CAB Conference Call
May 28, 2020
12:00 EST
Meeting Minutes

Participants:

Anisa	Harvard University
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Claire	Harvard University
Delia	University of Miami
Falon	University of Colorado, Denver
Haleigh	FSTRF
Julie D.	Westat
Julie H.	University of Alabama, Birmingham
Kimbrae	Texas Children's Hospital
Latonia	University of Illinois, Chicago
Liz	Harvard University
Lourdes	San Juan Hospital
Megan	Westat
Russ	Tulane University
Stephanie S.	University of Miami
Theresa	Texas Children's Hospital.
Tracey	University of Illinois, Chicago
Trinise	Tulane University

• APPROVAL OF MINUTES

The minutes from the May 14, 2020 call were approved with no changes.

• CORONAVIRUS DIESEASE 2019 (COVID-19) TOWN HALL #5 WITH PHACS CLINICIANS

Dr. Russ Van Dyke talked about COVID-19 and HIV. **Russ** explained that he will talk about risk of getting infected with COVID-19. He will also talk about the risk of getting really sick from COVID-19. Risk of infection involves someone's environment. This includes whether or not a person is around people who have COVID-19.

Russ explained that scientists are still learning about the coronavirus every day. So far, it does not appear that any medical condition (including HIV) determines whether a person will get the coronavirus. This is in terms of whether people were around the same exposures.

At first, researchers were concerned that people living with HIV could get sicker from the coronavirus than people not living with HIV. If someone living with HIV does not have good viral control they may be immunosuppressed. This means their immune system may have a hard time fighting the coronavirus. So far, research has shown that people living with HIV have not been getting sicker from the coronavirus than people not living with HIV. In fact, some research has shown that people living with HIV may have milder cases of COVID-19.

Russ reviewed the list of questions from the CAB about COVID-19 and HIV:

- **Does HIV put people living with HIV at risk for getting COVID-19 even if they are undetectable?**

Russ explained that research has not shown that people living with HIV are more at risk for getting COVID-19 than people not living with HIV. This includes people who are undetectable. Exposure determines infection. Healthy people living with or without HIV have had the coronavirus. So far, researchers are not seeing unexpected severe cases of COVID-19 in people living with HIV.

- **Is there any information about whether some HIV medicines may be protective against COVID-19?**

  Russ explained that we do not know yet. There is some research showing that some HIV antiretroviral (ARV) medications might be protective against the coronavirus. More research needs to be done.

  In general, antiviral medications can treat viruses so they do not get more severe. They can help make infections mild. They can also prevent someone from getting a virus.

  Some researchers were looking at lopinavir/ritonavir (Kaletra) to treat COVID-19. Kaletra is an HIV ARV. There was a study published about using Kaletra to treat COVID-19. That study showed that Kaletra did not help treat COVID-19 very well. New studies are looking at tenofovir (TDF) and tenofovir alafenamide (TAF). Researchers want to know whether these medications can prevent the coronavirus.

- **Would not taking my ARV medications on time affect my risk for getting COVID-19?**

  Russ explained that ARV medication adherence should not affect risk for getting COVID-19. It is possible that missing many medications could cause your immune system to get worse. However, being a little late on medications or missing a dose most likely does not have an effect. More research needs to be done.

- **Why was hydroxychloroquine being studied in regard to the coronavirus?**

  Russ explained that there was some laboratory evidence that this medication could prevent the coronavirus. This is because of the way the medication works inside the cell. This medication may have also been used to help other epidemics such as the Ebola epidemic. However, this medication had some bad side effects involving the heart. There is not much evidence that the medication works to prevent the coronavirus. However, there are some studies being done to see if it might prevent high risk individuals (such as healthcare workers) from getting infected.

- **Is there a concern that the coronavirus is mutating?**

  Russ explained that as far as we know, the virus does not change. There may be slight changes or mutations that do happen over time. This can be seen in the coronavirus in the U.S. The West Coast virus is different than the East Coast virus. This is likely because the West Coast virus came directly from China. The East Coast virus may have come from Europe from China. This means the East Coast virus may have mutated a bit more before it came to the U.S. So far, it does not look like these slight changes make the virus behave any differently in terms of how it is transmitted or how sick it makes you. So far, there is not a concern that the coronavirus is like the flu. The flu mutates all the time. This is why we have to get a new flu vaccine every year.

- **If a vaccine were to be approved, would it be available to people living with HIV?**

  Russ explained that it is very likely that a vaccine will be approved. The question may be would a vaccine be safe for people living with HIV. This is because vaccines come in different types. Some vaccines are live. This means that a weakened form of the virus is in the vaccine. They cause a very minor infection so that the body can build up immunity to it. The measles and chicken pox vaccines are live vaccines. Live vaccines can be a concern for people who are immunosuppressed. This is because the minor infection could get out of control. However, most of the coronavirus vaccines being studied are not live. It is likely that researchers would want

to study an approved vaccine in people living with HIV to make sure it is safe. Most likely, the vaccine will be safe and effective.

- **Is PHACS going to continue to conduct study visits at this time?**

  Russ explained that in-person research visits were stopped for now. All PHACS visits are now done over the phone. PHACS researchers put together a health survey to be done over the phone. The survey asks some COVID-19 related questions. Some questions are about symptoms or diagnoses related to COVID-19. Other questions are about social issues like isolation, stigma, and anxiety. The survey is being done in SMARTT and AMP Up. So far, over 500 surveys have been done. **Russ** thanked the CAB for their help to put together some of the questions.

  The PHACS Leadership has started talking about re-starting in-person visits. The visits that are more likely to restart include research visits for someone who is already coming to the clinic for a regular clinical care visit. PHACS may also start enrolling new SMARTT mothers and children soon.

- **Do PHACS researchers want to conduct any research around COVID-19 and HIV?**

  Russ explained that PHACS researchers are hoping to conduct research around COVID-19 and HIV. There are many research opportunities available. Some of the opportunities are for studies like PHACS that have a large number of participants who have been studied over time. It may be a good idea to study how our population is doing.

NOTE: The next CAB call will be on Thursday, June 11, 2020 at 12:00 pm EST.