

## Frequently Asked Questions about COVID-19, HIV, and Hepatitis C

### Background Information on the Data Below

Data presented in this document only represents people who have tested for COVID-19 and HIV or hepatitis C. Not everyone in Washington State has access to testing, so reported cases may not reflect the actual burden of disease.

#### Why Isn't DOH reporting these data by race and ethnicity?

The data currently available to did not allow us to reliably present it by race/ethnicity information. People living with hepatitis C and HIV are a relatively small proportion of all the people living in Washington State, making this particularly difficult. Factors contributing to the difficulty:

- Race and ethnicity are not reported for a significant number of COVID-19 cases (30%). This is also true for COVID-19 testing data overall. The Washington State Board of Health is currently considering requiring race and ethnicity reporting for COVID-19.
- Data on overall testing is reliant on laboratory data only as most negative lab results are not further investigated. Many lab reports do not include race or ethnicity data. The Washington State Department of Health and Federal Health and Human Services have sent guidance to laboratories and health providers outlining the importance of collecting race and ethnicity data.
- There are small case numbers for certain outcomes like deaths and for certain racial/ethnic groups (for example among American Indian/Alaskan Natives).
- Broad racial reporting categories such as *Black* and *Asian/Pacific Islander* combine together distinct groups that may limit our ability to recognize differences in COVID-19 impacts that may be occurring by language, culture or country of origin.

We are currently only including statewide data with no demographic breakdowns because of the reasons listed above. We want to ensure confidentiality is not breached due to small numbers in groups we report on. We also want to ensure that data that is presented represents what is truly happening as much as possible. We are currently exploring ways that we can provide additional demographic data in the next update of this report.

### COVID-19 Numbers

#### How many people in Washington have had COVID-19?

Current data is located on the [COVID-19 Data Dashboard](#). There were approximately 20,100 individuals tested, diagnosed, and reported with COVID-19 at the time these FAQs were developed.

#### How many people in Washington living with hepatitis C have had COVID-19?

- There were 147 people living with hepatitis C (PLWHC) who have been tested, diagnosed, and reported with COVID-19 as of 5/25/2020. ([Hep C Table 1](#))

Hep C Table 1. COVID-19 Cases Among PLWHC in Washington as of 5/25/2020				
Population	Cases	Population size	Rate/10,000	Rate Ratio
PLWHC	147	59,100	24.9	0.9 (95% CI 0.8-1.1)
All others	20,035	7,368,470	27.2	
WA total	20,182	7,427,570	27.2	

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Hep C Table 2. Deaths from COVID-19 in Washington as of 5/25/2020			
Population	Deaths	Total cases	Case Mortality
PLWHC	10	147	6.80%
All others	1,063	20,035	5.30%
WA total	1,073	20,182	5.30%

- Our data does not suggest that hepatitis C status is a risk factor for acquiring COVID. The risk ratio of 0.9 (95% CI 0.8-1.1) is not statistically significant. ([Hep C Table 1](#))
- Ten people living with hepatitis C have died from COVID, which equates to a case mortality approximately 1.3 (95% CI 0.7-2.3) times higher to that of the general population. This difference is not statistically significant. ([Hep C Table 2](#))
- Note that data related to hepatitis C is less detailed than that for people living with HIV. That is due to a number of factors, including minimal federal investment in hepatitis C surveillance and data systems, resulting in fewer resources for assessing hepatitis C cases.
- People living with hepatitis C may be less likely to be tested for COVID-19 due to barriers to testing (e.g. not being engaged by the health care system).

### How many people in Washington living with HCV have been tested for COVID?

We do not know. Data related to HCV is less detailed than that for people living with HIV. The Hepatitis C surveillance and data systems are not as robust as those we use for HIV. Anecdotally, we know people living with HCV may be less likely to test for COVID-19 due to barriers to testing such as challenges accessing health care and stigma.

### Why does the COVID case rate seem lower for people living with HCV compared to the general population?

We have no reason to think people living with HCV have less risk for COVID compared to the general population. We believe the case rate appears lower for people living with HCV because people living with HCV may not be accessing testing as much as the general population due to challenges accessing health care and stigma.

### How many people in Washington living with HIV have had COVID-19?

- There were 82 people living with HIV (PLWH) tested, diagnosed, and reported with COVID-19 as of 5/25/2020. ([HIV Table 1](#))

HIV Table 1. COVID-19 Cases Among PLWH in Washington as of 5/25/2020					
Population	Cases	Population	Rate/10,000	Rate Ratio	Adjusted Rate Ratio <sup>a</sup>
PLWH	82	13,884	59.1	2.2 (95% CI 1.8-2.7)	2.0 (95% CI 1.6-2.5)
All Others	20,100	7,413,686	27.1		

a. Rate ratio adjusted for differing rates of COVID in the different counties where PLWH live

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HIV Table 2. Viral Suppression Among PLWH by COVID Status in Washington as of 5/25/2020			
Population	Virally Suppressed <sup>a</sup> on 12/31/2019	Total PLWH	Percent
COVID Cases	75	82	91%
PLWH Tested	1106	1309	84%
All PLWH	11,405	13,886	82%
a. Viral suppression defined as having a reported viral load in 2019 of 200 copies/mL or less.			

HIV Table 3. Deaths from COVID in Washington as of 5/25/2020			
Population	Deaths	Population	Case Morbidity
PLWH	5	82	6%
All Others	1,068	20,100	5%

- There are about twice as many cases of COVID reported in PLWH in Washington State than one would expect given the number of PLWH in Washington. This ratio is statistically significant. ([HIV Table 1](#))
- It appears this discrepancy may be mostly due to a higher rate of testing in this population. PLWH have been tested approximately twice as often as the general population. Ordering provider notes suggest that HIV status is being used as a reason for ordering a COVID test. ([HIV Table 4](#))
- PLWH who have tested positive for COVID are more likely to be virally suppressed than the general population of PLWH. This is potentially due to this population having better access to medical care. ([HIV Table 2](#))
- Five people living with HIV have died from COVID, which equates to a case mortality similar to that of the general population (no statistically significant difference). ([HIV Table 3](#))
- Our data does not suggest that HIV status is a risk factor for COVID or COVID mortality.

### How many people in Washington living with HIV have been tested for COVID?

There were 1309 PLWH tested for COVID-19 as of 5/25/2020. PLWH have been tested approximately twice as often as the general population. Looking at provider notes provides information suggests HIV status is being used as a reason for ordering a COVID test. ([HIV Table 4](#))

HIV Table 4. COVID-19 Testing Among PLWH in Washington as of 5/25/2020				
Population	Cases	Tested	% of Tests Positive	# Tests/Population Size
PLWH	82	1309	6%	9%
All Others	20,100	329,289	6%	4%

### How many people in Washington living with HIV **and** hepatitis C have had COVID-19?

We do not know. Data related to hepatitis C is less detailed than that for people living with HIV. The Hepatitis C surveillance and data systems are not as robust as those we use for HIV. Anecdotally, we know people living with hepatitis C may be less likely to test for COVID-19 due to barriers to testing such as challenges accessing health care and stigma.

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### COVID-19 Health Implications

#### **If I am HIV undetectable/virally suppressed, am I still susceptible to COVID?**

Yes, we are all susceptible. Avoiding group gatherings, staying six feet away from others, wearing a cloth face covering and engaging in good hygiene such as hand-washing and covering our coughs and sneezes are all ways we can each do our part to keep ourselves, our families, workers and our communities safe. However, data does not suggest that HIV status is a risk factor for COVID or severe illness from COVID. ([HIV Table 3](#) & [HIV Table 4](#))

#### **I take antiviral medications to suppress HIV. Do they protect me from COVID-19?**

We do not know. There are some studies of medications used to suppress HIV to see if they treat COVID. Right now, no HIV medication that we know of is effective at preventing or treating COVID.

#### **If I am cured of HCV, am I still susceptible to COVID?**

Yes, we are all susceptible. Avoiding group gatherings, staying six feet away from others, wearing a cloth face covering and engaging in good hygiene such as hand-washing and covering our coughs and sneezes are all ways we can each do our part to keep ourselves, our families, workers and our communities safe. While our data does not suggest that HCV status is a risk factor for COVID or having severe COVID, it is still a new condition and we are learning more about it all the time. People with liver disease, including people cured of HCV who have ongoing liver damage, might be at higher risk for severe illness from COVID, particularly if the underlying medical condition is not well controlled. ([Hep C Table 1](#) & [Hep C Table 2](#))

### COVID-19 Risk

#### **If I am living with HIV, am I more susceptible to COVID? Am I more at risk for serious complications or death related to COVID because I am living with HIV?**

Data does not suggest that HIV status is a risk factor for acquiring COVID or serious COVID illness. However, if you are over 60 or have other serious underlying medical conditions you might be at higher risk for severe illness from COVID-19. ([HIV Table 3](#) & [HIV Table 4](#))

#### **If I am living with HCV, am I more susceptible to COVID? Am I more at risk for serious complications or death related to COVID because I am living with HCV?**

Data does not suggest that hepatitis C status is a risk factor acquiring COVID or COVID mortality. However, if you are over 60 or have other serious underlying medical conditions, including liver disease, you might be at higher risk for severe illness from COVID-19.

#### **Does engaging in sexual activity put me at risk for COVID?**

Most sexual activity requires being close to another person for an extended period of time, which could increase your risk for COVID if you engage in sexual activity with someone who has the virus. This infographic has some tips for sexual health to keep you safe during COVID:

- **English:** <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/150-139-COVID19-SexInfographic-EN.pdf>
- **Spanish:** <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/150-139-COVID19-SexInfographic-ES.pdf>

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### Does drug use put me at risk for COVID?

- Some types of drug use may involve being close to another person for an extended period of time, which could increase your risk for COVID. Trying to keep at least 6 feet of distance between you and others, using your own supplies, and cleaning surfaces may be ways to reduce your risk. This information includes tips for keeping you safe during COVID:
  - a. <https://www.vitalstrategies.org/drug-use-covid-resources/>
- If you are interested in reducing or stopping drug use, the Washington Recovery Help Line is providing up-to-date information on services for medication for opioid use disorder, other substance use disorder treatment, and mental health treatment:  
<http://www.warecoveryhelpline.org/>

### What should I do if I think I need a STI test because I have had a new partner while quarantined and have symptoms?

On May 29, 2020, Governor Jay Inslee released an updated, county-by-county based [Safe Start](#) reopening plan for resuming recreational, social and business activities. We are encouraging people to get back in the swing of their routine health care. If you are sexually active, we encourage you to get tested for STIs and HIV. If you inject drugs, we also encourage you to test for HCV.

For more information, visit

<https://www.doh.wa.gov/AboutUs/ProgramsandServices/DiseaseControlandHealthStatistics/InfectiousDisease/COVID19Information>