



## COVID-19: Considerations for People with HIV

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This document on COVID-19 considerations for people with HIV is intended as a resource for clinicians and public health officials. The information is based on evolving best practices developed during the coronavirus pandemic and the available published data on COVID-19. *See the IDSA's COVID-19 Real-Time Learning Network's [HIV and COVID-19 literature review](#)*. This document will be updated as new data and information become available.

**This information is not intended to supersede existing clinical practice guidelines, nor should it be construed as a care directive.** For HIV treatment, refer to the HHS [Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV](#) and the HHS HIV/AIDS Guidelines Panel's [Interim Guidance for COVID-19 and Persons with HIV](#). Email [HIVMA](#) with suggestions or questions and visit the [COVID-19 Real-Time Learning Network](#) for additional resources.

### Vaccines

The [Centers for Disease Control and Prevention recommend](#) that because people with HIV may be at [higher risk for serious illness](#), if they have no contraindications, such as a known severe allergic reaction, or immediate allergic reactions or any severity following a previous dose or component of the COVID-19 vaccine, they should receive the COVID-19 vaccines without other specific precautions. People with HIV, including adolescents between 12 and 15 years, should be counseled that no data suggests that the vaccines are not safe and effective based on HIV status. There have been no links between HIV or other types of immunosuppression with any of the rare serious adverse events for the COVID-19 vaccines. While early data suggest that the vaccines will be protective for people with HIV who are virally suppressed, we do not yet know whether the level of protection for people with HIV will be as strong as it is for those without HIV. Also see HIVMA's [COVID-19 Vaccines and People with HIV: Frequently Asked Questions \(Spanish Version\)](#).

The Department of Health and Human Services developed the following resources to facilitate finding vaccination sites easier:

- Visit [vaccines.gov](#) (English) or [vacunas.gov](#) (Spanish) to search by zip code;
- Text GETVAX to 438829 (English) or VACUNA to 822862 (Spanish) to receive three vaccine sites on your phone;
- Call the National COVID-19 Vaccination Assistance Hotline at 1-800-232-0233.

### Patients with HIV Hospitalized with COVID-19

- People with HIV who are on antiretroviral treatment have a normal life expectancy, and **HIV status should not be a factor in medical decision-making regarding the triaging of potentially lifesaving interventions or enrollment into clinical trials**. Since HIV is eminently treatable,

*whether a patient's virus is currently controlled or not* should also not be factor in triaging clinical care interventions, or resources for COVID-19.

- **Consultation with an HIV or infectious diseases specialist** is strongly recommended for people with HIV who are hospitalized for the treatment of COVID-19.
- Care and treatment for COVID-19 in people living with HIV should follow the same protocols advised for people without HIV. See the [IDSA Guidelines on the Treatment and Management of Patients with COVID-19](#) and the [NIH COVID-19 Treatment Guidelines](#).
- Medications used for treatment of COVID-19 may interact with some HIV medications. **The Liverpool Drug Interaction Group is maintaining [prescribing resources](#) for experimental COVID-19 treatments including drug interaction information.**
  - Caution with drug-drug interactions should be taken, especially with use of dexamethasone, other exogenous steroids, or novel antivirals for COVID-19 treatment with protease inhibitors and cobicistat, and [HIV.gov guidelines](#) should be consulted for antiretroviral treatment substitutions that could facilitate urgent COVID-19 treatment as indicated.
- [Emerging data on COVID-19](#) in people with HIV suggest that they may be at higher risk for severe disease and worse outcomes. It is not yet known, however, if this is due to immune impairment; high rates of comorbid conditions, such as cardiovascular disease, hypertension, obesity and diabetes; or social determinants of health that include poverty and poor health care access.
- Until more data are available **heightened awareness for severe disease should be considered for persons with HIV**, particularly those who have other comorbidities associated with worse COVID-19 outcomes or CD4+ T cells <200/ml and viral loads > 1000/ml (see [Interim Guidance](#)).
- If HIV or ID expertise is not available locally, the national [Clinician Consultation Center](#) maintains an HIV management [warmline](#) Monday to Friday from 9 am ET to 8 pm ET. HIV treatment consultation is available by leaving a voicemail message at **(800) 933-3413** or **submitting a [case online](#) (registration required)**. The service responds to voicemail messages as soon as possible with the average response time being 30 to 60 minutes during their business hours. Cases submitted online are responded to within one business day.
- For providers caring for pregnant women with HIV who are also admitted with COVID-19, the [Perinatal HIV/AIDS Hotline](#) -- **(888) 448-8765** -- provides 24 hour/7 day week consultation services.
- **Antiretroviral therapy should be continued during hospitalization for COVID-19 without interruption** and changes in therapy are generally not recommended, except in consideration of drug-drug interactions with other urgent therapies, in consultation with a specialist.
- For patients who have not initiated antiretroviral therapy or have been off therapy for > 2 weeks prior to hospitalization, consult with an HIV or ID specialist about a safe plan for initiating antiretroviral therapy as soon as is clinically feasible.
- If a patient is on a COVID-19 clinical trial with a drug active against HIV, an HIV or ID specialist should be consulted to ensure their HIV therapy remains appropriate and that a complete antiretroviral regimen is maintained. In addition, if a patient admitted for COVID-19 is in an HIV-related clinical trial, their ID/HIV providers should be contacted.
- For patients who are not able to swallow medications, consult an HIV or ID specialist. Also refer to a resource like this one from the Toronto General Hospital on [Oral Antiretroviral/HCV DAA Administration: Information On Crushing And Liquid Drug Formulations](#).

### **Diagnostic Testing**

Follow the [IDSA Guidelines on the Diagnosis of COVID-19](#) when prioritizing diagnostic testing for COVID-19. As recommended in the guidelines for the general population, people with HIV who are symptomatic should be prioritized for diagnostic testing or who have been exposed to COVID-19 depending on the availability of testing. We have insufficient data in people living with HIV at this time to suggest what laboratory parameters comprise increased immunologic risk for severe COVID-19 disease.

### **Clinical Trials**

People with HIV who are virally suppressed should not be excluded from COVID-19 clinical trials, including trials of therapeutics, prophylaxis, and vaccines. It is important to evaluate the response of people with HIV to COVID-19 therapies and prevention interventions, including vaccines, to ensure products approved by the U.S. Food and Drug Administration include an indication for people with HIV.

### **Issues for Ambulatory HIV Care Management**

#### **Public Health Measures**

Patients who are not fully vaccinated should be educated on the importance of following the [CDC guidelines](#) to wear face coverings in public and maintain a safe physical distance from others to protect themselves from getting COVID-19. Patients who are fully vaccinated should be advised that they should follow local policies, but that according to the CDC, they are now safe to go without masks or face coverings in most indoor and outdoor settings except in high-risk settings, such as public transportation or air travel, hospitals, doctors' offices, long-term care facilities and shelters.

Patients who are immunocompromised or taking immunosuppressive medications should be counseled that there is insufficient data to determine their level of protection from the vaccine. They may want to continue wearing masks and maintaining physical distance in public places. As not all people living with HIV are considered immunocompromised, the counseling should be tailored to individuals, acknowledging that specific data for people with treated and untreated HIV, and at different CD4 counts are not yet available.

#### **HIV Treatment**

Changes in antiretroviral therapy to prevent or treat COVID-19 are generally not recommended, except in the context of a clinical trial, a documented failing HIV regimen, and in consultation with an ID or HIV specialist. Please refer to the HHS [Interim Guidance for COVID-19 and Persons with HIV](#).

#### **HIV Viral Load Monitoring**

Laboratory monitoring for HIV remains important and should follow current guidelines when possible (see [Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV](#) and the Department of Health and Human Services HIV/AIDS Guidelines Panel's [Interim Guidance for COVID-19 and Persons with HIV](#)). If resources (personnel, machines, reagents) are limited due to demand for COVID-19 testing, however, HIV viral load testing **should be prioritized for those who are on a new regimen, have had recent blips, who are pregnant, or who otherwise do not have a history of stable suppression over time.**

**Routine Office Visits**

For stable patients, or patients with non-urgent appointments, schedule a telephone or telehealth encounter if that is an option. Check with your patients to see if they have COVID-19 questions. For patients with non-respiratory urgent concerns, consider keeping the appointment or offering a telehealth or telephone visit. The American Society of Addiction Medicine has [guidance](#) on maintaining access to buprenorphine through telehealth.

HRSA's HIV/AIDS Bureau is encouraging the use of telehealth in Ryan White clinical settings to support social distancing and refers to [PCN #16-02](#) in support of the policy. [The Center for Connected Health Policy](#) is a resource for updates on state telehealth policies. ACGME is maintaining a [web page](#) with guidance for residents and fellows, including for participation in telehealth visits. For protocols for telehealth and in person appointments, please see the [Practice Resources/Telehealth section](#) of the COVID-19 Real-Time Learning Network.

**Prescription Drug Refills**

Patients should maintain at least a supplemental 30-day supply of their medications to prevent the possibility of treatment interruptions. A number of health insurers and state [AIDS Drug Assistance Programs](#) are allowing early medication refills and lifting quantity limits in addition to making other changes to their coverage policies. Many health insurers require patients to have a new prescription to obtain a 90-day supply and/or switch to mail order. Please check with your patients to see if they need a new prescription.

**Ryan White HIV/AIDS Program**

The HIV/AIDS Bureau maintains an online [Frequently Asked Questions](#) resource that is regularly updated with questions raised by Ryan White Program grantees.