

British HIV Association (BHIVA) guidance for the management of adults with HIV on antiretroviral treatment (ART) during the coronavirus pandemic: non-technical summary

The British HIV Association (BHIVA) produces medical guidelines about HIV treatment. Each guideline reviews the evidence for the best care. They are for the clinicians providing HIV care, but it is important that you know what is in them, and what it might mean for you when you are accessing HIV services. So non-technical summaries of the guidelines include the main points for you.

There are detailed guidelines for HIV treatment, and how you should be monitored to ensure that the treatment is effective. There are also other guidelines on many aspects of living with HIV. All the BHIVA guidelines can be found here: <https://www.bhiva.org/guidelines>.

During the coronavirus (COVID-19) pandemic, HIV treatment and care may need to be different. We hope that this will only be necessary for a short time. This guidance is about how HIV services can best provide your antiretroviral treatment (ART) during the pandemic. It will depend on local circumstances, and these may change over time. The full guidance is available at: <https://www.bhiva.org/file/5f56057450cc3/BHIVA-interim-ART-guidelines-COVID-19.pdf>.

Key messages:

- HIV services may need to be changed due to the COVID-19 pandemic. HIV clinics will look for the best solution to meet their local circumstances and keep you informed.
- You should continue to take your ART as normal; supplies of HIV drugs should not be interrupted.
- If you are stable and undetectable on ART, then routine blood tests may be delayed. But you should have a blood test to monitor viral load at least once a year.
- ART is usually given as a 6-month supply. This should not change but let your clinic know if you are running short and you will be able to get a short-term supply until your next appointment.
- If you are just starting ART, a specific form of ART will be recommended that we know causes few side effects for the majority of people, is not likely to interact with other medication you may be taking, does not commonly cause any abnormal blood tests and to which the virus is very unlikely to become resistant.
- If you are not yet undetectable, or if your immune system has been weakened (CD4 count lower than 350 cells/mm³), you may be at higher risk of serious illness due to coronavirus. Take extra care in following social distancing measures.
- If you have ever had a low CD4 count (less than 200 cells/mm³), and you also have other risk factors for severe COVID-19 (for example being over the age of 50, or having another health condition such as diabetes), you should follow the advice for higher-risk groups.
- If you have a very low level of immunity (CD4 count less than 50 cells/mm³), or have had a serious HIV-related infection in the past 6 months, you may be particularly vulnerable to severe COVID-19. Your HIV clinic will make sure that you receive the right support and advice about shielding.
- There is no evidence that HIV drugs should be used as treatment for COVID-19. You should keep taking your current ART.
- If you are hospitalised for COVID-19 treatment, your HIV treatment will need to continue as well as any treatment for COVID-19. A temporary change of ART may be needed.

HIV services

Where possible, HIV services will continue to operate as usual. But this might not always be possible. There may be restrictions on your ability to travel to clinic for appointments. Or you may not want to use public transport. You may feel anxious about going to a hospital or clinic during the pandemic.

The pandemic may also have an impact on the staff providing HIV services. Some members of staff may be needed in other areas to support the NHS in its response to the pandemic. There may also be other staff shortages, for example due to illness or self-isolation. This can also affect laboratory staff, so the results of analyses may take longer to reach your HIV clinician. But the HIV team will look for the best local solutions, so that they can continue to give you the care and support you need to manage your HIV.

We are still learning more about coronavirus and how it affects people with HIV. As new information becomes available, it is shared with HIV clinicians and others on the BHIVA website:

<https://www.bhiva.org/Coronavirus-COVID-19>.

ART

People already taking ART

Nearly everyone with HIV in the UK is taking ART. This treatment is highly effective, and almost everyone on ART has very low levels of virus in their blood, which is usually known as being 'undetectable'. If you are currently taking ART, this treatment should not be interrupted. You should continue to take your ART as prescribed.

Your HIV clinic will work together with the NHS to make sure that ART supplies are available for everyone who needs them.

It is important that the level of virus in your blood stays undetectable; this is called 'viral suppression'. Routine monitoring is done to make sure that the ART is still working effectively. Blood tests to check the level of virus in your blood are usually done every 6 months. But for most people who are doing well on ART and are stable with an undetectable viral load, this routine monitoring can be delayed for up to 1 year. So you may find that you need to go less often for blood tests during the COVID-19 pandemic. Your clinic will make the decision with you about whether you need tests. This will depend on whether you have taken your ART as advised, your previous test results and how you are feeling.

For most people, ART is easy to take with few or no side effects. ART usually involves taking two or three different types of drug, sometimes combined into one tablet. Once you are stable and undetectable using ART, you will continue with that particular combination of drugs. But there may sometimes be reasons to change the drugs being used, for example because of side effects, though these are less common with newer ART tablets. Or you may need to take medication for other conditions that could interfere with the ART you are currently taking. There are usually many other good alternatives for ART. But during the pandemic, you should not change your ART unless it is absolutely essential.

ART is usually provided by a prescription for a 6-month supply. This will stay the same. But talk to your HIV care team if you are worried about running out of medication. The team will be able to make sure you do not run out, by providing a short-term prescription to cover you until your next routine appointment.

People starting ART

After your HIV diagnosis, you should start ART as soon as you feel able to; it is best for you in terms of your future health. And once you are undetectable, you cannot pass HIV on to anyone else during sex. This is known as 'undetectable equals untransmittable' (U=U). But you need to take your ART on time, every time, as prescribed, throughout your life.

Your HIV clinician will tell you about ART options. These should be tailored to your specific needs and requirements. In order to make informed choices, and monitor ART in terms of side effects or unusual blood test results, you would usually be asked to attend clinic a number of times in the first few months following your diagnosis for a series of blood tests. This may not be possible during the pandemic. Because it may be difficult for you to attend clinic, and laboratory resources may be limited, it may not be possible to perform all the tests that would normally be done.

We are taking a practical approach during the pandemic for people starting ART. For most people, we recommend the use of a particular ART that we know causes few side effects for the majority of people, is not likely to interact with other medication you may be taking, does not commonly cause any abnormal blood test results and to which the virus is very unlikely to become resistant. It is a single tablet (called Biktarvy) containing three HIV drugs. We may recommend different ART for a few people, such as women who are diagnosed with HIV during pregnancy or those who are taking certain other medications. You will usually be given an initial supply for 2 months. If possible, you should have a blood test after 1 month, but this is not essential. You will have a telephone consultation after 1 month, and then receive a 4-month supply of tablets, providing all is well.

Once the pandemic is over and HIV services return to normal, your ART will be reviewed thoroughly to make sure it is the best option for you.

Treatment of COVID-19

All the evidence to date shows that COVID-19 vaccines are safe for people living with HIV, and appear to be effective in reducing the risk of serious illness or death. We strongly recommend that you go for vaccination when you are invited to do so by the NHS.

Treatment for COVID-19 should be the same as for anyone else. There is no evidence that HIV drugs should be used as treatment for COVID-19 (except if you are taking part in a registered clinical trial). You should keep taking your current ART. Tell your HIV team that you have had COVID-19; this can help with research into the relationship between HIV and COVID-19.

In the unlikely event that you are hospitalised for COVID-19 treatment, your HIV treatment will need to continue as well as any treatment for COVID-19. So it is important to let the hospital team know about your HIV. Your HIV clinician will review your treatment with the hospital, to make sure that your ART drugs are still appropriate. A temporary change of ART may be needed, under carefully controlled conditions. Your immune system may be damaged by COVID-19, so a blood test to check this is needed. You will also need a blood test after you leave hospital to make sure that your ART is still effective.

High-risk groups

In general, we all need to follow the government advice on social distancing and shielding: <https://www.gov.uk/government/publications/how-to-stop-the-spread-of-coronavirus-covid-19/how-to-stop-the-spread-of-coronavirus-covid-19>.

We are still learning about the impact that living with HIV might have in terms of dealing with coronavirus infection. Recent studies suggest that people with HIV may be at higher risk of serious illness and death. But the evidence is not clear. These studies were done before the roll-out of the vaccination programme. There are also many other factors to consider. So it is hard to be sure that the increased risk is really due to HIV. The main risk factors are still age and underlying health conditions (other than HIV).

The risk of serious illness does seem to be greater if you are not yet undetectable or if your immune system has been weakened (CD4 count lower than 350 cells/mm³). You should take extra care in following social distancing measures if this applies to you.

If you have ever had a low CD4 count (less than 200 cells/mm³), and you also have other risk factors for severe COVID-19 (for example being over the age of 50 or having an underlying health condition such as diabetes), you should follow the advice for higher-risk groups.

You may be particularly vulnerable to severe COVID-19 if you have a very low level of immunity (CD4 count less than 50 cells/mm³), or have had a serious opportunistic infection in the past 6 months. An opportunistic infection is one that occurs more frequently or is more severe in people with a weakened immune system. Your HIV clinic will make sure that you get the right support and advice about shielding.

Further information and support

Community organisations in the UK that produce information and resources about HIV treatment include HIV i-base (<https://www.i-base.info>), Terrence Higgins Trust (<https://www.tht.org.uk>) and NAM (<https://www.aidsmap.com>).

About BHIVA

The British HIV Association (BHIVA) is an organisation for health professionals in the UK. Members include doctors, nurses, researchers, pharmacists and community advocates. Since 1995, BHIVA has been committed to providing excellent care for people living with and affected by HIV. BHIVA is a national advisory body on all aspects of HIV care and provides a national platform for HIV care issues. To help promote and monitor high standards of care, BHIVA publishes a range of clinical guidelines: <https://www.bhiva.org/guidelines.aspx>.

Information about how BHIVA guidelines are developed can be found at: <https://www.bhiva.org/clinicalguidelines.aspx>.