

Winter Update on how to optimise the treatment and prevention of COVID-19 in people living with HIV and/or viral hepatitis

Prepared by A/Prof. Dr E Wright, AM 13 July 2022

Purpose and Use of This Note for Clinicians

1. This is intended to be a handy reminder for the busy clinician who has patients living with a BBV
2. This is not intended to replace or override existing guidance for people at most risk for poorer outcomes or severe COVID-related disease for example age or obesity etc.
3. It is intended to tease out or elucidate any questions or concerns about currently available COVID treatment options and specifically as they relate to PLHIV and viral hepatitis.

Key points

COVID pre-exposure prophylaxis

The TGA has approved the use of Evusheld for adolescents and adults aged 12 years and older, weighing more than 40kg, with moderate to severe immunocompromise who are unlikely to mount an immune response to COVID-19 vaccinations, or who are allergic to COVID-19 vaccines^{1,2}.

Evusheld® is given as two intramuscular injections and contains two long-acting monoclonal antibodies tixagevimab and cilgavimab³. It is an S4 medicine, which requires a prescription. It is currently available through the National Medicines stockpile.

State Territory Advice

Victoria

Evusheld® should be offered to people living with HIV (PLWH) who have CD4 cells < 50/μL and who have not been vaccinated or are only partially vaccinated against COVID-19.

Western Australia

Evusheld® should be offered to people living with untreated HIV who have a CD4 T lymphocyte cell count <50 cells/mm³

South Australia

Evusheld® should be offered to people living with HIV who have a CD4 T lymphocyte cell count <50 cells/mm³ or not on treatment

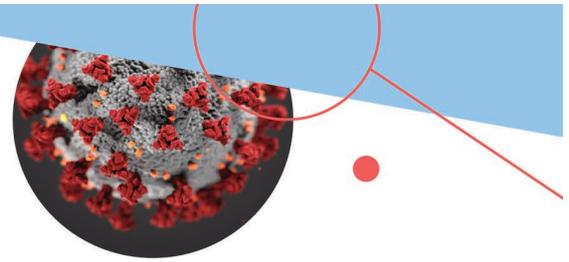
Queensland Health

The Queensland Health Request to [Access tixagevimab and cilgavimab \(Evusheld®\) - Adults](#) - category 2 access - includes people living with HIV with CD4 cell count <50 cells/mm³

New South Wales

Based on Australian Guidelines for the clinical care of people with COVID-19

<https://app.magicapp.org/#/guideline/L4Q5An/section/EQIPrn> (section 6.1.9.1) includes people



living with HIV in a list of people who are immunocompromised but does not impose a CD4 cell count threshold

Northern Territory

No specific information available for the Northern Territory. Consider the [National COVID-19 Clinical Evidence Taskforce Guidelines S6.1.9](#)

ACT

No specific information available for the Australian Capital Territory. Consider the [National COVID-19 Clinical Evidence Taskforce Guidelines s6.1.9](#)

COVID vaccinations⁴

All people over the age of 5 years in Australia should receive a primary vaccination course of COVID-19 vaccines.

Most individuals only need two COVID vaccinations for their primary vaccination course, but a third dose of a COVID vaccine is indicated for the primary vaccination course in

- PLWH with advanced, or untreated HIV with CD4 cells <250/ μ L or in those with a higher CD4 counts but who are unable to be established on effective antiretroviral therapy⁵
- OF NOTE: A third primary dose is not recommended for people with HIV taking ART and who have CD4 counts above 250 cells/ μ L⁴

All people aged 16 years or older in Australia should receive a single COVID-19 vaccine booster dose three months after their primary vaccination course⁶.

Following the primary vaccination course and the COVID-19 booster, a further winter booster dose is indicated in

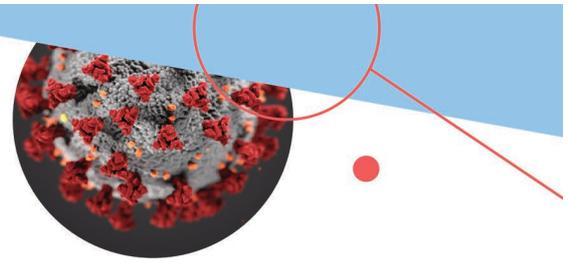
- All adults over the age of 50 years
- People aged between 30 and 49 years may consider this winter booster although there is less evidence of the benefits in this age group
- People aged 16 years and older who have severe, complex conditions that increase their risk of severe illness from COVID-19. This includes PLWH with advanced or untreated HIV with CD4 cells <250/ μ L or in those with a higher CD4 counts but who are unable to be established on effective antiretroviral therapy

COVID antiviral treatments

Two oral antiviral medications are available for outpatients with mild-moderate COVID-19 and who are at high risk of progressing to severe COVID or needing hospitalisation.

These antivirals are nirmatrelvir/ritonavir (Paxlovid®) and molnupiravir (Lagevrio®). Both medications have been evaluated in randomised, placebo-controlled trials: nirmatrelvir/ritonavir (Paxlovid®) reduced hospitalisation or death by 88.9% compared to placebo⁷ and molnupiravir (Lagevrio®) reduced hospitalisation or death by 31.0%⁸.

Both treatments are available in Australia on authority prescription and are subsidised via the PBS for the treatment of outpatients with mild-moderate COVID-19.



Both treatments must be commenced within five days of symptom onset and treatment duration is five days.

Nirmatrelvir/ritonavir (Paxlovid®) has considerable potential for drug-drug interactions, but many potential interactions can be managed with the guidance of a pharmacist and/or by consulting the University of Liverpool COVID-19 drug interactions checker⁹.

PLWH and people with viral hepatitis-related liver disease may be eligible for these antivirals based on several factors including their age, indigenous status, the presence of moderate-severe immunodeficiency, the presence of comorbidities including obesity, diabetes, cirrhosis and renal failure and residential or disability care status^{10,11}.

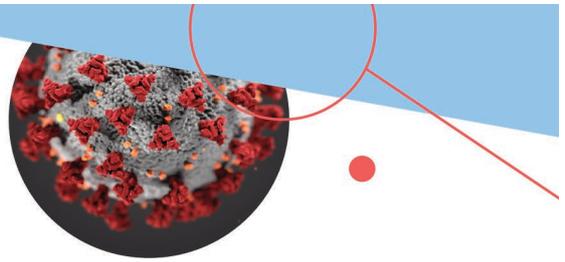
Anecdotally PLWH and people with viral hepatitis frequently do not inform their healthcare provider when they are diagnosed with COVID-19, which means they may miss the opportunity for appropriate healthcare including COVID-19 antiviral treatment.

The following are some recommendations on how clinicians can encourage their patients to tell them when they test positive for COVID-19 and how to inform patients about COVID PrEP, COVID antiviral treatments and the winter booster.

1. According to any confidentiality agreements your practice has around contacting patients you could
 - a. Send a short text saying *'Please let your GP know if you test positive for COVID because you might be eligible for a short treatment course of oral COVID antivirals.'*

This approach is designed to prevent clinicians having to go through the records of every patient to check their CD4+ cell count and it informs the patient about current guidelines

- b. It is likely that very few patients in your care will have CD4+ cell count <50/μL and you will likely be able to easily draw up a list of these patients and contact them directly via a phone call or a letter to talk to them about COVID PrEP with Evusheld® and oral COVID antivirals especially if they are unvaccinated.
2. You could update your practice website with all of the above information and send a short text to your patients saying *'Please visit our practice website at <http://XYX> for an update on whether you would be eligible for a short course of oral treatment at home if you test positive for COVID and whether you are eligible for COVID PrEP or for a winter booster dose of a COVID vaccine'*
3. You could have a flyer on your practice wall that outlines all of the above information or a flyer with a QR code for patients to scan into their phones to download the same information but from AFAO or NAPWHA or Hepatitis Australia



References Resources

- ¹<https://www.health.gov.au/resources/publications/evusheld-fact-sheet-for-health-professionals>
- ² Therapeutic Goods Administration Evusheld <https://www.tga.gov.au/apm-summary/evusheld>
- ³ <https://www.tga.gov.au/sites/default/files/evusheld-cmi.pdf>
- ⁴ ATAGI *Clinical recommendations for COVID-19 Vaccines* <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/advice-for-providers/clinical-guidance/clinical-recommendations>
- ⁵ ATAGI *Recommendations on the use of a 3rd primary dose of COVID-19 vaccine in individuals who are severely immunocompromised* <https://www.health.gov.au/resources/publications/atagi-recommendations-on-the-use-of-a-third-primary-dose-of-covid-19-vaccine-in-individuals-who-are-severely-immunocompromised>
- ⁶ Australian Technical Advisory Group on Immunisation (ATAGI) *recommendations on the use of a booster dose of COVID-19 vaccine* https://www.health.gov.au/sites/default/files/documents/2022/07/atagi-recommendations-on-the-use-of-a-booster-dose-of-covid-19-vaccine_0.pdf
- ⁷ Hammond J; Leister-Tebbe H; Gardner A; et al, *Oral Nirmatrelvir for High-Risk, Nonhospitalized Adults with Covid-19* N Engl J Med 2022; 386:1397-1408 DOI: 10.1056/NEJMoa2118542
- ⁸ Jayk Bernal Gomes da Silva MM; Musungaie DB; et al, *Molnupiravir for Oral Treatment of Covid-19 in Nonhospitalized Patients* N Engl J Med 2022; 386:509-520, DOI: 10.1056/NEJMoa2116044
- ⁹ University Liverpool COVID-19 Drug Interactions <https://covid19-druginteractions.org/checker>
- ¹⁰ Pharmaceutical Benefits Scheme Nirmatrelvir/ritonavir (Paxlovid ®) <https://www.pbs.gov.au/medicine/item/12996B>
- ¹¹ Pharmaceutical Benefits Scheme molnupiravir (Lagevrio ®) <https://www.pbs.gov.au/medicine/item/12910L>

Resources

RACGP: Oral antiviral treatments for COVID-19 Prescribing information for GPs <https://www.racgp.org.au/clinical-resources/covid-19-resources/clinical-care/oral-antiviral-treatments-for-covid-19-br-prescrib/introduction>

National COVID-19 Clinical Evidence Taskforce; Caring for people with COVID-19 <https://covid19evidence.net.au/>

Paxlovid® (nirmatrelvir and ritonavir) Pharmaceutical Benefits Scheme Factsheet – Updated July 2022 <https://www.pbs.gov.au/info/news/2022/04/paxlovid-nirmatrelvir-and-ritonavir-pbs-listing>

Lagevrio® (molnupiravir) PBS listing Updated 11 July 2022 <https://www.pbs.gov.au/info/news/2022/03/lagevrio-molnupiravir-pbs-listing>

Health Direct – Find a pharmacy <https://www.healthdirect.gov.au/australian-health-services>