

HIV COVID-19 Network Briefing 13



An update from the voluntary sector

Tuesday 02 March 2021

IAS Conference 2021 COVID-19 and Prevention

About

The International AIDS Society (IAS) hosted the IAS COVID-19 Conference focusing on prevention on Tuesday, 2 February 2021.

In recognition of the urgent need to analyse research, review policy and exchange frontline experiences related to the COVID-19 pandemic, and because many of the global experts working on HIV are also leading voices in SARS-CoV-2 research, the IAS launched the IAS COVID-19 Conference in July 2020. The 2nd IAS COVID-19 Conference with a special focus on prevention features the latest in prevention related science, policy and practice. HIV can serve as a blueprint for the COVID-19 response. We have never been able to treat ourselves out of an epidemic, and COVID-19 is looking to be the same. Prevention is key.

Below is a summary of some of the sessions relevant to the HIV and COVID-19 policy response, as well as a summary of some of the oral and written abstracts submitted to the conference about COVID-19 and HIV from around the world.

COVID-19 and the Policy Response

Ensuring equitable access/Financing to address COVID-19 (diagnostics, therapeutics, PPE, vaccines).

Jennifer Kates, Kaiser Family Foundation, United States (chair); Seth Berkeley – CEO of Gavi, the Vaccine Alliance, Switzerland; Peter Sands – The Global Fund to fight AIDS, Tuberculosis and Malaria, Switzerland; Fatima Hussan – Health Justice Initiative, South Africa.

Peter Sands highlighted the need for multiple strategies to end the COVID-19 pandemic. If we don't take a broad approach to prevention, and only focus on vaccines, we run the risk of flying blind due to lack of investment in regular testing and losing many lives before vaccines are prevalent enough to protect the population. We must step up on treatment of COVID-19 and PPE.

The HIV community in many places has responded superbly to the challenge of COVID-19, focusing on avoiding disruption to ART and preserving access to testing, treatment and monitoring. However, the pandemic has affected HIV, especially HIV prevention efforts and treatment initiation.

“The way we fight any one pathogen is related to the ways we fight other pathogens.” We should use opportunity to be testing simultaneously – HIV viral load testing alongside COVID-19 testing to tackle both viruses together.

COVID-19 and the Policy Response cont.

Fatima Hussan spoke about global inequalities in access to the vaccine and lamented the fact that the world has seemingly prioritised intellectual property rights, patents and trade over inequitable access to COVID-19 vaccine. This has parallels with the impact of patents on access to HIV medication in low- and middle-income countries. There is a supply problem in the global South, and whilst countries in the global North are not abiding by the Doha Declaration on the TRIPS Agreement and Public Health, activists in the global South are struggling to access unredacted vaccine trade agreements.

National AIDS Trust Chief Executive Deborah Gold wrote about [vaccine nationalism in The Guardian](#), drawing parallels between HIV and COVID-19.

Policy choices and impacts: Effects of lockdown, border closures, and other non-pharmacological interventions

Devi Sridhar, Usher Institute – University of Edinburgh, UK

Devi Sridhar spoke about the tension that exists between health policy and economic policy and notes that countries who have prioritised economic health have still suffered economically greatly, as well as having a high death toll. She linked this to our perception of an 'acceptable' level of infection and/or death; in countries who have pursued elimination of the virus, there is no acceptable level. Meanwhile, in countries who treat COVID-19 like the flu and accept that some people will be infected and die, the 'acceptable' number is constantly exceeded.

Stigma/harm reduction and COVID-19

Julia Marcus, Harvard Medical School, United States.

Julia Marcus relayed her experience of watching the pandemic unfold through the lens of an HIV prevention researcher and noted how much of the messaging mirrors that of the early days of the AIDS epidemic. Risk is presented as binary – there is only safe and unsafe – and never as a spectrum. Risk taking is seen as a personal failure and rarely attributed to circumstances which help us understand why some people take risks. Much of the messaging is rooted in shame and fear, and we have learnt through HIV why that can be a massive barrier to prevention.

Julia advocates for a harm reduction framework for COVID-19 prevention. In terms of messaging, this includes, for example, not shaming people for not wearing a mask or socially distancing and acknowledging why people may be reluctant or find it harder to do so. In terms of policy, she cited the approach taken in Vermont where people are supported to isolate and are provided with stipends so they can stay at home. One harm reduction policy she mentioned was the idea of '[COVID fires](#)' in Burlington which allow people to meet outdoors with less risk of transmission.

What's next for the COVID-19 response

Anthony Fauci, National Institute of Health (NIH), United States; Adeeba Kamarulzaman, University of Malaya, Malaysia; Linda-Gail Bekker, University of Cape Town, South Africa; Sharon Lewin, Doherty Institute for Infection and Immunity, Australia; Beatriz Grinsztejn, Fundação Oswaldo Cruz (Fiocruz), Brazil; Jennifer Kates, Kaiser Family Foundation, United States.

Dr Anthony Fauci spoke about people living with HIV and vaccinations after questions from conference attendees about vaccine efficacy among people living with HIV. He said that we know that people living with HIV on ART with CD4 counts between 500 and 700 do as well as people without HIV when comes to vaccinations for tetanus and influenzas.

He said in the cases he has seen, people living with HIV with a CD4 count in the 'normal' range respond well to the vaccine. He encourages people living with HIV to get vaccinated, even those with suppressed immune systems. Suppressed immune systems are only contraindications when the vaccine is live attenuated, and none of the COVID-19 vaccines are live attenuated. He said that whilst there are no safety issues, it may be that those with suppressed immune systems have a less robust response to the vaccine, however a less robust response is still better than nothing at all. "Let's go for it and get them vaccinated."

Abstracts

Resilience, anxiety, and worry about the COVID-19 pandemic in The Miami Adult Studies on HIV (MASH) cohort

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The COVID-19 pandemic and the response to mitigate the spread of the infection have had immense psychological impacts on mental health. The pandemic may particularly adversely affect people living with HIV who are disproportionately impacted by racial and psychosocial hardships. On the other hand, PLWHIV are considered a mentally resilient population. Therefore, we evaluated mental health during the COVID-19 pandemic in participants from the Miami Adult Studies on HIV (MASH) Cohort.

A survey was administered by telephone to 196 MASH cohort participants between July-August of 2020. Anxiety symptoms were directly correlated with COVID-19-related worry, and resilience was inversely correlated with anxiety symptoms. PLWHIV had fewer anxiety symptoms, less COVID-19-related worry, and more resilience compared to HIV-uninfected participants. The findings indicate that PLWHIV, possibly by chronically dealing with a potentially deadly disease (i.e. HIV), have acquired tools to build resilience, worry less about COVID-19, and experience fewer anxiety symptoms than HIV-uninfected persons. Nonetheless, warrants improved public health efforts for mental health relief during the COVID-19 pandemic are warranted.

Utilising COVID-19 prevention strategies at HIV PrEP program

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University Medical Center, Paterson, United States, (4) Paterson Department of Health, Paterson, United States Daily pre-exposure prophylaxis (PrEP) is highly effective in reducing risk of HIV infection. During the COVID-19 pandemic, healthcare facilities saw reductions in patient referrals, follow-up visits and medication adherence. Utilising existing resources at the local Department of Health's sexually transmitted diseases (STD) clinic in Paterson, New Jersey, HIV PrEP patients continued to engage in services through coordinated outreach efforts including COVID-19 education, prevention, mask distribution, and testing referrals.

During the early peak of COVID-19 pandemic from March-May, missed visits increased by 16% from baseline. Through both virtual and in-person outreach, COVID-related intervention was provided in addition to baseline HIV PrEP counselling: risk-reduction strategies (symptom monitoring, social distancing & quarantine guidelines, testing referrals), access to masks with free condoms, electronic medication refills. Majority of patients (83%) denied COVID-related symptoms during review period (June-November). Twelve patients received COVID testing (5 due to symptoms, 7 due to exposure), all tested negative. During subsequent three-month follow-up periods: June-August and September-November, missed patient visits decreased to 10% and 8%, respectively; compared to 15% March-May prior to intervention.

As more healthcare resources were being prioritised to address growing needs of COVID-19, many HIV PrEP patients temporarily stopped adhering to medications and/or missed their follow-up visits. Program counsellors received rigorous COVID cross-training to provide an effective outreach to new and existing HIV PrEP resulting in improved follow-up rates, medication adherence and COVID education. Practical and cost neutral strategies utilising existing resources are needed during the pandemic to limit short and long-term adverse consequences of other public health interventions including HIV PrEP.

Lessons learned from community-based approaches to HIV case-finding and treatment in Nigeria during the COVID-19 pandemic

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The Strategic HIV/AIDS Response Program Task Order 01 (SHARP TO1) is a PEPFAR program in Nigeria responsible for HIV case finding and care and treatment in pursuit of the UNAIDS 95-95-95 goals in Niger, Kwara, Kebbi, Zamfara, and Sokoto states. With the emergence of the COVID-19 pandemic in Nigeria in early 2020, HIV service providers were hampered by travel restrictions, curfews, and reluctance of clients to visit health facilities for fear of contracting COVID-19. The SHARP TO1 program responded by rapidly decentralising and implementing patient-centred models of case-finding and care.

These approaches responded to the specific challenges of the COVID-19 pandemic by focusing on community-based interventions, including community index testing based on recency testing and heat maps, decentralised ART pick-ups, and decentralised viral load sample collection using dried blood spots. The differentiated models of care implemented by the program allowed for significant progress in case finding, treatment adherence, and viral suppression, and protected gains in HIV service delivery. When compared with the significant drops in adherence and case-finding during the early period of the COVID-19 pandemic, these gains demonstrate the significant potential impact of decentralised and community-based service delivery and case-finding models for HIV service delivery, both during the COVID-19 pandemic and beyond.

The impact of the coronavirus disease 2019 lockdown on HIV care in 65 South African primary care clinics: an interrupted time series analysis

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The effect of the COVID-19 pandemic on HIV outcomes in low- and middle-income countries is poorly described. We aimed to determine the impact of the national COVID-19 lockdown on HIV testing and treatment in KwaZulu-Natal, South Africa. We analysed anonymised programmatic data from 65 primary care clinics between January 2018-July 2020. We conducted interrupted time series analyses using Poisson segmented regression models to quantify changes in numbers of monthly HIV tests, and weekly antiretroviral therapy (ART) initiations, ART collection visits, and missed visits, before and after lockdown on 27th March 2020. In the first month post-lockdown there was a 47.6% drop in HIV testing. In the first week of lockdown, ART initiations dropped by 46.2%, while there was no marked change in ART collection visits. Missed visits initially doubled but returned to pre-lockdown levels within five weeks. As restrictions eased, HIV testing and ART initiations improved towards pre-lockdown levels. While ART provision was generally maintained during the COVID-19 lockdown, HIV testing and ART initiations were heavily impacted and should be prioritised.

COVID-19 as a social disease: exploring prevention needs, impact and community responses to COVID-19 among ethnic minorities in Antwerp, Belgium

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COVID-19 and corresponding public health measures may affect socio-economically vulnerable populations disproportionately. This study identifies transversal information and prevention needs among ethnic minority groups and explores the impact of, and the community response to COVID-19 within the super-diverse city of Antwerp, Belgium.

Language and literacy barriers prevented mainstream information to reach particularly vulnerable sub-groups within the investigated communities. Respondents informed themselves mainly through international TV channels, home country-media and social media. The latter also was used for misinformation to spread (e.g. on vaccination). The closure of prayer houses negatively impacted people's social and spiritual lives. Perceived psychosocial consequences included fear of infection, of being fined, social isolation and chronic stress related to uncertainty. Respondents felt not at higher infection risk than the general population. However, they felt targeted: respondents reported ethnic framing and discriminatory practices, i.e. unjustified policing and media reports portraying them as particularly vulnerable. The measures' strongest indirect effects pertained to loss of income in informal economies, thus not qualifying for COVID-related support and discontinuation of social services. Immediate community responses emerged using pre-existing networks, filling the gap that officials left behind: e.g. translation and promotion of the measures through community outreach, helplines for mental support, and social and material support such as food aid.

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