

Pandemic vs. pandemic: COVID-19 hampers fight against HIV

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Mel Prince, executive director of Selma AIR, looks at a quilt that remembers people who lost their lives to AIDS, at her office in Selma, Ala., on Sept 3, 2020. The coronavirus pandemic has disrupted the delivery of all types of health care services in the U.S., and the fight against HIV has not been spared. Health experts and HIV advocates worry the country is at risk of backsliding, with a spike in new HIV infections. The issue is of particular concern in the South, which has been a focus of the Trump administration's goal of eradicating the disease by 2030. (AP Photo/Kim Chandler)



As COVID-19 swept through the South, Mel Prince watched with alarm as some of the HIV positive patients she helps in the rural Black Belt stopped showing up for lab tests and doctor's visits.

Some fell back into drug and alcohol abuse. Others feared the AIDS virus made them more vulnerable to the <u>coronavirus</u> and refused to leave their homes.

Around the same time, Prince's HIV organization in Selma, Alabama, stopped sending staff to health fairs and other sites to test people for HIV.

"The virus has made it very challenging for us," said Prince, executive director of Selma AIR. "We just continue to let people know we're here, and we're trying our best to take care of their needs."

The coronavirus pandemic has disrupted the delivery of all types of health care services in the U.S. Doctors have put off surgeries to conserve hospital beds and medical supplies for COVID-19 patients and turned to telemedicine for routine consultations to avoid potentially exposing patients to the virus.

The fight against HIV has not been spared. Clinics have stopped or limited testing for the disease, and <u>public health officials</u> overwhelmed by demands to control COVID-19 have shifted staff away from tracking HIV patients.

Progress against the virus had already stalled in recent years. Now, health experts and advocates worry the country is at risk of backsliding, with a spike in new HIV infections because people don't know they have the disease, aren't aware if their treatment is working or aren't getting a drug



that can prevent them from getting HIV in the first place.

"We're losing people who are doing HIV testing and focusing on HIV to the COVID-19 response," said Ace Robinson, with the national nonprofit HIV eradication group, NMAC. "And that means that we're not able to support people to maintain the care that they deserve."

The issue is of particular concern in the South, which accounted for more than half of the country's roughly 37,000 HIV infections in 2018 and has been a focus of the Trump administration's goal of eradicating the disease by 2030. Fewer people in the South are aware that they have HIV compared with other regions in the U.S, according to the U.S. Centers for Disease Control and Prevention.

Parts of the Black Belt—a poor agricultural region stretching from Louisiana to Virginia that was first known for the color of its soil and then for its mostly Black population—have particularly high rates of new HIV infections.

HIV workers contacted by The Associated Press in Alabama, Arkansas, Georgia, Louisiana, Mississippi, South Carolina, Tennessee and Texas all reported a drop in HIV testing since the start of the coronavirus pandemic.

Mildred Harper, who is HIV positive, was too afraid to go to a Jackson, Mississippi, hospital in April for a <u>blood test</u> to check on her HIV treatment. Harper is on medication that can give people with the AIDS virus a near-normal life expectancy and make it effectively impossible for them to infect other people. Elsewhere in the world, the coronavirus has disrupted the supply of those drugs.





Mel Prince, executive director of Selma AIR, poses for a photo at her office, Sept. 3, 2020, in Selma, Ala. The coronavirus pandemic has disrupted the delivery of all types of health care services in the U.S., and the fight against HIV has not been spared. Health experts and HIV advocates worry the country is at risk of backsliding, with a spike in new HIV infections. The issue is of particular concern in the South, which has been a focus of the Trump administration's goal of eradicating the disease by 2030. (AP Photo/Kim Chandler)

But people on the medication need periodic lab work to make sure the drugs are keeping the amount of virus in their bodies low. If their treatment is effective, they are not believed to face any additional risk for COVID-19, according to the CDC.

Harper, 56, said the coronavirus had sent her into a depression, and she



was "paranoid" about contracting it at the hospital.

"It kind of felt like I was diagnosed with HIV again because it isolated me from everybody," Harper said.

Lee Storrow sought an HIV test in North Carolina in June, but staff at the clinic he contacted said they were focused on testing for COVID-19. Local health officials had stopped testing for sexually transmitted infections, or STIs, and a Planned Parenthood clinic could not see him for weeks, he said.

Storrow, an HIV policy advocate and educator, said he was eventually able to get a home test kit online from a company called NURX. The CDC has encouraged HIV health providers to mail testing kits to people's homes.

"It took me four different steps to figure out how to get my own STI test, and I'm someone who thinks about STI testing on a daily basis," he said. "It does make me concerned and wonder about folks who are so much more on the margins."

Testing at the HIV clinic at Augusta University in Georgia stopped completely for two weeks early on, said Raven Wells, the clinic's community outreach coordinator. Tests are now conducted by appointment "instead of just driving around trying to contact as many people as you can," Wells said.

At sites run by the Birmingham, Alabama-based social services organization AIDS Alabama, testing is down roughly 75%, from about 30 tests a week before the pandemic to 30 tests a month now amid a drop in walk-in clients, said Tony Christon-Walker, the organization's director of prevention and community partnerships.



Meanwhile, scores of state social workers in Alabama who were trained to track down and reengage people who dropped out of HIV treatment have instead been put to work investigating COVID-19 cases, said Sharon Jordan, director of the HIV Prevention and Care Office at the Alabama Department of Public Health.

"I feel like the HIV community, those who are infected, probably feel as if nobody is thinking about us anymore," she said.

Annual HIV infections in the United States have dropped by more than two-thirds since the height of the AIDS epidemic in the mid-1980s, but the number of new infections has leveled off in recent years, according to the CDC. An estimated 1.2 million people in the U.S. have HIV, but more than 40% either do not know they are infected or don't have the virus under control.

President Donald Trump's administration announced an ambitious plan last year to end the HIV epidemic in the U.S. by focusing on hot spots for the infection and getting people on drugs. Federal health officials say that remains a priority, though they acknowledge challenges posed by COVID-19.

"We don't have the luxury of pulling back," said Rev. A.J. Johnson, CEO of an HIV testing organization in Baton Rouge, Louisiana. "This is a war against HIV-AIDS, not a battle."

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