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

WHO HIV/TB Implementation for Impact Working Group

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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:

- CDC Healthcare Provider and Facility Operational Considerations for Non-US Settings:


- WHO Infection Prevention and Control Guidance:

- Global Fund Situation Reports:

- STOP TB Partnership—“How TB Programmes can change to a virtual mode due to COVID-19 situation”:
Thank you

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- Interagency COVID STTT