COVID-19 and HIV

*Not CPD accredited*

A series of webinars are being hosted by the International AIDS Society (IAS) focusing on the COVID-19 and HIV pandemics planned for every second week, for as long as the need is there.

In the first webinar (click here: https://www.iasociety.org/HIV-Programmes/Cross-cutting-issues/COVID-19-and-HIV-Webinars), 3 April 2020, Dr Olivier Nawej Tshikung discusses current frontline lessons being learned about the COVID-19 pandemic and people living with HIV (PLWH). "We still have much to learn, very few case reports have arisen from China about co-infection with COVID-19 and HIV."

**Current evidence**

Of 985 PLWH hospitalised for COVID-19 symptoms, almost all were male and older than 55 years, on ART, mostly LPV/r, with good viral load suppression and high CD4 levels. Many had COVID-19 risk factors. Combined with out-patient data for PLWH, no enhanced risk of COVID-19 infection has been associated with HIV infection.

**Professor Anton Pozniak** advises that those PLWH not on current ARV therapy, should initiate treatment as soon as possible, assess their personal risk and self-isolate as necessary. He notes that TB itself does not enhance risk of COVID-19 complications, but the associated lung disease increases risk. As yet, there is no evidence from the COVID-19 pandemic, but it makes sense to him to ask these patients to self-isolate.

**Advising PLWH**

For PLWH, immediate concerns centre on reassurance and ensuring sufficient stock of medicines (3-6 months’ supply). Patients may have difficulties accessing ARVs and a proactive approach is required of the healthcare provider.

The WHO favours telemedicine to minimise risk of loss to follow-up and risk of treatment interruption, recommending that prescriptions and last drug supply are monitored and that arrangements are made for patients who are nearly out of stock, or otherwise vulnerable.

**For clinicians**

- To protect PLWH who are vulnerable, clinicians should postpone routine follow-up appointments and maintain telephonic contact
- Arrange for home delivery of medication if possible, or else send script to nearest pharmacy
- VCT/PEP: postpone testing for all asymptomatic without risk exposure, maintain testing for those at risk of exposure, keep hotlines operational

**Treatment with ARVs**

In terms of treating COVID-19 with ARVs, there are currently 22 observational studies and 1 RCT, mostly using LPV/r. LPV/r may work as prevention, but the evidence is very low so it is not recommended at this time. The WHO SOLIDARITY trial examining numerous drugs for use in COVID-19 infection includes LPV/r, South Africa is currently contributing to this trial.

Go to IAS website for the next webinar