COVID-19: Considerations for People Living with HIV

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This document on COVID-19 considerations for people living with HIV (PLWH) is intended as a resource for clinicians and public health officials. The information is based on best practices in areas that have been heavily impacted by COVID-19 and will be updated as new information and data 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 Panels Interim Guidance for COVID-19 and Persons with HIV. Email HIVMA with suggestions or questions and visit the IDSA COVID-19 Resource Center for additional resources.

Patients with HIV Hospitalized with COVID-19

- PLWH on antiretroviral treatment have a normal life expectancy. Therefore, **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 HIV is currently controlled or not should also not be factor in triaging clinical care interventions, or resources for COVID-19.
- Care and treatment for COVID-19 in PLWH should follow the same protocols advised for patients without HIV. See the IDSA Guidelines on the Treatment and Management of Patients with COVID-19 and the NIH COVID-19 Treatment Guidelines.
- As noted in the HHS Interim Guidance for COVID-19 and Persons with HIV, there are no data indicating that PLWH will get sicker than people without HIV or will have worse outcomes. However, >50% of PLWH in the U.S. are older than 50, and many have comorbid conditions such as cardiovascular disease, hypertension, obesity and diabetes that confer risk for more severe illness and death. Moreover, people with HIV who live or work in congregate settings may be at risk because these settings have been particularly hard hit by COVID-19.
- 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/mm^3 and viral loads > 1000/ml (see Interim Guidance).
- **Consultation with an HIV or infectious diseases (ID) specialist** is strongly recommended for people with HIV who are hospitalized for the treatment of COVID-19.
- 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.
- 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.
- 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**.
- 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 interventions approved by the U.S. Food and Drug Administration include an indication for people with HIV.

Issues for Ambulatory HIV Care Management

Social and Physical Distancing

All patients should be educated on the importance of following the CDC guidelines to promote physical distancing and to wear face coverings in public to reduce spread of the virus. Clinic and clinical protocols should be adjusted to support social distancing through telehealth and home delivery of medication when possible. Additional support for persons experiencing housing insecurity is warranted. Share with your patients this resource maintained by HIVMA and allies *COVID-19 and People Living with HIV – Frequently Asked Questions*.

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 HHS HIV/AIDS Guidelines Panels Interim Guidance for COVID-19 and Persons with HIV). However, it is important to recognize that some of the same resources (personnel, machines, reagents) that are used for HIV RNA testing are also used for COVID-19 testing which might result in limited viral load testing capacity. In these cases, 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 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 by leveraging 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 IDSA Resource Center. Also see IDSA's *Medicare Telehealth: What You Need to Know*.

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.

The National Alliance of State and Territorial AIDS Directors maintains a COVID-19 Updates & Resources with information on antiretroviral supply chain issues, state ADAP policies and other public health updates.