



BRITISH COLUMBIA
CENTRE *for* EXCELLENCE
in HIV/AIDS

BC-CfE INTERIM RECOMMENDATIONS FOR COVID-19 AND PERSONS WITH HIV

NOVEMBER 2020

- Recommendations for the prevention, diagnosis, management and treatment of COVID-19 in people with HIV are the same as those for the general population [1]. The available data about the incidence and course of COVID-19 disease in persons with HIV continues to evolve. However, some people with HIV have comorbidities (e.g., cardiovascular disease, lung disease, diabetes mellitus, obesity) that are known to be associated with an increased risk of more severe COVID-19 illness. Thus, until more is known, additional caution for all persons with HIV, especially those aged >60 years or with comorbidities, a CD4 count <200 cells/uL and /or poorly controlled HIV, is warranted.

ANTIRETROVIRAL THERAPY (ART) SUPPLY

- Every effort should be made to help persons with HIV maintain an adequate supply of ART and all concomitant medications (i.e. at least a 30- day supply on hand at all times). The BC-CfE Drug Treatment Program continues to provide their treatment and prevention medication dispensing services as usual, and will support patients in maintaining adequate uninterrupted supply of ART while minimizing the number of trips to the hospital or pharmacy to pick up medications.
- For persons virologically suppressed on a stable ART regimen, prescribers may request a refill supply quantity of 3 or 4 months. In addition, to facilitate medication continuity, prescribers can authorize repeat fills on an ART prescription for up to a maximum of one year (For example: 3 month supply with 3 repeats; or 2 month supply with 5 repeats).
- If a client is unwell or in isolation, the provider or the client can contact SPH Pharmacy (1-800-547-3622), or their designated ARV Pharmacy, to arrange an alternative method to access medication in a timely basis.

LABORATORY MONITORING

- For persons who have a suppressed viral load and are in stable health, consider decreasing the frequency of routine in-person medical and laboratory visits if clinically appropriate. The BC-CfE is recommending that providers use their clinical judgment in decreasing the frequency of routine HIV plasma viral load (pVL) testing in stable clients who have had pVL <40 copies/mL for at least 12 months on a stable ART regimen. In this situation, pVL testing can be performed every 6 months. The frequency of other laboratory tests should be tailored to the recommendations for the specific condition.
- The BC-CfE's Precision Medicine Testing Services are operating normally. HIV and HCV Genotypic resistance testing, HIV tropism testing, HLA-B*57:01 genotyping, and antiretroviral drug level monitoring are available as usual.
- Clients should confirm their outpatient laboratory's hours of operation, and book an appointment in advance when available, to minimize wait times.

ART REGIMEN SWITCHES

- Providers should consider deferring non-urgent, elective regimen switches until close follow-up and monitoring become available. Regimen switches to address safety, treatment failure, drug to drug interactions or issues impacting adherence should proceed with a monitoring plan as per the BC-CfE guidelines (2).
- If treatment simplification is being considered in a stable, adherent patient, pVL suppression should be confirmed prior to switch (preferably by at least one pVL <40 copies/mL result within the previous 3 months, and no greater than 6 months before the switch).
- After treatment switch, follow-up plasma pVL is recommended within 4 to 6 weeks.
- Many drugs, including some ARV agents, are being evaluated for the treatment or prevention of COVID-19. At this time, there is no strong evidence that specific ARV medications protect against COVID-19. Persons with HIV should not switch or add ARV medications to their regimen for the purpose of preventing or treating COVID-19 infection.

GENERAL RECOMMENDATIONS

- Influenza and pneumococcal vaccinations should be kept up to date.
- Persons with HIV should follow all recommendations of the BC Centre for Disease Control (BC CDC) to prevent COVID-19, such as social distancing and proper hand hygiene (3). These recommendations are regularly updated.
- Together with their health care providers, persons with HIV should weigh the risks and benefits of in-person, HIV-related clinic appointments at this time. Factors to consider include the extent of local COVID-19 transmission, the health needs that will be addressed during the appointment, the person's age and HIV status (e.g., CD4 cell count, HIV viral load) and overall health. Telephone or virtual visits for routine or non-urgent care and adherence counseling should replace face-to-face encounters whenever possible.

ADDITIONAL SUPPORTS

- Persons with HIV may need additional assistance with food, housing, transportation, and child-care during times of crisis. To enhance care engagement and continuity of ARV therapy, clinicians should make every attempt to assess their patients' need for additional social assistance and connect them with resources, including peer navigator services when possible.
- During this crisis, social distancing and isolation may exacerbate mental health, substance use issues and domestic violence for some persons with HIV. Clinicians should assess and address these patient concerns and safety, and arrange for additional consultations or intervention as needed, preferably virtually if appropriate.

SOURCES:

- 1) DHHS Interim Guidelines for COVID-19 and Persons with HIV (<https://clinicalinfo.hiv.gov/index.php/en/guidelines/covid-19-and-persons-hiv-interim-guidance/interim-guidance-covid-19-and-persons-hiv>)
- 2) BC-CfE Therapeutic Guidelines for Antiretroviral Treatment of Adult HIV Infections (<http://bccfe.ca/therapeutic-guidelines/guidelines-antiretroviral-arv-treatment-adult-hiv-infection>)
- 3) BC Centre for Disease Control (<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/data>)