

THE IMPACT OF THE COVID-19 PANDEMIC ON PEOPLE WITH HIV IN VICTORIA, AUSTRALIA OVER TWO TIME PERIODS

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Background:

Australia had fewer than 30,000 COVID-19 cases during the first year of the pandemic¹. Stringent public health measures including curfews, state border closures, 5km travel restrictions, and closure of non-essential services were implemented in Victoria in 2020 to limit disease transmission². Furthermore, COVID-19 vaccinations were not yet available. Australia has now had approximately 5.8 million cases of COVID-19¹. Most former public health measures are no longer in place and the population is >95% double vaccinated. We compared the impact of the pandemic on Victorians with HIV (PWHIV) over time.

Methods:

Two surveys were developed with HIV stakeholder groups. Both appraised demographics, concern about, and impacts of the pandemic on income, employment, accommodation, personal relationships, and access to food. Additional questions about COVID-19 vaccination, mental health, and quality of life were included in the second survey. Both studies were approved by Alfred Health Ethics Committee. Recruitment was through social media and Alfred and Monash Health HIV clinics. The first survey ran from 26th August to 26th November 2020. The second ran from 30th October 2021 to 31st January 2022.

Results:

The surveys had 153 and 95 respondents each. Demographics were similar (Figure 1a). Most said their mental health was negatively impacted (68%), and of the 56% of respondents who required mental health services, 39% were unable to access them. Higher proportions of PWHIV reported concern in most domains in the second survey (Figure 1b). Ninety percent had received two COVID-19 vaccinations. Both surveys demonstrated continued access to HIV and non-HIV care (Figure 1c).

Figure 1a illustrates the demographics of the study participants. *Figure 1b* demonstrates the proportion of PWHIV who reported that they sometimes or often were concerned about each domain in their life. *Figure 1c* shows the proportion of PWHIV who could access each aspect of medical care when required.

Conclusion:

Reassuringly, provision of HIV care continued unabated during the pandemic, however PWHIV continued to experience wide-ranging concern and negative impacts. The difficulty PWHIV have accessing mental health services must be addressed and HIV providers should be supported by improved mental health infrastructure to optimise the quality of life of PWHIV.

Disclosure of Interests: None

Figure 1.

