Researchers Posit Immune Defects Protective Against Covid's Most Dire Sequelae

Both HIV and autoimmune clinicians report lower than expected incidence, and less severe disease

April 12, 2020 By Mike Barr

Even as cancer and HIV folks are bracing for what many believe will be greater danger from the new coronavirus, some clinicians and researchers are bracing for just the opposite: that immune system defects might actually be protective.

It's still very early, of course, but one such paper is in press at Lancet and could be officially published any day now. Another very ambitious project has been launched in Spain, where a network of some sixty clinical centers are collaborating on their experiences and combing through electronic health records. At Chelsea Westminster in London, still another data query is being initiated from a network of which it is a member. And at a clinic in Switzerland, a physician there speaks of her thousand strong Covid ward with nary a presence of anyone with HIV.

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Josep Llibre, a physician and clinical researcher in Barcelona, reports that in his clinic population of 3,200 he has observed very little serious illness in Covid-19 infected HIV+ persons. Similar observations of a more benign course have been reported from other clinics or clinical networks in Europe.

On the other hand, clinical researchers from a different medical center in Barcelona have not found that HIV patients are doing better with Covid-19.

And then again, this time in Madrid, a team at La Paz Hospital, relate that they too have observed

few persons with the Covid-19 in their large HIV practice.

So struck were they with the observation that they have now spear headed a clinical trial to see whether Truvada might be used as a kind of Covid “PrEP” for health care workers. His group will test Truvada alone, hydroxychloroquine along, the two in combo and a placebo group in a randomized controlled trial.

Researchers in Madrid launch trials of Truvada as a potential ’Covid PrEP’ for front-line care givers.

A similar phenomenon is also now being looked into among people with autoimmune conditions like rheumatoid arthritis and IBD, who take immunosuppressive medicines to control their disease. An HIV physician on an international HV-Covid call this past week noted even that people receiving cancer chemotherapy were not appearing to be at anywhere near the risk of fatal complications from Covid, although he admitted that it might simply be that they sequestered themselves earlier and more conscientiously.

It’s all a bit intriguing.

If nothing else, this not quite a verifiable phenomenon phenomenon begins to support the, also still somewhat controversial, idea of using immunosuppressive therapies in at least the more serious Covid patients. (And also asking aloud about the disparity in outcomes between hospitals or medical centers where things like IL-6 monoclonal antibodies and "pulsed dose“ corticosteroids are being implemented when needed-- and those where either they aren’t available or where the clinical team lacks the necessary experience to use them.) Others argue, convincingly, that by the time the dreaded ”cytokine storm" has hit it’s kind of too late for immunosuppressive medicines, and that predictive biomarkers like plasma ferritin, lactate dehydrogenase (LDH), CRP and others need to be proactively monitored.

“Our findings indicate that the compromised immunity might be the reason that HIV/AIDS patients did not occur inflammatory changes and clinical symptoms, which support the early usage of corticosteroids in treatment for COVID-19,” write the Wuhan team that looked at the outcomes of eight HIV-infected persons in their cohort of nearly 1,200 Covid cases.

One hospital center in Spain acknowledges seeing fewer co-infected Covid patients but reports that there have been some suffering from “severe disease.” It will be important to access the medical histories of these persons. Docs on the HIV Covid call this week were under the impression that pre-existing “co-morbidities” and elderly status were enough to explain any complicated Covid cases in HIV-infected persons.

While a medical center in Spain seems to acknowledge fewer HIV-Covid coinfected patients, they are seeing some who suffer from severe disease.

A recent publication by the IBD Elite Union, which incorporates the seven largest Inflammatory Bowel Disease (IBD) referral centers in China, with more than 20.000 patients with IBD, reported not one case of COVID-19. Neither have any cases been reported in Bergamo, Italy. (Statistically, one would have expected 21.)

The Italian paper, also in pre-print, notes that “If one looks back at recent history, immunosuppression was not found to be a risk factor either for Sars (2003) or Mers (2015), and no patient with IBD as the only risk factor was reported to develop severe Sars or Mers-related disease.”

All teams so far are understandably cautious to emphasize that nothing can be concluded at this time, but it is refreshing (always refreshing) to see that not everybody is frantically following the madding crowd.

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