



## Ministry of Health

### COVID-19 Guidance for HIV Services

Edition 2	17 <sup>th</sup> April 2020
Previous Edition 1	3 <sup>rd</sup> April 2020

*The evolving COVID-19 pandemic may affect HIV service delivery in Malawi over the next few months. The Department for HIV and AIDS is issuing the following recommendations for immediate action and preparedness. **New and updated content in this latest edition is highlighted.** Updates will be circulated as new information becomes available.*

**Background:** People living with HIV may be at increased risk of contracting COVID-19 and for developing more severe symptoms. Other risk factors include non-communicable diseases (cardiovascular diseases, chronic respiratory diseases, diabetes and cancer). ART patients may be exposed to COVID-19 when attending crowded clinics.

Please note that there is no indication that DTG- and EFV-based regimens have any activity or role in treating COVID-19 infections. Therefore, ARVs must not be used to treat clients with suspected or confirmed COVID-19. **There is currently no known specific treatment for COVID-19. Experimental COVID-19 medicines and traditional remedies should not be given to patients on ART as they might cause adverse reactions and interact with ARVs.**

#### **HIV Service provision during lockdown**

All essential HIV services (see below) must continue.

Prepare with District and Council to ensure staff and patients are able to travel and access health facilities as needed for all scheduled appointments and sick-visits. Lockdown

enforcement officers should accept patient health passports as evidence for essential local travel. Officers should maintain patient privacy: inquiry about medical details or ART status is not appropriate.

Provide emergency ARV dispensing at all ART sites on demand. Follow 2018 Malawi Clinical HIV Guidelines (page 56 and 57). Call the DHA Logistics hotline as soon as possible if supply shortages are caused by emergency dispensing.

Technical support for electronic medical records (EMR) systems will continue through the dedicated hotline and district HIS officers.

### **General infection prevention measures:**

General measures are effective to protect the vulnerable and to limit the spread of COVID-19 in the community.

1. Provide a hand-washing facility at all waiting areas. Enforce thorough hand washing with soap for at least 20 seconds for anyone before entering the facility.
2. Wipe all objects and surfaces that are touched by many people such as doors, desks, chairs, etc. with disinfectant on a regular schedule several times per day.
3. Minimum distance between patients in queues should be 1 metre.
4. Suppress or cover up sneezing and cough into upper sleeve or elbow, not into your hands (cough etiquette). Avoid touching your eyes, nose and mouth.
5. Use hand sanitizer or wash hands with soap and water between patients/clients.
6. Use standard PPE when handling HIV patients who are not confirmed to have COVID-19.

The HIV program recommends general measures to avoid crowded facilities, to reduce client time at the facility and to suspend non-essential services. This will contribute to minimizing the spread of COVID-19 and free up health worker capacity for screening and management of potential COVID-19 patients.

### **The following HIV services / interventions are essential and must continue:**

1. ART, PMTCT and STI management.

2. Targeted viral load (VL) testing for patients with suspected failure or after an initial high VL.
3. Routine VL monitoring for children and pregnant or breastfeeding women.
4. Provider-initiated HIV testing for high-risk patients: ANC, maternity, TB, STI, in-patients and other patients with suspected HIV-related diseases. Consider HIV self-test kits for OPD clients who need the test to minimize contact. **Confirmatory HIV testing should continue.**
5. **Provide regular personal protective equipment for all staff involved in collecting samples for VL, EID and HTS.**
6. HIV-exposed infant follow-up clinic: dispense 3 months of CPT for the baby and ART+CPT for the mother after the DNA-PCR test at 6 weeks.
7. **Implement rigorous active intensified case finding for TB (ICF: cough of any duration, weight loss, fever, night sweats). Cough and fever are also the most common symptoms of COVID-19. Implement ICF for patient triaging at the clinic entrance and document all patients with any of the 4 symptoms as "TB suspected" in the ART patient record. This will also provide valuable routine data for COVID-19 surveillance.**

**The following services should be suspended until further notice:**

1. Voluntary medical male circumcision. However, post-op follow-up visits for recently circumcised men should be provided.
2. New initiation of Pre-exposure prophylaxis for HIV (PrEP) and TB Preventive Therapy (TPT). However, patients who have already been on IPT for at least 3 months without any side effects may be given IPT to complete their 6 months' course.
3. Condom distribution to walk-in clients. Condoms may be accessed through pharmacies and supermarkets by those clients. Note that condoms dispensed to clients on ART or those attending family planning or STI clinics will continue.
4. Routine scheduled viral load monitoring for stable adult patients.
5. Teen clubs and other patient support groups that involve gathering of people (*IPs may continue providing support through virtual means to the teens*).

6. Active tracing involving community visits, such as index testing, “defaulter” tracing. *Use phones whenever possible*
7. VCT, group pre-test education, active partner notification, HIV recency testing, community HIV testing and audits for the Rapid Testing and Continuous Quality Improvement project.

**Implement the following additional measures in ART clinics to reduce the risk of COVID-19 transmission among patients and health workers**

1. Open clinics each day of the week. Where possible, serve patients immediately.
2. Screen all patients before entering the facility for cough and fever. Provide a face mask to all clients with cough and investigate and manage them in a separate area as appropriate.
3. Dispense 6 months of ARVs to patients on 13A, 15A and 15P. Patients on other regimens should remain on current dispensing interval. The usual eligibility criteria for 6-month dispensing have been relaxed to maximize the uptake. Confirm sufficient stocks at the facility before expanding 6-month dispensing. Contact HIV Department Logistics toll-free lines if you require help on 6882 (TNM) or 59191 (AIRTEL).
4. Use the following criteria for 6 month dispensing:
  - At least 20kg body weight
  - On ART for at least 3 months, on current ART regimen for at least 1 month
  - No current severe ARV side effects, no opportunistic infections
    - Adherence problems are not an absolute contra-indication
    - Suppressed VL in the last 6 months is not required
    - Pregnant women should be given 3- instead of 6-month appointment.
5. Prioritize children who are not virally suppressed on 2P for switching to LPV/r-based 2nd line. Children who are suppressed on 2P may have to remain on 2P until further notice because we anticipate further delays in paediatric LPV/r shipments to Malawi.