HIV Viral Suppression Drops After Pivot to Telemedicine

An HIV clinic saw a 31% lower likelihood of viral suppression after transitioning to telehealth due to COVID-19.

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People with HIV receiving care at a safety-net hospital clinic in San Francisco were 31% more likely to have an unsuppressed viral load after the city imposed its shelter-in-place order due to COVID-19 and the clinic shifted to telemedicine, researchers recently reported.

To date, a majority of research indicates that people living with HIV do not have a higher likelihood of acquiring SARS-CoV-2—the coronavirus that causes COVID-19—nor do they appear to be substantially more likely to develop severe COVID-19 or to die from it.

However, some HIV-positive people have had severe disease, and some studies have seen higher rates of COVID-19 complications in this population.

As described in the journal AIDS, Matthew Spinelli, MD, Monica Gandhi, MD, MPH, and colleagues at the University of California, San Francisco, evaluated retention in care and viral suppression rates at Zuckerberg San Francisco General Hospital's Ward 86 HIV clinic, which serves a largely disadvantaged and vulnerable population. They compared outcomes before the shelter-in-place mandate (December 2019 through February 2020) and after it was issued (April 2020).

During 2019, Ward 86 averaged 1,836 visits per month. Overall, 19% of patients had an unsuppressed viral load at any point, and 16% were homeless. During the spring COVID-19 crisis, the clinic largely shifted to telemedicine. After the transition, 54% of scheduled visits were done by telephone, but homeless people were offered telehealth for only 32% of visits.

Before the shelter-in-place order, 31% of all visits (1,287 out of 4,153) were no-shows, and the proportion remained about the same after the transition to telehealth (30%, or 599 out of 1,997 visits). Interestingly, there were fewer no-shows for telephone visits compared with in-person visits overall.

Younger people (under age 35) were more likely not to show up before COVID-19, but this was no longer the case during shelter-in-place, which the researchers suggested might reflect greater comfort with telemedicine. Conversely, although homeless people were no more likely than others to miss visits before COVID-19, they had more no-shows after the transition.

Overall, the odds of not having viral suppression—defined as a viral load above 200—were 31% higher during shelter-in-place than before COVID-19. Homeless people, especially, were more likely to have unsuppressed HIV during-COVID-19. Younger people and Black people had a higher likelihood of having unsuppressed virus compared with older and white individuals, but these differences were similar before and after the telehealth transition.

After the shelter-in-place order, “viral suppression rates fell substantially compared with pre-COVID-19,” and “this destabilization occurred despite our population attending telemedicine visits at a higher rate than expected,” the study authors wrote. “Telemedicine may facilitate retention in care in the context of shelter-in-place for those without a digital divide, but is unlikely to compensate for the loss in clinic-based social services and support for people with HIV with vulnerabilities.”

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