COVID-19 and Co-Morbidities: The dangers facing those living with HIV

COVID-19 has presented some of the most difficult challenges society has seen in decades. While the sudden shift has enabled society to work remotely and with access to vaccines, many would assume we are on the right track for a safer society for all. However, those living with HIV face one of the highest risk of complications resulting from COVID-19.

A new July 2021 World Health Organization (WHO) report confirms that, “HIV infection is a significant independent risk factor for both severe/critical COVID-19 presentation at hospital admission and in-hospital mortality. Overall, nearly a quarter (23.1%) of all people living with HIV who were hospitalized with COVID-19, died... It found that the risk of developing severe or fatal COVID-19 was 30% greater in PLHIV compared to people without HIV infection.”

This presents a difficult challenge within the United States, where more than 51% of those diagnosed with HIV were aged 50 and older.

Americans aging with HIV present a concerning scenario where their compromised immune systems alongside COVID-19 infections tremendously increase their odds of facing co-morbidities:

**Health issues and Co-Morbidities**

- Heart Disease
- Cerebrovascular Disease (Affects blood vessels and blood supply to the brain)
- Liver Disease

**Racial Disparity: How COVID-19 affects people of color**

People of color in the United States have been disproportionally affected by both HIV and COVID-19. “Notably, Black, and Hispanic people, groups hard hit by COVID-19, are also hardest hit by HIV. While Black people represent just 12% of the U.S. population, they account for 41% of HIV cases; Hispanic people make up 19% of the US population but 23% of HIV cases.” When looking at the cases facing people of color affected by HIV:

<table>
<thead>
<tr>
<th>Rate ratios compared to White, Non-Hispanic persons</th>
<th>American Indian, Non-Hispanic persons</th>
<th>Asian, Non-Hispanic persons</th>
<th>Black or African-American, Non-Hispanic persons</th>
<th>Hispanic or Latino persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>1.7x</td>
<td>0.7x</td>
<td>1.1x</td>
<td>1.9x</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>3.5x</td>
<td>1.0x</td>
<td>2.8x</td>
<td>2.8x</td>
</tr>
<tr>
<td>Death</td>
<td>2.4x</td>
<td>1.0x</td>
<td>2.0x</td>
<td>2.3x</td>
</tr>
</tbody>
</table>

This is read as: American Indians or Alaskan Natives face 1.7 times the number of COVID-19 Cases and Hispanics or Latinos face 2.8 times the amount of Hospitalization rates when compared to those among White populations. Ending the HIV Epidemic cannot be achieved unless we address and understand how communities of color are drastically more disproportionally affected by diseases such as COVID-19 and HIV.
**Policy needs and NMAC goals**

Currently, the United States healthcare system is not prepared for the upcoming dilemma it will face within the next decade of seniors living with HIV. With the current strain on the health care system, and the two million Americans currently living within the Medicaid coverage gap, NMAC urges Congress to:

1. Federalize the Medicaid system. Due to absent leadership from 12 states (Alabama, Florida, Georgia, Kansas, Mississippi, North Carolina, South Dakota, South Carolina, Tennessee, Texas, and Wyoming) where the coverage gap exists, we urge Congress to immediately pass legislation that incorporates a federal safety net so that individuals living in these 12 states can access the same necessary care as those Americans living in states that did the responsible thing and expanded Medicaid through the Affordable Care Act.

2. Access to the Medicaid marketplace enables Seniors, Americans living with HIV, and those living with underlying health issues to have the support they require when so much of the medication they need may fall out of coverage under their current system. NMAC believes establishing a federized Medicaid system is one of the many steps required for us to truly End the HIV Epidemic.

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**Endnotes**


