UPDATE - COVID-19 and HIV: key issues and actions
Outline

- COVID-19 and HIV
- COVID-19 prevention for PLHIV
- Preparedness for continuity of HIV services
- Human rights considerations
- The role of civil society
- Emergency funds
- COVID-19 resources

Prepared by The UNAIDS Cospromators Regional Group (UCRG) for Latin America and the Caribbean.
COVID-19 and HIV

- Patients with severe immunodeficiency usually have high risk of complications with any infectious disease

- Three case reports of HIV-CoVs co-infections
  
  - Mild/moderate CoV disease despite severe immunodeficiency – all cases recovered
  
  - Defective cellular immunity in HIV infection could paradoxically be a protective factor?
  
  - Potential therapeutic role of HIV protease inhibitors?

- Lack of SARS in AIDS patients hospitalized together (Chan, 2003)
  
  - None of 19 PLHIV hospitalized at the same ward with SARS patients in a hospital in China got infected, despite many HCWs caring both groups got SARS-CoV
  
  - Protective effect of ARVs?? Viral interference??
Covid-19 and HIV

- **Currently no evidence to suggest PLHIV are at a higher risk** of acquiring SARS-CoV-2 or developing more severe COVID-19 illness vs. HIV-negative people.
  - PLWHIV 60 or older, with underlying conditions (e.g. diabetes, respiratory and cardiovascular diseases), as well as with lower CD4 count may be at higher risk and suffer more serious COVID-19-related illness.
- **Treat all, rapid initiation** (within 7 days from diagnosis) or same day initiation.
- **Optimal adherence to ART**, viral suppression and immunological recovery.
- PLHIV should take the **general preventive measures** for COVID-19 recommended for general population.
- **Vaccinations** (e.g. influenza, pneumococcal) should be offered to all PLHIV and be up to date.
- No specific approved anti-COVID-19 treatment, no immune therapeutics, and no vaccine. **Treatment is symptomatic** (e.g. rest, hydration, antipyretics).
There is no current evidence to recommend any specific anti-COVID-19 treatment for patients with confirmed COVID-19. There are many ongoing clinical trials testing various potential antivirals.
Efficacy and safety of ARVs for SARS, MERS or COVID-19—Systematic Review (as 17 March 2020)

**Use of ARV as treatment for CoV infections**
- 16 observational studies on the use of ARV drugs (most studies using LPV/r as treatment).
  - 14 studies reporting treatment outcomes; 3 studies with SARS, 6 studies with MERS, 5 studies with COVID-19
  - Of 292 patients given LPV/r, 47 deaths were reported by 4 studies.

**The certainty of the evidence is very low across all 3 diseases:** Small sample size, only two studies provided comparative outcomes (one using historical controls) and none were randomized.
- Timing, duration and dose of treatment varied, and several studies provided co-interventions which may have contributed to the reported outcomes.

**Use of ARV as Prevention (PEP) for CoV infections**
- 2 studies reported a possible protective effect of LPV/r as post-exposure prophylaxis (SARS and MERS).
- The certainty of the evidence was very low due to uncertainty and limited sample size.

**Ongoing/planned trials with RVs against CoVs:**
- 13 registered trials planning to assess the safety and efficacy of ARVs for the treatment of coronavirus infection (11 for the treatment of COVID-19).
  - 11 assessing LPV/r, 1 assessing ritonavir, and 1 darunavir and cobicistat
  - Estimated completion dates: from March 2020 to January 2022.

Ford et al, 2020 (unpublished data)
LPV/r in patients with severe COVID-19

Key findings:

- Open label (not blinded) - n= 199
- 1 hospital in Whuan (China)
- Time to clinical improvement, 28 day mortality rate and throat viral RNA detectability were similar in both arms
- Median time to clinical improvement was shorter by 1 day in LPV/r arm (modified ITT)
- Gastrointestinal adverse events were more common in LPV/r arm
- Continuous follow up planned
Coronavirus (COVID-19) Update: FDA Continues to Facilitate Development of Treatments

For Immediate Release - March 19, 2020

The U.S. Food and Drug Administration continues to play a critical role in the multifaceted all-of-government response to the COVID-19 pandemic, which includes, among other things, facilitating medical countermeasures to treat and prevent the disease, and surveilling the medical product and food supply chains for potential shortages or disruptions and helping to mitigate such impacts, as necessary.

As part of those efforts, President Trump has directed the FDA to continue its work with the public and private sector to ensure the availability of potentially safe and effective life-saving drugs to patients who are in desperate need, including those infected with COVID-19.

The FDA has been working closely with other government agencies and academic centers that are investigating the use of the drug chloroquine, which is already approved for treating malaria, lupus and rheumatoid arthritis, to determine whether it can be used to treat patients with mild-to-moderate COVID-19 to potentially reduce the duration of symptoms, as well as viral shedding, which can help prevent the spread of disease. Studies are underway to determine the efficacy in using chloroquine to treat COVID-19.

“President Trump’s aggressive response and bold actions to keep Americans safe from COVID-19 can only succeed when our scientific tools,” said HHS Secretary Alex Azar. “States are using off-label therapies to save lives. It is critical that we work together in the public health, academic institutions and government are coming together to deliver us what we need to win.”

“Studies are underway to determine the efficacy in using chloroquine to treat COVID-19”

COVID-19 prevention for PLHIV (1)

The best way to prevent COVID-19 is to avoid being exposed to SARS-CoV-2.

Stay informed, stay safe and be prepared!

• Access reliable sources for up to date information (e.g. PAHO/WHO, UNAIDS, CDC)

• PLHIV should take the same prevention measures recommended for all people according to PAHO/WHO and UNAIDS guidance:
  
  
WHAT PEOPLE LIVING WITH HIV NEED TO KNOW ABOUT HIV AND COVID-19

COVID-19 is a serious disease and all people living with HIV should take all recommended preventive measures to minimize exposure to, and prevent infection by, the virus that causes COVID-19.

It’s important to underline that there is currently no strong evidence that people living with HIV are at an especially increased risk of contracting COVID-19 or if they do contract it they will experience a worse outcome. This does not mean that people living with HIV should take COVID-19 lightly and they must take all precautions to protect themselves.

As in the general population, older people living with HIV or people living with HIV with heart or lung problems may be at a higher risk of becoming infected with the virus and of suffering more serious symptoms.

As COVID-19 continues to spread around the world, it will be important for ongoing research in settings with a high prevalence of HIV in the general population to shed more light on the biological and immunological interactions between HIV and the new coronavirus.

Precautions that people living with HIV and key populations should follow to prevent COVID-19 infection

COVID-19 preparedness for continuity of HIV services (1)

Overburden of health services may affect regular access to essential comprehensive medical care and treatment for people living with HIV.

- **Contingency plans** for continuity of HIV services (health facilities, community-based, mobile and outreach).
- **Differentiated service delivery strategies** (especially for stable PLHIV on ART) to reduce workload of services and avoid possible exposure to SARS-CoV-2 for PLHIV:
  - Less frequent routine clinical consultation (every 6 months)
  - Less frequent ARV drug pick-ups, Multi-Month Prescriptions (MMP) and Multi-Month Dispensing (MMD), for 3-6 months. Including for PrEP users (minimum of 3-month supply).
  - Non-health facility-based ARV dispensing (e.g. community pharmacy, home-delivery, etc.).
  - Remote adherence support and remote clinical appointments and follow ups, including for PLHIV isolated or quarantined (e.g. telemedicine, on-line portals, virtual/telephone and messaging, WhatsApp, etc.).
COVID-19 preparedness for continuity of HIV services (2)

- Prioritize ongoing care for PLHIV with low CD4, with underlying chronic conditions, co-infections, such as TB patients.

- Adopt SOPs with clear patient routes and specific infection prevention and control (IPC) measures in health facilities and community-based services to ensure safety for personnel and patients.

- HIV testing services to diagnose and put PLHIV on treatment as soon as possible should not be interrupted.
  - **Health facility-based HIV testing.** Provider-initiated HIV rapid screening and HIV testing requested by users could be prioritized.
  - **Community-based HIV testing should be managed with great caution,** or temporarily put on hold, while national authorities’ recommendations for social distancing are in place.
  - **HIV self-testing** – opportunity for rapid introduction
Upholding human rights!

- **Engagement and participation of community leaders** in governance tables of COVID-19 preparedness, planning and response builds transparency, trust and improves effectiveness.

- **Restrictions to limit movements should be of limited duration and based on scientific evidence.** They should not be implemented in an arbitrary or discriminatory manner. It is important to clarify that WHO advises against the application of travel or trade restrictions on affected countries.

- **Fight xenophobia, racism, stigma and discrimination** against groups “considered” to be affected.

- **Ensure maintenance of up-to-date and reliable information flow on social media**, as well as through qualified governmental authorities or experts assigned as spoke persons to provide information to the general public.

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https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf
Addressing fear, stigma and discrimination
Engagement and information including through social media

This week WHO, UNICEF and IFRC issued guidance on risk communication and community engagement for COVID-19 preparedness and the response

Role of CSOs and PLHIV networks

• Engagement and participation in COVID-19 preparedness and response committees.

• Monitoring the needs of PLHIV for information, preventive support, care and non-interruption of treatment (e.g. rapid surveys, etc.).

• Advocate for differentiated service delivery in the context of COVID-19 response.

• Community-based services to guarantee care and support, especially for the most vulnerable, including PLHIV on the move (refugees and migrants).

• **Special safety measures (for providers and users) and standard IPC operating procedures, as recommended by local health authorities, will need to be implemented for community-based services in the context of COVID-19 epidemic.**
Availability of emergency funds

- **Global Fund (GF) COVID-19 emergency funds.**

  Eligible activities include, but are not limited to:
  - Epidemic preparedness assessment;
  - Laboratory testing;
  - Sample transportation;
  - Use of surveillance infrastructure;
  - Infection control in health facilities;
  - Information campaigns.

- **World Bank COVID-19 emergency funds.**

- **Help to disseminate WHO COVID-19 Solidarity Response Fund.** For more information access: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/donate
COVID-19 summary messages

- Situation highly dynamic
- Realtime evidence and information sharing critical
- Clear learning from HIV, Ebola and other disease outbreaks
- Community engagement and rights have to inform the response
Emerging respiratory viruses, including COVID-19: methods for detection, prevention, response and control: [https://openwho.org/courses/introduction-to-ncov](https://openwho.org/courses/introduction-to-ncov)

Stay informed!

- **PAHO:**

- **WHO:**
  https://www.who.int/health-topics/coronavirus/coronavirus

- **UNAIDS**

Q&A on COVID-19, HIV and antiretrovirals

17 March 2020 | Q&A

What is COVID-19? (+)

Are people living with HIV at increased risk of being infected with the virus that causes COVID-19? (+)

Can antiretrovirals be used to treat COVID-19? (+)

Can antiretrovirals be used to prevent infection with the virus that causes COVID-19? (+)

What studies on treatment and prevention of COVID-19 with antiretrovirals are being planned? (+)

What is WHO’s position on clinical trials/research while the outbreak is ongoing? (+)

What is WHO’s position on the use of evidence from early outcomes of research or unproven therapeutics for interventions? (+)

What is WHO’s position on the use of antiretrovirals for the treatment of COVID-19? (+)

Thank you