SOUTHERN AFRICAN HIV CLINICIANS SOCIETY



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At the moment, very little is known about the interaction between HIV and COVID-19.

Nonetheless, some reasonable assumptions based on experience with other infections, such as influenza, can be made with regard to immune suppressed individuals.

The following are recommendations from the Southern African HIV Clinicians Society, for healthcare providers:

- **The Corona Virus:** Corona viruses are enveloped, single-stranded positive-sense RNA viruses. They are typically responsible for the common cold, and usually cause self-limited upper respiratory tract infections. However, they can cause more serious diseases, such as pneumonia, MERS or SARS.
- COVID-19: Diagnosis takes place in persons with acute respiratory illness with sudden onset of at least one of the following: cough, sore throat, shortness of breath or fever [≥ 38°C (measured) or history of fever (subjective)] irrespective of admission status; AND in the 14 days prior to onset of symptoms, met at least one of the following epidemiological criteria: were in close contact with a confirmed/probable case of SARS-CoV-2 infection; had a history of travel to areas with presumed ongoing community transmission of SARS-CoV-2; worked in, or attended a health care facility where patients with SARS-CoV-2 infections were being treated; or admitted with severe pneumonia of unknown aetiology.
- **HIV Testing:** If your patients do not know their HIV status, please ensure they get tested and onto ARV treatment as soon as possible, as this may protect them from COVID-19, along with having multiple other morbidity and mortality benefits.
- Adherence to ARVs: If your patients are on ART, ensure they are adherent. Long-term adherence to ARVs reduces patient Viral Load and results in immune competence.
 Adherence may protect your patient from COVID-19, besides for the manifold other morbidity benefits.
- **Returning to care**: If your patient has interrupted their ARV therapy, it is important that they get back onto ARV treatment *now*, as it could protect them from COVID-19.

- **Treatment Failure**: Patients who have experienced virological failure on their current first line regimen (two viral loads > 1000 despite an adherence intervention) should be switched to an appropriate second line regimen as per guidelines (https://sahivsoc.org/SubHeader?slug=sahcs-guidelines).
- Other Infections: Other infections, particularly those that affect the lungs, such as TB and influenza, may worsen COVID-19. Therefore, it is important to give patients their annual influenza vaccinations, perform screening for TB, and encourage your patients to take TB preventive therapy [if they have not already taken TPT].
- **Infection Control:** The best way to protect yourself, as a healthcare provider, against COVID-19 is to practice good infection control, per your facility/practice IC protocols. Practice, and encourage your patients to practice:
 - cough hygiene: cough/sneeze into elbow/tissue that can be disposed of immediately;
 - allow clean air to circulate by opening windows;
 - wash hands often with soap and water for at least 20 seconds;
 - if soap and water are not available, use an alcohol-based hand sanitizer;
 - avoid touching eyes, nose and mouth with unwashed hands;
 - avoid close contact with people who are sick/ask them to wear masks;
 - stay home and keep your distance from others if you are sick to prevent infecting others;
 - clean and disinfect frequently touched surfaces and objects;
 - avoid contact with farm/wild animals and animal products, such as uncooked meat;
 etc.
- **Messages for patients:** Patient messaging regarding HIV testing, access to treatment, and long-term adherence to ARVs should be re-emphasised at this time. Controlling one's HIV means patients are better prepared to withstand COVID-19.

For further information for healthcare workers, please consult the the NICD Hotline 0828839920 or website www.nicd.ac.za

Laboratory related queries, the Centre for Respiratory Diseases and Meningitis :011555-0315/7/8/0488)

