EACS European AIDS Clinical Society

EACS & BHIVA Statement on risk of COVID-19 for people living with HIV (PLWH)

COVID-19 & HIV

So far there is no evidence for a higher COVID-19 infection rate or different disease course in people with HIV than in HIV-negative people. Current evidence indicates that the risk of severe illness increases with age, male sex and with certain chronic medical problems such as cardiovascular disease and diabetes. Although people with HIV who are on treatment with a normal CD4 T-cell count and suppressed viral load may not be at an increased risk of serious illness, many people with HIV have other conditions that increase their risk. Indeed, almost half of people living with HIV in Europe are older than 50 years and chronic medical problems such as cardiovascular and chronic lung disease are more common in people living with HIV. It has to be assumed that immune suppression, indicated by a low CD4 T-cell count (<200/µl) or not receiving antiretroviral treatment will also be associated with an increased risk for a more severe disease presentation. No data are available with regard to pregnancy or potential perinatal transmission in the context of HIV.

Existing national guidelines should be followed in terms of reducing risk and managing symptoms; examples below [1-3].

COVID-19 & antiretrovirals

There is ongoing discussion and research around some HIV antiretrovirals which may have some activity against COVID-19. The first randomised clinical trial with lopinavir/ritonavir demonstrated no benefit over standard care in 199 hospitalised adults with severe COVID-19 [4]. There is no evidence to support the use of other antiretrovirals, including protease inhibitors; indeed, structural analysis demonstrates no darunavir binding to COVID-19 protease.

Currently no evidence is available to justify switching a patient from their usual antiretroviral therapy. Additionally there is no evidence to support HIV-negative people taking antiretrovirals outside the context of pre-exposure prophylaxis (PrEP) to prevent HIV acquisition – PrEP should be taken as directed and there is no current evidence that PrEP is effective against COVID-19.

Most recently, a COVID-19 drug interactions website (www.covid19-druginteractions.org) has been developed for the experimental drugs being trialed to treat COVID-19 in different parts of the world. EACS and BHIVA are happy to announce that they have agreed to financially support this very useful website.

The coronavirus outbreak is rapidly evolving. EACS and BHIVA will continue to share any updates to specific guidance for people with HIV. Wishing you all well. Stay healthy.

References

1. www.rki.de
2. https://www.cdc.gov/coronavirus/2019-ncov/index.html
3. https://www.gov.uk/government/collections/wuhan-novel-coronavirus
4. Cao B, Wang Y, Wen D et al. A Trial of Lopinavir-Ritonavir in Adults Hospitalized with Severe Covid-19. N Engl J Med 2020; doi: 10.1056/NEJMoa2001282.

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