

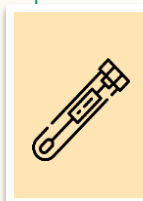
## Специални съображения при хората с HIV, актуализирани на 21 април 2021,

COVID-19 Treatment Guidelines 308, NIH <https://clinicalinfo.hiv.gov/guidelines/covid-19-and-persons-hiv-interim-guidance/interim-guidance-covid-19-and-persons-hiv>

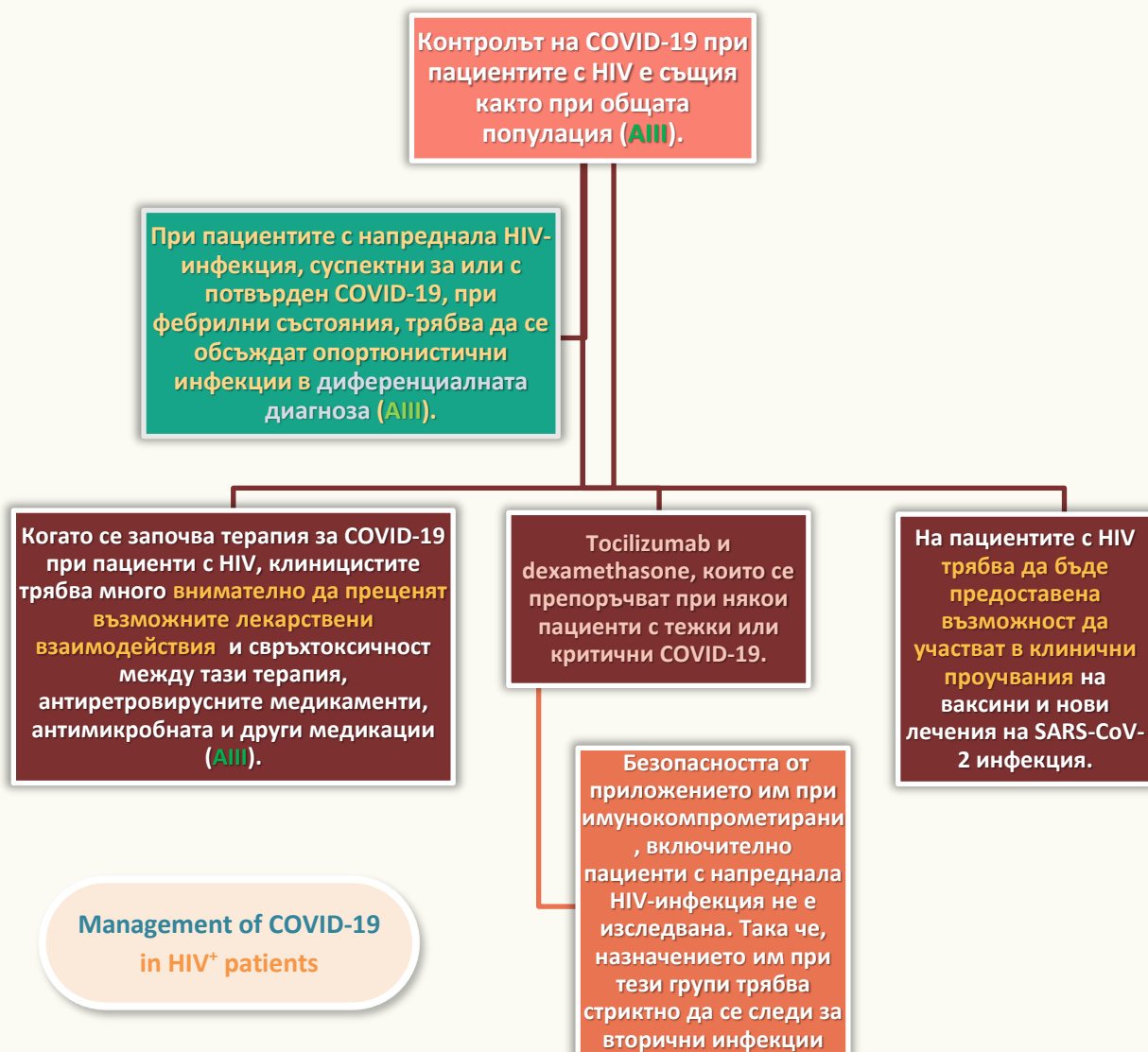
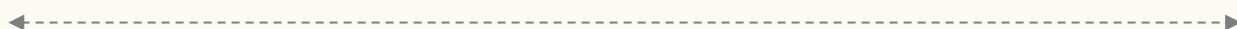
### Общи препоръки

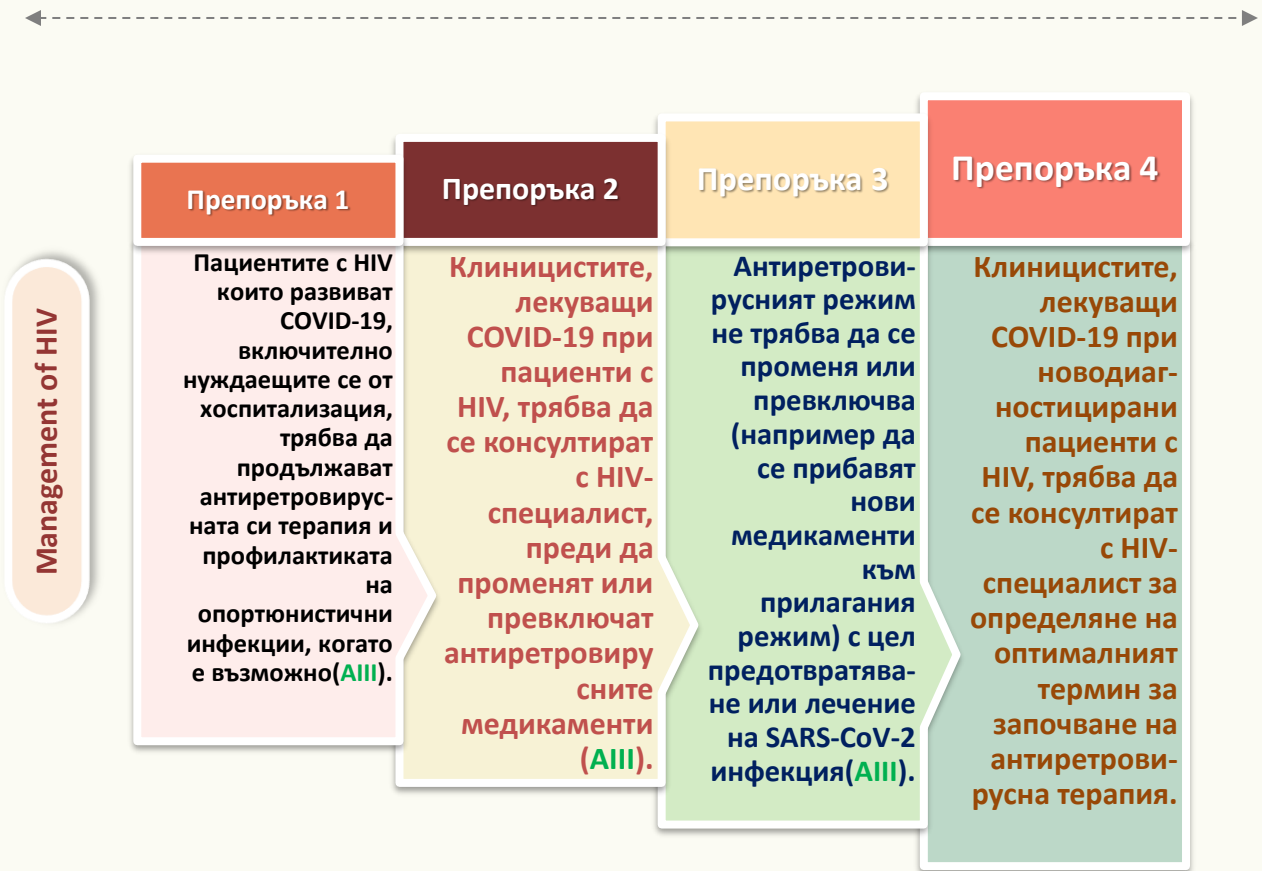


**Предпазване от COVID-19** - Препоръчва се пациентите с HIV да се ваксинират с ваксини срещу SARS-CoV-2 независимо от броя на техните CD4 Т-лимфоцити или HIV-RNA-вирусен товар, защото ползите надвишават потенциалните рискове (AIII).

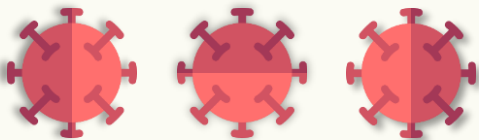


**Диагностика на COVID-19** - Препоръчва се при пациентите с HIV да се използват същите диагностични методи за диагностика на SARS-CoV-2-инфекцията, както при пациентите без HIV (AIII). Обаче, ако се използват серологични тестове за диагноза на пациенти с HIV, резултатите трябва да се интерпретират внимателно, защото са докладвани кръстосани реакции между антителата към SARS-CoV-2 и HIV.





**NB!** Много лекарства, включително антиретровирусни агенти: ( lopinavir/ritonavir, boosted darunavir, tenofovir disoproxil fumarate/emtricitabine), бяха включвани в клинични проучвания или предписвани „off-label“ за лечение или профилактика на SARS-CoV-2 инфекция. Към момента lopinavir/ritonavir и darunavir/ritonavir не са показали ефективност. Две ретроспективни проучвания подсказват, че tenofovir disoproxil fumarate/emtricitabine може би играят протективна роля в препазване от инфекцията със SARS-CoV, хоспитализация или смърт, свързана с COVID-19; и двете обаче, нямат ясна сигнификантност и контрол върху въздействието на фактори като възраст и коморбидност.



Степен на препоръчителност: A = **Силна**; B = **Умерена**; C = **По преценка**

Степен на доказателствност: I = Едно или повече рандомизирани проучвания без големи ограничения; IIa = други рандомизирани проучвания или стратифицирани, субгрупови анализи на рандомизирани проучвания; IIb = нерандомизирани проучвания или проспективни кохортни изследвания; III = Експертни мнения.

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