

**Welcome to the Town Hall
COVID-19
& Living with HIV**

Thursday, April 23, 2020

6:00-8:00 pm PST

Virtual Meeting via Zoom

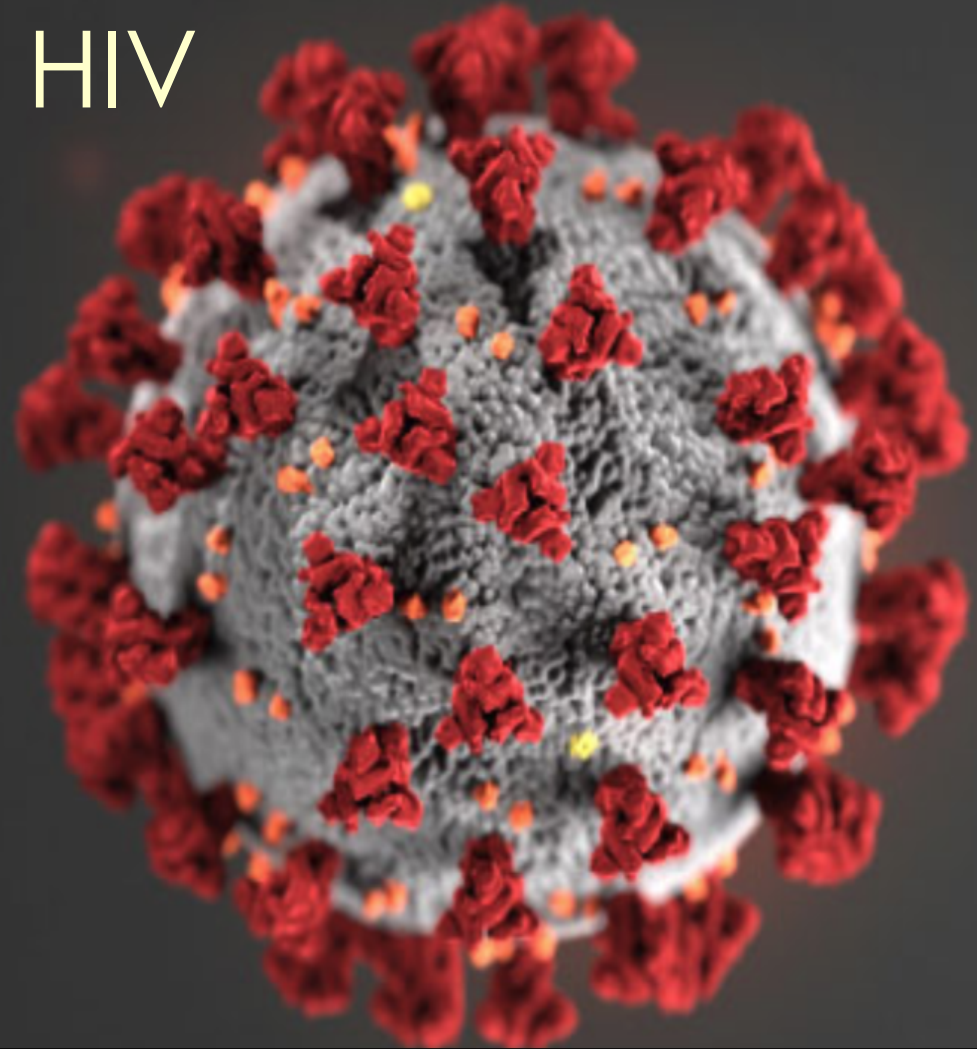
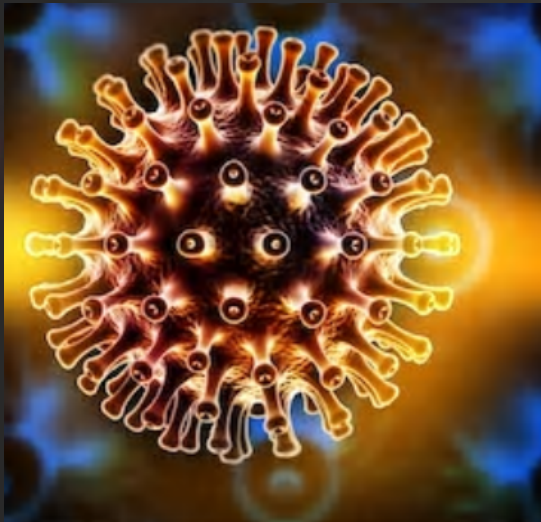
HOSTED BY GETTING TO ZERO SAN FRANCISCO & WARD 86 @ SFGH

Housekeeping items



- Today's town hall is from 6-8pm
 - Talks from 6pm-7pm
 - Questions and testimonials from all of you from 7pm-8pm
- The slides and links to resources discussed during meeting *will be made available to all attendees*
- All participants will be muted 6-7pm to enable the speakers to present without interruption
- If you have a question or a comment, please enter them into the Q&A or use the "raise hand" feature

COVID-19 and HIV









Monica Gandhi MD, MPH
Medical Director, Ward 86
April 23, 2020

Outline of talk

- COVID-19 pandemic worldwide and United States
- COVID-19 epidemic locally in San Francisco
- HIV and COVID-19
 - Why could it be worse?
 - Why could it be better?
 - What have we seen in San Francisco (and elsewhere) for people with HIV?
- Health concerns for people with HIV
- Introduction to new clinic leadership at Ward 86

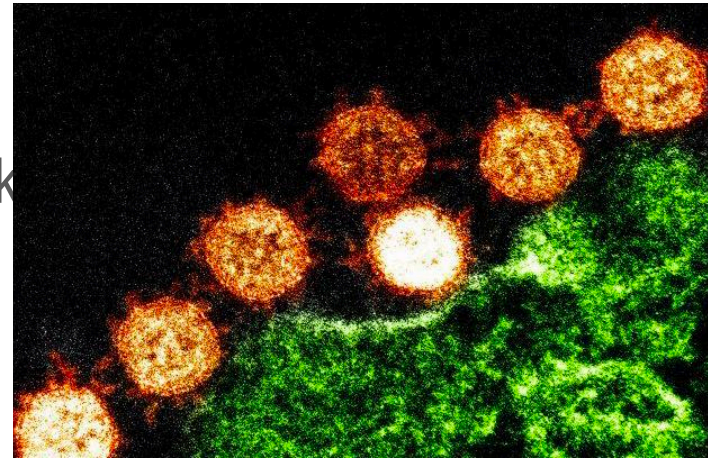
How do new infectious diseases come into humans?

Activity	Consequence
 <p>Global Warming</p>	<ul style="list-style-type: none"> • Infections move North to get more cool and then humans are not immune to them
 <p>Interaction with animals (hunting, eating, pets)</p>	<ul style="list-style-type: none"> • “Zoonoses” is when an organism jumps from nonhuman to human hosts
 <p>Changes in agriculture</p>	<ul style="list-style-type: none"> • New crops attract new pests
 <p>We encroach onto animal habitats</p>	<ul style="list-style-type: none"> • Other animals crowded, microbes can mutate, mix • Destruction of rain forests bring humans into contact with unfamiliar microbes
 <p>Urbanization</p>	<ul style="list-style-type: none"> • People more crowded together, contagious diseases
 <p>Other</p>	<ul style="list-style-type: none"> • Jet travel spreads diseases even when asymptomatic • Ships can carry organisms around • Breakdown of public health measures, poverty, war, famine, terrorism



What is a Coronavirus?

- Viruses cannot live on own in the environment- they need a “host” to help them replicate
- Corona means “crown” in Latin
- Coronaviruses named that because spikes on outside
- Usually cause the “common cold” – sneezing, runny nose, mild sore throat, mild fever



Have we ever seen coronavirus cause more than the “common cold” before?



- This new coronavirus is causing more severe symptoms than “upper respiratory infection” symptoms, like fever, cough, shortness of breath, sometimes even pneumonia
- We had another coronavirus which came out in the world like this in 2002 and yet another in 2012 so this is the 3rd time

Another coronavirus named SARS came out in 2002- Didn't just cause cold but worse symptoms

- In 2002, there was another virus that came out of China called “SARS” - Severe Acute Respiratory Syndrome (SARS-CoV-1)
- Lasted about 9 months in the world until 2003; 8098 cases, 29 countries, 774 deaths
- 29 cases in U.S. but 0 deaths, more in Canada
- Horseshoe bat, then cat-like mammal called palm civet → human → human to human



Middle East respiratory syndrome coronavirus in 2012 (MERS-CoV)

- First came out in Saudi Arabia in 2012; all cases linked to Middle East
- Went around world from 2012-2019: 27 countries, 2494 cases, 858 deaths
- United States: 2 cases in May 2014 (Indiana, Florida) – both health care workers from Saudi Arabia
- Was originally in camel and then went to humans then human to human



What about this new coronavirus?

- Illness with fever, cough, pneumonia reported in Wuhan, China on New Years' Eve (December 31, 2019) after “whistleblower event”
- People initially had been exposed to seafood and markets in “live markets”
- January 7, 2020: Identified etiology a new coronavirus
- Has been spreading around world since then
- January 30, 2020: WHO - “global health emergency”
- March 11, 2020: WHO – “Pandemic”



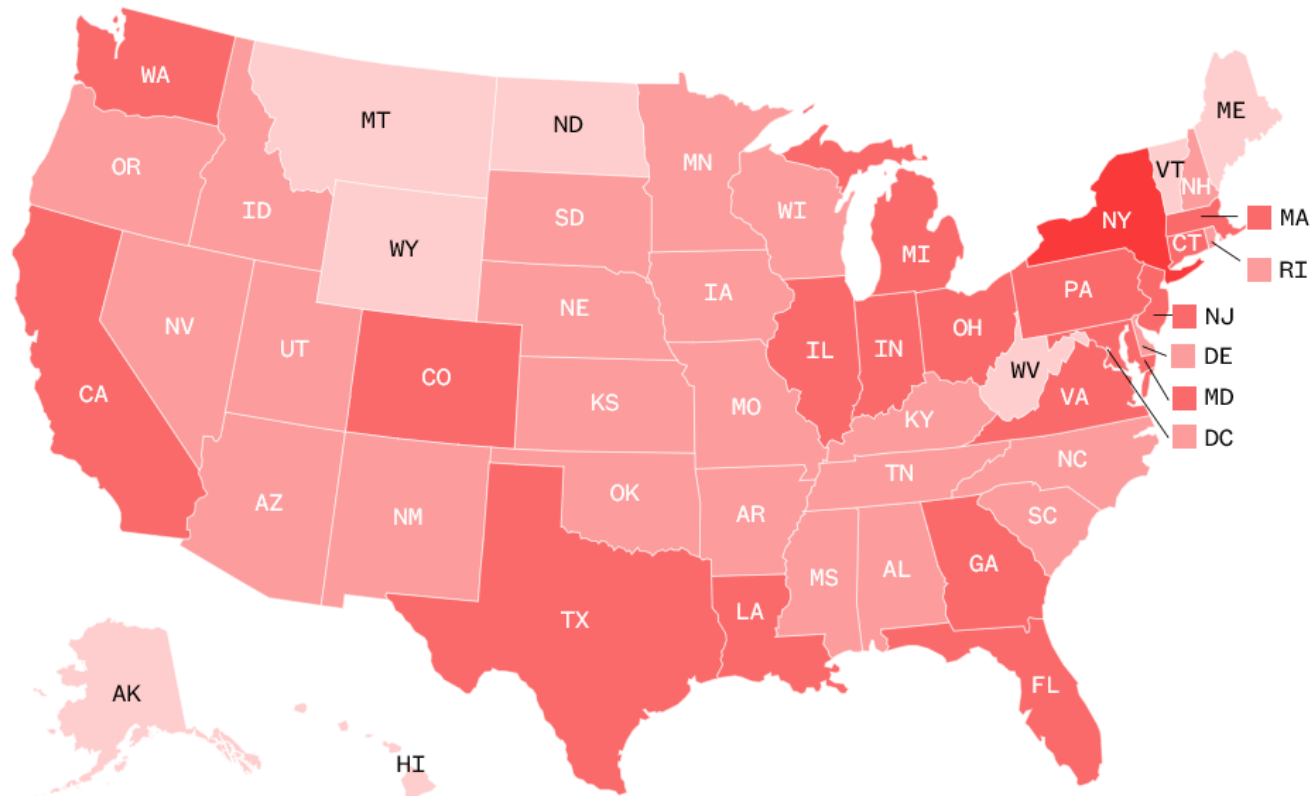
Where are we as of today in world? April 23, 1:00pm

- Worldwide: 2,701,924 (189,308 deaths)
- United States: 870,974 cases (49,231 deaths- we surpassed any other country in terms of cases on 3/26 & deaths on 4/11/20)
- New York: 257,216— more than any other country outside the U.S. in one state, 15,302 deaths (much slowed)
- Massachusetts emerging as major hotspot
- Outbreaks in nursing homes and jails
- California: 39,009 (1512 deaths)
- San Francisco: 1302 cases, 21 deaths

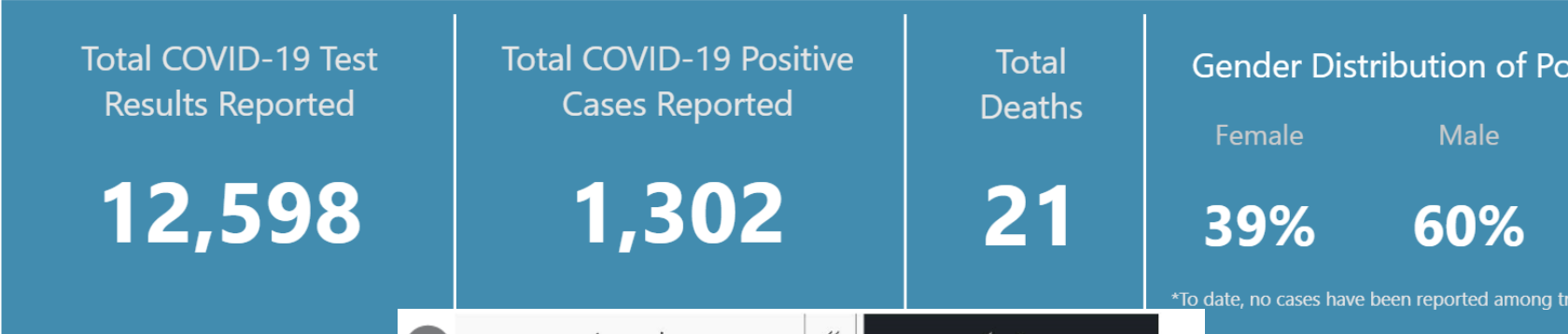


Hotspots in the United States

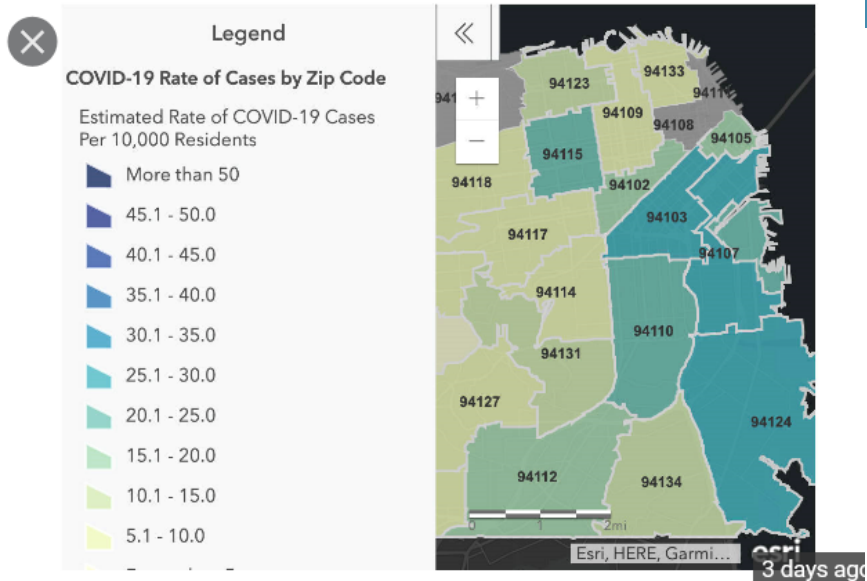
1-1,000 cases 1,001-10,000 10,001-100,000 More than 100,000



What does COVID-19 in SF look like?



Mission,
SoMA,
Bayview,
Dogpatch



Data as of 4/22/2020

San Francisco COVID-19 RESPONSE

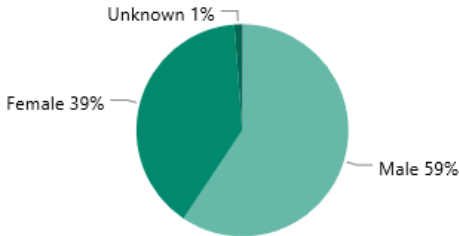
See Demographics For:

Cases

Deaths

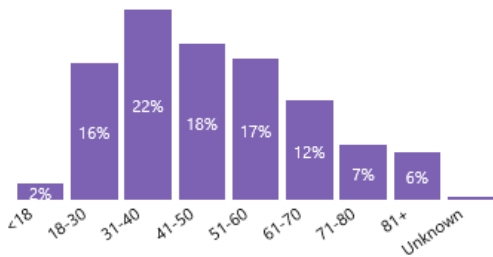
COVID-19 Cases
1,302

Cases - Gender

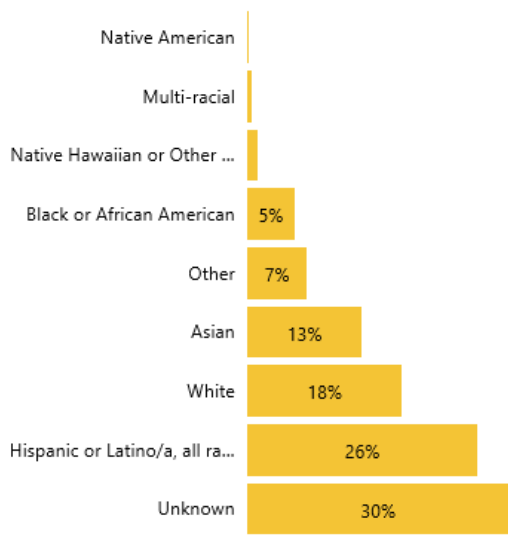


To date, no cases reported among trans women or trans men.

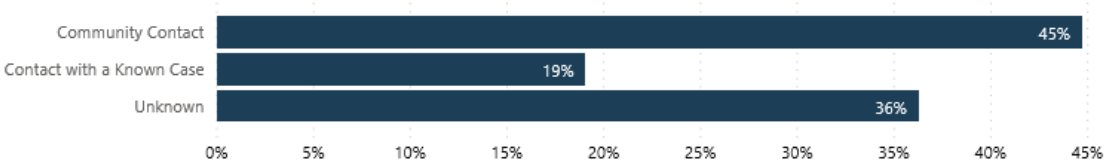
Cases - Age Group



Cases - Race/ Ethnicity



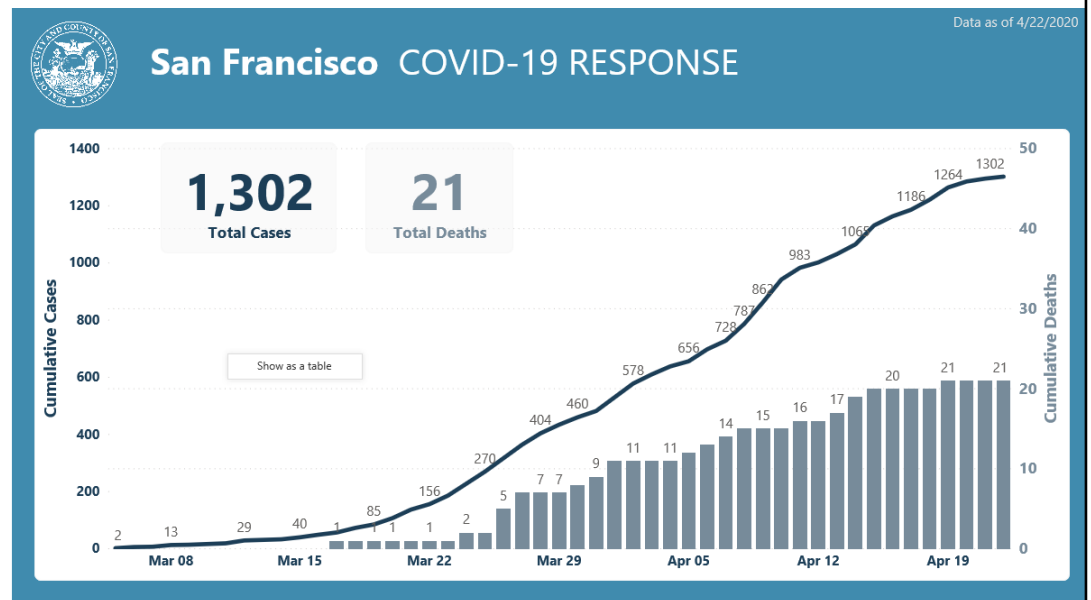
Cases - Transmission Category



HIV and COVID-19

- **Timeline in city**

- March 5---First cases (two) of community transmission reported
- March 6– Many clinics started developing guidelines on telephone visits
- March 16- Shelter in place by San Francisco until April 7
- March 19 – Shelter in state of California
- April 1- Shelter in place in San Francisco extended to May 3
-
-
-
- It keeps on going! May 3 is date San Francisco’s ordinance ending but...

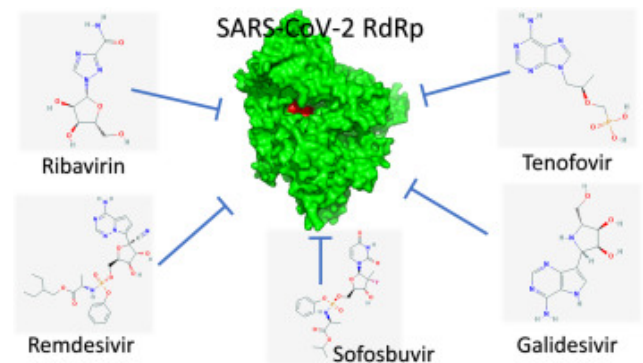


Are there reasons to think PWH could have worse outcomes with COVID-19

- *Theoretically yes but not seen to date*
 - PWH (especially those with low CD4 counts and high viral loads) are immunosuppressed
 - However, immunosuppression not a clear risk factor for SARS-COV-2 (and could even help)
 - PLHIV have an increased frequency of some of the known risk factors associated with severe COVID-19
 - Nearly half of the PWH in the U.S. (and 65% of PWH in the city of San Francisco) are >50 years
 - PWH have a higher rate of cardiovascular disease and pulmonary disease, including chronic obstructive pulmonary disease, than general population
 - Higher rates of poverty and marginal housing among our safety-net population of PWH at Ward 86

Are there reasons to think PWH could have better outcomes with COVID-19?

- *Theoretically yes and maybe that is happening*
 - Tenofovir may inhibit replication of the SARS-CoV-2 virus
 - Lopinavir/ritonavir and atazanavir/ritonavir MAY have effects but not in studies so far
 - Maybe tenofovir or HIV itself suppresses immune effects and inflammation and could help all the inflammation in severe disease with COVID-19



Any data from anywhere on this?

- Reports out of Italy without too much detail that less severe disease with HIV
- Report out of New York City that patients admitted to centers with HIV is rare
- Preliminary look from our city
 - Out of 12,000 tests run, 300 have been in PWH
 - 36 PWH out of 1233 COVID cases (or 2.9%)



The Pandemic's Hidden Victims: Sick or Dying, but Not From the Virus

As the coronavirus overwhelms the health care system, people with other illnesses struggle to find treatment.

Impact of HIV on
COVID

Viewpoint

April 16, 2020

Meeting the Care Needs of Older Adults Isolated at Home During the COVID-19 Pandemic

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» Author Affiliations | Article Information

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Ward 86 clinic leaders



John Szumowski MD
Associate Medical Director



Jon Oskarsson

Nurse Manager



Mary Lawrence-Hicks

Deputy Clinic Director