



Rapid Guidance on HIV Service Delivery in COVID-19 Context

Version 2: 26 March, 2020

Background:

On 31 December 2019, WHO received a report of a cluster of pneumonia patients in Wuhan City, Hubei Province of China. One week later, on 7 January 2020, Chinese authorities confirmed that they had identified a novel (new) coronavirus as the cause of the pneumonia. The virus was named 2019-nCoV, later renamed COVID-19. On 30th January 2020, the Director General of the World Health Organization declared the outbreak of the coronavirus disease 2019 (COVID-19) in January 2020 a Public Health Emergency of International Concern (PHEIC).

As of 24 March 2020, a total of 196 countries, areas and territories had reported cases, with 375,498 confirmed cases and 16,362 confirmed deaths. In Zimbabwe, three cases had been confirmed, and one death.

The following sections outline guidance on HIV responses in view of COVID-19 pandemic. This guidance should be implemented in conjunction with the “Zimbabwe Preparedness and Response Plan: Coronavirus Disease 2019 (COVID-19)” of March 2020, as well as the “2016 Guidelines for Antiretroviral Therapy for the Prevention and Treatment of HIV in Zimbabwe” and the accompanying addenda.

The underlying principles are ensuring continuity of HIV Services as well mitigating the risks of contracting COVID-19.

1. Guidance for HIV Prevention Interventions:

a) VMMC

VMMC services are offered through community outreach and mobilization in order to reach out to men potentially increasing the risk of infection with COVID-19 to clients and community at large. In view of this, the MOHCC is directing a scale down of VMMC activities until further notice or when the situation is deemed safe.

The following measures are to be implemented with immediate effect:

- i. All road shows, sports galas and related activities are to be suspended with immediate effect.
- ii. All traditional/ religious circumcision camps to be put on hold. It is important that immediate dialogue with chiefs and other relevant authorities be conducted where these practices are to ensure compliance



- iii. Group education and counseling should be limited and be aligned to overall guidance on COVID-19 preventive measures
- iv. Circumcision services should be limited to walk- in clients only
- v. All clients that have been circumcised must still be reviewed until complete healing has been achieved as per national guidelines
- vi. The VMMC Adverse Events response should remain in force throughout the period of scale down to support clients who may require assistance

All VMMC implementing partners have been notified of this approach and they will support the implementation of this guidance in the districts.

b) HIV Testing Services

It is paramount to minimize contact of healthy persons with the health system through social distancing (maintain at least one metre distance between yourself and anyone who is coughing or sneezing) and limiting numbers below 10 people in the waiting area. Opportunities for self-testing should be optimized, with facility-based HIV testing reserved for priority groups and service entry points such as:

- ANC Testing
- Diagnostic testing for clients presenting with illness suggestive of HIV infection
- Individuals with TB, STIs and malnutrition
- Early Infant Diagnosis
- Partner/index/family testing but only for individuals already presenting at the facility (passive testing)
- Testing in KP programming, especially if not facility-based

**HTS should not take place where PPE is not available*

c) Pre-Exposure Prophylaxis (PrEP)

Individuals already on PrEP should be given a 3-month prescription. Use of telephones, SMS, WhatsApp and other platforms is encouraged for assessing side effects, adherence and other risk assessment activities routinely performed through clinic visits.

Community distribution and adherence support through groups of less than 10 individuals are also encouraged, to reduce exposure to COVID-19 during health facility visits.



2. Guidance for HIV Care and Treatment Services:

The clinical course of COVID-19 in People Living with HIV (PLHIV) is not known. However, in other countries experiencing COVID-19 outbreaks, persons with immunocompromising medical conditions like diabetes or cancer appear to have higher occurrence of severe disease and mortality. It is likely PLHIV will experience more severe manifestations of COVID-19. In order to ensure the health of PLHIV in Zimbabwe, it is essential for ART clinics to follow WHO and National/MOH guidelines for COVID-19 prevention.

The measures below can help ensure high quality care for HIV Recipients of Care (RoC) as more information becomes available:

a. Decongest health facilities (HF) by providing 3 Months' Multi-month Dispensing (3MMD)

Consider giving clients beyond 3 months but up to a maximum of six months based on your current stock-status AND ENSURE that all patients are fully catered for when you do so.

Priority groups for receiving more than 3 months of ARV supply are,

- PLHIV on ART 50 years of age and older,
- RoC with comorbidities like diabetes, cancer, hypertension and other cardiovascular conditions
- Adolescents

Coordinate with your District Pharmacy Manager before implementing 6MMD to ensure that stocks do not run out.

For those receiving 6MMD, advise RoC on the need to keep the medicines secure and to open one bottle at any given time.

b. Stagger ART Clinic appointments (time/hour blocks) to reduce congestion

-Book clients using specific dates and time (maximum number of clients to be seen in an hour is 10 clients per clinician)

-Where queues are present, need to give guidance on social distancing (One metre apart), and limiting numbers below 10 people in the waiting area

-For PLHIV on ART who need more intense support e.g. those requiring EAC sessions- these can still be seen and social distancing maintained.



- c. **VIAC screening done as part of routine ART visits may continue.** The evaluation and treatment of women with high-grade lesions may also continue with their recommended medical management. Both of these will be subject to further updates.
- d. **For PLHIV already on TB and TPT regimens, sites are to ensure that they have the remaining doses needed to complete a full course of treatment.** Side-effects monitoring can be done remotely via phone and/or SMS and/or electronically.
- e. Strengthen DSD models such as family ART refills, community ART refill groups, provided,
 - One person to collect for the family/group
 - Distribution of ARVs to members be done individually and not to the larger group (CARGs are discouraged from conducting their usual support-group meetings in the community until the COVID crisis subsides)
 - Psycho-social support given through text messages, phone calls or WhatsApp groups
- f. **Triage any clients who are unwell** (flu like/ respiratory symptoms, fever) to be seen first and provide them with a face mask immediately upon arrival
 - i. **Ensure all HIV RoC are given the Health Facility (HF) phone number** so that those who become ill at home can notify facility and receive appropriate intervention. Any RoC who is not sure when to seek medical attention should call the HF.
 - ii. **Where possible an ill person coming to the HF with symptoms suspicious of COVID 19 infection should call ahead** to notify the in-charge, so they are aware and able to immediately separate the patient from other patients and place a face mask on them on arrival
- g. **Adhere to MOHCC guidelines for prevention of COVID-19**, including:
 - i. **All providers who are unwell/ill should take sick leave and stay at home**
 - ii. **Standard infection control procedures should be strictly maintained**
 - iii. **Providers and patients should practice frequent hand hygiene**, including:
 - before and after patient care
 - when coming into contact with secretions
 - before eating and after using the toilet



- iv. To facilitate this, **ensure access to clean water and soap for hand washing** (at least 20 seconds) or provide adequate supply of $\geq 60\%$ alcohol-based sanitizer (NB: sanitizer can be made by HF staff once provided with necessary ingredients)
 - v. **Provide necessary Personal Protective Equipment (PPE) for all staff** e.g. gloves and face masks
 - vi. If a RoC is suspected of having COVID-19, a gown and goggles should be used in addition to gloves and medical face mask (where feasible) – face mask and gloves are the most important PPE. Sanitize all surfaces in the ART clinic by e.g. with hypochlorite per MOH guidelines
- h. Inform senior management in MOHCC and the relevant authorities in the event of any suspected COVID-19 case in ART patients through the standard communication channels**
- i. Document the clinical course of COVID-19 in PLHIV in the notes section of the patient OI care booklet and the patient held book to support patient management.
 - ii. The current WHO case definition for COVID-19 is below



COVID-19 Case Definitions for Surveillance

The case definitions are based on current information and will be revised as new information is collected. Countries may need to adapt case definitions depending on their own epidemiological situation.

Suspected Case

A suspected case is:

A. a patient with acute respiratory illness (that is, fever and at least one sign or symptom of respiratory disease, for example, cough or shortness of breath) AND with no other etiology that fully explains the clinical presentation AND a history of travel to or residence in a country, area or territory that has reported local transmission of COVID-19 disease during the 14 days prior to symptom onset (for updated reporting, see the situation reports at <https://www.who.int/emergencies/diseases/novelcoronavirus-2019/situation-reports/>);
OR

B. a patient with any acute respiratory illness AND who has been a contact of a confirmed or probable case of COVID-19 disease during the 14 days prior to the onset of symptoms (see the definition of contact below);
OR

C. a patient with severe acute respiratory infection (that is, fever and at least one sign or symptom of respiratory disease, for example, cough or shortness breath) AND who requires hospitalization AND who has no other etiology that fully explains the clinical presentation.

Probable Case

A probable case is a suspected case for whom the report from laboratory testing for the COVID-19 virus is inconclusive.

Confirmed Case

A confirmed case is a person with laboratory confirmation of infection with the COVID-19 virus, irrespective of clinical signs and symptoms.

This document is likely to change as more information becomes available and was adapted from the following sources- WHO, UNICEF, and PEPFAR.