



Are people living with HIV more at risk from coronavirus?



As coronavirus sweeps the world, many people living with HIV are asking whether their status counts as an underlying condition and makes them more at risk. Many HIV-positive people in countries such as Britain and the United States are aged over 50, having contracted the virus during the AIDS pandemic in the 1980-90s, making them more at risk generally to illnesses such as cancer or diabetes.

A 2016 report from public policy research organization, The Williams Institute at the UCLA School of Law, found HIV-positive LGBT elders had worse overall mental and physical health than their heterosexual peers. What are the risk factors for people - of all ages - living with HIV in terms of coronavirus?

What people first want to know is often related to strict biological risk — are people living with HIV who encounter COVID-19 at higher risk of contracting COVID or of higher complications? The reality is we just don't know enough on that right now. We do know that those who are ageing, and with pre-existing heart and lung diseases — including those living with HIV — are at higher risk. The reality is we're concerned about a much wider sphere of "risk" for people living with HIV than just the strict biological risk.

How do we prevent people living with HIV from suffering gaps in their treatment because they haven't been given three-six months of their medications, and or having to risk going to a busy clinic where sick people are, just to pick up their medications?

If you are living with HIV and on medication, and you have had a result which indicates your CD4 level (of white blood cells that fight infection) is within the normal range, the advice for protecting yourself from coronavirus is the same I would give to someone who was uninfected. Wash your hands, maintain social distance and avoid people with known infections. If you've just been diagnosed with HIV, additional vulnerability would depend on whether you had been diagnosed at a late stage of infection. If diagnosed, you should start treatment as soon as possible, irrespective of your viral load or CD4 level.

However, if you have been living with undiagnosed HIV for a long time, it is likely that your immune system will have sustained considerable damage, and this may make you more vulnerable to coronavirus. For those of us who are living with HIV, and who have lived with HIV since the 1980s and '90s, we have lived through something like this before.

Some remain traumatized by that experience. This may give us wisdom in this situation but at the same time it might stir difficult memories. "Across the WHO European Region, about half of people with HIV are diagnosed at late stage of infection and furthermore in eastern Europe

and central Asia only about half of those who know their status are put on life saving antiretrovirals.

This leads to further weakening of immune systems and ongoing transmission of HIV. With limitation of movement of people and community outreach activities as well as possible changes in clinics working schedule during the coronavirus outbreak, these gaps are only to be increased with serious consequences on health of people if alternative measures are not put in place. In the whole of eastern Europe and central Asia, one of our major challenge is that the many people do not have access to treatment.

When you don't have access to treatment then your viral suppression is low and more vulnerabilities are likely to develop as are infections, including coronavirus. It is essential (in Britain) that we all now stay at home, stop face-to-face socializing, avoid unnecessary travel and stay at least two meters away from each other if we go out. Those with a weakened immune system need to be particularly strict in terms of following the advice on social distancing, including those with a weakened immune system as a result of HIV.

Not everyone with HIV has a weakened immune system and we advise that only those people living with HIV who have a CD4 count of under 200 would fall into this category. We are now also advising that those with extremely low CD4 counts (less than 50) and those who have been diagnosed with an opportunistic infection or 'AIDS-defining illness' in the last six months should follow the 'shielding' advice from Public Health England to protect those who are the most vulnerable.

This means staying at home and avoiding all face-to-face contact for 12 weeks. HIV+ people are to be considered a high-risk group, especially those with comorbidities that are somewhat common among people with HIV, even well-controlled, virally suppressed HIV. Anyone who is not virally suppressed is certainly at very high risk. Anyone who has had a

disease that was advanced enough to cause (tuberculosis), which will have damaged lung tissue, is at very high risk.

(Anyone not on anti-retrovirals) are at very, very high risk, because we don't know the status of their immuno-suppression until they're challenged, and (coronavirus) is a very challenging virus. What we do know ... is that people who have other comorbidities are the most likely to become seriously ill and even die. The population living with HIV has more comorbidities when compared to their peers who are not living with HIV.

Right now people (in Mexico) are being asked to stay home, and we're probably going to enter the most intense phase of the epidemic where no one will be able to leave, so they have (to have) enough medicine at home. I am very concerned for the entire population, not just people living with HIV. This pandemic will change us. While people living with HIV are entitled to reasonable adjustments at work under the law, many simply haven't felt a need to request these. So, lots of people are now thinking about talking to their employers about HIV for the first time.

We need to help tackle HIV stigma by empowering people living with HIV to educate those around them. People living with HIV need clear guidance from the government so that they know how to protect themselves and can access their right to do so fully. They also need support so as to be able to lead the important conversations on HIV in this challenging time.