COVID-19 AND HIV: WHAT YOU NEED TO KNOW

COVID-19 AND HIV:
WEBINAR SERIES

3 April 2020
Frontline lessons learned and measures implemented for people living with HIV
Experience in Geneva

Olivier Nawej Tshikung
Senior resident, HIV Unit,
Geneva University Hospital
COVID-19 and PLWH:

- No evidence for higher infection rate (compared to HIV-negative)
- If untreated HIV infection and/or CD4 count < 200/µL → (↑risk?)
- Some PLWH have risks factors for severe illness
- Boosted PIs containing ART: a protective PreP?

Risks factors for COVID-19 severe illness:

- Age >65 yo (are now represented in our cohorts).
- Cardiovascular disease (including hypertension and diabetes)
- Chronic lung disease, heavy smoking
- Immune suppression
- Oncologic treatment

EACS&BHIVA statement. April 1st 2020
Swiss confederation
For PLWIH:

Some issues:

- Questions about the situation and risks related to their HIV status
- Anxiety
- Drug delivery
- Lost to follow-up

Other issues:

- Voluntary counselling and testing (VCT)
- Post Exposure Prophylaxis (PEP)
Survey for PLWH (1014 answered questionnaire) in Hubei and other region (Feb 2020):

- 32% of all respondents were not carrying sufficient antiretroviral medicines (ARVs) to meet the needs under traffic and travel restrictions, and some could face stock-outs in the coming months.
- In Hubei province 64% reported difficulties accessing ARV due to the "restriction".
- 28% respondents were in need of socio-psychological support.
The HIV Unit (HUG)

- About 800 outpatients
- Outpatient clinic activities
  - Medical consultations
  - Day Hospital for complex cases
  - Until recently: ARVs provided by a dedicated pharmacy at the reception
  - Follow-up of hospitalized PLWH
- Post exposure prophylaxis (PEP)
- Voluntary counselling and testing (VCT)
- PreP
Action taken (1/5)

Risks related to their HIV status / Anxiety

Explanation given by phone / reminder of the recommended measures

All patients are contacted by phone. No medical consultations were cancelled
Action taken (2/5)

Risk of lost to follow-up

Blood sample done
Exception: patient decision and vulnerable people if routine test

Favor telemedicine for results and consultation
At least a phone call for all patient scheduled
Risk of treatment interruption

Check prescriptions and last drug supply
Call patient (especially those who are nearly out of stock and all vulnerable patients)
Medication for at least three months

Home medication delivery whenever possible

Prescription to neighborhood pharmacy
To protect vulnerable people

Postpone routine follow-up for vulnerable people but keep phone contact

Favor telemedicine

Home medication delivery
Action taken (5/5)

- Postpone routine testing (HIV/STDs) for asymptomatic without risks exposure
- Maintain an hotline for risks evaluation and counseling
  (In partnership with associations: Checkpoint and Groupe Sida Geneve)
- Consultation and testing for people with risk exposure

VCT/PEP
### HIV co-infected COVID19 hospitalised patients
(March – April 2\textsuperscript{nd}, 2020 985 hospitalisations overall)

<table>
<thead>
<tr>
<th>Patient 1</th>
<th>Patient 2</th>
<th>Patient 3</th>
<th>Patient 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender (M/F)</td>
<td>M</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>Age</td>
<td>66</td>
<td>79</td>
<td>55</td>
</tr>
<tr>
<td>Current ARV</td>
<td>TAF/FTC/BIC (+ LPV/r)</td>
<td>ABC + 3TC + NVP (+LPV/r 3.0.3)</td>
<td>TAF/FTC/EVG/c (+DRV 800 mg)</td>
</tr>
<tr>
<td>HIV1-RNA (cp/mL)</td>
<td>&lt; 13</td>
<td>&lt; 13</td>
<td>&lt; 13</td>
</tr>
<tr>
<td>CD4 count (cell/µL)</td>
<td>630 (28%)</td>
<td>72 (30%)</td>
<td>109 (24%)</td>
</tr>
<tr>
<td>COVID-19 risks factors</td>
<td>Age COPD Hypertension</td>
<td>Age Hypertension</td>
<td>Active smoker (40UPA)</td>
</tr>
<tr>
<td>Date of admission</td>
<td>16.03.2020</td>
<td>22.03.2020</td>
<td>23.03.2020</td>
</tr>
<tr>
<td>Duration of symptoms before admission (days)</td>
<td>5</td>
<td>Unknown (unconscious at home)</td>
<td>10</td>
</tr>
<tr>
<td>Intensive care (IC) (Y/N)</td>
<td>Y (until April 1st)</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>COVID «treatment»</td>
<td>LPV/r HCLQ + Azithromycin</td>
<td>LPV/r HCLQ</td>
<td>None</td>
</tr>
<tr>
<td>Outcome</td>
<td>Left ICU ward on April 1st, 2020</td>
<td>Discharged on March 29th, 2020</td>
<td></td>
</tr>
</tbody>
</table>
All HIV+ patients had a change in their current ART regimen once hospitalized for severe COVID-19

**Drug interactions:**

All interactions with COVID-19 experimental treatments can be checked on:

HIV/COVID19 outpatients:

- No patients seek medical consultation for COVID-19 associated symptoms during the epidemic period
In conclusion:

- COVID-19 did not seem to disporportionnaly affect PLWH
- Challenges addressed were
  - To continue the follow-up of PLWH (phone consultation/telemedecine)
  - To provide access to ARV (home medication delivery/neighborhood pharmacy)
  - VCT/PEP after risk exposure
- Patient appreciate proactive attitude regarding their follow-up, ARV supply, questions on COVID-19.
Thank you for your attention!