# Associations of HIV with Manifestations of Long COVID in a Medicaid Managed Care Population

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## **BACKGROUND:**

Symptoms of COVID-19 can persist long after the infection, regardless of disease severity. Given the overlap between social determinants of health and COVID-19 risk, we need to understand how long COVID affects communities of color and those with low socioeconomic status (SES).

### **OBJECTIVE:**

The primary aim of this study was to identify the prevalence of long-COVID among Medicaid recipients.

#### **METHODS:**

We conducted an online survey of 153 Medicaid-managed plan members of people living with or atrisk for HIV in New York City who were diagnosed with COVID-19. Long COVID symptoms were assessed with a modified checklist (Tran et al., 2022). Recruitment was through text messages and mailed flyers. Participants received a \$20 egift card as compensation. The study was approved by the City University of New York IRB.

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The number of long-COVID symptoms was significantly associated with inadequate incomes but NOT associated with HIV serostatus or race/ethnicity in this Medicaid population.



Table 1 Multiple Regression Analysis on Number of Long-COVID Symptoms at Six-Months

|  | r       | В      | SE    | β    |
|--|---------|--------|-------|------|
| Non-Hispanic Black   | 116     | -2.262 | 1.667 | 144  |
| Hispanic   | .045    | -1.992 | 1.705 | 125  |
| Inadequate Income  | .286*** | 2.946  | 1.252 | .176 |
| HIV+   | 084     | -0.603 | 1.441 | 032  |
| Stroke/Cardiac   | .383*** | 7.386  | 2.218 | .267 |
| Cancer   | .254*** | 5.478  | 2.078 | .198 |
| Depression/Anxiety   | .213**  | 1.888  | 1.170 | .121 |
| Fibromyalgia   | .240**  | 7.409  | 3.546 | .159 |
| Bone/Joint Problem   | .267*** | 1.952  | 1.596 | .101 |
| Use Tobacco  | .239**  | 2.429  | 1.355 | .140 |
|  |         |        |       |      |
| Note. N=138. Total $R^2 = .341. p < .05, p < .01, p < .01, p < .001$ |         |        |       |      |







## **KEY FINDINGS:**

Participants' mean age was 45.4 years (SD=11.9) and most were Black or Latinx (43.7% and 39.4%, respectively), while 31.7% had inadequate incomes and 77.5% were HIV-positive. Long COVID symptoms of 6 months or more were reported by 45.8% (M=4.8, SD=7.8). The most frequent symptoms were fatigue (19%), muscle aches/bone or joint pain (19.7%), brain fog (20.4%) and neck/back pain (21.8%). Multiple regression analysis found the number of long COVID symptoms lasting 6 months or more was significantly associated with inadequate incomes and comorbidities (cardiac problems, cancer, fibromyalgia) Race/ethnicity and HIV serostatus were not associated with long COVID; the small size of the comparator groups for these variables is a limitation.

# **CONCLUSIONS:**

People with low SES and health comorbidities are more likely to experience long COVID. Providers serving patients with a history of COVID should screen for long COVID symptoms and offer treatment as available.