

Multidimensional Challenge of COVID-19, Including COVID-19 and HIV

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Financial Relationships With Commercial Entities

Dr Gandhi has served as a consultant or advisor to Merck & Co, Inc. (Updated 08/08/20)

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Learning Objectives

After attending this presentation, learners will be able to:

- Describe the major clinical manifestations of COVID-19
- List considerations in treating a person with COVID-19
- Summarize current understanding of COVID-19 in people with HIV

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Multidimensional Challenge of Treating COVID-19



Host	<ul style="list-style-type: none">• Clinical manifestations• Risk factors for severe disease
Stage and Severity	<ul style="list-style-type: none">• Early vs. late infection• Mild, moderate, severe, critical disease
Intervention	<ul style="list-style-type: none">• Antivirals• Immunomodulators• Combination therapy• Rx complications: anticoagulation, ventilation

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Covid-19: Transmission and Incubation Period

Transmission:

- Primarily through respiratory droplets
- Virus may be aerosolized and transmitted during certain activities (e.g., singing) or procedures (e.g., intubation or use of nebulizers)
 - Role of aerosols in transmission under active discussion
- Asymptomatic and pre-symptomatic people are infectious
 - May account for 40-50% of cases
 - High nasopharyngeal viral levels just before or soon after symptom onset

Incubation:

- Median 4-5 days
- 97.5% of those who develop symptoms will do so within 11.5 days



Gandhi RT, Lynch JB, del Rio C, NEJM, 2020

Covid-19: Clinical Manifestations

Symptoms

- Fever, cough, sore throat, malaise, myalgias
- Gastrointestinal symptoms: anorexia, nausea, diarrhea
- Taste and smell disturbances
- Shortness of breath develops in some people; median 5-8 days after symptom onset

Lab findings

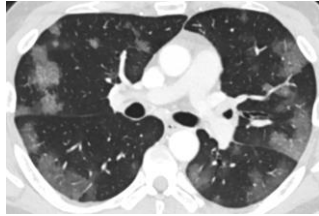
- Lymphopenia
- Elevated D-dimer, LDH, CRP, ferritin, liver enzymes, interleukin-6



Gandhi RT, Lynch JB, del Rio C, NEJM, 2020

Covid-19: Radiographic Features

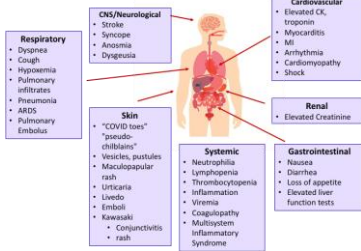
- Peripheral, bilateral ground glass opacities with or without consolidation
- Ground glass opacities may have rounded morphology



Courtesy of Dr. Brent Little (MGH Radiology)

Host → Severity → Interventions

Clinical Presentation in Adults: A Multi-System Disease



Slide courtesy of Dr. Jay Fishman, Mass General Hosp.

Host → Severity → Interventions

Pernio/chilblains-like

Erythematous to violaceous macules, papules, and papulonodules, some with pseudovesiculation at tips of digits and soles of feet.



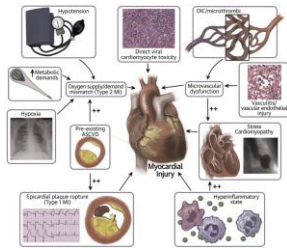
Slide courtesy of Dr. Daniela Kroshinsky (Mass General Hospital)

Host → Severity → Interventions

Muz2018 F, Trocch T. Acute acro-ischemia in the chRE at the time of COVID-19 (Mertaya case). <https://www.ajgpt.com/2020/04/20/>

Cardiac Manifestations of COVID-19

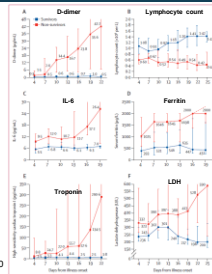
- Acute cardiac injury: elevated troponin
- Heart failure, cardiogenic shock
- Myocarditis
- Arrhythmias
- Thrombosis



Atri D et al JACC: Basic to Translational Science, 2020

Thromboinflammation and Mortality

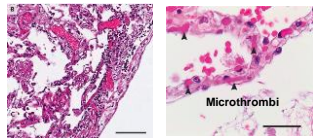
- Elevated inflammatory and coagulation biomarkers associated more severe disease and mortality
- Inflammatory response may lead to endothelial injury, coagulopathy
- Complications may include pulmonary emboli, myocardial infarction, disseminated intravascular coagulation



Zhou et al. Lancet 2020
Bikdeli B et al JACC 2020

Pathology of COVID-19

- Lungs from people who died of COVID-19 (n=7), influenza-related acute respiratory distress syndrome (n=7) and uninfected people (n=10)
- COVID-19 lungs showed:
 - endothelial injury
 - widespread thrombosis
 - alveolar capillary microthrombi
 - intussusceptive angiogenesis



Lymphocytic pneumonia with multifocal endothelialitis

Ackermann M et al, NEJM, 2020

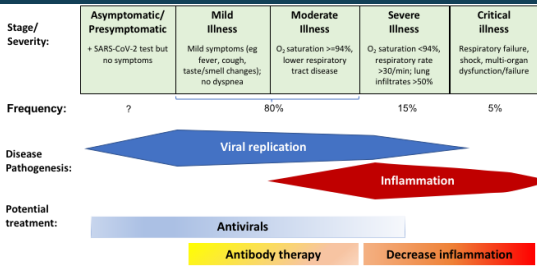
Risk Factors for Severe COVID-19

- Older age
- Chronic obstructive pulmonary disease; severe asthma
- Cardiovascular disease
- Type 2 diabetes mellitus
- Obesity (BMI of ≥ 30)
- Sickle cell disease
- Chronic kidney disease
- Immunocompromised state from solid organ transplant
- Possible risk factors include:
 - Pregnancy
 - Other immunocompromised states, including HIV
- Disproportionate burden of COVID-19 among racial and ethnic minorities, Native Americans, the poor

<https://www.cdc.gov/coronavirus/2019-ncov/need-ethnic-groups/actions/evidence-table.html>
Williamson EJ et al, Nature, 2020

Severity Interventions

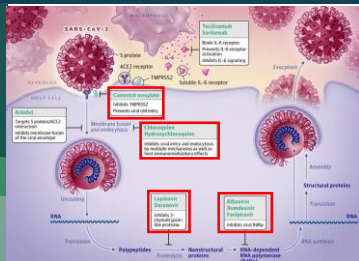
Multidimensional Challenge of Treating COVID-19



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Gandhi R, CID, 2020

SARS-CoV-2: Antiviral targets



- Viral entry: ACE2 and TMPRSS2: camostat
- Membrane fusion and endocytosis: hydroxychloroquine (HCQ)
- Viral protease: lopinavir/ritonavir
- RNA-dependent RNA polymerase: remdesivir, favipiravir

Sanders et al JAMA 2020

Severity Interventions

Antibody Therapy

Boost immune responses

- Passive transfer of neutralizing Ab: convalescent plasma (CP), monoclonal antibodies (mAb)
- Open label randomized trial of CP in China: no benefit in overall population; suggested benefit in severe disease
- >20,000 people with COVID-19 in US: transfusion reactions <1%; low rate of other complications
- Ongoing prophylactic & therapeutic trials of CP, mAb

Abraham I, Nature Reviews Immunology, 2020; Shen et al, JAMA 2020; Li JAMA 2020; Joyner M et al, Mayo Clin Proc, 2020

Steroids: Case of Dexamethasone

Decrease inflammation

- Controversy regarding use of steroids in viral pneumonia, acute respiratory distress syndrome
- Given hyperinflammatory state in COVID-19, steroids evaluated as potential intervention
- Open label, randomized trial among hospitalized patients in the UK: 2104 received dex, 4321 usual care

Mortality	Dex	Usual Care	RR mortality
All participants	21.6%	24.6%	0.83 (0.74-0.92) p=0.0007
Ventilation/ECMO	29%	40.7%	0.65 (0.45 - 0.88)
Oxygen only	21.5%	25%	0.8 (0.67 - 0.96)
No oxygen	17%	13%	1.22 (0.86 - 1.75)

Conclusion: Dexamethasone associated with decreased mortality among those on supplemental oxygen or on mechanical ventilation/ECMO. No benefit in those not requiring oxygen.

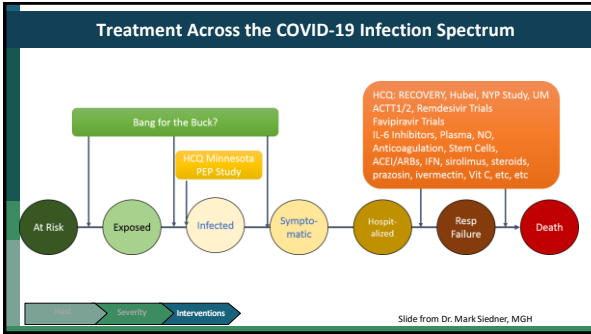
RECOVERY
Randomised trial of dexamethasone in patients hospitalised with severe COVID-19
<https://www.recoverytrial.org/>

Multidimensional Challenge of Treating COVID-19

Stage/Severity:	Asymptomatic/Presymptomatic	Mild illness	Moderate illness	Severe illness	Critical illness
Frequency:	?	80%	15%	5%	5%
Disease Pathogenesis:	Viral replication		Inflammation		
Potential treatment:	Antivirals	Antibody therapy	Remdesivir	Decrease inflammation	Dexamethasone

NB: most COVID-19 is mild whereas most trials have focused on moderate, severe or critical disease

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Multi-Dimensional Challenge of COVID-19

- COVID-19 prevention and treatment requires multidimensional approach, with understanding of the host, stage/severity of disease, and intervention
- Depending on host, stage/severity of disease, therapy may differ: antiviral therapy, immunomodulator, combinations (antiviral + immunomodulator)
- **Lessons from HIV**
 - Pressure to deploy interventions must be tempered by importance of finding out if a treatment works: our guide must be the science
 - Iterative process, building on advances until tipping point is achieved

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COVID-19 and HIV

- Is HIV a risk factor for severe COVID-19?
- Do HIV medications have activity against SARS-CoV-2?
- What is the impact of COVID-19 on HIV care?

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HIV and COVID-19: MGH Series

- Between March 3 and April 26, 2020, identified 36 people with HIV with confirmed COVID-19; another 11 with probable infection
- Nearly half (16/36) lived or worked in congregate setting
- ~85% had a non-HIV comorbidity: obesity, cardiovascular disease, etc.

Demographics and Comorbidities of Confirmed Cases

Category	Total	Hospitalized	Not Hospitalized
Age (Years)	53.4	55.9	50
Comorbidities (%)	83.3	85.7	80.0
% Male	58.3	61.9	53.3

Meyerowitz E et al, AIDS 2020, Virtual Covid 2020

Disproportionate Burden Among Racial/Ethnic Minorities

77% of people with HIV and COVID-19 were non-Hispanic Blacks or Latinx

40% of people with HIV in MGH Clinic are Blacks or Latinx

Cohort with COVID-19

Race/Ethnicity	Percentage
non-Hispanic Black	45%
Hispanic/Latinx	33%
Other	22%

General Clinic Population

Race/Ethnicity	Percentage
non-Hispanic Black	30%
Hispanic/Latinx	10%
Other	60%

Meyerowitz E et al, AIDS 2020, Virtual Covid 2020

Is HIV a risk factor for COVID-19? South Africa

- About 3.5 million active public sector adult patients; ~520,000 with HIV
- ~22,000 COVID-19 and not deceased; 625 COVID-19 deaths
- Adjusted hazard ratio for COVID-19 mortality for HIV: 2.14 (1.7, 2.7); irrespective of viral suppression/immunosuppression
- Cannot rule out residual confounding (eg socioeconomic status, obesity)

Associations with COVID-19 Death

National Institute for Communicable Diseases, Covid-19 Special Health Surveillance Bulletin, June 22, 2020. <https://doi.org/10.1186/2020-07-02-20194289>

Is HIV a Risk Factor for Severe COVID-19? VA Study

- Veterans Aging Cohort Study
- Risk of severe COVID outcomes similar by HIV status

	PWH n=30,981	Uninfected n=76,745	OR (95% CI)
COVID+	253	504	
Hospitalized	34%	35%	1.09 (0.85, 1.41)
ICU	14%	15%	1.08 (0.72, 1.62)
Death	9.5%	11.1%	1.08 (0.66, 1.75)

Park et al., AIDS 2020, Virtual Covid 2020

HIV and COVID-19

- Is HIV a risk factor for severe COVID-19?
- Do HIV medications have activity against SARS-CoV-2?
- What is the impact of COVID-19 on HIV care?

Does Lopinavir/ritonavir work against COVID-19?

- In vitro, LPV/r inhibits SARS-CoV protease; has been used off-label to treat people with COVID-19
- Randomized trial in China (n=199), LPV/r had no impact on clinical improvement, mortality
- RECOVERY: ~1600 patients randomized to LPV/r; ~3400 to usual care; no impact on mortality; mechanical ventilation progression, length of stay
- Likely explanation: levels needed to inhibit SARS-CoV-2 likely not achieved in vivo

The NEW ENGLAND JOURNAL of MEDICINE
RECOVERY
No clinical benefit from use of lopinavir-ritonavir in hospitalized COVID-19 patients studied in RECOVERY
Cao B et al. NEJM, 2020; Schoenberger, Ann Int Med, 2020
<https://www.clinicaltrials.gov/ct2/show/study/NCT04237322>

Final Thoughts

- Disproportionate impact on racial and ethnic minorities of COVID-19 and HIV highlight how disparities drive disparate infectious diseases → we must address structural forces to end intolerable inequities in health care access and outcomes for these “twin” epidemics.
- We cannot let the COVID-19 pandemic cause us to lose sight of how far we’ve come in our quest to end the HIV epidemic.
- Despite overwhelming need to respond to COVID-19, we must continue to move forcefully to end HIV epidemic here and around the world.

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Acknowledgments

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2020 Ryan White
HIV/AIDS Program
CLINICAL CONFERENCE

Question-and-Answer Session
