

**Region 6 Network of Care and Prevention**

**March 2020 Newsletter**

Please note that this newsletter is being sent out in lieu of the normal bi-monthly meeting due to the Coronavirus State of Emergency.

**General Regional Information**

We have tried to provide normal updates but also updates related to COVID-19. We have all had to adapt our services and/or suspend services due to the situation. It seems like as soon as we have this newsletter updated, there is a change in one of the counties or agencies, so I encourage you to reach out to each other directly for the most recent information. You can find contact information on our website: <https://accessnetworkofcare.org/>.

We have added some Appendix, which include what we felt were the most important information that has been provided to the Network from the State.

Appendix A: Interim guidance for COVID-19 and Persons with HIV

Appendix B: HMAP/Ryan White Pt. B COVID-19 Recertification Plan

Appendix C: Ryan White Staff Contact List (all staff teleworking)

Appendix D: Prevention Email from Pete Moore on 3/16/20 Subject: COVID-19 Work Guidance

**Care Updates**

**Advance Community Health Center**

* Currently using telemedicine to provide care to HIV clients
* Pharmacy is open

**Duke Peds**

* Duke Clinics continue to see patients. It is important to note that most of the Duke Pediatric ID patients are seen for other infectious diseases.  Some visits are occurring via telehealth.  The clinic has received the new HHS Interim Guidance on the care of HIV patients during the Coronavirus Pandemic and is reviewing who needs to be seen, and who not.
* Only a small number of people continue to work on site.  Most of us are working remotely from home, with exceptions for when we are allowed to come in to work.
* Most Clinical Research has temporarily suspended new enrollment, unless for COVID-19 or certain Cancer studies. Participants who are already on study and receiving investigational product, are continuing with study visits.
* This information is changing very quickly, so may no longer be the case once the newsletter goes out.  If folks have question, it is probably best to email Julia Giner at julieta.giner@duke.edu.
* Patients who are concerned about potential COVID 19 infection, must first call ahead prior to coming into the clinic or hospital.  Patient information can be found at: [www.duke.health.org/covid-19-update](https://gcc01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.duke.health.org%2Fcovid-19-update&data=02%7C01%7CHailey.Stout%40wakegov.com%7C365a5a4f2799464b072908d7d03026e7%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637206777569426761&sdata=r6SI28JmvCB%2BNuPoInnJsvCFRnc13%2FjZIoiynrP3pps%3D&reserved=0).

**Lincoln Community Health**

* Lincoln is open and we continue to see patients. Most patients are being seen through telephone consultations. We are bringing in patients who our providers feel need a face to face visit, but we are trying to comply with social distancing as much as possible.  We continue to see new patients in clinic.
* One very important point is that we do not have flu nor COVID 19 testing. Patients exhibiting symptoms are asked to self-care at home and quarantine.

**Wake County Human Services**

* Transitioned to telemedicine for HIV/PrEP related services.
* Regional Centers – All regional centers are closed to the public.  Please note, applications cannot be picked up or dropped off at these locations at this time.

Sunnybrook location:

* Modified Clinical Services – Prenatal, Pediatric Immunizations, Child Health Services, Lab, and Pharmacy.
* Offices closed but offering telehealth – Family Planning, HIV, STD, WIC, TB Dental Clinic (Dental Clinic patients in pain will be referred to urgent care).
* Advise all customers to call (919)212-7000 or visit the  [Human Services website](https://gcc01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.wakegov.com%2Fhumanservices&data=02%7C01%7Crpetteway%40wakegov.com%7C5a9d5b4a56504f88d45b08d7ceaee2aa%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637205122824775988&sdata=2MwlUYUe79K9VYFkzgEsHVelX%2BAYjeRm6EoFYxNxaRA%3D&reserved=0) before coming in to Sunnybrook for any service/appointment.
* Swinburne – The building will be closed to the public, with the exception of the lobby, which will be open for pick-up of application packets.

**UNC Global HIV Prevention & Treatment Clinical Trials Unit**

We have suspended all in-person prevention research but continue on-line/phone research. We are continuing with HIV treatment research via remote and some in-person visits.

**HOPWA Network**

**Wake** – Franklin, Johnston and Wake Counties.

Wake County Housing and Resource and Referral Line
Phone: 919-861-1195
Website: https://endhomelessnesswake.org/continuum-of-care/coordinated-entry/

**Duke** – Granville, Lee, Vance and Warren Counties

Contact: Angel Freeman

Email: angel.freeman@duke.edu

**Durham** - Durham, Chatham, Orange, and Person Counties

Contact: Contessa Sawyer

Email: csawyer@dconc.gov

**Housing Update**

**TEC** - TEC will have 1 bed opening around April 13, 2020. We also will pull from our 12-person housing waiting list for poz people

**ACRA** – no updates

**CAARE** – no updates

**Prevention Updates**

**CAARE, The Healing Center**

March 24, 2020

CAARE Family,

We are committed to the health and safety of our patients and staff. We are vigilant in our efforts to reduce the spread of COVID-19. We have updated our response to the Coronavirus outbreak.

CAARE will be closed to public gatherings until further notice. This includes all testing, evening exercise programs, community group meetings, and the lobby area.

We will operate our food pantry to the public Monday and Wednesday through the garage. We will make arrangements for our clients to receive food on Tuesday through Case Management.

We have asked that all employees who are in the most susceptible populations (pre existing health conditions or compromised immune systems) to stay home. In addition:

Do not enter the office if you have the following:

* Fever
* Cough
* Shortness of Breath
* Have been sick in the past 14 days

We will provide more updates as information is made available.

Sincerely,

Harvey Hinton III, Ph.D.

Executive Director

**Alliance AIDS Services Carolina**

The Alliance is closed for testing; however, the Prevention team is available to share results and give treatment and care referrals.

The pantry’s staff is providing pantry boxes by referral only.  All boxes will be delivered.

**Wake County Human Services (See above in the care updates more information)**

Has switched to telehealth for PrEP follow up appointments. New PrEP clients have been rescheduled for after 4/30/20.

HIV/STD testing temporarily suspended; all clients have received appropriate follow up.

Condom distribution sites were filled prior to the community stay at home order and are also now suspended.

**Durham County Department of Public Health**

Durham County computer systems were attacked by malware in early March, so they had to close their computer systems. They did not have access to their email until last Friday, March 27th, however, they were unable to recover all emails. It is recommended that you follow up if you have not received a response.

Temporarily suspended HIV/STD testing program.

Prior to going to going to a Durham County Health Department, it is recommended that you review their website and/or call ahead, as the County is fluid in its operations in an attempt to minimize the spread of COVID-19.

**NCCU**

Temporarily suspended HIV/STD testing.

**TEC Updates:** *and our featured* ***“no one can whistle a symphony, it takes and orchestra”***

Our first "Grab-N-Go" bagged lunch food distribution on Friday March 27, 2020 was a great success! Our goal was to feed 200-225 youth who were out of school due to COVID-19 and we ended up feeding over 280 youth!! Bagged lunches included a sandwich (turkey, ham or salami), fruit snack, low sodium chips/crackers and a juice pouch or chocolate milk. We had an amazing team of volunteers and staff and even had a couple of youths that wanted to pitch in and help in this project. We owe a huge thank you to all those who donated their time and those who donated goods (bread, sandwich/deli meat, snacks, etc.) to support this event. To our sponsors Dr. Barbara Johnston, William Grant, Lee Storrow, Dr. Kate MacQueen, Dr. McKellar, Dr. Okeke,  RN Shae Bardgett, Veleria Levy (Avita Pharmacy), Pastor Vance Haywood at St John's MCC, ReCity, Food Bank of Central Eastern North Carolina, Durham Housing Authority, and all our staff and volunteers at Triangle Empowerment Center. We could not have made this happen without any of you. Please find pictures from the event attached to this email. It just goes to show you that the true strength of our community, even during times like this, will not be phased. We would like to also say thank you for those who were not able to donate anything because we felt you with us in spirit. It is our hope that we can use this type of project to help feed senior citizens once the COVID-19 quarantine has been lifted. If you would like to support this endeavor, feel free to visit our website at [https://www.triempowerment.org/support-us.html](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.triempowerment.org%2Fsupport-us.html&data=02%7C01%7Chailey.stout%40wakegov.com%7Ca82da37299c741b75a6a08d7d43cf1cd%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637211230576336848&sdata=aIGURDi2Wi%2BR2N24Zs7H6uHH11IpzzL2cbOcPjvNjU8%3D&reserved=0) and click on the "donate" button. We hope we can continue to find safe ways help the community with more projects like this because the community is in need, now more than ever. We hope and pray that you all continue to stay safe and stay well. Peace and Blessings.

**Updates (State Care and/or Prevention Reps)**

Appendix A: Interim guidance for COVID-19 and Persons with HIV

Appendix B: HMAP/Ryan White Pt. B COVID-19 Recertification Plan

Appendix C: Ryan White Staff Contact List (all staff teleworking)

Appendix D: Email from Pete Moore on 3/16/20 Subject: COVID-19 Work Guidance

**Upcoming Meetings:**

May 28th Lincoln Community Health Center (Tentative)

July 30th Wake Co. Human Services

Sept 24th Lincoln Community Health Center

Nov 12th Durham Co. Human Services

**Appendix A: Interim Guidance for COVID-19 and Person with HIV**

The HHS Panel on Antiretroviral Guidelines for Adults and Adolescents has released: <https://aidsinfo.nih.gov/guidelines/html/8/covid-19-and-persons-with-hiv--interim-guidance-/0>

Interim Guidance for COVID-19 and Persons with HIV

Last Updated: March 20, 2020; Last Reviewed: March 20, 2020

This interim guidance reviews special considerations for persons with HIV and their health care providers in the United States regarding COVID-19. Information and data on COVID-19 are rapidly evolving. This guidance includes general information to consider. Clinicians should refer to updated sources for more specific recommendations regarding COVID-19.

Guidance for all Persons with HIV

* In current reports, individuals aged >60 years and those with diabetes, hypertension, cardiovascular disease, or pulmonary disease are at highest risk of life-threatening COVID-19, the illness caused by the virus known as SARS-CoV-2.
* The limited data currently available do not indicate that the disease course of COVID-19 in persons with HIV differs from that in persons without HIV. Before the advent of effective combination antiretroviral therapy (ART), advanced HIV infection (i.e., CD4 cell count <200/mm3) was a risk factor for complications of other respiratory infections. Whether this is also true for COVID-19 is yet unknown.
* Some people with HIV have other comorbidities (e.g., cardiovascular disease or lung disease) that increase the risk for a more severe course of COVID-19 illness. Chronic smokers are also at risk of more severe disease.
* Thus, until more is known, additional caution for all persons with HIV, especially those with advanced HIV or poorly controlled HIV, is warranted.
* Every effort should be made to help persons with HIV maintain an adequate supply of ART and all other concomitant medications.
* Influenza and pneumococcal vaccinations should be kept up to date.
* Persons with HIV should follow all applicable [recommendations of the U.S. Centers for Disease Control and Prevention (CDC) to prevent COVID-19,](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fprevention.html&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946029315&sdata=V8cJehL%2BVrGSWh%2BWgzGBiAzjGyw4287rmAk6dn0Ds3Q%3D&reserved=0) such as social distancing and proper hand hygiene. These recommendations are regularly updated.
* Information on COVID-19 prevention in children with HIV for [pediatric health care providers](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fpediatric-hcp.html&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946039310&sdata=zmDPibsENNZUo9QSTiIwu1unF8f5bpFlM03sg5ry2EI%3D&reserved=0) and the [general public](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fchildren-faq.html&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946039310&sdata=TXrPg5HKyCXN3KmV54ddCHvC0CoN3RLoZ%2Fkn2JnFBP4%3D&reserved=0) is available from CDC.
* CDC also provides information about [COVID-19 prevention during pregnancy](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fpregnancy-breastfeeding.html%3FCDC_AA_refVal%3Dhttps%253A%252F%252Fwww.cdc.gov%252Fcoronavirus%252F2019-ncov%252Fspecific-groups%252Fpregnancy-faq.html%23anchor_1584169262&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946049303&sdata=RhyyfejswuCx6QVyfTLAxe8PGxoHXwC7NqKBtxaZtLA%3D&reserved=0).

Antiretroviral Therapy

*Persons with HIV Should:*

* Maintain on-hand at least a 30-day supply—and ideally a 90-day supply—of antiretroviral (ARV) drugs and other medications.
* Talk to their pharmacists and/or healthcare providers about changing to mail order delivery of medications when possible.
* Persons for whom a regimen switch is planned should consider delaying the switch until close follow-up and monitoring are possible.
* Lopinavir/ritonavir (LPV/r) has been used as an off-label treatment for patients with COVID-19 and clinical trials are underway globally. If protease inhibitors (PIs) are not already part of a person’s ARV regimen, their regimen **should not be changed** to include a PI to prevent or treat COVID-19, except in the context of a clinical trial and in consultation with an HIV specialist. In a small open-label trial, 199 hospitalized patients with COVID-19 were randomized to either 14 days of LPV/r plus standard of care or standard of care alone. No statistically significant difference was seen between the two groups, with regards to time to clinical improvement or mortality.1

*Clinic or Laboratory Monitoring Visits Related to HIV Care:*

* Together with their health care providers, persons with HIV and their providers should weigh the risks and benefits of attending, versus not attending in-person, HIV-related clinic appointments at this time. Factors to consider include the extent of local COVID-19 transmission, the health needs that will be addressed during the appointment, and the person’s HIV status (e.g., CD4 cell count, HIV viral load) and overall health.
* Telephone or virtual visits for routine or non-urgent care and adherence counseling may replace face-to-face encounters.
* For persons who have a suppressed HIV viral load and are in stable health, routine medical and laboratory visits should be postponed to the extent possible.

*Persons with HIV and in Opioid Treatment Programs:*

* Clinicians caring for persons with HIV who are enrolled in opioid treatment programs (OTPs) should refer to the [Substance Abuse and Mental Health Service Administration (SAMHSA) website](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.samhsa.gov%2Fmedication-assisted-treatment%2Fstatutes-regulations-guidelines%2Fcovid-19-guidance-otp&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946049303&sdata=DSpDZy%2BhP%2BlOH%2FtY08%2B%2BEOaWi8SXzeD7sl42%2FblARWw%3D&reserved=0) for updated guidance on avoiding treatment interruptions. State methadone agencies are also responsible for regulating OTPs in their jurisdictions and may provide additional guidance.

Guidance for Specific Populations

*Pregnant Individuals with HIV:*

* Currently, there is limited information about pregnancy and maternal outcomes in individuals who have COVID-19.
* Immunologic and physiologic changes during pregnancy generally increase a pregnant individual’s susceptibility to viral respiratory infections, possibly including COVID-19. As observed with other coronavirus infections, the risk for severe illness, morbidity, or mortality with COVID-19 may be greater among pregnant individuals than among the general population.2
* Although limited, currently available data do not indicate that pregnant individuals are more susceptible to COVID-19 infection or that pregnant individuals with COVID-19 have more severe illness.6,7 Adverse pregnancy outcomes, such as fetal distress and preterm delivery, were noted in a small series of pregnant women with COVID-19 infection and have been reported with SARS and MERS infections during pregnancy.3-5
* Findings from a small group of pregnant women with COVID-19 did not find evidence for vertical transmission of COVID-19, although at least one case of neonatal COVID-19 has been described.7-9
* Information on pregnancy and COVID-19 is available from [CDC](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fpregnant-women-and-children.html%3FCDC_AA_refVal%3Dhttps%253A%252F%252Fwww.cdc.gov%252Fcoronavirus%252F2019-ncov%252Fspecific-groups%252Fpregnant-women.html&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946059296&sdata=VohwUbg64zs8nEc9RB9hKGzGTLJ0Tv%2BgVJdW7wNOewQ%3D&reserved=0), the [Society for Maternal-Fetal Medicine](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.smfm.org%2Fcovid19&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946069292&sdata=3%2B3FQNmk8kCRPq7P7antQU3QVWcBcskI8yO7IEXQm8A%3D&reserved=0), and the [American College of Obstetricians and Gynecologists](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.acog.org%2Fclinical%2Fclinical-guidance%2Fpractice-advisory%2Farticles%2F2020%2F03%2Fnovel-coronavirus-2019&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946069292&sdata=xazgLWY4dcUlDUGF1p%2BP5BCR%2BRcncOFW7%2FckB5ewitg%3D&reserved=0).

*Children with HIV:*

* From the limited available data, children appear less likely to become severely ill with COVID-19 infection than older adults.10-12 However, there may be subpopulations of children at increased risk of more severe COVID-19 illness; in studies of infection with non-COVID-19 coronaviruses in children, younger age, underlying pulmonary pathology, and immunocompromising conditions were associated with more severe outcomes.13
* Infants and children with HIV should be up to date on all immunizations, including influenza and pneumococcal vaccines. Refer to the [Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Exposed and HIV-Infected Children information on immunizations](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Faidsinfo.nih.gov%2Fguidelines%2Fhtml%2F5%2Fpediatric-opportunistic-infection%2F396%2Fpreventing-vaccine-preventable-diseases-in-children-and-adolescents-with-hiv-infection&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946079284&sdata=UBRhe6yD2NF13%2F%2B5K5%2B1Az3KtijijNSXhnXQtGwI%2Bs4%3D&reserved=0), including a [vaccine schedule for children with HIV](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Faidsinfo.nih.gov%2Fguidelines%2Fhtml%2F5%2Fpediatric-opportunistic-infection%2F431%2Ffigure-1--recommended-immunization-schedule-for-hiv-infected-children-aged-0-6-years---united-states--2013&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946079284&sdata=w8t%2BPFk3FYaul0Lax71gxFom95oFhc8Ezp0fscbQM0A%3D&reserved=0).

Guidance for Persons with HIV in Self-Isolation or Quarantine Due to SARS-CoV-2 Exposure

*Health Care Workers Should:*

* Verify that patients have adequate supplies of all medications and expedite additional drug refills as needed.
* Devise a plan to evaluate patients if they develop COVID-19-related symptoms, including for possible transfer to a health care facility for COVID-19 related care.

*Persons with HIV Should:*

* Contact their health care provider to report that they are self-isolating or in quarantine.
* Specifically, inform their health care provider how much ARV medications and other essential medications they have on hand.

Guidance for Persons with HIV who have Fever or Respiratory Symptoms and are Seeking Evaluation and Care

*Health Care Workers Should:*

* Follow [CDC recommendations](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html%3FCDC_AA_refVal%3Dhttps%253A%252F%252Fwww.cdc.gov%252Fcoronavirus%252F2019-ncov%252Fhcp%252Finfection-control.html&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946089282&sdata=RX8Nw4E0X4EA7YgOTJVzAFyLJ%2BsSlDIdLIHgKLHbX7Y%3D&reserved=0), as well as state and local health department guidance on infection control, triage, diagnosis, and management.

*Persons with HIV Should:*

* Follow [CDC recommendations regarding symptoms](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fsymptoms-testing%2Fsymptoms.html&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946089282&sdata=D1DUoh8KzjBYz%2BygzOpbAfNQwWi5aWSkDS%2FL9LrsdDo%3D&reserved=0).
* If they develop a fever and symptoms (e.g., cough, difficulty breathing), they should call their health care provider for medical advice.
* Call the clinic in advance before presenting to the care providers.
* Use respiratory and hand hygiene and cough etiquette when presenting to the healthcare facility and request a face mask as soon as they arrive.
* If they present to a clinic or an emergency facility without calling in advance, they should alert registration staff immediately upon arrival of their symptoms so that measures can be taken to prevent COVID-19 transmission in the health care setting. Specific actions include placing a mask on the patient and rapidly putting the patient in a room or other space separated from other people.

Guidance for Managing Persons with HIV who Develop COVID-19

*When Hospitalization is Not Necessary, the Person with HIV Should:*

* Manage symptoms at home with supportive care for symptomatic relief.
* Maintain close communication with their health care provider and report if symptoms progress (e.g., sustained fever for >2 days, new shortness of breath).
* Continue their ARV therapy and other medications, as prescribed.

*When the Person with HIV is Hospitalized:*

* ART should be continued. If the ARV drugs are not on the hospital’s formulary, administer medications from the patients’ home supplies.
* ARV drug substitutions **should be avoided**. If necessary, clinicians may refer to [recommendations on ARV drugs that can be switched](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Faidsinfo.nih.gov%2Fguidelines%2Fhtml%2F6%2Fcaring-for-persons-with-hiv-in-disaster-areas%2F499%2Fappendix-c--antiretroviral-medication-substitutions&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946099273&sdata=ar7eHzZk%2BI%2FkMtV7A3ezkjoumcnAAE%2F7RGIsNDkoIbs%3D&reserved=0) in the U.S. Department of Health and Human Services (HHS) guidelines for caring for persons with HIV in disaster areas.
* For patients who receive ibalizumab (IBA) intravenous (IV) infusion every 2 weeks as part of their ARV regimen, clinicians should arrange with the patient’s hospital provider to continue administer of this medication without interruption.
* For patients who are taking an investigational ARV medication as part of their regimen, arrangements should be made with the investigational study team to continue the medication if possible.
* For critically ill patients who require tube feeding, some ARV medications are available in liquid formulations and some, but not all, pills may be crushed. Clinicians should consult an HIV specialist and/or pharmacist to assess the best way for a patient with a feeding tube to continue an effective ARV regimen. Information may be available in the drug product label or from [this document from the Toronto General Hospital Immunodeficiency Clinic](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hivclinic.ca%2Fmain%2Fdrugs_extra_files%2FCrushing%2520and%2520Liquid%2520ARV%2520Formulations.pdf&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946109265&sdata=dCliJDk6LqMsjjjDTT%2FZrFqDevUEjt461jt1AY%2Fzp0Y%3D&reserved=0).

*When Receiving Investigational or Off-Label Treatment for COVID-19:*

* There is currently no approved treatment for COVID-19. Several investigational and marketed drugs are being evaluated in clinical trials to treat COVID-19 or may also be available via compassionate use or off-label use.
* For patients receiving COVID-19 treatment, clinicians must assess the potential for drug interactions between the COVID-19 treatment and the patient’s ARV therapy and other medications. Information on potential drug interactions may be found in product labels, drug interaction resources, clinical trial protocols, or investigator brochures.
* When available, clinicians may consider enrolling patients in a clinical trial evaluating the safety and efficacy of experimental treatment for COVID-19. Persons with HIV should not be excluded from these trials. [*Clinicaltrials.gov*](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fclinicaltrials.gov%2F&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946109265&sdata=gP%2BBcNCBl27vBM3f8oHPpVDuM56qAnmhsGk0rR6W7ks%3D&reserved=0) is a useful resource to find studies investigating potential treatments for COVID-19.

Additional Guidance for HIV Clinicians

* Some Medicaid and Medicare programs, commercial health insurers, and AIDS Drug Assistance Programs (ADAPs) have restrictions that prevent patients from obtaining a 90-day supply of ARV drugs and other medications. During the COVID-19 outbreak, clinicians should ask providers to waive drug-supply quantity restrictions. ADAPs should also provide patients with a 90-day supply of medications.
* Persons with HIV may need additional assistance with food, housing, transportation, and childcare during times of crisis and economic fragility. To enhance care engagement and continuity of ARV therapy, clinicians should make every attempt to assess their patients’ need for additional social assistance and connect them with resources, including navigator services when possible.
* During this crisis, social distancing and isolation may exacerbate mental health and substance use issues for some persons with HIV. Clinicians should assess and address these patient concerns and arrange for additional consultations, preferably virtual, as needed.
* Telehealth options, including phone calls, should be considered for routine visits and to triage visits for patients who are ill.

More information regarding ARV management in adult, pregnant, and pediatric patients, as well as recommendations for prophylaxis and treatment of specific opportunistic infections, can be found in the [medical practice guidelines for HIV/AIDS](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Faidsinfo.nih.gov%2Fguidelines%2F&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946119262&sdata=VTZ9MzWAdU4kF%2F%2Ba1Sq%2B9PAwOAlSX652vYybkrYbhlI%3D&reserved=0).

The CDC website provides [information about COVID-19 for people with HIV.](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fhiv.html&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946119262&sdata=zL1osWGCpJeaOE%2Fq2jS%2Fa%2FNNkXlmpmM2jZCs3S5Hdsw%3D&reserved=0)

This interim guidance was prepared by the following working groups of the Office of AIDS Research Advisory Council:

* HHS Panel on Antiretroviral Guidelines for Adults and Adolescents
* HHS Panel on Antiretroviral Therapy and Medical Management of Children Living with HIV
* HHS Panel on Treatment of Pregnant Women with HIV Infection and Prevention of Perinatal Transmission
* HHS Panel on Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV
* HHS Panel on Opportunistic Infections in HIV-Exposed and HIV-Infected Children

References

1. Cao B, Wang Y, Wen D, et al. A trial of lopinavir-ritonavir in adults hospitalized with severe Covid-19. N Engl J Med. 2020. Available at: [https://www.ncbi.nlm.nih.gov/pubmed/32187464](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpubmed%2F32187464&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946129254&sdata=YuHA7LpTvoClB9tlbci%2B7d43YrT4CNQsqUDiqvwz6z8%3D&reserved=0).
2. Society for Maternal-Fetal Medicine, Dotters-Katz S, Hughes BL. Coronavirus (COVID-19) and Pregnancy: What Maternal-Fetal Medicine Subspecialists Need to Know. 2020. Available at: [https://s3.amazonaws.com/cdn.smfm.org/media/2267/COVID19-\_updated\_3-17-20\_PDF.pdf](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fs3.amazonaws.com%2Fcdn.smfm.org%2Fmedia%2F2267%2FCOVID19-_updated_3-17-20_PDF.pdf&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946129254&sdata=T4k%2BmupprPMnu4GHNgfWbAUlaBjAx22xHzHblbtkFAk%3D&reserved=0).
3. Siston AM, Rasmussen SA, Honein MA, et al. Pandemic 2009 influenza A(H1N1) virus illness among pregnant women in the United States. JAMA. 2010;303(15):1517-1525. Available at: [https://www.ncbi.nlm.nih.gov/pubmed/20407061](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpubmed%2F20407061&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946139251&sdata=hBcCcqRy4s6PLppdcus7oxYEYtly06tpfOM05MoMCKM%3D&reserved=0).
4. Alfaraj SH, Al-Tawfiq JA, Memish ZA. Middle East Respiratory Syndrome Coronavirus (MERS-CoV) infection during pregnancy: Report of two cases & review of the literature. J Microbiol Immunol Infect. 2019;52(3):501-503. Available at: [https://www.ncbi.nlm.nih.gov/pubmed/29907538](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpubmed%2F29907538&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946149247&sdata=h40kMzhy0NWDxo3WSx%2Bn3ykJ2KrDRTLFrOCA%2Ba7ROvQ%3D&reserved=0).
5. Wong SF, Chow KM, Leung TN, et al. Pregnancy and perinatal outcomes of women with severe acute respiratory syndrome. Am J Obstet Gynecol. 2004;191(1):292-297. Available at: [https://www.ncbi.nlm.nih.gov/pubmed/15295381](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpubmed%2F15295381&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946149247&sdata=QOkWAEjz581bEhudJVKuia2CrcsbGReSHmdRdWfTsPI%3D&reserved=0).
6. Liu Y, Chen H, Tang K, Guo Y. Clinical manifestations and outcome of SARS-CoV-2 infection during pregnancy. J Infect. 2020. Available at: [https://www.ncbi.nlm.nih.gov/pubmed/32145216](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpubmed%2F32145216&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946159237&sdata=Z4FIWh7x3OatBa5rcJrTRiuTLGfA3%2BUTTPJ8qcOz5AI%3D&reserved=0).
7. Chen H, Guo J, Wang C, et al. Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: a retrospective review of medical records. Lancet. 2020;395(10226):809-815. Available at: [https://www.ncbi.nlm.nih.gov/pubmed/32151335](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpubmed%2F32151335&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946159237&sdata=parqH2iP%2FW0uAhK1nrL1pEgLW4Wpt0sI5HYcCp%2FRWZw%3D&reserved=0).
8. Li Y, Zhao R, Zheng S, et al. Lack of vertical transmission of Severe Acute Respiratory Syndrome Coronavirus 2, China. Emerg Infect Dis. 2020;26(6). Available at: [https://www.ncbi.nlm.nih.gov/pubmed/32134381](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpubmed%2F32134381&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946169233&sdata=E%2Fz9zc%2FHxywiBpwOHKZ9uFwtZlqnix9IIXLPkwm98Y0%3D&reserved=0).
9. Wang S, Guo L, Chen L, et al. A case report of neonatal COVID-19 infection in China. Clin Infect Dis. 2020. Available at: [https://www.ncbi.nlm.nih.gov/pubmed/32161941](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpubmed%2F32161941&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946169233&sdata=SCr7uFBPrOc24jol9VR5QNENdtxGyvnMflIE5Zb%2B%2Fg4%3D&reserved=0).
10. Dong Y, Mo X, Hu Y, et al. Epidemiological characteristics of 2,143 pediatric patients with 2019 coronavirus disease in China. Pediatrics. 2020. Available at: [https://pediatrics.aappublications.org/content/pediatrics/early/2020/03/16/peds.2020-0702.full.pdf](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpediatrics.aappublications.org%2Fcontent%2Fpediatrics%2Fearly%2F2020%2F03%2F16%2Fpeds.2020-0702.full.pdf&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946179231&sdata=GDUHAC6SITB9vjzeemq1Ge%2FmOKvQH7227mvQzRoq914%3D&reserved=0).
11. Cruz AZ, S. COVID-19 in children: initial characterization of pediatric disease. Pediatrics. 2020. Available at: [https://pediatrics.aappublications.org/content/pediatrics/early/2020/03/16/peds.2020-0834.full.pdf](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpediatrics.aappublications.org%2Fcontent%2Fpediatrics%2Fearly%2F2020%2F03%2F16%2Fpeds.2020-0834.full.pdf&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946179231&sdata=YL2WtyjuRYaTHnOKNswe%2BfLcq0jB6n2AmmlYZb3pwpg%3D&reserved=0).
12. Shen K, Yang Y, Wang T, et al. Diagnosis, treatment, and prevention of 2019 novel coronavirus infection in children: experts' consensus statement. World J Pediatr. 2020. Available at: [https://www.ncbi.nlm.nih.gov/pubmed/32034659](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpubmed%2F32034659&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946189221&sdata=8SqjuPkcCU2pMqvzpXBcdfM9jJgCk%2FVzh0v5VtroXWY%3D&reserved=0).
13. Ogimi C, Englund JA, Bradford MC, Qin X, Boeckh M, Waghmare A. Characteristics and outcomes of coronavirus infection in children: The role of viral factors and an immunocompromised state. J Pediatric Infect Dis Soc. 2019;8(1):21-28. Available at: [https://www.ncbi.nlm.nih.gov/pubmed/29447395](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpubmed%2F29447395&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946189221&sdata=hQryG5BS6kNkPGAvz80sFWNaYVUVn%2BdDpm3pM8qKOh0%3D&reserved=0).

**Tim Horn**Director, Medication Access and Pricing

202-897-0091 | thorn@NASTAD.org

Connect with us: [LinkedIn](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.linkedin.com%2Fcompany%2Fnastad&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946199219&sdata=Swy45NRfJ53GpCmUeCtPy17cWyp77va0B8dAr0i9ojQ%3D&reserved=0) | [Facebook](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2FNASTAD&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946199219&sdata=g8fK57T795nvYGzl4724RfZYkl5NqMqO0c55YMVIms0%3D&reserved=0) | [Twitter](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FNASTAD&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946209211&sdata=QJDgDjrY%2BPwpmvlXRYDNzHzzea5PNCl1kmraXcetGi4%3D&reserved=0) | [YouTube](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fuser%2FNASTAD1992&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946209211&sdata=k4yjPJbuYmX1PrUsKcfY9qKOWrj1ox4tCaPqPQFwN1E%3D&reserved=0) | [Instagram](https://gcc01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.instagram.com%2Fnastad1992&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946219205&sdata=Dvv3Df0bA2VGWXL8j%2FKT2heNjCUGNiLsWEL9aKDoCl0%3D&reserved=0)
**NASTAD** | 444 North Capitol Street NW, Suite 339 | Washington, DC 20001| [NASTAD.org](https://gcc01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.nastad.org%2F&data=02%7C01%7CHailey.Stout%40wakegov.com%7Cdda903050df2406e0c8408d7cd054c46%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637203294946219205&sdata=c76uai4G46XosAAvBhvEKbWuAcT7vvNs2LrJNoKiCqc%3D&reserved=0)

This email and any files transmitted with it are confidential and intended solely for the use of the entity to whom they are addressed. If you received this email in error please notify the sender.

**Appendix B: NC HMAP and RW Part B Recertification**

During this current public health emergency, NC HMAP and Ryan White Pt B will be modifying current application and recertification processes to allow flexibility for social distancing and/or isolation to protect the health of HMAP clients and service providers.

HMAP and Ryan White Pt. B will be implementing the following **temporary exceptions** until further notice:

1.      HMAP Winter recertification deadline is extended to **May 31st** .

2.      Verbal consent may be obtained and electronic signatures used for Self-Attestation recertification applications and client applications.

3.      HMAP Self-Attestation recertification applications and HMAP client applications can be emailed securely to the HMAP office.

4.    For Ryan White Part B clients only, when completing recertifications do not send documents in, but maintain documents in the client record.

HMAP applications may be sent **via secure email** to the following email addresses:

* + New HMAP Applications for all subprograms: Fonda Townsend: fonda.townsend@dhhs.nc.gov
	+ ICAP/PCAP Self-Attestation Recertification applications: Natalie Gupton: natalie.gupton@dhhs.nc.gov
	+ SPAP Self-Attestation Recertification applications: Nikki Harris:  Charmaine.Harris@dhhs.nc.gov
	+ UMAP Self-Attestation Recertification applications (applications will be processed alphabetically by the client’s last name):
	+ Glenys Spencer: glenys.spencer@dhhs.nc.gov Letters: E, G, I, R, T, U, W
		- Christell Edwards: christell.edwards@dhhs.nc.gov Letters: D, F, K, M, P, Y, Z
		- Cynthia Banks: cynthia.banks@dhhs.nc.gov Letters: C, H, J, L, O, X
		- Ivette Saravia: ivette.saravia@dhhs.nc.gov Letters: A, B, N, Q, S, V
* Emergency HMAP applications and Delivery Exception Requests: Debra Bost: debra.bost@dhhs.nc.gov
* Jail applications:  Iris Girard: iris.girard@dhhs.nc.gov

 When submitting applications via secure email please do the following:

* Only include one application per email.
* Please use the following subject lines when submitting applications:
	+ Recertification applications: Recertification Application Case Number #########
	+ New HMAP client applications: New (Subprogram) Application
	+ Emergency Applications: Emergency Application (Case Number if applicable)
	+ Jail Applications: Jail Application (Case Number if applicable)

 Thank you for your patience during this time. We hope you are well.

Sincerely,

**Eleana B. Sessoms, MA**

HMAP Data Analyst

NC Division of Public Health, Communicable Disease Branch

**Appendix C: Ryan White Staff Contact List (all staff teleworking)**

3/27/20

Good morning everyone,

I am writing to let everyone know that effective Monday, March 30 Ryan White Part B and HOPWA program staff will be teleworking through at least April 10 as we continue to respond to challenges related to COVID-19.  The best way to communicate with us during this time is through email.  I have attached a list of staff names and email addresses for reference. Please reach out to us with any questions/concerns you may have during this time.  We hope that everyone will stay safe during these challenging times.

**Robert H. Winstead**

**HIV Care Program Staff E-Mail Contact List**

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **Email Address** |
| Bob Winstead | HCP Manager | Robert.winstead@dhhs.nc.gov |
| Patrick Church | Ryan White Program Administrator | Patrick.church@dhhs.nc.gov |
| Matt Hojatzadeh | Ryan White Program Consultant | Matthew.hojatzadeh@dhhs.nc.gov |
| Lola Houston-Hager | Ryan White Program Specialist | Lola.houston-hager@dhhs.nc.gov |
| Jeanelle Fairweather | Ryan White Program Consultant | Jeanelle.fairweather@dhhs.nc.gov |
| Manju Kunwar | Ryan White Program Consultant | Manju.kunwar@dhhs.nc.gov |
| Joann Mucaria | Ryan White Program Consultant | Joann.mucaria@dhhs.nc.gov |
| Alyssa Roberts | Ryan White CAREWare Consultant | Alyssa.roberts@dhhs.nc.gov |
| Emily Wilkins | Ryan White CAREWare Consultant | Emily.wilkins@dhhs.nc.gov |
| Leone Lettsome | HOPWA Program Administrator | Leone.lettsome@dhhs.nc.gov |
| Brittney Holmes | HOPWA Program Consultant | Brittney.holmes@dhhs.nc.gov |
| Hope White | Quality Improvement Coordinator | Hope.white@dhhs.nc.gov |

**Appendix D:**  **Letter from Pete Moore to Prevention Agencies**

March 16, 2020

Hello Colleagues,

With the advent of the COVID-19 pandemic, we are getting a lot of questions from our testing agencies about how to handle their work during this time.  See below for some guidance:

- Agencies should follow all CDC and NC DHHS guidance for business and individuals for reducing the spread of COVID-19 (ie. Hand washing, teleworking if possible, cancelling large events, cleaning surfaces, etc.)  See NC DHHS website below:

[https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Furldefense.com%2Fv3%2F__https%3A%2F%2Fwww.ncdhhs.gov%2Fdivisions%2Fpublic-health%2Fcoronavirus-disease-2019-covid-19-response-north-carolina__%3B!!HYmSToo!MC5sTBuhRG_YGYDPsQeXhiYOH_63x6nPc4C1ggP84Pee2caWGR19-pleyDiKnj5vaHMOLvn8wxao-k14%24&data=02%7C01%7Chailey.stout%40wakegov.com%7C3d5012a90bcb43dbbe3e08d7c91d0fe2%7Cc5a412d13abf43a48c5b4a53a6cc0f2f%7C0%7C0%7C637198998967963938&sdata=isnFy0QgLfrvIH4eMBRoMwP0JeJud%2Fgk60M2WijuoCs%3D&reserved=0)

- Agencies should try to do as much non-client contact work as possible (social marketing, data entry, program review and evaluation, etc.)

-Agencies should not have large scale testing events but can do individualized testing while attempting to minimize exposure

Agencies need to review guidance on the DHHS website above and decide how they want to handle their work and should attempt to have staff telework as much as possible.  I know this is a difficult time and we are going to be flexible in allowing agencies to conduct their work in the safest way possible.  If you have specific questions, you can ask your monitor.  I will work closely with CDB management and the DPH contracts office to get you all the most appropriate guidance we have.  This is a constantly changing situation and there may be more updates in the days/weeks to come.

**Pete Moore**