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COMMENTARY

COVID-19 in People With HIV: Commonly Asked Questions

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This transcript has been edited for clarity.

Hello. This is Dr Paul Sax from Brigham and Women's Hospital and Harvard Medical School. If you're like me and you follow a panel of people with HIV, you've no doubt received many questions from them about COVID-19. Luckily, the Department of Health and Human Services has just issued an interim guidance that gives us some responses to those queries.

Although many of the statements in this guidance could apply to anyone, whether HIV-positive or HIV-negative, there are certain HIV-specific items that deserve emphasis. I'll summarize some of the most common questions I've been receiving and highlight where the guidance is particularly useful.

'Is COVID-19 a more severe disease in people with HIV?'

This is obviously a concern for people who have HIV, since HIV is known to be an immunosuppressive illness. However, as the guidance notes, the limited data currently available do not indicate that the disease course of COVID-19 in person with HIV differs from that in persons without HIV. And that's particularly the case for people who are stable on antiretroviral therapy (ART).

Remember, though, that about half the people with HIV in the United States are over the age of 50, and being older than 60 is considered a risk factor for severe disease, as are medical comorbidities such as diabetes and hypertension, which are increasingly common in our older HIV patients.

What about people who have more severe immunodeficiency, with a CD4 cell count < 200/mm^3? Here, we'd have to assume that COVID-19 would be a more severe disease, even though we're learning that some of the disease manifestations of COVID-19 are actually immune-mediated. Nonetheless, this population is at greater risk for severe infections across the board, so they should be particularly careful to avoid exposure. The key thing for this population is to get on ART and improve their immune function.

'Do I need an extra supply of my medications?'

In these uncertain times, I would say it makes sense for people to have an extra supply of their antiretroviral medications. Many payers are now approving a 90-day prescription. And that makes a lot of sense for our patients on stable ART because they can avoid having to leave their house to go to pharmacies—and they can actually do what we're recommending, which is social distancing.

I did check with the manufacturers of several of the more commonly used antiretroviral agents, and none of them have expressed any concern about shortages.

'Do I need to come in for my regular blood tests and checkups?'

Well, here, COVID-19 might be exposing an area where perhaps we may have been a little wasteful, in that probably for many of our stable HIV patients, a twice-yearly visit with blood testing is not really necessary. It has been sort of a socially nice thing to do, and you can certainly check in on other factors, but do they actually need to have their HIV viral load checked twice a year to document that they still have viral suppression? For many of them, I don't think it's necessary.

And here is one of those situations where the guidance is helpful. They specifically say that for persons who have had suppressed HIV viral load and are in stable health, routine medical and laboratory visits should be postponed to the extent possible.

'Do my antiretroviral medications protect me from getting COVID-19?'

This question is not specifically covered in the guidance, but I've received it from several of my patients. They point out that SARS-CoV-2 is a virus and HIV is a virus, and they think maybe their antivirals could protect against SARS-CoV-2 also. In fact, one of the people who asked me this question is a doctor himself, although he's not an infectious disease doctor.

We have to point out that there is no evidence right now that these antiretrovirals protect against COVID-19. We also might want to point out that the initial enthusiasm about lopinavir/ritonavir being a possible treatment for this condition does not seem to be founded, at least on the basis of one randomized study that has been published.

So that's a quick summary of the interim guidance for people with HIV in the COVID-19 era, as well as some of the more common questions I've been receiving. Thank you very much for listening.

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