



Public Comment to the California Community Vaccine Advisory Committee

January 15, 2021

APLA Health and San Francisco AIDS Foundation appreciate the monumental task of COVID-19 vaccine delivery in California and the stated commitment to ensuring an equitable distribution process. It is imperative to ensure that COVID-19 vaccination efforts reach individuals and communities who need it most, including those who are disproportionately impacted by HIV, viral hepatitis, and now COVID-19.

This historic vaccination effort is an opportunity to acknowledge the impact of systemic racism and inequality, both historic and current, that drive the disproportionate impact of HIV, viral hepatitis, and COVID-19 on communities of color. Acknowledgement of this reality in our health care system is essential to building back the trust needed to combat the pandemic. We will not end the HIV, viral hepatitis, and COVID-19 syndemics without a commitment to addressing systemic racism.

Emerging data suggest that people living with HIV and people with chronic liver disease may be at increased risk of hospitalization and mortality due to COVID-19. We urge you to take these data into account and include people living with HIV and people with chronic liver disease in Phase 1C – people 16-49 years of age who have an underlying health condition or disability which increases their risk of severe COVID-19.

Prioritization of COVID-19 Vaccines for People Living with HIV

While several initial, small studies suggested that HIV infection may not significantly affect outcomes from COVID-19, there are now larger analyses available which have all found evidence of increased risk of hospitalization and mortality. These include studies from the United Kingdom, South Africa, and New York City and State. Overall, the results suggest approximately a doubling risk of hospitalization and death from COVID-19 among people living with HIV compared to HIV-negative counterparts.

While in some cases it is possible that other factors associated with poorer COVID-19 and HIV outcomes – for example, comorbid diseases (including cardiovascular disease, chronic obstructive pulmonary disease, and diabetes) and myriad social determinants of health affecting Black, Latinx, and indigenous communities – were not controlled for and potentially contributed to these findings, this would still suggest HIV infection is a reasonable surrogate for a doubled risk of serious outcomes from COVID-19. It is also important to acknowledge the intersectionality of factors that put people at higher risk for COVID-19 that are so prevalent among people living with HIV. As a result of these data, we urge the Community Vaccine Advisory Committee to include people living with HIV in Phase 1C.

Prioritization of COVID-19 Vaccines for People with Chronic Liver Disease

People with chronic liver disease, especially those with decompensated cirrhosis, are at increased risk of mortality from COVID-19. There is compelling data both within the United States and internationally to demonstrate this fact. Studies from the United States and the United Kingdom have associated chronic liver disease as a risk-factor for in-hospital deaths from COVID-19. Relatedly, the severity of liver disease increases the risk of death. Decompensated cirrhosis dramatically increases the risk of death among COVID-19 patients. Additionally, the CDC recognizes that people living with a number of medical conditions that are often associated with liver disease – including but not limited to diabetes, mellitus, obesity, and chronic kidney disease – are at increased risk of severe COVID-19.

Similarly, viral hepatitis – hepatitis A, hepatitis B and hepatitis C – disproportionately impact Black, Latinx and Asian Pacific Islander populations in California, and these are the very same communities that are more likely to be infected with COVID-19. Social determinants of health, poor access to health care and systemic racism impact these groups for both liver disease and COVID-19 risk. As a result of these data, we urge the Community Vaccine Advisory Committee to include people with chronic liver disease in Phase 1C.