

**INTERIM GUIDANCE FOR  
CONTINUING HIV PROGRAM  
SERVICE DELIVERY DURING  
COVID-19 PANDEMIC**

(Updated May 5, 2021)

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### Message from Director

With our country facing second wave of COVID-19 Pandemic, the Interim Guidance for HIV program is developed to support all the stakeholders including service delivery points for continuing identified essential HIV program in the country.

The main objective of this document is to prevent community workers, healthcare workers and beneficiaries from COVID-19 infection while serving/ getting services and able to combat HIV transmission, retain on treatment and achieve the national goal during this pandemic.

Furthermore, a revision on the guidance to provide these required services have also been defined in this document.

Dr. Sudha Devkota

Director

National Center for AIDS and STD Control



मास्क  
लगाऔं



भौतिक दुरी  
कायम गर्तै



बेलाबेलामा  
सायुनपानीले हात धोऔं

“जनस्वास्थ्यका मापदण्डहरुको कडा रुपमा पालना गर्तै,  
गराजौं र कोभिडको संक्रमणबाट बचौं बचाजौं”

## SITUATION OF HIV EPIDEMIC IN NEPAL

The estimated number of people living with HIV in 2020 was 29,504 and the prevalence of HIV in adult was 0.13%. Nepal has concentrated epidemic of HIV and the key populations- People Who Injects Drug (PWID), Men who have Sex with Men (MSM), Transgender (TG), Sex workers and their clients, Migrant workers and their spouse, Prison inmates are at risk of acquiring HIV.

The National HIV Strategic Plan 2016-2021 established identify, reach, test, treat, and retain (IRTTR) as the country's strategy for achieving the 90-90-90 targets and ending AIDS as a public health threat by 2030. Since adopting the IRTTR strategy, and particularly community-led testing (CLT) and the policy of 'test and treat', Nepal has made significant strides in finding people living with HIV and getting them on treatment.

HIV prevention interventions are focused on the key and priority populations noted above, in certain districts selected on the basis of key population estimates, hotspot mapping and the annual HIV prevalence estimates. The service packages include community-led prevention and behavior change communication, condom promotion, harm reduction (for PWID), community-led and facility-based testing and counselling, and linkage to treatment, PMTCT, STI management and other services.

Despite all preventive measures, annually around 1800 to 2500 new HIV infected people are diagnosed and enrolled on treatment. Since March 2017, treat all approach had enabled the health care providers to treat all diagnosed client irrespective of CD4 and WHO staging. Currently 19,410 PLHIV are on ART and HIV services are available in 61 districts from 80 ART centers, where trained ART counselors and Medical Officers provide services. Whereas, HIV testing and PMTCT services (up to birthing centers) are available in all districts to screen KPs, TB diagnosed clients, ANC visiting clients, clients with STIs, Malnutrition and other risk groups.

### IMPACT OF COVID-19 ON HIV:

During initial days of COVID pandemic, HIV infection was not considered as a risk factor for COVID-19 or more severe disease. However, recent studies conducted in larger samples suggest that PLHIV (particularly with low CD4 counts or not under ART) if infected with COVID are more likely to have severe clinical course in comparison to HIV negatives (Ambrosioni et al 2021).

Moreover, the COVID-19 pandemic has hugely disrupted HIV prevention and treatment services globally and created challenges to continue the essential service delivery. A recent modelling study suggests that in sub-Saharan Africa a 6-month interruption of ART would result in an excess of 500 000 adult deaths from HIV infection during a 4-year period and an up to twofold increase in mother-to-child transmission of HIV.

To maintain an effective HIV response during the COVID-19 pandemic, it is important to continue essential services such as providing early testing, implementing preventive measures among KPs, including harm reduction, and ensuring continuity of ART. WHO has enlisted HIV programs as an essential health service to be continued during COVID pandemic.

## 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 an 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, cough, diarrhea, sore throat, myalgia, conjunctivitis, discoloration limbs and can lead to difficulty in breathing. Some infected people may not develop any symptoms and don't feel sick. New variant of COVID-19 is prone in all age group even among children. 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 in breathing. Older people, and those with underlying medical problems like high blood pressure, heart problems, diabetes, cancer, chronic lung diseases 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.

Evidence is emerging on association of PLHIV with 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 and others, there are certain overlapping socio-economic vulnerabilities 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 and existing evidence also indicates that prevalence of some of these conditions are higher among drug users.

### How to prevent from COVID-19 infection?

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

1. Immunization against COVID-19, whenever possible (The currently available vaccines are safe for all including PLHIV)
2. Avoid overcrowding and maintain social distancing (at least 2 metres)
3. Do not touch eyes, nose and mouth with uncleaned hands
4. Wash hands regularly with soap and water properly for at least 20 seconds. If the soap and water is not available, use sanitizers (alcohol based) instead. Hand washing and use of sanitizers should be done as frequently as possible.
5. Clean the high touch surface area of the house and working area (such as table tops, door knobs etc.) with disinfectants
6. 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
7. Do not spit in the open place.
8. Visit to health facilities should be minimized or avoided unless absolutely necessary
9. In case of severe health conditions like shortness of breath, and other critical conditions, clients should be taken immediately to the health facility
10. Everyone must follow the national public health standard for COVID-19 (SMS); Social distancing, use of mask (cloth mask or medical mask) and Sanitizer.

## COVID-19 and HIV service delivery continuity:

As Nepal, like many other countries in the world is tackling the COVID-19 pandemic, it is equally important to ensure that HIV essential services are not interrupted, and HIV prevention is maintained while battling with COVID-19 response and all PLHIV are retained on treatment. The NCASC has developed and updated this 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 HIV key populations and PLHIV get continued services under safe conditions applying core human rights principles.

## Information for front line workers working in Prevention, Diagnosis, Treatment, Care and Support for HIV program:

Based on the available evidence, the COVID-19 virus is transmitted between people through close contact and droplets. 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.

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

- Encourage HCWs to have a high level of clinical suspicion especially clients with history of travel back from India and other countries and from provinces with high number of COVID-19 case
- 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 (Annex MOHP IPC guideline).

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

<b>Setting</b>	<b>Target personnel</b>	<b>Activity</b>	<b>Type of PPE or procedure</b>
Community workers for prevention and care support	Inreach/out reach/Peer educator/CHBC/peer navigator	Reaching KPs for implementing prevention program and commodities distribution HIV screening ARV medicine supply	Surgical mask Gloves Alcohol-based hand-rubs where available Follow SMS
Health facility (ART, OST and other Centers)	Healthcare workers	Physical examination of patients and counseling	Surgical mask Gloves Alcohol-based hand-rubs where available
	Dispensing medicines or supplies	During dispensing to client	Follow SMS
	Lab personnel	Sample collection of patient	Surgical mask Gown Gloves Eye protection Alcohol-based hand-rubs where available
		Providing report	Follow SMS
<p>Note:</p> <ul style="list-style-type: none"> <li>• Lab personnel 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> <li>• While in contact with suspected cases of COVID-19 extra precautions to be taken</li> </ul>			

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

### How to Protect yourself from COVID-19?

Clean hands with soap and water or alcohol based hand rub		Cover nose and mouth when coughing and sneezing with tissue or flexed elbow	
Avoid close contact with anyone with cold or flu-like symptoms		Avoid close contact with those who show signs of flu	
Avoid unprotected contact with live wild or farm animals		Thoroughly cook meat and eggs	



Government of Nepal  
Ministry of Health and Population  
Department of Health Services

## HIV PREVENTION PROGRAM

The stakeholders supporting HIV prevention programs for different key populations should continue to implement the programs taking all COVID-19 prevention measures and applying innovation to reach, test and retain client to reduce risk of HIV. COVID-19 precautions and preventive measures for outreach workers should be kept in priority with availability of enough PPE items as per the national guidelines.

- Ensure key populations have access to all HIV prevention commodities (condom, lubricants, needle syringes, PrEP medicines) and have HIV testing performed.
- Use "pre-prepared" packages with condoms, lubes, HIV Self Testing (HIV ST), and IEC materials in strategic points such as community-information points, CBOs office, private clinics, pharmacies etc. Condom/lube packages to be promoted through easy pick-up-points coordinating with local health authority.
- Provide PrEP adherence support through telephone and /or any virtual means such as Viber, Imo, messenger, WhatsApp etc.
- Distance reach of KPs through digital and virtual platform should be encouraged to avoid COVID contact. High risk and needy clients should be kept in priority, if physical meeting necessary (for commodities and HIV testing)
- Conduct psychosocial sessions among key populations to reduce their anxiety and stress during this pandemic.
- Explore and link to the existing referral package support by the government or any other stakeholders.
- Conduct screening of violence among key population and refer them for further support.
- Communicate frequently with key populations to know about their status, needs and support.

## DIAGNOSIS OF HIV:

All diagnostic facilities should stock their supplies of RDTs and ensure un-interrupted supply of the diagnostics. NCASC shall ensure adequate stock of diagnostic supplies at the central, district levels as well as in the service delivery sites. With uplifting of the lockdown by GON, the essential HIV services should be resumed gradually. However, based on the local context and COVID-19 situation/epidemiology at provincial and local level the following. HIV testing among certain population should be ensured and carried out irrespective of lock down through innovative approaches:

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
4. All KPs should be offered HIV testing using differentiated approach

## DIFFERENTIATED HIV TESTING SERVICES (HTS) IN COVID-19 CONTEXT

### **It is important to support undiagnosed PLHIV to get tested and linked to ART**

- PLHIV, who do not know their status and are not on ART and those with known risk factors (e.g. diabetes, TB, other co-morbidities), who acquire a COVID-19 infection may be at risk of COVID19 complications.
- Mobilize community and clinical staff as per the need for HIV testing services in the community with utmost precaution.
- Testing should be provided to those with urgent needs only - specially in districts under red zones, with targeted testing, testing partner of PLHIV, KPs with high risk of exposure, pregnant women and HIV exposed infants and children. Risk assessment should first be done virtually to decide the needs for testing. If any beneficiary is suffering from COVID-19 related symptoms, testing must not be conducted, instead clients will be referred to nearest fever clinic or government health facility.
- If the service is not available like for EID or VL testing, client should be in close contact to ensure testing whenever the service resumes.

### **Things to be considered for prioritizing and adapting HIV testing services**

- Continuing testing in ongoing critical clinical services (e.g. ANC, individuals with symptoms or conditions indicative of HIV or with related co-infections or other co-morbidities (e.g. TB , STIs, malnutrition), and EID of HIV-exposed children).
- Key populations and other vulnerable groups who need HTS, as well as other comprehensive sexual health services, and social protection.
- Increasing use of HIV self-testing (HIVST), where available and restricting/pausing community outreach in some settings. Secondary distribution of test kits for partners/contacts testing to be promoted.
- All reactive should be further tested for HIV confirmation using national HIV testing algorithms in the community, or if possible, in the clinics. Maintain linkage and referrals to ART center.
- Monitor supply chain management as there may be increased risks of disruptions.
- While providing counseling, maintain at least two meters distance between service provider and beneficiaries. While taking sample for testing ask client to sanitize hands and wear masks. If the mask is not available, either provide mask or ask the client to cover face with a cloth/shawl. Collect blood sample following standard procedures.

## ART CENTER

To minimize the exposure and limit the number of clients visiting in the hospitals, 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
2. 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 at all times
3. ART centers should review their stock of ARVs before dispensing the drug to avoid stock out of medicine and coordinate with logistics team of NCASC regularly

4. 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 exposure of the client
5. 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 continue medications regularly. Immediate care needs to be provided if conditions worsen.
6. All clients with high VL (unsuppressed) should be managed well to reach VL suppression (<20 copies per ml). To ensure timely ARV regimen is switched or substituted and supported by adherence counseling in person or via other measures like telephone.
7. Older PLHIV or PHIV with co-morbidities such as heart/lung problems, diabetes, hypertension should continue treatment for other co-morbidities
8. Women living with HIV and pregnant should start and continue ARV medicines and ensured ANC visits and hospital delivery is done to minimize risk of HIV transmission to infant. All HIV exposed children should receive scheduled immunization even during this pandemic.
9. Children living with HIV should be followed up in 3 to 6 months for weight-based ARV dose adjustments.
10. New clients diagnosed during emergency needs to be started on ART as early as possible and prevent worsening their immunological status and in turn, make them vulnerable.
11. All newly diagnosed clients need to be ruled out for life threatening OIs like TB, PCP pneumonia, Cryptococcal meningitis, toxoplasmosis and provided treatment accordingly
12. Telephone or virtual visits for routine or non-urgent care and adherence counseling may replace face-to-face encounters.
13. Ensure adequate provision of ARV for the clients for at least 1- 2 months depending upon the stock of ARVs.
14. 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.
15. Remind clients NOT to undertake self-medications based on information circulating in social media or otherwise, as these can be detrimental.
16. For PLHIV who is CO-infected with COVID-19, immediate care needs to be given in the hospital setting with standad care for HIV as per nation HIV management guidelines and national covid-19 management guidelines. and to report it in DHIS-2 HIV tracker and IHMIS.
17. To minimize exposure to COVID-19 cases, alternate non-COVID hospitals nearby or other health centers nearby operated by either by government or NGOs serving these population like CHBC/CCC for PLHIV as an alternatives service delivery center due to restrictions measures implemented by the local level or Hospital. To make this smoothly functional, relocate the existing ART counselor and shifting all required HIV commodities to be done, with maintaining the documentation of transferring HIV commodities to the temporary ART dispensing site.

## VL Sample Collection and Testing

- If transportation is not available, VL testing will be conducted in the districts where VL testing facilities are available within the district. If VL testing sites can conduct testing, collect samples avoiding crowding at the same time. And send samples to testing laboratory after coordinating with the testing laboratory.
- When transportation resumes, other districts can also collect the sample and send to VL testing centers following the standard procedures. Coordinate with lab specialist before dispatching the sample to the testing laboratory.
- Sample collection and transportation to be done by laboratory staff using necessary infection prevention and control (IPC) measures and transported at 2-8°C within two hours to the laboratory to separate plasma.

## COMMUNITY PROVIDERS SERVICES FOR PLHIV

Community Home based care (CHBC)/ Peer navigators and Community Care Center (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, all kinds of counseling (adherence, psychosocial), OI management and treatment retention. During this COVID-19 emergency, to prevent exposure to service providers and limit mobility the regular service was stopped except for emergency cases. However, with the lifting of lock down, these services will be resumed gradually based on COVID-19 changing epidemiology. Hence, it is necessary to provide information to the clients on the following:

1. Counsel the clients that CCC and CHBC/Peer navigators will be resumed with proper precaution and public health standards (SMS) and inform that CCC will only keep clients in the center for those in critical need and will avoid crowding to minimize COVID-19 transmission
2. CHBC/Peer navigators will support PLHIV clients by distant means such as phone call to stable clients monthly and to clinically unwell client every day or weekly depending upon their need
3. CHBC/Peer navigators will ensure client has enough stock of ARVs with them at least one-two months
4. CHBC/Peer navigators 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/Peer navigators to follow and retain children living with HIV and pregnant women on treatment
6. CHBC/Peer navigators and CCC to follow the PPE 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 on 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)

OST service is one of the essential services and needs to be continued during COVID-19. To decrease the burden for health care workers and client **take away dose of OST medicines for seven days** is recommended by Harm Reduction (HR) TWG members (which includes MOHA, MOHP, NCASC and other stakeholders). While implementing take away dose, it is recommended to provide under the supervision and monitoring of the OST site staffs and family members. This modality will be reviewed based on changing epidemiology of COVID-19 and in low epidemic zone the take away dose will be uplifted and regular daily dose will be recommended.

The OST services comprise of medical unit (MU) and social support unit (SSU) and following are the recommendations for delivering services in this interim measure. To support easy mobility of MU and SSU staff temporary pass from the respective local authorities.

## Medical Unit

- Provide counseling on countries situation on COVID-19 situation and measures to be undertaken for prevention and follow interim guidance that is developed under the leadership of MOHA and NCASC.
- All the clients on OST service, should be followed up and counseled in presence of the family members.
- 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 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 services 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 on the signs of over dose
- If the family members are not available due to the disclosure issue or their health problem, then client should be made responsible and follow up by MU or SSU
- During providing take away dose, the daily dose to be provided during follow up day and additional seven days dose to be provided to all client eligible for this with proper counselling of the client and the family members
- Ensure weekly reporting to NCASC and MOHA to update on the status of take away dose
- To follow up the client on eighth day for the follow up and provide daily dose or seven days dose (upon assessment of the client's condition and adherence to the treatment)
- New clients to be enrolled during this period but takeaway dose is NOT recommended for these new clients
- 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 following comprehensive public health standards (SMS)
- To minimize exposure to COVID-19 cases, alternate non-COVID hospitals nearby or other health centers nearby operated by either by government or NGOs serving these population like SSU for OST can be provisioned as an alternatives service delivery center due to restrictions measures implemented by the local level or Hospital. To make this smoothly functional, relocate the existing counselor and shifting all required commodities to be done, with maintaining the documentation of transferring HIV commodities to the temporary OST dispensing site with additional safe locker and Methadone dispenser to ensure the quality of service delivery and use of standard protocol.

## Social Support unit

- Clients taking medicines (Methadone and Buprenorphine) should be provided takeaway 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 with 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 risk of over dose.
- In case of any emergency, to contact the SSU members and take the client to hospital immediately

## 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 commodities including needle- syringes could be provided for more days (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 on priority for service delivery.
- Distant 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 by IRWs following public strands (SMS)

**\* IF ANY OF THE STAFF MEMBERS GET INFECTED WITH COVID-19 AT SERVICE DELIVERY CENTERS, TO FOLLOW THE GUIDANCE PROVIDED BY MOHP (KEEPING THE INFECTED ONE IN ISOLATION AND ENSURE ENROLLED IN SUPPORTIVE TREATMENT), TRACING OTHERS FOR TESTING AND ARRANGEMENT OF ALTERNATIVE STAFF MEMBERS FOR CONTINUING THE SERVICE**

## COMMUNICATION DURING COVID-19 RESPONSE

Director of NCASC, Dr. Sudha Devkota 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

### मञ्जुरीनामा फारम (Consent form)

म..... विगतका दिन देखि लागू औषधीको प्रयोग छाड्ने प्रयास गर्दै नेपाल सरकार गृह मन्त्रालय र स्वास्थ्य मन्त्रालय अन्तर्गत रही संचालन भईरहेको यस मौखिक उपचार पद्धति (मेधाडोन/मुप्रेनर्फिन ट्रिटमेन्ट)मा औषधी निर्धारित रूपमा सेवन गर्दै आएकोमा म निम्न सर्तहरू पालना गर्दै टेक होम डोज (Take Home Dose) लिन तथा जान मञ्जुर गर्दछु ।

#### सर्तहरू

- मैले निम्न अनुसार प्राप्त गरेको औषधीको दुरुपयोग तथा बेचबिखन गर्ने छैन र यदि मैले प्राप्त गरेको औषधीको दुरुपयोग तथा बेचबिखनको क्रममा प्रहरीबाट प्रकटाउ भएमा औषधी दिने संस्था जिम्मेवारी नभई म स्वयं नै जिम्मेवार हुनेछु ।
- म डाक्टर सल्लाह अनुसार नै औषधीको सेवन गर्नेछु र यदि औषधी डाक्टर सल्ला अनुसार सेवन नगरेर सक्ने पटना (शोभरदोज/मृत्यु/अप) भएमा स्वयम् जिम्मेवारी हुनेछु र यस संस्था जवाफदेही हुने छैन ।

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

#### सेवादाताको विवरण

नाम .....

ठेगाना .....

फोन नं. ....

सेवादाता नं.: .....

दैनिक औषधीको मात्रा: .....

औषधीको नाम: मेधाडोन ( ) मुप्रेनर्फिन ( ) जम्मा प्राप्त दोज: .....

औषधी टेक होम डोजको समयावधि: ..... देखि .....

सेवादाताको 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

दायाँ	बायाँ

## 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 properly taken by the client (Y/M)	is there any side effect observed (Y/M)

## REFERENCES:

- WHO Guidelines
- UNAIDS Guidelines
- Guidance for COVID-19 and People with HIV. <https://clinicalinfo.hiv.gov/en/guidelines/covid-19-and-persons-hiv-interim-guidance/interim-guidance-covid-19-and-persons-hiv>