

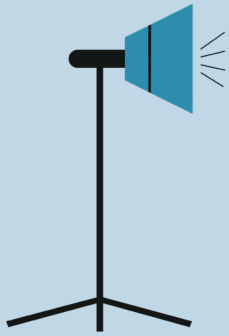
HIV COVID-19 Network Briefing Four



A fortnightly update from the voluntary sector

29 May 2020

1) Spotlight issue this week



Shielding for people living with HIV

While many people living with HIV will not need to shield¹ (and some have been informed that they need to shield in error) it remains important that those who need to shield owing to a CD4 count below 50, an opportunistic illness in the last six months, or a combination of other health problems, are fully aware of the guidance and their entitlements. Some people are now being taken off the Shielded Patients List (SPL) as further clinical decisions are made. Anyone removed from the list should be informed by their GP or clinician of the decision and why it is made. Removal from the SPL has implications for the level of food and other support they receive, as well as the guidance they should follow. We know people have received texts informing them of their removal from the SPL, or being told their food support is stopping, without any contact from the GP or clinician. People in this situation should contact their GP or clinician for clarity. NAT, THT and BHIVA are seeking clarity and raising concerns with DHSC so tell us about any issues.

¹ See the [first edition](#) of the Network Briefing

2) HIV/STI testing & clinical services

More evidence is emerging on sexual health services, need, and access:

Sex during COVID-19

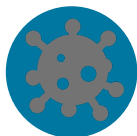
- The GMI partnership has released the results of an online survey on sexual activities, changes in sexual behaviours, and access to sexual products and services in 763 people from 6 April through to 3 May 2020. The results are available [here](#).
- It found that while around 39% of people were not having sex in that period, a similar percentage were still having sex. These proportions do not widely vary across demographics like men who have sex with men, Londoners, or BAME people.
- *Among those still having sex, around 10% report having reduced their interaction with HIV and STI testing in the period.*
- British Association of Sexual Health and HIV (BASHH) are regularly publishing a 'clinical thermometer' which outlines the current activity of sexual health services. Their last audit, covering the first two weeks of May, found that face-to-face services are operating at 13% of their baseline, and services overall are operating at 45% of their baseline. 80% of services cite social distancing as a reason for lower-than-baseline levels of activity, while 67% cite reduced demand for services. The results of the next survey in this series are due soon.



PEP access

- In 2018, 56 Dean Street accounted for around a quarter of the 12,000 prescriptions of PEP for sexual exposure in the UK prescribed in sexual health services¹. A [paper](#) published in the Lancet on 25 May 2020 has noted a more than 80% drop in people accessing PEP from 56 Dean St in the weeks after lockdown. When PEP was sought a higher proportion of the related exposures occurred during chemsex. The paper comes to no conclusions as to whether this drop is due to changes in sexual behaviour, increased reluctance to attend clinic, or something else. In either case they call for "promoting HIV testing for those at risk".

¹ GUMCAD STI Surveillance System, 2018 report <https://www.gov.uk/guidance/gumcad-sti-surveillance-system>



2) HIV/STI testing & clinical services cont.

PEP access cont.

- Anecdotally, support services have voiced their concern that “stay at home”/”stay alert” messaging has left people unable to judge whether services like PEP are sufficient reasons to leave the house. Some people have also reported to community organisations that they are worried about being judged if they attend sexual health services or A&E for PEP and have chosen not to as a result.

3) Harm reduction & COVID-19

NAT campaigns for improved harm reduction strategies for people who use or inject drugs, knowing that harm reduction is HIV prevention. Since the onset COVID-19 pandemic, those implementing harm reduction strategies have had to significantly revise their strategies to be compliant with physical distancing. A recent paper in the [Lancet](#) outlines some revised techniques being implemented by health authorities to support physical distancing for those with active addiction, while noting that ‘for many with especially severe substance use disorders they are insufficient’. Release has produced an [outline](#) of drug treatment services during COVID-19 in the UK.

Harm reduction for people who inject drugs in Glasgow

- Since 2015, Glasgow has seen over 160 diagnoses of HIV among people who inject drugs, compared to an average of 10 per year before 2015. This localised outbreak of HIV among a vulnerable population has required consistent intervention from an intensive street support team, beginning December 2018. Waverley Care, a partner in the support team, have written a briefing on the outbreak and their response [here](#).
- Since COVID-19, this street support team has been scaled back, with an NHS coordinated crisis response implemented for a period in the city centre of Glasgow. The street support project is now instead working in partnership with an outreach pharmacy team to carry out point of care and dry blood spot HIV/Hep C testing. The team has noted an increase in requests for food parcels, support to access medication, and support to access opioid replacement therapy (ORT).

Case study

“Over the last year, Emma has accessed safe injecting equipment via the HIV Street Support Project. However, she has always been reluctant to engage with any further support and services. Due to the ongoing coronavirus pandemic, Emma has found it difficult to access enough money to buy drugs. Our Street Support Project manager met Emma in the city centre while working as part of a crisis outreach team coordinated by NHS partners. Although Emma has previously been reluctant to access further support, she asked the HIV Street Support Project manager

to help her access opioid replacement therapy (ORT) because she was really struggling due to not being able to access drugs. Through liaison with Alcohol and Drug Recovery Services and a local pharmacy outreach team, the HIV Street Support Project have been able to support Emma to begin daily ORT. Further, we have worked with local organisations to ensure Emma receives regular food parcels and other emotional/practical support. We have also supported Emma to access a pregnancy test via local homeless health services. Emma remains in regular contact with HIV Street Support Project and she is continuing to access ORT.” With thanks to Waverley Care.

- This case study draws attention to the ways that COVID-19 pandemic is affecting people who inject drugs – the financial difficulties many now face means that people who use drugs may find it more difficult to maintain a supply and to meet other basic needs. Services need to be supported to be adaptable to the potential challenges posed to harm reduction and be responsive to changing needs.

GET INVOLVED

- » NAT is pairing up with our legal partners to run free training [sessions](#) on HIV and the law for those who work with people living with HIV in England, Scotland and Wales. It will help attendees gain a basic understanding of equalities, human rights & privacy law, how it applies to HIV, and how you can use it in your work. There will be COVID-19 specific discussion. The first session is sold out – join the waitlist if you want to be the first to know about upcoming sessions.