Physicians Launch HIV and COVID-19 Registry

New database will collect information about cases of the novel coronavirus among people living with HIV.

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How many people living with HIV have acquired the new coronavirus?

Are HIV-positive people more—or less—likely to develop severe COVID-19?

Can antiretroviral medications for HIV prevent or treat COVID-19?

These are among the many unanswered questions researchers are asking about the new coronavirus (officially known as SARS-CoV-2) and its impact on people with HIV.

In an effort to learn more, physicians from the Institute of Human Virology at the University of Maryland in Baltimore and Arizona Liver Health in Chandler this week announced the launch of the CURE (Coronavirus Under Research Exclusion) HIV-COVID Database.

The registry aims to better understand the natural history of COVID-19 in people living with HIV, to determine the effects of various treatments and to share findings with providers around the world.

“For persons living with HIV, the effect and outcomes of coinfection with SARS-CoV-2 is unclear,” Anita Kohli, MD, of Arizona Liver Health said in a press release. “The HIV virus is known to cause abnormal or impaired response to infections, so there is a potential for increased adverse outcomes in patients with HIV, which is what we want to learn more about.”

Experts agree that people with well-controlled HIV and high CD4 counts do not appear to be at greater risk for contracting the new coronavirus or developing severe COVID-19. However, people with compromised immune systems are at greater risk; this may include HIV-positive people who are not on effective antiretroviral therapy or who have not experienced full CD4 recovery despite treatment. What’s more, many people living with HIV are over age 60, are current smokers or have underlying health conditions associated with more severe COVID-19.

Some clinicians have reported that so far they have not seen many severe COVID-19 cases among their HIV-positive patients. Some have suggested that this may be related to the fact that certain

antiretrovirals have shown activity against SARS-CoV2, at least in laboratory studies.

To date, clinical experience treating COVID-19 patients with HIV meds has yielded mostly disappointing results. Johnson & Johnson recently cautioned that it has no evidence that darunavir (Prezista) will have significant activity against the novel coronavirus. The combination antiretroviral pill Kaletra (lopinavir/ritonavir) proved no more effective than standard supportive care in one of the first clinical trials of the drug for the treatment of COVID-19, though it may help people who are treated early. So far, there is no evidence that Truvada (tenofovir disoproxil fumarate/emtricitabine), often used for HIV pre-exposure prophylaxis (PrEP), can also prevent COVID-19, but clinical studies are underway.

The CURE HIV-COVID Database, spearheaded by researchers who have studied HIV and hepatitis C treatment, intends to gather information about the best way to care for HIV-positive people with COVID-19 as well as data about their overall survival. The registry, which will only collect anonymous data, has been approved by an institutional review board.

Providers can enter case information via the CURE HIV-COVID website (hivcovid.org), a process that should take only five minutes. The registry asks about factors including patient age, race/ethnicity, CD4 count, HIV viral load, antiretroviral regimen, hepatitis B and C status, smoking and vaping, underlying health conditions, test results and which COVID-19 treatments were used.

Clinicians are urged to enter information about all confirmed cases of COVID-19 in people with HIV regardless of severity. This includes people with no symptoms who have tested positive for the coronavirus through public health screenings. Cases should be reported after a minimum of seven days so that the clinical course of the disease can be observed.

Data will be summarized and shared on the website regularly. Although it will start by gathering information on cases in the United States, plans for opening the registry to international providers are underway.

The more clinicians who provide data about their patients, the more valuable the registry will be.

“Given our unique patient population, we hope providers will take the time to share this critical information so we can rapidly find answers on how best to care for HIV patients with COVID,” Kohli said.

Click here for the CURE HIV-COVID Database website.

Go to poz.com/tag/corona virus for our continuing coverage of COVID-19.

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