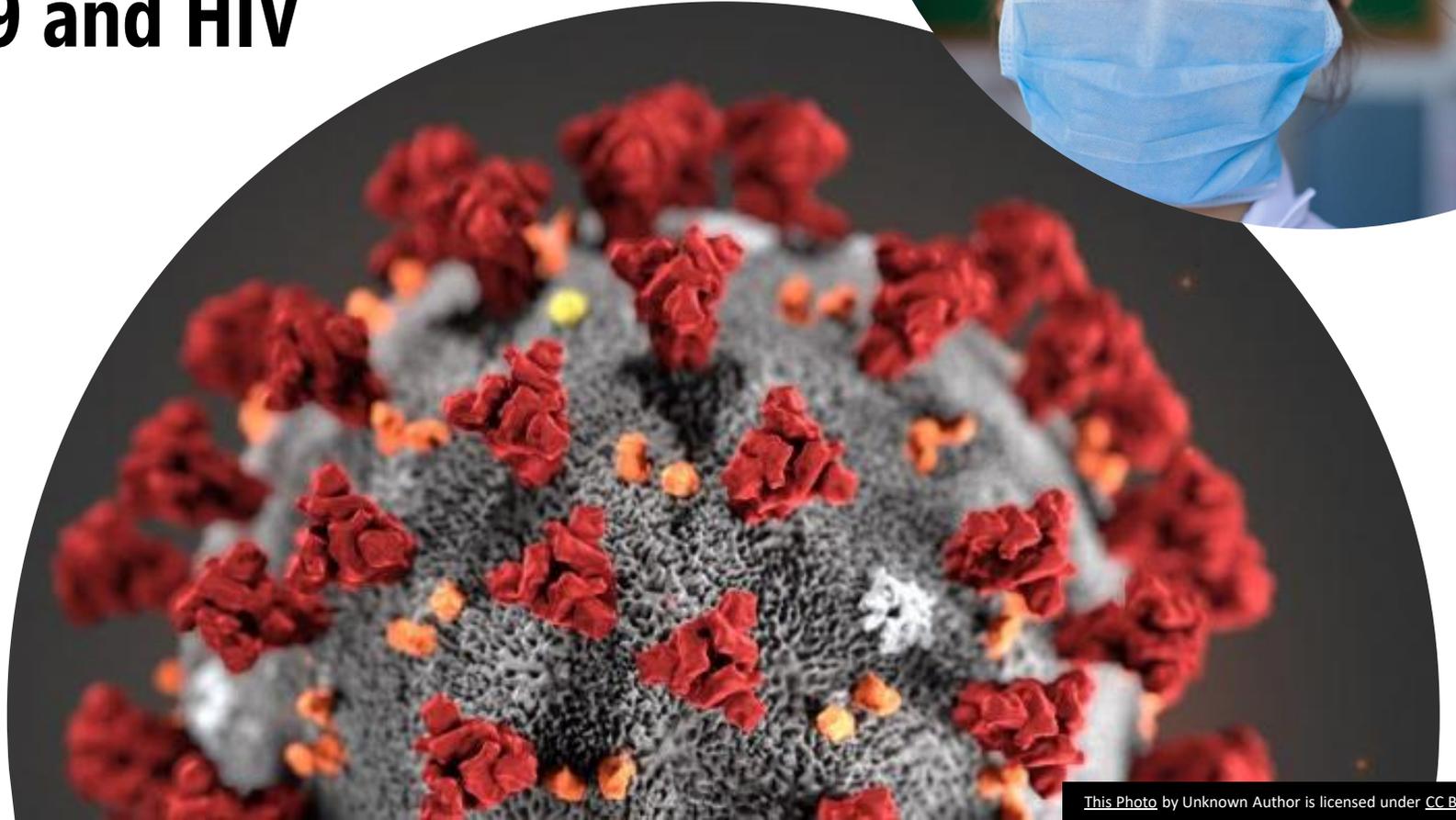




WHO normative guidance and updates on COVID-19 and HIV

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Background

- **WHO's COVID-19 response focused on:**

1. slowing and stopping **transmission** of COVID-19
2. minimizing the **impact** of the epidemic on **health systems**, social services and economic activity
3. provision of **optimized care** for all COVID-19 patients to reduce mortality

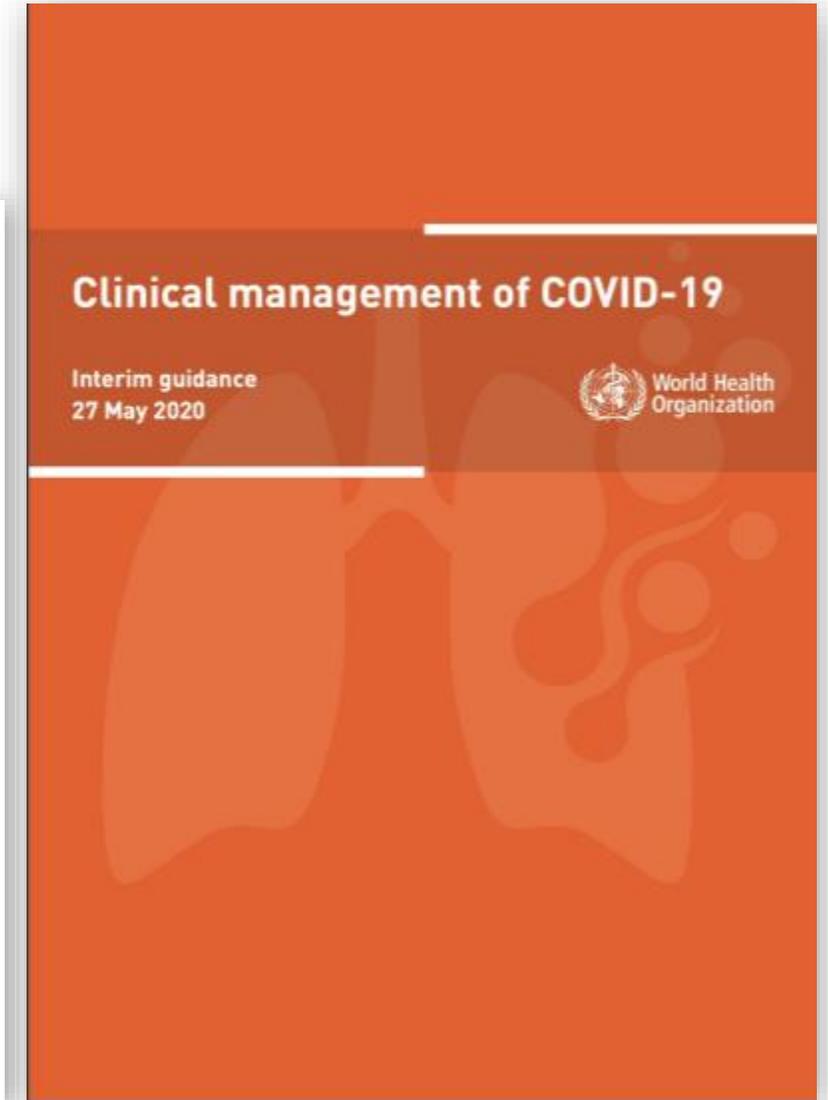


- The development of **evidence-based guidelines on clinical management of COVID-19** and public health responses should be informed by the **real time analysis of clinical data** from across the globe.
- **More information of disease presentation and outcomes in subpopulations is needed.**

Clinical management

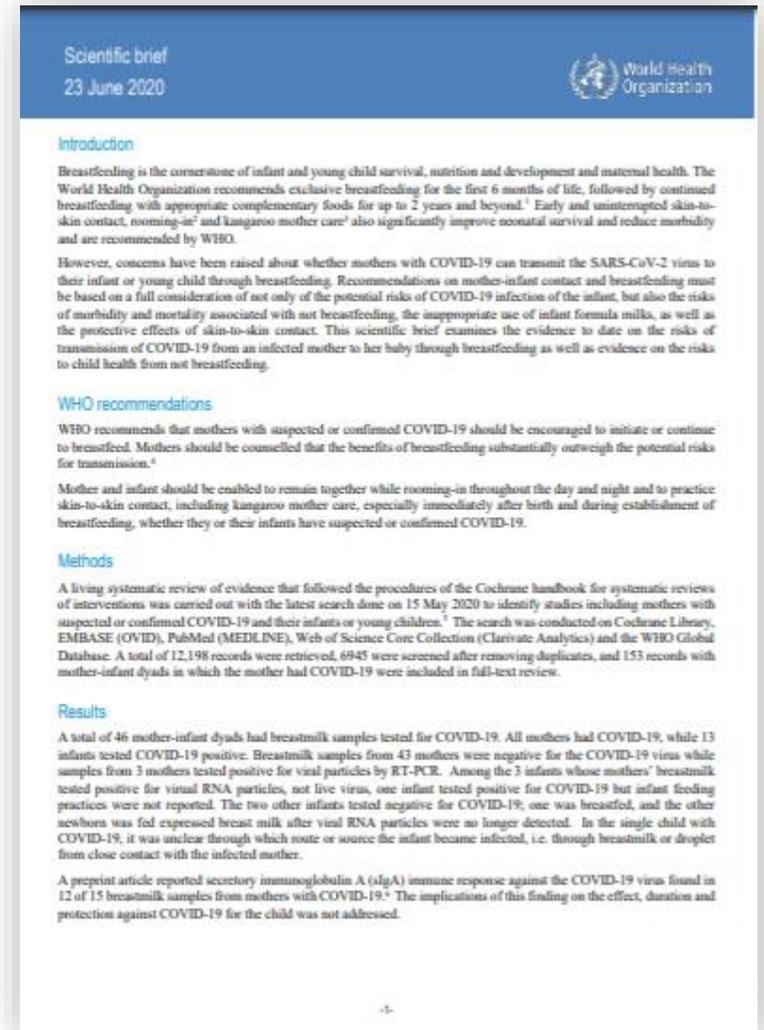
- Clinical presentation in children
- Use of therapeutics only recommended in the context of clinical studies
- How to care for pregnant women
- How to support breastfeeding

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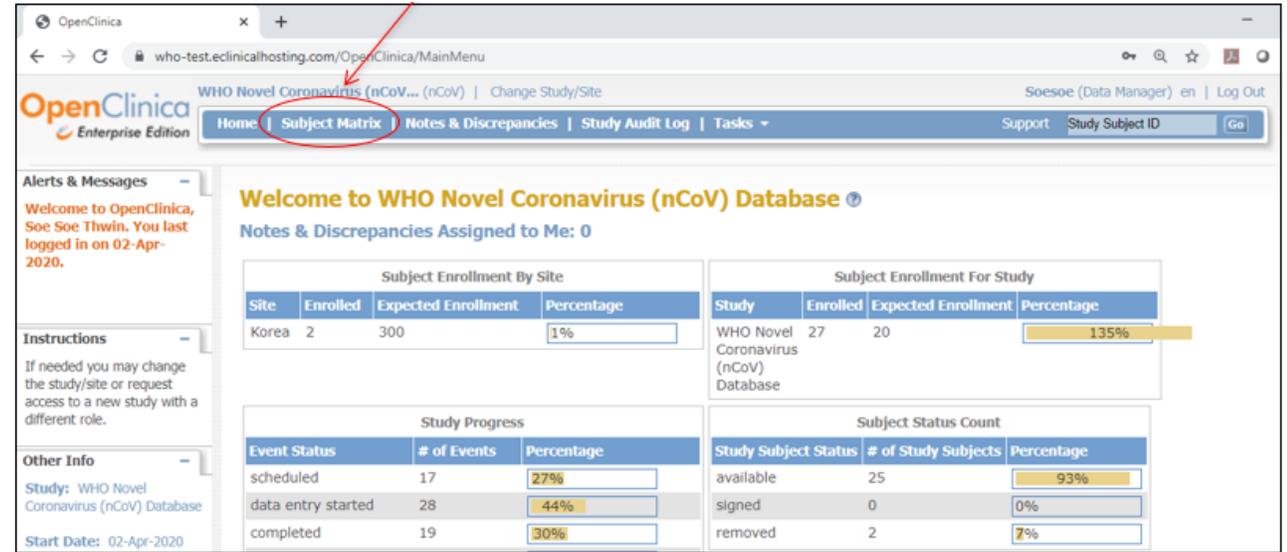
COVID19 and Breastfeeding

- Detection of COVID-19 viral RNA in breastmilk is not the same as finding viable and infective virus. **Transmission of COVID-19 would need replicative and infectious virus being able to reach target sites in the infant and also to overcome infant defense systems.**
- **The implications of transmission risk need to be framed in terms of COVID-19 prevalence in breastfeeding mothers and the scope and severity of COVID-19 infection in infants** when transmission occurs compared to the adverse consequences of using breastmilk substitutes and separation of newborns and young infants from mothers.
- **Secretory IgA have been detected in breastmilk** of mothers with previous COVID-19 infection. Although the strength and durability of sIgA reactive to COVID-19 have not yet been determined, **multiple bioactive components**, such as lactoferrin, have been identified in breastmilk that not only protect against infections but improve neurocognitive and immunologic development of the child.
- **Skin-to-skin contact and kangaroo mother care facilitate breastfeeding** as well as improve thermoregulation, blood glucose control, and maternal-infant attachment, and decrease the risk in mortality and severe infection among low birth weight infants. Beyond the neonatal period, positive effects of mother-infant holding include improved sleep patterns, lower rates of behavioural problems in the child and higher quality parental interaction.
- Compared to exclusively breastfed infants, **the risk of mortality is 14-fold higher in infants who are not breastfed.** Over 820 000 children's lives could be saved every year among children under 5 years, if all children 0-23 months were optimally breastfed. For mothers, breastfeeding protects against breast cancer and may protect against ovarian cancer and type 2 diabetes.¹⁸



WHO Global COVID-19 Clinical Platform

What? System that enables **rapid, standardized, and systematic** collection of anonymized (i.e. stripped of all personal identifiers) **clinical data** on infected cases with COVID19 hospitalized from **all settings and subpopulations** (e.g. HIV-coinfected)



Why? Facilitate aggregation, tabulation and data analysis across different settings and sub-populations (e.g. HIV infected patients) globally to (i) characterize **key clinical features and prognostic factors** of hospitalized cases, in different settings and subpopulations; (ii) inform appropriate clinical interventions

Where?

Secure, limited-access, password-protected web based platform hosted on OpenClinica

Standard clinical case report form (CRF)

The image shows three overlapping CRF forms. The top form is the 'CRF CORE' (Global COVID-19 Clinical Platform: Case Report Form for suspected case Multisystem inflammatory syndrome (MIS) in children and adolescents temporarily related to COVID-19). The middle form is the 'CRF PREGNANCY' (PREGNANCY MODULE (Form 1): complete on admission/enrolment). The bottom form is the 'CRF Multisystem Inflammatory Syndrome in CHILDREN' (MODULE 1. Complete this form for all children aged 0-19 suspected to have mult... inflammatory disorder). The forms include sections for demographics, clinical inclusion criteria, date of onset, and clinical features of current illness.

3 CASE RECORD FORMS (CRF)

Core CRF: hospitalized children and adults with COVID19

Pregnancy CRF: additional key information hospitalized pregnant women

Multisystem inflammatory syndrome (MIS) in children and adolescents

Each FORM has 3 modules

Module 1 : admission

Module 2 : daily follow up

Module 3 : discharge, death, transfer

Data may be collected **prospectively** or **retrospectively** through examination and review of medical records.

CORE CRF includes information on co-morbidities

1d. CO-MORBIDITIES (existing at admission) (Unk = Unknown)							
Chronic cardiac disease (not hypertension)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Hypertension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Current smoking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Chronic pulmonary disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Tuberculosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Asplenia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Chronic kidney disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Malignant neoplasm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Chronic liver disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Chronic neurological disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	If yes, specify: _____			
HIV	<input type="checkbox"/> Yes (on ART)	<input type="checkbox"/> Yes (not on ART)	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	ART regimen_____		

How to contribute data

- Health facilities and other entities wishing to contribute anonymized clinical data to the WHO COVID-19 Platform should:
- Email COVID_ClinPlatform@who.int.
- Provided they agree to the **Terms of Use**, they will receive **log-in credentials to access the Platform**.

What will WHO do with the data?

- Summarize demographic characteristics, clinical features and care received by COVID19 hospitalized cases in different geographical regions and subpopulations (e.g. **HIV infected, TB infected, etc**)
- Characterize the variability in the clinical features of these patients
- Explore the risk factors associated with mortality and ICU admission
- Regular analysis and **summary report** shared with contributors and publicly available

Who is invited to contribute?

- MoH
- Health facilities
- Clinical/research networks

To contribute data or request information

COVID_ClinPlatform@who.int

Why contributing?

- Large population studied= more robust estimates
- To enable comparing presentation and outcome of COVID19 in cohort of HIV infected pts with cohort of non-HIV cases
- Contributors will be acknowledged
- Facility-level information will not be identifiable, meaning that data contributors will still be able to publish their data elsewhere
- Upon submission of their data to WHO, contributors will have access to their dataset in an analyzable format.
- Facility level data will not be visible to other data contributors accessing the platform

Links

WHO COVID-19 Clinical Data Platform:

- 1) <https://www.who.int/teams/health-care-readiness-clinical-unit/covid-19>
- 2) <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/patient-management>
- 3) <https://who.eclinicalhosting.com/OpenClinica/>

Core CRF: [https://www.who.int/publications-detail/global-covid-19-clinical-platform-novel-coronavirus-\(-covid-19\)-rapid-version](https://www.who.int/publications-detail/global-covid-19-clinical-platform-novel-coronavirus-(-covid-19)-rapid-version)

Supplementary Pregnancy CRF: <https://www.who.int/publications-detail/clinical-characterization-case-record-form-pregnancy-module>

Multisystem inflammatory syndrome CRF: [https://www.who.int/publications-detail/case-report-form-for-suspected-cases-of-multisystem-inflammatory-syndrome-\(mis\)-in-children-and-adolescents-temporally-related-to-covid-19](https://www.who.int/publications-detail/case-report-form-for-suspected-cases-of-multisystem-inflammatory-syndrome-(mis)-in-children-and-adolescents-temporally-related-to-covid-19)

Essential health services

Sick child chronic care visits (chronic conditions and developmental disabilities)

Consider limiting the frequency of face-to-face visits for stable patients while maintaining the normal schedule of visits for those who require close monitoring.
Provide medicines and other supplies for longer periods than usual.
Provide extra care for children and adolescents with developmental delays and disabilities.
Consider using digital solutions to communicate with caregivers and patients.

👁 Sections 2.2.2, 2.2.3 and 2.3.1.

Well child care including growth and developmental monitoring and counselling

Consider postponing routine well child visits while planning for catch-up activities.
Integrate into every contact with health services, including immunization visits, growth and developmental monitoring, counselling and support for nutrition, screening for abuse and the mental health of the child and caregiver, and counselling for the caregiver about responsive caregiving (47).
Consider using digital solutions to communicate key messages to protect children and promote healthy growth and development.

👁 Sections 2.2.1 and 2.2.3.

Immunization of children and adolescents

Inform parents and adolescents about altered vaccine schedules, reassuring them about the safety of rescheduling vaccinations for adolescents.

👁 Section 2.3.3.

SRH and HIV services to adolescents

Adopt alternative strategies to inform adolescents about where and how to access SRH and HIV information and services.
Consider waiving restrictions (if these exist) – such as age or marital status, parental or spousal consent and costs – to facilitate access to SRH and HIV services by adolescents.
Establish tele-health mechanisms for individual counselling of adolescents that adhere to the principles of confidentiality and noncoercive decision-making.
If available, engage community groups and youth networks to extend the provision of SRH and HIV information and services.

👁 Sections 2.1.4 and 2.3.1

Prevention and response to intimate partner violence and sexual violence

Inform adolescents – males and females – where and how to get support and care in case of intimate partner violence or sexual violence. Use the media, if possible.
Advise health workers about the heightened risk to adolescents of intimate partner violence and sexual violence and the need to provide support and care discreetly and to ensure confidentiality.
Establish helplines and safe houses, if possible.

Rapidly reinstate services for well child care, including growth and developmental monitoring and counselling.

Plan and prepare for disruption during the next peak in demand.

Monitor changes in rates of undernutrition and overweight.

Plan for catchup of incomplete home-based records.

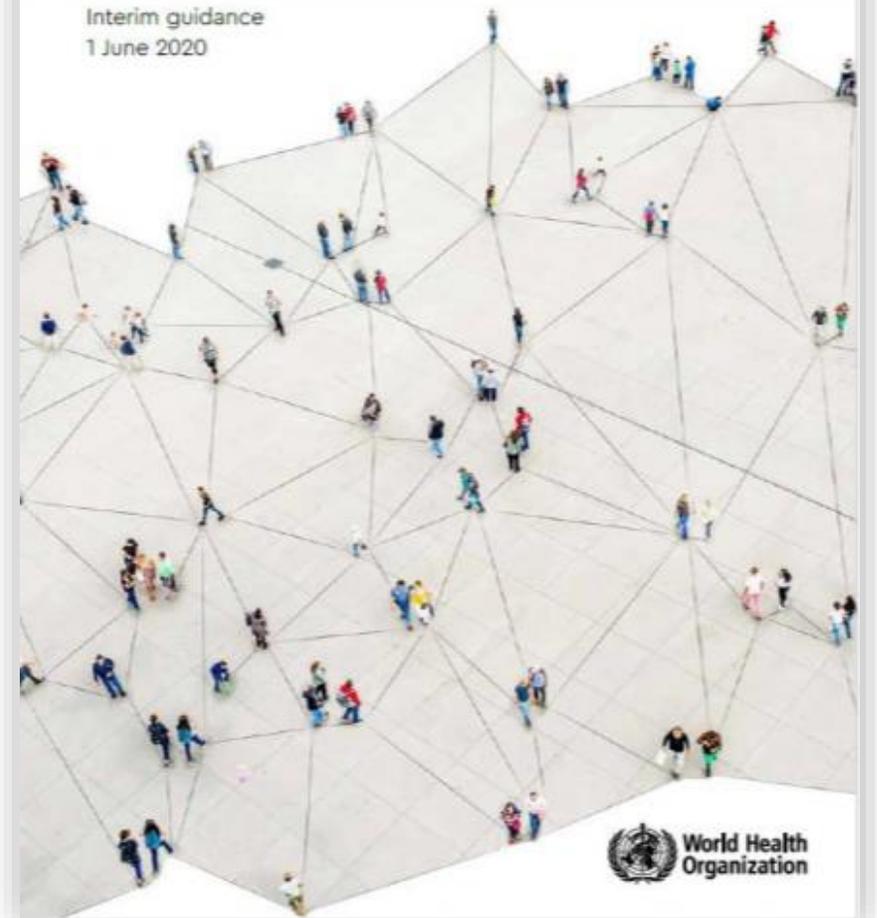
Plan for catch-up of incomplete home-based records.

Once schools reopen, ensure that school-based immunization programmes implement a catch-up vaccination plan (48).

Advise adolescents to seek support and care if they were unable to do so during times of restricted mobility.

Maintaining essential health services: operational guidance for the COVID-19 context

Interim guidance
1 June 2020



 World Health Organization

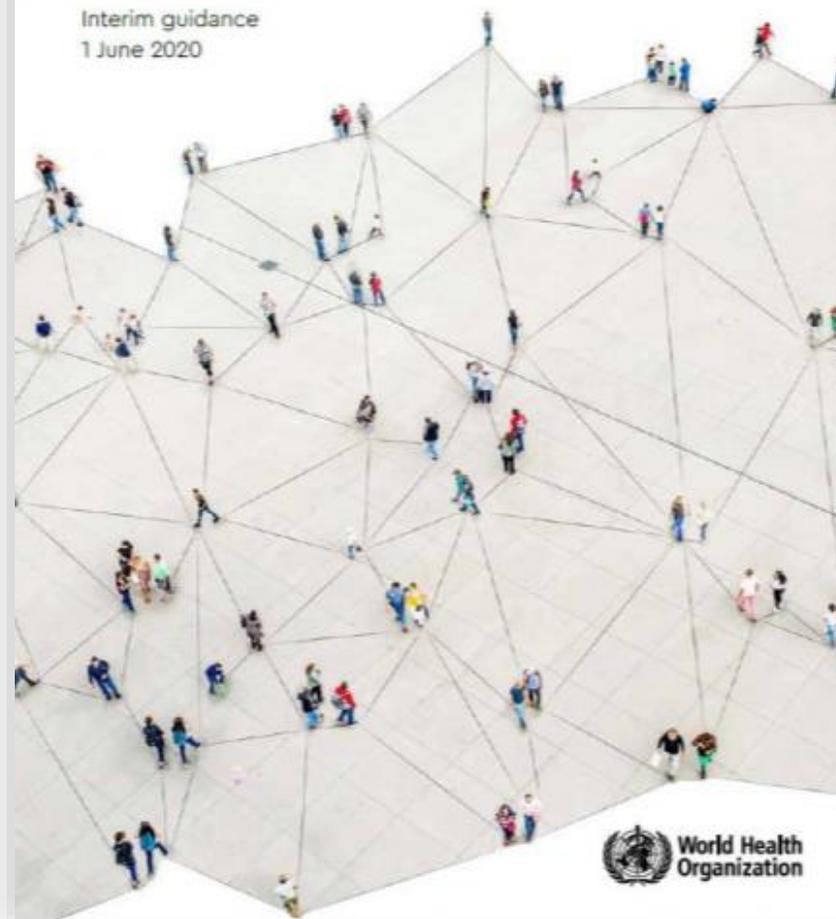
Essential health services

Treatment and monitoring

Routine screening for people with HIV	Use point-of-care CD4 cell count at ART start and return to care to diagnose advanced HIV disease.	
Prevention of common comorbidities in HIV infection and AIDS	Modify prescribing to increase patients' supplies of TB preventive treatment (isoniazid, 3HP, 1HP), sulfamethoxazole + trimethoprim, and fluconazole.	
Routine ART: adults and adolescents	Emphasize same-day start for ART, including when patient is starting outside of a facility (e.g. during outreach or when attending mobile services). Extend to 6-monthly dispensing and promote community dispensing points.	Re-establish group adherence support (e.g. small group, virtual, mobile phone). Return to 3-monthly dispensing, if confirmed.
Routine ART: children	Prioritize optimal regimens containing LPV/r or DTG, and switch to dispensing 3 months for children aged >3 years. For children aged <3 years, estimate whether dose adjustment will be required before next visit and prescribe accordingly. Follow up via phone or SMS text, including for planned dose adjustment. If insufficient stocks, deliver antiretrovirals at home or in the community.	Do catch-up campaigns for early infant diagnosis and ART initiation at first vaccination or other well child visits, if missed.
HIV: adherence and retention in care	Emphasize electronic health and mobile health strategies. Establish tele-health modalities for individual counselling that adhere to the principles of confidentiality and non-coercive decision-making.	Scale up peer and group counselling for adherence support and tracing, and also for re-engagement of people who have disengaged.
TB-HIV coinfection	Provide adequate stocks of TB medicines to all patients to take home to ensure treatment completion without having to visit treatment centres unnecessarily to collect medicines. Use electronic health and mobile health platforms for adherence support.	Implement catch-up campaigns for initiation of TB preventive treatment if delayed or missed.
Preventives and diagnostics for patients with advanced HIV disease	Modify to promote out-of-clinic delivery of elements of advanced disease package of care (prophylaxis, and screening for CD4 count and cryptococcal antigen, and TB screening for liposarabinomannan antigen). Reinforce vaccination against influenza. ☞ Section 2.3.3. Maintain regular follow up through distanced clinic check up or electronic or mobile health platforms.	Full clinical check up.
ART treatment monitoring	Reduce viral load testing to every 12 months unless otherwise clinically indicated.	Implement catch up campaign to assess viral load.

Maintaining essential health services: operational guidance for the COVID-19 context

Interim guidance
1 June 2020



Thank you!