

Pregnant migrant patients in Chile's largest HIV care center. Changes derived from country's migration patterns

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Introduction

There's been a significant rise in migrant population in Chile in the last decade. National census reported 1.27% of foreign-born people in 2002 and 4.35% in 2017. Fundación Arriarán (FA) is the largest HIV/AIDS care center in Chile. It holds records of 7300 HIV patients up to December 2018. 1143 of them immigrants (15.7%). We describe demographic changes in migrant pregnant patients in FA since its beginning in 1991.

Material & Methods

We performed a retrospective analysis from FA databases. All records of pregnant women at admission were retrieved from from 1991 to December 2018. An analysis was made based on demographic data. Additionally, current status was checked for all patients included.

Results

A total of **7337** patients were admitted to FA from 1991 to December 2018, of them, **89** were HIV + women admitted because of mandatory HIV screening during pregnancy follow-up. Of them, **76% (n=68) were migrants. All migrants were admitted after 2008.** Median age at admission was 29 years old.

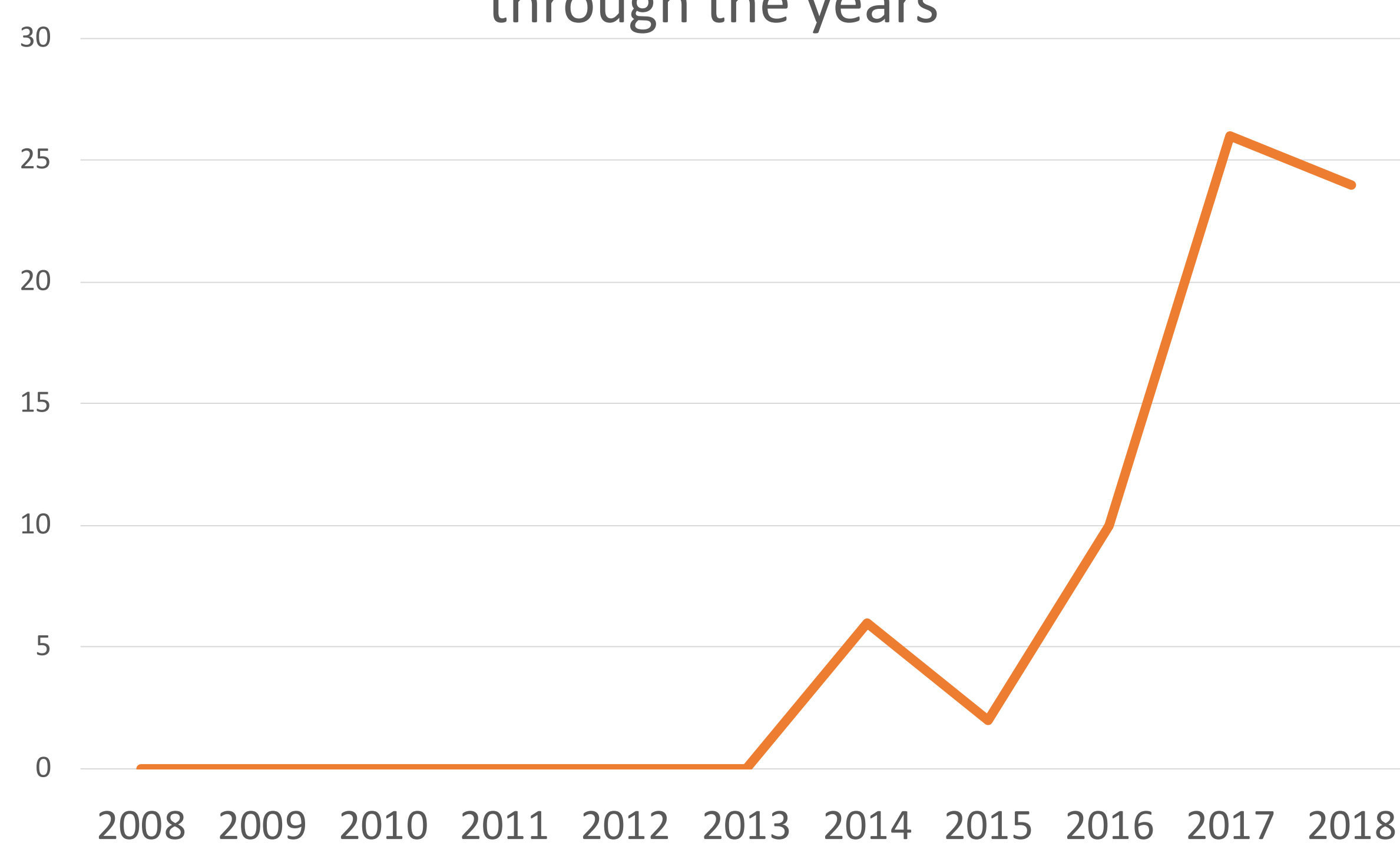
At admission, mean CD4+ count was 374 cells/mm³ and mean viral load (VL) was 10.985 (log 4.04).

Pregnant migrants distribution throughout years was as follows: 1 in 2008, 1 in 2013, 6 in 2014, 2 in 2015, 10 in 2016, 26 in 2017 and 23 in 2018 (graph 1) Regarding shifts in nationalities, in 2008 all of migrant admissions came from Peru; In 2017 only 19% were Peruvian and 69% from Haiti; in 2018 81% were from Haiti, and none of the admitted patients came from Peru (graph 2)

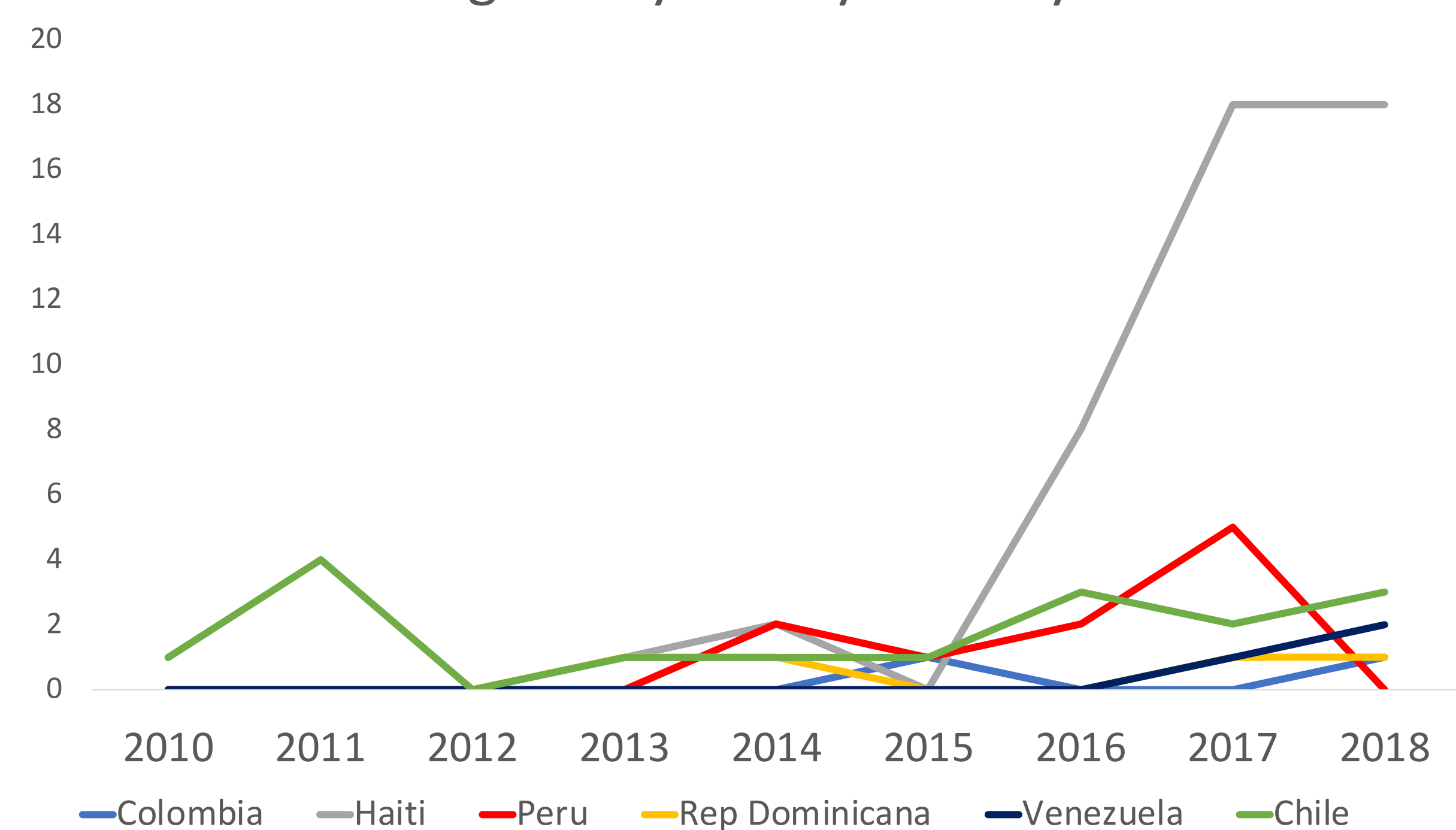
Current status of foreign-born pregnant admissions December 2018 was as follows: 0% deceased, **14.7% lost to follow up (LTFU)**, 1.4% transferred to other sites and 83,8% retained in care at site.

Graphics

Graphic 1: Total migrant pregnancy admission through the years



Graphic 2: Pregnant patients admission through the years by country



Discussion

Overall migrant pregnant women vastly surpassed local pregnant women. During the last decade, a significant increase in foreigner pregnant admissions was observed. In the last 2 years an increasing number of them came from Haiti. Most women diagnosed through pregnancy HIV screening were foreign, mostly Haitian. **LTFU rate in migrant pregnant population almost triplicates local LTFU (4.5%) and doubles general migrants LTFU rate (8.3)**

Conclusions

Increasing and changing migrant population requires specific strategies to reduce care retention gaps. Special consideration should be taken towards those with language and cultural barriers, a new challenge in our country.