



UMBAST
US-MEXICO BORDER AETC
(AIDS EDUCATION & TRAINING CENTERS) STEERING TEAM

**Challenges to the Continuity of
Care for HIV-Infected
Mexican Migrants Returning to
Mexico: Part 2**

U.S.-Mexico Border AETC Steering Team






Authors

- **Moderator**
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- 1) **Working with Latin American Migrants: An HIV Clinician's Perspective**
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- 2) **UMBAST Other Resources and Approaches**
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- 3) **Helping PWAs return to Mexico and other Latin America Countries**
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2



1) **Working with Latin American Migrants: An HIV Clinician's Perspective**
Laura Armas, MD, TX/OK AETC

3

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Case 1

- 36-year-old Hispanic female diagnosed in May 2005 with AIDS after diagnosis of pulmonary tuberculosis and CNS toxo
- Nadir CD4+ = 27, VL >750,000 at diagnosis
- Treatment: TVD/EFV, dilantin for seizures, completed DOT Tb treatment
- Good virologic and immunologic response, June 2005 CD4+ 272, VL <400
- Lost to follow-up x 1.5 years

4

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Case 1

- Call from a local hospital requesting records
- Admitted to ICU after several seizures at a local supermarket, in coma for 2 days
- Right upper lobe 4 cm cavitory lesion
- 4 ring enhanced lesions in brain
- CD4+ = 2, VL >750,000
- Woke up after 1 week,. Provided clinic and provider's name in area

5

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Case 1

- After 4 weeks in the hospital she is released, and review of hospital records reveals
 - 2 weeks in ICU, extubated without problems, extensive work-up for CNS and pulmonary lesions
 - Final diagnosis:
 - CNS toxoplasmosis
 - No recurrence of TB
 - Cavitory lesion in lung was Histoplasma
 - Advanced AIDS
 - Anemia
 - Heparin induced Thrombocytopenia

6

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Case 1

- **Meds:** Sulfadiazine, pyrimethamine, leucovorin, itraconazole, azithromycin, dapsone, metformin,
- **Reveals to you** was revealed that involuntarily returned to Mexico, did not know how to access care, came back after got married to fiancée, who is a US citizen
- One month after marriage developed weight loss, developed a cough
- Antiretroviral were confiscated during involuntary return

7

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Case 1

- Genotype reveals NNRTI resistance
- Started in new regimen of medications
- 9 months later, clinically stable, CD4=287, VL<48 c/mL
- Considering pregnancy, partner still negative

8

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Case 2

- 43 years old Brazilian female, 6 years ago worked as executive assistant at a trans-national firm, meets US corporate lawyer (visiting Sao Paolo), fall in love and get married, moves to Boston

9

Case 2

- Found to be HIV infected during immigration process, initiates care at private clinic in Boston
- 3 months later husband dies unexpectedly from MI
- Immigration process delayed
- Loses insurance, starts in RW clinic

10

Case 2


- Moves to the Dallas 3 years ago after losing hope of getting legal status, homeless, no job
- Friend invites her to live with her in Dallas and work as housekeeper
- Extreme depression
- Takes one year to return to care, CD4 is 150, VL 120,000, several mutations but initiates 3rd salvage regimen

11

Case 2

- Respond initially, but adherence and tolerability remain a problem
- Fails 4th regimen, enrolled in clinical trial
- Achieves virological suppression with second generation ARV agents
- Father in Sao Paulo has a stroke, patient wants to move back
- Gives 3 months to arrange all her paperwork, terminate lease, etc


12



Case 2

- Phone calls, e-mails and communications with clinical trial sponsor (pharmaceutical), universities, International AIDS Society electronic directory/network
- University based clinic in Sao Paolo accepts transfer, Etravirine not available in Brazil, will switch for T-20, will continue Darunavir, Truvada, Zerit, Ritonavir
- All medical records, including resistance testing, medication history, etc sent with patient, also her provider personally communicated with us
- Institutional release of information form given to patient "just in case"

13



2) UMBAST Other Resources and Approaches

Henry Pacheco, MD TX/OK AETC
Nicole Mandel NRC

14



Online Resources for Border and Migrant HIV Treatment and Prevention

Nicole Mandel, NRC

15




UMBAST Online

<http://www.aidsetc.org/aidsetc?page=ab-01-10>


- Contact information
- Border Resource Directory
- Updated fact sheets & medication lists
- Links to border and migrant organizations, reports, and events

16



UMBAST Home Page:

<http://www.aidsetc.org/aidsetc?page=ab-01-10>



The screenshot shows the UMBAST website interface. It features a search bar at the top, navigation tabs for 'About Us / AETC Directory', 'Clinical Resources', 'Training Resources', 'Topic Index', 'AETC Only', and 'Home'. The main content area is titled 'U.S.-Mexico Border AETC Steering Team' and includes a mission statement, resources from UMBAST, and a sidebar with 'UMBAST Quick Links' and 'Participants'.

17



Recommendations for Providers Assisting HIV Patients Returning to Mexico



The screenshot shows a page titled 'Recommendations for Providers Assisting HIV Patients Returning to Mexico'. It includes a date of report (07/2009) and sections for 'What's Available in Mexico', 'HIV Treatment in Mexico', and 'What Patients Will Need'. The 'What's Available in Mexico' section notes that nearly all HIV medications are now available to Mexican citizens. The 'HIV Treatment in Mexico' section states that each state has an HIV/AIDS director responsible for coordinating treatment and prevention programs.

18

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UMBAST Fact Sheet: ARVs Available in Mexico & the U.S.

Antiretrovirals Available in the United States		Antiretrovirales Disponibles en México	
Generic	Brand Name	Genérico	Nombre Comercial
Nucleoside/Nucleotide Analogues (NRTIs)		Inhibidores de la Transcriptasa Reversa Análogos a Nucleósidos (ITRAN)	
Abacavir	Ziagen	Abacavir	Ziagenavir
Didanosine	Videx	Didanosina	Videx
Emtricitabine	Emtriva	Emtricitabina	Emtriva
Lamivudine	Epivir	Lamivudina	3TC
Stavudine	Zerit	Estavudina*	Zerit
Tenofovir	Viread	Tenofovir	Viread
Zalcitabine	Hivid	n/a	n/a
Zidovudine	Retrovir	Zidovudina*	Retrovir
Nonnucleoside Reverse Transcriptase Inhibitors (NNRTIs)		Inhibidores de la Transcriptasa Reversa No Nucleósidos (ITRAN)	
Delamanvir	Rescriptor	n/a	n/a
Efavirenz	Sustiva	Efavirenz	Stocrin
Nevirapine	Viramune	Nevirapina	Viramune
Protease Inhibitors (PIs)		Inhibidores de Proteasa (IP)	
Amprenavir	Agenerase	Amprenavir	Agenerase
Atazanavir	Reyataz	Atazanavir	Reyataz
Darunavir	Prezista	n/a	n/a

19

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Border Resource Directory

<http://www.AETCBorderHealth.org>



U.S.-Mexico Border HIV/AIDS Resource Directory



U.S. Mexico Border HIV/AIDS Resource Directory

20

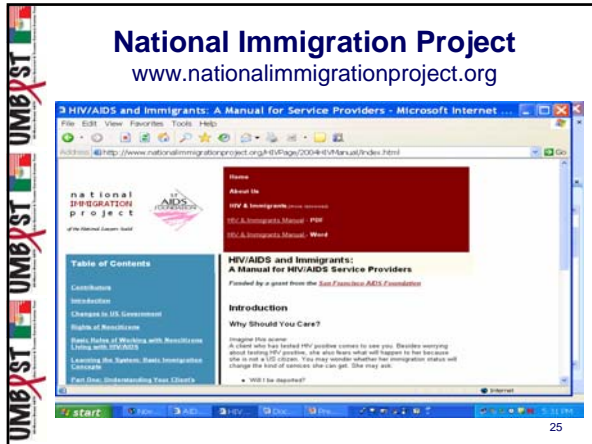
UMBAST

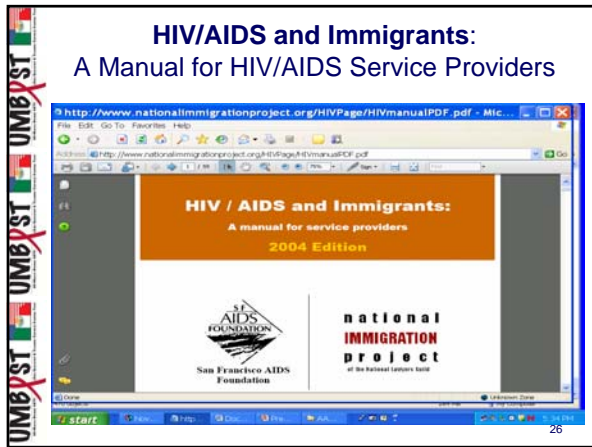
Border Region Resources

- Clinician training
- HIV treatment facilities
- HIV prevention and service organizations




21









3) Helping PWAs return to Mexico and other Latin America Countries
Oscar Gonzalez, MS, TX/OK AETC


40



What is this about?

- 1) HIV Providers serving migrant population**
- 2) Connect to Care HIV-Infected migrant**
 - ✓ People from Mexico
 - ✓ People from Latin America and
 - ✓ Other countries
- 3) Access to Care**
- 4) Navigate Health System in their countries**
- 5) Patient – centered services**


41



1) HIV Providers serving migrants population:

- **How serve HIV Providers**
 - They contact us (e-mail, phone, in person)
 - They are HIV clinical providers from all US serving Latino and other migrant population
 - Mostly of them are Latinos serving Latinos


42



Working with HIV Clinicians that serve migrant

- Respond is immediately, less than 24 hrs.
- We assess the specific situation of each case.
- Every case is different, unique and is solve in the cultural appropriate way

43




2) Connect to Care HIV-Infected Migrants

Working from the Web Resources to Real Life

- Who is the HIV-infected people that are returning back?
- Planning to return for how long?
- When are they planning?
- Why are they returning?
- Is the same location where they are planning to live and continue the care?

44



✓ People from Mexico

Mexico is more than the US/MX Border

Our immediate response include:

- ★ provide contact information of the person who is going to assist patient to access care and navigate the system in Mexico
- ★ exact location of the HIV clinic
- ★ name of the MD who is going to be in charge of the patients
- ★ date and time of the intake appt
- ★ requirements needed to access to care
- ★ discuss how navigate the health system
- ★ confidentiality, HIPPA, policies and norms in US and Mexico
- ★ how travel with HIV from US to Mexico
- ★ HIV and non HIV medications
- ★ medical conditions
- ★ gaps in HIV treatment and other medical care are real (pay for lab)
- ★ no bridges between rural people and center un urban areas

45




✓ People from Latin-America and other countries

Why Central and South America, are different

- ✓ The epidemic is different
- ✓ The locations are mostly rural, some exceptions in Central America and South America
- ✓ Fragmentation or lack of National healthcare systems
- ✓ Medications are available, but capacity is just in some metropolitan areas
- ✓ Advocacy and NGO groups have a tremendous influence in the treatment and care and individuals
- ✓ Care and treatment is affected by stigma and discrimination
- ✓ Too many volunteers from Europe have direct access to crucial decision in funding
- ✓ Loyalty to founder is a barrier

46



Still we have answers

- Takes more time
- People plan in different way returning back to LA and Caribbean
- Cost of the trip is a barrier, mostly of them needs assistance
- We have the same procedure than Mexico


47



Other countries

- Language main barrier
- Europe have capacity and tradition to accept HIV-infected migrant returning back
- Cost of the trip is a barrier but some are doing it
- China one experience, successfully complete
- Suspect are seasonal migration


48



3) Access to Care

- Basic information for our provider and patients
- Returned patients will not be longer under Ryan White or other US program
- This activity is not funded by RW grant or other federal funds
- This activity is not funded by federal, private or non-profit agencies in either side of the border (personal resources are currently used)
- International Continue of Care is a pilot project at our institution Parkland Hospital (PHHS)
- International Phone call are necessary, be aware of that
- Assist HIV Clinicians that serve HIV patients is our target population
- Encourage people to return is not permitted, is the patient's choice
- Providing information to access resources is part of good clinical care and is ethical
- Coordination of continuity of care is part of your scope of work

49




4) Navigating Healthcare System

Reason why is important navigating Healthcare System in Mexico and Latin America

- New scenarios: 2003 one clinic now 56 in MX
- Different actors
- Process are different
- Money and resource is still a issue
- Medications: universal access is not real
- Different way to solve clinical dilemmas
- Lack of support services
- Advocacy is there and is always looking for clients and resources local dynamic
- Mexican clinicians are aware and expecting a migrant patient from US. (they know are people returning)
- Clinical charts from US is a challenge
- Patients is well motivate to continue with care and treatment
- Migrant patients will play important role to improve care of peers
- Put patient first
- If is possible inform federal authorities in Mexico
- How we can help you

50



5) Patient – centered

Reasons why this activity is Patient – centered

- Ensure HIV services outside of US
- Patients are already in HIV and non HIV treatment
- Mostly of them are adherence to the treatment
- Help people to establish and maintain a new relationship with HIV provider and healthcare system in Mexico and Latin America
- Overcome barriers to ensure access and appropriate medical care
- Overcome obstacles finding out one's HIV status is complicated, patients will repeat the same experience again in their country and with significant challenges
- Migrant population is a minority in USA and their home country
- Keep in mind immigration policies in US and other countries
- Non Mexican citizen are no allow to received HIV treatment and care in Mexico.
- In fact we know of some exceptions

51



We know you are the expert.

Teach me more about it

52



What are your experiences



53
