



HIV COVID-19 Network Briefing Seven

A fortnightly update from the voluntary sector



10 July 2020

1. BHIVA highlights



COVID-19 was high on the agenda at this month's BHIVA Virtual Conference.

Professor Anna Maria Geretti gave a presentation on HIV, COVID-19 and the gaps in our data. She summarised the relationship between HIV and COVID-19 as an 'unclear' one: studies in Madrid, New York City and Italy have not identified significant comorbidity, while South African data suggests there is a small but significant elevated risk of serious illness and death related to COVID-19. The first UK study suggested a small potential increase in the risk of mortality among people living with HIV once hospitalised with COVID-19, albeit with no data around the risk of developing severe COVID-19 or hospitalisation among this cohort in the first place. Professor Geretti called for better collection of hospital data, better linkage of that data with clinical histories, and expanding research into non-hospitalised patients.

Alex Sparrowhawk from UKCAB presented interim findings from the UKCAB survey of people living with HIV on their experience of COVID-19. Among the findings were that a small percentage reported that lockdown had made treatment adherence more difficult. 9% of respondents would not feel comfortable talking to their HIV doctor via telephone from where they are living, some expanding on this to explain concerns about privacy, with others explaining that telephone appointments were inaccessible for them. 56% of respondents reported worry or stress about COVID-19 owing specifically to their HIV status.

2. Sexual health needs

- Helplines are seeing a return to sexual health related calls, coupled with higher use of hook-up apps it suggests that sexual activity is increasing again as lockdown lifts. There is concern that while sexual activity resumes, people are not accessing sexual health services at the same level. In particular, sexual health workers are observing an increase in the use of public sex environments (more specifically, cruising areas). As previously noted, community sexual health interventions resumed here as a priority. More evidence is needed on the extent of unmet sexual health need in this period, and the causes behind it.
- Last week DHSC released PrEP allocation information to local authorities, enabling routine commissioning to progress further. The budget for the roll out was cut by £5 million. NAT, PrEPster and THT published a joint statement outlining shared concerns and this week 30 organisations in the sector sent a letter to the Health Secretary calling for this lost funding to be invested in ensuring equitable access for at-risk communities.



3. Employment and welfare

- In 2017, Public Health England's Positive Voices survey found that around 37% of people living with HIV in the UK live below the poverty line. Support services unanimously report the ongoing effects of poverty and insecure employment as the COVID-19 pandemic develops. One charity we work closely with remarked "*setting up a hardship response has revealed the extent to which families we work with face poverty, and insecure housing and employment.*"

At least some of these instances can be explained by work lost owing to shielding advice, meaning that more vulnerable people living with HIV are also at an increased risk of poverty and insecurity. Others are due to loss of work hours as carers and cleaners. Women are often employed in such roles highlighting a gendered impact. Sexual health workers have reported that young people who turned to sex work to supplement lost income over this period are now seeking to exit.



3. Employment & welfare cont.



- Other HIV community groups have reported a steady uptake of hardship funds, welfare advice and practical support with deliveries and living essentials with no sign of this slowing down.

4. Barriers and marginalisation

- HIV support services act as an important source of wellbeing and support for many people living with HIV. Those who were more likely to suffer adverse mental health as a result of lockdown – older people living with HIV and those with poorly-controlled HIV – still face barriers accessing these support networks, including digital poverty. Support services note numerous adverse effects owing to this isolation, including poor nutrition and an increase in emergency social care referrals from NHS partners.
- CHIVA report that the spotlight on Black Lives Matter in recent weeks has impacted mental wellbeing of young people they work with. Confronting racism and the mistreatment faced by Black people globally has led to increased emotional distress among their cohort, highlighting the compounding effect of intersecting inequalities at this time.
- Mask wearing in public spaces has reportedly increased bullying and harassment of vulnerable groups due to the anonymity it affords. THT has noted a rise in transphobic abuse relating to this.

