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**FOR ATTENTION: FACILITY MANAGERS, PHARMACISTS, PHARMACY ASSISTANTS, MEDICAL
OFFICERS, NURSES**

CIRCULAR H ...37...../2020

**MANAGEMENT OF PATIENTS WITH HIV, TB AND NON-COMMUNICABLE CHRONIC DISEASES
DURING OUTBREAK OF COVID-19; MULTI-MONTH DISPENSING OF CHRONIC MEDICINES, INCLUDING ART**

Background

Since the outbreak of COVID-19 in the Western Cape in early March 2020, the number of new cases of infection has risen steadily. Efforts are being made to slow the spread of infection. While 80% of people will experience mild infection, there is also concern for people who could be at risk of experiencing more severe COVID-19 infection. These include people >65 years old, patients with TB, diabetes mellitus, hypertension, cancer, pulmonary disease and cardiovascular disease. In addition, people who have undiagnosed & untreated HIV infection or are HIV positive on ART with an unsuppressed viral load may also be at risk. It is essential for these groups of people to avoid contact with individuals infected with COVID-19, to practice social distancing as much as possible and optimise treatment of their medical condition.

1. Recommendations

1.1 General

- Review and **optimise treatment** for all patients with chronic diseases.
- Offer **HIV testing** to all patients who have unknown HIV status or have tested HIV negative >6 months ago.
- If patient interrupted treatment, it is important that they **restart treatment immediately**.
- **Screen all patients for NCDs** according to current guidelines.

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- ALL **Screening and Testing for TB** must continue as per guidelines
- Offer **influenza vaccine** to eligible patients, if available (expected to be available beginning of April).
- Discuss **adherence** to treatment and offer support if required.
- Give **adequate supply of medicine** to avoid unnecessary visits to the clinic.
- Counsel all patients on COVID-19 prevention, symptoms and health-seeking behaviour in the event that symptoms develop. Also provide IEC material and contact details of the facility.
- Advise patients to practice **frequent hand-washing or use hand sanitisers** and **avoid public spaces**.
- **Advise self-isolation** if the patient develops symptoms consistent with COVID-19 (fever, sore throat, cough, body aches). **These patients may be at high risk for developing severe disease, and may need to be assessed by a clinician early in the course of infection.** Discuss this with the patient and a family member if possible, and ensure that they have the current contact details for the facility. **If the patient experiences shortness of breath or difficulty breathing, they should contact the facility urgently or call the provincial hotline 021 928 4102.**
- If the patient is known TB or symptomatic for COVID-19, practice good respiratory hygiene- cover nose and mouth when sneezing or coughing.

1.2 Specific Recommendations for HIV positive Patients

- If newly diagnosed HIV positive: **initiate ART on same day** unless there are medical reasons to defer - refer to WC ART guideline 2020.
- Note: Although the current ART guideline recommends that HIV positive patients on TB treatment and not on ART, should start ART after 8 weeks if their CD4 count is >50 cells/ μ l, it is a **priority to get HIV positive patients on to effective ART as quickly as possible** during this COVID-19 outbreak, therefore patients who are not on ART should start ART **2 weeks** after starting TB treatment, if stable and tolerating their TB treatment during this period. Counsel the patient and monitor for symptoms of IRIS. Patients with CD4<100 may be eligible for PredART- refer to WC ART guideline 2020.
- Screen all HIV positive patients for eligibility for **TPT** and initiate on same day if eligible.
- If HIV positive on ART, discuss **adherence** with patient and offer support if required.
- Patients on TEE **must** be assessed for eligibility to switch to TLD as per WC ART Guideline 2020.
Note: Patient is eligible to switch from TEE to TLD if:
 - VL done within last 6 months <50 copies/ml. Use result of routine annual VL **or** if last VL done >6 months ago, repeat VL now (*new recommendation*), **OR**
 - Patient on ART for more than 1 year and the last two viral loads < 50 copies/ml (even if the last one was up to 12 months ago) and there have been regular pharmacy claims over the last year (*new recommendation*)
- Processes for adherence clubs, quick pick-up sites, alternative distribution sites and CHW drop-offs should be reviewed to ensure that ART supply to stable patients is not compromised during this outbreak.
- Patients meeting criteria for failing treatment on a first line regimen (two VL results >1000 copies/ ml done at least 3 months apart) **must** be switched to a **2nd line ART** regimen containing dolutegravir (preferred) or a protease inhibitor.

1.3 Specific Recommendations for Patients with TB

1.3.1 Newly diagnosed TB Patients

- Do baseline assessment and investigations as per current guidelines.
- For **newly diagnosed** patients with Rifampicin susceptible or Rifampicin resistant TB, **daily DOTS at the healthcare facility is not recommended** during this period. Discuss whether a family member or friend is available to support patient at home with DOTs or refer to CBS for community-based support if available. Record the patient and family member's contact details and supply contact details for the facility. Give 2 weeks supply of medication (use pill box if available) and schedule a follow-up appointment.
- Counselling sessions must continue: session 1 should be done at treatment initiation if counsellor is available at facility, otherwise it can be done telephonically. Session 2 should be done telephonically for all patients if feasible. Session 3 (home visit) should be avoided.
- Patients should be followed up within 1 week to assess symptoms, side effects and adherence. This may be done at the facility for patients who are unwell or likely to have problems with adherence, or telephonically if patient is stable with good support at home.
- Do routine review of all TB patients at facility at 2 weeks. If on linezolid, check Hb with haemoglobin meter if available and do FBC/diff if Hb<8g/dl, or if no haemoglobin meter, do FBC/diff and inform patient of result telephonically. If on bedaquiline, adjust dosing.
- Close contacts of TB patient to be contacted telephonically if possible to screen for symptoms of TB. **Consider contacts who are >65 years old, or have diabetes mellitus, hypertension, cancer, pulmonary disease and cardiovascular disease.** If no contact details are available, refer to CBS. Provide TPT if eligible according to current guidelines.
- Avoid sending child contacts of patients with TB to ECs for specimen collection during this period - contact an expert paediatrician to discuss telephonically.
- Prioritise masks for TB patients who are still in infectious phase and counsel on infection prevention control in the home and social distancing.

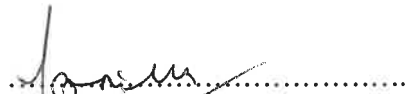
1.3.2 Patients on TB treatment for 1 month or more

- Do routine follow up again at 1 month and monthly thereafter.
- Continue routine sputum collection and routine monitoring according to guidelines.
- If on linezolid continue checking Hb monthly with haemoglobin meter if available and do FBC/diff if Hb<8g/dl, or if no haemoglobin meter, do FBC/diff and inform patient of result telephonically.
- If on bedaquiline, delamanid or clofazimine, monitor ECG monthly. If unable to access ECG, discuss with experienced TB clinician
- Schedule appointments for all routine visits if possible.
- Ensure that patient contact details are updated at every visit so that they can be contacted should the visit need to be rescheduled.
- Ensure that visits are kept as brief as possible to minimise the time the patient spends in the clinic.

2. Multi-month dispensing of chronic medicines, including ART

Current medicine supply in the country is already compromised, and further global stock outs due to COVID-19 in China (major API producer) are expected. We therefore need to judiciously use the stock we have on hand whilst supporting patients to practise social distancing.

- Do not increase the supply of repeat prescriptions for patients beyond 2 months.
- There is a shortage of TEE (Tenofovir/ emtricitabine/ efavirenz) and the CMD has very limited stock – do not increase the repeat prescriptions for these patients beyond two months. Stock availability is expected to settle towards the end of May.
- **Initiate new patients on TLD and switch eligible patients to TLD as a priority.**
- Patients on TLD (tenofovir/ lamivudine/ dolutegravir), can be given up to 4 months' supply.


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Dr S Kariem
Chief Director: ECSS
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