HIV/ hepatitis and COVID-19

World Health Organization
REGIONAL OFFICE FOR Europe

Ad hoc RCC TVH, 26 March 2020

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Issues and Challenges

- Countries national HIV, Hep and TB staff repurposed for COVID-19's response
- Heath systems are disrupted / overwhelmed and people are confined
- Need to mitigate the impact of the COVID-19 pandemic on key populations, people living with HIV and hepatitis patients
- Need to find innovative ways for ensuring access and continuity of HIV/hepatitis services during confinement period, including prevention, testing and treatment
- Importance of communicating to key vulnerable populations and PLHIV and hepatitis
- Ensuring development of quality NSP and GF proposals

WHO HQ Q&A on COVID-19, HIV and antiretrovirals (Russian version available) (updated regularly -24th March 2020)

- **Are people living with HIV at increased risk of being infected with infected with SARS-CoV-2, the virus causing COVID-19?**
  - PLHIV with advanced disease, those with low CD4 and high VL and PLHIV who are not taking antiretroviral treatment (ART) have an increased risk of infections and related complications in general.
  - It is unknown if the immunosuppression of HIV will put a person at greater risk for COVID-19, thus, until more is known, additional precautions for all PLHIV with advanced HIV or poorly controlled HIV, should be employed
  - PLHIV who are taking ARV drugs should ensure that they have at least 30 days of ARVs if not a 3 to 6-month supply and ensure that their vaccinations are up to date (influenza and pneumococcal vaccines)

https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-hiv-and-antiretrovirals

WHO HQ Q&A on COVID-19, HIV and antiretrovirals

- **Is there a risk of severe COVID-19 among PLHIV?**
  - At present there is no evidence that the risk of infection or complications of COVID-19 is different among PLHIV who are clinically and immunologically stable on ART when compared with the general population.
  - PLHIV are advised to take the same precautions as the general population
- **Can antiretrovirals (ARV) be used to treat COVID-19?**
  - No significant evidence to date

WHO HQ Q&A on COVID-19, HIV and antiretrovirals

- **What studies on treatment and prevention of COVID-19 with antiretrovirals are being planned?**
  - Several randomized trials to assess the safety and efficacy of uing LPV/r and LPV/r plus interferon beta, for treating COVID-19
  - WHO Solidarity trial in several countries
- **If countries use ARVs for COVID-19, are there concerns about treatment shortages for people living with HIV?**
  - If LPV/r is to be used for the treatment of COVID-19, a plan should be in place to ensure continuous supply to cover the needs of all PLHIV already using LPV/r
  - However, a relatively small proportion of PLHIV are on regimens which include LPV/r

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WHO HQ Q&A on COVID-19, HIV and antiretrovirals

- **Multi-month prescriptions**
  - Clinically stable patients can benefit from simplified ART delivery models which include multi month prescriptions **(from 3-6 month supply)** which reduce the frequency of visits to clinical settings and ensures continuity of treatment during possible disruption of movements and clinic schedule

How do we ensure human rights, stigma and discrimination.

- People living with or affected by HIV should be offered the same access to services as others and HIV-related services continue without disruption.

WHO HQ Q&A on COVID-19, HIV and antiretrovirals

How can programmes assure continued access to HIV services and reduce possible transmission of COVID-19 infection

- Apply standard precautions for all patients and spatial separation of at least 1 meter
- Health care and outreach workers, as well as peer educators and clients should apply adapted hand hygiene measures
- Ensure triage, early recognition, and source control (isolating patients with suspected COVID-19)
- Ensure there is adequate ventilation in all areas in the healthcare facility
- Cleaning and disinfection procedures should be followed consistently and correctly
- Dispensing medicines (for treatment of HIV, TB and other chronic conditions such as opioid dependence) for longer periods allowing reduced frequency of patient visits
- Consider reduction of services to the most critical ones

WHO HQ Q&A on COVID-19, HIV and antiretrovirals

Risks and Services for Key populations

- Generally, vulnerable populations, including members of key populations, as well as homeless and/or displaced people may be at increased risk of infection
- Because of additional comorbidities impacting on their immune system, reduced ability to apply measures of confinement and social distancing, as well as generally limited access to health services.
- It is critical that services that reach these populations such as community-based services, drop-in centres and outreach services can continue providing life-saving prevention (distribution of condoms, needles and syringes)
- Services can be adapted to reduce possible transmission of COVID-19 infection
- OST may be delivered with take-home medication for stable patients

GFATM Assessment and Recommendations on covid19 impact on supply chain logistics

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Recommendations for Implementers

As a precautionary measure, we recommend that all Global Fund implementing partners place orders 30 days earlier than normal to better manage any disturbances that may emerge in being able to deliver products on time.

This information is reflected in the updated Category and Product-Level Procurement and Delivery Planning Guide Indicative Lead Times[1], which have been adjusted in response to the COVID-19 impact on supply chains.

We continuously monitor and assess the situation. Implementing partners participating in the Pooled Procurement Mechanism should reach out to their Global Fund Principal Recipient Services contact with any questions or for additional information.

The Global Fund

COVID-19 Impact on Supply Chain Logistics:
Assessment and Recommendations

12 March 2020

The global response to control the outbreak of the new coronavirus, COVID-19, may influence health product supply chains, including logistics and shipping, as almost all finished health products or ingredients used in health products originate from China.

The Global Fund is working closely with suppliers and partners to assess the impact on core health product supplies and provide recommendations for implementing partners on how to manage that impact. This regularly updated document contains the most recent assessment and recommendations.

Assessment

As of 12 March 2020, the Global Fund's assessment shows the overall impact of COVID-19 on health product supply chains is **low to moderate**.

Area	Situation Update	Preliminary Operational Risk Assessment
All pharmaceuticals Including antiretroviral, malaria and TB medicines	Following some closures, active pharmaceutical ingredients (API) manufacturers and other key companies have recently resumed full production. There are emerging in-country logistics challenges for key starting materials and intermediates, which are needed to produce APIs. These constraints may impact finished product production in April 2020.	Low to moderate
Long-lasting insecticidal nets	The Global Fund identified production interruptions linked to closed production sites and/or the need to find alternative sources for raw materials. We continue to closely monitor the situation and are working with the U.S. President's Malaria Initiative (PMI) to anticipate demand for pyrethroid-PBO nets.	Low to moderate
Freight and logistics	The global response to control the COVID-19 outbreak increases the complexity of health product supply chains, including logistics and shipping, as almost all finished health products or ingredients used in the production of health products originate from China.	Low to moderate

https://www.theglobalfund.org/en/sourcing-management/updates/2020-03-12-covid-19-impact-on-supply-chain-logistics-assessment-and-recommendations/

PEPFAR Technical Guidance in Context of COVID-19 Pandemic (as of 20 March 2020)

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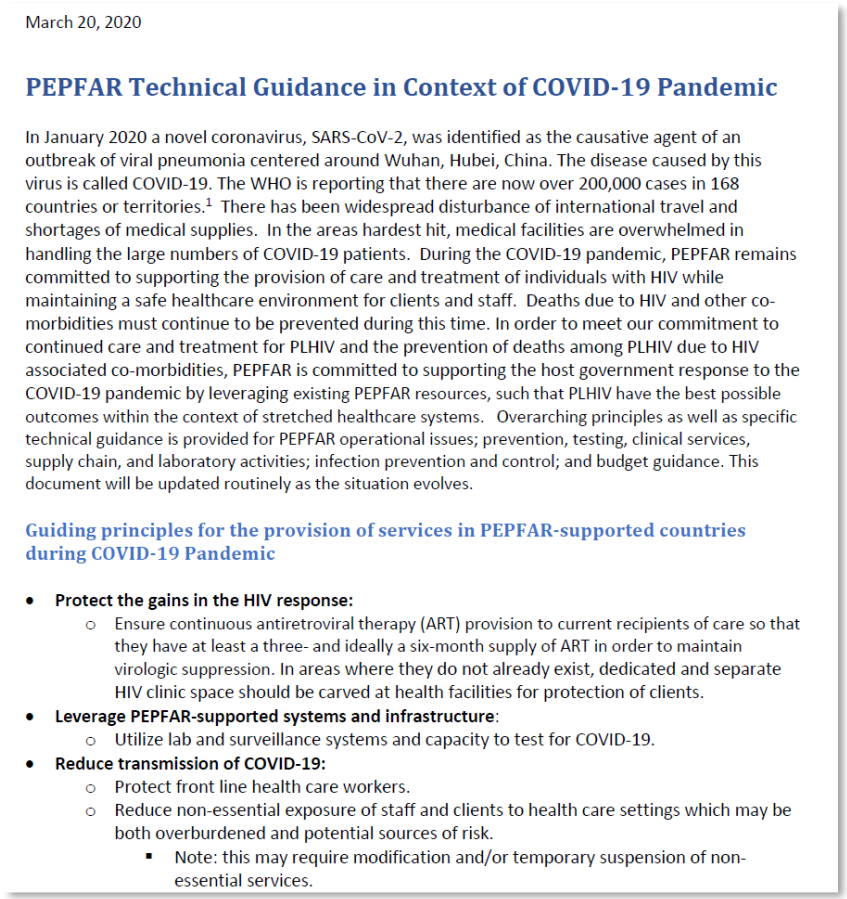
Practical guidance on HOW to adjust HIV services :

- How services may be affected
- What changes should be considered to adjust prevention, testing and Treatment services to ensure services continuity while minimizing contacts with health facilities and respecting confinement measures
- Community group-based activities should follow local guidelines for mass gatherings
- IPC measures
- Supply chain issues



March 20, 2020

PEPFAR Technical Guidance in Context of COVID-19 Pandemic

In January 2020 a novel coronavirus, SARS-CoV-2, was identified as the causative agent of an outbreak of viral pneumonia centered around Wuhan, Hubei, China. The disease caused by this virus is called COVID-19. The WHO is reporting that there are now over 200,000 cases in 168 countries or territories.[1] There has been widespread disturbance of international travel and shortages of medical supplies. In the areas hardest hit, medical facilities are overwhelmed in handling the large numbers of COVID-19 patients. During the COVID-19 pandemic, PEPFAR remains committed to supporting the provision of care and treatment of individuals with HIV while maintaining a safe healthcare environment for clients and staff. Deaths due to HIV and other co-morbidities must continue to be prevented during this time. In order to meet our commitment to continued care and treatment for PLHIV and the prevention of deaths among PLHIV due to HIV associated co-morbidities, PEPFAR is committed to supporting the host government response to the COVID-19 pandemic by leveraging existing PEPFAR resources, such that PLHIV have the best possible outcomes within the context of stretched healthcare systems. Overarching principles as well as specific technical guidance is provided for PEPFAR operational issues; prevention, testing, clinical services, supply chain, and laboratory activities; infection prevention and control; and budget guidance. This document will be updated routinely as the situation evolves.

Guiding principles for the provision of services in PEPFAR-supported countries during COVID-19 Pandemic

- **Protect the gains in the HIV response:**
  - Ensure continuous antiretroviral therapy (ART) provision to current recipients of care so that they have at least a three- and ideally a six-month supply of ART in order to maintain virologic suppression. In areas where they do not already exist, dedicated and separate HIV clinic space should be carved at health facilities for protection of clients.
- **Leverage PEPFAR-supported systems and infrastructure**:
  - Utilize lab and surveillance systems and capacity to test for COVID-19.
- **Reduce transmission of COVID-19:**
  - Protect front line health care workers.
  - Reduce non-essential exposure of staff and clients to health care settings which may be both overburdened and potential sources of risk.
    - Note: this may require modification and/or temporary suspension of non-essential services.

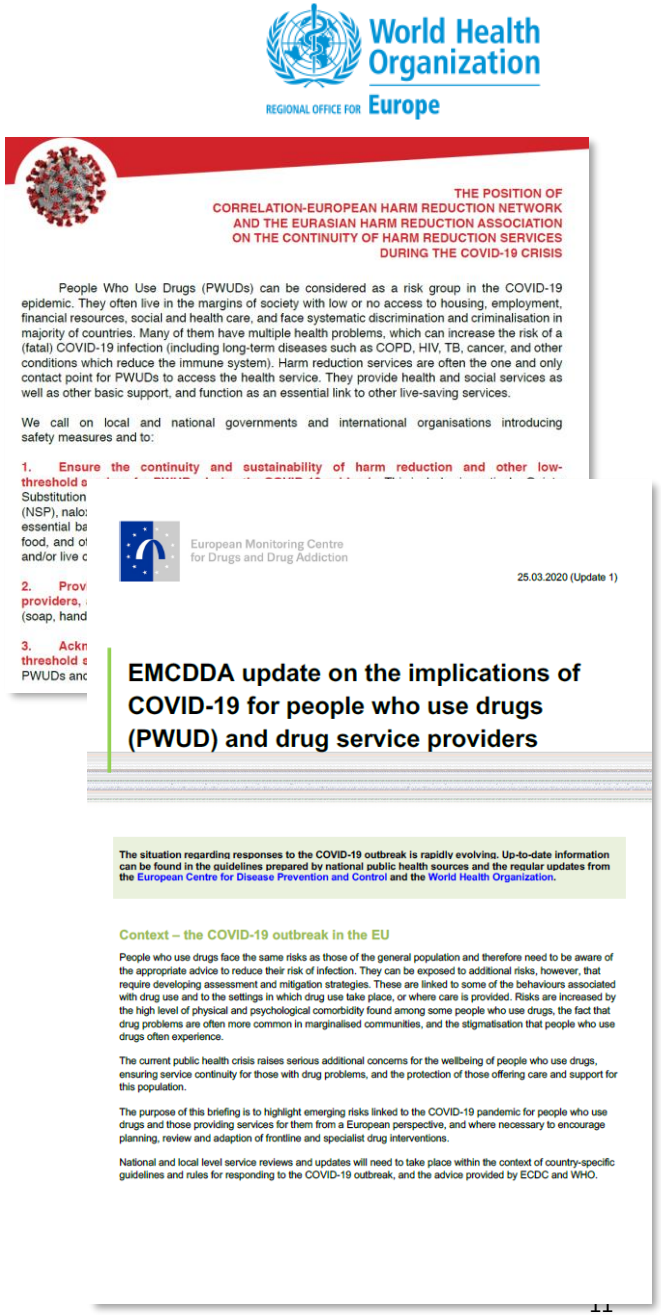
Harm Reduction

- Position developed by Correlation-European Harm Reduction Network and the Eurasian Harm Reduction Association on **urgent means to maintain harm reduction services in the situation of COVID-19 crises.** https://harmreductioneurasia.org/the-position-during-the-covid-19/

- https://harmreduction.org/miscellaneous/covid-19-guidance-for-people-who-use-drugs-and-harm-reduction-programs/

- UNODC Suggestions about treatment, care and rehabilitation of people with drug use disorder in the context of the COVID-19 pandemic https://www.unodc.org/documents/drug-prevention-and-treatment/Drug_treatment_and_care_services_and_COVID19.pdf

- **EMCDDA update on the implications of COVID-19 for people who use drugs and for drug service providers** http://www.emcdda.europa.eu/publications/topicoverviews/catalogue/covid-19-and-people-who-use-drugs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THE POSITION OF CORRELATION-EUROPEAN HARM REDUCTION NETWORK AND THE EURASIAN HARM REDUCTION ASSOCIATION ON THE CONTINUITY OF HARM REDUCTION SERVICES DURING THE COVID-19 CRISIS

People Who Use Drugs (PWUDs) can be considered as a risk group in the COVID-19 epidemic. They often live in the margins of society with low or no access to housing, employment, financial resources, social and health care, and face systematic discrimination and criminalisation in majority of countries. Many of them have multiple health problems, which can increase the risk of a (fatal) COVID-19 infection (including long-term diseases such as COPD, HIV, TB, cancer, and other conditions which reduce the immune system). Harm reduction services are often the one and only contact point for PWUDs to access the health service. They provide health and social services as well as other basic support, and function as an essential link to other live-saving services.

We call on local and national governments and international organisations introducing safety measures and to:

1. Ensure the continuity and sustainability of harm reduction and other low-

European Monitoring Centre for Drugs and Drug Addiction

25.03.2020 (Update 1)

EMCDDA update on the implications of COVID-19 for people who use drugs (PWUD) and drug service providers

The situation regarding responses to the COVID-19 outbreak is rapidly evolving. Up-to-date information can be found in the guidelines prepared by national public health sources and the regular updates from the European Centre for Disease Prevention and Control and the World Health Organization.

Context – the COVID-19 outbreak in the EU

People who use drugs face the same risks as those of the general population and therefore need to be aware of the appropriate advice to reduce their risk of infection. They can be exposed to additional risks, however, that require developing assessment and mitigation strategies. These are linked to some of the behaviours associated with drug use and to the settings in which drug use take place, or where care is provided. Risks are increased by the high level of physical and psychological comorbidity found among some people who use drugs, the fact that drug problems are often more common in marginalised communities, and the stigmatisation that people who use drugs often experience.

The current public health crisis raises serious additional concerns for the wellbeing of people who use drugs, ensuring service continuity for those with drug problems, and the protection of those offering care and support for this population.

The purpose of this briefing is to highlight emerging risks linked to the COVID-19 pandemic for people who use drugs and those providing services for them from a European perspective, and where necessary to encourage planning, review and adaption of frontline and specialist drug interventions.

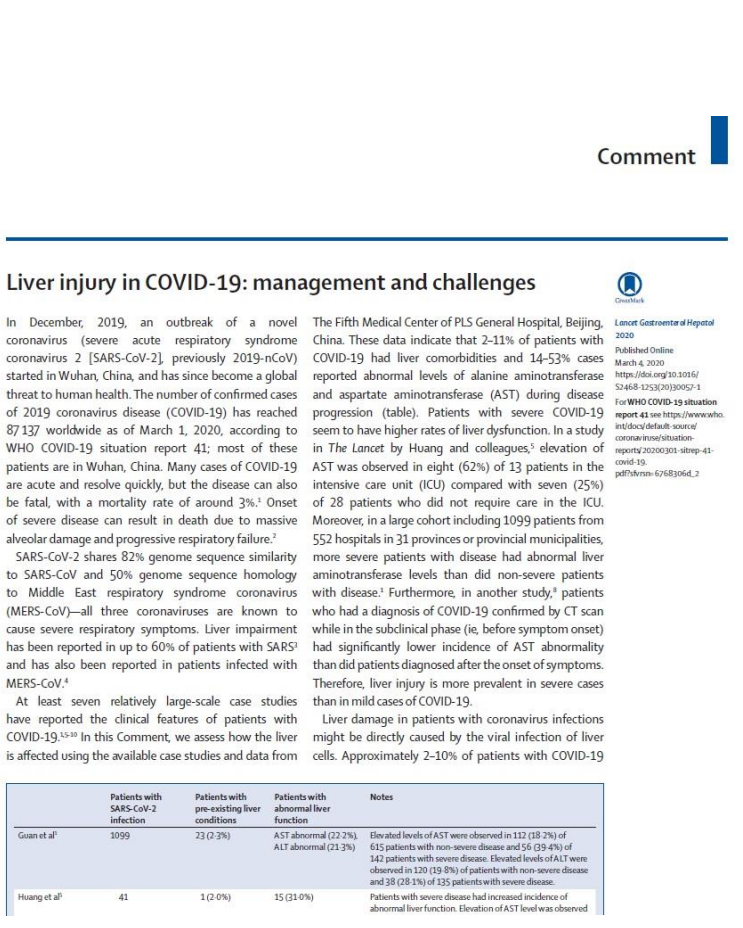
National and local level service reviews and updates will need to take place within the context of country-specific guidelines and rules for responding to the COVID-19 outbreak, and the advice provided by ECDC and WHO.

Viral hepatitis and COVID-19

First reports from China indicate that SARS-CoV-2 can cause also direct liver damage, but more data is needed

EASL launched a web-page https://easl.eu/covid-19-and-the-liver/ and COVID-Hep, the COVID-19 and liver disease European registry, to collect data on patients, with liver disease at any stage or liver transplants, that have developed laboratory-confirmed COVID-19: https://www.covid-hep.net/

Information and guidance for people living with viral hepatitis is needed



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Comment

Liver injury in COVID-19: management and challenges

In December, 2019, an outbreak of a novel coronavirus (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], previously 2019-nCoV) started in Wuhan, China, and has since become a global threat to human health. The number of confirmed cases of 2019 coronavirus disease (COVID-19) has reached 87 137 worldwide as of March 1, 2020, according to WHO COVID-19 situation report 41; most of these patients are in Wuhan, China. Many cases of COVID-19 are acute and resolve quickly, but the disease can also be fatal, with a mortality rate of around 3%.[1] Onset of severe disease can result in death due to massive alveolar damage and progressive respiratory failure.[2]

SARS-CoV-2 shares 82% genome sequence similarity to SARS-CoV and 50% genome sequence homology to Middle East respiratory syndrome coronavirus (MERS-CoV)—all three coronaviruses are known to cause severe respiratory symptoms. Liver impairment has been reported in up to 60% of patients with SARS[3] and has also been reported in patients infected with MERS-CoV.[4]

At least seven relatively large-scale case studies have reported the clinical features of patients with COVID-19.[1,5–10] In this Comment, we assess how the liver is affected using the available case studies and data from

The Fifth Medical Center of PLS General Hospital, Beijing, China. These data indicate that 2–11% of patients with COVID-19 had liver comorbidities and 14–53% cases reported abnormal levels of alanine aminotransferase and aspartate aminotransferase (AST) during disease progression (table). Patients with severe COVID-19 seem to have higher rates of liver dysfunction. In a study in *The Lancet* by Huang and colleagues,[5] elevation of AST was observed in eight (62%) of 13 patients in the intensive care unit (ICU) compared with seven (25%) of 28 patients who did not require care in the ICU. Moreover, in a large cohort including 1099 patients from 552 hospitals in 31 provinces or provincial municipalities, more severe patients with disease had abnormal liver aminotransferase levels than did non-severe patients with disease.[1] Furthermore, in another study,[8] patients who had a diagnosis of COVID-19 confirmed by CT scan while in the subclinical phase (ie, before symptom onset) had significantly lower incidence of AST abnormality than did patients diagnosed after the onset of symptoms. Therefore, liver injury is more prevalent in severe cases than in mild cases of COVID-19.

Liver damage in patients with coronavirus infections might be directly caused by the viral infection of liver cells. Approximately 2–10% of patients with COVID-19

Lancet Gastroenterol Hepatol 2020
Published Online
March 4, 2020
https://doi.org/10.1016/S2468-1253(20)30057-1

For **WHO COVID-19 situation report 41** see https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200301-sitrep-41-covid-19.pdf?sfvrsn=6768306d_2

	Patients with SARS-CoV-2 infection	Patients with pre-existing liver conditions	Patients with abnormal liver function	Notes
Guan et al[5]	1099	23 (2·3%)	AST abnormal (22·2%), ALT abnormal (21·3%)	Elevated levels of AST were observed in 112 (18·2%) of 615 patients with non-severe disease and 56 (39·4%) of 142 patients with severe disease. Elevated levels of ALT were observed in 120 (19·8%) of patients with non-severe disease and 38 (28·1%) of 135 patients with severe disease.
Huang et al[6]	41	1 (2·0%)	15 (31·0%)	Patients with severe disease had increased incidence of abnormal liver function. Elevation of AST level was observed

Updates FAQs Contact

COVID19 in patients with liver disease or transplantation

COVID – HEP Registry

Submit a report

For North or South America, visit our collaborators SECURE-cirrhosis or read on for more information

working with:

EASL The Home of Hepatology

AASLD
AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES

Released: March 23, 2020

CLINICAL INSIGHTS FOR HEPATOLOGY AND LIVER TRANSPLANT PROVIDERS DURING THE COVID-19 PANDEMIC

Disclaimer
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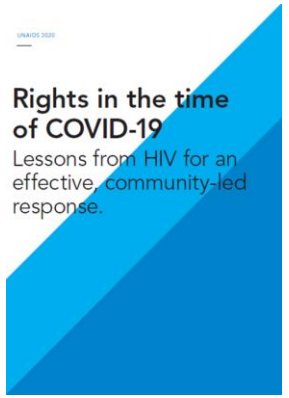
Clinical insights for hepatology and liver transplant providers during the COVID-19 pandemic (AASLD)

- **Risk related to COVID-19:** Patients >60 years old, patients with cirrhosis, those with autoimmune hepatitis on immunosuppressive medications, and pretransplant and posttransplant patients on immunosuppressant therapy may be among the patients at highest risk for severe illness if infected with SARS-CoV-2.
- **Risk of liver damage**: Patients with chronic liver disease, especially viral hepatitis B and/or C, may be more susceptible to liver damage from SARS-CoV-2, as was the case with SARS-CoV, but supporting data are lacking.
- **Adaptation of hepatology services to COVID-19 pandemic situation:**
  - Outpatient visits should be limited to only patients who must be seen in person,
  - Strongly consider phone visits or telemedicine as appropriate and available to replace in-person visits.
  - Ensure that patients have refills available for essential medications. Provide prescriptions for 90-day supplies instead of 30-day supplies.
- **Medication management of liver patients with COVID-19 and potential Drug-Drug Interactions**

Other available documents

- WHO EURO interim guidance on “Preparedness, prevention and control of COVID-19 in prisons and other places of detention”
  - http://www.euro.who.int/__data/assets/pdf_file/0019/434026/Preparedness-prevention-and-control-of-COVID-19-in-prisons.pdf?ua=1
- USCDC **Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities**
  - https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html
- Rights in the time of Covid 19, lessons learnt from the HIV response, UNAIDS

https://www.unaids.org/en/resources/documents/2020/human-rights-and-covid-19



Thank you

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Всемирная организация здравоохранения
Европейское региональное бюро

WHO Solidarity trial

- Will test four different drugs or combinations
- remdesivir, lopinavir /ritonavir, lopinavir /ritonavir plus interferon beta, and chloroquine – and will compare their effectiveness to what is called standard of care
- Country involved to date: Argentina, Bahrain, Canada, France, Iran, Norway, South Africa, Spain, Switzerland and Thailand but many more are interested
- When a person with a confirmed case of COVID-19 is deemed eligible, the physician can enter the patient's data into a WHO website, including any underlying condition that could change the course of the disease, such as diabetes or HIV infection.
- The participant has to sign an informed consent form that is scanned and sent to WHO electronically. After the physician states which drugs are available at his or her hospital, the website will randomize the patient to one of the drugs available or to the local standard care for COVID-19.