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BACKGROUND

- main risk factors for severe COVID-19 described are diabetes. hypertension, cardiovascular disease, obesity, chronic lung and renal disease. HIV infection has not been found to be an independent factor for severe COVID-19, however, only small case series of HIV and COVID-19 have been reported.
- The aim of this study is to describe clinical characteristics and outcomes of HIV positive patients with COVID-19 hospitalized in a tertiary care hospital in Mexico City.

METHODS

• A single-center review of HIV-infected patients diagnosed with COVID-19 was performed using medical records from March 1st, 2020 to September 15th, 2020. We describe the clinical characteristics and outcomes.

RESULTS

- A total of 26 people living with HIV were diagnosed with COVID-19, only 13 were hospitalized and are described here. One died and 12 were discharged.
- Overall, the median age was 43 years, all males and most (9/13) were on integrase inhibitor-based antiretroviral regimen and undetectable HIV viral load (13/13), with a median of CD4 counts of 429 cell/mm3.
- 10/13 had at least one comorbidity, the most frequent are chronic kidney disease (CKD) 4/13 and hypertension 3/13. 9/13 had body mass index >25. 10/13 had moderate to severe lung disease, evidenced by computed tomography (CT).
- The disease severity during hospitalization was moderate (Pneumonia and Sp02 \geq 90) in 8 and severe (Pneumonia plus one of the following: RR >30 breaths/min, severe respiratory distress, or $SpO_2 < 90$) in 5 patients.
- 4/13 required invasive mechanical ventilation, and all were successfully extubated.
- The results are shown in figures and tables.

HIV Patients with COVID-19 Hospitalized in a Tertiary Care Center in Mexico City

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TABLE 1. DEMOGRAPHIC, CLINIC Demographics Age, median (IQR) Male, % **HIV** status Last CD4, median (IQR) Last HIV viral load before admissi Antiretroviral regimen before admi Integrase inhibitor Non-nucleoside Protease inhibitor **Comorbidities**, n (%) One Two or more **Invasive Mechanical ventilation (IMV** Laboratory, median (IQR) PaO₂/FiO₂ ratio Total lymphocytes Platelet count (K/uL) Fibrinogen (mg/dL) D-Dimer (ng/mL) Serum ferritin (ng/mL) High-sensitivity C-reactive protein





CAL AND LABORATORY DATA		
	Hosp	italized patients n=13
	13	(37 _ 50)
	13	(37 - 39) (100)
		(100)
	429	(346 – 702)
on, n (%)	40	(100)
ission, n (%)		
	9	(69)
	2	(15)
	2	(15)
	4	(30)
	6	(46)
/), n (%)	4	(30)
	257	(219 – 277)
	827	(732 – 1129)
	165	(125 – 268)
	615	(398 – 871)
	479	(285 – 901)
	419	(139 – 888)
(mg/dL)	17	(2-18)



CONCLUSION

- one comorbidity.
- recovered.
- outcomes are needed.

PERSPECTIVES









• Most of the HIV patients who required hospitalization due to COVID-19 had at least

• In spite of severity of disease and critical presentations, most patients have

• Outcomes appear no different from those seen for non-HIV infected patients, however larger studies to determine the risk that HIV infection confers to COVID-19

• A subsequent analysis will be carried out to identify the total active patients in our clinic who were diagnosed by COVID19 in other clinics, in addition to those who had suggestive symptoms but without a diagnostic test.

Patients and staff members of the HIV Clinic.