## THINKING WITH HIV: EXPLORING COLLECTIVE AND INDIVIDUAL RESPONSES TO COVID-19 AMONG PEOPLE LIVING WITH HIV (PLHIV)

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**Background:** Discussions about the social impacts of COVID-19 have been informed by the cultural inheritance of the HIV/AIDS crisis. However, to date little attention has been given to how memory and cultures of HIV/AIDS influence specific responses to COVID-19 among people living with HIV (PLHIV).

**Methods:** In-depth interviews were conducted with participants in an existing qualitative cohort of people diagnosed with HIV since 2016. This analysis includes the accounts of 23 participants (median age was 32 years; 21 were male and 2 female), focuses on the ways in which participants conceptualised the COVID-19 pandemic and individual risk. Interviews were conducted between June 2020 and April 2021.

**Results:** Participants drew on their experiences and knowledge of HIV in understanding COVID-19. Some accounts included emotional/affective responses to COVID-19 based on (recent) experiences of HIV diagnosis, focusing for example on social exclusion and shame. Participants' accounts also included reflections on similarities in the language/framing of COVID-19 and HIV – such as 'patient zero' – as well as public-health measures such as contact tracing. However, some participants actively resisted such parallels, highlighting that unlike COVID-19, HIV disproportionately affected particular marginalised groups – and created 'moral panic' related to sexuality and drug consumption.

Regarding risk, early discussions of COVID-19 focusing on people who were 'immunocompromised' created uncertainty among PLHIV (on antiretrovirals) about whether they would be at increased risk of acquiring COVID-19 and/or experience poorer health outcomes if infected. Over time, concerns decreased (mostly in relation to risk of infection), due to information accessed from various sources, including PLHIV peer groups, as well decreases in COVID-19 cases in Australia.

**Conclusion:** Both collective and individual experiences of HIV provide insights into ways of understanding COVID-19. Communal and community-based meaning making, informed by history of HIV, is likely to be critical for thinking about COVID-19 and for effective public health responses, including vaccine uptake.

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