

Difäm

German Institute for Medical Mission

Podcast on Corona Virus and HIV

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Hello and good afternoon to everybody to this new podcast on COVID-19 from the Difäm health community. My name is Ute Papkalla and I am here with my colleague, Carina Dinkel, we are both members of the Difäm health team.

The emergence of the novel virus SARS-CoV-2 that causes COVID-19 has complicated Africa's public health challenges, especially with regard to pre-existing pandemics such as HIV/AIDS. We are still learning about COVID-19 and how it affects people with HIV.

Therefore, today Carina and I will talk about COVID-19 and HIV/AIDS.

Research is still ongoing on how COVID affects people living with HIV/AIDS. Studies have been conducted on this topic but initially only in high-income countries. This lack of information is of great concern in countries with a high HIV incidence, especially in Africa—home to 67% of people living with HIV. Luckily, over time, the situation got better and especially from South Africa, we have some valid data concerning COVID and people living with HIV/AIDS. If you want to read yourself, it is the WHO publication on "Clinical features and prognostic factors of COVID-19 in people living with HIV hospitalized with suspected or confirmed SARS-CoV-2 infection". We'll provide a link on our homepage www.difaem-community.de

Okay, but as I do not have the time to read it all by myself, you are going to tell me the main points now, right?

Yes. First of all the report tells us, what we already know. The main reason for severe cases are the known risk factors: diabetes, pre-existing heart conditions and so on. In addition, HIV-infection by itself is a risk factor, to a similar extent as diabetes or other pre-existing diseases. However many of the people living with HIV/AIDS do have additional risk factors. It is not just the HIV-infection. One in three people living with HIV suffer from hypertension; diabetes is common in PLH, kidney malfunctions and other conditions as well. So the combination of the increased risk through an HIV infection together with the pre-existing health conditions make these patients vulnerable to severe courses of COVID-19.

For people who do not know that they are infected and who have low CD4 counts or who do not take their meds prudently, the risk is not only slightly increased. That goes also for patients with AIDS; they are at great risk of developing severe and fatal COVID.

Okay, I see quite a big problem, when you talk about people not knowing, that they are infected, or those not getting their meds and so on. The COVID-19 pandemic has negatively affected HIV care service delivery and access to care in Africa, leading to worsened health outcomes for PWH and vulnerable groups. COVID-19 has led to the interruption of HIV care services such as the steady

supply of antiretroviral drugs (ARV), HIV counselling and testing services, TB diagnosis, condom distribution and other vital services, thus hindering the achievement of the HIV prevention goals.

Yes, you are absolutely right; and this is why we must do everything, to keep these services open and running. Especially counselling, testing and ARV supply is essential to reduce the risk of severe COVID courses for this group. People must know that they are at risk, so that they can protect themselves. Masks, hand hygiene, and distances are even more important, when you are living with HIV/AIDS. People must know this and be told again and again.

For the organisation of HIV-clinics, a special focus should be put on the safety of the clients. Masks should be worn by everybody at all times, if resources are available, HIV patients should be provided with masks and it is also possible to think of extending opening hours to avoid cumulating of patients.

HIV is a virus and corona is a virus, too. So, what about medications? If I am taking antiretrovirals, could they help also against COVID?

Many studies have been done on that. Because that was something, a lot of people put hope in. But unfortunately, the antiretroviral drugs used in HIV therapy have absolutely no effect on the coronavirus. Therefore, ART does not prevent or cure COVID. The good news is though, that it does not worsen the coronavirus disease.

So people under ART should keep their therapy just as directed. People with HIV should not switch their HIV medicine in an attempt to prevent or treat COVID-19. The consistent follow-up of treatment with ART for PLWHA needs to be continued by all means. People who shy away from visiting care and treatment centres for fear of infection with the coronavirus should be encouraged to follow-up their treatment course.

The ART is so important, that it should continue. Therefore, even if the patient develops severe COVID and is hospitalized, ART should go on. This is the case even in a critical situation, e.g. if the patient is on the ventilator, maybe even sedated: "Cannot swallow" is no reason to discontinue ART – please keep this in mind and work with feeding tubes if necessary. Most of the ART can be given via nasogastric tube. Some tablets can be crushed; others have to be administered completely. If you are not sure, ask your pharmacist, but do everything to continue ART.

ART is important. I got that; and it is good to know, that it should and can be continued even in critical situations. However, before the patient gets into a critical situation, would it not be better to avoid these situations if possible? I mean vaccination is the big issue right now. What about People living with HIV/AIDS and vaccination?

The WHO strongly advises Corona vaccination for people living with HIV. As I already said, people living with HIV do have an increased risk of severe or even fatal COVID, so they should be protected. The best protection available at the moment is through vaccination. Many countries already included People living with HIV in their high priority list. Therefore, patients should really be encouraged to be vaccinated as soon as they get the possibility.

Let me say a word concerning rumours about vaccines killing People living with HIV: this is just fake news. There is no evidence to suggest any harm coming from the vaccinations especially for people living with HIV/AIDS. This has really been studied carefully and it can therefore be assumed with a

high degree of certainty that there will be no vaccination problems, as was the case with earlier HIV vaccination trials. COVID vaccines are safe for People living with HIV.

It is possible though, that in people with a suppressed immune system, e.g. people with a low CD4 count, the vaccine will not work as effectively as in healthy people. Nevertheless, this is no reason to avoid vaccination. Even some protection is much better than no protection at all for People living with HIV.

Okay, it is good news that vaccines also work in HIV patients and that I do not have to worry about interactions or other problems. So let me wrap that up: people living with HIV do have an increased risk of developing severe or fatal COVID. Especially if they have other additional risk factors and there are two points, that are important in order to keep them healthy:

Number one: avoid COVID infection by sticking to the rules and get vaccinated as soon as possible, number two: avoid HIV getting worse by being very prudent and sincere about taking ART. Continue even in critical conditions.

For health care personnel this means, we have to provide a safe environment at the HIV clinics and must keep the service up by all means and we have to encourage vaccination for people living with HIV even more than for other patients without risk factors.

Yes, this is a quite good summary. I know that this is not everything there is to say about COVID and HIV but maybe we'll come back to this topic another time. If you want to know more, just visit our website www.difaem-community.de and tune in for the next podcast next week.

Thank you for listening, stay safe and be blessed.

<https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-hiv-and-antiretrovirals>

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<https://apps.who.int/iris/bitstream/handle/10665/342697/WHO-2019-nCoV-Clinical-HIV-2021.1-eng.pdf>

<https://www.aerzteblatt.de/archiv/218040/Koinfektion-von-HIV-und-SARS-CoV-2-Risiko-fuer-schwere-COVID-19-Verlaeufo-bei-Menschen-mit-HIV-moderat-erhoeht>

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<https://pubmed.ncbi.nlm.nih.gov/34078004/>