



COVID-19: Considerations for People with HIV

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This document on COVID-19 considerations for people with HIV (PWH) 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 *IDSAs 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 [IDSAs RTLN](#) 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](#), they can receive the [Pfizer-BioNTech](#) and [Moderna](#) COVID-19 vaccines if they have no contraindications. They should be counseled that we do not yet know whether the level of protection for people with HIV is as strong as it is for those without HIV. Like everyone else, they should continue to protect themselves and others by wearing face coverings, practicing physical distancing and avoiding crowds because we also do not yet know whether the vaccines prevent infection entirely or just prevent infection from turning into severe disease.

Currently, [in most states](#) health care workers and individuals living in nursing homes or long-term care facilities are eligible to receive the two mRNA vaccines that have been given emergency use authorization by the U.S. Food and Drug Administration. During the next phase, essential workers and persons 75 and older will be prioritized for vaccination. People with HIV who fall into any of these groups should be eligible to receive the vaccines barring any contraindications.

Patients with HIV Hospitalized with COVID-19

- PWH 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 PWH should follow the same protocols advised for patients without HIV. See the [IDSAs Guidelines on the Treatment and Management of Patients with COVID-19](#) and the [NIH COVID-19 Treatment Guidelines](#).

- [Emerging data on COVID-19](#) in people with HIV suggest that they may be at higher risk for severe disease and worse outcomes. However, it is not yet known if this is due to immunodeficiencies; high rates of comorbid conditions, such as cardiovascular disease, hypertension, obesity and diabetes; or the social determinants of health, including 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](#)).
- **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 physical distancing through telehealth and home delivery of medication when possible.

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 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 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.