

Special section: COVID-19 among people living with HIV

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In this issue of *AIDS*, a special section is given to showcase a series of articles on the manifestations of COVID-19 among people living with HIV (PLWH). Each submission describes the relative outcomes among PLWH from Europe and the United States in comparison to non-HIV-infected patients. The Viewpoints provide perspective of COVID-19 in relation to other pandemics, with a focus on HIV / AIDS, and how networks and collaborations established in response to the AIDS pandemic should be used to fight COVID in Sub-Saharan Africa [1,2].

Among the research reports, Charre *et al.* describe the outcomes of 77 PLWH in France along with 27 individuals at risk for HIV on pre-exposure prophylaxis (PrEP) who develop COVID-19 [3]. They report a relatively low percentage of their population who develop COVID-19 compared with non-HIV controls. Also, from France, Etienne *et al.* present outcomes on 54 PLWH who developed COVID-19 [4]. One patient died among the 14 (26%) who developed severe disease. Factors associated with increased severity of illness included African origin, underlying metabolic disease, hypertension, chronic kidney disease, older age and male sex.

In Spain, Inciarte *et al.* report on 53 patients who developed COVID among the 5683 PLWA they follow in their outpatient clinic [5]. Six of the 53 experienced severe disease manifestations, of whom two patients died.

Two reports come from the USA. Meyerowitz *et al.* describe the outcomes of 47 PLWH in Boston,

Massachusetts, USA [6]. Comorbid conditions were present in 85% of those with COVID-19, including obesity, cardiovascular disease and hypertension. Of note, 77% were black versus only 40% of their clinic population being black. In Atlanta, Georgia, among 530 hospitalized patients with COVID-19, only 20 were PLWH as reported by Collins *et al.* [7]. Among the PLWH, 90% had suppressed plasma HIV RNA and the median CD4⁺ cell count was 425 cells/ μ l. Finally, Alan Winston presents findings from determination of Comorbidity Indices of 699 PLWH compared with 304 non-HIV controls [8]. Although the indices were ‘statistically’ higher for the PLWH, the magnitude of differences was small.

Taken together, a picture emerges that there is not much difference in the incidence or clinical manifestations of PLWH compared with those who do not have HIV infection. As more experience is gained in both the treatment and study of COVID-19, nuances in the interaction between HIV and SARS-CoV-2 will almost certainly emerge. Although we eagerly await those data, we fervently hope the COVID-19 epidemic is brought under control such that a complete picture of COVID-19 and HIV becomes only of historic significance.

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Conflicts of interest

There are no conflicts of interest.

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