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COVID-19 and People Living with HIV *Frequently Asked Questions*

Last Updated: April 15, 2020 @ 10:00am EDT

Overview

This document was developed by a group of organizations that came together to develop a COVID-19 resource for people living with HIV based on the best information available. Please check the version date above to see when it was last updated. More information is learned nearly every day about the coronavirus. This document will be regularly updated as new information and resources become available. For the most up-to-date information, please check online rather than printing this document.

Other important resources include [this guide on COVID-19 for trans people](#) from the National Center for Transgender Equality, a [Fenway Health Brief](#) on the impact of COVID-19 on people with HIV and LGBTQ people, and an important piece by Dr. David Malebranche in [The Body](#). More resources are listed throughout and at the end of this document.

Contact Us

Please [send us an email](#) if you have a question that is not covered or to share how you have been impacted.

Acknowledgements:

Thank you to David Hardy, MD, for his input and review of the document.

To the first responders, social workers, and health care providers leading us through this pandemic, thank you for your tireless work.

Disclaimer: This document is not intended to provide medical advice. Please contact your health care provider for medical advice and guidance.

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GENERAL COVID-19 INFORMATION

What is coronavirus and is it the same as COVID-19?

Coronaviruses are a large family of viruses that cause primarily respiratory illnesses ranging from the common cold to life-threatening pneumonia. COVID-19 is the name of the illness caused by the new coronavirus first documented in Wuhan, China, in December 2019. Learn more from the [World Health Organization](#).

How is the new coronavirus, COVID-19, spread from one person to another?

The new coronavirus is spread from person to person by droplets. This means that when someone with the virus sneezes, coughs, speaks or sings they spray droplets with the virus in their saliva, phlegm, or mucus into the air. This spray contains both visible and invisible particles. The virus can last in the droplets for up to 3 hours in the air, up to 3 days on plastic surfaces, up to 2 days on stainless steel surfaces, up to 1 day on cardboard and up to 4 hours on copper surfaces. When a person breathes in airborne particles or touches surfaces containing the virus with their hands and then touches their mouth, nose, eyes or face, the virus is transmitted to them. Because of this it is really important to stay at least 6 feet away from people and wear a cloth face mask (see below for more information) in public places and to regularly wash your hands and to wipe down surfaces. See the CDC's [How COVID-19 Spreads](#).

What are the symptoms of COVID-19?

Fever, coughing and shortness of breath are the most common COVID-19 symptoms and usually appear 2-14 days following exposure to the new coronavirus. If people develop more serious illness, they may have trouble breathing, have chest pain, become confused or develop bluish lips or face. If you have any of the more serious symptoms, it is important to get medical help right away. Check out the CDC's [Symptoms of Coronavirus](#) for more information.

Who is at higher risk for developing serious illness from COVID-19?

People who are 65 or older are believed to be at greater risk of getting really sick from COVID-19. People with other medical conditions like lung or heart disease and diabetes, and conditions that cause a person to have a weakened immune system put people at higher risk of developing more serious illness. Please check out the CDC's [People Who Are at Higher Risk for Severe Illness](#).

What if I feel like I have COVID-19?

If you have shortness of breath or a fever or cough, or if you had recent contact with someone who you know had shortness of breath or a fever or cough, please tell a nurse, doctor or other healthcare professional as soon as possible. Call before you plan to arrive at the doctor's office or emergency room and tell them about your symptoms.



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This [infographic](#) from Johns Hopkins University is a good reference about when to seek medical help.

Should I be tested for COVID-19?

Not everyone needs to be tested for COVID-19. Here is some information from CDC that might help in making decisions about seeking care or testing.

- Most people have [mild illness](#) and are able to [recover at home](#).
- There is no treatment specifically approved for this virus.
- Testing results may be helpful to inform decision-making about who you come in contact with.

Testing availability may also vary depending on where you are located. This [guide from CDC](#) might be helpful and it has a “Coronavirus Self-Checker” that you can use to help determine whether or not you should be tested.

Is treatment available for COVID-19?

Several treatments are being studied for COVID-19 but no treatment has been evaluated enough yet to show that it will work for COVID-19. Information on the drugs being studied to treat COVID-19 is available from the [CDC](#). This [reference](#) is the CDC’s Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19). It covers many aspects of care and treatment. The Infectious Diseases Society of America (IDSA) also has published these [treatment guidelines](#).

Is there a vaccine to prevent COVID-19?

There currently is no vaccine to prevent acquiring COVID-19. This is why it’s so important to use other techniques like hand-washing and social distancing to prevent new transmissions. Much research is being done to develop a safe and effective vaccine, but it will likely be at least 12 to 18 months and then it will need to be produced and made available on a wide-scale basis. We are much more likely to see treatments for COVID-19 approved before a vaccine is. This [resource from Johns Hopkins University](#) explains the process to develop a vaccine. Learn more about the vaccine trials underway from the [Department of Health and Human Services](#).

Does COVID-19 affect women differently than men?

The data on this are limited at this point, but the information we currently have suggests that infection and mortality rates are lower among women than men. There are several factors that may be driving these data, such as higher smoking rates among men in China and Italy (where much of our data are coming from so far), but we need more research on the topic.

Other factors suggest women may have increased exposure to COVID-19. Women make up about 70% of healthcare workers globally; and many nurses, who are often on the frontlines of the COVID-19 response, are women. Further, women are more likely to provide care to family members and loved ones who are sick, which may increase their overall exposure.



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For more on what we know about how COVID-19 may affect women differently than men, please read this [article from the National Women's Health Network](#).

Can COVID-19 be transmitted from parent to child during birth or breastfeeding?

Based on the very limited information currently available, it does not appear that pregnant people are at higher risk for COVID-19 than they are for any other similar infection. The data also suggest that while the likelihood of a birthing parent transmitting the coronavirus during pregnancy is very low, after birth, a newborn would be susceptible to person-to-person transmission. To date, the coronavirus has not been detected in amniotic fluid, breastmilk, or other birthing parent fluids.

For more guidance on breastfeeding if you have COVID-19 and other issues related to pregnancy, please see this [fact sheet from CDC](#).

Should I wear a cloth face mask or covering to protect myself from acquiring COVID-19?

There has been some confusion about this, but [CDC now recommends](#) wearing cloth face coverings in public settings where other physical or social distancing measures are difficult to maintain (grocery stores and pharmacies), especially where there is a lot of COVID-19. Early on in the COVID-19 outbreak, this was not a recommendation but it has recently changed.

CDC advises the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health protective measure. Here is [information](#) on how to make a cloth face covering.

NOTE: The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by [current CDC guidance](#).

Is it ok to take ibuprofen or Tylenol to help with COVID-like symptoms?

There have been rumors that ibuprofen (aka Advil®, Motrin®) or acetaminophen (Tylenol®) may make COVID-19 symptoms worse but there is no evidence to support that. Here is guidance from the [Vanderbilt University Medical Center](#) and the [Nebraska Medical Center](#).

What if one member of our household has been exposed or tested positive for COVID-19 but not others?

Most people with COVID-19 will not get sick and it is best for them to recover at home. Even with no or only mild symptoms, people can still transmit the coronavirus to others so it is important for family members or roommates with COVID-19 to stay in a separate room if they can and for everyone in the household to regularly clean surfaces (preferably with an alcohol- or bleach-containing solution) and wash their hands frequently. Additional tips are available from the CDC on [Caring for Someone at Home](#).



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COVID-19 & PEOPLE LIVING WITH HIV

Are people with HIV at higher risk for getting COVID-19?

Not much data is available on COVID-19 and people with HIV but based on what is known, it does not appear to affect people with HIV differently than other people. However, **since there is not definitive evidence to support this and until more is known, people with HIV, especially those who are older and/or who have advanced HIV or poorly controlled HIV, as well as other conditions like heart or lung disease or diabetes, should be extra cautious.**

Based on how people with HIV are affected by other health issues targeting the lungs, those who are not on HIV treatment, or who have advanced HIV disease (a low CD4+ T cell count - generally less than 200/mm³) may be at higher risk for getting sicker from COVID-19. Older people with HIV and those with other conditions like heart or lung disease or diabetes also may be at higher risk for getting sicker if they have COVID-19.

To learn more, check out the [CDC's COVID-19: What People with HIV Should Know](#) and the [HHS Interim Guidance for COVID-19 and People with HIV](#).

What are the other conditions that put people at higher risk for COVID-19?

Lung and heart disease, diabetes and smoking put people at higher risk for getting sicker if they get COVID-19. These conditions are more common among people with HIV. If you have one of these conditions, it is even more important to limit physical contact with others, wash your hands regularly, and don't touch your face.

Contact your healthcare provider if you have a fever, cough or shortness of breath. Check out the [CDC information for people who are at higher risk for serious illness](#).

Can I see my HIV provider during the outbreak?

Many healthcare providers, including HIV providers, are having telephone or telehealth or video visits with their patients so they do not have to come into the clinic. If you are not feeling well and need to see your healthcare provider in person, for your own protection, call before going to the clinic.

Should I still get my regular lab work done?

Contact your healthcare provider if you are due for lab work. If you have been virally suppressed and are not having any health issues, your healthcare provider may delay your routine viral load monitoring for up to an



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additional six months. See the HIVMA [Special Considerations for People with HIV](#) for more information.

Do my HIV medications protect me from getting coronavirus?

There are no data that demonstrate that HIV medications can prevent or treat COVID-19. In fact, preliminary studies of two protease inhibitors, Kaletra and Prezcobix, have suggested that they may not have therapeutic benefit for people with COVID-19. Some HIV medications are being studied to see if they can treat COVID-19 but the results of these studies are pending. Read more in the CDC's [What to Know About HIV and COVID-19](#).

If protease inhibitors are not already part of your HIV treatment regimen, guidelines caution against changing your regimen to include a protease inhibitor to prevent or treat COVID-19. More information on HIV treatment recommendations and COVID-19 is available in the [HHS Interim Guidance on COVID-19 and Persons with HIV](#).

What are the risks for people with HIV in detention systems?

People living with HIV in immigration and those who are in jails or prisons systems are especially vulnerable to COVID-19. People detained by Immigration and Customs Enforcement (ICE) or who are in jails or prisons are likely in overcrowded settings with limited access to medical care and also unable to social/physically distance themselves. They also are unlikely to have sufficient access to cleaning supplies. A diverse group of advocates including physicians and public health advocates are urging that elders, the medically vulnerable, individuals eligible for parole or detained pretrial should be released.

Here's a [list of resources for people in immigration](#) and information about incarceration from the [United Nations Office on Drugs and Crime](#).

HIV MEDICATION ACCESS

What do I need to know about my HIV or other important medications during the COVID-19 crisis?

It is very important to keep taking your HIV medications as prescribed by your healthcare provider. It is also important to continue taking any other medications prescribed to prevent or treat other diseases or health problems.

At the same time, it is very important for all people to reduce their risk of contracting or spreading COVID-19 by following isolation requirements and social/physical distancing recommendations. This includes staying at home and avoiding public spaces (including pharmacies) as much as possible.

Should I get additional refills of my medications?

The [interim guidance](#) developed by the HHS HIV guideline panels recommends that people with HIV maintain at least an extra 30-day supply of medications. Please contact your healthcare provider to discuss your medication supply.



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Can my pharmacist provide early refills? What about 60- or 90-day fills?

If you would like an early refill or a 60- or 90-day fill of medication you usually get once a month, talk with your pharmacist. Your pharmacist can tell you if your insurance will allow these. Your pharmacist can also tell you if he or she has enough medication to provide you with extra supplies while making sure there is enough medication for everyone else. Your pharmacist can also tell you about other helpful options that might be available to you:

- Mail order delivery of your medications
- Home delivery of your medications provided by your pharmacy
- Special pharmacy shopping hours for people at higher risk for COVID-19

My prescription has expired and my doctor's office is closed. What should I do?

If your healthcare provider is closed, they must provide a phone number to call for help. Call and let them know that you need a new prescription for your HIV medications or you will run out. If there is no way to reach your healthcare provider, discuss with your pharmacist or another member of your health care team (for example a case manager). Pharmacies also can contact your healthcare provider for you.

STAYING HOME: SOCIAL OR PHYSICAL DISTANCING

What is social distancing or physical distancing?

Social distancing or physical distancing is about protecting your health and the health of others by limiting any contact with people not in your household, inside or outside of your home to reduce the risk of spreading the coronavirus. In different parts of the country or world, this may also be referred to as “sheltering in place,” being on “lockdown” or “stay at home.” If you do need to go out to get food or medicine or other essential supplies – take steps like keeping a distance of 6 feet from people, wearing a cloth face mask, washing your hands or using sanitizer after touching surfaces and avoiding public transportation if you are able to.

I have been staying home but I'm starting to feel alone and worried. What can I do?

While keeping your physical distance, it is more important than ever to stay socially connected for you and the people you care about. Stay in regular touch with friends and family by phone or through video calls (FaceTime, Facebook Messenger). [Google Hangouts](#) (sometimes referred to as Google Meet or simply Hangouts) is another free service.

Other tips from the [American Psychological Association](#) and others include to reduce how much you watch, listen or read the news, keep a regular schedule and get plenty of sleep and exercise (if you can). Also, check in with your HIV provider, clinic, recovery group, or other professional to see if they are holding video or online support groups.



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Is it safe to have sex during the outbreak?

Since the coronavirus is spread from person-to-person contact by droplets such as saliva or mucus, the safest sex during the outbreak is to not have sex with anyone else (except yourself). For tips and information, check out the New York City Health Department's fact sheet on [COVID-19 and sex](#), this one from the [District of Columbia Department of Health](#), resources from [The Well Project](#), or this [information](#) from Terrence Higgins Trust (in the UK).

Most dating apps are also recommending that you not have sex with people outside of your household. Using dating apps to socialize and stay in touch with people without physically connecting with them is safe to do!

What if I don't have a home? What should I do to keep safe?

Wherever you are, try to keep your distance from others and to keep your area clean. If you are moving from place to place because you don't currently have a home, try to find a place where you can stay for the next several weeks.

Wash your hands with sanitizer or soap and water regularly and wear a cloth face mask if you can. If you feel like you have a fever, cough or trouble breathing or have been around someone who has experienced any of these, seek medical help.

The [National Coalition for the Homeless](#) and the [National Health Care for the Homeless Coalition](#) have online tools to locate resources locally.

I don't feel safe staying in my home because someone in my household may be or is physically abusive. What should I do?

As shelter-in-place orders have been implemented around the world and businesses have closed down, data suggest that domestic violence is sharply increasing. Calls to domestic violence hotlines have spiked, and the United Nations recently called for urgent action to address these increases. If you don't feel safe at home, please know that you are not alone.

Your physical safety is the highest priority. Is there another place where you feel safe that you might be able to go to? Do you have a trusted friend or family member whom you can ask to help you get to a place of safety? If you do not feel that leaving is safe and you need to stay where you are, is there anyone who can check on you regularly?

- The National Domestic Violence Hotline is 24/7, confidential and free: **1-800-799-7233** and through [chat](#).
- The National Sexual Assault Hotline is 24/7, confidential and free: **800.656.HOPE (4673)** and through [chat](#).



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This [resource from Futures Without Violence](#) has very valuable resources on who to call or how to find local resources.

I'm in recovery from an addiction. What should I do during this time?

It is important to continue your recovery plan if at all possible during periods of physical or social isolation. Many recovery groups and 12-step programs have put in place online meetings. Check with your program's website for more information and also be sure to check in with your mental health or substance use/recovery professional if at all possible.

Here's a [resource for people in recovery](#) that you may find helpful.

I'm finding it hard to sleep. What should I do?

We are all anxious and stressed and our routines have changed. This can cause trouble with sleeping and wild dreams. Sleep is more important than ever right now as it helps keep our bodies healthy.

This [article](#) provides the following tips on how to improve your sleep, but talking to your doctor or a medical professional is also recommended.

- Educate yourself on coronavirus from valid sources of information, but perhaps in small doses.
- Follow the rules of good sleep hygiene: Only retire to your bed for sleep, avoid caffeine close to bedtime and establish a regular bedtime routine and wakeup time
- Create a dark environment for your bedroom: Try using blackout curtains, sleep masks, ear plugs, white noise machines, humidifiers or fans.
- Watch your wine and alcohol intake as it can have a bad influence on sleep.
- Exercise when you first wake up.
- Tidy up your home before bed: Even something as simple as cleaning up your place can play a role in getting good sleep.

SMOKING & DRUG USE

Does smoking or vaping risks put me at higher risk?

People who smoke or vape may be at [higher risk for getting sick from the coronavirus](#) because smoking and vaping damage their lungs so it is easier for the virus to attack the lungs. If you smoke or vape, seriously consider cutting back or quitting. Contact your healthcare provider if you need help with doing this. Be sure to call your healthcare provider if you have a fever, a cough or shortness of breath.

What about other drug use?



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People who use opioids, methamphetamines and other drugs that are taken by smoking or vaping which negatively affects the lungs and the respiratory system may be at risk for getting sicker due to COVID-19. More information is available from the [National Institute on Drug Abuse](#).

How can people who use drugs take steps to reduce their risk?

Check out the Harm Reduction Coalition's COVID-19 [Guidance for People who Use Drugs and Harm Reduction Programs](#).

ADDITIONAL RESOURCES

Community & General Information

[The Well Project Resources on COVID-19 Support, Advocacy, Gender and HIV](#)

[COVID guidance for people who use drugs from Harm Reduction Coalition](#)

[Tangible Support for Undocumented Communities During COVID-19](#)

[Futures Without Violence](#)

Health Policy Information

[Kaiser Family Foundation, State data and policy action to address coronavirus](#)

[NASTAD National Alliance of State and Territorial AIDS Directors: COVID 19 resources:](#)

[FAQs for Ryan White stakeholders from HRSA](#)

Clinical Information

[HHS HIV/AIDS Guidelines Panels Release Interim Guidance for COVID-19 and Persons with HIV](#)

[IDSA & HIV Medicine Association COVID-19 Special Considerations for People with HIV](#)

[British HIV Association](#)



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