

HHS Interim Guidance for COVID-19 and Persons with HIV

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Disclosures

No conflicts of interest or relationships to disclose.

Today will focus on interim guidance and logistical questions for adult outpatient HIV clinical practice.

UW testing and treatment protocols available at:
<https://covid-19.uwmedicine.org/Pages/default.aspx>

Treatment resources and guidance:
<https://covid.idea.medicine.uw.edu/>

SARS-CoV-2 (COVID-19) and HIV Background

- Department of Health and Human Services (HHS) released interim guidance on special considerations for persons with HIV (PWH) and their healthcare providers on 3/20/20
- Goal today: review key points in the guidance and discuss barriers and successes towards implementing the recommended measures

SARS-CoV-2 (COVID-19) and HIV

Risk for Severe Illness

- Risk factors described for all individuals: age above 60, medical comorbidities (DM, HTN, CVD, pulmonary disease, etc.)
- Limited current data do not indicate disease course is different for PWH; not yet clear whether advanced HIV raises risk for complications of respiratory infection
- Likely higher prevalence of comorbidities; also certain social determinants of health that raise risk for infection
- “Thus, until more is known, additional caution for all persons with HIV, especially those with advanced HIV...is warranted”

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- *My questions: how are you counseling PWH about risk?
Advising about stopping work?*

SARS-CoV-2 (COVID-19) and HIV Medications and General Vaccines

- In addition to encouraging general recommendations for social distancing, hand hygiene, masks, etc.
 - Help PWH maintain adequate supply of ART and other meds (90-day supplies & mail order delivery ideal)
 - Make sure flu and pneumococcal vaccines up to date
 - Consider delaying regimen switches
 - ART should not be changed to a boosted PI to prevent or treat COVID-19, except in context of a clinical trial
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- *My questions: any issues with helping obtain extended med supplies? Value of visits for routine vaccines? Indications to prioritize vs delay an ART switch?*

SARS-CoV-2 (COVID-19) and HIV Clinic Visits

- Weigh the risks/benefits of in-person visits; video or phone visits preferred for non-urgent issues
 - If suppressed viral load and stable health, routine lab and medical visits should be postponed “to the extent possible”
 - Don’t forget to ask about needs related to food, housing, transportation, childcare, as well as mental health
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- *My questions: how is this going for you? Indications for in-person visits or labs? Challenges of phone/video?*

Summary of Questions

- *How are you counseling PWH about COVID-19 risk?
Those with low CD4 and those with moderate or high CD4?
Who are you advising to stop work?*
- *Any issues with helping obtain extended med supplies?
Value of visits for routine vaccines?
Indications to prioritize vs delay an ART switch?*
- *Challenges to phone/video visits?
Indications for in-person visits or labs (especially for asymptomatic patients)?*

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