

Background

- The California-Mexico Epidemiological Surveillance Pilot (CMESP) is a bi-national collaborative project between federal, state, and local agencies in Mexico and in California.
- Objective: to jointly develop a bilateral epidemiological surveillance system to assess HIV and STI prevalence, vulnerabilities, behaviors, and other associated factors among Mexican migrants at selected venues in two counties in California.

Target Population: Migrants and Recent Immigrants

Inclusion criteria in California:

- Persons born in Mexico that have been living/working in the U.S. for five years or less
- Persons born in Mexico that have been living/working in the U.S. for more than five years but return to Mexico at least every 24 months

Methodology

- The CMESP is a venue-based targeted sample of male and female Mexican migrants living in rural and urban areas in the counties of San Diego and Fresno using a 35-minute survey instrument and collection of blood and urine specimens for HIV and STI testing. Participants were systematically sampled and recruited at each venue in proportion to the volume of eligible migrants enumerated at that venue. A separate sampling frame of similar methodology was used for bars and clubs
- The migrant community venues were included in the sampling frame if 80% or more of the venue population were Mexican migrants; bar/club venues were included in the sample frame if 25% or more of the venue population were Mexican migrants
- Sampling was conducted in spring, summer, and fall of 2004 and summer and fall of 2005 in rural and urban areas

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Laboratory Testing

- HIV: EIA (+) followed by Western Blot
- Syphilis: RPR (+) followed by TP-PA
- Chlamydia trachomatis and Neisseria Gonorrhoea: urine sample tested by LCx
- Hepatitis B: Hepatitis B core antibody (+) followed by Hepatitis B surface antigen
- Hepatitis C: EIA (+) followed by RIBA

Analysis

The unweighted prevalence of HIV, STI and Hepatitis C and associated behaviors is estimated separately for participants recruited from

- 1) Male work venues. These were community venues where primarily male migrants worked and lived, or sought work (i.e. male migrant camps and job pick-up locations)
- 2) Community venues. These were venues where male and female migrants worked and lived or congregated regularly (e.g. family migrant camps, laundromats, adult schools, churches)
- 3) Bar and club venues. These were venues where the migrants were consistently at least 25% of the volume. Sometimes it would be on a specific night of the week. Some were MSM identified venues

Behavior data shown only for male participants

Venue Type	n	Number of recruitment sites	Gender Breakdown
Male Work	532	31	98% male 2% female
Community	466	24	46% male 54% female
Bar/Club	285	13*	88% male 8% female 4% transgender

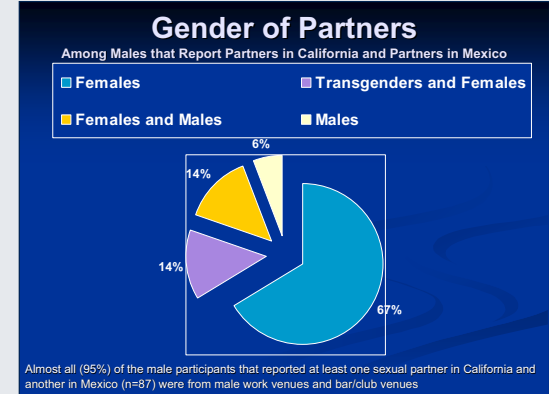
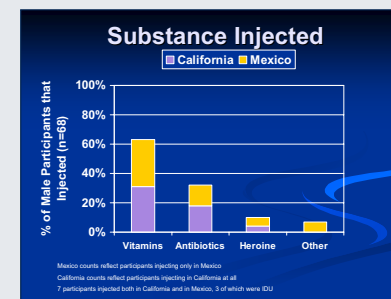
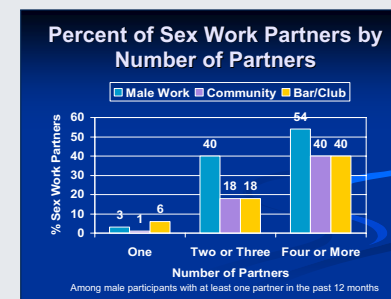
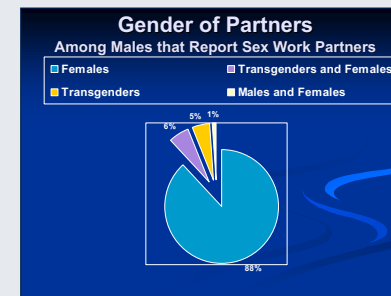
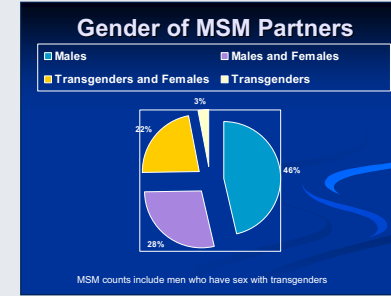
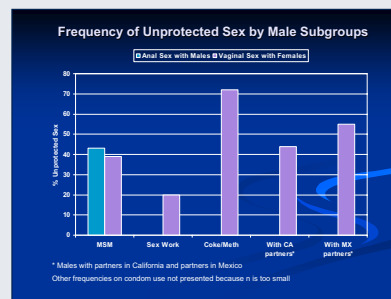
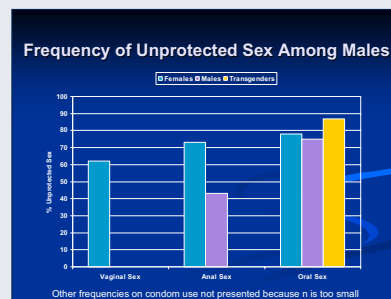
* 6 of the 13 sites were identified as MSM venues

Venue	Gender	n	HIV %	Syphilis %	Chlamydia trachomatis %	Hepatitis B %	Hepatitis C %
Male Work	Male	524	0.19	1.53	4.04	6.88	2.1
Community	Male	214	0	0.47	1.40	3.29	0.47
	Female	252	0	0	0.79	3.21	0
Bar /Club	Male	252	1.99	2.79	2.39	6.37	1.99
	Female	22	0	0	13.64	0	0

There was zero Neisseria gonorrhoea. There were 16 Syphilis cases total, 14 early latent, and two primary.
Hepatitis B reflects core antibody (n). There were zero (0/16) Hepatitis B surface antigen (n) persons.
* Females were also recruited at MVM but n too small to present results.
** 12 transgender were also recruited at BCV but n too small to present results (one was CT+)

Venue	n	MSM %	Sex Work %	Cocaine or Meth %	Injected Substances %	Partners in CA and MX** %
Male Work	524	1.15	16.70	20.04	6.30	6.97
Community	214	6.07	6.07	16.22	6.54	1.87
Bar /Club	252	51.59	17.86	25.40	6.33	14.29

All behaviors reported in the past 12 months
* Cocaine or methamphetamine use
** Participants with at least one sexual partner in California and another in Mexico



Almost all (95%) of the male participants that reported at least one sexual partner in California and another in Mexico (n=87) were from male work venues and bar/club venues

Conclusions

- The highest prevalence of HIV and Syphilis (mostly early latent) was found in the bar/club sample that included MSM-identified venues. The highest Chlamydia prevalence was found among women at bars/clubs (n=22), followed by the men at male work venues.
- Mexican migrants reported a high prevalence of HIV-related behaviors in California than what is documented in migrant communities in Mexico. This population vulnerable to HIV and STI through their common community environment while in California.
- The common practice in Mexico of injecting substances such as vitamins and antibiotics outside of formal healthcare seems to be carried into California, where the ban on selling needles may foster use of shared unclean needles
- Male work venues and bar/club venues emerge as a potentially critical link to transmission of HIV and STI from California to Mexico based on the high prevalence of unprotected sex and the mixing of female, male, and transgender partners, sex work, and drug use with partners both in California and Mexico
- The results raise concerns that the HIV and STI epidemics may expand more aggressively among this population in the future.