



**INITIATIVE FOR ANTIMICROBIAL RESISTANCE AND CO-MORBIDITY STUDY** (INAMCO) - **INAMCO** is a multi-center study involving 10 European countries. The study aims to evaluate the incidence and risk factors for antimicrobial resistance and co-morbidities in hospitalized patients. The study includes data from various clinical settings, including hospitals and primary care clinics.



# **Mortality in migrants living with HIV in Western European countries: differences by geographical origin and gender**

# Susana Monge on behalf of the COHERE collaboration in EuroCoord



Instituto de Salud Carlos III

**THE 1998 EURHEP CONSORTIUM**          

**COLLABORATORS OF OBSERVATIONAL HIV EPIDEMIOLOGICAL RESEARCH IN EUROPE**



# Presenter Disclosure Information

# Discloses no conflict of interest



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GOHOMET CASCADE-AWRS COE-NEROC Flaxford-HIV Cohort Study-Ian Roffe  
ANRS COI/COSI/EPI UK CHICAS/HIV ITAL-Women & TBL-Inter Swiss HIV Cohort Study  
ECCANRA COE PRIMO CA-RIS MOCHIV-Morocco & MICHIV-Interest The Italian Master Cohort  
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Collaboration of Observational HIV Epidemiological Research Europe  
Coordination Copenhagen HIV Programme (CHSP) & Institut de Santé Publique, Épidémiologie et Développement (ISP)



## Introduction

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# HIV/AIDS in migrants living in Western Europe

- Migrants living in Western European countries are disproportionately affected by HIV/AIDS: 58% of HIV and 35% of AIDS cases in 2006  
[Del Amo EJPH 2011]
- Inequalities in HIV/AIDS-related outcomes has been described  
[Monge HIVMed 2013, Alvarez-Del Arco EJPH 2012]

# Limitations of previous studies

- Socio-demographic and epidemic profiles are very heterogeneous among groups of migrants, but...
    - ✓ Results are frequently not reported other than for Sub-Saharan Africans
  - Gender has been shown to be an important effect modifier, however...
    - ✓ Gender specific-effects in studies addressing migrants have been insufficiently explored
  - Insufficient sample size

# Motivation

- Large cohort collaborations needed to characterize HIV-outcomes in migrants by:
    - ✓ Region of origin
    - ✓ Sex



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**IMPROVING CLINICAL AND EPIDEMIOLOGIC OUTCOMES IN HIV-POSITIVE WOMEN** CASES AND COHORT STUDIES FROM THE UNITED STATES AND CHINA  
LILIA MARCHETTI & LILIA RODRIGUEZ  
CINCH AND CO PRIMO CAÑAS MOCHÍN-MATHEUS & MACHÍN-RODRIGUEZ  
THE TROPICAL MASTER COHORT  
CHIARA ANTONIETTA PERRONE RUGGIA'S STUDY ON HIV IN MP, MOP, INFANTS  
GENES, HEREDITY AND CO-FACTORS  
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**Collaboration of Observational HIV Epidemiological Research Europe**



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# Objective

- To evaluate differences in overall mortality between migrant and native populations in Western Europe by geographical origin and sex, within a European Collaboration of HIV cohorts (COHERE)



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# Introduction

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# Methods

- COHERE - Collaboration of Observational HIV Epidemiological Research in Europe in EuroCoord
    - ✓ Collaborative group of 33 HIV cohorts across Europe
    - ✓ Data exchange protocol and data quality control procedures
    - ✓ Data from 2011 COHERE merger

# Methods

- Patients selection criteria:
    - ✓ Cohorts collecting geographical origin
    - ✓ Western European countries
    - ✓ After 1<sup>st</sup> January 1997
    - ✓ Age 16 -75
    - ✓ Non perinatal infection or hemophilia
    - ✓ Antiretroviral naïve
    - ✓ ≥1 follow-up visit after recruitment

# Methods

- Patients were followed-up from recruitment up to the earliest date among:
    - ✓ Death
    - ✓ Administrative censoring (1 year before last cohort update)
    - ✓ Loss to follow-up (no visit since 1 year before administrative censoring)

# Methods

- Geographical origin was assigned by each cohort and grouped into:
    - ✓ Western Europe and other Western Countries (WEWC)
    - ✓ Eastern Europe (EE)
    - ✓ North Africa & the Middle East (NAME)
    - ✓ Sub-Saharan Africa (SSA)
    - ✓ Latin America & the Caribbean (LAC)
    - ✓ Asia (ASIA)
    - ✓ Other/ Unknown (OTH/UNK)

# Methods

- Baseline variables
    - ✓ Sex
    - ✓ Age
    - ✓ Transmission group
    - ✓ CD4 count and Viral Load
    - ✓ AIDS
    - ✓ History of hepatitis B (HBV)

# Methods

- All models stratified by sex
  - Crude mortality rates
    - ✓ Number of deaths (any cause)
    - ✓ Total person-years of follow-up
  - Multivariable Poisson regression
    - ✓ Robust standard errors (cohort)



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**IMPROVING CLINICAL AND EPIDEMIOLOGICAL OUTCOMES IN HIV-POSITIVE WOMEN** CASES AND CO-PILOTS: A multi-center Latin American study. **PIERRE ANGELICO** (Cochef) **DUARTE MATHEUS** & **LILIA RODRIGUES** (Brazil); **CLARA SANCHEZ** & **JOSE PRIMO** (CAIRES); **MARIVIS MACHADO** & **MARIVIS MACHADO** (Brazil); **ROBERTO TINTORI** (Italy); **MASTER CONSUELO** (Chile); **ANNE COFFMAN** (USA); **RUTH HAGBERG** (Sweden); **CHRISTIAN HIRSCH** & **KATHRIN HIRSCH** (Germany); **INFANTIS GENES** (Brazil); **ANGELA COELHO** (Portugal); **EDUARDO MAGALHAES** (Portugal); **ROBERTO VASCONCELOS** (Brazil); **WILSON VASCONCELOS** (Brazil); **ROBERTO VASCONCELOS** (Brazil); **COLLABORATION OF OBSERVATIONAL HIV EPIDEMIOLOGICAL RESEARCH EUROPE** (COHERE).



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# Patients

- N= 111,155
    - ✓ Men: N =79,783 (71.8%)
    - ✓ Women: N = 31,372 (28.2%)
  - Median [IQR] follow-up: 3.9 years [1.6-7.1]
    - ✓ Men: 3.8 [1.5-7.0]
    - ✓ Women: 4.1 [1.6-7.3]
  - Deaths: n=5,692
    - ✓ Men: 4,370
    - ✓ Women: 1,322



# Results: MEN

[ n(%) or Me(IQR) ]

	WEWC	EE	NAME	SSA	LAC	ASIA	OTH/UNK
<b>Total N</b>	<b>55,525</b>	<b>4,808</b>	<b>858</b>	<b>6,845</b>	<b>3,766</b>	<b>1,102</b>	<b>6,978</b>
<b>Age</b>	36.7 (31.0-43.4)	37.6 (32.0-44.3)	37.9 (32.2-44.8)	36.5 (31.1-42.2)	34.6 (28.9-41.3)	34.4 (28.7-40.7)	35.0 (29.8-41.0)
<b>Transmission</b>							
<b>MSM</b>	34,061 (61.3)	1,343 (27.9)	232 (27.0)	579 (8.5)	2,179 (57.9)	634 (57.5)	3,650 (53.1)
<b>HTX</b>	10,344 (18.6)	1,704 (35.4)	383 (44.6)	5,440 (79.5)	1,246 (33.1)	274 (24.9)	1,030 (15.0)
<b>IDU</b>	6,949 (12.5)	1,148 (23.9)	166 (19.4)	76 (1.1)	67 (1.8)	42 (3.8)	1,436 (20.9)
<b>OTH</b>	4,171 (7.5)	613 (12.8)	77 (9.0)	750 (11.0)	274 (7.3)	152 (13.8)	763 (11.1)
<b>History of HCV</b>							
<b>Yes</b>	8,943 (16.1)	118 (2.5)	170 (19.8)	260 (3.8)	169 (4.5)	91 (8.3)	1,524 (22.2)
<b>No</b>	34,809 (62.7)	349 (7.3)	568 (66.2)	4,965 (72.5)	2,877 (76.4)	705 (64.0)	3,540 (51.5)
<b>Unknown</b>	11,773 (21.2)	4,341 (90.3)	120 (14.0)	1,620 (23.7)	720 (19.1)	306 (27.8)	1,815 (26.4)
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<b>No</b>	31,426 (56.6)	2,406 (50.0)	596 (69.5)	3,538 (51.7)	2,272 (60.3)	531 (48.2)	2,715 (39.5)
<b>Unknown</b>	12,441 (22.4)	1,457 (30.3)	103 (12.0)	1,305 (19.1)	557 (14.8)	275 (25.0)	2,520 (36.6)

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MSM	34,061 (61.3)	1,343 (27.9)	232 (27.0)	579 (8.5)	2,179 (57.9)	634 (57.5)	3,650 (53.1)
HTX	10,344 (18.6)	1,704 (35.4)	383 (44.6)	5,440 (79.5)	1,246 (33.1)	274 (24.9)	1,030 (15.0)
IDU	6,949 (12.5)	1,148 (23.9)	166 (19.4)	76 (1.1)	67 (1.8)	42 (3.8)	1,436 (20.9)
OTH	4,171 (7.5)	613 (12.8)	77 (9.0)	750 (11.0)	274 (7.3)	152 (13.8)	763 (11.1)
History of HCV							
Yes	8,943 (16.1)	118 (2.5)	170 (19.8)	260 (3.8)	169 (4.5)	91 (8.3)	1,524 (22.2)
No	34,809 (62.7)	349 (7.3)	568 (66.2)	4,965 (72.5)	2,877 (76.4)	705 (64.0)	3,540 (51.5)
Unknown	11,773 (21.2)	4,341 (90.3)	120 (14.0)	1,620 (23.7)	720 (19.1)	306 (27.8)	1,815 (26.4)
History of HBV							
Yes	11,658 (21.0)	945 (19.7)	159 (18.5)	2,002 (29.3)	937 (24.9)	296 (26.9)	1,644 (23.9)
No	31,426 (56.6)	2,406 (50.0)	596 (69.5)	3,538 (51.7)	2,272 (60.3)	531 (48.2)	2,715 (39.5)
Unknown	12,441 (22.4)	1,457 (30.3)	103 (12.0)	1,305 (19.1)	557 (14.8)	275 (25.0)	2,520 (36.6)

# Results: MEN [ n(%) or Me(IQR) ]

	WEWC	EE	NAME	SSA	LAC	ASIA	OTH/UNK
Total N	55,525	4,808	858	6,845	3,766	1,102	6,978
AIDS at baseline	2,004 (3.6)	1,299 (27.0)	53 (6.2)	490 (7.2)	225 (6.0)	81 (7.4)	523 (5.9)
CD4 count (cells/mm <sup>3</sup> )	394 (225-571)	311 (116-511)	340 (158-540)	261 (121-420)	344 (175-526)	342.5(170-510)	354 (180-540)
Viral Load (log cop/μl)	4.6 (4.0-5.2)	4.7 (4.1-5.3)	4.7 (3.9-5.2)	4.6 (3.9-5.2)	4.6 (3.9-5.0)	4.5 (3.8-5.0)	4.7 (4.0-5.3)
Start HAART	40,564 (73.1)	3,818 (79.4)	633 (73.8)	5,099 (74.5)	2,491 (66.1)	771 (70.0)	4,768 (69.3)
Lost to follow-up	16,659 (30.0)	1,463 (30.4)	228 (26.6)	2,420 (35.4)	1,141 (30.3)	256 (23.2)	2,978 (43.3)



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**INT'L AIDS COORDINATING & RESEARCH PARTNERSHIP** (IACR) [www.iacr.org](http://www.iacr.org) **PIERRE KOMPATSU** (AIDS-ARC) [www.aims.ac.za](http://www.aims.ac.za) **Yves Lefebvre** (KNCV) [www.kncv.org](http://www.kncv.org) **John Kallard** (CROI) [www.croi.org](http://www.croi.org) **John R. McFarland** (CDC) [www.cdc.gov/hiv/](http://www.cdc.gov/hiv/) **Mark S. Rosenbluth** (CDC) [www.cdc.gov/hiv/](http://www.cdc.gov/hiv/) **John R. Ross** (CDC) [www.cdc.gov/hiv/](http://www.cdc.gov/hiv/) **Robert S. Siegel** (CDC) [www.cdc.gov/hiv/](http://www.cdc.gov/hiv/) **Stephen Strick** (CDC) [www.cdc.gov/hiv/](http://www.cdc.gov/hiv/) **John T. Volberding** (FDA) [www.fda.gov](http://www.fda.gov) **John W. Young** (CDC) [www.cdc.gov/hiv/](http://www.cdc.gov/hiv/) **Walter A. Wodak** (CDC) [www.cdc.gov/hiv/](http://www.cdc.gov/hiv/) **Collaboration of Observational HIV Epidemiological Research Europe (COHERE)** [www.cohere.org](http://www.cohere.org) **COHESIVE** [www.cohesive.org](http://www.cohesive.org)



# Results: MEN [ n(%) or Me(IQR) ]

	WEWC	EE	NAME	SSA	LAC	ASIA	OTH/UNK
Total N	55,525	4,808	858	6,845	3,766	1,102	6,978
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CD4 count (cells/mm <sup>3</sup> )	394 (225-571)	311 (116-511)	340 (158-540)	261 (121-420)	344 (175-526)	342.5(170-510)	354 (180-540)
Viral Load (log cop/μl)	4.6 (4.0-5.2)	4.7 (4.1-5.3)	4.7 (3.9-5.2)	4.6 (3.9-5.2)	4.6 (3.9-5.0)	4.5 (3.8-5.0)	4.7 (4.0-5.3)
Start HAART	40,564 (73.1)	3,818 (79.4)	633 (73.8)	5,099 (74.5)	2,491 (66.1)	771 (70.0)	4,768 (69.3)
Lost to follow-up	16,659 (30.0)	1,463 (30.4)	228 (26.6)	2,420 (35.4)	1,141 (30.3)	256 (23.2)	2,978 (43.3)



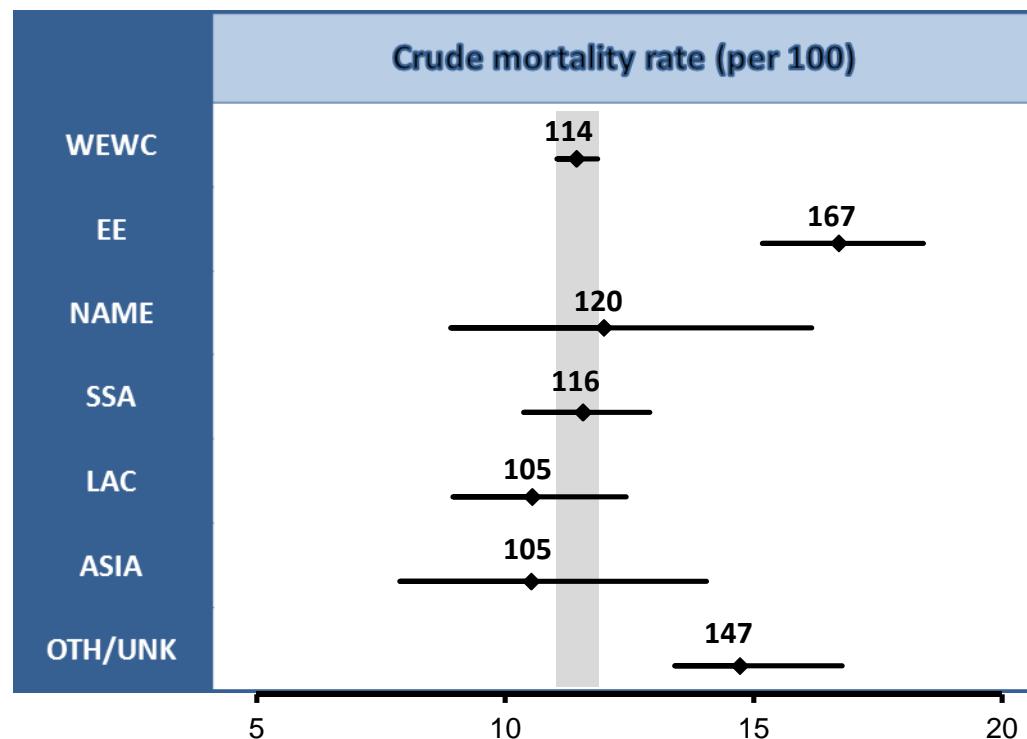
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# Results: MEN [ n(%) or Me(IQR) ]

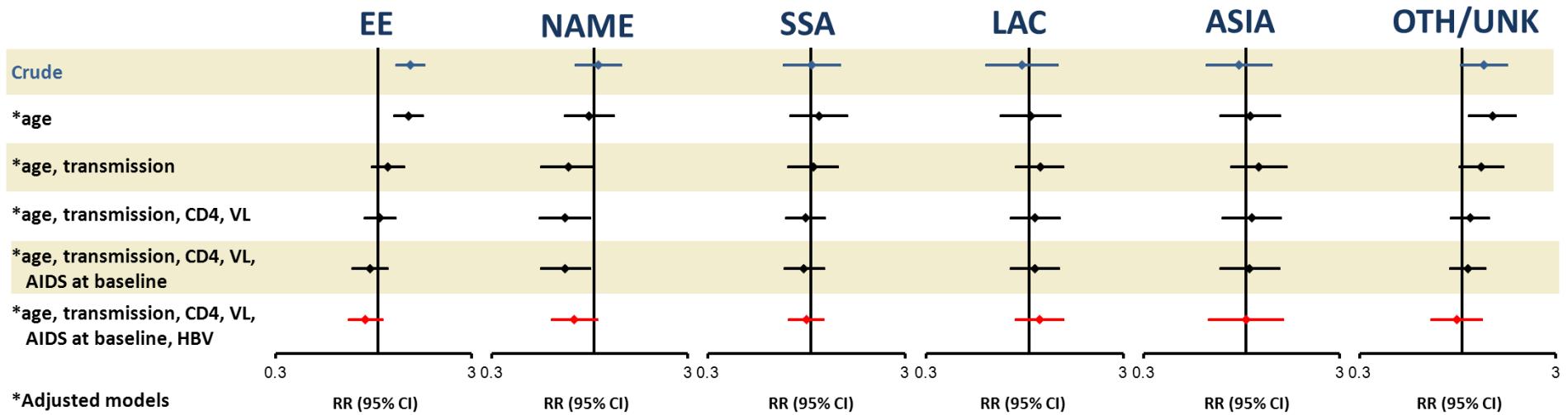
	WEWC	EE	NAME	SSA	LAC	ASIA	OTH/UNK
Total N	55,525	4,808	858	6,845	3,766	1,102	6,978
AIDS at baseline	2,004 (3.6)	1,299 (27.0)	53 (6.2)	490 (7.2)	225 (6.0)	81 (7.4)	523 (5.9)
CD4 count (cells/mm <sup>3</sup> )	394 (225-571)	311 (116-511)	340 (158-540)	261 (121-420)	344 (175-526)	342.5(170-510)	354 (180-540)
Viral Load (log cop/μl)	4.6 (4.0-5.2)	4.7 (4.1-5.3)	4.7 (3.9-5.2)	4.6 (3.9-5.2)	4.6 (3.9-5.0)	4.5 (3.8-5.0)	4.7 (4.0-5.3)
Start HAART	40,564 (73.1)	3,818 (79.4)	633 (73.8)	5,099 (74.5)	2,491 (66.1)	771 (70.0)	4,768 (69.3)
Lost to follow-up	16,659 (30.0)	1,463 (30.4)	228 (26.6)	2,420 (35.4)	1,141 (30.3)	256 (23.2)	2,978 (43.3)

## Crude mortality rates (**MEN**)



# Poisson models

## (MEN)



## Results: WOMEN

[ n(%) or Me(IQR) ]

	WEWC	EE	NAME	SSA	LAC	ASIA	OTH/UNK
Total N	13,9147	1,444	304	11,357	1,958	569	1,826
Age	34.2 (28.5-41.4)	34.1 (28.6-40.4)	36.4 (29.4-44.3)	31.5 (27.0-37.2)	33.9 (27.6-41.7)	31.6 (27.5-37.6)	33.4 (28.4-39.2)
Transmission							
HTX	10,378 (74.6)	960 (66.5)	260 (85.5)	10,163 (89.5)	1,748 (89.3)	494 (86.8)	1,150 (63.0)
IDU	2,191 (15.8)	289 (20.0)	20 (6.6)	54 (0.5)	17 (0.9)	10 (1.8)	405 (22.2)
OTH	1,345 (9.7)	195 (13.5)	24 (7.9)	1,140 (10.0)	193 (9.9)	65 (11.4)	271 (14.8)
History of HCV							
Yes	2,784 (20.0)	67 (4.6)	26 (8.6)	387 (3.4)	66 (3.4)	22 (3.9)	446 (24.4)
No	7,996 (57.5)	136 (9.4)	241 (79.3)	8,273 (72.8)	1,489 (76.1)	358 (62.9)	832 (45.6)
Unknown	3,134 (22.5)	1,241 (85.9)	37 (12.2)	2,697 (23.8)	403 (20.6)	189 (33.2)	548 (30.0)
History of HBV							
Yes	1,607 (11.6)	178 (12.3)	33 (10.9)	2,588 (22.8)	192 (9.8)	146 (25.7)	303 (16.6)
No	9,031 (64.9)	799 (55.3)	237 (78.0)	6,600 (58.1)	1,448 (74.0)	252 (44.3)	763 (41.8)
Unknown	3,276 (23.5)	467 (32.3)	34 (11.1)	2,169 (19.1)	318 (16.2)	171 (30.0)	760 (41.6)



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EMIT AWACS ECA-HESPERIA & ECA-DATARES HEPATOPATHOLOGY & NMR-Surfactant PUSCLES  
 GOHOMY-CASCADES AND COV-HEROCC Flaxfruct-HIV Cohort Study and Retrospective  
 ANRS CO11/COHEREPT UK CHICAGO HIV-ITAL Women & TBLM-Istrate Swiss HIV Cohort Study  
 ECCLANNA COEPRING CA+RIS MOCHIV-Moscow & MICHIVE-Intervene The Italian Master Cohort  
 LIPIDOS-CHILE COHES-CHILE COHES-CHILE COHES-CHILE COHES-CHILE COHES-CHILE  
 ANRS-HAHA-2004 COHOUTINE-ANRS COHOUTINE-ANRS COHOUTINE-ANRS COHOUTINE-ANRS  
 MEGANE COHET-GILLET-ANRS COHET-GILLET-ANRS COHET-GILLET-ANRS COHET-GILLET-ANRS  
 Collaboration of Observational HIV Epidemiological Research-EUROPE  
 Coordination Copenhagen HIV Programme (CHSP) & Institut de Santé Publique -Spaekelengel de Beaufort (ISP)



# Results: WOMEN

[ n(%) or Me(IQR) ]

	WEWC	EE	NAME	SSA	LAC	ASIA	OTH/UNK
Total N	13,9147	1,444	304	11,357	1,958	569	1,826
Age	34.2 (28.5-41.4)	34.1 (28.6-40.4)	36.4 (29.4-44.3)	31.5 (27.0-37.2)	33.9 (27.6-41.7)	31.6 (27.5-37.6)	33.4 (28.4-39.2)
Transmission							
HTX	10,378 (74.6)	960 (66.5)	260 (85.5)	10,163 (89.5)	1,748 (89.3)	494 (86.8)	1,150 (63.0)
IDU	2,191 (15.8)	289 (20.0)	20 (6.6)	54 (0.5)	17 (0.9)	10 (1.8)	405 (22.2)
OTH	1,345 (9.7)	195 (13.5)	24 (7.9)	1,140 (10.0)	193 (9.9)	65 (11.4)	271 (14.8)
History of HCV							
Yes	2,784 (20.0)	67 (4.6)	26 (8.6)	387 (3.4)	66 (3.4)	22 (3.9)	446 (24.4)
No	7,996 (57.5)	136 (9.4)	241 (79.3)	8,273 (72.8)	1,489 (76.1)	358 (62.9)	832 (45.6)
Unknown	3,134 (22.5)	1,241 (85.9)	37 (12.2)	2,697 (23.8)	403 (20.6)	189 (33.2)	548 (30.0)
History of HBV							
Yes	1,607 (11.6)	178 (12.3)	33 (10.9)	2,588 (22.8)	192 (9.8)	146 (25.7)	303 (16.6)
No	9,031 (64.9)	799 (55.3)	237 (78.0)	6,600 (58.1)	1,448 (74.0)	252 (44.3)	763 (41.8)
Unknown	3,276 (23.5)	467 (32.3)	34 (11.1)	2,169 (19.1)	318 (16.2)	171 (30.0)	760 (41.6)

# Results: WOMEN

[ n(%) or Me(IQR) ]

	WEWC	EE	NAME	SSA	LAC	ASIA	OTH/UNK
Total N	13,9147	1,444	304	11,357	1,958	569	1,826
Age	34.2 (28.5-41.4)	34.1 (28.6-40.4)	36.4 (29.4-44.3)	31.5 (27.0-37.2)	33.9 (27.6-41.7)	31.6 (27.5-37.6)	33.4 (28.4-39.2)
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HTX	10,378 (74.6)	960 (66.5)	260 (85.5)	10,163 (89.5)	1,748 (89.3)	494 (86.8)	1,150 (63.0)
IDU	2,191 (15.8)	289 (20.0)	20 (6.6)	54 (0.5)	17 (0.9)	10 (1.8)	405 (22.2)
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History of HCV							
Yes	2,784 (20.0)	67 (4.6)	26 (8.6)	387 (3.4)	66 (3.4)	22 (3.9)	446 (24.4)
No	7,996 (57.5)	136 (9.4)	241 (79.3)	8,273 (72.8)	1,489 (76.1)	358 (62.9)	832 (45.6)
Unknown	3,134 (22.5)	1,241 (85.9)	37 (12.2)	2,697 (23.8)	403 (20.6)	189 (33.2)	548 (30.0)
History of HBV							
Yes	1,607 (11.6)	178 (12.3)	33 (10.9)	2,588 (22.8)	192 (9.8)	146 (25.7)	303 (16.6)
No	9,031 (64.9)	799 (55.3)	237 (78.0)	6,600 (58.1)	1,448 (74.0)	252 (44.3)	763 (41.8)
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## Results: WOMEN

[ n(%) or Me(IQR) ]

	WEWC	EE	NAME	SSA	LAC	ASIA	OTH/UNK
Total N	13,9147	1,444	304	11,357	1,958	569	1,826
Age	34.2 (28.5-41.4)	34.1 (28.6-40.4)	36.4 (29.4-44.3)	31.5 (27.0-37.2)	33.9 (27.6-41.7)	31.6 (27.5-37.6)	33.4 (28.4-39.2)
Transmission							
HTX	10,378 (74.6)	960 (66.5)	260 (85.5)	10,163 (89.5)	1,748 (89.3)	494 (86.8)	1,150 (63.0)
IDU	2,191 (15.8)	289 (20.0)	20 (6.6)	54 (0.5)	17 (0.9)	10 (1.8)	405 (22.2)
OTH	1,345 (9.7)	195 (13.5)	24 (7.9)	1,140 (10.0)	193 (9.9)	65 (11.4)	271 (14.8)
History of HCV							
Yes	2,784 (20.0)	67 (4.6)	26 (8.6)	387 (3.4)	66 (3.4)	22 (3.9)	446 (24.4)
No	7,996 (57.5)	136 (9.4)	241 (79.3)	8,273 (72.8)	1,489 (76.1)	358 (62.9)	832 (45.6)
Unknown	3,134 (22.5)	1,241 (85.9)	37 (12.2)	2,697 (23.8)	403 (20.6)	189 (33.2)	548 (30.0)
History of HBV							
Yes	1,607 (11.6)	178 (12.3)	33 (10.9)	2,588 (22.8)	192 (9.8)	146 (25.7)	303 (16.6)
No	9,031 (64.9)	799 (55.3)	237 (78.0)	6,600 (58.1)	1,448 (74.0)	252 (44.3)	763 (41.8)
Unknown	3,276 (23.5)	467 (32.3)	34 (11.1)	2,169 (19.1)	318 (16.2)	171 (30.0)	760 (41.6)

# Results: WOMEN

[ n(%) or Me(IQR) ]

	WEWC	EE	NAME	SSA	LAC	ASIA	OTH/UNK
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HTX	10,378 (74.6)	960 (66.5)	260 (85.5)	10,163 (89.5)	1,748 (89.3)	494 (86.8)	1,150 (63.0)
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History of HBV							
Yes	1,607 (11.6)	178 (12.3)	33 (10.9)	2,588 (22.8)	192 (9.8)	146 (25.7)	303 (16.6)
No	9,031 (64.9)	799 (55.3)	237 (78.0)	6,600 (58.1)	1,448 (74.0)	252 (44.3)	763 (41.8)
Unknown	3,276 (23.5)	467 (32.3)	34 (11.1)	2,169 (19.1)	318 (16.2)	171 (30.0)	760 (41.6)

## Results: WOMEN

[ n(%) or Me(IQR) ]

	WEWC	EE	NAME	SSA	LAC	ASIA	OTH/UNK
Total N	13,9147	1,444	304	11,357	1,958	569	1,826
Age	34.2 (28.5-41.4)	34.1 (28.6-40.4)	36.4 (29.4-44.3)	31.5 (27.0-37.2)	33.9 (27.6-41.7)	31.6 (27.5-37.6)	33.4 (28.4-39.2)
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IDU	2,191 (15.8)	289 (20.0)	20 (6.6)	54 (0.5)	17 (0.9)	10 (1.8)	405 (22.2)
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Unknown	3,276 (23.5)	467 (32.3)	34 (11.1)	2,169 (19.1)	318 (16.2)	171 (30.0)	760 (41.6)



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EMIT AWACS ECA-HESPERIA & ECA-DATARIO, NSHPC-MOTHERSHIP & NHPG-Serofast, FINSCH  
GOHNSY, CASCADAS, AMRS, COI-NEROCO, Flaxford-HIV Cohort Study, San Francisco  
ANRS COI/COHERE, UK CHICAGO HIV, ITAL-Women & TBLW, Swiss HIV Cohort Study  
ECCANRA, COHEREPRO-CAP, HIS MOCHIV, MARCH & MARCH-INTERACT, The Italian Master Cohort  
LUS, LUS-INTERACT, LUS-INTERACT-2, LUS-INTERACT-3, LUS-INTERACT-4, LUS-INTERACT-5  
ANRS COI, ANRS COI-POLYTIME, ANRS COI-PIVOT, ANRS COI-PIVOT-2, ANRS COI-PIVOT-3, ANRS  
Médecine Chifat, Génève, Paris, HIV Study, ANRS COI-PIVOT, IGLORIA, St Pierre  
Collaboration of Observational HIV Epidemiological Research Europe  
Coordination Copenhagen HIV Programme (CHSP) & Institut de Santé Publique - Spécialisé de Développement (ISP)



# Results: WOMEN

[ n(%) or Me(IQR) ]

	WEWC	EE	NAME	SSA	LAC	ASIA	OTH/UNK
Total N	13,9147	1,444	304	11,357	1,958	569	1,826
AIDS at baseline	424 (3.1)	359 (24.9)	7 (2.3)	657 (5.8)	76 (3.9)	58 (10.2)	161 (8.8)
CD4 count (cells/mm <sup>3</sup> )	400 (228-592)	355 (155.5-542)	380 (200-585)	302 (167-465)	358 (184-539)	290 (115-480)	320 (153-516)
Viral Load (log cop/μl)	4.2 (3.5-4.9)	4.4 (3.7-5.0)	4.3 (3.4-5.0)	4.2 (3.4-4.9)	4.2 (3.6-4.9)	4.5 (3.7-5.0)	4.3 (3.5-5.0)
Start HAART	10,393 (74.7)	1,146 (79.4)	233 (76.6)	8,719 (76.8)	1,437 (73.4)	460 (80.8)	1,316 (72.1)
Lost to follow-up	5,060 (36.4)	441 (30.5)	78 (25.7)	3,474 (30.6)	675 (34.5)	105 (18.5)	839 (46.0)

# Results: WOMEN [ n(%) or Me(IQR) ]

	WEWC	EE	NAME	SSA	LAC	ASIA	OTH/UNK
Total N	13,9147	1,444	304	11,357	1,958	569	1,826
AIDS at baseline	424 (3.1)	359 (24.9)	7 (2.3)	657 (5.8)	76 (3.9)	58 (10.2)	161 (8.8)
CD4 count (cells/mm <sup>3</sup> )	400 (228-592)	355 (155.5-542)	380 (200-585)	302 (167-465)	358 (184-539)	290 (115-480)	320 (153-516)
Viral Load (log cop/μl)	4.2 (3.5-4.9)	4.4 (3.7-5.0)	4.3 (3.4-5.0)	4.2 (3.4-4.9)	4.2 (3.6-4.9)	4.5 (3.7-5.0)	4.3 (3.5-5.0)
Start HAART	10,393 (74.7)	1,146 (79.4)	233 (76.6)	8,719 (76.8)	1,437 (73.4)	460 (80.8)	1,316 (72.1)
Lost to follow-up	5,060 (36.4)	441 (30.5)	78 (25.7)	3,474 (30.6)	675 (34.5)	105 (18.5)	839 (46.0)



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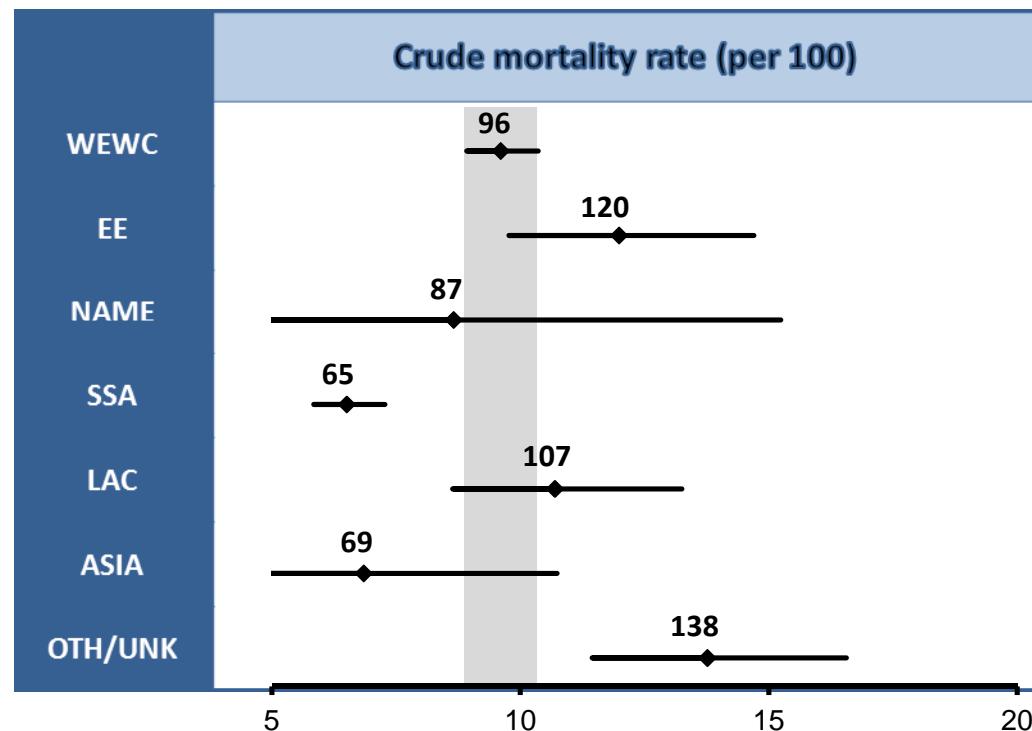


## Results: WOMEN

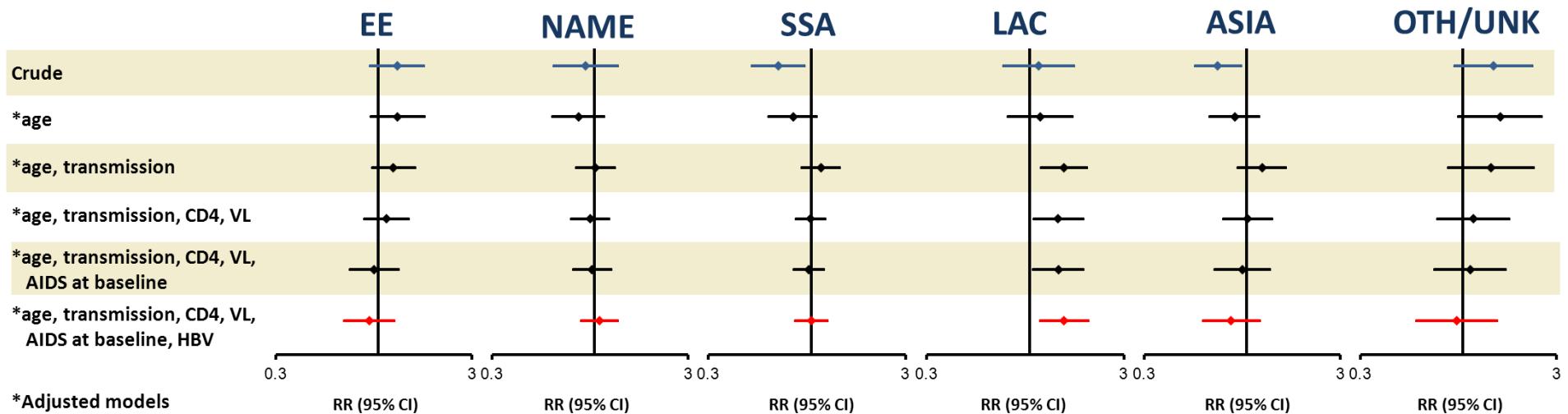
[ n(%) or Me(IQR) ]

	WEWC	EE	NAME	SSA	LAC	ASIA	OTH/UNK
Total N	13,9147	1,444	304	11,357	1,958	569	1,826
AIDS at baseline	424 (3.1)	359 (24.9)	7 (2.3)	657 (5.8)	76 (3.9)	58 (10.2)	161 (8.8)
CD4 count (cells/mm <sup>3</sup> )	400 (228-592)	355 (155.5-542)	380 (200-585)	302 (167-465)	358 (184-539)	290 (115-480)	320 (153-516)
Viral Load (log cop/ $\mu$ l)	4.2 (3.5-4.9)	4.4 (3.7-5.0)	4.3 (3.4-5.0)	4.2 (3.4-4.9)	4.2 (3.6-4.9)	4.5 (3.7-5.0)	4.3 (3.5-5.0)
Start HAART	10,393 (74.7)	1,146 (79.4)	233 (76.6)	8,719 (76.8)	1,437 (73.4)	460 (80.8)	1,316 (72.1)
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# Crude mortality rates (**WOMEN**)



# Poisson models **(WOMEN)**





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EMIT AWACS ECA-HESPERIA & ECA-DATARIO BASHPC-Masterclass & NMPS-Sarafate RISCUS  
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Collaboration of Observational HIV Epidemiological Research Europe  
Coordination: Copenhagen HIV Programme (CPHP) & Institut de Santé Publique, Épidémiologie et Développement (ISPED)



## Introduction

## Objective

## Methods

## Results

## Conclusions

## Conclusions (I)

- The crude mortality rates of HIV-positive migrants in Western Europe vary according to region of origin and sex but most differences do not persist in adjusted analyses
- Male and female migrants from Eastern Europe have higher crude mortality rates than native populations probably explained by higher proportions of IDUs and delayed HIV diagnoses

# Conclusions (II)

- HIV-positive migrant women from Sub-Saharan Africa and Asia have lower crude mortality rates than native populations that disappear after accounting for more frequent heterosexual transmission and younger age in these groups
  - The higher adjusted mortality of women from Latin-America and The Caribbean needs to be further explored



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# Thank you!



INST AVAEC ECR NARINS & ECR Infants NSHPC-KRISTIE & NHPG-Infants PISCIS  
KOMPNET CASCADE ANRS CO2 SEROCO Frankfurt-HIV Cohort Study See W-Moote  
ANRS CO1/CO2/CO3 UK CHIC Athens-Italy-Milano & ITLR-Infants Swiss HIV Cohort Study  
ICL ANRS CO5 PRIMO Co-HIV MOCHIV-Madrid & MoCHIV-Infants The Italian MASTER Center  
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GEMEA-Hanov ANRS CO3 AQUITAINE EuroSIDA Madrid Cohort HIV Children VACH  
Modena Cohort Study Danish HIV Study ANRS CO1 COPILOT E ICONA St. Pierre  
Collaboration of Observational HIV Epidemiological Research Europe  
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BONN

HEPAVIH

AHIVCOS

DHK

SHCS

CASCADE

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AMACS

EUROSIDA

ST\_PIERRE

CHIC

ICONA

AQUITAINE

FHDH

VACH

COLOGNE

KOMPNET

MODENA

PRIMO

CoRIS

MASTER

PISCIS

SEROCO

