

How does COVID-19 affect people living with HIV?

Disruptions in prevention and care could threaten progress toward ending the HIV epidemic.

December 1, 2020 By Liz Highleyman

A majority of early studies indicated that people living with HIV [do not have a higher likelihood](#) of acquiring SARS-CoV-2—the coronavirus that causes COVID-19—nor do they appear to be substantially more likely to develop severe COVID-19 or to die from it.

[According to the World Health Organization](#), “At present, there is no evidence that the risk of infection or complications of COVID-19 is different among people living with HIV who are clinically and immunologically stable on antiretroviral treatment when compared with the general population.”

However, HIV-positive people have developed severe COVID-19, and some studies have seen higher rates of coronavirus complications in this population. This is explained in part by the fact that many HIV-positive people have other COVID-19 risk factors; these include older age and underlying health conditions, such as diabetes, high blood pressure or chronic lung disease. People with uncontrolled HIV and low CD4 counts may also be at higher risk.

Despite some [promising early hints](#), there is no clear evidence that antiretrovirals used for HIV can prevent or treat COVID-19. Although early data suggested Kaletra (lopinavir/ritonavir) might be used to treat the coronavirus, it was [found to be ineffective](#) in controlled trials. Experts stress that people using antiretrovirals for HIV treatment or pre-exposure prophylaxis (PrEP) should take the same COVID-19 precautions recommended for the general population.

The new pandemic has had a major impact on HIV prevention and care. HIV testing and viral load monitoring declined during early shutdowns of health services, and they have not returned to their previous levels. Some clinics have [reported a drop-off](#) in people starting and refilling prescriptions for PrEP. Researchers at San Francisco General Hospital reported a 31% decline in viral suppression since the start of the pandemic.

HIV services have also been affected at the global level. [UNAIDS projects](#) that disruptions due to COVID-19 could lead to nearly 300,000 extra new HIV infections and nearly 150,000 extra AIDS-related deaths by 2022.

What's more, people living with HIV are not spared from the economic and social fallout of COVID-19, including social isolation and mental health concerns.

But services have adapted to the new reality and have taken steps to ensure that people with HIV can safely receive the care they need. Some clinics, for example, have [expanded their use of telehealth](#). Because COVID-19 threatens to set back progress towards ending HIV, experts stress that HIV prevention and care are essential services and that people at risk for and living with HIV should continue to seek care.

The first [COVID-19 vaccines](#) are expected to be available for high-risk people in early 2021 and for the general public by the spring. [HIV-positive people have been included](#) in the large vaccine trials. Although data for this population are not yet available, people with stable HIV typically respond well to vaccines for other diseases, and there is good reason to think they will be protected.

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