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LETTER TO EDITOR

## Mitigating Risk of COVID-19 Transmission at Antiretroviral Therapy (ART) Centres in India

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Dear Editor,

World Health Organization (WHO) declared novel Corona virus Disease of 2019 (COVID-19) outbreak as a pandemic and emphasized countries to take immediate actions on March 11, 2020 [1]. This disease has impacted everyone across the globe especially individuals with comorbid conditions. WHO had mentioned that People Living with HIV (PLHIV) who have not achieved viral suppression through antiretroviral treatment may have a compromised immune system that leaves them vulnerable to opportunistic infections and further disease progression [2]. There is a concern among HIV infected individuals for risk of acquiring Severe Acute Respiratory Syndrome Corona Virus 2 (SARS-CoV-2) infections due to their immunocompromised status.

HIV is a major public health problem with 2.14 million estimated PLHIV in India and around 1,133,950 are on treatment under national program in 532 Antiretroviral Therapy (ART) centres by August 2017 [3]. An average PLHIV number at government ART centres ranges between 2000-5000 per centre. PLHIV visit ART centres either monthly or once in three months for collecting their antiretroviral drugs, clinical follow up and counseling sessions. The average daily number of individuals attending ART centres varies between 75 and 200 per centre. As there is no cure for COVID-19 till today, everyone needs to learn

living with the virus and protecting self until the discovery of an effective vaccine or treatment [4].

Health system resilience can be defined as the capacity of health actors, institutions, and populations to prepare for and effectively respond to crises; maintain core functions when a crisis hits; and, informed by lessons learned during the crisis, reorganize if conditions require it [5]. So, a need is felt to implement different strategies and measures at ART centres in the country for mitigating transmission of COVID-19 in addition to following the existing operational guidelines in the light of COVID-19 [6].

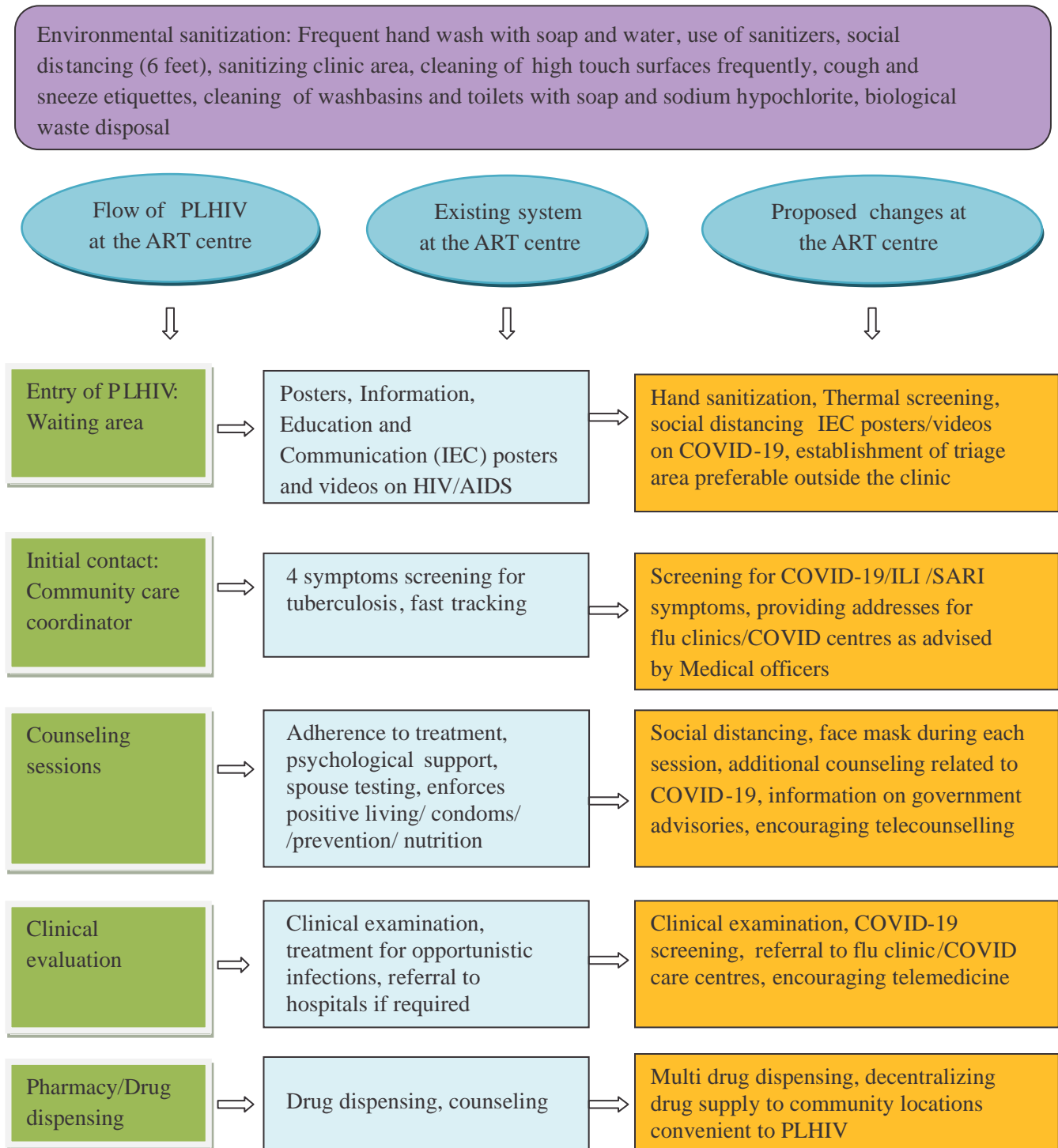
### **Safety of PLHIV and health care workers at ART centre:**

All the ART centres are following operational guidelines for HIV services issued by National AIDS Control Organization (NACO). But they need to be modified in the wake of current COVID-19 situation. Screening of all PLHIV visiting ART centre for exposure history and symptoms suggestive of COVID-19 using a checklist should be done by community care coordinator at the entry point. This should include information related to their travel history within past 14 days, exposure to COVID-19 positive patient, recent or worsening of cough in 14 days, breathlessness, fever, loss of taste and smell, sore throat, and fatigue. The questions should be carefully asked to differentiate between

tuberculosis, Severe Acute Respiratory Infection (SARI), influenza like Illness (ILI) and COVID-19. Triage of symptomatic PLHIV should be done preferably at the area outside the clinic. If any of the symptoms is present, fast tracking of PLHIV should be done for clinical examination by doctor followed by referral to COVID care centres for testing for SARS-CoV-2 if required (Fig. 1). This could lower the risk of infection to other individuals at the centre. Body temperature of all PLHIV should be measured by infrared thermometer at the entrance, everyone should be advised to wear mask or face cover and adhere to cough or sneezing etiquettes. PLHIV should wash their hands with soap and water or clean the hands with alcohol-based sanitizers placed in the centre. They should be advised to strictly adhere to the social distancing norms and maintain distance of two meters from each other while at the ART centre [7]. PLHIV should be counselled to adhere to their treatment so that the chances of virological failure and eventually SARS-CoV-2 infection are minimised. Identifying various 'pick up centres' and decentralizing drug stocks will help PLHIV in collecting their supply in regular manner and thus minimize the daily number of PLHIV attending the centre. Those who are on antiretroviral therapy for more than six months, asymptomatic, without any co-morbid condition and with a good drug adherence should be encouraged to pick up their medicines at the drug pick up centres identified by the ART centre (Fig. 1). If the number of PLHIV at the centre is reduced, health care workers will be able to focus more on PLHIV who are newly initiated on antiretroviral therapy, symptomatic, with comorbid conditions and poor drug adherence.

As per the guidance note by National AIDS Control Organization in COVID-19 scenario, community dispensation (through Care and Support Centers, home delivery through outreach workers, volunteers and PLHIV networks) and family dispensation could be done. Multi-month Dispensation (MMD) for three months may be given to all stable PLHIV on first line and second line ART, along with other prophylaxis drugs subject to availability of antiretroviral drugs [8]. PLHIV are encouraged to communicate by telephonic contact about their queries or issues with the doctors, counselors, and pharmacists at centres. This would greatly help in effective discussion which otherwise is difficult following social distancing and face masks worn by both health care worker and PLHIV. Anxiety related to SARS-CoV-2 infection among PLHIV due to immunocompromised status should be alleviated by counselors.

It is crucial to protect health care workers from COVID-19 at ART centres. Personal protective equipment should be used according to different category as per the guidelines led by Ministry of Health and Family Welfare (MoHFW) [9]. All the health care staff should follow social distancing norms. Frequent hand washing and use of alcohol-based sanitizers should be followed. The ART centre team should conduct review meetings and trainings preferably by video calling. Lunch hour should be divided according to the number of ART centre staff to prevent crowding in the canteen area. Health care workers should balance the activities at all levels in the centre so that patient care is optimized adhering to all advisories issued by government and maintaining the safety at the centre.



**Fig. 1: Additional Steps Proposed for ART Centres in View of COVID-19**

**Environmental Sanitation at the ART centre**

Regular sanitization of the ART centre should be done. High touch surfaces (doorknobs, stair rails, light switches, wall areas around toilet), floors of ART centre, corridors and other workstations must be regularly cleaned with ethyl alcohol or sodium hypochlorite as per the guidelines [10].

**Role of National ART programme managers:**

The national programme managers play an important role in COVID-19 situation by training the staff on prevention efforts, uninterrupted drug supply to the centre and conducting video meetings with the centres to resolve COVID-19 related issues. Recruitment should be done for all the vacant posts in the programme which will

facilitate staff rotation for the duties. New studies should be undertaken on HIV and COVID-19 for generating evidence-based data on co-infections.

**Conclusion:**

It is important to mitigate transmission of coronavirus in the ART centres that are crowded due to more number of PLHIV. The evolving pandemic and changing guidelines on COVID-19 should be kept in mind to take protective measures, modifying care delivery models and necessary steps in our approach. Care, support, counselling, and treatment should be an ongoing process for PLHIV, keeping both PLHIV and the health care workers safe across the ART centres in the country.

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