Putting PLWH First in Line for COVID Vaccine

NMAC asks the CDC for clarification on prioritizing the COVID vaccine for people living with HIV.

January 26, 2021 By Paul Kawata

The COVID vaccine roll-out is another gift from the Trump administration. They punted to states to implement vaccine roll-outs not understanding or caring that states were already overwhelmed managing COVID testing, healthcare, and deaths. NMAC is particularly concerned about access to the vaccine for people living with HIV. We have already heard reports of PLWH who were turned away from getting the vaccine because they were immune compromised, stories of PLWH who were told that taking antiviral meds was contraindicated for the COVID vaccine. Like so many in this country, people don't know whom to trust.

Talking with a federal colleague, I was told that "people with HIV should be in the 1c vaccine category, if not 1a or 1b for another reason." Unfortunately, the state by state roll out currently underway has resulted in different policies and timelines. As a result, NMAC made an appeal to the CDC asking them for clarification. Our movement needs to push to ensure PLWH are classified as 1a so they can have immediate access to the vaccine. This is particularly important because PLWH are aging and too many suffer from age advancement due to meds. There are also too many PLWH who are still immune compromised and need to move to the front of the line.

For the next two years, local health departments will continue to be overwhelmed by COVID and their roles in managing this disease. As we have seen, you can't just leave it to states. Ending COVID or ending HIV takes national leadership. The federal government can't just tell states it's their responsibility to figure out how to get the vaccine into arms or to put together a plan to end the HIV epidemic in their region. Both movements are crying out for national leaders who tell the truth and who will stand with community on the frontlines of both epidemics.

COVID has shown us what happens when you don't have the national leadership needed to guide the country through a terrible moment in history. Why should HIV be any different? There are too many people who are afraid to get the COVID vaccine. There are too many people who don't trust PrEP. Our goal has to be about more than getting drugs into people. It's also about understanding the systemic barriers that keep people from living their best life. As we have learned from Ready Set PrEP, just because the drug is free does not mean people will take it. While cost is always a factor, there are many other variables that must also be addressed. Ending the COVID or HIV epidemics is not only about meds. Until we understand and address the complex human

challenges of race, sexual orientation, gender and gender identity, we will fail in our efforts to get herd immunity for COVID or the numbers needed for U=U and people on PrEP to end HIV.

It breaks my heart to think of the people I lost to HIV in 1994-96. The time right before protease inhibitors and combination therapy was the stuff of night terrors. Now that we have a COVID vaccine, we just need to hold on until it is our turn. Unfortunately, that may be months for most of us. I’m fighting to find the courage to stay alive. I need you to fight with me.

Yours in the struggle,

Paul Kawata

© 2026 Smart + Strong All Rights Reserved.

http://beta.docker.poz.com/blog/putting-plwh-first-line-covid-vaccine