



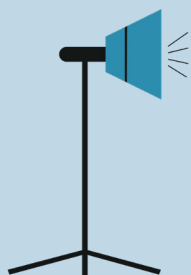
# HIV COVID-19 Network Briefing Nine



A fortnightly update from the voluntary sector

07 August 2020

## 1. Spotlight: Impact of COVID-19 on Black communities



[One Voice Network](#) is a newly established collective of Black-led community organisations and allies, striving for equality and excellence in healthcare for all Black communities in the UK, particularly those affected by the HIV epidemic. This week we've paired up to spotlight their urgent and excellent submission to the Women and Equalities Select Committee inquiry on whether BAME communities have been unequally impacted by COVID-19. Below we share some of their key points: we hope people across the community can take them on board as we work to identify evidence, problems, and solutions.

### Racialised patterns of staff treatment may have played a role in BAME inequalities in COVID-19

- Public Health England researchers have estimated that 89% of COVID-19 transmissions to healthcare workers have occurred in hospital settings. This was later identified as a key potential reason why people from BAME communities were experiencing greater risk of COVID-19 transmission, serious illness, and mortality. It is important to consider the role that racialised patterns of staff treatment may have played here.

Surveys by the [British Medical Association](#) and the [Royal College of Nursing](#) early in the COVID-19 pandemic found that BAME doctors and nurses had much poorer access to appropriate and sufficient PPE than white doctors and nurses. Disproportionate redeployment and representation in frontline work may also have put BAME staff at risk, preference.

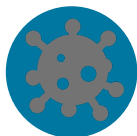


### Older Black men disproportionately face COVID-19 and HIV burdens - this is a problematic combination

- Evidence strongly shows that there is a correlation between being male and older and developing severe COVID-19. We also know that 50% of Black men living with HIV in the UK are over the age of 50 – and 28% of Black men diagnosed with HIV in 2018 were over the age of 50. Furthermore, 65% of Black men diagnosed with HIV are diagnosed late – meaning that they are diagnosed at the point that HIV has damaged their immune system.



- Combine these factors and it is easy to see how Black people living with HIV may be at a disproportionate risk that we have not yet fully identified.
- Testing was paused or brought online for much of the pandemic. It needs to be increased among Black communities, particularly among older men, if we are to ensure that COVID-19 does not keep building on deep pre-existing health inequalities.



## Marginalised people are at risk due to both lockdown and COVID-19 itself

- One Voice Network reports that the young Black people and LGBT groups they work with have been impacted by increased surveillance during the lockdown period, compounding the negative impacts lockdown had on the mental health of many communities during COVID-19.

### Case study 1: HIV stigma on a COVID-19 ward

Ms J.A. was unwell and admitted to hospital for 3 weeks during the pandemic. She was a physically disabled BAME woman living with HIV. In hospital she was administered her usual medication but also an additional pill – which she did not recognise and to which she had an adverse reaction. She questioned the health staff on the ward and was told loudly and in full view of patients on the ward that she had ‘reacted badly to her HIV meds’. This, of course, drew the attention of all the other patients present. Ms J.A. raised her concerns and was moved to a side ward

(other patients had also stressed their unease with her status). She was extremely distressed at the whole affair and, after a discussion with a senior staff member and discussions with her family, decided to discharge herself. She had felt in fear of further stigma and attention from the staff member in question. Two weeks following hospital discharge, Ms J.A. experienced COVID-19 symptoms. She was advised by the NHS to self-medicate and keep an eye on the symptoms. But so severe were her symptoms that she was returned to the same hospital and passed away from COVID-19 a day later. She left behind a 13 year-old daughter.

### Case study 2: living with HIV in lockdown

Mrs M is a 72 year old woman living with HIV and multiple comorbidities, including terminal arthritis, anxiety and depression. She has struggled to collect and access her medications due to her concerns around leaving the house and contracting COVID-19. This has been compounded by her difficulties in

interpreting media messages and guidance about the virus. Her local GP did not advise her as to how she could obtain her prescriptions. A community organisation member of One Voice Network had to make an urgent trip on Mrs M's behalf to collect her medicines and buy essential supplies. They were able to reorganise the delivery of medications and ensure the local council included her on their list for food donations.

Thank you to One Voice Network for sharing this information with the wider community. If you would like to know more about their work or read their full submission, please get in touch with Sebastian at [contact@onevoicenet.org](mailto:contact@onevoicenet.org).

## 2. International research on people living with HIV and COVID-19

- The British HIV Association (BHIVA) has joined up with Europe's leading HIV medical associations to release a comprehensive [update](#) of the research evidence on the impact of COVID-19 on people living with HIV. Drawing on some of the main studies on COVID-19 and HIV we've seen in the UK, South Africa, New York City and more, its main finding is that there is ‘no clear evidence for a higher COVID-19 infection rate or different disease course in people with and without HIV’. BHIVA have produced a [summary](#) of the joint statement as well as an update to their [COVID Q&A](#) and advice for people living with HIV.



## 3. Access to primary care



- The Health Foundation reports that the availability of face to face GP appointments is set to fall significantly as a result of the pandemic and this will disproportionately affect people living in deprived areas. Its research found that GPs at very high risk of death from COVID-19 and those who single-handedly manage a practice tend to be located in the most deprived regions. As these practices are therefore more likely to limit face to face contact or experience disruption, and remote appointments will not always be appropriate as an alternative, health inequalities will be exacerbated further. The full report

can be found [here](#).



## 4. Employment

- As shielding advice changed this week, new figures from ONS highlight how the employment of those who are clinically extremely vulnerable has been affected during the pandemic. 28% of those in work when shielding advice was first published had either stopped working or had been furloughed, and one in ten had continued to work outside of their home.
- Now that clinically extremely vulnerable people are no longer being advised to shield, half of respondents were preparing to return to work outside of their home. It is of note that one third were not at all comfortable with doing so even if their employer put protective measures in place, highlighting a need to support employees to negotiate alternative arrangements.



### GET INVOLVED

- » **National AIDS Trust has launched its [Be Red Ribbon Inspired](#) artwork competition.** Judged by Sir Antony Gormley, Deborah Gold, and Sandy Nairne CBE FSA, it asks budding artists and designers to be inspired by the red ribbon to create something unique and engaging. There are some amazing prizes up for grabs, and the winner will receive £500 and be commissioned by Paintings in Hospitals to join their collection.

**We hope it'll be an outlet for people in a difficult time and we'd really love to see entries from people living with HIV, so let the people in your community know about it! Maybe your support group could even hold an arts & crafts session together to kickstart some entries?**