

Coronavirus, COVID-19, and Considerations for People Living with HIV and LGBTQIA+ People

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Overview

The United States and more than 100 countries around the world are reacting to the outbreak of a new virus in late 2019 and early 2020. It has been called the “corona virus” in the lay press, since this new virus belongs to that virus family, but the scientific name for the virus is SARS-CoV-2. The disease that the virus causes has been named “coronavirus disease 2019” (abbreviated “COVID-19”).¹ Some individuals may acquire this infection and not get sick, others may have mild symptoms, but a subset of people develop life-threatening respiratory disease.

Where can I get information?

Fenway Health is monitoring the latest guidance from the Boston Public Health Commission (BPHC), Massachusetts Department of Public Health (DPH), and the United States Centers for Disease Control and Prevention (CDC) to provide updated information on a section of our website devoted to COVID-19 as it becomes available (<https://fenwayhealth.org/care/medical/covid-19-information/>). There are many competing sources of information. For now, these are the most comprehensive and scientific guidance we can find. To learn the facts about COVID-19 and help stop the spread of misinformation, visit CDC’s webpages [Share the Facts, Stop the Fear](#) and [coronavirus.gov](https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html).

¹ Centers for Disease Control and Prevention (no date). Coronavirus Disease 2019 (COVID-19). Situation Summary. <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html>. Accessed March 18, 2020

Who is at risk?

The virus is highly contagious and threatens everybody in terms of its infectiousness. That said, there are some groups that are particularly vulnerable to developing serious complications:

- Older adults (over 65) and people who have chronic medical conditions like HIV, heart disease, diabetes, and lung disease have a higher risk of complications from COVID-19. For more information, visit the CDC's page [People at Risk for Serious Illness from COVID-19](#)

Others are at increased risk of being exposed to this virus:

- ✧ Healthcare workers caring for patients with COVID-19 are at elevated risk of exposure.
- ✧ Close contacts of persons with COVID-19 also are at elevated risk of exposure.
- ✧ Travelers returning from affected [locations](#) where community spread is occurring also are at elevated risk of exposure.

While death rates are highest among older adults, Dr. Deborah Birx, leader of the federal government's COVID-19 Task Force, said at a news conference March 18, 2020 that data from Europe indicated that young people, specifically "millennials," are not immune and that many had contracted the virus and some were seriously ill.

How is the coronavirus spread?

According to the CDC:²

Person-to-person spread

The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes.

These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. The droplets can also persist on surfaces for hours.

Can someone spread the virus without being sick?

- People are thought to be most contagious when they are most symptomatic (the sickest).
- Some spread might be possible before people show symptoms; there have been reports of this occurring with this new coronavirus, but this is not thought to be the main way the virus spreads.

Spread from contact with contaminated surfaces or objects

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

² Centers for Disease Control and Prevention. (No date). Coronavirus Disease 2019 (COVID-19). How It Spreads. <https://www.cdc.gov/coronavirus/2019-ncov/prepare/transmission.html> Accessed March 18, 2020.

What is the profile of those at greatest risk of serious complications?

Anyone with respiratory symptoms (shortness of breath, cough) AND either fever or fatigue who ALSO has at least one of the following risk factors:

- AGE 60+ years old OR
- Presence of a chronic illness like: lung disease, heart disease, HIV/AIDS, or diabetes

If you fit any of these descriptions **and start to have COVID-19 symptoms**, call your healthcare provider and tell them about your symptoms. If you think you have been exposed to COVID-19 and develop a

fever and symptoms, such as cough or difficulty breathing, call your health-care provider for medical advice.

Do not go to your doctor's office without calling ahead first!

Particular concerns for people living with HIV

People with chronic health conditions, including HIV/AIDS, are at elevated risk. It is now more than ever critically important that PLWH take their HIV medications every day and take other steps to stay healthy, such as eating well, exercising, and avoiding tobacco and other substances.

According to a presentation given by Dr. John Brooks at the Conference on Retroviruses and Opportunistic Infections in early March 2020,³ PLWH should:

- Ensure that they have at least a 30-day supply of medications;
- Make sure that they are up to date with flu and pneumonia vaccines;
- Establish a plan for clinical care if isolated or quarantined, for example using telemedicine via Skype or FaceTime; and
- Maintain a social network, but remotely—social contact helps us stay mentally healthy and fights boredom.

³ Highleyman L (2020, March 13). UPDATED: What People With HIV Need to Know About the New Coronavirus. Poz. <https://www.poz.com/article/people-hiv-need-know-new-coronavirus>

According to the CDC:

Are people with HIV at higher risk for COVID-19 than other people?

At the present time, we have no specific information about the risk of COVID-19 in people with HIV.

The risk from immune suppression is not known, but with other viral respiratory infections, the risk for people with HIV getting very sick is greatest in:

- People with a low CD4 cell count, and
- People not on HIV treatment (antiretroviral therapy or ART).

People with HIV can also be at increased risk of getting very sick with COVID-19 based on their age and other medical conditions.

What can people with HIV do to protect themselves from COVID-19?

There is currently no vaccine to prevent COVID-19. The best way to prevent getting sick is to avoid exposure to the virus.

People with HIV should take [everyday preventive actions](#) to help prevent the spread of COVID-19.

People with HIV should also continue to maintain a healthy lifestyle. This includes:

- Eating right,
- Getting at least 8 hours of sleep, and
- [Reducing stress as much as possible.](#)

Staying healthy helps your immune system fight off infection should it occur.

If you have HIV and are taking your HIV medicine, it is important to continue your treatment and follow the advice of your health care provider. This is the best way to keep your immune system healthy.

Source and for more information:

<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/hiv.html>

Particular concerns for LGBTQIA+ people

LGBT people are more likely to have chronic conditions, such as cardiovascular disease, cancer, and HIV/AIDS.⁴ Lesbian and bisexual women are more likely than heterosexual women to be overweight or obese.⁵ There is also emerging research about higher rates of sedentarism, pre-diabetes, and diabetes among LGBTQ youth, which could lead to diabetes later in life.⁶ LGBT older adults experience higher rates of disability than heterosexual, cisgender elders.⁷ LGBT people are also more likely to smoke⁸ and vape,⁹ and to use substances.¹⁰ All of these conditions and risk behaviors could increase the vulnerability of LGBTQIA+ people if they are exposed to SARS- CoV-2, the coronavirus.

LGBT older adults already experience higher rates of social isolation than straight and cisgender age peers.¹¹ Social isolation will increase drastically over the coming weeks and months, as individuals engage in social distancing. This can exacerbate underlying mental health issues such as suicidal ideation and substance use.¹²

⁴ Cahill S and Wang T (2020, June). Quality Innovation Network, Quality Improvement Organizations (QIN-QIO) Sharing Call: “Reducing chronic disease and health disparities in diverse LGBT populations.” National webinar.

⁵ Boehmer U, Bowen DJ, Bauer GR. (2007). Overweight and obesity in sexual minority women: Evidence from population-based data. *Am J Public Health* 97:1134-1140.

⁶ Beach L, Turner B, Felt D, et al. (2018). Risk factors for diabetes are higher among non-heterosexual US high school students. *Pediatric Diabetes*, 19(7):1137-1146.

⁷ Fredriksen-Goldsen, K. I., Kim, H.-J., Emlet, C. A., Muraco, A., Erosheva, E. A., Hoy-Ellis, C. P., . . . Petry, H. (2011). *The aging and health report: Disparities and resilience among lesbian, gay, bisexual, and transgender older adults*. Seattle: University of Washington.

⁸ Lee JG, Griffin GK, Melvin CL. (2009). Tobacco use among sexual minorities in the USA, 1987 to May 2007: A systematic review. *Tob Control* 18:275-282.

⁹ Washington R, Cahill S. (2019, June). “Do e-cigarettes represent a harm reduction approach for the LGBT community? How do we reduce disparities in use?” National LGBTQ Health Conference, Emory University, Atlanta. Concurrent session—substance use.

¹⁰ Song YS, Sevelius JM, Guzman R, Colfax G. (2008). Substance use and abuse. *The Fenway Guide to Lesbian, Gay, Bisexual and Transgender Health*. Philadelphia: American College of Physicians. 2008. 209-247.

¹¹ Fredriksen-Goldsen et al., 2011.

¹² John Auerbach, Trust for America's Health. Presentation on Virtual LGBTQ+ Organizational Convening on COVID-19, March 19, 2020.

We are also concerned that LGBT people experience discrimination in accessing health care, and that some policies have been adopted recently that allow health care providers to refuse treatment based on religious or moral beliefs. Hopefully LGBTQIA+ people who fall ill with COVID-19 will be able to access testing and needed care. However, because of discrimination, many LGBTQIA+ people do not access routine, preventive health care, and may be less likely to access a corona virus test.¹³ Anyone who thinks that they are being discriminated against in health care because of their real or perceived sexual orientation or gender identity should contact Lambda Legal, the ACLU LGBT Rights Project, or GLAD: GLBTQ Legal Advocates and Defenders.

Finally, LGBTQIA+ people may be more likely to work in the food service, restaurant, and entertainment sectors.¹⁴ Many of these businesses have suddenly closed, and people are out of work. This could exacerbate pre-existing economic vulnerability for LGBTQIA+ people.¹⁵

Particular concerns for people with substance use disorder, those who are homeless, and those who are incarcerated

According to the National Institute on Drug Abuse, COVID-19:

could hit some populations with substance use disorders (SUDs) particularly hard. Because it attacks the lungs, the coronavirus that causes COVID-19 could be an especially serious threat to those who smoke tobacco or marijuana or who vape. People with opioid use disorder (OUD) and methamphetamine use disorder may also be vulnerable due to those drugs' effects on respiratory and pulmonary health. Additionally, individuals with a substance use disorder are more likely to experience homelessness or incarceration than those in the general population, and these circumstances pose unique challenges regarding transmission of the virus that causes COVID-19.¹⁶

¹³ Auberbach, 2020.

¹⁴ Ibid.

¹⁵ Badgett MVL, Choi SK, Wilson BDM (2019, October). LGBT poverty in the United States: *A study of differences among sexual orientation and gender identity groups*. Los Angeles: The Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/National-LGBT-Poverty-Oct-2019.pdf>

¹⁶ National Institute on Drug Abuse. (2020, March 12). COVID-19: Potential implications for individuals with substance use disorders. Accessed March 18, 2020.

Individuals should try to abstain from substance use, including smoking and vaping, to increase their chances of survival should they become infected with SARS-CoV-2 (the coronavirus) and develop COVID-19. Alcoholics Anonymous is encouraging members to meet virtually if possible, and if meeting in person to take precautions.¹⁷ The Grayken Center for Addiction at Boston Medical Center has published a number of resources for people around the country who are in recovery and wondering what to do in the age of COVID-19.¹⁸

The CDC offers resources for homeless shelters to minimize the risk of SARS-CoV-2 spread among homeless people and shelter staff and volunteers at:

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html>

As Vox recently reported, “A coronavirus outbreak in jails or prisons could turn into a nightmare.”¹⁹ The Federal Bureau of Prisons is implementing a COVID-19 response, details of which can be found here:

https://www.bop.gov/resources/news/20200313_covid-19.jsp

¹⁷ https://www.aa.org/assets/en_US/en_updatesoncoronavirus.pdf

¹⁸ <https://www.bmc.org/addiction/covid-19-recovery-resources>

¹⁹ Lopez G (2020, March 17). A coronavirus outbreak in jails or prisons could turn into a nightmare. <https://www.vox.com/policy-and-politics/2020/3/17/21181515/coronavirus-covid-19-jails-prisons-mass-incarceration>

What should we do?

All people, and especially people living with HIV, other chronic conditions, and LGBTQIA+ people, should be especially vigilant and practice good hygiene and social distancing. This means staying home, working from home if possible for the next several weeks or months, and only going outside for essential services such as accessing health care or medications, and food shopping. Outdoor exercise, such as walking or bicycling, is good for physical and mental health. Close contact with other individuals, or allowing children to play on playground equipment or with other children, should be avoided.

Best practices for hygiene and social distancing are described below from the Centers for Disease Control and Prevention. Maintaining medication adherence, and reducing pulmonary disease risk factors such as smoking and vaping, are also good ideas.

What can you do to reduce your risk of becoming infected?²⁰

• Take steps to protect yourself



Clean your hands often

- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol**. Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.

²⁰ This section is excerpted from Centers for Disease Control and Prevention. (No date). Coronavirus Disease 2019 (COVID-19). How to Protect Yourself. https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fprevention.html. Accessed March 18, 2020.

- **Avoid close contact**

- **Avoid close contact** with people who are sick
- **Put distance between yourself and other people** if COVID-19 is spreading in your community. This is especially important for **people who are at higher risk of getting very sick.**



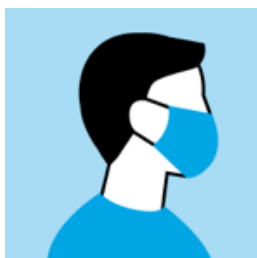
Take steps to protect others

- **Stay home** if you are sick, except to get medical care.



Cover coughs and sneezes

- **Cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
- **Throw used tissues** in the trash.
- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.



Wear a facemask if you are sick and sneezing or coughing

- **If you are sick:** You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then you should do your best to cover your coughs and sneezes, and people who are caring for you should wear a facemask if they enter your room.
- **If you are NOT sick:** You do not need to wear a facemask unless you are caring for someone who is sick (and they are not able to wear a facemask). Facemasks may be in short supply and they should be saved for caregivers.



Clean and disinfect

- Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- If surfaces are dirty, clean them: Use detergent or soap and water prior to disinfection.

To disinfect:

Most common EPA-registered household disinfectants will work. Use disinfectants appropriate for the surface.

Do not scapegoat or blame groups of people

Despite the claims of some irresponsible leaders, the coronavirus is not the fault of any one country or racial/ethnic group. Viruses are part of our world and our shared human history. No single racial or ethnic group of people is at greater risk of contracting or spreading the virus. The virus knows no

borders and does not discriminate. Racism and xenophobia, including anti-Chinese and anti-Asian racism, are not helpful responses.

Reject stigma

As LGBTQIA+ people and/or people living with HIV, we know how HIV stigma and anti-LGBTQIA+ stigma can enable the spread of HIV. It's important not to stigmatize the coronavirus. Here are some helpful tips from the CDC:²¹

Public health emergencies, such as the outbreak of coronavirus disease 2019 (COVID-19), are stressful times for people and communities. Fear and anxiety about a disease can lead to social **stigma** toward people, places, or things. For example, stigma and discrimination can occur when people associate a disease, such as COVID-19, with a population or nationality, even though not everyone in that population or from that region is specifically at risk for the disease. Stigma can also occur after a person has been released from COVID-19 quarantine even though they are not considered a risk for spreading the virus to others.

It is important to remember that people – including those of Asian descent – who do not live in or have not recently been in an area of ongoing spread of the virus that causes COVID-19, or have not been in contact with a person who is a confirmed or suspected case of COVID-19 are not at greater risk of spreading COVID-19 than other Americans.

²¹ Excerpted from Centers for Disease Control and Prevention. (No date). Coronavirus Disease (COVID-19). Reducing Stigma. <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/reducing-stigma.html>. Accessed March 18, 2020.

Some groups of people who may be experiencing stigma because of COVID-19 include:

- Persons of Asian descent
- People who have traveled
- Emergency responders or healthcare professionals

Stigma hurts everyone by creating fear or anger towards other people.

Stigmatized groups may be subjected to:

- Social avoidance or rejection
- Denials of healthcare, education, housing or employment
- Physical violence.

Remain hopeful

Finally, it's important to practice self-care and remain hopeful. We are in for a long haul, but we will get through this together if we take the appropriate precautions and make sacrifices now for the greater societal good. Take breaks from watching the news. Check in, by phone or social media, on isolated individuals, especially people who are elderly or people living with a disability or chronic disease. Do something for yourself to continue to enjoy life and get through the social disruption we are all experiencing. The CDC has more helpful tips regarding mental health.²²

²² Excerpted from Centers for Disease Control and Prevention. (No date). Managing Anxiety and Stress. Stress and Coping. <https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html>. Accessed March 18, 2020.

Manage Anxiety & Stress

Stress and Coping

The outbreak of coronavirus disease 2019 (COVID-19) may be stressful for people. Fear and anxiety about a disease can be overwhelming and cause strong emotions in adults and children. Coping with stress will make you, the people you care about, and your community stronger.

Everyone reacts differently to stressful situations. How you respond to the outbreak can depend on your background, the things that make you different from other people, and the community you live in.

People who may respond more strongly to the stress of a crisis include

- Older people and people with chronic diseases who are at higher risk for COVID-19
- Children and teens
- People who are helping with the response to COVID-19, like doctors and other health care providers, or first responders
- People who have mental health conditions including problems with substance use

If you, or someone you care about, are feeling overwhelmed with emotions like sadness, depression, or anxiety, or feel like you want to harm yourself or others call

- 911
- Substance Abuse and Mental Health Services Administration's (SAMHSA's) Disaster Distress Helpline: 1-800-985-5990 or text TalkWithUs to 66746. (TTY 1-800-846-8517)

Stress during an infectious disease outbreak can include

- Fear and worry about your own health and the health of your loved ones
- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating
- Worsening of chronic health problems
- Increased use of alcohol, tobacco, or other drugs

People with preexisting mental health conditions should continue with their treatment and be aware of new or worsening symptoms. Additional information can be found at the Substance Abuse and Mental Health Services Administration website at <https://www.samhsa.gov/disaster-preparedness>

Taking care of yourself, your friends, and your family can help you cope with stress. Helping others cope with their stress can also make your community stronger.

Things you can do to support yourself

- Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting.
- Take care of your body. Take deep breaths, stretch, or meditate. Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep, and avoid alcohol and drugs.
- Make time to unwind. Try to do some other activities you enjoy.
- Connect with others. Talk with people you trust about your concerns and how you are feeling.

Call your healthcare provider if stress gets in the way of your daily activities for several days in a row.

Resources

In general:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

<https://fenwayhealth.org/care/medical/covid-19-information/>

For people living with HIV:

https://www.hivma.org/globalassets/covid-19-special-considerations_v5.pdf

For parents, spouses, and pet owners:

<https://www.cdc.gov/coronavirus/2019-ncov/prepare/protect-family.html>

For transgender people:

<https://transequality.org/covid19>

For people in recovery:

<https://www.bmc.org/addiction/covid-19-recovery-resources>

For homeless service providers:

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html>

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