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COVID-19 and HIV, TB & NCDs

Guidance for MSF projects

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This guidance complements general MSF and WHO guidance on COVID. It is neither prescriptive nor exhaustive and will be regularly updated as new evidence emerges. The document links to detailed practical guidance annexes on Health Promotion, Continuum of care, Triage, TB/HIV Advocacy. It has been approved by the HIV/AIDS, TB and NCD Working Groups.

1. People at high risk of severe COVID and mortality

- People with active TB are at high risk and those with previous TB may be at higher risk.
- There is no conclusive evidence on HIV and COVID yet. People with immune suppression (CD4<350 cells/µl), a detectable viral load, and comorbidities are likely to be at higher risk of infection and severe disease. Ensuring that people with HIV are on ARVs is essential.
- People with age > 60 years and/or comorbidities such as hypertension, cardiovascular disease, diabetes, chronic respiratory disease and cancer are at higher risk of severe disease.
- People with malnutrition, sickle cell disease and other chronic conditions may be at higher risk.
- The fact that COVID, TB, and pulmonary complications of HIV such as pneumocystis pneumonia and bacterial pneumonia all present with fever, cough and shortness of breath poses challenges for screening and diagnosis.

2. Essential measures for people with HIV/TB/NCDs in the context of COVID-19

- General health promotion on infection prevention and control measures and recognition of COVID
- Health promotion on how, when and where to access care adapted to level of emergency
- Patient information specific to HIV/TB/NCD (see Annex 1. Message Guide) and the measures below, especially the importance of starting ART and maintaining a suppressed viral load while on ART
- Minimize risk of infection during essential health facility visits: general IPC for staff and patients in facilities; protect high risk health staff by allocating to activities without contact with COVID patients
- Screening and triage to separate COVID suspects (see Annex 2. Triage). Consider repurposing a part of PCR and/or GeneXpert capacity to COVID testing, especially to rule in COVID infection for admission to COVID isolation wards.
- Minimize non-essential visits to facilities and procedures:
    - Stop visits for routine viral load and CD4 monitoring; consider out-of-facility testing
    - Stop visits for routine blood tests for NCD patients
    - Stop Daily Observed Treatment (DOT) and move to Self-Administered Treatment (SAT); If not possible move from facility DOT to community DOT
    - Provide multi-month dispensing (MMD) of antiretroviral drugs, TB treatment and other chronic medication (2, 3 or 6 month supply; **only if policy in the country or secure supply[1]!**)
    - For patients with drug sensitive TB, explore options for longer refills (see Annex 3)
    - For TB preventive treatment provide full treatment course if possible

[1] Due to the lockdown of India there is uncertainty with regards to sustained global supply of ARVs and other essential medicines. A shift of multiple countries towards MMD might increase the risk of stockouts and global supply instability. Projects should explore options in the country (policy, supply, MSF capacity) and check with their HIV/TB/NCD referent if they consider shifting to MMD (see Annex 3. Continuum of Care).

    - Reduce any need for facility DOT for DR TB and shift to all oral regimens
- Ensure ongoing access to diagnosis and rapid treatment initiation of TB, HIV and type 1 diabetes where possible. In case of health system overload consider discontinuing HIV testing of asymptomatic patients.
- Ensure continuous supply of medication. Consider ordering buffer stock and/or supply adaptation.
- Provide rapid medication refills in, or preferably, out of health facilities through decentralized drug distribution models: near facility pick-up points, community adherence groups; etc. (see Annex 3). Ensure strict IPC to protect patients and staff (including physical distancing).
- For essential visits to health facilities, ensure separated patient flow and space for high risk patients, ensure strict IPC and minimize points of contacts with health care workers
- Limit droplet/aerosol producing procedures (e.g. no sputum induction; sputum collection outside)
- Enhance telephonic contact, check-ins and consultations to monitor side-effects and support adherence; consider a hotline. Consider home visits in certain settings
- Ensure women have access to effective long acting reversible contraception as much as possible
- Adapt programs for key population to minimize risk of infection

3. Specific NCD Guidance

Hypertension/cardiovascular disease/diabetes

- Patients on ACE inhibitors or ARBs should continue these medications as there are significant risks in stopping. There is currently insufficient evidence to support concerns of potential risks associated with COVID-19 infection (see ESC position).

Diabetes

- Ensure patients know how to manage sick days
- Ensure all patients who need glucose meters have them, and have a buffer stock of strips for increased monitoring on sick days
- Ensure patients know how to recognize and respond to hypoglycaemia/hyperglycaemia, and have supplies to respond to hypoglycaemia, including if they will need to be in quarantine

Asthma/COPD

- Review patients' management plans and make sure all those who need a preventer (including inhaled corticosteroids where required) are using one (effectively), preferably with a spacer
- Make sure patients have an asthma action plan or know what to do in case of exacerbation of their asthma (which could occur with a respiratory illness)
- For mild exacerbations do not use a nebulizer. Provide salbutamol 6-10 puffs via a spacer
- For those with mild exacerbations of asthma and COPD, oral steroids should still be given

Mental health: people on psychotropic medication

- Consider case by case how to support these patients in case they are unable to access the healthcare facility due to movement restrictions because of illness or public measures
- Consider providing two- or three-months' supply of medication to stable patients in order to avoid treatment interruption, decrease exposure and decongest health facilities
- For operational instructions in larger MH programs, and examples of MHPSS interventions during COVID-19 outbreak, refer to MHIWG documents

4. Project Response Planning

Detailed general guidance is available for each MSF section (see 4. Additional resources).

The overall objectives of the response are to: 1. Slow and/or stop transmission, prevent outbreaks and delay spread; 2. Provide optimized care for all patients, especially those severely ill; 3. Minimize impact on health systems, social services and economic activity; 4. Communicate critical risk and information to all communities and counter misinformation.

Additional objectives for HIV/TB/NCD are to ensure: 1. Prevention of transmission to people at high risk of severe COVID; 2. Continuity of chronic medication – if possible out of facility; 3. Provision of adapted care for those severely ill, including advanced HIV disease, TB and MDR-TB.

While currently projects are in different scenarios progressing from: 1. No confirmed cases in the country; 2. Confirmed case outside MSF catchment; 3. Confirmed case in MSF catchment; 4. Active transmission in MSF catchment, all projects should prepare for **scenario 5. High transmission with many confirmed/suspect cases in an MSF structure.**

This guidance provides HIV/TB/NCD specific considerations, including for vertical HIV/TB/NCD projects. Where possible, project activities should be reoriented towards COVID response, while maintaining essential HIV/TB/NCD activities. Early on, health promotion teams should be repurposed to COVID prevention activities in health facilities and in the community, to suppress spread and protect vulnerable groups.

Preparation for a COVID-19 epidemic: HIV/TB/NCD specific considerations

Country level	- Assess presence of contingency plans for HIV/TB/NCD - Assess national supply and stocks of ARVs, TB & NCD medicines - Assess laboratory policy and capacity, especially for GeneXpert and RDTs - Identify policy with regards to multi-month dispensing of ARVs, TB and NCD medicines - Advocate for decentralized drug distribution models, self-administered treatment for TB (or community DOTS for DR TB), all oral regimens for DR TB
MSF stock	- Consider ordering buffer stocks of ARVs, TB and NCD medicines - Plan and order GeneXpert COVID-19 cartridges
Health promotion	- Reorient existing HP and community teams towards COVID prevention messages - Include HIV/TB/NCD specific messages depending on context (see Message Guide) - Explore feasibility of population wide communication strategies (radio, TB)
Primary health care	- Consider TB/HIV related conditions in screening algorithm and triage plan (see Annex on Triage) - Ensure access to TB & HIV diagnosis, including for patients with mild symptoms - Consider stopping HIV testing of asymptomatic patients if facilities are overloaded - If TB testing is stopped because of health system overload, ensure empiric TB treatment - Minimize non-essential visits and keep stable patients out of facilities. Consider stopping viral load and NCD routine monitoring, multi-month dispensing (if already policy and/or sufficient supply is secured) and decentralized drug distribution models (see Annex) - Continue screening and care for Advanced HIV Disease

	- Consider possibility of remote consultations and support by phone
Hospital level	- Use SARS-CoV-2 diagnostic test to rule out COVID-19 if possible - Consider TB, PCP, and bacterial pneumonia in COVID screening algorithms - Reprioritize existing PCR and/or GeneXpert capacity for COVID-19, while maintaining capacity for TB, EID and targeted HIV viral load as much as possible. - Separate isolation ward / tented hospital for patients with COVID - Consider special wards for patients with cardiovascular disease, diabetes, AHD and TB who are COVID-negative, as they are at high risk - Ensure access to HIV/TB/NCD testing and adapted care in COVID-19 positive patients
Staff health	- Ensure protocols for Accidental Exposure to Blood are in place and sufficient quantities of HIV Post Exposure Prophylaxis (PEP)
Contact tracing and M&E	• Consider reorienting operational research and M&E staff to contact tracing and case mapping activities