01. Spotlight issue this week

People living with HIV were excluded from registering for [COVID-19 antibody tests through Gov.uk](https://www.gov.uk). On 4 November 2020, BHIVA, BASHH, the HIV CRG, National AIDS Trust, HIV Scotland, THT, UK-CAB & HIV i-Base wrote to the Department of Health and Social Care to challenge the exclusion. There is insufficient evidence to warrant this exclusion and, without permitting people with HIV to test, the program would fail to gather evidence on testing and the impact of COVID-19 on people living with HIV.

On 11 November 2020, the Department for Health & Social Care (DHSC) agreed with our position that there is no clinical reason to exclude people living with HIV from the COVID-19 antibody testing offer. Moving forward people living with HIV will be able to access an antibody test through Gov.uk. We welcome this immediate change, which will go beyond people living with HIV – to everyone living with an immunosuppressive condition.

02. Shielding update


- Clinically extremely vulnerable people should stay at home as much as possible, except to go outdoors for exercise or to attend essential health appointments.

- You are strongly advised to work from home. If you can’t work from home, you shouldn’t attend work while lockdown is in place. You may be eligible for Statutory Sick Pay, Employment Support Allowance, or Universal Credit.

- You should avoid all non-essential travel by private or public transport.

- You are advised not to go to the shops or to a pharmacy.

You can read the full guidelines [here](https://www.gov.uk). This new guidance is for England only. You can find advice on shielding in [Scotland](https://www.gov.uk), [Wales](https://www.gov.uk) or [Northern Ireland](https://www.gov.uk) via the links provided.
03. Errors in shielding messages

National AIDS Trust has again received reports that people living with well-controlled HIV and no other qualifying health conditions are being advised to follow guidance for the extremely vulnerable. Anyone who is asked to shield unnecessarily should contact their GP. British HIV Association (BHIVA) is clear that their advice on HIV vulnerability remains the same: only people with CD4 counts of below 50, or an opportunistic infection in the past six months, should follow guidelines for the extremely vulnerable.

04. BHIVA COVID-19 guidelines

The British HIV Association recently published its guidelines for HIV clinicians during the second wave of COVID-19, which can be read here. Those working in HIV may benefit from familiarising themselves with these standards for clinical practice during COVID-19: BHIVA are particularly clear that patients should not go 12 months without routine monitoring, and where monitoring is not possible, ART should continue in all but the most exceptional circumstances.

05. Sex work and COVID-19

We recently welcomed Jason Domino from National Ugly Mugs to the fortnightly catch-up of the COVID-19 Info Network to discuss the needs of sex workers during the COVID-19 pandemic. Among the key lessons of that discussion were:

- As reported elsewhere in the sector, demand for hardship support and food vouchers has increased.
- Online sex work has become more prevalent and members have reported a reduction in numbers of safer clients.
- An increased number of sex workers are moving towards performance and porn as a more secure way to work during COVID-19 – UKAP has developed guidance on COVID-19 and safety.
- Sex workers should be prioritised in the rollout of PrEP – but sex workers can be concerned about interacting with health services in a criminalised context.
- All HIV organisations with operations in Scotland should consider submissions for the Scottish Government consultation on sex work. National AIDS Trust and HIV Scotland are working on a submission which will prioritise the need for sex work decriminalisation in the effective operation of HIV prevention and testing interventions.

Further reading:

» Salamander Trust and 4M Mentor Mothers Network recently published a position paper on HIV, COVID-19 and pregnancy. Through extensive community consultation, it looks at how pregnant women living with HIV are affected by COVID-19. The pandemic is shown to exacerbate other pre-existing issues, such as limitations in access to sexual and reproductive health services; the hostile environment; no recourse to public funds; and poor mental health support. Crucially, it is even more difficult to deliver well-coordinated and person-centered care that is so important to women living with HIV. It identifies six recommendations and calls for urgent action to reduce the “multiplier effects of COVID-19”.
