

Increasing cases of HIV/AIDS in the northern region of the Colombia-Venezuela border: The impact of high scale migration in recent years



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Dear editor,

Migration and population mobility affect the epidemiology of infection, representing more than just an independent risk factor for multiple infectious diseases, as tuberculosis and HIV [1]. Regarding this last, it has been linked to an increase in the vulnerability to HIV infection of mobile people and their families, moreover, there have been identified significant differences in the population regarding its HIV status, being HIV positive individuals more likely to leave their homeplaces, move from rural areas to cities and move permanently and cyclically when compared to HIV negative individuals, highlighting the

impact on human migration patterns [2]. In this context, the phenomenon of high scale migration across the Colombia-Venezuela border, mainly from Venezuelans to Colombia, due to the economic and social crisis of the Bolivarian country has started to generate questions about the potential impact on public health that could produce even in the short term [3]. Unfortunately, this query may have started to answer by itself, with non-official reports of the regional government that show an increase in the incidence of diseases like tuberculosis, malaria and, surprisingly, HIV/AIDS. However, no formal report has been published to test this supposition, for this reason this study was conceived to evaluate the trend of HIV/AIDS diagnosis in a critical border region and compare it with the migration pattern in this area.

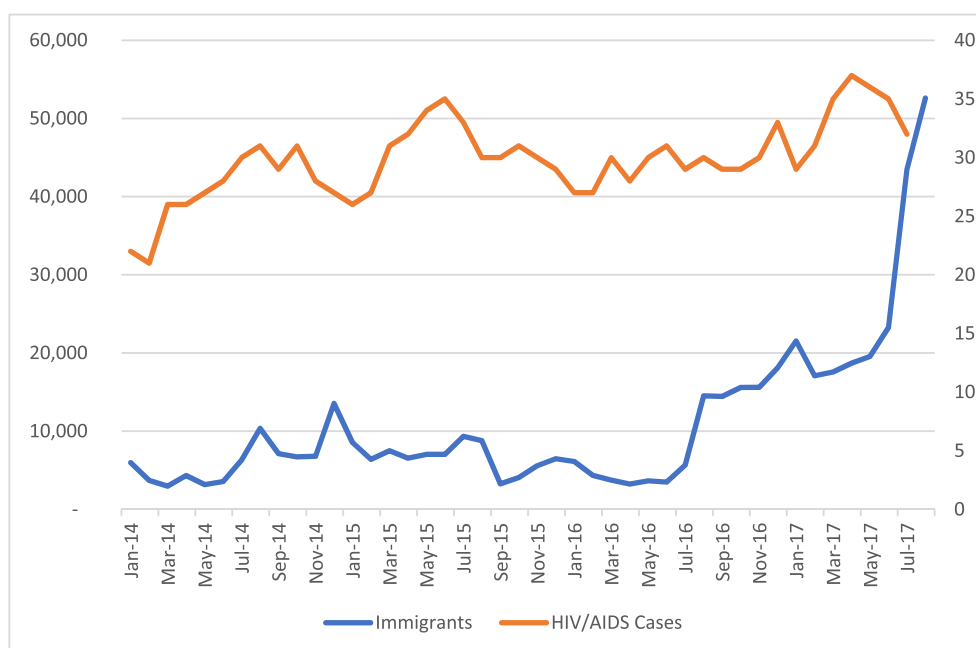


Fig. 1. Number of immigrants entering Colombia from Venezuela across the northern border and HIV/AIDS cases in Norte de Santander, Colombia during the period 2014–2017.

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Information about the HIV/AIDS cases for the period from January 2014 to August 2017 was consulted from the *Instituto Nacional de Salud* weekly reports, only including cases reported in Norte de Santander department, as it represents the main arrival place for Venezuelans during the recent migration phenomenon. On the other side, migration data was consulted from the monthly reports issued by Migración Colombia, taking into account the number of Venezuelans entering Norte de Santander, Colombia through the two regulated routes (Simon Bolivar bridge and Puerto Santander). The time series data was described using the Excel® program, being the HIV/AIDS cases graphic smoothed for a better visual description.

A total of 1304 HIV/AIDS cases were reported during the evaluated period with a mean of 29,3 cases per year, revealing a slight but sustained increase in the number of cases, especially in the last two years. These results were correlated temporarily with the migration findings, which showed a relatively stable trend until May 2016 (Mean of immigrants: 6173 per year), after this point the immigration rate has skyrocketed, with a mean of 19061 immigrants per year crossing the border from Venezuela to Colombia (Fig. 1).

The increasing prevalence of HIV/AIDS recently evidenced in this border region must be analyzed with caution, because of the fact that it is a region that have suffered similar situations before, as in 2003, when the number of cases exceeded the forecasts for that year in a similar way, but with a much lower migration across the Colombia-Venezuela border. Moreover, another factor to take into account is the movement of Colombians to Venezuela, also evidenced in the migration reports, exceeding rarely even the number of Venezuelans entering Colombia, a phenomenon that increases the chance of HIV circulation among the neighboring regions. All of these may support that the massive migration of Venezuelans to Colombia may not be the primary factor influencing the recent HIV/AIDS phenomenon, as it could be generally thought, generating xenophobic and discriminative attitudes toward the immigrants. Although the increase in HIV/AIDS cases is evidenced

at the same time of the great migratory flow, this study doesn't pretend to establish any statistical or causal correlation, but to open the discussion and stimulate research about the potential public health impact of the massive migration in this region in order to develop effective multidisciplinary interventions to mitigate the potential impact of this and many other emerging pathogens, especially when taking into account that the primary causal factor of this migratory phenomenon: the critical economic and political situation in Venezuela, seems still far from reaching to its end [4–6].

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