COVID-19 and the HIV continuum in people living with HIV enrolled in Collaborating Consortium of Cohorts Producing NIDA Opportunities (C3PNO) cohorts

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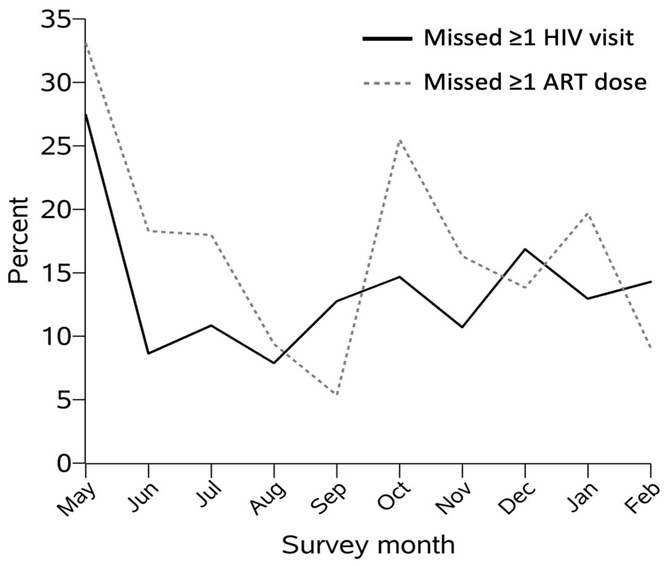
BACKGROUND

- The COVID-19 pandemic disrupted the normal delivery of HIV care, altered social support networks, and caused economic insecurity.
- People with HIV (PWH) are vulnerable to such disruptions, particularly if they have a history of substance use.
- **We described engagement in care and adherence to antiretroviral therapy (ART) for PWH during the pandemic.**

METHODS

- From May 2020 to February 2021, 773 PWH enrolled in 6 existing cohorts 1-2 surveys about substance use and engagement in HIV care during the COVID-19 pandemic.
- **Outcomes: self-reported missing an HIV visit in the past month and missing an ART dose in the past week**
- We report adjusted prevalence ratios between self-reported covariates and each outcome



During the COVID-19 pandemic, missing ≥1 ART dose was associated with cocaine, cannabis use, and disruptions to substance use treatment

RESULTS

- 93% of respondents had a medical visit in the past month (including telehealth visits)
- 13% of respondents had missed an HIV visit in the past month
- 19% of respondents had missed ≥1 dose of ART in the past week

- In crude analyses, **missing an HIV visit** was associated with unstable housing, food insecurity, anxiety, low resiliency, disruptions to mental health care, and substance use. In multivariable models, only smoking was independently associated with missing an HIV visit
- Reasons for missing a visit included: forgot (26%), COVID-19 (18%), inconvenience (12%), and unable to attend via telehealth (9%)

- In crude analyses, **missing ≥1 ART dose** was associated with male sex, low resiliency, disruptions to mental health care, substance use, and disruptions to substance use treatment. In multivariable models, male sex, low resiliency, cocaine use, cannabis use, and disruptions to substance use treatment
- 21% missed ART because they could not get a refill or they were concerned about going to the pharmacy due to the COVID-19 pandemic

	Observations N=1286 (%)	Adjusted Prevalence Ratios	
		Missed HIV visit	Missed ART dose
Age[a]	51 (37, 58)	0.99 (0.97, 1.01)	0.99 (0.98, 1.01)
Male sex	943 (73)	1.18 (0.67, 2.07)	1.64 (1.04, 2.60)
Race/ethnicity			
Black, non-Hispanic	883 (69)	1.	1.
White, non-Hispanic	117 (9)	0.96 (0.56, 1.63)	0.92 (0.61, 1.40)
Hispanic	238 (19)	0.95 (0.63, 1.45)	1.10 (0.79, 1.54)
Other, non-Hispanic	48 (4)	0.80 (0.40, 1.61)	1.13 (0.68, 1.87)
Unstable housing	68 (5)	1.32 (0.83, 2.10)	1.14 (0.75, 1.74)
Employment			
Employed	237 (18)	1.	1.
Unstable employment	167 (13)	0.61 (0.38, 0.99)	0.85 (0.59, 1.23)
Unemployed	882 (69)	0.79 (0.52, 1.20)	0.86 (0.62, 1.19)
Food insecure	354 (28)	1.31 (0.95, 1.82)	1.07 (0.85, 1.34)
Moderate-to-severe anxiety	228 (18)	1.13 (0.77, 1.64)	0.96 (0.73, 1.27)
Brief Resiliency Scale			
Low resilience	198 (15)	1.43 (0.99, 2.07)	1.62 (1.27, 2.06)
Normal resilience	877 (68)	1.	1.
High resilience	211 (16)	0.90 (0.57, 1.42)	1.02 (0.72, 1.43)
Interruptions to mental health care	644 (50)	1.23 (0.87, 1.72)	1.20 (0.93, 1.54)
Recent drug use			
Smoking	548 (43)	1.50 (1.09, 2.08)	1.14 (0.89, 1.46)
Hazardous alcohol use	138 (11)	1.15 (0.74, 1.78)	1.27 (0.91, 1.77)
Cocaine	126 (10)	1.31 (0.85, 2.03)	1.65 (1.22, 2.22)
Opioids	59 (5)	0.88 (0.44, 1.77)	1.08 (0.72, 1.61)
Cannabis	463 (36)	1.32 (0.92 1.89)	1.32 (1.00, 1.74)
Current substance use treatment	241 (19)	0.85 (0.39, 1.86)	0.60 (0.29, 1.25)
Disruptions to substance use treatment	167 (69)	1.06 (0.46, 2.40)	2.37 (1.14, 4.94)
Current opioid agonist therapy	99 (8)	1.11 (0.43, 2.87)	0.67 (0.32, 1.37)
Disruptions to opioid agonist therapy	26 (26)	1.20 (0.32, 4.46)	0.85 (0.34, 2.17)
≥ "Much" disruptions of COVID-19 pandemic	848 (66)	1.18 (0.79, 1.75)	1.01 (0.78, 1.31)
Substantial worry due to the pandemic	1001 (78)	0.88 (0.59, 1.31)	0.95 (0.71, 1.26)

[a] Median (Q1, Q3)

CONCLUSIONS

- Close attention to continuity of care for people with HIV with current and past substance use is particularly important during times of social disruption

ADDITIONAL KEY INFORMATION

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