





COVID-19 AND HIV: WHAT YOU NEED TO KNOW



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

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COVID-19 and PLWH:

- No evidence for higher infection rate (compared to HIV-negative)
- If untreated HIV infection and/or CD4 count $< 200/\mu\text{L}$ \rightarrow (\uparrow 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



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)

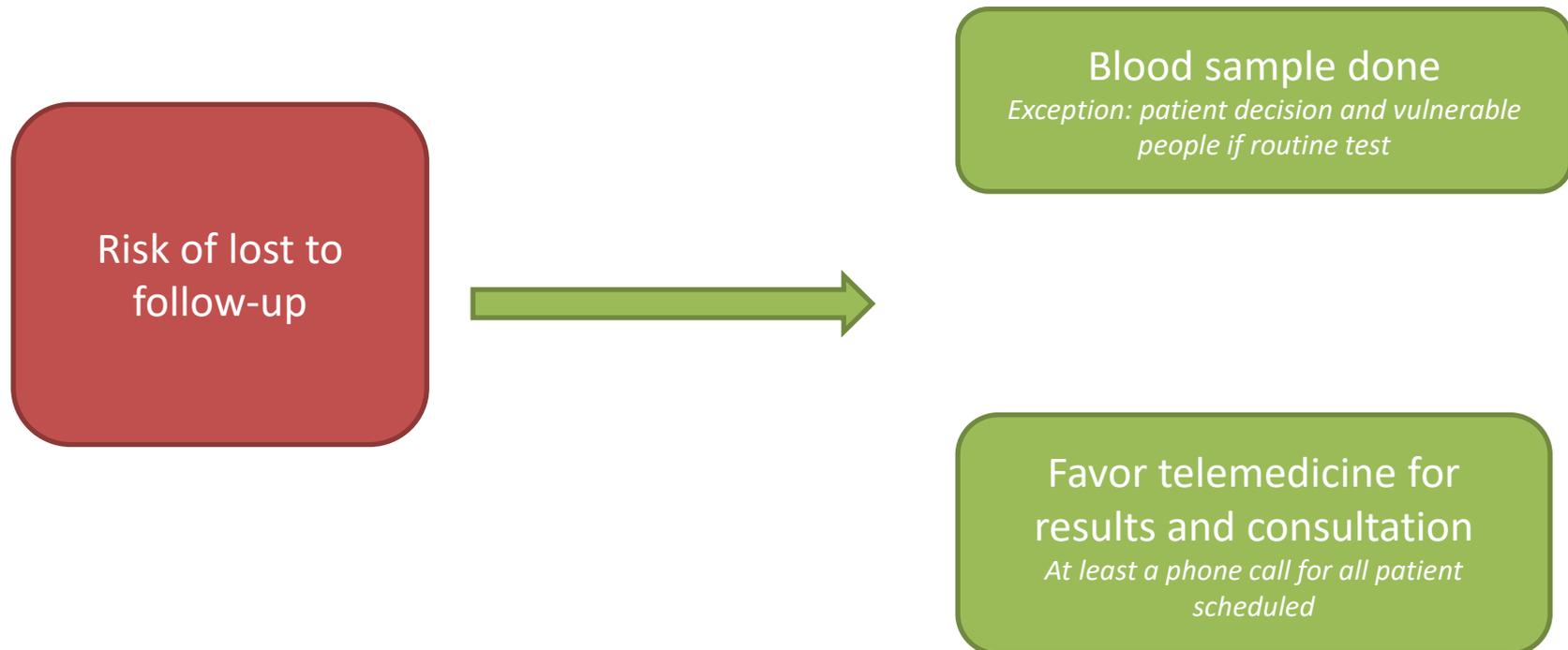


All patients are contacted by phone. No medical consultations were cancelled



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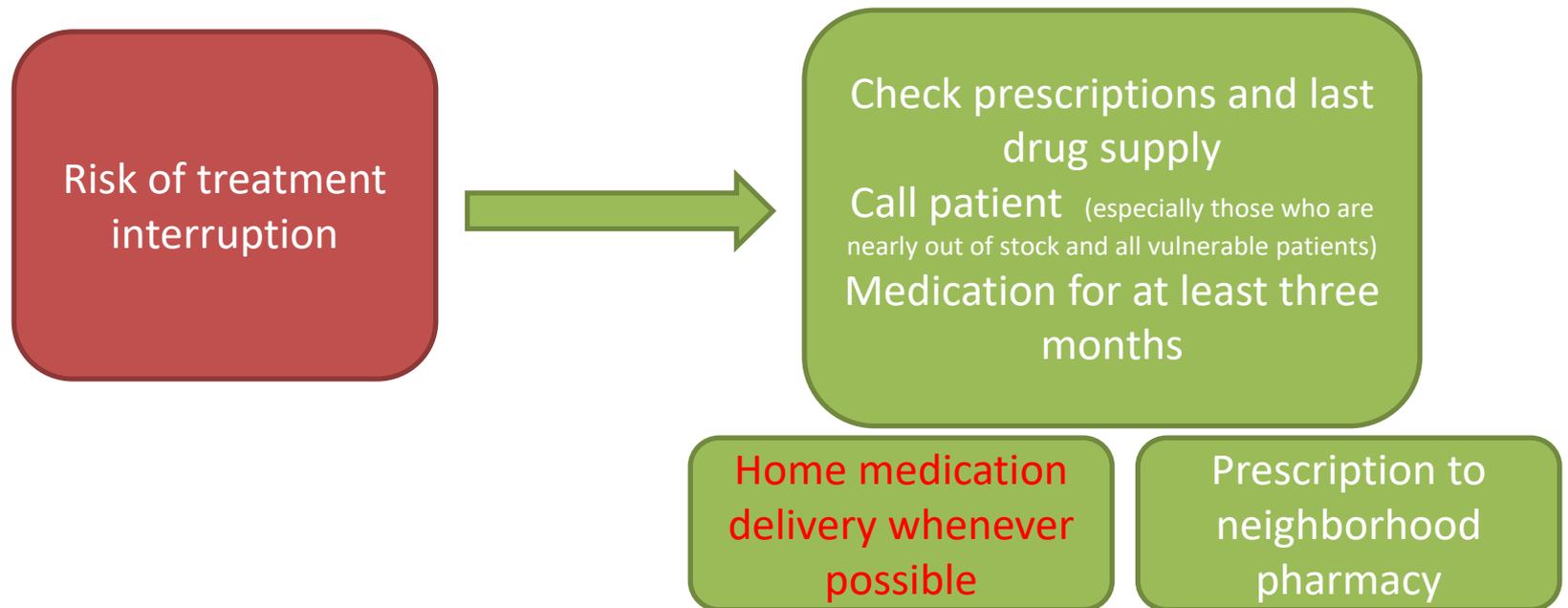
Action taken (2/5)





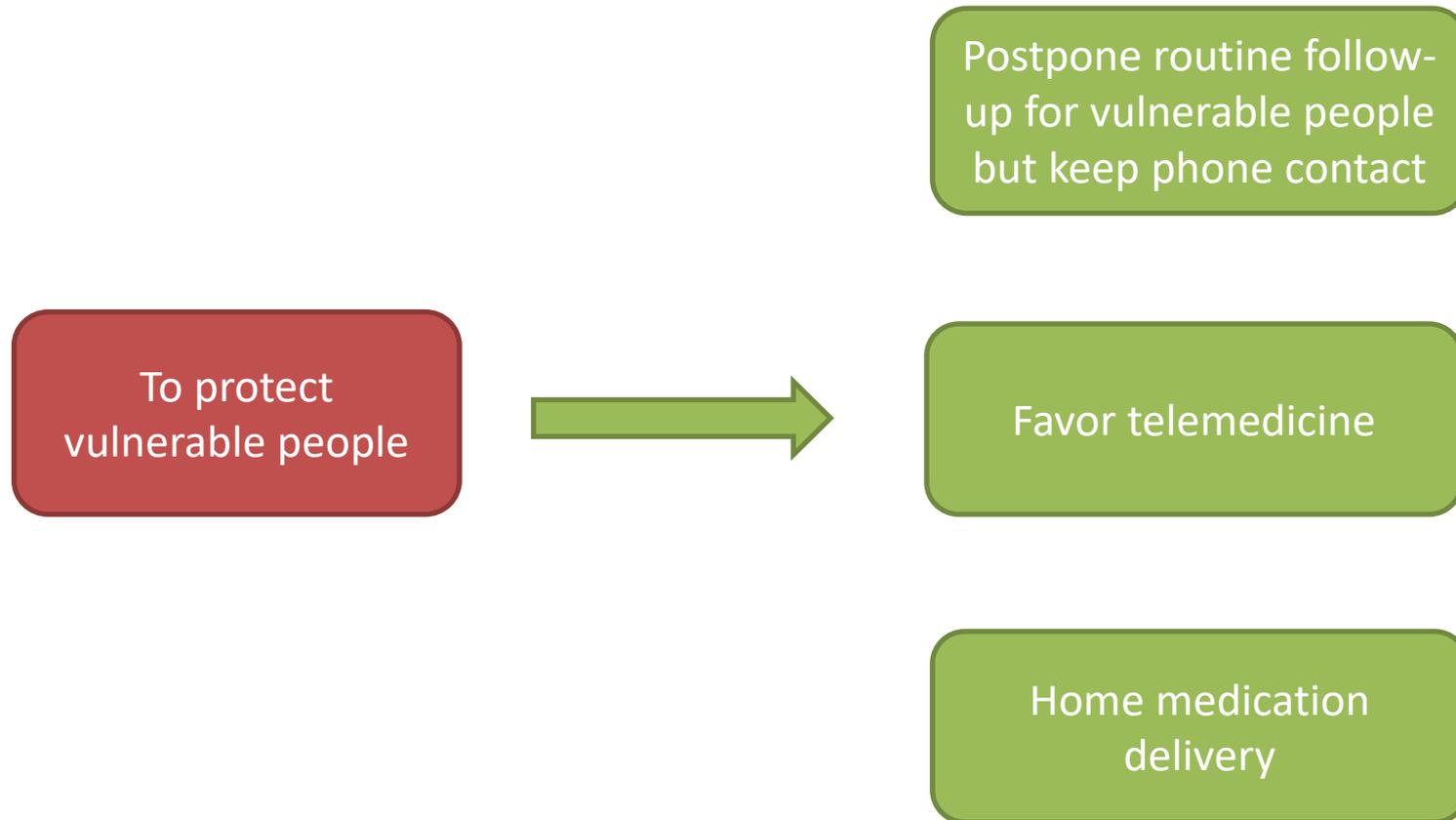
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Action taken (3/5)





Action taken (4/5)





Action taken (5/5)



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VCT/PEP



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



HIV co-infected COVID19 hospitalised patients (March – April 2nd, 2020 985 hospitalisations overall)

	Patient 1	Patient 2	Patient 3	Patient 4
Gender (M/F)	M	M	M	F
Age	66	79	55	57
Current ARV	TAF/FTC/BIC (+ LPV/r)	ABC + 3TC + NVP (+LPV/r 3.0.3)	TAF/FTC/EVG/c (+DRV 800 mg)	DTG/RPV (+ LPV/r)
HIV1-RNA (cp/mL)	< 13	< 13	< 13	< 13
CD4 count (cell/μL)	630 (28%)	72 (30%)	109 (24%)	144 (27%)
COVID-19 risks factors	Age COPD Hypertension	Age Hypertension	Active smoker (40UPA)	None
Date of admission	16.03.2020	22.03.2020	23.03.2020	24.03.2020
Duration of symptoms before admission (days)	5	Unknown (unconscious at home)	10	4
Intensive care (IC) (Y/N)	Y (until April 1st)	N	N	N
COVID «treatment»	LPV/r HCLQ + Azithromycin	LPV/r HCLQ	None	HCLQ
Outcome	Left ICU ward on April 1st, 2020		Discharged on March 29th, 2020	



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 :

<https://www.hiv-druginteractions.org/> and

<https://www.covid19-druginteractions.org/>



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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 disproportionately affect PLWH
- Challenges addressed were
 - To continue the follow-up of PLWH (phone consultation/telemedicine)
 - To provide access to ARV (home medication delivery/neighborhood pharmacy)
 - VCT/PEP after risk exposure
- Patients appreciate proactive attitude regarding their follow-up, ARV supply, questions on COVID-19.



Thank you for your attention!