



COVID-19: Special Considerations for People with HIV

Version: March 18, 2020

This document on special considerations for people living with HIV in light of COVID-19 is intended as a resource for clinicians and public health officials. The information is based on best practices in areas that have been heavily impacted by COVID-19, and it will be updated as more information and data become available. Please email [HIVMA](#) with suggestions or questions and visit the [IDSAs COVID-19 Resource Center](#) for additional resources, including COVID-related policies and protocols developed by institutions and health systems.

Social Distancing

It is important to educate all patients on the importance of social distancing, such as avoiding crowds and public places, as a public health strategy to reduce spread of the virus. Clinic and clinical protocols should be adjusted without compromising the patient's health to support social distancing. Please see the White House's [15 Days to Slow the Spread](#) guidelines and [the IDSAs and HIVMA response to the administration's guideline](#) for more information on social distancing.

Routine Office Visits

For stable patients, or patients with non-urgent appointments, schedule a telephone or telehealth encounter if that is an option. For patients with non-respiratory urgent concerns, consider keeping the appointment or offering a telehealth or telephone visit if those are options. Information on Medicare and Medicaid telehealth coverage is available in the IDSAs COVID-19 Resource Center's [Coverage & Payment Section](#). For protocols for telehealth and in person appointments, please see the [Clinical Policies & Protocols](#) section of the resource center.

Prescription Drug Refills

Patients should maintain at least a 30-day supplemental supply of their medications to prevent the possibility of treatment interruptions. A number of health insurers and state AIDS Drug Assistance Programs are allowing early medication refills and lifting quantity limits in addition to making other changes to their coverage policies. HIVMA is compiling information on drug policies of large health insurers in the [IDSAs COVID-Resource Center](#). Please contact your patients' health insurers to request an early refill or a 60-to-90-day supply and encourage your patient to use mail order if that is an option for them. If you have not heard from your state [AIDS Drug Assistance Program](#), contact the local ADAP regarding its prescription fill and refill policies in response to COVID-19. Visit the [NASTAD COVID-19 Updates & Resources](#) web page for information on the antiretroviral drug supply chain and additional guidance for State AIDS Drug Assistance Programs.

HIV Viral Load Monitoring

For patients presently with viral suppression and no concerns for non-adherence, consider delaying routine viral load monitoring for up to an additional six months. Patients who have recently initiated ART and are not yet virally suppressed and patients with adherence or drug resistance concerns should be prioritized for viral load testing. By deferring RNA testing in people who are virologically suppressed on antiretroviral therapy, we can lessen the burden on clinical virology laboratories and the health-care workforce.

Diagnostic Testing

Due to high rates of [cardiovascular disease](#) and [lung disease](#) and a [high prevalence of smoking](#), people with HIV who are experiencing fever or signs/symptoms of a lower respiratory tract illness should be prioritized for diagnostic testing (see [IDSAs COVID-19 Prioritization of Diagnostic Testing](#)) regardless of their viral load status or CD4+ T cell count. We have insufficient data in people living with HIV at this time to suggest what laboratory parameters comprise increased immunologic risk for severe disease.