

BHIVA study of covid-19 among adults with HIV

Please complete this study which is in two parts:

- A brief survey about recording covid-19 among individuals living with HIV - complete once per HIV clinical service
- A case-report for adults living with HIV who are known or suspected to have had covid-19

Please complete the case-report for all adults (age 16 or over) meeting the following criteria:

- Known to be living with HIV and a patient of your service as at 31 December 2019
- Has since had confirmed or suspected covid-19
- INCLUDE individuals who had a positive test for SARS-CoV-2/covid-19 infection but no symptoms suggestive of covid-19
- INCLUDE individuals who had symptoms suggestive of covid-19 but no positive test result for SARS-CoV-2 infection
- INCLUDE individuals who died after the onset of covid-19, whether or not covid-19 was the cause of death
- INCLUDE individuals who were disengaged from HIV care/not attending clinic prior to onset of covid-19.

It is understood that information about covid-19 is largely based on patient self-report and often incomplete. If feasible, please answer all the questions as best you can, selecting "not known" or "not recorded" for information that is unavailable. However, if this is too demanding, please at least answer the questions marked "PRIORITY".

There are 48 questions in this survey

Choice of questionnaire

1 []

The token/site-code you entered is for the following clinic/service:

{TOKEN:ATTRIBUTE_1}

{TOKEN:ATTRIBUTE_2}

{TOKEN:ATTRIBUTE_3} *

Please choose **all** that apply:

Please tick to confirm this is the correct clinic/service

The covid-19 study questionnaire will appear if the box is ticked.

If yours is not the clinic or service named above, then please consult your service's lead for HIV clinical audit to request the correct token/site-code. If s/he is not able to provide this, then please contact BHIVA's clinical audit co-ordinator, Hilary Curtis, hilary@regordane.net 07984 239556.

If the clinic/service above is correct except for minor details, eg a change of name, then please tick the box to proceed. It would be helpful to let Hilary Curtis know of the details so the information can be corrected.

2 [] **Which questionnaire would you like to complete? ***

Only answer this question if the following conditions are met:

Answer was at question '1 [SiteCheck]' (The token/site-code you entered is for the following clinic/service: {TOKEN:ATTRIBUTE_1} {TOKEN:ATTRIBUTE_2} {TOKEN:ATTRIBUTE_3})

Please choose **only one** of the following:

- Survey about recording covid-19 among individuals living with HIV - complete once per HIV clinical service
- Case report - complete for each adult (16 or over) with HIV who has had suspected or confirmed covid-19

Clinic survey

3 []When reviewing HIV patients (remotely or face to face), do clinicians in your service routinely ask about and record:

Please choose the appropriate response for each item:

	Yes	No	Not sure
History of confirmed covid-19 diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of symptoms suggestive of covid-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4 []Does your service have a *standard* method (eg tickbox on patient record, separate database) for recording if a patient has reported that they have had covid-19? Select the *first* answer that applies.

Please choose **only one** of the following:

- Yes, for both suspected and confirmed covid-19 cases
- Yes, but only for confirmed covid-19
- Yes, but only if hospitalised with covid-19
- No
- Not sure

5 []Does your service have a standard approach to advice and follow-up for individuals with HIV who report symptoms of suspected covid-19?

Please choose **only one** of the following:

- Yes, please describe:
- No
- Not sure

Make a comment on your choice here:

6 []Is testing for SARS-CoV-2/covid-19 antibodies available for HIV patients attending your service?

Please choose **all** that apply:

- Yes, offered to all HIV patients having bloods done (each attendance)
- Yes, offered to all HIV patients having bloods done (once only)
- Yes, offered to HIV patients with history of symptoms suggestive of covid-19
- Yes, offered to HIV patients with history of close (eg household) contact with covid-19
- No, this test is not available in the HIV service
- Other, please describe::

7 []Is SARS-CoV-2/covid-19 PCR (swab) testing available for HIV patients attending your service? If yes, please comment on the circumstances in which this is offered/used.

Please choose **only one** of the following:

- Yes
- No
- Not sure

Make a comment on your choice here:

8 []Do records available in the HIV service show if an individual has been admitted with covid-19 via the *local* acute medical service? Please comment if you wish.

Please choose **only one** of the following:

- Yes, we use the same record as the local acute medical service
- Yes, we use separate records for HIV, but can access local acute medical records
- No
- Not sure

Make a comment on your choice here:

9 []If an HIV patient had been admitted to a *non-local* hospital with covid-19 (eg because locked down in a different area), how would your service know about this?

Please choose **only one** of the following:

- Patient self-report only
- Other, please comment
- Not sure

Make a comment on your choice here:

10 []Has your service compared HIV patient records with medical admissions or other data systems (locally, or more widely) in an attempt systematically to identify individuals with HIV who have been diagnosed with covid-19? If yes, please comment on how this was done and the extent to which it was successful.

Please choose **only one** of the following:

- Yes
- No
- Not sure

Make a comment on your choice here:

11 []Please describe any other approaches your service has used to identify and record cases of covid-19 among people living with HIV:

Please write your answer here:

12 []Please click the "Submit" button below - your answers are not saved until you do so.

Case report: demographic and risk factors

13 []PRIORITY: Age in years:

Only numbers may be entered in this field.
Your answer must be at least 16

Please write your answer here:

14 []PRIORITY: Current gender:

Please choose **only one** of the following:

- Male
- Female
- Non-binary or other
- Not stated

15 []PRIORITY: Gender assigned at birth, if different:

Please choose **only one** of the following:

- Male
- Female
- Not stated

Leave blank if unchanged.

16 [] **PRIORITY: Ethnicity:**

Please choose **only one** of the following:

- A White British
- B White Irish
- C Any other White background
- D White and Black Caribbean
- E White and Black African
- F White and Asian
- G Any other mixed background
- H Indian
- J Pakistani
- K Bangladeshi
- L Any other Asian background
- M Black or Black British Caribbean
- N Black or Black British African
- P Any other Black background
- R Chinese
- S Any other ethnic group
- Z Not stated

Letters shown are standard ONS/NHS codes.

17 [] **Country of birth:**

Please choose **only one** of the following:

United Kingdom

Other country, please state:

18 [] **At the time of onset of confirmed or suspected covid-19, did this individual work in a role likely to involve increased risk of exposure to SARS-CoV-2, eg through contact with a lot of people in crowded or confined places?**

Please choose **only one** of the following:

Yes

No

Not known

19 []What type of role was this?

Only answer this question if the following conditions are met:

If "yes" to increased occupational risk

Please choose **only one** of the following:

- Health worker
- Care worker
- Transport worker
- Other

20 []PRIORITY: At around the time of onset of confirmed or suspected covid-19, was this individual in *close* (eg household) contact with other individual(s) with *confirmed covid-19*?

Please choose **only one** of the following:

- Yes
- No
- Not known

HIV status prior to covid-19 onset

Please complete this section based on this individual's health status *immediately before* they had confirmed or suspected covid-19.

21 []PRIORITY: When was this individual first diagnosed with HIV?

Please choose **only one** of the following:

- 1990 or earlier
- 1991-1995
- 1996-2000
- 2001-2010
- 2011 or more recently
- Not recorded

Give date of original HIV positive test, if known, not date of commencing care with your service.

22 []PRIORITY: Immediately prior to onset of confirmed or suspected covid-19, was this individual:

Please choose **only one** of the following:

- On anti-retroviral therapy for HIV (ART)
- Not on ART, but engaged in HIV care/attending clinic
- Disengaged from HIV care
- Not sure

23 []PRIORITY: Year started on ART:

Only answer this question if the following conditions are met:

On ART

Only numbers may be entered in this field.

Please write your answer here:

If previously stopped and re-started, give year of most recent prescribed start, ie since when ART has been prescribed without a break (even if regimen has changed).

24 [] Baseline HIV viral load prior to starting ART, in copies/ml:

Only answer this question if the following conditions are met:

On ART

Please choose **only one** of the following:

- Undetectable (eg elite controller)
- Detectable, up to 1000
- 1001-10,000
- 10,001-100,000
- >100,000
- Not recorded

25 [] PRIORITY: What was this individual's *highest recorded* HIV viral load in copies/ml between 1 January 2019 and the onset of confirmed or suspected covid-19?

Please choose **only one** of the following:

- Consistently undetectable from 1 January 2019 until onset of covid-19
- Detectable at least once, up to 200
- 201-1000
- 1001-10,000
- 10,001-100,000
- >100,000
- Viral load was not measured between 1 January 2019 and onset of covid-19
- Not recorded

26 [] PRIORITY: What was this individual's CD4 t-cell count in cells/mm³:

Please write your answer(s) here:

When last measured before onset of confirmed or suspected covid-19:

Lowest result on record prior to covid-19 (pre-covid-19 nadir CD4):

Leave blank if not recorded.

27 [] Latest CD8 t-cell data prior to onset of confirmed or suspected covid-19:

Please write your answer(s) here:

CD8 t-cell count in cells/mm³:

CD4/CD8 ratio:

Leave blank if not recorded.

28 []If this individual has had none of the AIDS-related conditions listed in the next question, then please tick this box and skip the next question. This is just to save you time.

Please choose **all** that apply:

29 []History of AIDS-related diagnos(es), if any:

Please choose the appropriate response for each item:

	Current at time of covid-19 onset	Past history, resolved	No history	Not known
Tuberculosis (TB)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pneumocystis pneumonia (PCP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bacterial pneumonia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other respiratory AIDS condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other non-respiratory AIDS condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other relevant history

Please complete this section based on this individual's health status *immediately before* they had confirmed or suspected covid-19.

30 []PRIORITY: If this individual has none of the co-morbidities listed in the next question, then please tick this box and skip the next question. This is just to save you time.

Please choose **all** that apply:

31 []PRIORITY, unless box ticked in previous question: Were the following co-morbidities:

Please choose the appropriate response for each item:

	Present, well-controlled, eg on medication	Present, poorly controlled	Absent	Not recorded
Cardiovascular disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dyslipidemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes mellitus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic respiratory disease (eg asthma, COPD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Renal impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic liver disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis B or C co-infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-HIV related immunosuppression, or drugs that might cause this	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32 []PRIORITY: Cancer history:

Please choose the appropriate response for each item:

	Present at time of covid-19 onset (eg under treatment)	Past history, resolved	No history	Not recorded
Haematological malignancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-haematological malignancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33 []PRIORITY: BMI (body mass index) in kg/m² prior to onset of confirmed or suspected covid-19:

Only numbers may be entered in this field.

Please write your answer here:

Leave blank if not recorded.

34 []Most recent HbA1C prior to onset of confirmed or suspected covid-19:

Only answer this question if the following conditions are met:

If diabetes

Please write your answer(s) here:

In mmol/mol:

Or give percentage:

Leave blank if not recorded.

35 []PRIORITY: Last recorded blood pressure prior to onset of confirmed or suspected covid-19, in mmHg:

Please write your answer(s) here:

Systolic:

Diastolic:

Leave blank if not recorded.

36 []Smoking status prior to onset of confirmed or suspected covid-19:

Please choose **only one** of the following:

- Current smoker
- Former smoker
- Never smoker
- Not recorded

Covid-19 diagnosis

37 []PRIORITY: Did the individual have symptoms suggestive of covid-19?

Please choose **only one** of the following:

- Yes
- No
- Not recorded

38 []PRIORITY: Month in 2020 of onset of symptoms suggestive of covid-19:

Only answer this question if the following conditions are met:

If symptoms reported

Please choose **only one** of the following:

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December
- Not known

39 []Symptoms suggestive of covid-19:

Only answer this question if the following conditions are met:

If symptoms reported

Please choose the appropriate response for each item:

	Yes	No	Not recorded
Fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anosmia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40 [] **PRIORITY: Tests for SARS-CoV-2/covid-19:**

Please choose the appropriate response for each item:

	Positive	Negative	Not done	Not recorded
PCR (swab)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-PCR swab or saliva test, eg rapid antigen or LAMP*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antibody test validated for individual clinical use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antibody test, possibly not validated for individual clinical use (eg sero-survey, self-bought)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Include patient-reported test results. If more than one test of each type was done, select positive if any was positive.

*As at October 2020, non-PCR swab and saliva tests are not widely used in the UK, but these may become more common in future.

41 [] **Why was testing performed, given that the individual did not have symptoms suggestive of covid-19?**

Only answer this question if the following conditions are met:

No symptoms, positive test

Please choose **all** that apply:

- Close (eg household) contact of confirmed case
- Work-related screening, eg health or social care worker
- Research participant (eg REACT or ONS prevalence studies)
- Travel-related screening (eg for entering a country that requires this)

Other reason, please state::

Management and outcome of covid-19

42 [] Was individual clinically assessed when they had confirmed or suspected covid-19:

Please choose **only one** of the following:

- Yes, assessed by a clinician (remotely or face to face)
- NHS111 triage only
- No, not clinically assessed
- Not recorded

43 [] PRIORITY: Was individual:

Please choose the appropriate response for each item:

	Yes	No	Not recorded
Admitted to hospital with covid-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Admitted to ICU/HDU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Given oxygen support/non-invasive ventilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Given invasive ventilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44 [] PRIORITY: Outcome of covid-19:

Please choose **only one** of the following:

- Fully recovered within 3 weeks of symptom onset (or remained asymptomatic throughout)
- Fully recovered in 3 weeks to 3 months after symptom onset
- Not yet fully recovered, but it is currently less than 3 months since symptom onset
- At 3 months after symptom onset, was not in hospital but had ongoing issues probably attributable to covid-19 ("long covid")
- At 3 months after symptom onset, remained in hospital with covid-19 (or had been re-admitted)
- Deceased
- Not known

If individual recovered fully within 3 months but it is not recorded whether this was within 3 weeks, select "Fully recovered in 3 weeks to 3 months after symptom onset" rather than "Not known".

45 []At 3 months after symptom onset, did ongoing issues include:

Only answer this question if the following conditions are met:

With ongoing issues or in hospital at 3 months

Please choose **all** that apply:

- Psychological problems, eg depressive symptoms
- Physical problems, eg fatigue
- Persistently positive SARS-CoV-2 PCR

46 []Did this individual subsequently make a full recovery?

Only answer this question if the following conditions are met:

With ongoing issues or in hospital at 3 months

Please choose **only one** of the following:

- Yes
- No
- Not known

47 []

Only answer this question if the following conditions are met:

If deceased

Please choose the appropriate response for each item:

	Yes	No	Not recorded
Has this death been reported to the National HIV Mortality Review?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did it occur within 28 days of initial positive PCR (if any)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the cause of death attributed to covid-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48 []Please click the "Submit" button below - your answers are not saved until you do so.

Thank you, your answers have been recorded.

Please click on "Print your answers" below to obtain a printable copy of the completed form for your own records - do this now, before clicking any other link. It will open in a new tab or new window. You should then be able to right-click on the page to print it or save it as a pdf. We suggest keeping a note of to which patient each case-note form relates, in case of future queries.

If you would like to return to the start of the questionnaire, eg to submit a case report for another patient, [then please click this link](#).

Submit your survey.

Thank you for completing this survey.