

# Information note on HIV and COVID-19

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## 1. Introduction

### 1.1 Background

WHO is working with countries, partners and civil society to compile and exchange best practices and experiences as they become available as the coronavirus disease 2019 (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.

As the situation is changing rapidly, information will be updated regularly.

**For more information on HIV:**

<https://www.who.int/health-topics/hiv-aids>

**For more information on COVID-19:**

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

### 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 an infectious disease caused by the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).
- The virus that causes COVID-19 spreads primarily through droplets generated when an infected person coughs, sneezes or speaks. It can also contaminate environmental surfaces.

- Common signs of infection include fever, fatigue, cough and breathing difficulties such as shortness of breath.
- More severe infection can cause pneumonia, acute respiratory syndrome, acute renal impairment, sepsis and death.

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

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

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

- There is also no clear evidence at present to suggest that people living with HIV are at higher risk of serious illness if they contract COVID-19. Research is ongoing to investigate this question.
- Older people living with HIV or those who have other health conditions (e.g. diabetes, hypertension) have a higher risk of more severe COVID-19 illness as do people without HIV with these risk factors.
- People living with HIV who have advanced disease or who are not virally suppressed on antiretroviral therapy (ART) may have a weakened immune system that leaves them vulnerable to any opportunistic infections.

## 2.4 How should I manage my ART?

- Continue taking your antiretroviral drugs as prescribed.
- Ask your clinic to provide you with 3–6 months' supply of ART (and any other medicines that you are taking) to minimize the number of clinic visits you need to make.
- 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?

- 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 if you are away from home.
- 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 in line with your government's recommendations.

## 2.6 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.

## 2.7 What else can I do to look after myself?

- Anticipate and plan for disruptions in supplies including condoms, contraception, gender-affirming hormones and opioid substitution therapy.
- Eat a healthy diet, rest well and exercise if you can.
- Stay in touch with your friends and family – through remote technology including social media if social 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>

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

- Several studies have looked at the use of antiretroviral and other drugs to treat COVID-19 infection, including a systematic review, the Recovery trial and the WHO Solidarity trial. A small number of studies have looked at the use of antiretrovirals to prevent COVID-19 infection.
- Current evidence does not show that lopinavir/ritonavir (LPV/r) and other antiretrovirals improve clinical outcomes in symptomatic disease among patients with COVID-19 or reduce the risk of new infection.

- To date, results from the Solidarity trial show that remdesivir, hydroxychloroquine, lopinavir and interferon regimens had little or no effect on overall mortality, initiation of ventilation and duration of hospital stay among hospitalized patients with COVID-19.

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

- Preliminary results of studies to evaluate anti-hepatitis C drugs (including sofosbuvir and daclatasvir) for treating COVID-19 suggest improved clinical recovery, but the evidence is currently insufficient to recommend their use.

## 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.

### 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.
- Make sure 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 COVID-19 and HIV

- There is currently no strong evidence that people living with HIV are at higher risk of contracting COVID-19 or that they develop more severe illness if they do become infected with the virus.
- To limit the possible spread of COVID-19 in health-care settings, basic infection prevention and control measures, cough etiquette and segregation of people suspected to be affected must be in place, as described in the WHO guidelines.
- All health-care workers should be aware of the WHO recommendations for the supportive treatment and containment of COVID-19. Detection and effective supportive treatment may reduce morbidity and mortality from COVID-19.

### 3.3 Drugs and commodities

- Ensure uninterrupted supplies 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.

### 3.4 Optimizing ART for patients

- Roll out multimonth dispensing through patient-centred outpatient and community-based care so that people living with HIV need to visit health facilities less often, thus reducing the risk of COVID-19 transmission.
- Provide 3–6 months' supply of ART (or of pre-exposure prophylaxis (PrEP) in facilities providing this service) to all stable clients. Consider applying this approach to other concomitant medications, where possible.
- Plan how to manage 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 the use of courier services or community-based health workers to deliver medicines to patients.

## 4. Information for facilities providing HIV services

### 4.1 Continued service provision

- Ensure clients know that your facility is still 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 antiretroviral drugs and commodities regularly and reorder stocks early as distribution of supplies may be delayed.

- Anticipate and plan for possible community-wide quarantines. Consider the use of 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 in 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.
- Provide multimonth dispensing (3–6 months' supply) for people living with HIV who are clinically stable on ART in line with national guidance. This will reduce the frequency of visits to the health facility, optimize treatment continuity and lower the number of people lost to follow-up.
- Ensure clients with tuberculosis (TB) 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) and WHO headquarters (Global HIV, Hepatitis and Sexually Transmitted Infections Programmes).

### 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.

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