COVID-19: Special Considerations for People Living with HIV

Updated: April 3, 2020

This document on special considerations for people living with HIV in light of COVID-19 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 it will be updated as more information and data become available. For clinical guidance, see the HHS Interim Guidance for COVID-19 and Persons with HIV and for information on HIV drug interactions with COVID-19 therapies see the Liverpool Drug Interaction Group's Prescribing Resources site. The HIV/AIDS Bureau is maintaining a Frequently Asked Questions resource for Ryan White Program grantees that is regularly updated. Please email HIVMA with suggestions or questions and visit the IDSA COVID-19 Resource Center for additional resources, including COVID-related policies and protocols developed by institutions and health systems.

Care & Treatment for COVID-19

Care and treatment for COVID-19 in people with HIV should generally follow the same protocols advised for patients without HIV. As noted in the HHS Interim Guidance for COVID-19 and Persons with HIV, there are no data indicating that people living with HIV 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 may have comorbid conditions such as cardiovascular disease, hypertension and diabetes that confer risk for more severe illness and death. Until more data are available extra monitoring should be considered for patients with HIV, particularly those with advanced HIV or who are not well controlled. Antiretroviral therapy should be continued without interruption and changes in therapy are generally not recommended.

People living with HIV on 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 not be factor. Consultation with an HIV or infectious diseases specialist is recommended for people with HIV who are hospitalized for the treatment of COVID-19. For additional information on HIV treatment refer to the HHS *Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV* and the *HHS Interim Guidance*.

Social Distancing

It is important to educate all patients on the importance of social distancing, such as avoiding crowds and public places, as a public health strategy to reduce spread of the virus. Clinic and clinical protocols should be adjusted to support social distancing. Please see CDC and White House recommendations for social distancing and the IDSA and HIVMA position.

Routine Office Visits

For stable patients, or patients with non-urgent appointments, schedule a telephone or telehealth encounter if that is an option. For patients with non-respiratory urgent concerns, consider keeping the

appointment or offering a telehealth or telephone visit if those are options. Information on Medicare and Medicaid telehealth coverage is available in the IDSA COVID-19 Resource Center's Coverage & Payment Section. For protocols for telehealth and in person appointments, please see the Clinical Policies & Protocols section of the resource center.

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. HIVMA has compiled information on the policies of large health insurers in the IDSA COVID-Resource Center. Please contact your patients' health insurers to request an early refill and encourage your patient to use mail order if that is an option for them. If you have not heard from your state AIDS Drug Assistance Program, contact the local ADAP regarding its prescription fill and refill policies in response to COVID-19. Visit the NASTAD COVID-19 Updates & Resources web page for additional information.

HIV Viral Load Monitoring

For patients presently with viral suppression and no concerns for non-adherence, consider delaying routine viral load monitoring for up to an additional six months. Patients who have recently initiated ART and are not yet virally suppressed and patients with adherence or drug resistance concerns should be prioritized for viral load testing. By deferring RNA testing in people who are virologically suppressed on antiretroviral therapy, we can lessen the burden on clinical virology laboratories and the health-care workforce.

Diagnostic Testing

Due to high rates of cardiovascular disease, lung disease and diabetes in addition to a high prevalence of smoking, people with HIV who are experiencing fever or signs/symptoms of a lower respiratory tract illness should be prioritized for diagnostic testing (see *IDSA's COVID-19 Prioritization of Diagnostic Testing*) regardless of their viral load status or CD4+ T cell count. We have insufficient data in people living with HIV at this time to suggest what laboratory parameters comprise increased immunologic risk for severe disease.