The impact of COVID-19 on HIV Practice

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CDC’s recommendations to help people with HIV protect themselves from COVID-19 include:

• Having at least a 30-day supply of HIV medicine [preferably, 90 days]
• Avoiding close contact with people who are sick
• Practicing good hand washing
• Avoiding large crowds and gatherings
• Avoiding non-essential travel
• Following recommendations made by local public health officials
• Establishing a clinical care plan to communicate with health care providers online or by phone – including MAT programs

Figure 1. Clinical decision algorithm to guide care advice messages

INTERIM COVID-19 Phone Advice Line

**CARE MESSAGE:** Letter

A. Provide education

**B.** Call 911

1. **Yes**
   - Dispositions:
     - Urgent medical attention is needed/Go to the ED
       - Fever (≥ 100°F or ≥ 37.8°C)
       - Cough

2. **No**
   - Dispositions:
     - Contact facility occupational health provider immediately
       - Healthcare personnel, and
     - ANY non-severe shortness of breath;
     - Fever;
     - ANY respiratory symptoms

3. **Yes**
   - Dispositions:
     - Contact LTC facility healthcare provider to be seen
       - Live in a nursing home/LTC facility and
       - ANY non-severe shortness of breath;
       - Fever;
       - Cough

4. **No**
   - Dispositions:
     - Provide education
       - No symptoms/sick

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**Ask Series of Questions:**

- **Exposure:** In last 2 weeks before sick:
  - Have contact with someone with COVID-19?
  - Live/visit a place where COVID-19 is spreading?

- **Symptoms:**
  - Fever (subjective or measured)
  - Shortness of breath
  - Severe shortness of breath (unable to speak full sentence)
  - Cough
  - Coughing up blood (hemoptysis)
  - Signs of low blood pressure (cold, pale, clammy skin, light-headed)
  - Rashes or pruritic itch
  - Sore throat
  - Muscle aches, or headaches
  - Fatigue or malaise
  - Nausea, vomiting, or diarrhea
  - FOR AGE 2-19:
    - Fever:
      - Riles, are pulling in with each breath (retractions)
      - Dehydration (decreased urine output)
  - **High risk conditions:**
    - Age ≥65 years
    - Chronic lung disease or moderate to severe asthma
    - Congestive heart failure
    - Diabetes with complications
    - Neurologic conditions that weaken ability to cough
    - People with weakened immune systems
    - Dialysis
    - Emphysema of the lung
    - Extreme obesity (Body Mass Index, or BMI greater than or equal to 40)
    - Pregnancy
  - **Special circumstances:**
    - Lives in nursing home or long-term care facility
    - Healthcare personnel

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**Dispositions:**

- Urgent medical attention is needed/Go to the ED
  - Severe shortness of breath
  - Hemoptysis
  - Signs of low blood pressure
  - Dehydration
  - Rash or pruritic itch
  - Acting confused or unable to wake up
  - Slurred speech (new or worsening)
  - New onset seizure or seizures that won’t stop
  - Other conditions as per your center’s protocol

- Call a provider within 24 hours
  - ANY non-severe shortness of breath;
  - Fever
  - ANY respiratory symptoms

- Contact facility occupational health provider immediately
  - Healthcare personnel, and
  - ANY non-severe shortness of breath;
  - Fever;
  - ANY respiratory symptoms

- Contact LTC facility healthcare provider to be seen
  - Live in a nursing home/LTC facility and
  - ANY non-severe shortness of breath;
  - Fever;
  - Cough

- Stay at home, call provider if you get worse
  - Fever (no comorbidity);
  - Cough (no comorbidity);
  - ANY other symptoms, regardless of comorbidity

- Provide education
  - No symptoms/sick

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**Figure 1.** Clinical decision algorithm to guide care advice messages.
The Impact of COVID on HIV Patient Care – we need data

1. Virtual care delivery for PrEP / HIV treatment
2. What about supportive services?

1. Viral suppression is labile in some patients
2. What virtual strategies increase adherence?

1. Poverty increases vulnerability
2. Housing instability
3. Economic instability

1. Stigma
2. Isolation
3. Morbidity
4. Violence

1. Loss of support system
2. Changing models of MAT centers
3. Relapse?
Factors Impacting Adherence

Patient Factors
- Age
- Level of education
- Social factors
- Mental health including risk taking behaviors
- Neurocognitive impairment
- Substance abuse
- Pill Aversion

Medication Factors
- Pill burden
- Type of drug
- Side effects
- Running out of medication without refills in setting of fear to go to pharmacy
- Literacy / numeracy

Provider Related Factors
- Provider-patient relationship
- Trust
- Satisfaction with care
- Accessibility
- User experience with telehealth / telephone contacts

Factors in red are factors differentiated by COVID19

Mbuagbaw L. BMJ Open. 2018;8:e022982
Hinkin C. AIDS. 2004;18:S19-S25
Holzemer W. AIDS Patient Care STDs. 1999;13:3:185-208
Influence of COVID19 on the Status Neutral Continuum

Continuation of PrEP services is being impacted

Lower resources clinics, delayed time to access to telephone and telemedicine appointments

Figure. In the Status Neutral Continuum, the HIV prevention continuum (left) is for individuals who test HIV-negative, and the HIV treatment continuum (right) is for individuals who test HIV-positive. PrEP, preexposure prophylaxis; ART, antiretroviral therapy. Adapted from Abstract 61 and https://www.nastad.org/domestic/hiv-prevention-health-equity.
Avoiding Destruction of the Patient Centered Medical Home:

Key Questions for virtual medical home:

1. How are support and adherence staff engaged?
   a. Pharmacists?
   b. Providers?
   c. Nurses?

2. Telehealth
   a. HIV only or HIV and PrEP
   b. Acute visits via telehealth
   c. Home disclosure of HIV status
   d. Telephone might be better for some

3. Differentiated models
   a. Longer refills
   b. Text reminders – do HCWs use their cell
   c. Mailed pill boxes
   d. External lab providers
Escalation Matrix for Adherence Strategy

**TIER 1**
- All patients receive standardized information
- Email, EHR blasts, robo-calls

**TIER 2**
- Patients with long-term viral suppression (VL<20)
- Automatic refills by pharmacy for 90 day supply

**TIER 3**
- Patients with VL<20, vulnerable to non-adherence
- Weekly contact (perhaps more), added virtual support

**TIER 4**
- Labile viral suppression needing frequent contact
- Text reminders, phone calls, filled / shipped pill boxes.
Using HOPWA Program Funds for Infectious Disease Preparedness and Response
March 19, 2020

Housing Opportunities for Persons With AIDS (HOPWA) grantees may use HOPWA funds for a range of eligible activities to prepare for and respond to infectious diseases such as the coronavirus disease 2019 (COVID-19). The following chart includes examples of eligible HOPWA activities to support infectious disease preparedness and response.

<table>
<thead>
<tr>
<th>Activity Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs</td>
<td>Creating a disaster response plan for the local HOPWA program to ensure access to housing and services for eligible households during crises.</td>
</tr>
<tr>
<td>Resource Identification</td>
<td>Assessing and implementing modifications to workflow and program design in response to infectious diseases such as COVID-19 that may impact eligible household access to housing and services.</td>
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<tr>
<td></td>
<td>Conducting local assessment and planning activities to ensure grantees and project sponsors are prepared to respond rapidly and effectively to emergencies and infectious disease outbreaks in their programs.</td>
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<td></td>
<td>Coordinating with Ryan White HIV/AIDS Program (RWHAP) recipients which can be well-positioned to play an important role in delivering medical care and supportive services to HOPWA-eligible individuals and assisting local communities during infectious disease outbreaks.</td>
</tr>
<tr>
<td>Supportive Services</td>
<td>Assisting HOPWA-eligible households in accessing essential services and supplies such as food, water, medications, medical care, transportation, and information. Providing nutrition services in the form of food banks or meal deliveries. Educating assisted households on ways to reduce the risk of getting sick or spreading infectious diseases such as COVID-19 to others. Unless otherwise waived, grantees and project sponsors are subject to the HOPWA regulatory requirement that payments for health or medical services may only be made as a last resort.</td>
</tr>
<tr>
<td></td>
<td>Operating Costs for Housing Facilities</td>
</tr>
<tr>
<td></td>
<td>Essential furnishings, maintenance, equipment, and supplies that support the operation of housing facilities. Essential supplies include cleaning and disinfection supplies. Unless otherwise waived, medical supplies such as gloves and masks may be purchased subject to the regulatory requirement that payments for health services for any items or service may only be made as a last resort.</td>
</tr>
<tr>
<td>Planning Considerations</td>
<td>HOPWA grantees should review their available grant balances. Grantees often do not have fully expended grants. There may be unspent resources that could be used for activities related to infectious disease preparedness and response.</td>
</tr>
</tbody>
</table>

[Link to HUD Exchange resource](https://www.hudexchange.info/resource/5991/using-hopwa-program-funds-for-infectious-disease-preparedness-and-response/)
The Virtual Patient Centered Medical Home: The New Normal after COVID19?
Honor the Health Care Heroes Who Lost Their Lives to COVID-19

Know someone?

Share their photo  son-social@JHU.edu

Use hashtag #HealthCareHeroes on social media to raise awareness of this project so we can capture as many of our fallen colleagues as possible.

#HealthCareHeroes
Johns Hopkins experts in global public health, infectious disease, and emergency preparedness have been at the forefront of the international response to COVID-19.

This website is a resource to help advance the understanding of the virus, inform the public, and brief policymakers in order to guide a response, improve care, and save lives.

COVID-19 Data Center
Track global cases and trends. Updated daily.

Total Confirmed: 874,081
Total Deaths: 43,287
Total Recovered: 176,466

View the COVID-19 Interactive Map
Explore The Growth of New Cases Worldwide
Visit our homepage for resources, upcoming webinars and links to weekly updates.
NursesinAIDScare.org