1. **Introduction**

1.1 **Background**

WHO continues to work with countries, partners and civil society to compile and exchange best practices and experiences as the coronavirus disease (COVID-19) pandemic evolves, uniting forces to prevent transmission and save lives. This includes information on HIV services impacted and possible measures to be taken throughout this difficult period.

1.2 **Target audience**

People living with HIV, as well as HIV programme managers and facilities providing HIV prevention, care and support services.

2. **Information for people living with HIV**

2.1 **What is COVID-19?**

- COVID-19 is a systemic viral disease caused by the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).
- The virus that causes COVID-19 spreads primarily by air, through droplets generated when an infected person coughs, sneezes or speaks. It can also contaminate environmental surfaces.
- Common signs of infection include fever, fatigue, nasal congestion, cough, muscular pain and breathing difficulties such as shortness of breath.
- More severe infection can cause pneumonia, acute respiratory syndrome, thrombo-embolic disorders, acute renal impairment, sepsis and death.
- Some people can have prolonged signs and symptoms that continue after recovery from acute COVID-19. This persistent state of ill health has been named post COVID-19 condition.

2.2 **Am I more likely to get COVID-19?**

- Cases of COVID-19 infection among people living with HIV occur, but there is currently no clear evidence to suggest that people living with HIV are at higher risk of contracting COVID-19 (1).

2.3 **Would COVID-19 be more serious because I have HIV?**

- HIV infection is a significant independent risk factor for severe/critical COVID-19 presentation at hospital admission and in-hospital mortality. A WHO report based on clinical surveillance data from 38 countries regarding the risk of poor COVID-19 outcomes in people living with HIV found that the risk of developing severe or fatal COVID-19 was 38% greater in people living with HIV compared to people without HIV infection (2). Underlying conditions associated with severe COVID-19, such as diabetes, obesity and hypertension, are also common among people living with HIV.
- This highlights the need for people living with HIV to stay as healthy as possible, regularly access health care, take their
antiretroviral (ARV) drugs, prevent and manage underlying conditions, and get vaccinated as appropriate (1). This also means that people living with HIV – independent of their immune status – should use public health and social measures (physical distancing, use of facial masks in closed or crowded spaces dependent on epidemiological context and risk factors) and be prioritized for COVID-19 vaccination in most settings.

2.4 How should I manage my antiretroviral treatment (ART)?
- Continue taking your ARV drugs as prescribed.
- Make sure you always have at least a month’s supply of ART and any other medication you are taking.
- Know how to contact your clinic and have emergency numbers at hand.

2.5 How can I protect myself against COVID-19 infection?
- Get vaccinated, including additional boosters, as advised.
- Maintain physical distance, avoiding crowds and close contact.
- Wear a mask, according to local regulations.
- Keep rooms well ventilated.
- Wash your hands frequently and carefully with soap and water, or use hand sanitizer or alcohol-based hand rub.
- Cover your mouth and nose with your elbow or a tissue if you cough or sneeze. Throw the tissue away immediately and wash your hands.
- Avoid touching your face.
- Avoid close contact with anyone who has a cough or a fever.
- If you develop symptoms or have been in contact with someone who has COVID-19, self-isolate and test for COVID-19 in line with your government’s recommendations.

2.6 Are COVID-19 vaccines safe for people living with HIV?
- Many of the COVID-19 vaccine studies have included a small number of people living with HIV in their trials. Despite limited data, available information suggests current WHO-recommended COVID-19 vaccines (AstraZeneca/Oxford, CanSino, Covaxin, Covovax, Johnson and Johnson, Moderna, Nuvaxovid, Pfizer/BionTech, Sinopharm and Sinovac) are safe for people living with HIV. For an up-to-date list of recommended vaccines, please see https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/advice). None of the currently available vaccine products are live vaccines, and they include modified viral proteins or genetic material from SARS-CoV-2 that cannot replicate. Therefore, these vaccines are not expected to be less safe in people who are immunocompromised. In addition, no pharmacological interactions have been reported between COVID-19 vaccines and ARV drugs, which people living with HIV should continue to take before and after COVID-19 vaccination (1).

2.7 Do COVID-19 vaccines provide protection for people living with HIV?
- Current efficacy studies of COVID-19 vaccines in people living with HIV with high CD4 T-cell counts and established on ART indicate that most people produce adequate antibody levels and cellular immune responses, in a similar range observed in people without HIV infection, suggesting that current recommended COVID-19 vaccines are
Information Note on HIV and COVID-19

3

protective in this population. However, people living with HIV with low CD4 cell counts might have a weaker immune response to vaccines. Recent studies in individuals with low CD4 cell counts and/or without HIV viral suppression show a reduced immune response to COVID-19 vaccine, leaving them more susceptible to COVID-19 (3, 4).

- WHO recommends that the primary vaccine series for moderately to severely immunocompromised persons, including people living with HIV with low CD4 counts and/or without viral suppression, should be extended to include an additional dose of WHO-approved COVID-19 vaccines (5).
- WHO will continue to monitor emerging evidence on the safety and efficacy of COVID-19 vaccines in people living with HIV and will provide updates as needed.

2.8 What should I do if I feel unwell?

- If you develop fever, cough or difficulty breathing, seek medical advice immediately.
- Contact your local health provider, ART clinic or government hotline in accordance with national guidance.
- You may be advised to get a test for COVID-19. Remain isolated from others while you are waiting for the results.

2.9 What else can I do to take care of myself?

- Anticipate and plan for disruptions in supplies of condoms, contraception, gender-affirming hormones, sterile needles/syringes and opioid substitution therapy.
- Eat a healthy diet, rest and exercise if you can.
- Stay in touch with your friends and family – through remote technology including social media if physical distancing measures are in place.
- If you find yourself becoming excessively anxious about COVID-19, limit the time you spend checking media coverage and access only reputable news and information sites, such as the WHO website on COVID-19: https://www.who.int/emergencies/diseases/novel-coronavirus-2019

2.10 Can HIV drugs be used to treat or prevent COVID-19?

- No ARV drugs are recommended by WHO to treat or prevent SARS-CoV-2 infection.
- Several studies have looked at the use of antiretroviral and other drugs to treat and prevent COVID-19 infection, including antiretrovirals, in particular lopinavir/ritonavir (LPV/r) (6-8).
- Current evidence does not show that LPV/r, tenofovir or other antiretrovirals improve clinical outcomes in symptomatic disease among patients with COVID-19 or reduce the risk of new infection (7).
- To date, results from the Solidarity trial show that therapeutics (hydroxychloroquine, LPV/r) had little or no effect on overall mortality, initiation of ventilation and duration of hospital stay among hospitalized patients with COVID-19 (6, 9, 10).

2.11 Can hepatitis C drugs be used to treat COVID-19?

- Preliminary results of studies to evaluate anti-hepatitis C drugs for treating COVID-19 suggest improved clinical recovery, but the evidence is currently insufficient to recommend their use (11).
3. Information for HIV programme managers

Countries must ensure an appropriate balance between protecting health, preventing economic and social disruption, and respecting human rights to ensure that people living with or affected by HIV have the same access to services as others and that HIV-related services continue without disruption as the health system responds rapidly and effectively to COVID-19.

It is critical that people living with HIV and key populations can continue to access community-based, drop-in, outreach and other services which provide life-saving HIV prevention (distribution of condoms, pre-exposure prophylaxis [PrEP], opioid substitution therapy, needles and syringes), testing and treatment services while securing the safety of staff and clients.

3.1 HIV services
- Ensure that people living with or affected by HIV are offered the same access to services as others and ensure HIV-related services continue without disruption.
- Ensure that information about the continued availability of services is widely disseminated online and offline, through phone calls and SMS.
- Maximize the use of digital health technologies to support patients and programmes through improved communication, counselling, care and information management.

3.2 Drugs and commodities
- Ensure the uninterrupted supply of drugs and commodities through proactive planning, procurement, supply and risk management at the national level and at all facilities so that all people living with HIV can continue their ART without interruption even if they are in quarantine for COVID-19 or are confirmed infected with the virus.
- Anticipate delays in transport and delivery of drugs and commodities and place orders for delivery as soon as possible.
- Plan out the delivery of stocks to treatment facilities.

3.3 Optimizing ART for patients
- Roll out multiple-month dispensing through patient-centred outpatient and community-based care so that people living with HIV can visit health facilities less often, thus reducing the risk of COVID-19 transmission.
- Provide 3–6 months’ supply of ART (or PrEP in facilities providing this service) to all stable clients. Apply this approach to other concomitant medications, opiate substitution therapy, tuberculosis (TB) preventative therapy and treatments for comorbidities.
- Plan how to manage ART during community-wide quarantines when public transport may not be available and people living with HIV may not be able to access treatment facilities to collect their medicines.
- Consider using courier services or community-based health workers to deliver medicines to patients.

3.4 COVID-19 vaccine for people living with HIV
- People living with HIV should not be excluded from COVID-19 vaccine access plans regardless of their immune status, with no restrictions related to illicit drug use or otherwise belonging to a key population group.
- Countries should include people living with HIV as a priority group for COVID-19 vaccination according to their epidemiological context.
- Advocacy is needed to ensure that no one is
left behind and that national COVID-19 vaccination programmes do not exclude people from key and vulnerable populations at risk of HIV, who may have limited access to health services. It is also important to advocate for the inclusion of people living with HIV, including those with more advanced disease, in COVID-19 vaccine trials to provide information to confirm efficacy.

4. Information for facilities providing HIV services

4.1 Continued service provision
- Ensure clients know that your facility is open and providing services.
- Inform clients how they can access prevention, testing and treatment services. Use phone calls, SMS and online platforms to communicate with clients.
- Advertise opening hours widely online and offline.
- Provide emergency contact numbers in case people living with HIV run low on medicines or have other health concerns.
- Check facility stocks of ARV drugs and commodities regularly and reorder stocks early as distribution of supplies may be delayed.
- Anticipate and plan for possible community-wide quarantines. Consider using courier services or community-based health workers to deliver medicines to patients.

4.2 Reduce potential exposure
- Fully implement infection prevention and control measures and standard precautions to protect staff and clients.
- Ensure adequate ventilation in all areas of the health-care facility.
- Ensure everyone adheres to strict hand hygiene and respiratory hygiene practices.
- Review client flow to maximize social spacing and reduce the time clients need to spend at the facility.
- Conduct consultations by phone, if feasible.
- Ensure clients with TB-HIV co-infection have sufficient TB treatment drugs to complete their course.
- For clients started on TB preventive therapy, prescribe enough medicines to complete their course.
- If your facility provides PrEP services, prescribe medicines for three months. Conduct follow-up consultations by phone or other virtual means wherever possible.

5. Guidance development

5.1 Acknowledgements
- This document was developed by staff from the WHO Regional Office for the Western Pacific (HIV, Hepatitis and Sexually Transmitted Infections Unit, Division of Programmes for Disease Control).

5.2 Guidance development methods
- This document was developed based on a review of relevant current and emerging guidance on COVID-19 and HIV.

5.3 Declaration of interests
- Interests have been declared in line with WHO policy, and no conflicts of interest were identified from any of the contributors.
# Information Note on HIV and COVID-19

## Resources

### WHO
- Coronavirus disease (COVID-19) pandemic
- Country and technical guidance – coronavirus disease (COVID-19)
- Living guidance for clinical management of COVID-19
- COVID-19 advice for the public: Getting vaccinated
- Question and answers: Coronavirus disease (COVID-19): HIV and antiretrovirals
  (November 2020)
- Coronavirus disease (COVID-19): COVID-19 vaccines and people living with HIV
- Coronavirus disease (COVID-19) technical guidance: maintaining essential health services and systems
- World Health Organization (WHO) information note: tuberculosis and COVID-19
  [https://www.who.int/tb/COVID_19considerations_tuberculosis_services.pdf](https://www.who.int/tb/COVID_19considerations_tuberculosis_services.pdf)
- Mental health and psychosocial considerations during the COVID-19 outbreak
  [https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf](https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf)

### UNAIDS
- What people living with HIV need to know about HIV and COVID-19
- Rights in the time of COVID-19: lessons from HIV for an effective, community-led response

### Other organizations
- Global Fund to Fight AIDS, Tuberculosis and Malaria – COVID-19
- International AIDS Society (IAS) – COVID-19 and HIV: what you need to know
- International Treatment Preparedness Coalition (ITPC) – Coronavirus: what you need to know
References


