



March 27, 2020

Dear Colleague,

As we are all-hands-on-deck to address the COVID-19 pandemic and related tragedy facing New York State (NYS) we are issuing this as a reminder of many other chronic conditions, diagnosed and undiagnosed, facing New Yorkers.

Many New Yorkers are facing medical, financial, and social uncertainty related to the pandemic. The most vulnerable are affected first, including many with or at risk of chronic illnesses, including HIV and hepatitis C virus (HCV) infections. As the “new normal” evolves, we have an important reminder for NYS medical care providers to support the most vulnerable among us: **During this crisis, please continue to initiate treatment, support adherence to treatment regimens, provide needed follow-up to those already in care, and test for HIV and HCV, especially in emergency department settings.**

The persistence of undiagnosed HIV infections among New Yorkers and the potential immunosuppression related to untreated HIV leave these individuals in a perilous state. Unidentified HCV infections cause substantial morbidity and mortality. Assuring continued quality HIV and HCV care and testing for HIV and HCV has always been important and is even more so now.

☑ REMEMBER: Test For HIV, Initiate ART, and Follow-Up With Patients

The differential diagnosis for patients who present with persistent flu-like symptoms includes HIV, as well as COVID-19, influenza, mononucleosis, and other conditions. **Please include HIV testing in diagnostic panels.**

When an individual is confirmed to have HIV, immediate treatment can minimize the negative effects of HIV on the immune system, which can help provide protection against other infections. **Please continue to initiate antiretroviral therapy (ART) as rapidly as possible.**

Immediate or rapid initiation of ART is the recommended standard of care for HIV treatment in NYS and is consistent with the [NYS Department of Health \(DOH\) AIDS Institute \(AI\) Clinical Guidelines](#) and recommendations of the [International Antiviral Society \(IAS\)-USA Panel](#).

Some patients with HIV also may be vulnerable to disruptions in care during this time of crisis because of the exigencies of social distancing, quarantine, and isolation, combined with the hardships of unemployment, disruptions in transportation, and stress. Disruptions in care and interruptions in ART should be avoided. **Please continue to attend to the ongoing needs of your patients with HIV.**

To prescribe ART:

1. Educate and counsel the patient about HIV and treatment.
2. Conduct an HIV and general medical history, conduct a physical examination, and collect an HIV genotype and other lab specimens.
3. **Establish that there are no contraindications to immediate ART.**
 - If a patient has signs or symptoms of severe opportunistic infections (e.g., cryptococcal meningitis, tubercular meningitis), delay ART until safe to initiate (see [guidance](#) on acute opportunistic infections and ART initiation).

4. Prescribe a recommended initial HIV regimen. Follow guidance from [NYSDOH AI Clinical Guidelines Program](#), the [U.S. Department of Health and Human Services](#) or [IAS-USA Panel](#).

☑ REMEMBER: Financial Support Is Available

NYS [Uninsured Care Programs](#) provide access to no-cost health care for low-income NYS residents with HIV who are uninsured or underinsured. A simplified [application](#) allows same-day patient enrollment. In addition, several pharmaceutical manufacturers offer eligible patients free medication or assistance with co-payments.

The [New York City](#) and [NYS](#) Departments of Health rapid initiation of ART websites provide protocols, resources and guidance on starting HIV treatment at the time of diagnosis and include added information on patient assistance programs. **Please assist patients who need help paying for medications.**

☑ REMEMBER: Identify Candidates, Initiate PrEP, and Maintain PrEP

Pre-exposure prophylaxis (PrEP) is a safe and effective cornerstone of HIV prevention and is strongly endorsed by NYS. People at risk of acquiring HIV are also vulnerable during the COVID-19 crisis. Please continue to identify individuals at risk, offer PrEP, and reduce barriers to PrEP uptake and adherence.

PrEP is under-utilized, so it's important to keep people who start PrEP on PrEP so we can help prevent new HIV infections even during this crisis. **Please continue to provide support, follow-up, and uninterrupted care for people taking PrEP.**

☑ REMEMBER: Screen for HCV

More than 50% of people with HCV may not be aware of their infection. Because approximately 75% of cases occur among persons born between 1945 and 1965, care providers are required to offer age-cohort screening of asymptomatic adults. In addition, healthcare providers should screen patients of any age who have risk factors other than age for HCV infection, including injection drug use, intranasal drug use, HIV infection, and others. See the [Treatment of Chronic HCV with Direct-Acting Antivirals](#) guideline for more information on screening, diagnosis, treatment options, and more. **Please continue to screen for HCV.**

☑ REMEMBER: Please Remain Vigilant

Protecting vulnerable people, such as those with HIV and viral hepatitis, is essential in the battle against COVID-19, but only those who are diagnosed can be helped. Remember to support adherence among those on ART and to include HIV and HCV testing in your provision of COVID-19 care.

Sincerely,



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