

# Coronavirus (COVID-19) and HIV

## Responses to common questions from the British HIV Association (BHIVA)

### What is Coronavirus?

Coronaviruses (CoV) are a large family of viruses that can infect mammals and birds. Seven strains can infect humans, typically causing mild illness (1 in 6 cases of the common cold are caused by coronaviruses) and more rarely serious illness.

COVID-19 is a new condition caused by the SARS-CoV-2 strain of the coronavirus, which spreads very easily from person-to-person (much more so than some other types of coronavirus). Nobody has existing immunity to it. Although the estimated death rate of about 1 in 100 people sounds low compared to some infections, if very large numbers of people are infected that would result in a high number of deaths. Current data suggests that 1 in 5 people develop more severe illness, and large numbers needing hospital treatment could rapidly overwhelm health care systems – this is happening in Italy now. People most at risk of serious illness and death are the elderly and people with long-term medical conditions such as lung disease, kidney disease and diabetes.

However, about 80% of people with COVID-19 have **relatively mild illness**, which can lead to diagnosis of infection being delayed or missed altogether, which increases the risk of passing the virus on. Data from Japan estimates 1 in 3 people with COVID-19 have no symptoms – making control even harder.

In February the World Health Organisation (WHO) declared COVID-19 a 'Public Health Emergency of International Concern' – giving WHO the legal right to make recommendations about dealing with it and (hopefully) stimulating funding and Government action. On 11th March 2020 WHO declared COVID-19 a **pandemic**, which is an epidemic that has spread over several countries or continents, usually affecting large numbers of people.

### 1. The risk to people with HIV

There has been no evidence that people living with controlled HIV are at a greater risk of catching COVID-19, or of becoming very unwell, than anyone else of the same age and general health. It is sensible to assume people who are not

undetectable on treatment or have a low CD4 count (less than 200) might be at higher risk.

## **2. The newly diagnosed and those who are just starting treatment**

People who have recently been diagnosed with HIV should talk to their HIV consultant about any worries they may have about their immune system. However, as said in point 3 above, people with an undetectable viral load are not usually considered to have a weakened immune system. Your consultant will ensure that you are monitored safely.

## **3. People with other health conditions, such as diabetes, heart or lung conditions**

If you have any concerns about other health issues apart from your HIV, and how these might affect you, then check the NHS website for the latest advice (see point 8) or contact your clinic bearing in mind many services may have reduced capacity due to staff being sick, in isolation or helping out in other parts of the NHS.

## **4. Keeping mentally and physically healthy**

If you get COVID-19, the fitter you are, the better the outcome. Stopping smoking will definitely help, as will stopping vaping (although this is still preferable to smoking – see <https://www.nhs.uk/smokefree> for advice.) Take exercise where and when you can, and if you do have to self-isolate, you can find exercise suggestions online at <https://www.nhs.uk/livewell>.

It is normal to be worried – everyone is – and taking care of your mental health is also important, with useful advice in this article: <https://www.bbc.co.uk/news/health-51873799>

## **5. How to protect yourself and others from COVID-19**

There is useful information on <https://www.nhs.uk/conditions/coronavirus-covid-19/>

**Only call 111 if you cannot get help online.**