During New York's First Wave, COVID-19 Cases Were Worse Among People With HIV

Compared with the general population, people with HIV had a higher rate of hospitalization and death from COVID-19.

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During the initial wave of COVID-19 cases that slammed New York City in the spring, people with HIV had a higher rate of hospitalization and death from novel coronavirus infection compared with HIV-negative residents, aidsmap reports.

These findings conflict with earlier small studies showing that HIV was not tied to worse COVID-19 outcomes.

Researchers form the New York State Department of Health and the State University of New York analyzed data from the Empire State's HIV surveillance database, which includes records on 108,062 people living with diagnosed that virus in the state. They compared these records with data on lab-confirmed COVID-19 cases. They further matched these records with hospital admissions and deaths among people in hospitals throughout the state.

The analysis, which covered March 1 to June 7 and was prepublished without peer review in medRxiv, found 375,260 cases of COVID among HIV-negative state residents—a rate of 19.4 per 1,000 people. There were 2,988 cases in people with diagnosed HIV, for a rate of 27.7 per 1,000 people with HIV.

The study authors adjusted these data for age, sex and region and found no significant difference in the rate of COVID-19 diagnosis between people with and without HIV.

However, further analyses indicated that having HIV was in fact associated with a higher rate of hospitalization and death among those diagnosed with COVID-19.

Adjusting for sex, age and region, the study authors found that among those with confirmed COVID-19, HIV was associated with a 1.38-fold higher rate of hospitalization and a 1.23-fold increased risk of death while in the hospital.

Having more advanced HIV disease and having an unsuppressed HIV viral load were each associated with a greater risk of hospitalization among those with COVID-19.

Using an acronym for people living with diagnosed HIV, the study authors concluded, “PLWDH experienced poorer COVID-related outcomes relative to non-PLWDH, with 1 in 522 PLWDH dying with COVID-19, seemingly driven by higher rates of severe disease requiring hospitalization.”

To read the aidsmap article, click here.

To read the study abstract, click here.

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