



## *Interim Guidance for COVID-19 and HIV&TB Program Implementation*

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On Friday March 13, 2020, the World Health Organization declared the COVID19 situation in the world as a pandemic. As the world comes together to address this pandemic, it is imperative that the HIV and TB Office in USAID Nigeria provides guidance to implementing partners working to support PEPFAR operations in identified healthcare facilities and communities. This guidance is provided in addition to the already disseminated guidance from the USAID Office of Acquisition and Assistance (OAA) to each supported implementing partner.

- Safety of Implementing Partners (IP) staff: a plan is expected to be in place in order to ensure proper implementation of WHO/CDC guidance on preventive measures such as<sup>1</sup>, hand hygiene and socially disruptive interventions (home isolation, home quarantine and physical distancing) along with the host government guidance on travel, local movement and security. IPs are expected to ensure that hand sanitizers, soap and water are utilized in the workplace with educational and social support to staff and visitors. This applies to all IP state offices as well.
- Support to ad-hoc staff (case managers, volunteers, peer escorts, mentor mothers, etc.) at the facility and community levels: Guidance should be shared with support staff at all USAID supported facilities and communities. Ensure provision of hand sanitizers, educate on hand washing, physical distancing and conduct, and follow up for necessary social and emotional support. This applies to all state offices. Safety of case managers and beneficiaries must be ensured during provision of home-based care services to orphans and vulnerable children and other vulnerable populations in order to avoid exposure of individuals to the COVID 19 infection. Important safety and prevention measures must be put in place by implementing partners including social distancing and suspension of any activities that will allow for large numbers of people to congregate. Case managers who interface with health facilities need to ensure that they adhere to interventions outlined by the health facility. In supporting beneficiaries using other community-based platforms e.g. youth centers, caregivers, savings and loans associations, Community ART teams (cART), Implementing partners must ensure that local policies related to meetings of groups of people are adhered to. For example, if government policy prohibits meetings of more than 20 people within a space, partners should ensure this is adhered to.
- Caring for clients living with HIV: This is the time to ensure that all clients (adults/pediatrics/adolescents) access the differentiated models of care. Please find details below:

### ***Guidance for all Persons with HIV***

- In current reports, people aged 65 years and older, people with chronic lung disease or moderate to severe asthma, people who are immunocompromised including cancer treatment, people of any age with severe obesity (body mass index [BMI] >40) or certain underlying medical conditions,

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<sup>1</sup> Physical distancing requires that any individual maintain a minimum of three meters from other persons during regular dealings

particularly if not well controlled, such as those with diabetes, hypertension, renal failure, or liver disease are at high risk for severe illness from COVID-19, the illness caused by the virus known as SARS-CoV-2.

- The limited data currently available does not indicate that the disease course of COVID-19 in persons with HIV differs from that in persons without HIV. Before the advent of effective combination antiretroviral therapy (ART), advanced HIV infection (i.e., CD4 cell count <200/mm<sup>3</sup>) was a risk factor for complications of other respiratory infections. Whether this is also true for COVID-19 is yet unknown.
- Some people with HIV have other comorbidities (e.g., cardiovascular disease or lung disease) that increase the risk for a more severe course of COVID-19 illness. Chronic smokers are also at risk of more severe disease.
- Thus, until more is known, additional caution for all persons with HIV, especially those with advanced HIV or poorly controlled HIV, is warranted.
- Every effort should be made to help persons with HIV maintain an adequate supply of ART and all other concomitant medications.
- For Key Populations programs running community ART strategies, healthcare worker team members should maintain a high index of suspicion for COVID-19 infections and take appropriate steps when suspicion is high.
- Persons with HIV should follow all applicable recommendations of the Nigeria Centers for Disease Control (NCDC) <https://ncdc.gov.ng/>, such as social distancing and proper hand hygiene. These recommendations are regularly updated.

### *Antiretroviral Therapy*

- **Maintain on-hand at least a 90-day supply—and ideally a 180-day supply—of antiretroviral (ARV) drugs where feasible**
- Consider ART refill/pick-up by proxy when possible. Community case workers should support this process with all HIV positive clients enrolled in the OVC program
- Persons for whom a regimen switch is planned should consider delaying the switch until close follow-up and monitoring are possible
- Lopinavir/ritonavir (LPV/r) has been reported in use as an off-label treatment for patients with COVID-19. For PLHIV who are not on protease inhibitors (PIs) as part of their ARV regimen, you **should not have their ARV regimen changed** to include a PI to prevent or treat COVID-19
- Do NOT provide LPV/r to HIV negative persons for COVID-19 treatment or prevention

### *Pregnant Individuals with HIV*

- Currently, there is limited information about pregnancy and maternal outcomes in individuals who have COVID-19
- Although limited, currently available data do not indicate that pregnant individuals are more susceptible to COVID-19 infection or that pregnant individuals with COVID-19 have more severe

illness.<sup>6,7</sup> Adverse pregnancy outcomes, such as fetal distress and preterm delivery, were noted in a small series of pregnant women with COVID-19 infection and have been reported with SARS and MERS infections during pregnancy<sup>3-5</sup>

- Findings from a small group of pregnant women with COVID-19 did not find evidence for vertical transmission of COVID-19, although at least one case of neonatal COVID-19 has been described<sup>7-9</sup>

### ***Children and adolescents with HIV***

- From the limited available data, children appear less likely to become severely ill with COVID-19 infection than older adults.<sup>10-12</sup> However, there may be subpopulations of children at increased risk of more severe COVID-19 illness; in studies of infection with non-COVID-19 coronaviruses in children, younger age, underlying pulmonary pathology, and immunocompromising conditions were associated with more severe outcomes<sup>13</sup>
- Infants and children with HIV should be up to date on all immunizations
- Messaging to adolescents and other young people should emphasize adherence to preventive measures. Provide scientifically proven information as available. Social media platforms should be explored to provide correct information to adolescents

### ***Clinic or Laboratory Monitoring Visits Related to HIV Care***

- Together with their health care providers, persons with HIV and their providers should weigh the risks and benefits of attending, versus not attending in-person, HIV-related clinic appointments at this time. Factors to consider include the extent of local COVID-19 transmission, the health needs that will be addressed during the appointment, and the person's HIV status (e.g., CD4 cell count, HIV viral load) and overall health
- Telephone or virtual visits for routine or non-urgent care and adherence counseling may replace face-to-face encounters
- For persons who have a suppressed HIV viral load and are in stable health, routine medical and laboratory visits should be postponed to the extent possible

### ***Community Case worker visits to beneficiaries' homes***

- Do not visit your beneficiaries if you have a fever and cough, even if you have mild symptoms like a runny nose or a headache. Stay at home until you recover
- Avoid close contact with anyone suffering from a fever and cough. If you find them, refer them for medical care
- Do not shake hands or hug. Greet people with words and with a wave or, nod or bow
- Maintain a distance of 1-2 meters between you and your beneficiaries, if possible, sit side to side rather than face to face
- If possible, meet your beneficiaries outside, not inside the house
- Do not meet in groups of more than two or three people at a time
- Do not ask beneficiaries to sign or touch registers or other program materials like pens
- If you are not sick, you do not need to wear a medical mask (there is no evidence available that it protects a person who is not sick)
- Do not wear rubber gloves, regularly washing your bare hands offers more protection against COVID 19
- Wash your hands before visiting the next house

## **Guidance for Persons with HIV in Self-Isolation or Quarantine Due to SARS-CoV-2 Exposure**

### ***Health Care Workers Should:***

- Verify that patients have adequate supplies of all medications and expedite additional drug refills as needed
- Devise a plan to evaluate patients if they develop COVID-19-related symptoms, relevant government authorities should be informed for possible transfer to designated isolation centers for COVID-19-related care

### ***Persons with HIV Should:***

- Contact their health care provider to report that they are self-isolating or in quarantine
- Specifically, inform their health care provider how much ARV medications and other essential medications they have on hand

## **Guidance for Persons with HIV who have Fever or Respiratory Symptoms and are Seeking Evaluation and Care**

### ***Health Care Workers Should:***

- Follow CDC recommendations, as well as NCDC guidance on infection control, triage, diagnosis, and management

### ***Persons with HIV Should:***

- Follow CDC recommendations regarding symptoms
- If they develop a fever and symptoms (e.g., cough, difficulty breathing), they should call their health care provider for medical advice
- Call the clinic in advance before presenting to the care providers
- Use respiratory and hand hygiene and cough etiquette such as coughing into an elbow when presenting to the healthcare facility and request a face mask as soon as they arrive. Health facilities and community focal service providers should integrate COVID-19 prevention messages in health talks
- If they present to a clinic or an emergency facility without calling in advance, they should alert registration staff immediately upon arrival of their symptoms so that measures can be taken to prevent COVID-19 transmission in the health care setting. Specific actions include placing a mask on the patient and rapidly putting the patient in a room or other space separated from other people

## **Guidance for Managing Persons with HIV who Develop COVID-19**

### ***When Hospitalization is Not Necessary, the Person with HIV Should:***

- Manage symptoms at home with supportive care for symptomatic relief
- Maintain close communication with their health care provider and report if symptoms progress (e.g., sustained fever for >2 days, new shortness of breath)
- Continue their ARV therapy and other medications, as prescribed

***When the Person with HIV is Hospitalized:***

- ART should be continued. If the ARV drugs are not on the hospital's formulary, administer medications from the patients' home supplies
- ARV drug substitutions **should be avoided**. If necessary, consult the national treatment guidelines for caring for persons with HIV
- For critically ill patients who require tube feeding, some ARV medications are available in liquid formulations and some, but not all, pills may be crushed. Clinicians should consult an HIV specialist and/or pharmacist to assess the best way for a patient with a feeding tube to continue an effective ARV regimen

***When Receiving Investigational or Off-Label Treatment for COVID-19:***

- There is currently no approved treatment for COVID-19. Several investigational and marketed drugs are being evaluated in clinical trials to treat COVID-19 or may also be available via compassionate use or off-label use
- For patients receiving COVID-19 treatment, clinicians must assess the potential for drug interactions between the COVID-19 treatment and the patient's ARV therapy and other medications. Information on potential drug interactions may be found in product labels, drug interaction resources, clinical trial protocols, or investigator brochures
- When available, clinicians may consider enrolling patients in a clinical trial evaluating the safety and efficacy of experimental treatment for COVID-19. Persons with HIV should not be excluded from these trials. [Clinicaltrials.gov](https://clinicaltrials.gov) is a useful resource to find studies investigating potential treatments for COVID-19

**Hosting/Attending meetings (national/state/stakeholders):**

- Follow national and state guidance regulating the number of participants and attendees at each function. Weigh the importance of meetings and request clarifications if it is important that you participate
- When hosting meetings, as much as possible, utilize electronic media rather than physical in person meetings. Educate on hand hygiene such as use of hand sanitizers, soap and water for hand washing, and physical distancing.

**Pre-Exposure Prophylaxis:**

For individuals already on PrEP, a 3-month prescription should be given. Any interim or follow up visits to assess side effects should be done by telephone, SMS, internet, or e-mail if possible. Community distribution and adherence support in small groups (less than 10 people present at a time) for PrEP may help support people and would not be a burden on the healthcare system. Adherence group meetings over the phone and use of SMS to send reminders is suggested as well.

**FDA Emergency Use Authorization for PCR laboratory Equipment**

The U.S FDA has recently granted Emergency Use Authorization for the following PCR Equipment for COVID-19 testing: 1.) COBAS SARS-CoV-2 (By Roche), 2.) Abbott Real Time SARS-COV-2 (By Abbott)

Molecular), 3.) Xpert Xpress SARS-COV-2 Test (By Cepheid) and 4.) Panther Fusion SARS-COV-2 (By Hologic Inc.). This Emergency Use Authorization paves the way for us to further leverage PEPFAR investments in the PCR laboratory network to support the rapid expansion of COVID-19 testing capacity across the country in coordination with NCDC.

We are coordinating with NCDC and other key stakeholders to plan reagents/kits and consumables needs for use on these platforms for COVID-19 testing. In the meantime, we would like to request that you kindly identify a lab POC for your program that will be part of the team that will plan and provide technical guidance on the implementation of this, while keeping HIV Viral load, EID, and TB testing ongoing.

Find the link to the FDA Emergency Use Authorization:

<https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#2019-ncov>

### **Strategic Information**

The NDR upload will need to continue. In order to do this, there will be a need to ensure the facility data entry clerks are available to enter patient data in the EMR and upload. Data entry clerks should be given hand gloves, face masks and hand sanitizer, while handling the patient folders. This will limit exposure to the virus. They should also be encouraged to practice other safety measures as stated above. Other uploads (HFR, weekly surge data and NOMIS) should be prioritized during this period. Partners should find innovative ways to do this remotely outside the office if there are web-based platforms. Kindly contact Data.Fi for any bottlenecks in reporting into USAID DHIS platform during this period.

The SAPR reporting commences April 01, 2020. Further guidance will be shared by the USAID SI team on indicators to be reported. Partners should plan how to ensure complete and high-quality reporting from all facilities during this period. Share your plans for SAPR as part of the coverage plan you will be submitting to your A/COR.

*Share your IP specific plan for coverage during the lockdown with your A/COR*

**For more information and needed clarification, please contact your A/COR.**

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