



**INTERIM GUIDANCE FOR MANAGING  
PLHIV AND HARM REDUCTION  
PROGRAM FOR PWID  
DURING COVID-19 RESPONSE**



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### Message from Director of NCASC

The COVID-19 pandemic has emerged national lockdown to prevent outbreak of the COVID-19 in Nepal. To support the Ministry of Health and Population to control the epidemic and prevent the HIV services and maintain to achieve the HIV response in the country the Interim Guidance has been developed to guide the stakeholders, communities and health care providers to act differently and effectively.

**DIRECTOR**

Dr. Ramesh K. Kharel  
Director  
National Center for AIDS and STD Control

## SITUATION OF HIV IN NEPAL

The estimated population living with HIV in 2019 is 29,944 and the prevalence of HIV in adult is 0.14%. Nepal has concentrated epidemic of HIV and the key populations (PWID, MSM, TG, Sex workers and their clients, Migrant workers and their spouse, Prison inmates) are at risk of acquiring HIV. The major route of HIV transmission is:

- Sexual transmission (without use of condom)
- Blood and Blood products – sharing needles, needle stick injuries, blood transfusion, organ transplant
- Mother to child transmission (during pregnancies, delivery and breast feeding)

To prevent HIV infection, NCASC in collaboration with stakeholders are providing targeted interventions and in IRRTR approach (identify, reach, recommend, test, treat and retain). The major interventions for The HIV program is guided by National HIV Strategic plan 2016-2021. Despite of all preventive measures, annually around 1800 to 2500 new HIV infected people are diagnosed and kept on treatment. Since March 2017, treat all approach has enable health care providers to treat all diagnosed client irrespective of CD4 and WHO staging. Currently 18, 628 PLHIV are on ART and service is available in 60 districts from 78 ART centers, where trained ART counselor and MO provides services. Whereas, HIV testing and PMTCT services (up to birthing centers) is available in all districts to screen KPs, TB diagnosed clients, ANC visiting clients, clients with STIs, Malnutrition and other risk groups.

## GENERAL INFORMATION ON COVID-19

Coronaviruses are a large family of viruses which may cause illness in animals or humans. COVID-19 (Corona virus disease 2019) is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 spreads from person to person through small droplets from the nose or mouth. It can also spread by touching the contaminated objects or surfaces.

The most common symptoms of COVID-19 are fever, tiredness, and dry cough. Some infected people may not develop any symptoms and don't feel sick. Most people (about 80%) recover from the disease without needing special treatment. Around 1 out of every 6 people who gets COVID-19 becomes seriously ill and develops difficulty breathing. Older people, and those with underlying medical problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness.

Thus, until more is known, additional caution for all persons with HIV, especially those with advanced HIV or poorly controlled HIV, is warranted. Every effort should be made to help persons with HIV maintain an adequate supply of ART and all other concomitant medications

There is currently no strong evidence that PLHIV are at an especially increased risk of contracting COVID-19 or if they do contract it they will experience a worse outcome. However, for Key Populations like drug users there are certain overlapping socio-economic vulnerabilities that we talk in the context of HIV and hepatitis, that makes them more vulnerable to COVID-19 including a lack of access to housing and health care. Similarly, when it comes to underlying medical conditions that are postulated to have associations with COVID-19 prognosis, existing evidence also indicates that prevalence of some of these conditions are higher among drug users.

Hence, all must take all precautions to protect themselves. As in the general population, older people living with HIV or people living with HIV with heart or lung problems may be at a higher risk of becoming infected with the virus and of suffering more serious symptoms.

## How to prevent from COVID-19?

To prevent from acquiring COVID-19, everyone including PLHIV, Key Population, Community workers and health care workers providing services to these population should follow these practices mentioned below routinely:

1. Avoid overcrowding and maintaining social distancing (by not hugging and greeting people without touching like namaste)
2. Do not touch eyes, nose and mouth with uncleaned hands
3. Wash hands regularly with soap and water properly for at least 20 seconds and if the soap water is not available use sanitizers (alcohol based) instead. Hand washing and use of sanitizers should be repeated after being exposed to any unknown factors like touching uncleaned surface, coming outside to home etc.
4. Clean the surface area of the house and working area with disinfectants
5. When sneezing and coughing cover the mouth and nose with elbow and if tissue is used to cover the mouth and nose, immediately dispose the tissue paper in proper place such as closed bins
6. Do not spit in the open place
7. Maintain at least 1 m of distance from people who are coughing and sneezing
8. Except health care providers, until and unless required hospitals and other health facilities visit should be avoided
9. In case of severe health conditions like shortness of breath client should be taken immediately to the health facility

## COVID-19 AND HIV SERVICE DELIVERY CONTINUITY:

As Nepal like any other countries in the world is tackling the COVID-19 pandemic, it is equally important to ensure that HIV essential services is not interrupted, and HIV prevention is maintained while battling with this response and all PLHIV are retained on treatment. The NCASC has developed this rapid interim guidance to assist the National HIV programme, health personal and PLHIV for continuity of services during this Pandemic situation. All possible measures should be implemented to ensure that PLHIV get continued services under safe conditions applying core human rights principles.

### Principle guidance to follow:

Although PLHIV, who are on treatment with a normal CD4 T-cell count may not be at an increased risk of serious illness, many people with HIV have conditions that increase their risk:

- Older aged PLHIV
- Chronic medical problems – cardiovascular and chronic lung disease are more common in people living with HIV; and
- Immune suppression – indicated by a low CD4 T-cell count or not receiving antiretroviral treatment
- Smokers

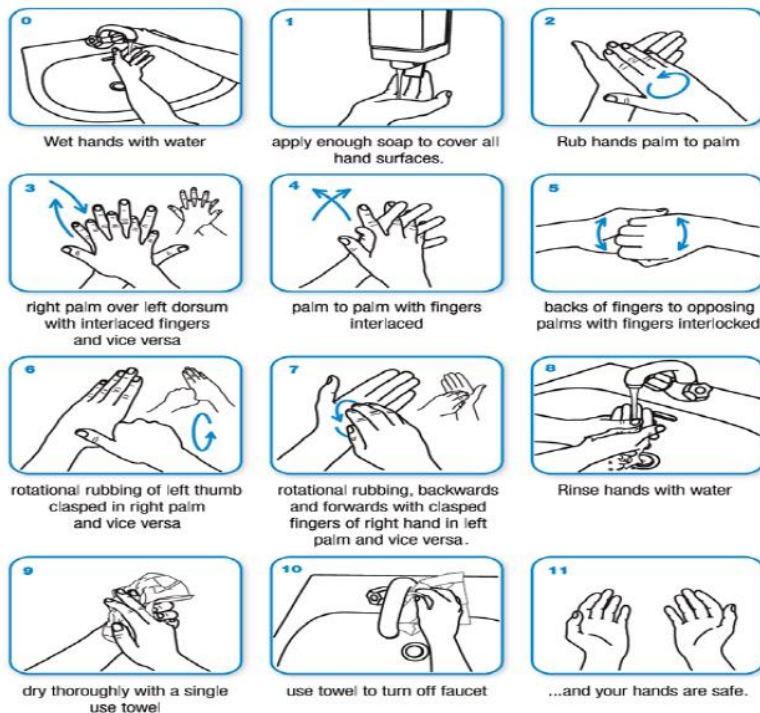
## Information for front line workers working for HIV services:

Based on the available evidence, the COVID-19 virus is transmitted between people through close contact and droplets, not by airborne transmission. The people most at risk of infection are those who are in close contact with a COVID-19 patient or who care for COVID-19 patients.

### Applying standard precautions for all patients.

- Maintain spatial distance of at least one meter
- Ensure that all patients cover their nose and mouth with a tissue or elbow when coughing or sneezing.
- Offer a medical mask to patients with suspected COVID-19 while they are in waiting/public areas or in waiting rooms.
- Perform hand hygiene after contact with respiratory secretions.
- Provide IEC to patients related to COVID 19 prevention.

Hand hygiene and respiratory hygiene are key to COVID-19 prevention measures in addition to physical distancing



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Recommended type of Personal Protective Equipment (PPE) to be used in the context of COVID-19 diseases in ART centers:

Setting	Target personnel	Activity	Type of PPE or procedure
ART Center	Healthcare workers	Physical examination of patient with respiratory symptoms	Medical mask Gown Gloves Eye protection Alcohol-based hand-rubs where available
	Healthcare workers	Physical examination of patients without respiratory symptoms.	Medical mask Gloves Alcohol-based hand-rubs where available
	ART provider	During supply of ART to patient without respiratory symptoms	No PPE required
		During supply of ART to patient with respiratory symptoms	Maintain distance of at least 1m Use mask and gloves Wash or Sanitize hands after touching HMIS recording forms and formats Alcohol-based hand-rubs where available
	Patients with respiratory symptoms	Any	Provide medical mask if available Alcohol-based hand-rubs where available
	Patients without respiratory symptoms.	Any	No PPE required Alcohol-based hand-rubs where available

Ensuring triage, early recognition, and source control (isolating patients with suspected COVID-19)

- Encourage HCWs to have a high level of clinical suspicion.
- Establish a well-equipped triage station at the entrance to the facility, supported by trained staff, Institute the use of screening questionnaires according to the updated case definition.
- Post signs in public areas reminding symptomatic HIV patients to alert HCWs.
- In case of high suspicion, inform higher authorities for needful action.

Additional precautions are required by healthcare workers to protect themselves and prevent transmission in the healthcare setting. Precautions to be implemented by healthcare workers caring for patients with COVID-19 disease include using PPE appropriately; this involves selecting the proper PPE and being trained in how to put on, remove and dispose of it. Table 1 (Annex 1) explains the WHO recommended type of personal protective equipment (PPE) to be used in the context of COVID-19 disease, according to the setting, personnel and type of activity in line with the Infection Prevention and Control (IPC) Guidance.

## DIAGNOSIS OF HIV:

All diagnostic facilities should stock take their supplies of RDTs and ensure un-interrupted supplies of the diagnostics. NCASC shall ensure adequate stock of diagnostic supplies at the central and district level and service delivery sites. A lab focal person from each diagnostic center will be identified to communicate weekly and as required with the logistics unit at NCASC, to update status on the supplies situations and manage accordingly. Although the regular work of lab and other health facilities may be halted like for example PLHIV who have a suppressed HIV viral load and are in stable health, routine medical and laboratory visits including VL testing could be postponed to the extent possible. However, HIV testing among certain population should be ensured and carried out:

1. All pregnant and delivering women should be screened for HIV
2. All TB client and other specific OIs should be screened for HIV
3. All HIV exposed babies sample should be sent for EID and ARV prophylaxis to be provided

Recommended type of Personal Protective Equipment (PPE) to be used in the context of COVID-19 diseases in Lab:

Setting	Target personnel	Activity	Type of PPE or procedure
Lab (HIV testing)	Lab personnel	Sample collection of patient with respiratory symptoms	Medical mask Gown Gloves Eye protection Alcohol-based hand-rubs where available
		Sample collection of patients without respiratory symptoms.	Medical mask Gloves Alcohol-based hand-rubs where available
		Providing report	No PPE required Wash or Sanitize hands after touching Alcohol-based hand-rubs where available
<ul style="list-style-type: none"> <li>• Should disinfect the sample container with 1% sodium hypochlorite on receiving the sample</li> <li>• Encourage patient to follow hand hygiene after sample submission</li> </ul>			

## ART CENTER

To minimize the exposure and limit the number of clients to visit hospital, following things to be done by ART centers:

1. The health care providers at ART centers should provide counseling to the clients on how to prevent from getting exposure to COVID 19
  - Stay at home
  - Do not go to any crowded place
  - Take nutritious food
  - Maintain hygiene by washing hands with soap and water frequently over the day especially after coming from outside and being exposed to any unknown person or things
  - If you are coughing, cover your cough with the bend of elbow or tissue
  - Maintain a distance of at least 1 meter (3 feet) from people who are coughing or sneezing
  - Only take properly cooked meat products and avoid raw meat
  - Be physically active (at least have minutes exercise to maintain wellbeing)
  - In case of any health conditions (like high grade fever, cough and difficulty in breathing) seek medical advice immediately
  - Stop taking alcohol and tobacco products
  - If you feel healthy, do not go to hospital unnecessarily – to avoid contamination
2. Health care providers are also at risk of acquiring the COVID 19 during working hour, so to reduce the exposure consider mask, gloves and hand wash facilities available at the center, manage working hour (by shortening the working day and manage the human resource by having duty rosters to share the work and family)
3. ART center with the help of CHBC should follow up all client for pill pick up and ensure enough stock of medicines at least for two months
4. ART center should review their stock of ARVs before dispensing the drug to avoid stock out of medicine and coordinate with logistics team of NCASC
5. All clients on ART who are stable and well can be contacted and followed up at 3 to 6 months, however pill can be picked by family members to avoid contamination to the client
6. All clients who are clinically unwell under medication (OI and ART) should visit the clinic and get the pill picked up at earliest and stay in close contact with ART and CHBC team and until required should stay isolated at home and continue all medication on time and right dose as recommended by ART center. If the conditions worsen needs to provided care at health facility
7. New clients diagnosed during emergency needs to be started ART as early as possible and prevent worsening their immunological status and make them vulnerable.
8. All newly diagnosed clients need to be ruled out with life threatening OIs like TB, PCP pneumonia, Cryptococcal meningitis, toxoplasmosis and provided treatment accordingly
9. For clients whom a regimen switch is planned should consider delaying the switch until close follow-up and monitoring are possible.
10. Telephone or virtual visits for routine or non-urgent care and adherence counseling may replace face-to-face encounters.
11. Ensure adequate provision of ARV for the clients for at least 1- 2 months depending upon the stock of ARVs.
12. For persons who have a suppressed HIV viral load and are in stable health, routine medical and laboratory visits should be postponed to the extent possible.
13. Advise on general health aspects such as physical exercise, avoiding stress and mental health (especially in the times of physical distancing).
14. Remind clients not to undertake self-medications based on information circulating in social media or otherwise, as these can be detrimental.



## Information for PLHIV and clients coming for diagnosis: How Can PLHIV protect themselves?

The basics for protecting yourself from COVID-19 are almost the same as for everyone:

- Washing hands with soap and water.
- Cover your cough or sneeze with a tissue or your elbow.
- Avoiding touching eyes, nose or mouth with unwashed hands.
- Avoiding close contact with people who are sick.
- Staying away from work, school, and other people if you become sick.
- Continuing your HIV medications to keep your immune system as healthy as possible.
- Collect your ARVs on time
- For persons who have a suppressed HIV viral load and are in stable health, routine medical and laboratory visits should be postponed to the extent possible.
- Maintain general health aspects such as physical exercise, avoiding stress and mental health (especially in the times of physical distancing).

### WHAT CAN YOU DO IF YOU AT HIGHER RISK OF COVID-19

In addition to general precautions to protect yourself, you should:

- Make sure that you have adequate supplies and refills for your antiretrovirals and other medications;
- Keep away from others who are sick, limit close contact and wash your hands often;
- Avoid crowds and large gatherings of people as much as possible;
- Avoid any type of non-essential travel;
- If there is a COVID-19 outbreak in your community, stay home as much as possible but maintain a social network remotely to help you stay socially connected and mentally healthy; and
- Establish a plan for clinical care, including use of telemedicine, if you have to stay at home.
- Anyone with fever, cough and difficulty breathing should seek medical attention.

## COMMUNITY HOME BASED CARE(CHBC) AND COMMUNITY CARE CENTRE (CCC) SERVICES FOR PLHIV DURING COVID-19 SITUATION

CHBC and CCC are the major care and support components of HIV program, where PLHIVs are served during initiation for ARV and followed up for VL testing, pill pick up and support for index testing, OI management and treatment retention. During this emergency, to prevent exposure to service providers and limit mobility the regular service will be stopped and only in case of emergency they would respond. So, it is necessary to provide information to PLHIV on the following:

1. Counsel the clients that CCC and CHBC services will be halted during this emergency situation, as CCC will only keep clients in the center for needy one and will avoid crowding
2. CHBC will support to PLHIV clients by distance like phone call to stable clients monthly and to clinical unwell client every day or weekly depending upon the need
3. CHBC will ensure client has enough stock of ARVs with them at least one-two months
4. CHBC will also play vital role to coordinate with ART centers to supply the ARVs to the client who are unable to come for pill pick up
5. CHBC and CCC to follow the PPE using guidance as recommended for ART center (above table)

# GUIDANCE FOR MANAGEMENT OF HARM REDUCTION PROGRAM FOR PWID

Harm reduction program plays vital role to control the epidemic of HIV in Nepal and the service is provided in daily basis by community workers and health care providers. It comprises of two major service components: 1. Opioid Substitution Therapy (OST) 2. Needle Syringe Program (NSP)

## Opioid Substitution Therapy (OST)

A high-level meeting with the representatives of MOHA and NCASC was conducted to discuss on strategies for OST service continuation in this COVID-19 situation. It was decided to provide take away dose for seven days for the OST clients under the supervision and monitoring of the OST site staffs and family members.

The OST services comprise of medical and social support unit and following are the recommendations for delivering services in this interim measure.

### Medical Unit

- Provide counseling on countries situation during risk of outbreak of COVID-19 and measures taken under the leadership of MOHA and NCASC to support
- All the clients on OST service, should be followed up and counseled in presence of the family members. (Annex 2)
- Identify difficult clients and counsel and provide dose as per individual behavior (if there is risk of taking all dose at once or having diversion of the prescribed medicines, then it is recommended to provide the daily dose)
- To counsel the client along with family member on the take away dose and importance of monitoring the client taking medicine in right dose to prevent the over dose and ensure that medicine is not taken away from home, and to inform the community workers of SSU on daily dose provide to the client by the family member
- The family members should be counseled and asked to take the client to emergency in case of over dose or any other emergency and inform the counselor
- The family members should also be asked to be vigilant on taking any other illicit drug along with Methadone or Buprenorphine and counseled the signs of over dose
- To follow up the client on eighth day for the follow up and provide daily dose or seven days dose (upon assessment clients condition and adherence to the treatment)
- Remind clients not to undertake self-medications based on information circulating in social media or otherwise, as these can be detrimental.
- Please mention how provider should keep distance on 1 Meter and follow all precautionary measure while doing so

### Social Support unit

- Clients taking medicines (Methadone and Buprenorphine) should be provided take away dose in the presence of their family members. If family members cannot be available due to lockdown, SSU to take responsibility to contact family members and ensure that medicine is taken properly as recommended (Annex 3)
- The family members should guarantee monitoring of the client and providing the dose at home in their presence and also avoid taking other illicit drugs by the client

- SSU members should contact each client who are provided take away dose in daily basis to ensure with the family members that they are taking the medicines in front of their family members in right dose and there is no diversion or any over dose risk
- In case of any emergency to contact the SSU members and take the client to hospital immediately

### **NGOs running OST and supporting SSU**

- To provide updated information to NCASC and MOHA on who have been provided take away dose
- To provide updated list of contact with the family members during take away dose
- In case of any over dose or diversion identified immediately inform NCASC and MOHA
- To monitor the clients properly and retain them on treatment.

## **Needle Syringe Program (NSP)**

To support Needle Syringe Program, NCASC has supported to provide pass for the organization implementing this serve to reach and provide adequate supplies of needle syringe to PWID. Following are the recommendations for NSP service delivery in this COVID 19 situation:

- Under In-reach program, frequency of exposure between clients and field staffs should be reduced.
- For stable and regular clients HR service (commodities including needle- syringes) could be provided for more days (would be needed to quantify by implementing NGO)
- High-risk clients (who may be involved in HIV risk behavior) to be identified and In-reach workers (IRWs) will put them in priority for service delivery.
- Distance communication/ telephone could be used by the IRWs to connect with the clients for the monitoring.
- Based on the risk assessment of clients, the client could be referred to HIV testing site or CLT performed by IRWs for high-risk clients.
- Provide field services maintaining the 1meter (3 feet) distance between IRWs and clients, and following hygiene protocols

**APPLY THE ONE-ON-ONE PRINCIPLE. AVOID OVERCROWDING OF THE PREMISES BY ALLOWING ONE CLIENT AT A TIME. ALL STAFF/IRWS AND CLIENT CONSULTATIONS AND INTERACTIONS SHOULD BE ONE-ON-ONE.**

## COMMUNICATION DURING COVID-19 RESPONSE

Director of NCASC, Dr. Ramesh Kumar Kharel is leading the overall response for HIV program during this emergency and the following technical experts have contributed to develop this interim guideline. For any technical queries, please contact;

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## ANNEX 1:

**Table 1. Recommended type of personal protective equipment (PPE) to be used in the context of COVID-19 disease, according to the setting, personnel and type of activity**

Setting	Target personnel or patients	Activity	Type of PPE or procedure
<b>Healthcare facilities</b>			
<b>Inpatient facilities</b>			
Patient room	Healthcare workers	Providing direct care to COVID-19 patients.	Medical mask Gown Gloves Eye protection (goggles or face shield).
		Aerosol-generating procedures performed on COVID-19 patients.	Respirator N95 or FFP2 standard, or equivalent. Gown Gloves Eye protection Apron
	Cleaners	Entering the room of COVID-19 patients.	Medical mask Gown Heavy duty gloves Eye protection (if risk of splash from organic material or chemicals). Boots or closed work shoes
	Visitors <sup>b</sup>	Entering the room of a COVID-19 patient	Medical mask Gown Gloves
Other areas of patient transit (e.g., wards, corridors).	All staff, including healthcare workers.	Any activity that does not involve contact with COVID-19 patients.	No PPE required
Triage	Healthcare workers	Preliminary screening not involving direct contact <sup>c</sup>	Maintain spatial distance of at least 1 m. No PPE required
	Patients with respiratory symptoms.	Any	Maintain spatial distance of at least 1 m. Provide medical mask if tolerated by patient.
	Patients without respiratory symptoms.	Any	No PPE required
Laboratory	Lab technician	Manipulation of respiratory samples.	Medical mask Gown Gloves Eye protection (if risk of splash)
Administrative areas	All staff, including healthcare workers.	Administrative tasks that do not involve contact with COVID-19 patients.	No PPE required
<b>Outpatient facilities</b>			
Consultation room	Healthcare workers	Physical examination of patient with respiratory symptoms	Medical mask Gown Gloves Eye protection

Setting	Target personnel or patients	Activity	Type of PPE or procedure
	Healthcare workers	Physical examination of patients without respiratory symptoms.	PPE according to standard precautions and risk assessment.
	Patients with respiratory symptoms	Any	Provide medical mask if tolerated
	Patients without respiratory symptoms.	Any	No PPE required
	Cleaners	After and between consultations with patients with respiratory symptoms.	Medical mask Gown Heavy duty gloves Eye protection (if risk of splash from organic material or chemicals). Boots or closed work shoes
Waiting room	Patients with respiratory symptoms.	Any	Provide medical mask if tolerated. Immediately move the patient to an isolation room or separate area away from others; if this is not feasible, ensure spatial distance of at least 1 m from other patients.
	Patients without respiratory symptoms.	Any	No PPE required
Administrative areas	All staff, including healthcare workers.	Administrative tasks	No PPE required
Triage	Healthcare workers	Preliminary screening not involving direct contact	Maintain spatial distance of at least 1 m. No PPE required
	Patients with respiratory symptoms.	Any	Maintain spatial distance of at least 1 m. Provide medical mask if tolerated.
	Patients without respiratory symptoms.	Any	No PPE required

**मन्जुरीनामा फारम (Consent form)**

म..... विगतका दिन देखि लागू औषधीको प्रयोग छाड्ने प्रयास गर्दै नेपाल सरकार गृह मन्त्रालय र स्वास्थ्य मन्त्रालय अन्तर्गत रही संचालन भईरहेको मत्त मौखिक उपचार पद्धति (नेषाडोन/बुप्रेनर्फिन टिब्लेट)मा औषधी नियमित रुपमा सेवन गर्दै आएकोमा म निम्न सर्तहरू पालना गर्दै टेक होम डोज (Take Home Dose) लिन तथा जान मन्जुर गर्दछु ।

**सर्तहरू**

१. मैले निम्न अनुसार प्राप्त गरेको औषधीको दुरुपयोग तथा बेचबिखन गर्ने छैन र यदि मैले प्राप्त गरेको औषधीको दुरुपयोग तथा बेचबिखनको क्रममा प्रहरीबाट प्रकट भएमा औषधी दिने संस्था जिम्मेवारी नभई म स्वयं नै जिम्मेवार हुनेछु ।
२. म डाक्टर सल्लाह अनुसार नै औषधीको सेवन गर्नेछु र यदि औषधी डाक्टर सल्ला अनुसार सेवन नगरेर सक्ने घटना (ओभरडोज/मृत्यु/अपघ) भएमा स्वयम् जिम्मेवारी हुनेछु र मत्त संस्था जवाफदेही हुने छैन ।

म आफू खुसी माथिको सर्तहरू पालना गरी हस्ताक्षर र श्रीठा छाप लगाउँदै छु ।

**सेवाग्राहीको विवरण**

नाम .....  
 ठेगाना: .....  
 फोन नं. ....  
 सेवाग्राही नं.: .....  
 दैनिक औषधीको मात्रा: .....

दायाँ	बायाँ

औषधीको नाम: नेषाडोन ( ) बुप्रेनर्फिन ( ) जम्मा प्राप्त डोज: .....

औषधी टेक होम डोजको सतमापधी: ..... देखि .....

सेवाग्राहीको हस्ताक्षर: .....

औषधीको वितरण गर्ने संस्थाको नाम: .....

औषधी दिने कर्मचारीको हस्ताक्षर: .....

औषधी वितरण गरेको मिति: .....

टेक होम डोज दिएको कारण: कोभिड-१९ को माहामारीको रोकथाम गर्न

## ANNEX 3: TRACKING OF USE OF TAKE AWAY DOSE FOR OST

Take away dose monitoring sheet for SSU

District:

Name of SR/SSU unit:

S.N	Name of the client	OST (M/B)	Contact number	Daily dose taken at MU (Y/N)	Daily dose of the client	take way dose provided	Written consent received for take away dose	Total take away dose taken	# of days Take away dose taken for	24th Mar, 2020			
										Is family member presented during providing take away dose (Y/M)	if not SSU team did proper counseling	Is medicine propely taken by the client (Y/M)	is there any side effect observed (Y/M)

## REFERENCES:

- WHO Guidelines
- UNAIDS Guidelines