



PEPFAR

U.S. President's Emergency Plan for AIDS Relief

PEPFAR TB/HIV Guidance in the Times of COVID-19

WHO HIV/TB Implementation for Impact Working Group

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17 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS

Outline

- PEPFAR Guiding Principles for Program adaptation
- Lessons Learned from Ebola Outbreak 2014-2015
- PEPFAR TB/HIV priorities
- TB/HIV Guidance
- Infection Prevention & Control
- Supply chain impacts

Lessons from 2014-2015 Ebola Outbreak

- Decreased capacity of health care system
 - Diversion of resources
 - Increased mortality rates from HIV, HIV/TB, malaria, lower vaccination rates
- Impacts on health care work force
 - Anxiety and fear among HCW
 - Risk to HCW
- Community education: address community fear, stigma, and misunderstandings early

PEPFAR Guiding Principles for COVID-19

- Protect the gains in the HIV response
- Ensure safety of PEPFAR supported staff
- Minimize transmission of COVID-19 among PEPFAR-supported staff and clients
- Flexibility to PEPFAR Programs to adjust programming in consultation with host country governments

COVID-19 vs TB in PLHIV

- Uncertainties remain regarding impact and clinical presentation of COVID-19 among PLHIV
- TB screening algorithms should incorporate COVID-19 evaluation pathways. PLHIV screened for COVID-19 should be screened for TB; PLHIV screened for TB should be screened for COVID-19.
- COVID-19 typically presents more acutely, cough is not usually productive and fever is prominent. TB usually has a persistent cough of >2 weeks or more, and other symptoms such as weight loss, night sweats may also be present.
- Continue HIV testing for ALL patients with suspected or confirmed TB

Continuity of services for TB-HIV

- PLHIV on TB or TPT treatment should continue their treatment and avoid potential exposures to COVID-19 at health facilities.
- PLHIV should be provided the full or remaining course of their medications for TB-HIV or TPT at the next scheduled visit or sooner, if possible.
- Adhere to the usual schedule of evaluations for PLHIV with TB substituting telephone, text, or electronic consultations for in-person, when possible
- Specimen collection should adhere to national guidelines. PLHIV should be provided materials and instructions for self-collection in an outdoor or well-ventilated space.
- TPT remains a core HIV service. For PLHIV already on TPT, the remaining course of TPT regimen should be given.
- Programs should ensure that systems are in place for adverse event monitoring whether via telephone, SMS, or other electronic means so that TB-HIV patients who become unwell at home can contact the health facility for initial assessment.
- Consider expanding differentiated service delivery models

Fear, Stigma & Discrimination

- Triple risk of stigma for patients with TB, HIV, and COVID-19
- Programs should be proactive about minimizing and addressing fear, stigma and discrimination

Infection Prevention & Control

- All facilities should have designated focal point to oversee IPC
 - Written procedures
 - Systematic triage
 - Strict adherence to hand & respiratory hygiene
 - Medical masks for patients with respiratory symptoms
 - Designated and separate waiting areas for symptomatic patients
 - Implementation of contact and droplet precautions for suspected COVID-19 patients
 - Strict protocols for routine cleaning and disinfection of environmental surfaces & equipment
 - Education & training of staff regarding IPC precautions for COVID-19
- World-wide shortage of personal protective equipment (PPE)
- PEPFAR is encouraging teams to seek alternative sources

Supply Chain Impacts

- All HIV commodities with 1 month delay
- ARV manufacturers (largely based in India) reporting sufficient ingredients (API) to continue production of formulations, TLD and other ARVs however orders are delayed by ~4 weeks
- Orders of essential medicines, including TPT arriving on-time (range: early by 132 days to delay of 70 delays)
- 3HP
 - **Sanofi** (Italy): reduced capacity due to movement restrictions. Anticipated impact for Namibia and Lesotho
 - **McLeods** (India): manufacturing is halted due to India lock down
 - Delayed submission of Validation Reports to Global Fund and GHSC-QA as part of the QA contingency to approve their manufacturing capacity
 - ERP-2 approval of the FDC requires pre-shipment testing

Additional Resources

- PEPFAR HIV Response in Context of COVID-19 FAQs: <https://www.state.gov/faqs-on-pepfars-hiv-response-in-the-context-of-covid-19/>
- CDC Healthcare Provider and Facility Operational Considerations for Non-US Settings: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/index.html>
- WHO Technical Guidance—Coronavirus disease (COVID-19): <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>
- WHO Infection Prevention and Control Guidance: [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)
- Global Fund Situation Reports: <https://www.theglobalfund.org/en/covid-19/news/2020-04-14-situation-report/>
- STOP TB Partnership— “How TB Programmes can change to a virtual mode due to COVID-19 situation”: http://www.stoptb.org/assets/documents/covid/Digital%20Technology%20Solutions%20for%20TB%20Programs%20during%20the%20time%20of%20COVID-19_v11.pdf

Thank you

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