Access to Healthcare Services among Immigrant HIV Patients

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Abstract

According to recent World Health Organization estimates, there are approximately 35.3 million people living with HIV worldwide, with Sub-Saharan Africa having the highest prevalence, with nearly one in every 20 adults living with HIV and accounting for nearly 71 percent of those living with HIV worldwide. The epidemiology of HIV infection and its therapeutic care are heavily influenced by migration trends. Immigrant populations are recognised to have a higher risk of contracting HIV; they are more vulnerable due to a variety of variables such as coming from HIV-endemic countries (Africa, South America, Eastern Europe, Asia), social marginalisation, language, cultural, and socioeconomic hurdles. These individual and social aspects must be added: the challenges in obtaining health services for disease diagnosis and treatment, the lack of social and legal protection, and, last but not least, the difficulty in obtaining prevention information. All of this means a higher risk of contracting HIV and a faster progression to the terminal stage of the disease.

The enormous expansion in international trade involving this country has prompted us to consider the role of foreigners in the context of the HIV epidemic, both in terms of the danger of infection in this country and the possibility of introducing new instances of infection in Italy. In reality, there has been a rise in the proportion of new HIV diagnoses among foreigners in tandem with the increase in immigration.

According to studies conducted by the Italian National Institute of Health, one of the causes of this increase is an increase in migration flows destined for Italy, as well as an increase in the incidence of people from countries where the infection is endemic, such as Sub-Saharan Africa or Central America. The association between perinatally acquired HIV infection and African children's cognitive ability at preschool age is little understood. It's worth noting that therapies focused at limiting vertical HIV transmission or early newborn diagnosis and treatment aren't widely available. Inevitably, the number of children infected or exposed to HIV will rise, yet there is a paucity of data on children's neurological performance as they grow from childhood to adolescent. In Zimbabwe, disability among youngsters was predicted to be 2% in 2000, although there is no published evidence of HIV-1's role in this age group.

The goal of this study was to describe cognitive performance in preschool-aged children born to HIV-positive and HIV-negative mothers who took part in the national PMTCT programme, as well as to identify determinants of cognitive function. The goal of this study was to provide an overview of HIV infection in migrants referred to our Perugia Clinic of Infectious Diseases between 2000 and 2011 and tracked for at least a year. We looked into socio-demographic parameters, immunological and clinical profiles, as well as future challenges and access to our health centres, timeliness in showing up for check-ups on a regular basis, and adherence to therapy. The information presented in this paper pertains to HIV patients who were referred to the Perugia Center as part of a multicenter study coordinated by the University Division of Infectious and Tropical Disease at the University of Brescia, which included eight other Italian infectious disease departments.

Conclusion:

We analysed data from all foreign-born HIV-infected patients aged 18 or older who visited Perugia's Clinic of Infectious Diseases between January 1, 2000, and December 31, 2010, and were followed for at least a year. Patient data on social, demographic, and viro-immunological profiles at baseline and during follow-up, clinical manifestations related to HIV infection, co-infections, and the antiretroviral therapy regimen prescribed were obtained from the software of the Clinic for Infectious Diseases of Perugia and from clinical files found in its archive.

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