Characterization of PLWH with COVID-19 in a tertiary care reference centre for Emerging Infectious Diseases in Portugal


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BACKGROUND
In the current COVID-19 pandemic, some risk factors for severe disease and death have been identified, including age, male gender, diabetes mellitus, cardiovascular and lung diseases, chronic kidney disease and cancer. Although still scarce, current data doesn’t support an increased risk for severe COVID-19 on people living with HIV (PLWH)1,2. Our aim was to describe clinical characteristics and outcomes of PLWH with COVID-19 followed in our hospital, a reference centre for Emerging Infectious Diseases in Portugal.

MATERIALS & METHODS

RETROSPECTIVE ANALYSIS
On cases of PLWH with a confirmed COVID-19 diagnosis
• between March 02 and July 14, 2020

RESULTS
6 patients had at least one comorbidity other than HIV
2 patients received treatment with hydroxychloroquine:
• one with concomitant ankylosing spondylitis on methotrexate
• the other a 67-year old HIV-2 infected patient on a failing ART regimen without immune recovery with detectable HIV viremia multiple comorbidities
diagnosed with SARS-CoV-2 pneumonia while hospitalized for candidemia required supplemental oxygen therapy
the only casualty in our cohort
7 patients were classified as having mild disease
6 of whom currently considered fully recovered
median 40.5 days (range 21-74 days) until 2 consecutive negative SARS-CoV-2 PCR tests

CONCLUSION: PLWH accounted for <0.4% of patients with COVID-19 in our centre. PLWH may still get infected during PI and/or tenofovir based ART. A severe clinical picture among those with viral suppression on ART was not seen thereby adding to the growing evidence supporting the notion that adequately controlled HIV doesn’t by itself place one at increased risk for severe disease or excess mortality.

Table 1: PLWH with COVID-19 followed at our centre between March 02 and July 14, 2020. COVID-19 was classified as severe if one of the following signs/symptoms present: dyspnoea, respiratory rate ≥ 32/min, blood oxygen saturation < 94% and/or lung infiltrates ≥ 50% within 24-48 h. 3TC lamivudine, ABC abacavir, DRV darunavir, DTG dolutegravir, FTC emtricitabine, MVC maraviroc, NVP nevirapine, ritonavir, TAF tenofovir alafenamide, TDF tenofovir disoproxil. BPH benign prostatic hyperplasia, COPD chronic obstructive pulmonary disease, CVD cardiovascular disease, DM diabetes mellitus. NA not applicable. *Cure was defined as resolution of signs and symptoms of COVID-19 and two consecutive negative nucleic acid amplification tests for SARS-CoV-2 collected at least 24h apart.

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Median CD4+ T cell count: 626 (range 14-1337) cells/mm²
7 patients virally suppressed

RESULTS (cont.)

At our unit, we have followed 2092 patients with COVID-19
8 of whom were PLWH
6 males, mean age of 48 ± 15 years
All on antiretroviral therapy (ART) at the time of diagnosis
2 were on PI based regimens, 2 on TAF