



DOI: 10.5505/anatoljfm.2022.81894

Anatol J Family Med 2022;5(2):132–133

COVID-19 Pandemic and Impact on Coverage of HIV Screening for Risk Groups

Beuy Joob,¹ Viroj Wiwanitkit²¹Private Academic Consultant, Bangkok, Thailand²DY Patil University, Pune, India

COVID-19 pandemic is an important global problem.^[1] It causes a lot of problems in public health and medicine. In HIV medicine, it is reported that COVID-19 pandemic can cause antiretroviral treatment interruption among people living with HIV and might further result in poor control of HIV spread. In addition to the antiretroviral drug interruption problem, the COVID-19 outbreak can also result in difficulty in active cases searching for an early diagnosis of HIV.

Here, the authors share data from an endemic area of HIV in Indochina (GPS location: 15.116121358399857, 103.59040262231177). In this area, COVID-19 has occurred since January 2020 and is still a huge problem at present (March 2021). In this area, HIV is also prevalent, and there are many important local public health policies for the prevention of HIV spread.^[2] Active HIV screening is a new important preventive measure that has been used since 2018. The main focused risk group for screening includes homosexual persons (gays) and female prostitutes, which are common HIV spreader groups in this area.

According to local data, the coverage rate of active HIV screening is presented in Table 1.^[1,3] After the first launch and promotion of HIV screening, there is an increasing coverage rate. However, when the COVID-19 outbreak occurred in early 2019, the coverage rate significantly dropped again. Because the risk group for the screening program in this setting is usually a sex worker, it is usually not possible to reach the case during COVID-19 outbreak when the sexual commercial center has to be closed. Many previous reports noted for disruption of antiretroviral therapy for HIV control. The present data can show that the active screening for HIV is also affected, and this might imply the problem of HIV spread control.

**Please cite this article as:**

Joob B, Wiwanitkit V. COVID-19 Pandemic and Impact on Coverage of HIV Screening for Risk Groups. *Anatol J Family Med* 2022;5(2):132–133.

Address for correspondence:

Dr. Beuy Joob. Private Academic Consultant, Bangkok, Thailand

Phone: 2828828222

E-mail: beuyjoob@hotmail.com

Received Date: 26.10.2021

Accepted Date: 15.03.2022

Published online: 31.08.2022

Anatolian Journal of Family Medicine - Available online at www.anatoljfm.org

OPEN ACCESS



This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License.

Table 1. Coverage rate of active HIV screening

Year	Coverage Rate*	
	Gay	Female prostitute
2018	64.29%	25%
2019	120.16%	121%
2020	91.28%	50.66%

* Comparing with the targeted number.

Disclosures

Peer-review: Externally peer-reviewed.

Conflict of Interest: None declared.

Funding: None.

REFERENCES

1. Sun Y, Li H, Luo G, Meng X, Guo W, Fitzpatrick T, et al. Anti-retroviral treatment interruption among people living with HIV during COVID-19 outbreak in China: a nationwide cross-sectional study. *J Int AIDS Soc* 2020;23(11):e25637. [\[CrossRef\]](#)
2. Shannon K, Crago AL, Baral SD, Bekker LG, Kerrigan D, Decker MR, et al. The global response and unmet actions for HIV and sex workers. *Lancet* 2018;392(10148):698–710. [\[CrossRef\]](#)
3. Celestin K, Allorant A, Virgin M, Marinho E, Francois K, Honoré JG, et al. Short-term effects of the COVID-19 pandemic on HIV care utilization, service delivery, and continuity of HIV antiretroviral treatment (ART) in Haiti. *AIDS Behav* 2021;25(5):1366–72. [\[CrossRef\]](#)