Test, test, test:
COVID-19 and HIV testing updates

COVID-19 AND HIV:
WEBINAR SERIES

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Strategies for HIV testing and initiation of treatment during the pandemic

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Continuation of HIV services during the COVID-19 pandemic

• **Focus on maintaining ART** – MMS, pharmacy/community pick up, home delivery, keeping PHC open, virtual and digital platforms for remote support and appropriate PPE for health workers

• **But need to also try and maintain testing services**
  – to avoid losing substantial HIV gains
  – to support people with HIV who are undiagnosed or unlinked to ART → test & link

**Progress toward the 90-90-90, 2015-2018**

*8.1 million PLHIV remain undiagnosed, globally*
How can HIV testing services (HTS) be modified in COVID-19 Context

• **Important to support undiagnosed PLHIV to get tested → linked to ART**
  – PLHIV, who do not know their status & not ART inc those with risk factors (e.g. diabetes ↑ BMI), who acquire a COVID-19 *may* be at risk of COVID-19 complications

• **Safety of HTS providers needs to be ensured** during testing procedures
  – practices including PPE, hand hygiene, respiratory hygiene, and physical distancing measures.
  – adaptations such as increased use of phone calls, digital tools (e.g. videos, websites, social media, text messages) and use of **HIV self-testing** (HIVST)

• **Considerations for prioritizing and adapting HTS programmes**
  – **continuing ongoing critical clinical services** (e.g. ANC (inc dual HIV/syphilis), individuals with symptoms/conditions indicative of HIV or co-infections or other co-morbidities (e.g. TB, STIs, malnutrition), and EID of HIV-exposed children).
  – **partner/index/family testing** to reach the partners of PLHIV presenting at facilities, and ongoing key populations programmes; increasingly using phone calls; partner delivered HIVST
  – **key populations** who need HTS, sexual health services, and social protection
    • restricting/pausing community outreach – focus on HIVST and virtual support
  – **maintain linkage and referrals to ART**, and supply of **condoms, contraception**
  – **monitor supply chain management** - may be increased HIVST demand & risks of disruptions
Realizing the role of HIV self-testing (HIVST)

Considerations for HIVST

- HIVST may be an acceptable alternative to maintain services while adhering to physical distancing guidance.
- Important to strategically implement HIVST prioritizing areas & populations with greatest needs and gaps in testing coverage.
- HIVST approaches include:
  - distribution for personal use and/or sexual and/or drug-injecting partners of PLHIV and social contacts of key populations
  - in high HIV burden settings, pregnant women may also provide HIVST kits to their male partners.
- Priority settings to consider
  - pick up at facilities or community sites
  - online platforms (e.g., websites, social media, digital platforms) and distribution through mail
  - pharmacies, retail vendors, vending machines

Countries with HIVST programmes

Expand and adapt HIVST

- replace facility with HIVST (to decongest health facilities)
- use HIVST for partner and social network testing

Countries yet to use HIVST

- Lobby for rapid HIVST approval
Vietnam (USAID/PATH Healthy Markets): Client-directed online HIVST

**Step 1**
Online reach & risk assessment
- View HIVST advertisement
- Complete online risk assessment
- Self-identify HIV testing needs

**Step 2**
Online test order
- Select/fill out online HIVST delivery order (mail, grab, self-pick up)

**Step 3**
HIVST kit delivery
- HIVST kits delivered to clients within 48h
- Client confirms receipt through Zalo/SMS

**Step 4**
Follow-up HIVST
- Perform HIVST, using instructions-for-use and/or video
- Provide feedback to distributors via telephone, Zalo, SMS within 7 days
- If no feedback, distributor calls the client.

‘Grab’ delivery

Slide courtesy Dr. Kimberly Green, Global Director – HIV & TB, PATH
Ukraine (Serving Life): HIVST to continue index testing during COVID-19

Index client specifies preference for HIV self-testing for partner notification.

OraQuick delivered either at home or handed off at a public location.

Partners with reactive results are referred to AIDS Center for confirmatory diagnosis and treatment initiation.

Index client contacts social worker or social worker follows up with index client for result.

Slide courtesy Dr. Kimberly Green, Global Director – HIV & TB, PATH
Exploring opportunities for HIV testing in the COVID-19 response

In high HIV burden settings ... could consider
• Community contact tracing key element of the COVID-19 response
  – Provide HIVST or offer HTS when screening for COVID-19 in homes (for those who have not have a recent HIV test) – potentially an opportunity to reach men offer testing & link to ART
• Offer HIV testing/HIVST for people presenting with COVID-19 symptoms in facilities

In high TB burden settings
• TB screening
  https://www.who.int/tb/COVID_19considerations_tuberculosis_services.pdf

COVID-19 has and will continue to change many aspects of health care delivery. Some learning and approaches may endure in the longer team
Resources

All WHO HTS info available on ‘WHO HTS Info’ app and website

https://www.who.int/publications-detail/consolidated-guidelines-on-hiv-testing-services-for-a-changing-epidemic

• Please contact baggaleyr@who.int or johnsonc@who.int for any questions

Thanks to the WHO testing team - Cheryl Johnson, Muhammad Shahid Jamil, Maggie Barr-DiChiara and Carey Farquhar and Vindi Singh WHO HIV-TB lead
HIVST links

- WHO HTS guidelines for a changing epidemic: https://www.who.int/publications-detail/consolidated-guidelines-on-hiv-testing-services-for-a-changing-epidemic
- WHO Guidelines on HTS Info: App Store / Google Play
- Community Q&A http://www.who.int/hiv/pub/self-testing/hst-questions-answer/en/
- HIVST.org http://www.hivst.org/
- Video documentary “In our hands”: https://youtu.be/2jKVTXXSAhY
- HIVST Q&A: https://youtu.be/BA5E9wsEbPw