,000
12,000
8,000
4,000
0

1980 1990 2000 2010

New Diagnoses
Deaths

2018
Prevalence:
16,306
Current Trends cont.
Who are the Agricultural Workers?

- Many of the agricultural workers either travel domestically from Texas or abroad from Latin America and the Caribbean i.e., “Mexico, Haiti & Guatemala.”
- Agricultural workers perform physical labor and operate machinery to maintain and tend to crops.
- H-2A Worker:
  1. Offer a job that is of a temporary or seasonal nature.
  2. Demonstrate that there are not enough U.S. workers who are able, willing, qualified, and available to do the temporary work.
  3. Show that employing H-2A workers will not adversely affect the wages and working conditions of similarly employed U.S. workers.
  4. The maximum period of stay in H-2A classification is 3 years. A person who has held H-2A nonimmigrant status for a total of 3 years must depart and remain outside the United States for an uninterrupted period of 3 months before seeking readmission as an H-2A nonimmigrant.
  5. An H-2A worker’s spouse and unmarried children under 21 years of age may seek admission in H-4 nonimmigrant classification.
HIV in the Agricultural Worker Population

- Minimal data on HIV incidence and prevalence in agricultural worker populations.
- Some research indicates HIV infection rates as low as 2% to 13% among Mexican and Black agricultural workers.
- Examined the HIV prevalence rates among Mexican and Guatemalan population and compared to HIV prevalence of Latinos in the U.S.
- HIV diagnoses increased 7.8% annually between 2003 and 2006 along the U.S. - Mexico border.
- 700 deported migrant laborers in Tijuana, Mexico found a relatively high prevalence of HIV among men.
## HIV Epidemic in Agricultural Worker Country of Origin

<table>
<thead>
<tr>
<th>Estimated number of new HIV infections in 2018</th>
<th>Mexico</th>
<th>Guatemala</th>
<th>Haiti</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 11,000</td>
<td>47,000</td>
<td>160,000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Estimated number of people living with HIV in 2018</th>
<th>Mexico</th>
<th>Guatemala</th>
<th>Haiti</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 230,000</td>
<td>2,300</td>
<td>7,300</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percent of people living with HIV who are virally suppressed</th>
<th>Mexico</th>
<th>Guatemala</th>
<th>Haiti</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 63</td>
<td>34</td>
<td>Unknown (However, 58% of people living with HIV are on ART).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percent distribution of HIV among focus groups</th>
<th>Mexico</th>
<th>Guatemala</th>
<th>Haiti</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sex work – 7 MSM – 17.3 Transgender – 17.4 People who inject drugs – 2.5</td>
<td>Sex work – 1 MSM – 9 Transgender – 22.2 People incarcerated – 0.7</td>
<td>Sex work – 8.7 MSM – 12.9 People incarcerated – 2.7</td>
<td></td>
</tr>
</tbody>
</table>
## Challenges and Barriers Encountered by Agricultural Workers

<table>
<thead>
<tr>
<th>Structural barriers</th>
<th>Knowledge, Attitudes &amp; Beliefs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor Housing</td>
<td>HIV is Not relevant or a serious problem.</td>
</tr>
<tr>
<td>Limited access to healthcare</td>
<td>HIV testing is not necessary if perceived healthy looking.</td>
</tr>
<tr>
<td>Limited English Proficiency</td>
<td>Discomfort with discussing sexuality.</td>
</tr>
<tr>
<td>Social isolation</td>
<td>Lack of risk reduction strategies.</td>
</tr>
<tr>
<td>Mobile lifestyle</td>
<td>Men who have sex with men</td>
</tr>
<tr>
<td>Poverty</td>
<td>Unprotected sexual activity</td>
</tr>
<tr>
<td>Low income</td>
<td></td>
</tr>
</tbody>
</table>
Challenges and Barriers Encountered by Agricultural Workers cont.

- HIV Stigma
- Linkage to Care
- Limited English Proficiency
- Political Climate
Access to and Continuity of Care

HIV is a specialty practice

Need for multiple providers/access sites

Chronic illness and trends in management
Access to medications

Cost of medications

1. Lack of insurance

1. Ryan White HIV/AIDS program

1. Emergency Medicaid
How is Great Lakes Bay Health Centers Bridging the Gap?

Addressing the implications of HIV screening

1) Finding a way of introducing non-judgmental testing and providing privacy
2) Have someone present who is trained in discussing the test result and its implications
3) Have the ability to draw blood for laboratory-based testing for confirmation/diagnosis
4) Know resources available for accessing HIV care - our company has HIV specialist and access to medications as well limited transportation services available
5) Have involved, motivated staff who are willing to support patients and help them with their barriers to care, e.g., finding providers and resources prior to a migration if possible
HIV Screening Implementation

- Coordinate with HIV Prevention Department
- Schedule frequency to provide HIV testing services
- Collect demographic and HIV risk behavior data
- Partner with community based and HIV care organizations.
- Incorporate HIV testing and care procedures.
- Provide culturally appropriate health education services
- Determine areas of need
- Implement care coordination services

Agricultural Workers
HIV Screening Process

- Patient Check-in
  - Intake
    - Yes
    - Undergo HIV Screening & Counseling
    - Meet with Medical Provider for primary care
  - No
    - Return to waiting area
- Receive Results
  - Reactive/Positive Result
    - Conduct confirmatory test & link to HIV care
  - Non-reactive/negative result
    - Re-affirm preventive strategies discussed in counseling session
- Provide safer sex supplies
References


Thank You

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