



The United Republic of Tanzania
Ministry of Health, Community Development,
Gender, Elderly and Children



National AIDS Control Programme

**INTERIM GUIDANCE ON PROVISION OF
HIV PREVENTION AND CARE SERVICES IN
THE CONTEXT OF COVID-19 OUTBREAK IN
TANZANIA**

2020

The United Republic of Tanzania
Ministry of Health, Community Development, Gender, Elderly and Children

National AIDS Control Programme (NACP)

Interim Guidance on Provision of HIV Prevention and
Care Services in the Context of COVID-19 Outbreak in
Tanzania

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©Ministry of Health, Community Development, Gender, Elderly and Children,
National AIDS Control Programme,
P. O. Box 784, Dodoma, Tanzania
Kilimani Area, NACP Building
Tel: +255 (0) 262060148,
E-mail: nacp@afya.go.tz
Website: www.nacp.go.tz

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FOREWORD

This guide outlines the recommendations for Health Care Workers and PLHIV attending HIV Care and Treatment Clinics in the COVID-19 context. It further, aims at maintaining standard precautions against COVID-19 as per National guide while ensuring uninterrupted services to PLHIV.

Since November 2004, the Ministry of Health, Community Development, Gender, Elderly, and Children (MOHCDGEC) through the National AIDS Control Programme (NACP) is coordinating a nationwide care and treatment programme, aimed at providing antiretroviral medicines (ARVs) to people living with HIV and AIDS (PLHIV).

In January 2020 a novel coronavirus, SARS-CoV-2, was identified as the causative agent of an outbreak of viral pneumonia disease (COVID-19) centered on Wuhan, Hubei, China. Since March 11, 2020, WHO declared COVID-19 outbreak as a Pandemic. The first confirmed case of COVID-19 was reported in Tanzania on March 17th, 2020 and by March 22nd 2020, 12 confirmed cases of COVID-19 had been reported.

Experience from affected countries shows that the Corona Virus outbreak can cause massive disruption of services in the Health Care System including provision of HIV services to PLHIV.

In light of the above, the Ministry in collaboration with stakeholders has developed a guidance on provision of HIV prevention and care services in the context of COVID-19 outbreak in Tanzania.



Prof. Mohammed Bakari Kambi.
Chief Medical Officer.

ACKNOWLEDGEMENT.

The guidance on provision of HIV prevention and Care services in the context of COVID-19 outbreak in Tanzania is a product of joint effort and contributions from various stakeholders. The Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) appreciates and acknowledges the valuable technical assistance from stakeholders during the process of developing this guidance.

The MOHCDGEC would wish to specifically recognize and thank the institutions involved directly in the development of this guidance by providing members of the task force team herewith mentioned; - UNAIDS, WHO, UNICEF, CDC, PORALG, TACAIDS and CUHAS.



Dr. Leonard Subi.
Director for Preventive Services

1.0 INTRODUCTION/BACKGROUND

In January 2020 a novel coronavirus, SARS-CoV-2, was identified as the causative agent of an outbreak of viral pneumonia centered on Wuhan, Hubei, China. The disease caused by this virus is called COVID-19. Since March 11, 2020, WHO declared COVID-19 outbreak as a Pandemic. The disease is highly contagious, within short time has caused significant morbidity and mortality in many countries around the world. COVID-19 varies from mild to severe form depending on the presence of other comorbidities, immunity of an individual as well as diagnostic and treatment measures undertaken. The documented severity of the disease is observed among people with pre-existing medical conditions, advanced age and compromised immunity. Prevention of spreading of COVID-19 helps to flatten the epidemic curve such that the number of cases remain manageable within the health system capacity. Drastic prevention measures such as physical and social distancing, disease surveillance, isolation and treatment of symptomatic cases is crucial to ensure that the epidemic curve is flattened underneath the health systems capacity.

1.1 Pathogenesis and clinical manifestations of COVID -19

The incubation period ranges from 1 to 14 days, before symptoms develop after contracting SARS-COV 2 virus infection.

About 80% COVID-19 infected individuals get a mild disease and recover without requiring special treatment and about 15% develop severe disease while 5% develop critical illness.

The lung is commonly affected and patients present with cough (usually non-productive), fever, tiredness, and in severe forms, respiratory distress.

Complications of COVID-19 include lung fibrosis leading to respiratory failure, severe hypertension through the activation

of the Renin-Angiotensin System, septicemia and multisystem organ failure.

Reports from China show that mortality rate of COVID-19 in hospitalized patients is about 28%, and 62% among critically ill patients and over 80% among those requiring mechanical ventilation. Risk factors for increased mortality include older age, presence of co-morbidities, a high SOFA (sequential Organ failure assessment) score and high blood D-dimer levels. However, overall mortality among COVID19 patients is about 3%.

1.2 Association between COVID-19 and HIV

People living with HIV have higher rates of certain underlying health conditions which are exacerbated by increased age. These conditions or lowered immunity due to poorly controlled HIV infection can increase the risk for more severe illness if people with HIV get COVID-19, including people with advanced HIV Disease. (CDC Information for Clinicians on Therapeutic Options for COVID-19 Patients MARCH 21, 2020)

The limited data currently available mainly from countries with low HIV prevalence do not indicate that the disease course of COVID-19 in persons with HIV differs from that in persons without HIV. However, PLHIV who have other comorbidities (e.g., diabetes mellitus, hypertension, cardiovascular disease or lung disease) or poorly controlled HIV may be at increased risk for a more severe course of COVID-19 illness. This highlights the need for uninterrupted supply of both appropriate prescribed ARVs, and opportunistic infections prophylaxis (CPT, and IPT if TB has been ruled out).

A survey of people living with HIV found that due to this outbreak, nearly a third (32.6%) of people living with HIV reported that, because of the lockdowns and restrictions on movement in

some places in China, they were at risk of running out of their HIV treatment in the coming days, of these, almost half (48.6%) said they didn't know where to collect their next antiretroviral therapy refill from. (Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19))

1.3 HIV and acquisition of COVID -19

There is limited data to suggest that PLHIV have increased risk of acquiring COVID-19 infection. The risk of acquisition of COVID-19 should not be different from that of non-HIV infected individuals among PLHIV on anti-retroviral treatment (ART) with optimal suppression. This is also true for pregnant women and current evidence does not suggest poor maternal outcomes nor transmission of COVID-19 from mother to child.

There is also no evidence which has ruled out increased risk of acquisition of COVID -19 among PLHIV with advanced HIV disease, taking into account the severe immunosuppression associated with AHD.

2.0 COVID-19 RESPONSE IN TANZANIA

Taking into consideration of approved intervention to minimize acquisition of COVID-19 infections the MOHCDGEC have released the National guide on clinical Management and infection prevention and control of novel corona virus.

2.1 COVID -19 in the context of HIV/AIDS in Tanzania

It is estimated that in year 2019, there was 1.6 Million people living with HIV in Tanzania. By December 2019, a total of 1.28 Million (79%) knew their HIV status and had been enrolled in ART care and treatment services, 1.27 (99%) million were already taking ART medication. The first confirmed case of

COVID-19 was reported in Tanzania on March 17th, 2020 and by April 9th 2020, 12 confirmed cases of COVID-19 had been reported. Urgent and widespread measures to limit community transmission were promptly instituted. Maintenance of essential services for prevention of HIV and care for people living with HIV in this context is a priority.

2.1.1 Proposed measures in the provision of HIV clinical care and treatment in COVID -19 context

The overarching goal will be to maintain standard precautions against COVID-19 as per national guide while ensuring uninterrupted services to PLHIV. Despite measures in place to maximally reduce the number of PLHIV coming for in-person facility visits (MMD, Outreaches etc) some health facility visits will be necessary. Gathering in the consultation and waiting rooms can be a source of transmission of COVID – 19. Experience from affected countries shows that front line HCWs are at increased risk of being infected by SARS-CoV-2 and its of paramount importance for HCWs to protect themselves and their families from getting COVID19 in daily life and at workplace so as not compromise further the shortage of health care providers in provision of health services.

2.2.1.1. Recommendations for Health facility managers and HCWs

- Protect healthcare workers through routine training and supervision on appropriate protection during service provision and availing necessary PPE.
- Optimizing care and treatment clinic (CTC) space to reduce close contact among PLHIV visiting the facility at the same time.

Rearrange waiting and triage area to ensure physical

distancing between clients.

- Ensure standard precautions as per National Guideline of Clinical Management and Infection Prevention and Control of Novel Coronavirus.
- Prioritization/triage of care for symptomatic PLHIV, those with comorbidities (e.g HTN, DM and Cardiac conditions) and elderly ones (more than 50 years).
- To enhance clinical appointments arrangements to reduce crowding.
- Emphasizing implementation of block system appointments for clients attending at the facility.
- Utilization of Telephone/mobile phone or virtual visits for routine or non-urgent care and adherence counseling to replace face-to-face encounters.
- For stable clients, routine medical and laboratory visits should be postponed to the extent possible.
- Execute multitasking practices i.e. One HCW to provide multiple services (e.g. EAC, Clinical review and ART refill) at one station within the facility and optimization of fast track ART refill model.
- Provision of one-month medication and to reports any side effect to the clinician through the phone while at home for new and unstable clients.
- Enhance multi-month prescription and dispensing (3MMD and 6MMD) for stable clients.
- Scaling up of other ART refill DSDMs such as ART refill by treatment supporter, outreach services and group refill models at facilities and community, to ensure uninterrupted supply of ART to PLHIV.
- Clients on IPT should receive INH dispensation aligned to ART dispensing with appropriate information on triggers for return to facility. Monitoring for potential adverse reactions should be conducted by phone or virtual visits.

- Mass masking of HCWs and clients with respiratory symptoms in care and treatment clinic.
- Establish psychosocial support for PLHIV on coping with COVID 19 illnesses and fear related
- Provision of correct information to PLHIV clients on HIV and COVID 19 using the existing communication channels (distribution of brochures on HIV and COVID19).
- Innovate alternative mechanisms to identify PLHIV and linking to care by scaling up testing and treatment services
- Maximizing use of self-testing outside of the clinic setting where HIV self testing is available and feasible.
- Prioritizing clinical-based HTS for those most in need:
 - Testing in ANC
 - Diagnostic testing for individuals presenting (or admitted) to facilities with illness suspicious for HIV infection (Diagnostic testing)
 - Individuals with TB, STIs, malnutrition
 - Early infant diagnosis (EID) detection
 - Index testing testing/exposed contacts.
 - Testing in KP programs if ongoing and not facility based.
- Ensure availability of commodities including ART and condoms.
- Give advice to pregnant women and mothers living with HIV to wash hands before and after touching the baby, to keep all surfaces clean. Mothers should be supported to breastfeed safely, with good respiratory hygiene and encouraged to hold the newborn skin-to-skin, and be supported to share a room with the baby.
- Efforts should be undertaken to document and share cases of coronavirus and HIV co-infection, as well good practices.

2.2.1.2 Recommendations for PLHIV

Steps that people living with HIV can take to prepare in addition to what is recommended for the general population;

❖ **Clients of HIV services who may have higher risk to COVID-19 (with underlying medical conditions (HHD, DM), poorly controlled HIV or other cause for suppressed immunity and those with advanced HIV disease.)**

- Ensure there is at least a 30-day supply of other medications for the underlying diseases (e.g Respiratory diseases, HHD, DM and Cancer).
- Ensure optimal adherence to all medications prescribed to reduce vulnerability to COVID-19 acquisition.
- To have a balanced diet and physical exercise plan in order to boost immunity.
- Alert the CTC in advance by phone before presenting to the health care workers if they develop symptoms suggestive of COVID-19 (fever, cough, difficulty in breathing) so that preventive measures can be taken at the CTC to prevent COVID-19 transmission at the health facility.
- Minimize time spent in facilities as much as possible by use of remote communication and fast-track modalities of service provision including triage clients at higher risk and elderly.
- Adhering to respiratory and hand hygiene and cough etiquette all the time and when presenting to the CTC and ask for a face mask on arrival if having any respiratory symptoms.
- To get the right information on COVID 19 from the reliable sources. e.g MOHCDGEC.

3.0 COORDINATION OF COVID-19 RESPONSE AMONG PLHIV

Regarding coordination of COVID-19 information gathering and write up, the involvement of WHO, UNICEF, UNAIDS AND PEPFAR country office teams, CSOs from the beginning is recommended in order to avoid information gap. Also, NACP in collaboration with EOC section will use existing platforms including clinical subcommittee meetings and monthly MOHCDGEC/PEPFAR technical meetings for a collective technical and policy decision making on HIV and AIDS/COVID-19 planning and execution. The Ministry will coordinate resource mobilization and/or reprogramming of available program funds to support COVID 19 response in collaboration with relevant stakeholders. To establish mechanisms to get feed-back from regions/facilities in case they need assistance/clarifications from NACP/regional level on challenges they are facing while operating within COVID19 epidemic context (disruption of services and main causes).

4.0 CURRENT TREATMENT AND FUTURE TREATMENT OPTIONS

Currently there is no specific treatment for patients with COVID-19. They are being treated symptomatically based on clinical presentation and complications.

There are a number of different treatments which have been used in small studies with promising but inconclusive results. To address this challenge, WHO is now going to undertake a global trial called SOLIDARITY which will include thousands of patients in many countries. The four drugs in this trial are the most promising drugs, namely: Remdesivir, boosted Lopinavir, Chloroquine and hydroxychloroquine, and interferon –beta.

Results from this trial will inform on safe and effective medication for COVID -19.

Research is also being done to find drugs which will affect the life cycle of SARS-COV2.

1. Drugs which will block the ACE2 receptor used by SARS-COV-2 virus.
2. Drugs which will block replication of SARS-COV-2 virus.
3. Drugs which will block SARS-COV-2 packaging systems.
4. Drugs that will enhance the activity of natural killer cells and hence kill the virus.

Transfusing COVID -19 patients with blood containing neutralizing antibodies from COVID-19 recovered patients has also shown promising results.

Researches to find a COVID-19 prevention vaccine are also being carried out in many research centers.

4.1 HIV antiretrovirals and Sars-Cov-2 Treatment

Few HIV ARVs have been used as a treatment option for COVID-19 but there is, no research at present identifying any HIV medication as an effective treatment for COVID-19.

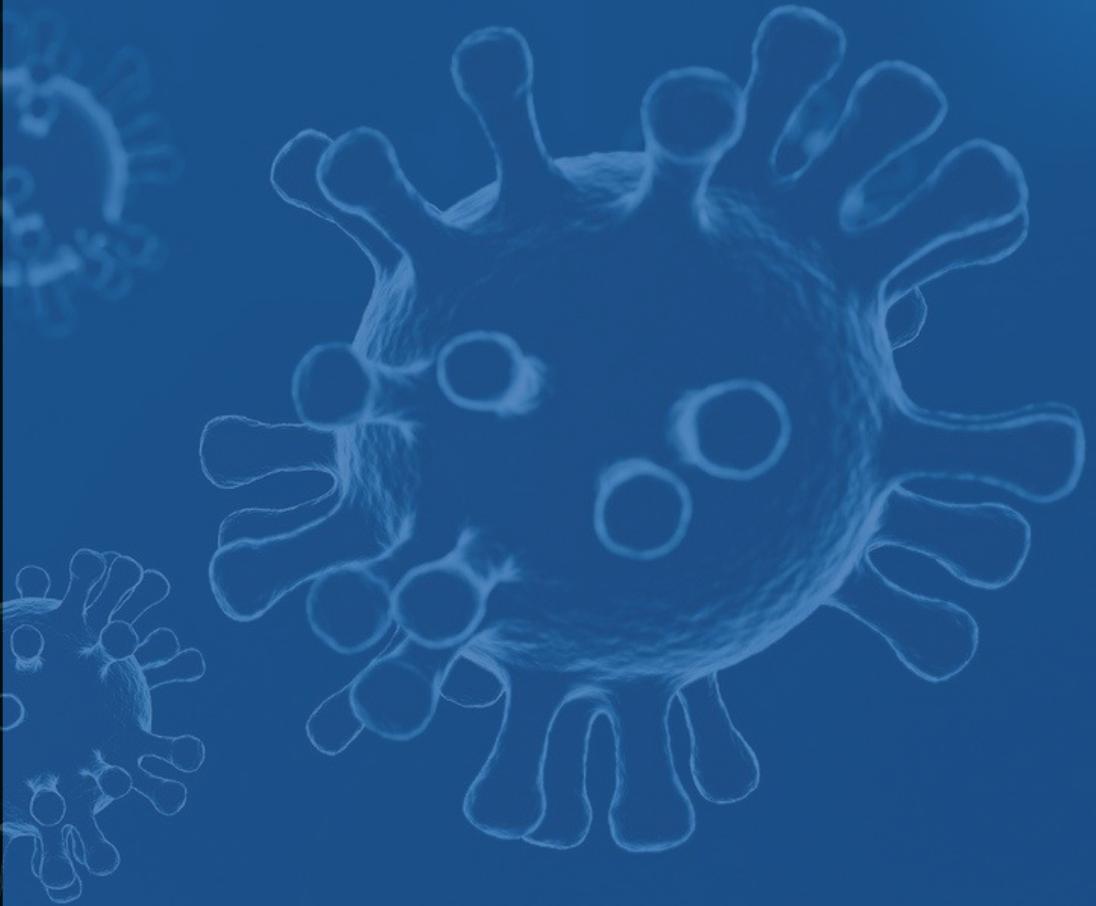
Specifically:

- **Darunavir (Prezista):** There are no data to suggest that darunavir-based antiretroviral therapy can effectively treat COVID-19, according to a release by the drug's U.S. manufacturer, Johnson & Johnson, on March 16.
- **Lopinavir/Ritonavir (Kaletra):** Lopinavir/ritonavir offers no benefit over current standard of care in the treatment of severe SARS-CoV-2 infection, according to a 199-patient study published in the New England Journal of Medicine on March 18.

- There is no evidence that DTG- and EFV-based regimen which account for >90% of all ART in SSA, have any activity or role in treating COVID-19 infections.
- Ensure client safety and WHO recommendations on COVID 19 treatment for PLHIV.

MEMBERS OF TASK TEAM:

| SN | NAME | TITLE | INSTITUTION |
|----|-----------------------|---|-------------|
| 1 | Prof. Samwel Kalluvya | Chair Clinical Subcommittee/ COVID-19 team | CUHAS |
| 2 | Dr. Beatrice Mutayoba | Program Manager | NACP |
| 3 | Dr. Anath Rwebembera | Head – HIV C&T services | NACP |
| 4 | Dr. Magreth Kagasheki | Head – HIV C&T services | NACP |
| 5 | Dr. Prosper Upendo | Head – HIV C&T services | NACP |
| 6 | Ambwene Mwakalobo | Head – HIV C&T services | NACP |
| 7 | Shoko Subira | Communication Officer | NACP |
| 8 | Dr. Pendo Saro | HIV & AIDS Officer | TACAIDS |
| 9 | Dr. Christine Musanyu | Medical Officer, HIV and AIDS Treatment and Care | WHO |
| 10 | Dr. Mary Mmweteni | Pediatric HIV specialist | UNICEF |
| 11 | John George | HIV/AIDS specialist | UNICEF |
| 12 | Otilia Scutelnicu | Fast Track Advisor | UNAIDS |
| 13 | Dr. Eva Matiko | HIV & AIDS Officer | CDC |
| 14 | Dr. Mageda Kihulya | Program Officer | PORALG |
| 15 | Dr. Siraj Shabani | Secretary - COVID-19/HIV team | NACP |
| 16 | Dr. Isaya Jelly | Program Officer | NACP |
| 17 | Dr. Boniface Silvan | Program Officer | NACP |
| 18 | Esther Ntulo | Program Officer | NACP |
| 19 | Sharon Lwezaura | Program Officer | NACP |
| 20 | Dr. Florence Ndaturu | Program Officer | NACP |



Ministry of Health, Community Development,
Gender, Elderly and Children,
NATIONAL AIDS CONTROL PROGRAMME
P.O.Box 784, Dodoma

 26260148  nacp@afya.go.tz  www.nacp.go.tz

