#### **Notes for Clinicians assessing PLWHIV for COVID therapies**

Almost all people receiving HIV care in Tayside will be on Public Health's highest risk list. The following are exceptions and may contact the Single Point of Contact (SPOC) proactively:

- People who receive their care anonymously under a sexual health ID. Their HIV parameters will be on ICE under their NaSH number and not their CHI. You will not be able to access their NaSH number. Usually their GP is unaware of their infection. These patients are usually very concerned about confidentiality.
- People who receive their HIV care in another health board area. Their HIV parameters will not be available on ICE under their CHI. Their GP may or may not be aware of their infection. The local HIV team will not have access to any of their HIV information.
- People who have asked that their name is removed from the Highest Risk List. This is usually because they are concerned about confidentiality.

Some people may have their HIV care in Tayside but reside in another health board area. If they contact Tayside's SPOC they should be signposted to their local SPOC for assessment for COVID therapies.

Clinical letters for patients who have their care in Tayside under their CHI are uploaded to Clinical Portal and usually detail the most recent viral load and a problem list.

### **Eligibility criteria for PLWHIV:**

The eligibility criteria are likely to change but at the time of writing were as follows:

# **Recent AIDS-defining illness**

This includes conditions such as PCP pneumonia and cerebral toxoplasmosis. Most of these patients will also have a low CD4 count. Opportunistic infections and AIDS-related cancers can occur at higher CD4 counts particularly in older people.

### **Uncontrolled/untreated HIV**

This includes people who:

- Are not taking anti-retroviral therapy (unless they are "elite controllers" and have an undetected viral load without HIV therapy)
- People who are taking anti-retroviral therapy but are viraemic or frequently viraemic.
  People who have had viral load "blips" (viral loads up to 200cp/ml which return to <30 cp/ml 4 weeks later) are not considered viraemic. Viral load results appear in ICE in a blue field with the title "HIV RNA (viral load)". If you click on the viral load result it will tabulate all viral loads back to 2011 to easily access cumulative results.</li>

### People with CD4 <350 (regardless of viral load)

Many patients will not be aware of their CD4 count. It will be visible on ICE under their CHI. It appears as a green field with the title starting "Percentage CD3...". CD4s are not necessarily done frequently in people with an undetected viral load as it of little consequence to their clinical care unless it is less than 200 in which case they are given PCP prophylaxis.

### People with CD4 >350 (with other high risk factors)

As above, many patients will not know their CD4 count and it may not have been measured for some time if their viral load is undetectable.

# High risk factors for those with CD4 >350

This may be liable to change but at the time of writing BHIVA recommends COVID therapies for the following:

- Age 55 or older
- On treatment for diabetes
- Obesity (BMI >30)
- Liver cirrhosis
- Congestive Cardiac Failure (NYHAII, III or IV)
- Moderate-to-severe asthma
- Renal disease (eGFR <60)
- Alcohol dependence
- Homelessness

#### **Contact information**

Please don't delay providing COVID therapies to people living with HIV if they are likely to benefit from them. There is no specific HIV on-call service but the following can be contacted during routine working hours for further information:

Infectious Diseases bleep	#5075
Infectious diseases email	tay.id@nhs.scot
Sexual Health Consultant Mobile	07976 942 499
HIV patient coordinator	07768 058 301
HIV team email address	Tay.arvservice@nhs.scot
HIV pharmacist (for drug-interaction concerns)	Tay.arvservice@nhs.scot
HIV drug interactions checker	www.covid19-druginteractions.org
BHIVA guidance	www.bhiva.org/Coronavirus-COVID-19

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