

HIV COVID-19 Registry

Thank you for agreeing to take part in this important effort on behalf of the global HIV community. Our hope is that information you and others provide will help us understand how the novel COVID-19 virus impacts patients with HIV. We hope to better understand their risk of infection, track outcomes, and use this data to inform treatment.

Please note, this survey is for health care professionals caring for adult HIV patients.

The case report form should take about 5-7 minutes to complete. Patients identifiers such as name or date of birth will not be collected. All information will be kept strictly confidential and will only be shared with researchers compiling information. Information and updates will be shared via the COVID-19 HIV Alliance at <https://HIVcovid.org>. The success of this collaborative effort depends on active participation by our HIV community to obtain accurate and reliable information.

We ask that you share this site with your colleagues and encourage them to report any cases of COVID-19 in HIV patients. Please include information at time of recovery/improvement, hospitalization or death to allow for enough time to capture data on patients full spectrum of disease.

The COVID-19 Global HIV Alliance

Date of Survey Entry

Reporter Information

Reporter Name

Reporter email

Reporter Role/Speciality

- Infectious Disease Provider
- Primary Care Provider
- Hospitalist
- Nurse
- Administrator
- Other

If other, please list

Reporter State

- AL
- AK
- AS
- AZ
- AR
- CA
- CO
- CT
- DE
- DC
- FM
- FL
- GA
- GU
- HI
- ID
- IL
- IN
- IA
- KS
- KY
- LA
- ME
- MH
- MD
- MA
- MI
- MN
- MS
- MO
- MT
- NE
- NV
- NH
- NJ
- NM
- NY
- NC
- ND
- MP
- OH
- OK
- OR
- PW
- PA
- PR
- RI
- SC
- SD
- TN
- TX
- UT
- VT
- VI
- VA
- WA
- WV
- WI
- WY
- AE
- AP
- AA

Usual HIV Provider

Patient Demographics

Patient Age

(Must be 18-89 years old)

Gender (genetic)

- male
 female
 other
-

Other gender

Race (may check more than one)

- Arab
 Black
 East Asian
 South Asian
 West Asian
 Middle Eastern
 Pacific Islander
 Latin American
 Caucasian
 Native American
 Aboriginal
 First Nations
 Other
 Unknown
-

Ethnicity

- Hispanic / Latino
 Not Hispanic / Latino
 Unknown / Not available
-

BMI

Smoking Status

- Current smoker
 Former smoker
 Never smoker
 Unknown
-

Vaping Status

- Currently Vapes
 Former Vape
 Never Vaped
 Unknown
-

Drug Abuse Status (excluding marijuana)

- Current regular abuse
 Infrequent abuse
 Past abuse
 Never use
 Unknown

HIV Information

When was Initial HIV Diagnosis?

- Concurrent with COVID-19
 Less than One Year
 1-5 Years
 More than 5 Years
 Unknown

Is CD4 Count Available Pre-COVID or During COVID Infection?
 (Pre-COVID Preferred and you will be prompted for value)

- Pre-COVID
 During COVID
 Not Available

Please enter CD4 from timeframe indication in previous question (cells/mm3)

Is HIV Viral Load Available Pre-COVID or During COVID Infection?
 (Pre-COVID preferred and you will be prompted for value)

- Pre-COVID
 During COVID
 Not Available

Please enter HIV VL from timeframe indication in previous question (copies/mL)

Pre-COVID-19 AIDS characterization (Ever had an AIDS defining illness or CD4 < 200 at any time)

- AIDS
 Never met AIDS criteria
 Not Known

ARV Regimen

- Bictegravir/tenofovir alfenamide/emtricitabine
 Dolutegravir/abacavir/lamivudine
 Dolutegravir/tenofovir alfenamide/emtricitabine
 Dolutegravir/tenofovir fumarate/emtricitabine (or 3TC)
 Darunavir/cobicistat/tenofovir alfenamide/emtricitabine
 Darunavir/ritonavir/tenofovir alfenamide/emtricitabine
 Darunavir/ritonavir/tenofovir fumarate/emtricitabine (or 3TC)
 Efavirenz/tenofovir fumarate/emtricitabine (Atripla)
 Elvitegravir/cobicistat/tenofovir alfenamide/emtricitabine (Genvoya)
 Raltegravir/tenofovir alfenamide/emtricitabine
 Raltegravir/tenofovir fumarate/emtricitabine (or 3TC)
 Rilpivirine/tenofovir alfenamide/emtricitabine
 Other

If other ARV regimen- please specify regimen

Concomitant Medications

Was the patient taking any of the following? (select all that apply)

- ACE inhibitor
- ARB
- NSAIDS
- PD5 inhibitor
- Glucocorticoids
- Immune modulators
- Biologic agents

Was ACE inhibitor continued?

- Yes
- No

Was ARB continued?

- Yes
- No

Were NSAIDS continued?

- Yes
- No

Was PD5 inhibitor continued?

- Yes
- No

Were glucocorticoids continued?

- Yes
- No

Were immune modulators continued?

- Yes
- No

Were biologics continued?

- Yes
- No

Check all Comorbidities Patient has Prior to COVID-19 Diagnosis

- Obstructive Lung Disease (COPD/moderate or severe asthma)
- Mild Asthma
- Other Lung Disease
- Hypertension
- Coronary Artery Disease
- Congestive Heart Failure
- Stroke
- Type 2 Diabetes
- Chronic Kidney Disease (no Dialysis)
- Dialysis
- Compensated Cirrhosis
- Decompensated Cirrhosis
- Organ Transplant
- Autoimmune Disease
- Pregnant
- Post-Partum (< 6weeks)
- Cancer
- None

Does patient have any concurrent AIDS defining illnesses?

- Bacterial infections multiple or recurrent
- Candidiasis of bronchi trachea or lungs
- Candidiasis of the esophagus
- Cervical cancer (invasive)
- Coccidioidomycosis disseminated
- Cryptococcosis presenting outside of the lung
- Cryptosporidiosis intestinal > 1month
- Cytomegalovirus (CMV) with loss of vision
- Cytomegalovirus disease (other than liver, spleen, or lymph nodes)
- Encephalopathy (HIV-related)
- Herpes simplex virus (HSV) > 1month or other than the skin
- Histoplasmosis, disseminated
- Kaposi's sarcoma (KS)
- Lymphoid interstitial pneumonia or lymphoid hyperplasia complex
- Burkitt lymphoma
- Immunoblastic lymphoma
- Primary lymphoma of the brain
- Mycobacterium avium complex or Mycobacterium kansasii, disseminated
- Mycobacterium tuberculosis of any site in or out of the lungs
- Mycobacterium or similar species disseminated beyond the lung
- Pneumocystis pneumonia
- Pneumonia recurrent
- Progressive multifocal leukoencephalopathy (PML)
- Salmonella septicemia, recurrent
- Toxoplasmosis of the brain
- Tuberculosis
- Wasting syndrome
- None

Hepatitis B Status

- antibody protected
- isolated core
- vaccine non-responder, core negative
- chronic hepatitis B
- immune controller
- unknown

Which meds do they take for chronic hepatitis B?

Hepatitis C status

- known negative
- chronic active
- on treatment
- successfully treated
- unknown

Which meds do they take for HCV?

COVID-19 InformationDate of COVID-19 diagnosis?

Patient Location When Tested

- Home or standalone testing (e.g., mobile testing site)
- Nursing home or Assisted living facility
- Outpatient facility
- Emergency department
- Inpatient/hospital
- Unknown
- Other

Other location at which patient was tested

How was diagnosis made?

- Presumptive diagnosis based on symptoms only
- PCR
- Antibody
- Metagenomic testing
- CT scan
- Laboratory assay, type unknown
- Unknown
- Other

What other method was used to make COVID-19 diagnosis?

Have they been symptomatic at any time (see symptom list below)

- Yes
- No

Date of first symptom

Patient symptoms (select all that apply)

- Fever
- Headache
- Sore throat
- Cough
- Shortness of breath
- Arthralgia
- Myalgia
- Chest pain
- Abdominal pain
- Diarrhea
- Vomiting or nausea
- Rhinorrhea
- Irritability/confusion
- Malaise
- Anosmia (loss of smell)
- Aguesia (loss of taste)
- Other

List other symptom

COVID-19 Treatment (may check more than 1)

- Remdesivir
- Lopinavir/ritonavir
- Chloroquine
- Hydroxychloroquine
- Azithromycin
- IL-6 inhibitors
- Bevacizumab
- JAK inhibitor
- Serpin inhibitor
- Ciclesonide
- Glucocorticoids (including if given for any complications)
- IVIG
- Plasma from recovered patients
- Therapeutic Anticoagulation
- Other

How many days did they receive remdesivir?

How many days did they receive lopinavir/ritonavir?

How many days did they receive chloroquine?

How many days did they receive hydroxychloroquine?

How many days did they receive azithromycin?

How many days did they receive IL-6 inhibitors?

How many days did they receive Bevcizumab?

How many days did they receive JAK inhibitors?

How many days did they receive serpin inhibitors?

How many days did they receive ciclosenide inhibitors?

How many days did they receive glucocorticoids?

How many doses of IVIG did they receive?

On how many occasions did they receive plasma from COVID recovered patients? (convalescent plasma)

For how many days did they receive therapeutic anticoagulation for treatment of COVID/COVID related complications? _____

Other Treatment (specify) _____

Was the patient hospitalized?

- Yes
 No

Date of admission _____

Date of discharge _____

Highest level of hospital care

- Supportive care (no supplemental O2)
 Supplemental O2
 High flow O2
 Mechanical ventilator
 ECMO
 Unknown
 Other

Other level of care (specify) _____

Complications During Hospitalization

- ARDS
 Bacterial Infection
 Cardiomyopathy
 Kidney Failure
 Multiorgan failure
 Sepsis
 None
 Unknown
 Other

Other complications (specify) _____

What is the patient current status?

- Resolved
 Symptomatic not hospitalized
 Symptomatic remains hospitalized
 Deceased
 Other

Other status (specify) _____

Date of symptom resolution (if known) _____

Unresolved symptoms (select all that apply)

- Fever
- Headache
- Sore throat
- Cough
- Shortness of breath
- Arthralgia
- Myalgia
- Chest pain
- Abdominal pain
- Diarrhea
- Vomiting or nausea
- Rhinorrhea
- Irritability/confusion
- Malaise
- Anosmia (loss of smell)
- Aguesia (loss of taste)
- Other

If other, please define

Date Deceased

Infection Acquisition: In the 14 days before onset of illness did the patient have any of the following? (Check all that apply)

- History of travel to an area with documented cases of COVID-19 infection
- Close contact with a confirmed or probable case of COVID-19 infection
- Presence in a healthcare facility where COVID-19 infections have been managed
- None of the above (community acquired)
- Unknown
- Other COVID-19 other infection acquisition

If other suspected route of infection, please specify

COVID-19 Related Labs (Only answer if tests were performed and resulted)

Are there any laboratory test results available related to this patient's COVID-19 infection?

- Yes
- No

Absolute WBC count peak during COVID? (k/mm³)

Absolute Neutrophil peak during COVID? (k/uL)

Absolute Lymphocyte nadir during COVID? (k/uL)

Lowest platelet count during COVID? (k/mm³)

Highest ALT during COVID? (IU/L)

Highest AST during COVID? (IU/L)

Highest D-Dimer during COVID? (ng/mL)

Imaging

	Yes	No	Unknown/No Imaging Done
Did patient have hepatomegaly on imaging?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did patient have splenomegaly on imaging?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Respiratory Virus Testing Results

Did Patient Test Positive any of the Following?

	Yes	No	Unknown/Not Done
Influenza A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Influenza B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
non-SARS COV-2 Coronavirus (COVID-19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RSV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adenovirus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bacterial Lung Infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Respiratory Pathogen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name of Other Pathogen

Final Follow Up

Would you like to share any additional information about presentation of this case?

May we contact you if needed to get more information about this case?

- Yes
 No