



COVID -19 IN PATIENTS WITH HIV

MANAGEMENT STRATEGIES FOR BETTER HEALTH OUT -COMES

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ampath
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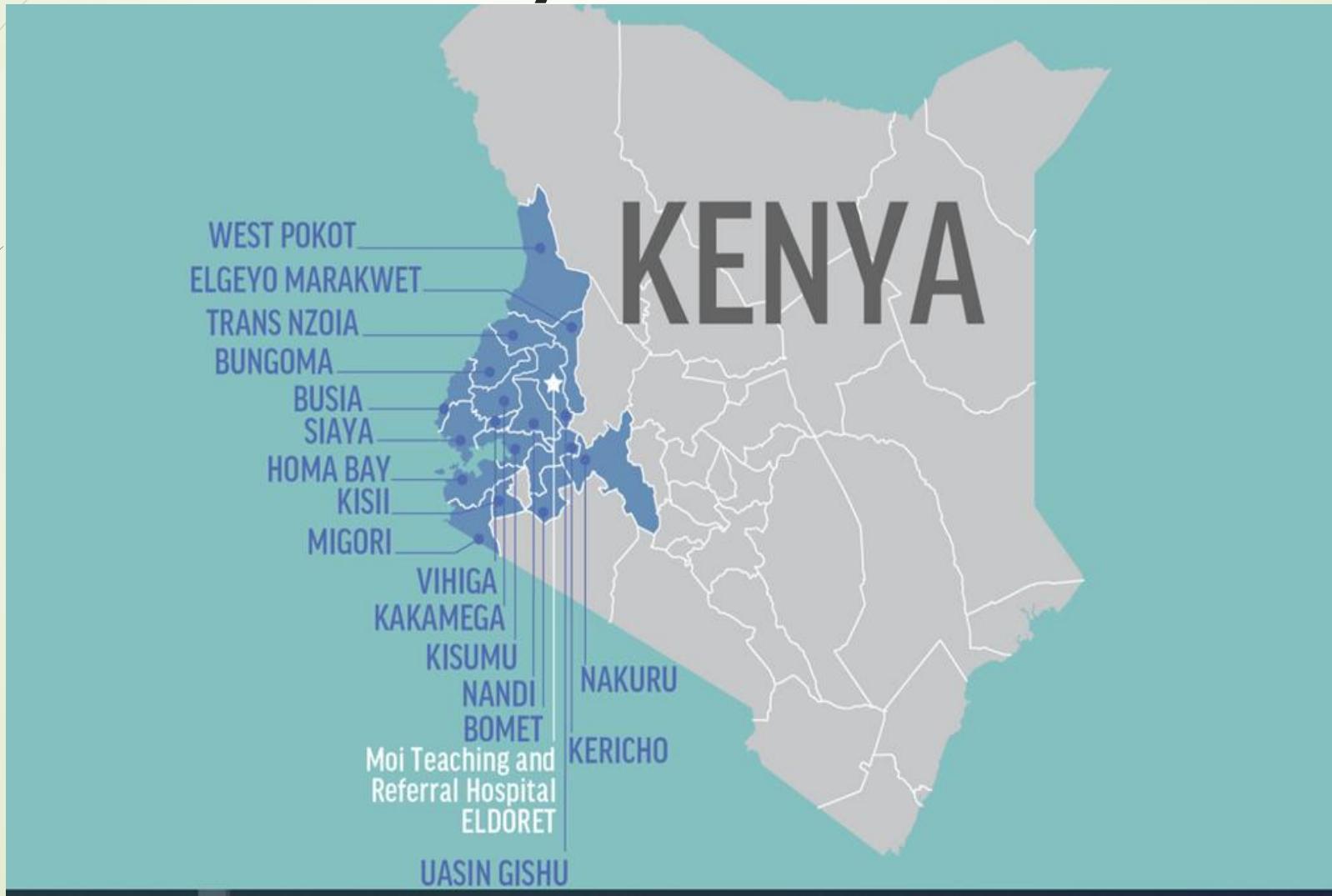


EXCELLENCE IN HEALTH CARE, TRAINING & RESEARCH



INDIANA UNIVERSITY

Ampath supports 10 counties in western Kenya





Prevention strategies

The Services at the CCC and the hospital were available since Covid-19 pandemic began.

- ▶ All clients washed their hands and temperatures taken in all entry points in the hospital
- ▶ Covid-19 screening done in the initial 6 months at the entry points for everybody who entered the hospital
- ▶ All hospital staff both clinical and non-clinical were sensitized on Covid -19 and its prevention
- ▶ Staff were provided with PPE

AMPATH- MTRH service delivery Strategies

- ▶ By March 2020 clients were called to collect ARV drugs for up to 3 months as we anticipated lockdowns and later allow for decongestion in the clinics
- ▶ Drugs sent via courier to clients who were far e.g Nairobi ,Mombasa who had been affected by lockdowns and could not come.
- ▶ Treatment supporters were able to collect drugs at the facility for the elderly patients and children
- ▶ Tele-care/Telemedicine services: where clinicians communicate on phone with clients even while they were away and document on POC. Clinical and social concerns were addressed



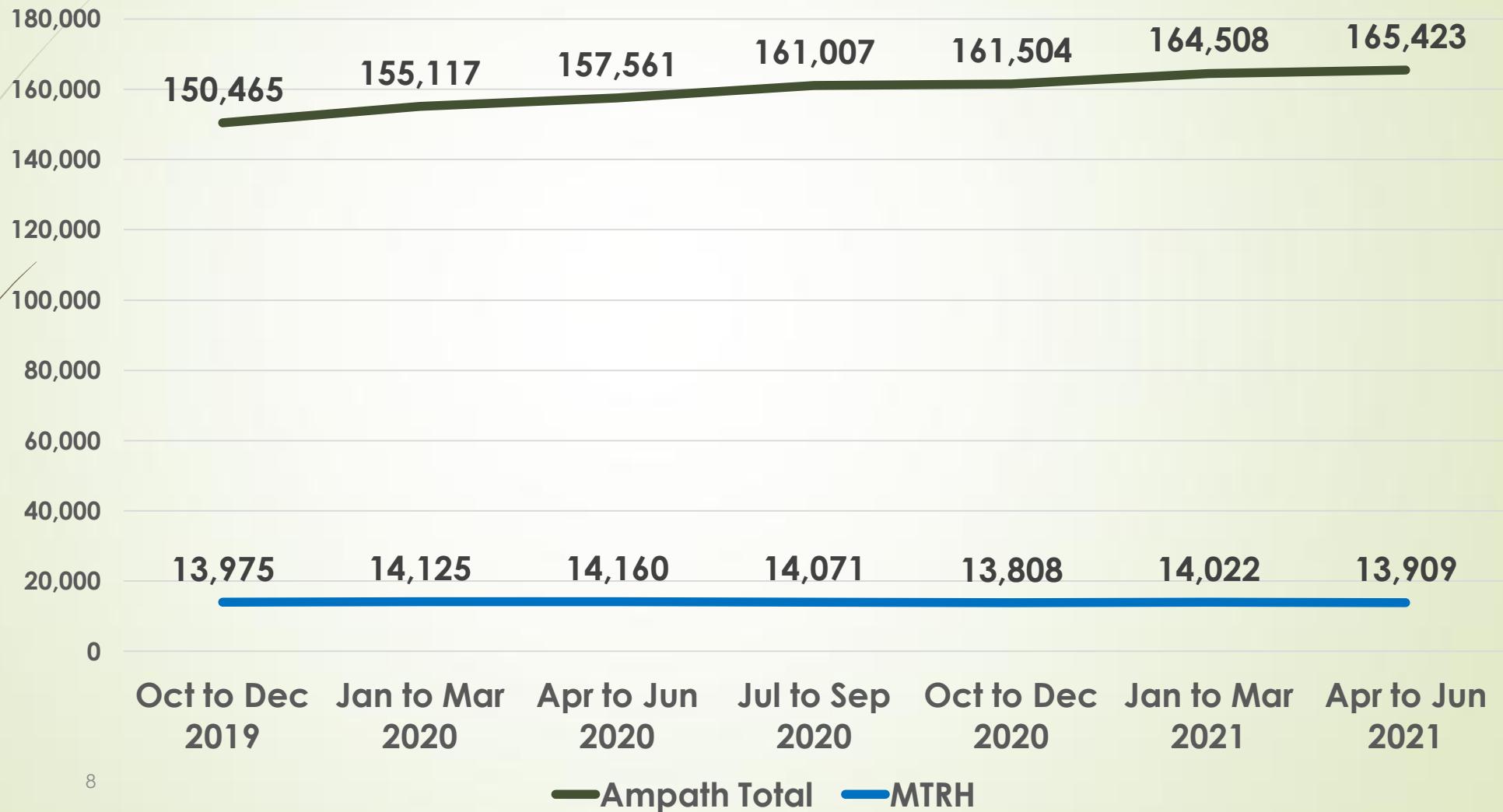
service delivery Strategies....

- ▶ Non -clinical staff were allowed to work from home with shifts for those who shared offices
- ▶ Clocking in with thumb prints was suspended to date to reduce infection transmission
- ▶ Social distancing was practiced at all queuing areas
- ▶ Adolescent clinic aka Rafiki Centre was also converted to covid-19 Isolation center and the clinic moved to the Ampath centre basement as we continued looking for space

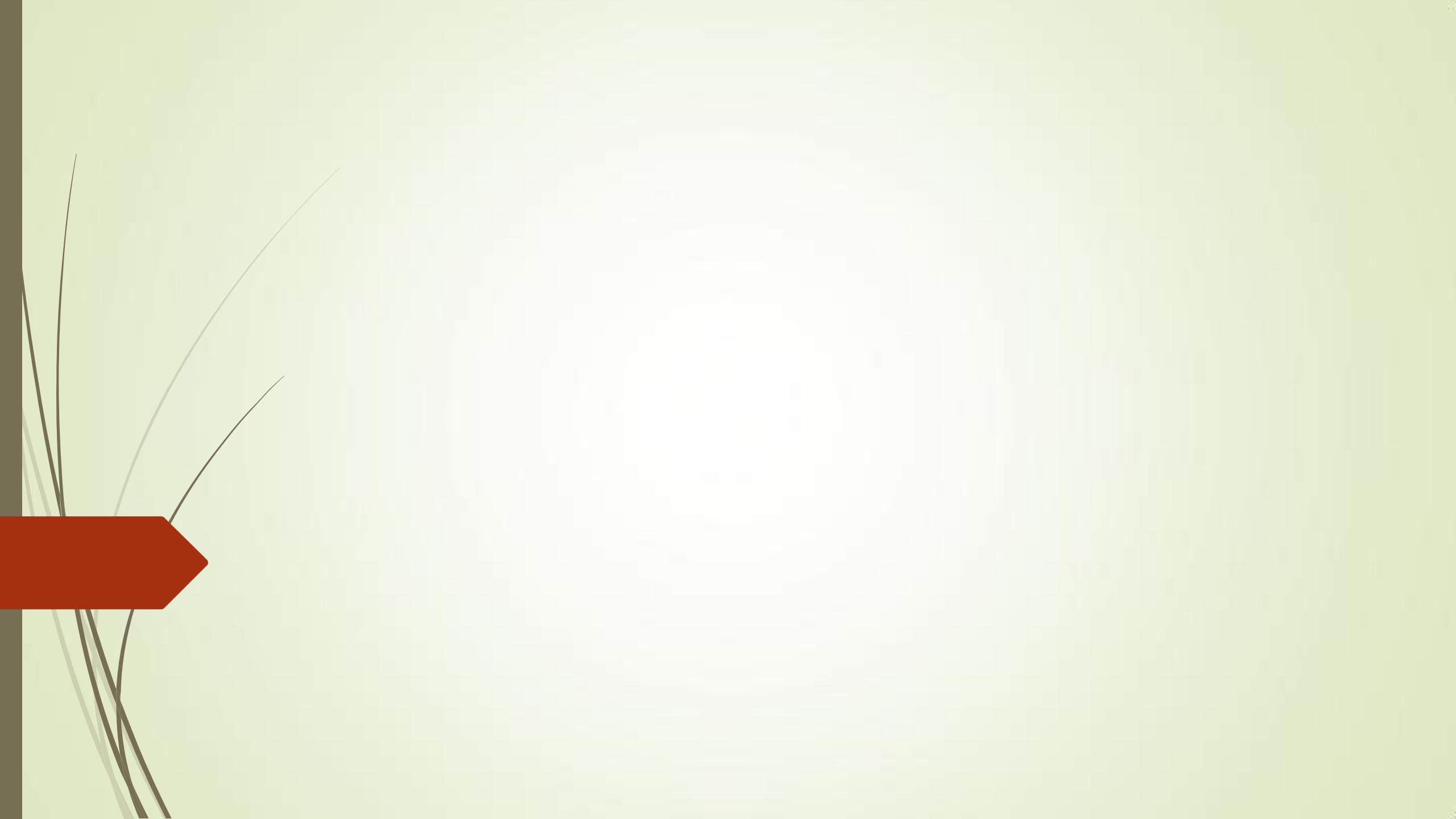
HTS_TST Oct 2019 – June 2021

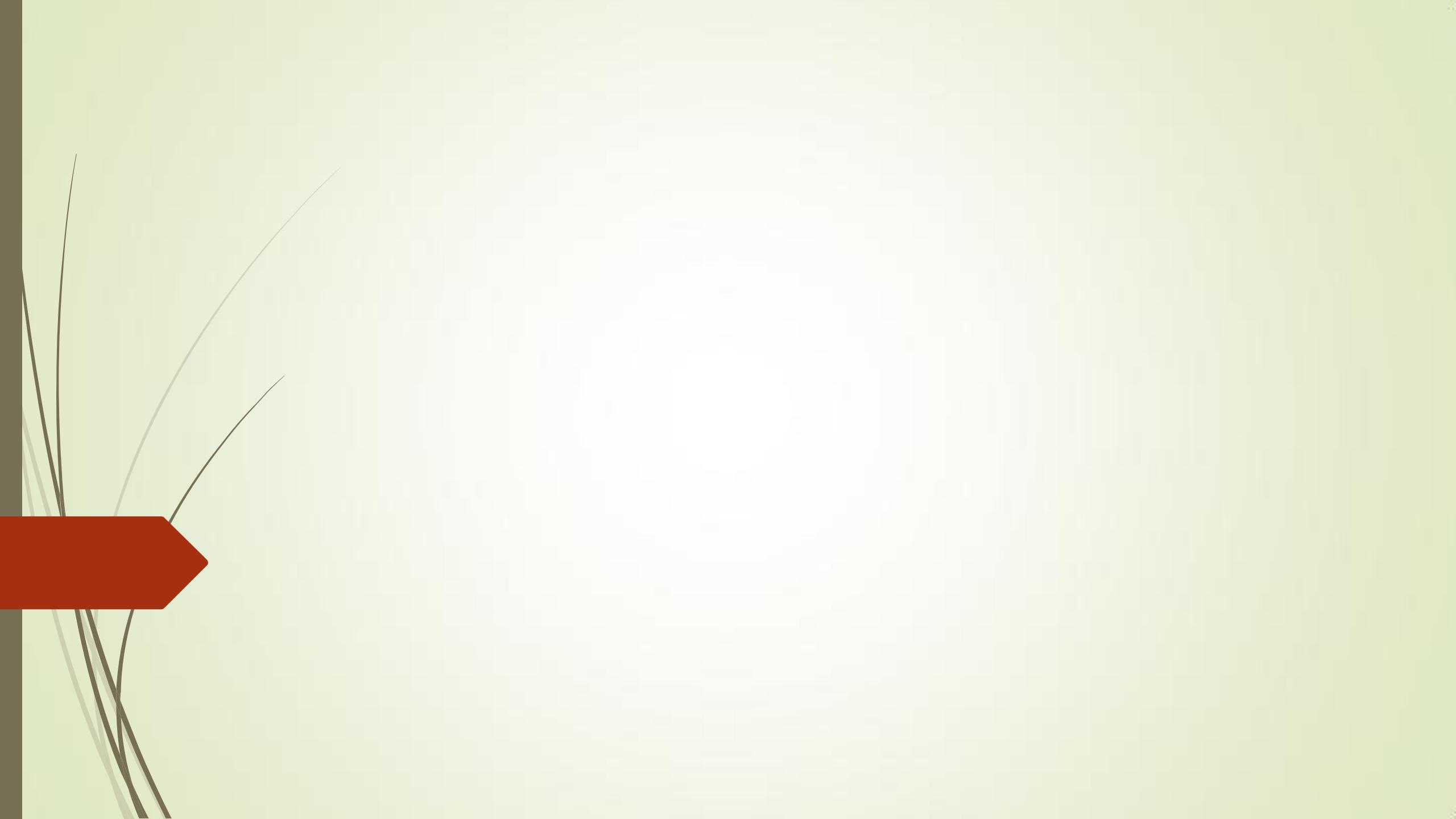


TX_CURR Oct 2019 – June 2021











Covid-19 management in HIV at MTRH

The general guidance :There should be no difference in management of Covid-19 patients with HIV and those without HIV

- ▶ Asymptomatic patients without HIV-Enroll on HBC, follow up, no Tx
- ▶ Asymptomatic patients with HIV-Enroll, HBC , follow up, no Tx

N/B

- Immunosuppressed patients are likely to develop severe Covid disease
- Need to monitor LFTs in patients on Remdesevir and HAART
- At MTRH ,LFTs are done every day

Standard Management for symptomatic covid-19 at MTRH

- ▶ Azithromycin 500mg OD for 3 days-may give for 3 additional days
- ▶ Zinc Sulphate 20mg OD for 1 week
- ▶ Vit C 1000mg OD for 1 week
- ▶ Remdesevir 200mg stat, then 100mg for 4 days, may for up to 10 days if no clinical improvement
- ▶ PCM 1000mg OD for 3 days

PCP mgnt:Septrin 15-20mg PO/IV divided q 6-8hrs

Covid-19 Symptomatic patients with HIV

- ▶ Mild-spo2 92-no clinical signs of pneumonia
- ▶ Manage as same as HIV negative
- ▶ Mod-clinical signs of pneumonia(fever, cough, dyspnea) spo2 92
- ▶ Admit
- ▶ High index of suspicion for PCP, inquire compliance to HAART and Septrin prophylaxis, if no compliant, initiate on therapeutic dose of Septrin
- ▶ If compliant on HAART and Septrin, manage Covid for 4 days, if no improvement, initiate therapy for PCP

Covid-19 Symptomatic patients with HIV.....

- ▶ Severe dx-clinical signs of pneumonia ,respiratory more than 30,severe respiratory distress,spo2 less than 92
- ▶ Admit
- ▶ High index of suspicion for PCP, inquire compliance to HAART and septrin prophylaxis,if no compliant, initiate on therapeutic dose of septrin
- ▶ If compliant on HAART and septrin, manage Covid-19 for 4 days, if no improvement, initiate therapy for PCP

Challenges

- ▶ Some staff suffered from Covid -19 and were away from work for some time
- ▶ Clients feared coming to the hospital for fear of infection
- ▶ Transport charges escalated and some clients chose to pick drugs from nearest facility ,some transferred out
- ▶ Shortages in ARVs and lab commodities from February 2021 made the clinics give drugs for shorter duration up to 2 weeks increasing the frequency of clinic visits



**THANK
YOU**

