

HIV

## **Issue Brief**

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# HIV & COVID-19

The World AIDS Day erport 2021 issue a strong warning: "The red light is flashing. Progress against AIDS, which was already off track, is now under even greater strain as the COVID-19 crisis continues to rage, disrupting HIV prevention and treatment services, schooling, violence-prevention programmes and more".

During 2020 and 2021, many reports showed the disruption of health services due to the COVID-19 pandemic. These disruptions resulted from lockdowns, fear of visiting health facilities, closing (or part of) health facilities, reallocation of duties and staff, etc. The most significant disruptions were at the beginning of the pandemic. A dramatic drop in HIV testing and ART initiation was seen in the second quarter of 2020. HIV tests in South Africa were 49 % fewer than in the first quarter of 2020, and ART initiation dropped by 35 %. The situation improved somewhat during the rest of the year, but pre-COVID-19 levels were nor reached. ARt collections dopped far less. Alternatives for clinic visits came, e.g. through community networks, pick up points, and dispensed greater amounts of ART to cover a more extended period, e.g. not three months but a six-month supply. Surprisingly, a study in seven Southern African countries showed that treatment interruptions were less during the lockdown period than before the COVID-19 pademic started.

Current evidence suggests that people living with HIV have a higher risk of becoming seriously ill from COVID-19. The studies combined conclude that HIV increased risk of death from COVID-19 by between 78 % and 95 %. A large study in South Africa concluded that PLHIV were at least twice as likely to die from COVID.19 as the rest of the population during the first pandemic wave in 2020. Among the PLHIV, for those with a viral load of about 1,000 or higher or a CD\$ level below 200, the risk of death was higher than in PLHIV with a suppressed viral load and initiated on ART.

**COVID-19 vaccination** is recommend for PLHIV, and they are a priority group in vaccination programmes. There is no evidence that people with HIV have a higher rate of side effects after vaccination or unusual side effects. COVID-19 vaccines stimulate strong antibody response in PLHIV with higher CD4 counts below 200. PLHIV are priority groups for third doses and booster doses.

Sources:

https://www.aidsmap.com/news/jul-2020/hiv-raises-risk-death-covid-19-south-africas-western-cape;https:// www.who.int/publications/i/item/9789240039599;https://www.unaids.org/sites/default/files/ media\_asset/2021\_WAD\_report\_en.pdf;https://www.aidsmap.com/about-hiv/covid-19-vaccines-people-hiv

#### World AIDS Day Report & Data

Unequal, unprepared, under threat -World AIDS Day Report, 1 Dec 2021 UNAIDS

Why bold action against inequalities is needed to en AIDS, stop COVID-19 and prepare for future pandemics

https://www.medbox.org/document/unequal-unprepared-under-threat-world-aidsday-report-1-dec-2021

UNAIDS data-2021 UNAIDS

Global and Regional Data 1 December 2021; The 90–90–90 targets were missed, but not by much. At the end of 2020, 84% of people living with HIV knew their HIV status, 87% of people living with HIV who knew their HIV status were accessing antiretroviral therapy, and 90% of people on treatment were virally suppressed.

https://www.medbox.org/document/unaids-data-2021





#### Impact of COVID-19 on HIV and Health Services

Assessment of HIV testing services and antiretroviral therapy service disruptions in the context of COVID-19: lessons learned and way forward in sub-Saharan Africa *Maman*, *D.*; *et al.*,

The COVID-19 pandemic arrived in an evolving epidemiological context where some countries are experiencing a progressive decrease in HIV positivity in their testing programme as they are moving closer to the first 95 target. Distinguishing changes in HIV testing services due to the COVID-19 pandemic from those resulting from evolving HIV testing strategies is crucial for adapting services and helping countries define their strategic mix of testing options moving forward. There is a need to focus, prioritize and plan for strategic efforts to prevent going further off the track toward achieving global targets and goals. To support these efforts, WHO in partnership with ministries of health conducted an in-depth analysis of HIV testing services and antiretroviral therapy (ART) initiation prior to and during reported COVID-19 disruptions. Additional publicly available Global Fund and PEPFAR data was also reviewed and analysed. This analysis, and coordination with ministries of health, identified key service delivery adaptations utilized during COVID-19-related disruptions and formed the basis of this strategic guide. This document focuses on current country needs, as well as plans for prioritization and potential surge support needs in the event of future disruptions. Although the data and implications are specific to sub-Saharan Africa, key principles and lessons can be applied elsewhere.

https://www.medbox.org/document/assessment-of-hiv-testing-services-andantiretroviral-therapy-service-disruptions-in-the-context-of-covid-19-lessonslearned-and-way-forward-in-sub-saharan-africa

The impact of Covid-19 on HIV, TB and Malaria Services and Systems for Health: a Snapshot from 502 health facilities across Africa and Asia *Global fund* 



In 2020, the COVID-19 pandemic impacted the world beyond imagination. To date, it has infected more than 135 million people, killed over 2.9 million people, and is projected to plunge up to 115 million people into extreme poverty.1 As countries have gone into lockdown, gender-based violence has increased, unemployment has soared, and access to health care for the poorest and most vulnerable has been cut. COVID-19 has made people less likely to seek health care because they are afraid of getting infected with the virus. Fear and uncertainty surrounding COVID-19 have also increased stigma and discrimination. As frontline workers without enough access to personal protective equipment (PPE) risk their lives to treat patients, the virus pushes already fragile health systems to the brink.

https://www.medbox.org/document/the-impact-of-covid-19-on-hiv-tb-and-malariaservices-and-systems-for-health-a-snapshot-from-502-health-facilities-acrossafrica-and-asia

Consequences of COVID-19 crisis for persons with HIV: the impact of social determinants of health *Waterfeld, K.C.; et al.* 

BMC Public Health (2021) 21:299 https://doi.org/10.1186/s12889-021-10296-9

https://www.medbox.org/document/consequences-of-covid-19-crisis-for-personswith-hiv-the-impact-of-social-determinants-of-health https://bmcpublichealth.biomedcentral.com/track/pdf/10.1186/ s12889-021-10296-9.pdf

The impact of the COVID-19 response on the supply chain, availability and cost of generic antiretroviral medicines for HIV in low- and middle-income countries *UNAIDS* 

The objective of this report is to assess the situational landscape during mid-May 2020 surrounding the value chain of the production and distribution of generic antiretroviral medicines in low- and-middle-income countries and to provide recommendations on mitigating the risks of potential disruptions.

https://www.medbox.org/document/the-impact-of-the-covid-19-response-on-thesupply-chain-availability-and-cost-of-generic-antiretroviral-medicines-for-hiv-in-lowand-middle-income-countries

### **COVID-19 Clinical Aspects & Vaccination of PLHIV**

Clinical features and prognostic factors of COVID-19 in people living with HIV hospitalized with suspected or confirmed SARS-CoV-2 infection World Health Organization WHO

15 July 2021. This report describes the demographics, clinical presentation, clinical outcomes, and risk factors among people living with HIV (PLHIV) who have been hospitalized for suspected or confirmed COVID-19. The specific objectives of the analysis were to: describe the clinical characteristics and outcomes of PLHIV hospitalized for COVID-19 assess whether PLHIV hospitalized with COVID-19 were at increased risk of presenting with severe or critical illness at admission and were at increased risk of in-hospital death compared to individuals not infected with HIV assess risk factors associated with severe or critical illness at hospital admission and of in-hospital death among PLHIV hospitalized for COVID-19.



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https://www.medbox.org/document/clinical-features-and-prognostic-factors-ofcovid-19-in-people-living-with-hiv-hospitalized-with-suspected-or-confirmed-sarscov-2-infection

Statement on risk of COVID-19 for people living with HIV (PLWH) and SARS-CoV-2 vaccine advice for adults living with HIV *European AIDS Clinical Society (EACS)* 

15 January 2021

https://www.medbox.org/document/statement-on-risk-of-covid-19-for-peopleliving-with-hiv-plwh-and-sars-cov-2-vaccine-advice-for-adults-living-with-hiv https://www.eacsociety.org/home/eacs-statement-15-january-2021/

COVID-19 and HIV Centers for Disease Control and Prevention CDC

Resource Page for People At Risk For or With HIV and for Clinicians

https://www.medbox.org/document/covid-19-and-hiv https://www.cdc.gov/hiv/covid-19/index.html



#### **HIV Drug resistance**

HIV drug resistance report 2021 World Health Organization (WHO)

The HIV drug resistance report 2021 summarizes findings from 38 countries that had finalized the surveys by the time of this report and shared data with WHO.Pretreatment HIVDR to non-nucleoside reverse-transcriptase inhibitors (NNRTI) can affect more than 10% of adults starting therapy and is found up to 3 times more often in people who had previous exposure to antiretroviral drugs. In addition, nearly half of infants newly diagnosed with HIV has HIVDR to NNRTI before initiating treatment.The high levels of observed NNRTI pretreatment HIVDR among emphasize the need to fast-track the transition to WHO-recommended dolutegravir-based ART.

https://www.medbox.org/document/hiv-drug-resistance-report-2021

Please find more information in our HIV TOOLBOX and COVID-19 Toolbox





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