

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.

This report was made possible by an unrestricted educational grant from Cipla. The content of the report is independent of the sponsor.

Cipla