

The Union

International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor



**Child
& Adolescent
TB Working Group**

Maintaining essential child and adolescent TB services during the COVID-19 pandemic: practical solutions and lessons learnt

3rd September 2020

Chairs: Dr Farhana Amanullah and Prof Steve Graham

This webinar is co organized by the Child and Adolescent TB Working Group (CAWG) and The Union



International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor



**Child
& Adolescent
TB Working Group**

Presentation

Maintaining essential child and adolescent TB services during the COVID-19 pandemic: practical solutions and lessons learnt

Chairs: Dr Farhana Amanullah and Prof Steve Graham

- 1. Experiences from a family affected by TB during COVID-19 in Brazil (video message)**
- 2. Cutting through the COVID-19 surge: Bangladesh Experience on Childhood TB during pandemic**
Dr Shakil Ahmed, Dhaka Medical College, Bangladesh
- 3. Maintaining child and adolescent TB services: experiences from the Americas**
Dr Celia Martinez, Child and Adolescent TB working group for the AMR region
- 4. Pediatric TB management in the private health sector in the COVID-19 era: Challenges and Opportunities**
Dr Shatish Kumar, SAATHII, India
- 5. Child and Adolescent TB services during the COVID-19 pandemic - Lessons from Zambia**
Dr Chishala Chabala, University Teaching Hospital, Lusaka, Zambia

Questions and Answers will follow the presentations.



Disclaimer

The views and opinions expressed in these presentations are those of the authors and do not necessarily represent official views, policy or position of The Child and Adolescent TB Working Group or The Union.

"Cutting through the Covid surge:
Bangladesh Experience on Childhood TB
during pandemic."

Dr. Shakil Ahmed

Professor of Pediatrics

Dhaka Medical College

Bangladesh

shakildr@gmail.com

Pandemic is...

- Not an experience
- An accident
 - Bewilder
 - Confused
- A continuous risk of the accident...
 - Panic

Global dynamics and pandemic

Advantage

- Better Transport Connectivity
- Better information communication
- Leadership and organization

Disadvantage

- Better Transport Connectivity
- Better information communication
- Leadership and organization

Bangladesh reaction

- Long holiday from late March
- Lockdown
- Covid-19 spread to all districts and subdistricts within 1 month
- Health services- what to do?
- Fear factor erupted

Health Service Delivery Structure

- Primary Health Care: Sub-district hospital
- Secondary level: District Hospital
- Tertiary Level: Medical College Hospitals and Specialized Hospital
- Private Hospitals- Mostly Primary and Secondary Levels
- TB reporting centers: 546

Discussion modes

- National situation during pandemic
 - Case notification
 - Xpert use
- Case study
 - Local data on case notification
 - Xpert use in National Tuberculosis Reference Laboratory (NTRL)
- Qualitative survey Sub-district hospitals

Child TB 2020: Q-1 and Q-2

Period	Q-1: Child TB	Q-1: Total TB	% Child TB	Q-2 Child TB	Q-2: Total TB	% Child TB
2019	2960	70,874	4.18	3289	72,778	4.52
2020	2,822	71,811	3.66%	1,037	28,352	3.93%

Case Notification 2020: Q-1 vs. Q-2

Number of cases	Q-1 January-March No. of Districts	Q-2 April-June No. of Districts	Q-1 /Q-2
0-10	8	28	60/36
11-30	24	32	
31-50	13	2	
51-100	12	1	4/28
100+	3	1	

Xpert Test: 2019 vs. 2020 at NTRL

Quarter	Total Test
1st Q. 2019	71070
2nd Q. 2019	71023
3rd Q. 2019	71614
4th Q. 2019	79825
1st Q. 2020	86433
2nd Q. 2020	19417 (22.46%)

Aerosol generating Specimens for Xpert

Specimen	2019		2020	
	Qtr-1	Qtr-2	Qtr-1	Qtr-2 (Covid-Period)
Sputum	133	147	99	8
Gastric Aspirate	95	141	82	4
BAL	8	10	17	0
L. Node	16	16	21	3
CSF	10	17	4	5
Pleural Fluid	3	4	9	1
Others	12	34	20	8

Gene-Xpert from Specimen

Period	2019		2020	
	Total Specimen	Xpert-Positive	Total Specimen	Xpert-Positive
Quarter-1 (January to March)	304	35 (11.5%)	270	27 (10%)
Quarter-2 (April to June)	385	21 (5.45%)	36	9 (25%)

Child TB on Xpert: 2019 vs. 2020

Period	2019		2020	
	Total Specimen	Xpert-Positive	Total Specimen	Xpert-Positive
Quarter-1 (January to March)	304	35 (11.5%)	270	27 (10%)
Quarter-2 (April to June)	385	21 (5.45%)	36	9 (25%)
Quarter 3 (July, August) 2020			46	7 (15.21%)

Case Registry- 2019 vs 2020

Sub-District Hospital	2019 Q1	2019 Q2	2020 Q1	2020 Q2	July-Aug 2020
Dimla	6/126	9/129	13/150	1/61	4/76
Zakigonj	5/106	13/139	11/126	3/45	8/72
Muktagacha	24/218	20/218	20/247	10/66	21/272
Bhaluka	13/143	9/136	4/109	1/29	2/86

Fear factor for unknown

- Health care worker
 - Physician
 - Hospital staffs
 - Field staff
- Health facility- is a haunted site
- Public panic
 - Change in Care seeking behaviour
- Misinformation/Ever changing information

Light in there...

- July August 2020 Data showing an upward trend
- Increased use of digital platform by health care providers
 - Mentoring
 - Training
 - Supportive supervision
- Gained experience-
 - Pandemic is not a medical problem alone

Thanks

Maintaining child and adolescent TB services: experiences from the Americas



Prof. Dr. Celia Martínez de Cuellar
Regional Group on ending TB in Children and Adolescents of the Americas

What challenges do Latin American countries face when attempting to tackle the covid-19 pandemic?

- Fragmented and unequal health systems
- Lack of preparation for handling health and human crises.
- Low health insurance coverage.
- Lack of access to health care and quality information on health, especially serious in rural areas including indigenous people.

Information Note Tuberculosis and COVID-19

Date: 19th March 2020

COVID-19:
Considerations for tuberculosis (TB) care services

As the world comes together to tackle the ensure that essential services and operations continue to protect the lives of people in difficult conditions. Health services, including national health systems, are actively engaged in ensuring an effective and

The World Health Organization (WHO) is advising countries on the unfolding COVID-19 pandemic with WHO regional and country offices, in collaboration with stakeholders. This note is for health personnel with ensuring continuity with TB during the COVID-19 pandemic, approaches, as well as maximizing joint support

All measures should be implemented to protect people affected by either of these diseases, confidentiality and protection of their human

1. Are people with TB likely to be at increased risk of illness and death?

People ill with COVID-19 and TB show similar difficulty breathing. Both diseases attack biological agents transmit mainly via close exposure to disease in TB is longer, with a

While experience on COVID-19 infection is anticipated that people ill with both TB and COVID-19 outcomes, especially if TB treatment is interrupted

TB patients should take precautions to protect themselves from COVID-19 and continue



Recommendations for laboratory diagnosis of TB during the COVID-19 pandemic

Given the current situation of the COVID-19 pandemic, countries are advised to continue adopting the TB diagnostic algorithms recommended by PAHO / WHO¹.

Despite the differences in the modes of transmission of TB and COVID-19, certain personal protection measures are relevant for both diseases. Routine measures to protect yourself from TB should continue² along with additional precautions to protect workers from COVID-19³.

The samples and diagnostic methods for TB and COVID-19 are different. For TB, the sample of choice is sputum, and diagnostic methods are based on rapid tests, culture, and DST. On the other hand, the samples for molecular diagnosis of COVID-19 (Real-Time PCR) are nasopharyngeal swabs or nasal lavage/aspiration. Facilities that diagnose TB may receive samples from people who may be infected with COVID-19, many of them undiagnosed. Therefore, TB laboratory personnel may be at increased risk of COVID-19 infection and these risks should be minimized. WHO advises all laboratory personnel involved in COVID-19 testing to follow good microbiological laboratory practices when performing laboratory procedures⁴ (frequent hand washing and the use of hand sanitizers, especially after handling biological samples).

TB laboratory networks in countries that have incorporated GeneXpert[®] technology in recent years should take advantage of the response to COVID-19. The arrival of the Xpert[®] Xpress SARS-CoV-2⁵ cartridge on the market is expected to increase demand, in TB diagnostic centers with GeneXpert[®] machines, to analyze COVID-19 samples. In this context, the diagnosis of TB could be affected since both diseases would use the same platform. Adopting measures that allow the two diagnostic tests to be carried out on the same machine, assigning different schedules, reinforcement of personnel and incorporating other work shifts, could increase the productivity of the GeneXpert[®] and ensure the continuity of TB diagnosis.

As per the above-mentioned statements, the following protection measures, for TB laboratory personnel, are recommended:

- Sputum should be collected in an open, well-ventilated space, and health personnel should stand more than two meters away from the person during collection.
- Strengthen and Maintain the use of biosafety measures and personal protective equipment (PPE) during sample collection, transport (use of triple packaging) and handling.
- Each TB laboratory must carry out a risk assessment according to the diagnostic methods it performs⁶.
- Handling of sputum and any infectious specimens should be performed in a Class II Biological Safety Cabinet (BSC), during the COVID-19 pandemic. In addition, any laboratory procedures with the potential to generate fine particle aerosols (for example, during open tube sample preparation or vortex agitation) should also be performed in a BSC. It is recommended that sample preparation to perform the rapid molecular methods (Xpert MTB / Rif [Ultra], LPA), cultures, and DST be performed in a BSC.

- Information note: Tuberculosis and COVID-19 (19th march 2020)
- Recommendations for laboratory diagnosis of TB during the COVID-19 pandemic (7th April 2020).

PAHO/WHO Social media

COVID-19
Coronavirus Disease 2019

TUBERCULOSIS AND COVID-19: WHAT YOU NEED TO KNOW

If you have a cough, you may have a respiratory illness:

It could be COVID-19 if it's a dry cough that began suddenly, accompanied by general malaise, fever and difficulty breathing/shortness of breath.

It could be TB if your cough has been getting worse, lasts two weeks or more, and produces mucus.

IN EITHER CASE

Call the assigned telephone number in your country or your healthcare provider to obtain a diagnosis. If you have TB, you may be at increased risk of serious complications if you become infected with COVID-19.

HOW TO PREVENT COVID-19 AND STAY HEALTHY IF YOU HAVE TB

- **Take preventive measures:** wash your hands with soap and water frequently; avoid touching your eyes, nose and mouth; cover your mouth and nose when coughing or sneezing.
- **Minimize your exposure to COVID-19:** follow the social distancing recommendations in your country.
- **If you're being treated for TB,** confirm with your health facility where you will receive treatment during the pandemic.
- **Continue taking your treatment daily,** don't miss a dose and follow medical advice. You must complete your treatment to be cured.
- **Follow your doctor's general recommendations,** including maintaining a healthy diet, getting enough sleep, not smoking, staying active, and limiting alcohol consumption.
- **If you develop symptoms such as a dry cough, fever and shortness of breath,** call the designated number in your country or your healthcare provider. Explain that you have TB.

PAHO    **BE AWARE. PREPARE. ACT.**
www.paho.org/coronavirus

COVID-19

OPS    **Conócelo. Prepárate. Actúa.**
www.paho.org/coronavirus

COVID-19

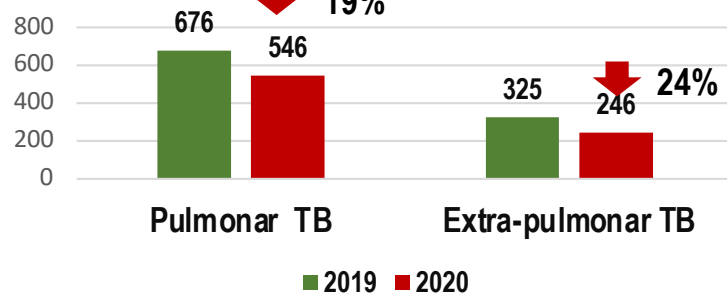
PAHO    **BE AWARE. PREPARE. ACT.**
www.paho.org/coronavirus

COVID-19 has impacted the operation of TB health services in The Americas

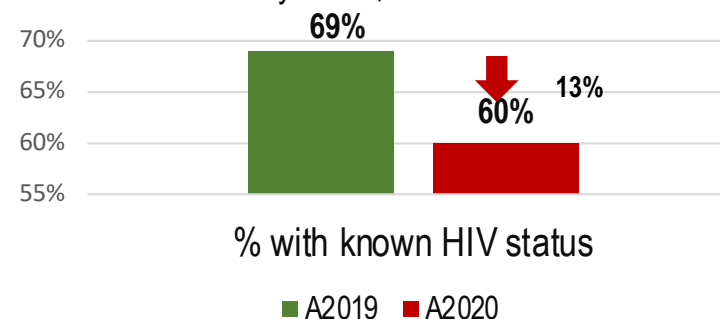
- Limited access to services: outpatient services were partially interrupted. These disruptions have affected all types of care for people with TB.
- Health Services: routine health services were reorganized or interrupted and many stopped providing care to people in detection or treatment for TB.
- Diagnosis: interrupted or stopped because don't have a BSC II or adequate PPE to following the recommended biosafety measures.
- Treatment and care: TB health services were reorganized or interrupted and many stopped providing treatment.
- Health care workers: Decrease in the workforce, many of the health workers who usually provide TB care were reassigned to the COVID-19 response.
- Others: Fear of the population to attend the consultation, due to the probable transmission of COVID-19 in the health services.

TB cases in México

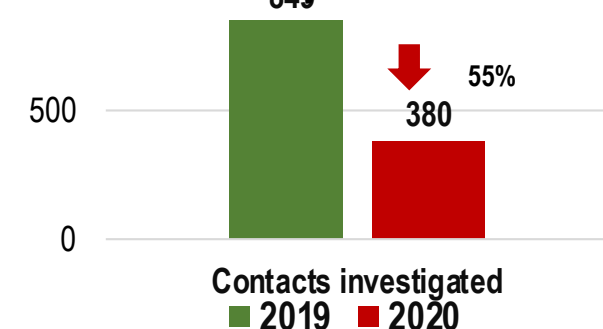
Number of PTB and EP-TB cases identified in children and adolescents January - June, 2019 and 2020



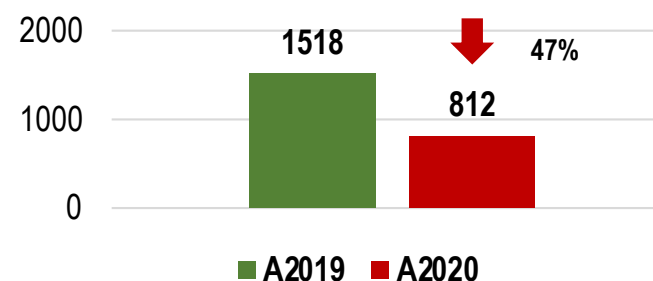
Percentages of TB cases identified in children and adolescents with known HIV status January - June, 2019 and 2020



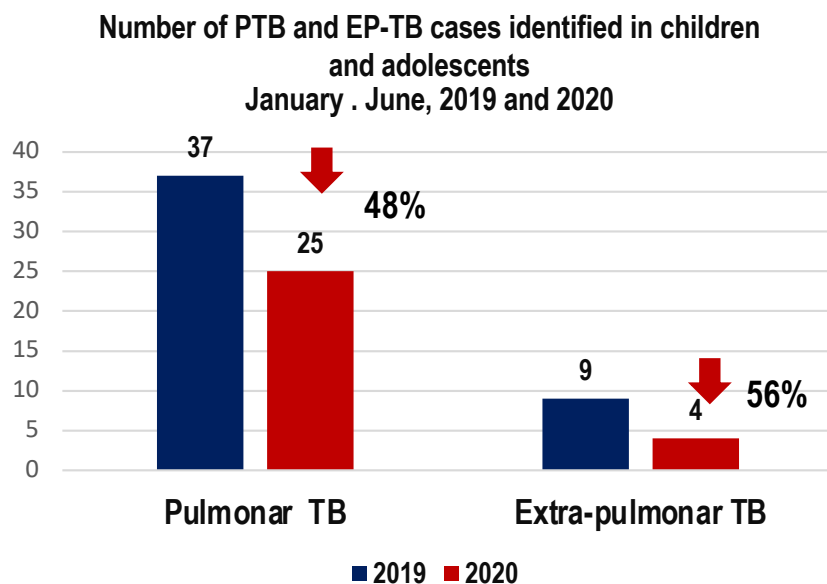
Number of Children and adolescent on ITP- January - June 2019 - 2020



Number of household contacts children and adolescents investigated. January - June, 2020

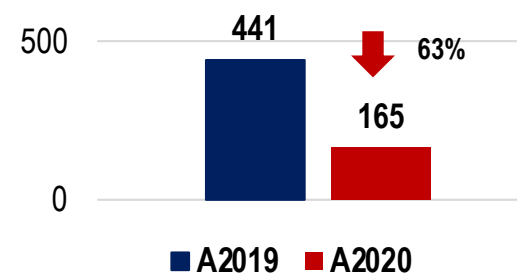


TB cases in Cali, Colombia

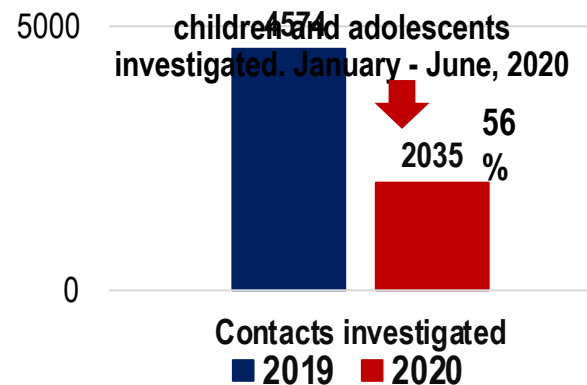


Cali TB Program, 2020

Number of Children and adolescent on ITP- January - June 2019 - 2020

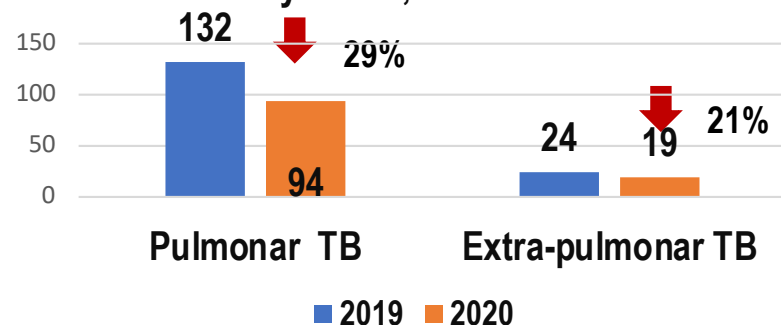


Number of household contacts children and adolescents investigated. January - June, 2020

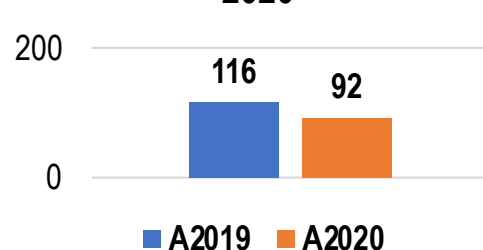


TB cases in Paraguay

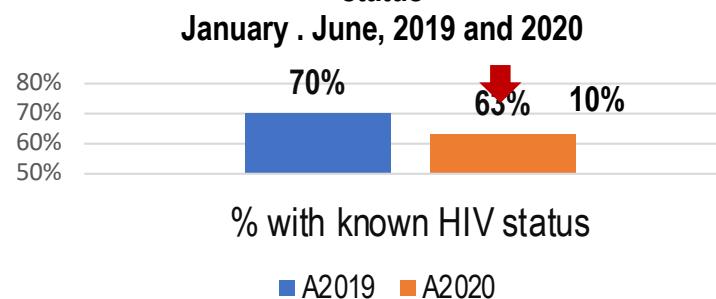
Number of PTB and EP-TB cases identified in children and adolescents January - June, 2019 and 2020



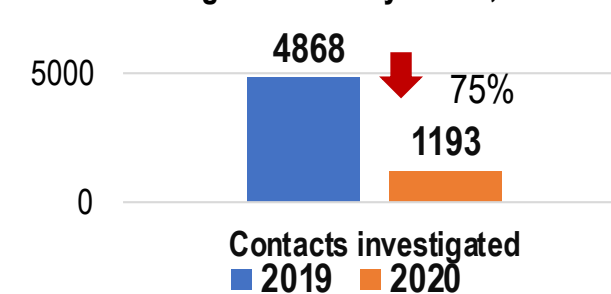
Number of Children and adolescent on ITP- January - June 2019 - 2020



Percentages of TB cases identified in children and adolescents with known HIV status



Number of household contacts children and adolescents investigated. January - June, 2020

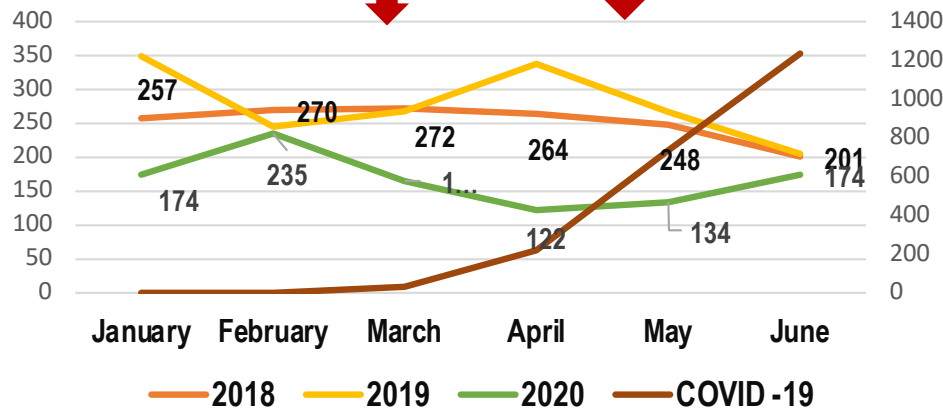


TESAJI HA TEKO
PORAVE
MINISTERIO DE
SALUD PÚBLICA
Y BIENESTAR SOCIAL

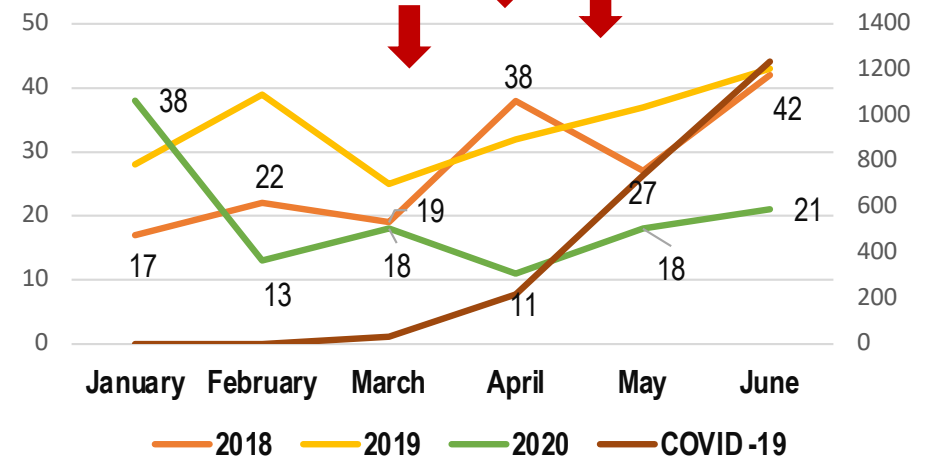
National TB Program, 2020

TB cases in Paraguay

Number of TB cases identified in the general population (not include indigenous population) by month. Paraguay - 2018 - 2019 - 2020 Interventions



Number of TB cases identified in the indigenous population. Paraguay, January - June, 2018 - 2019 - 2020 Interventions



TESA' HA TEKO
PORAVE
MOTENONDEHA
MINISTERIO DE
SALUD PÚBLICA
Y BIENESTAR SOCIAL

National TB Program, 2020

What did the Ministries of Health do?

- Operational guidelines on maintaining TB health during the COVID-19 pandemic.
- Guidance on how to provide continuity for TB program:
 - How to provide medical care for TB (telemedicine), VOT
- Communication materials:
 - Education campaigns for the population: COVID-19 transmission and biosecurity.
 - Campaigns targeting healthcare workers on how to provide TB care in the health services

What did the Ministries of Health do?

- NTPs provide technical assistance to health services and local TB program
- Strong coalition with civil society organizations, scientific societies, Indigenous Health sector, Parliamentary Front and communities
- Monitor the access to and continuity of essential health services for TB
- Coordination meetings with laboratories
- Psychosocial support for patients with DR-TB and at risk of loss of follow up

Brazilian Ministry of Health

Guidelines

- Management and Control of Tuberculosis During the COVID-19 Pandemic
- Frequent A&Q
- Information for the community: Information for the community: TB patients during the COVID pandemic.



ORIENTAÇÕES SOBRE APOIO SOCIAL AS PESSOAS COM TUBERCULOSE DURANTE A PANDEMIA DA COVID-19

Vulnerabilidade social e da emprego e moradia, dos benefícios sociais para as pessoas que já estão doentes

A pandemia da covid-19 diminui a frequência das visitas aos serviços de saúde, e com isso, piora a vulnerabilidade social.

Cuidado centrado na pessoa: é necessário maior atenção aos benefícios sociais para as pessoas com vulnerabilidade social.

Verifique se a pessoa está enfrentando a procura aos órgãos

Trabalho em Rede: Os mecanismos de apoio e oferta de proteção social, incluindo a vulnerabilidade social, estão em situação de

Programas de Tuberculose e da Assistência Social em situação de

Instrução Operacional C

MOPS (Mapas Estratégicos de acesso livre que reúne a disponibilidade de serviços sociais identificados em

Auxílio Emergencial: Os trabalhadores informais, microempreendedores individuais e desempregados durante o período da pandemia da covid-19

Bolsa Família: Programa Cidadania (Senar), que combate a desigualdade no Brasil.

Benefício de Prestação Contínua: Um salário mínimo para pessoas com renda mensal de até R\$ 125 por pessoa e até R\$ 200 por família

Benefícios Eventuais: São benefícios sociais que são pagos por conta própria ou por meio de uma entidade

Nota: Todas as pessoas de idade

CORONAVÍRUS COVID-19

Para mais informações, acesse: saude.gov.br/coronavirus

ORIENTAÇÕES SOBRE AS AÇÕES DE MANEJO E CONTROLE DA TUBERCULOSE DURANTE A PANDEMIA DA COVID-19

Pessoas em tratamento da tuberculose devem diminuir a frequência das visitas aos serviços de saúde, comparecer apenas quando houver necessidade importante ou para retirar medicamentos.

Sempre que possível, os contatos devem ser feitos por vias alternativas (por exemplo: chamada telefônica ou correio eletrônico, etc.)

O tratamento diretamente observado pode ser flexibilizado para:

- Evitar a circulação desnecessária das pessoas em tratamento;
- Evitar exposição de pessoas em tratamentos de saúde, onde provavelmente haverá circulação de pessoas com a COVID-19;
- Evitar a sobrecarga dos serviços de saúde;
- Quando for necessário, realizar o T.O. na residência da pessoa em tratamento.

Pessoas em tratamento da tuberculose devem seguir as orientações para prevenir a COVID-19:

- Higiene frequente das mãos com água e sabão ou álcool gel (70%);
- Evitar tocar olhos, nariz e boca;
- Evitar contato com pessoas doentes;
- Cobrir boca e nariz ao tossir ou espirrar com o cotovelo flexionado (higiene da tosse) ou um lenço descartável;
- Ficar em casa, evitar ambientes públicos com aglomeração de pessoas.

Limpar e desinfetar objetos e superfícies frequentes.

As medidas de distanciamento social e a perda do vínculo das pessoas em tratamento da tuberculose com os profissionais e/ou serviços de saúde, por isso, esforços devem ser feitos para fortalecer este vínculo, mesmo em situações de distanciamento social não é sinônimo de interrupção do cuidado!

Como medida de controle de infecção, os sintomas respiratórios sugestivos de COVID-19 devem ter seu fluxo de atendimento e tratamento interrompidos e o tratamento da tuberculose deve ser retomado assim que a disseminação da tuberculose for controlada.

CORONAVÍRUS COVID-19

Para mais informações, acesse: saude.gov.br/coronavirus

PERGUNTAS E RESPOSTAS FREQUENTES SOBRE COVID-19 E TUBERCULOSE PARA PESSOAS EM TRATAMENTO DA TB

As medidas de prevenção da COVID-19 também estão nos protegendo da tuberculose (TB)?

Algumas medidas de prevenção da COVID-19, como o uso de máscara, por exemplo, também ajudam a prevenir a tuberculose. Mas, para evitar a transmissão da TB, é necessário manter as superfícies limpas e evitar o contato direto com pessoas doentes. Além disso, é importante manter as superfícies limpas e evitar o contato direto com pessoas doentes. Além disso, é importante manter as superfícies limpas e evitar o contato direto com pessoas doentes.

A vacina BCG protege contra a COVID-19?

A vacina BCG protege contra a tuberculose, mas não protege contra a COVID-19. No entanto, a vacina BCG pode ajudar a prevenir a tuberculose, o que é importante para a saúde das pessoas em tratamento da tuberculose.

Se eu tenho COVID-19, posso continuar com o tratamento da tuberculose?

Sim, você pode continuar com o tratamento da tuberculose enquanto estiver com COVID-19. No entanto, é importante seguir as orientações do seu médico e evitar a transmissão da tuberculose para outras pessoas.

Se eu tenho COVID-19, posso visitar meu médico para o tratamento da tuberculose?

Sim, você pode visitar seu médico para o tratamento da tuberculose, mas é importante seguir as orientações do seu médico e evitar a transmissão da tuberculose para outras pessoas.

Se eu tenho COVID-19, posso trabalhar?

Sim, você pode trabalhar, mas é importante seguir as orientações do seu médico e evitar a transmissão da tuberculose para outras pessoas.

Se eu tenho COVID-19, posso viajar?

Sim, você pode viajar, mas é importante seguir as orientações do seu médico e evitar a transmissão da tuberculose para outras pessoas.

CORONAVÍRUS COVID-19

Para mais informações, acesse: saude.gov.br/coronavirus

ORIENTAÇÕES SOBRE PROCEDIMENTOS DIAGNÓSTICOS DA TUBERCULOSE DURANTE A PANDEMIA DA COVID-19

Toda amostra biológica proveniente do trato respiratório deve ser considerada potencialmente contaminada pelo novo coronavírus (SARS-CoV-2). Exemplos: escarro, secreções nasal e orofaríngeas, lavado broncoalveolar.

Quando a manipulação dessas amostras produzir aerossóis, haverá risco para o profissional de saúde e para o paciente.

Para segurança do profissional de laboratório, recomenda-se que, nas etapas em que há produção de aerossóis, as amostras biológicas sejam manipuladas em Cabines de Segurança Biológica (CSB) classe II A2, com filtro HEPA, validadas e em boas condições de manutenção.

Medidas de biossegurança e equipamentos de proteção individual (EPI) devem ser mantidos e reforçados durante o manuseio da amostra clínica e, como o vírus poderá estar presente em superfícies, é importante reforçar os cuidados ao retirar os EPIs.

Gestores da saúde (coordenadores de programas de Tuberculose e responsáveis pela rede laboratorial) deverão reorganizar os fluxos dos exames laboratoriais, a fim de evitar atrasos no diagnóstico de TB.

Para agilizar o envio das amostras e retorno dos resultados, é importante utilizar o sistema Gerenciador de Ambiente Laboratorial (GAL), ferramenta essencial para a vigilância laboratorial.

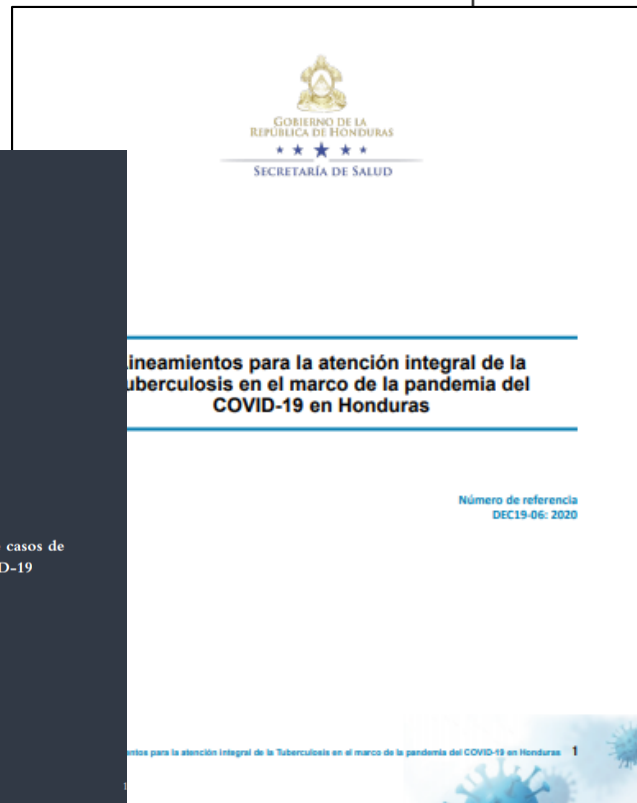
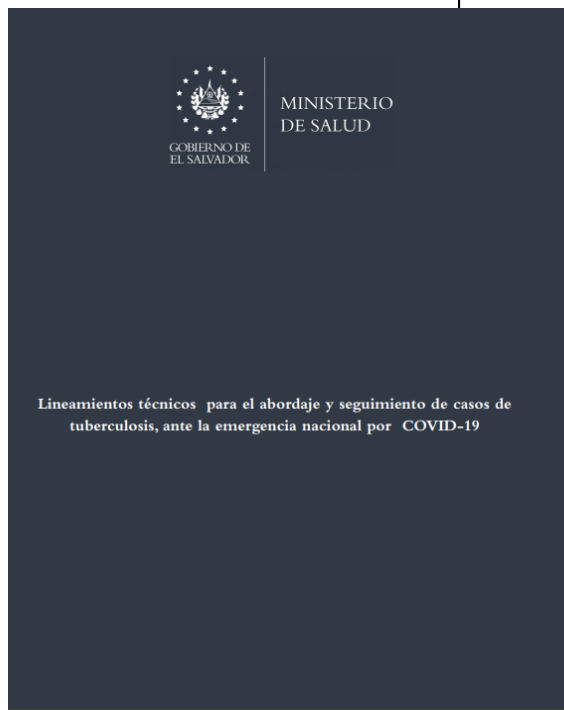
CORONAVÍRUS COVID-19

Para mais informações, acesse: saude.gov.br/coronavirus

Guidelines

Management and Control of Tuberculosis

During the COVID-19 Pandemic



 La salud es de todos	PROCESO	GESTIÓN DE LAS INTERVENCIONES INDIVIDUALES Y COLECTIVAS PARA LA PROMOCIÓN DE LA SALUD Y PREVENCIÓN DE LA ENFERMEDAD	Código	GIPS23
	DOCUMENTO SOPORTE	LINEAMIENTOS PARA LA PREVENCIÓN Y CONTROL DE LA TUBERCULOSIS ANTE LA CONTINGENCIA DE LA PANDEMIA GENERADA POR EL COVID-19 EN COLOMBIA 2020	Versión	01

LINEAMIENTOS PARA LA PREVENCIÓN Y CONTROL DE LA TUBERCULOSIS ANTE LA CONTINGENCIA DE LA PANDEMIA GENERADA POR EL COVID-19 EN COLOMBIA AÑO 2020

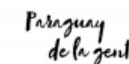
MINISTERIO DE SALUD Y PROTECCIÓN SOCIAL
BOGOTÁ D.C. ABRIL DE 2020

Una vez impreso o descargado este documento se considera copia no controlada

ASFG-Versión 1

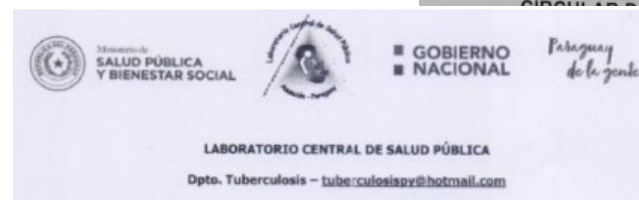
Management and Control of Tuberculosis During the COVID-19 Pandemic

Recommendations for laboratory diagnosis of TB during the COVID-19 pandemic.



CIRCULAR D.G.D.S. y R.S. N° 28 / 2020

La Dirección General de Desarrollo de Servicios y Redes de Salud comunica a los Directores de Regiones Sanitarias que en el marco de la implementación del Plan de la TB 2020 se debe mantener la continuidad de las actividades de control de la tuberculosis en las personas con TB durante la pandemia de COVID-19, para garantizar la continuidad de los procedimientos de baciloscopías de



1. Ambas patologías muestran síntomas similares: tos, fiebre y dificultad para respirar.
2. Ambas atacan el pulmón principalmente.
3. Ambos agentes biológicos se transmiten principalmente por contacto cercano.
4. El período de incubación es más largo en TB
5. Las personas enfermas con TB y COVID 19 pueden tener peores resultados de tratamiento.

BIOSSEGURIDADE DE LABORATÓRIO PARA O MANEJO DE
 ADAS AL NUEVO CORONAVIRUS 2019 (2019-NCOV)

virus similares y de que el potencial patógeno y la dinámica de fortalecer las medidas de bioseguridad y elementos de protección ras sospechosas de infección con patógenos respiratorios.

el procesamiento de materiales potencialmente infecciosos.

El EPP apropiado según la tarea a desarrollar.
tencial de generar aerosoles de partículas finas debe realizarse en

del laboratorio que genere aerosoles y que se realice fuera de una zona de aislamiento (por ejemplo, para el análisis de muestras sospechosas) **debe realizarse utilizando mascarilla**

desinfección de las superficies de trabajo y el equipo apropiados. Utilizar desinfectante hospitalario debidamente

ION PNCT N° 005/2020

AMA NACIONAL DE CONTROL DE

os Directores de Regiones Sanitarias; que en el marco
SE ESTABLECEN MEDIDAS PARA MITIGAR LA
-19), se recomienda tomar las medidas para los

cas de Tuberculosi dentro del Territorio Nacional

todos los casos de TB BACTERIOLOGICAMENTE
testados por baciloscopia, cultivo o geneXpert).

infirmos de las Regiones de Itapúa y Canindeyú, Laboratorio de TB Regional para el control bacteriológico, Inseguridad nivel 2 Certificadas.

deberán enviar las muestras de control al Laboratorio

CIRCULAR V.M.S.P./COE N° 02/2020 "Los laboratorios
boratorios suspenderán temporalmente, a partir de día
stras para pacientes ambulatorios. Se garantiza la toma
urencias, embarazadas, menores de 2 años y adultos

tivas en Comunidades Indígenas, Población Privada de
t. mientras dure la situación que atraviesa nuestro País.

Asunción, 16 de marzo del 2021

Dra. Sarita Aguirre
Directora
en Control de la Biblioteca

FIN A LA TUBERCULOSIS"
344 / e-mail: pnc_py@yahoo.es
Venezuela y Victor Hugo
n - Paraguay



**TESĀI HA TEKO
PORĀVE**
MOTENONDEHA

MINISTERIO DE
**SALUD PÚBLICA
Y BIENESTAR SOCIAL**



TESÁI HA TEKÓ
PORÁVE
Motenondcha
Ministerio de
SALUD PÚBLICA
Y BIENESTAR SOCIAL

TETĀ REKUÁI
GOBIERNO NACIONAL

Paraguái
tetyguará
mba'e

Penitenciaria de CDE: refuerzan controles de Tuberculosis



- TB detection in jails
- Advocacy
- Food
- House-hold and community-based care



TESÁI HA TEKÓ
PORÁVE
Motenondcha
Ministerio de
SALUD PÚBLICA
Y BIENESTAR SOCIAL

TETĀ REKUÁI
GOBIERNO NACIONAL

Tuberculosis: enfermedad que sigue cegando la vida a decenas de paraguayos



Paraguayan Ministry of Health



Ministry of Health of Peru

RECOMENDACIONES PARA EL CONTROL EN TB DURANTE LA PANDEMIA DE COVID-19

RECOMENDACIONES DPCTB PANDEMIA COVID 19	Comunicado 1 PARA GARANTIZAR LA ADMINISTRACIÓN DEL TRATAMIENTO ANTITUBERCULOSIS EN EESS	Comunicado 2 y 6 RELACIONADAS ADMINISTRACIÓN DOMICILIARIA INCLUIDO FÁRMACOS EV(TB XDR/ Pre XDR)	Comunicado 3 USO APROPIADO DE MASCARILLAS COMUNIDAD, CASA Y EESS FRENTE A COVID- 19	Comunicado 4 RESPECTO AL CAMBIO DE FASE Y ALTA EN EL TRATAMIENTO DE TUBERCULOSIS	Comunicado 5 DEL USO DE LAS ÁREAS DE AISLAMIENTO EN TB PRIORIZADAS PARA CASOS DE COVID-19	Comunicado 7 PARA TUBERCULOSIS Y COVID-19 EN ESTABLECIMIENTOS PENITENCIARIOS
--	---	---	---	---	---	---

TELEMEDICINA EN TB

EN MENORES
DE EDAD



TELEMEDICINA EN TB - EN MENORES DE EDAD

Mexican Ministry of Health

- Information for Health Care Workers - Management and Control of TB During the COVID-19 Pandemic
- Information for the community



Lineamiento para la prevención y mitigación de COVID-19 en la atención de la persona afectada por Tuberculosis

Ante la emergencia sanitaria por COVID-19, es importante garantizar servicios esenciales en atención otras patologías en el territorio mexicano. La atención de las personas afectadas por Tuberculosis (TB) es parte de estas actividades esenciales, en donde se requiere de continuar la atención de las personas afectadas, la búsqueda intencionada de casos de tuberculosis y con confesión con COVID-19, así como la alfabetización en salud en estos dos temas.

Se debe considerar que las personas afectadas por TB son un grupo de riesgo para COVID-19, debido a que principalmente la afección es pulmonar, es una enfermedad emergente, las características virales, portadores asintomáticos, etcétera, no permiten declarar unidades de atención a la salud libres de COVID-19.

La asistencia de personas afectadas por TB sensible y resistente a fármacos, para la toma de fármacos supervisada las unidades de salud implica mayor exposición a personas que puedan cursar con COVID-19 y que acudan a las mismas instalaciones de salud (asintomáticas o sintomáticas).

El riesgo de saturación de los servicios de salud ante COVID-19, es un escenario que se plantea, y que mediante estas recomendaciones se pretende también disminuir.

Se debe asegurar la continuidad del tratamiento antituberculoso, el seguimiento mediante baciloscopia, revisión clínica mensual-bimensual, estudio de contactos, debido a que un mal o deficiente manejo de ello puede derivar en una pérdida de seguimiento, fracaso o la probabilidad de selección de resistencia a medicamentos de primera línea en las personas afectadas por TB.

Recomendaciones generales

Por todo lo anterior, se plantean las siguientes recomendaciones para el diagnóstico de TB, así como el inicio y seguimiento del tratamiento de la persona afectada por TB, considerando que se deberá establecer comunicación y coordinación intersectorial, interinstitucional y entre los diferentes niveles de la Secretaría de Salud estatales para dar continuidad a estas acciones:

1. Reforzar medidas de prevención en la atención de las personas afectadas por TB en establecimientos de salud.

Resolución Ejecutiva 156, del 20 de febrero de 2020, por la que se declara de interés público la atención de las personas afectadas por TB en establecimientos de salud.

¿ES CURABLE LA TUBERCULOSIS PULMONAR?

¡SÍ! LA TUBERCULOSIS ES UNA ENFERMEDAD CURABLE, LA CON TODO EL TRATAMIENTO DE MANERA PUNTUAL.

¿CÓMO ES EL TRATAMIENTO?

- SE TOMA DIARIAMENTE EN LAS HORAS DE LA MAÑANA.
- DURA 6 MESES SI ES SENSIBLE Y HASTA 2 AÑOS SI ES RESISTENTE.
- ES POSIBLE QUE PRESENTE ALGUN EFECTO ADVERSO (DOLOR DE CABEZA, NÁUSEAS, DIFICULTAD PARA RESPIRAR, ETCÉTERA) Y DEBERÁ INFORMARLO A SU MÉDICO TRATANTE.
- MESESUALMENTE SE DEBE REALIZAR UNA BACILOSCOPÍA (ESTUDIO DE LA FLEMA PARA SABER CÓMO VA SU TRATAMIENTO).
- NO SE REQUIERE DE NINGUNA DIETA ESPECIAL, PUEDE COMER DE LO QUE TENGA FRUTAS, VERDURAS, LEGUMBRES, CARNE, HUEVO, LECHE, COMO SIEMPRE LO HACE.
- MANTENER LOS CUERPOS DE LIMPIEZA PERSONAL ACOSTUMBRADOS.
- DEBE DORMIR ENTRE 7-8 HORAS.

¿QUÉ CUIDADOS DEBO TENER?

COMUNICACIÓN TELEFÓNICA CON EL PERSONAL DE SALUD PARA LA TOMA DE BACILOSCOPÍA EN LA FECHA QUE CORRESPONDA.

TUBERCULOSIS VS COVID-19

SI PRESENTAS:	PUEDES SER COVID-19 SI PRESENTAS:
TOSE SECA.	TOSE SECA.
FIEBRE CONTINUA.	FIEBRE CONTINUA.
CANSANCIO.	CANSANCIO.
DIFICULTAD PARA RESPIRAR O PARA HABLAR.	DIFICULTAD PARA RESPIRAR O PARA HABLAR.

MEDIDAS DE SEGURIDAD PARA EL PERSONAL DE LA RED TAES DE ENFERMERÍA EN LA ATENCIÓN DE PERSONAS AFECTADAS POR TUBERCULOSIS:

1.- SEGUIR LAS INDICACIONES DEL CONTROL DE INFECCIONES

2.- LAVADO DE MANOS FRECUENTE, ANTES Y DESPUÉS DE TRATAMIENTO A LA PERSONA AFECTADA O FAMILIAR QUE ACUDE POR EL TRATAMIENTO.

¿QUÉ PUEDE HACER LA RED TAES DE ENFERMERÍA ANTE LAS PERSONAS AFECTADAS POR TUBERCULOSIS Y EL RIESGO DE COVID-19?

- INFORMAR A LA PERSONA AFECTADA Y A SU FAMILIA QUE LA TUBERCULOSIS ES CURABLE, CUMPLIENDO CON EL TRATAMIENTO COMPLETO.
- ORIENTAR SOBRE MEDIDAS DE HIGIENE EN CASA:
 - LAVADO DE MANOS CON AGUA Y JABÓN O GEL ANTIBACTERIAL.
 - VENTILACIÓN FRECUENTE.
- INFORMAR QUE NO DEBE FRACCIONAR LA DOSIS DEL MEDICAMENTO.
- INDICAR A LA PERSONA RESPONSABLE DE SUPERVISAR EL TRATAMIENTO LA IMPORTANCIA DE OBSERVAR QUE DEGLUTA LOS MEDICAMENTOS.
- HACER ÉNFASIS EN SUPRIMIR BEBIDAS ALCOHÓLICAS, TABACO U OTRAS DROGAS.
- REALIZAR LLAMADAS TELEFÓNICAS O VIDEO LLAMADAS O ENVÍO DE FOTOGRAFÍAS PARA CONFIRMAR LA TOMA DE MEDICAMENTOS.
- REPORTAR AL PERSONAL DE SALUD CUALQUIER IRREGULARIDAD EN LA TOMA DE MEDICAMENTOS Y LA PRESENCIA DE REACCIONES ADVERSA.
- PROPORCIONAR INFORMACIÓN A LOS PACIENTES CON TB O A SUS FAMILIARES SOBRE COVID-19, PARA QUE SE PUEDAN PROTEGER Y CONTINUAR SU TRATAMIENTO.

5.- MANTENERSE A UNA DISTANCIA DE POR LO MENOS 2 METROS DEL PACIENTE, A MENOS QUE SEA INDISPENSABLE ACERCARSE

2 M

TRATAMIENTO, IDENTIFICAR A LÍDERES DE LA COMUNIDAD COMO A EX ENFERMOS, CAPACITARLOS Y ASESORARLOS EN LA ATENCIÓN DE LA PERSONA AFECTADA POR TB.



SALUD
SECRETARÍA DE SALUD





Coalition with Civil Society Organizations

- Deliver TB drugs,
- Take sputum samples in remote communities, in indigenous communities and in jails,
- Contact tracing,
- House-hold and community-based care



Conclusions

- Countries and the NTP have made numerous efforts to continue the fight against TB in the context of the pandemic.
- TB capacities building contribute to the response to the COVID-19 pandemic, mainly in relation to search and contact tracing, home and community-based care, as well as in surveillance and monitoring systems for TB.
- The actions incorporated to address Covid-19 can benefit TB programs, especially in relation to infection control and telemedicine.



Thanks to:

- Betina Mendez Alcântara Gabardo, Brasil
- Magnolia Arango, Colombia
- Lucy de Carmen Luna Miranda, Cali, Colombia
- Sarita Aguirre, Paraguay
- Zulma Unzaín, Paraguay
- Martha Angelica García Aviles, México
- Rafael Lopez, PAHO
- Pedro Avedillo, PAHO



Thanks for your attention

Maintaining Essential Child and Adolescent TB Services During the COVID-19 Pandemic: Practical Solutions and Lessons Learned

**Experiences from the
Catalyzing Pediatric TB Innovations
(CaP TB) project**



Presentation Overview

- About CaP TB project
- COVID-19 situation in India
- Mitigations put in place by CaP-TB and Central TB Division (CTD)
- Results
- Lessons learned

CaP TB Project Overview in India

- Goal is to contribute to reduction in morbidity and mortality due to pediatric TB
- Expected outcome remove critical access barriers to facilitate scale-up of pediatric TB in private health sector in India
- Project duration: 4 years, Oct 2017-Sept 2021
- Intervention: Private health facilities – 67 sites across selected districts in three states of India (Andhra Pradesh, Telangana and Maharashtra)

Phase	# sites	# districts
Phase 1 (2018-19)	59	6
currently	67	9
Objective by end 2020	79	15

- Experiences from project intervention data presented: Jan 2020 – July 2020

Intervention Model – CaP-TB Sites

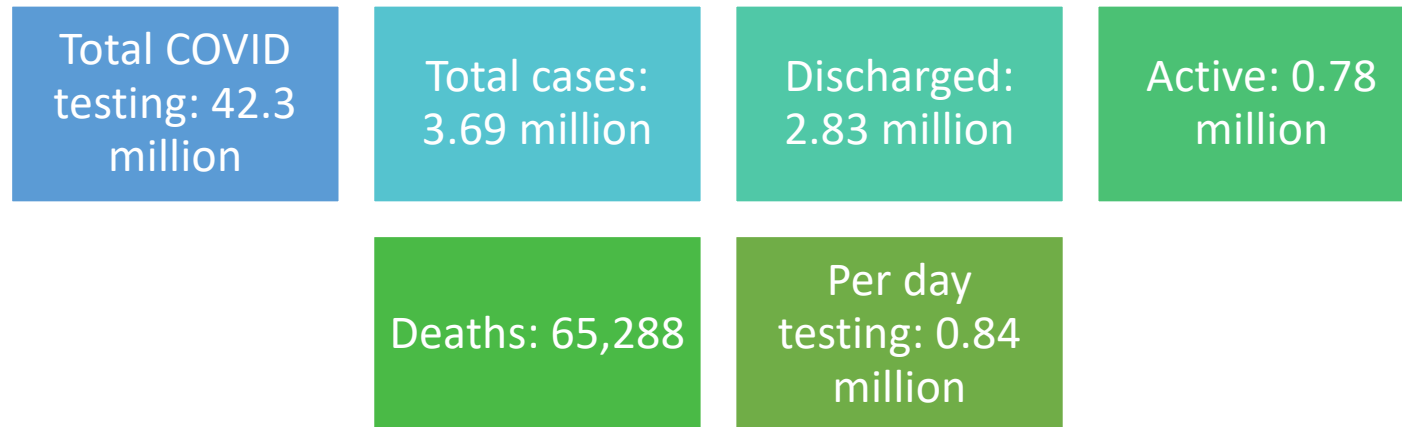
SAATHII implements the CaP-TB interventions at private pediatric sites, in-line with *Patient Provider Support Agency (PPSA) guidelines*, engaging private providers for pediatric TB services.

1. Training of doctors and site staff through district level *Continuing Medical Education* (CME) programs and onsite trainings
2. Support to CaP-TB hub sites (partnering private pediatric sites) for comprehensive Pediatric TB service provision
3. Supportive supervision and technical update visits and onsite sensitization
4. Outreach visits for treatment completion and contact tracing of TB positives by Field Coordinator

Presentation Overview

- About CaP TB project
- COVID situation in India
- Mitigations in place put by CaP TB and MoH/CTD
- Results
- Lessons learnt

COVID-19 in India (as on 31 Aug 2020)



- Three states of CaP-TB implementation (part of first ten high COVID burden states)
 - Andhra Pradesh: 0.43 million diagnosed cases (second highest burden state, increasing trend)
 - Telangana: 0.12 million diagnosed cases (ninth highest burden state, increasing trend)
 - Maharashtra: 0.79 million diagnosed cases (first high burden, increasing trend)
 - Spread of COVID-19 cases moved from cities/states to district headquarters to villages

Ref: <https://www.mygov.in/covid-19>

Impact of COVID on Patient's Access to Health Care Structures

- Fear of COVID
- Lack of public transportation and use of own vehicles
- Not sure whether hospitals/outpatient clinics are functioning
- Fear of punishment by police if leaving home
- Slowly, with unlock phase, people started coming out
- Socioeconomic disruptions due to COVID that affect access to health care

Impact of COVID on Provision of Care in Private Health Sector

- Hospitals functioned with no or limited paramedic staff or temporarily closed down
- Staff fear of COVID
- Staff cannot travel to hospitals due to non-availability of transportation options
- Hospitals provided emergency non-COVID related services and referred to public facilities for COVID services, while few also provide direct COVID services
- Staff used PPE kits that gave confidence in handling cases
- Health care providers continued to understand and learned about evolution of COVID-19

Presentation Overview

- About CaP TB project
- COVID situation in India
- Mitigations in place put by CaP TB and MoH/CTD
- Results
- Lessons learnt

Impact of COVID on CaP-TB Intervention and Mitigation

- Screening of children attending private health facilities by paramedic staff

Planned intervention



- Reduction in numbers of client visits
- Reduced screening of children due to fear of COVID
- Closure of health facilities or limited emergency services
- Overlapping symptoms of TB and COVID are referred for COVID

COVID impact



- Provision of PPE to continue the screening
- Private hospitals develop their patient flow and infection prevention practices
- Discussions on differentiating TB and COVID with experience

Mitigation measures



- Train medical doctors from private facilities to diagnose and treat pediatric TB

Planned intervention



- Face to Face trainings cannot be held

COVID impact



- Individualized calls with doctors and share technical discussions
- Continued onsite technical visits
- Partnership with IAP district chapters on
- IAP le **measur** ns in several parts of the country

on
measur



Impact of COVID on CaP-TB Intervention

- Support sample collection, and transport of the sample to the CBNAAT/Gene Xpert testing sites

Planned intervention



- Lesser number and proportion of sample collection procedures are performed
- Procedures that generate aerosol like induced sputum are not performed
- Non-availability of sample transportation mechanisms

COVID impact



- Discussions with facility staff continuation of sample collection procedures using PPE
- Government CBNAAT testing centres continue to provide testing services
- NTP issued work pass for CaP-TB staff to travel that helped CaP TB staff to conduct sample transportation from private facilities to government testing sites

Mitigation measures



Support access to chest X-Ray

Planned intervention



- No major impact as private facilities continued to provide chest X-ray and lab services
- Hesitancy by few patients for cost of X-ray

COVID impact

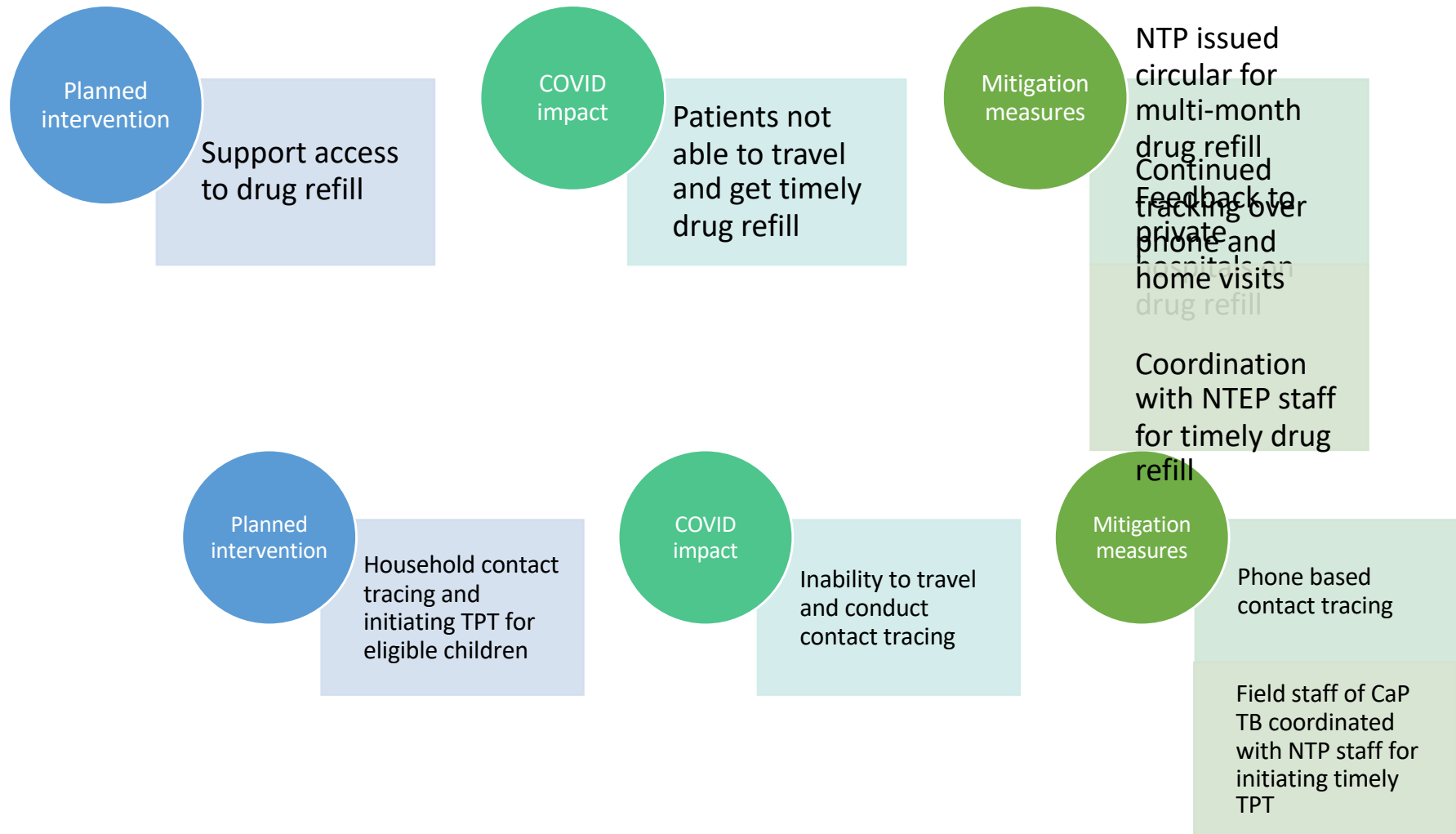


- Continued financial support to CaP-TB sites to perform free-of-cost chest X-ray for those in need

Mitigation measures



Impact of COVID on CaP-TB



Trainings and Sensitization

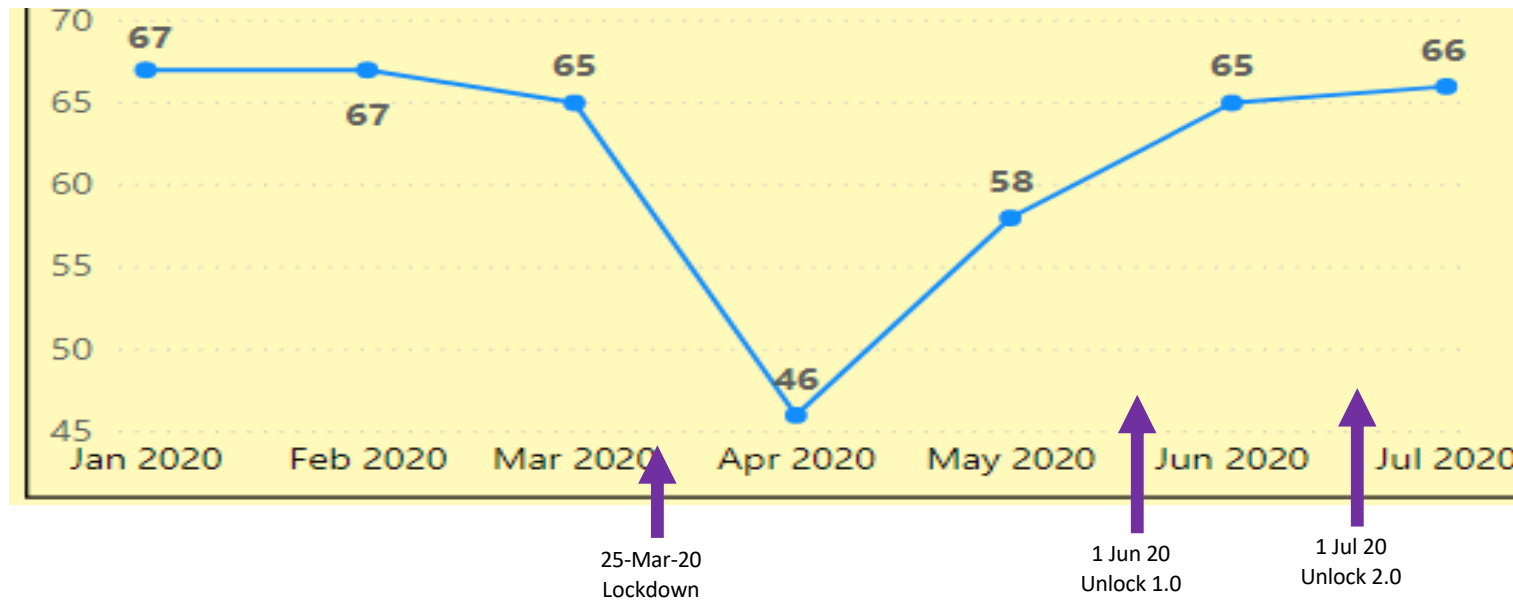
- Onsite refresher trainings on pediatric TB services conducted at 41 sites for 95 paramedic staff (May-June 2020)
 - Field based program staff conducted refresher trainings on TB screening and managing presumptive TB cases, with the remote support of technical team
- Onsite sensitization (OSS) on pediatric TB completed in 34 sites during COVID, with 226 health care providers participating (May-June 2020)
 - CaP TB technical and program staff traveled to sites and conducted OSS on pediatric TB services
- CME session conducted in partnership with Indian Academy of Pediatrics (IAP) in one district



Presentation Overview

- About CaP TB project
- COVID situation in India
- Mitigations in place put by CaP TB and MoH/CTD
- Results
- Lessons learnt

CaP TB sites reporting – (N=67) (Jan-July 2020)



No. of sites functional declined drastically in April and May with limited hours functioning, with further increase to pre-COVID levels in July 2020

Infection Prevention Practices

- All staff use PPE – face mask and face shield
- Mandatory use of hand sanitizer or proper hand washing by all visitors at entrance
- People with masks only can enter the hospital premises
- Only one attendee can be with the child
- Streamlined patient flow in outpatient (OPD) and waiting areas
- At anytime in OPD, hospitals ensure patients occupy only 30-50% of total available space for ensuring social distance
- Have a good/cross ventilation in OPD by keeping the doors and windows open



Infection Prevention Practices

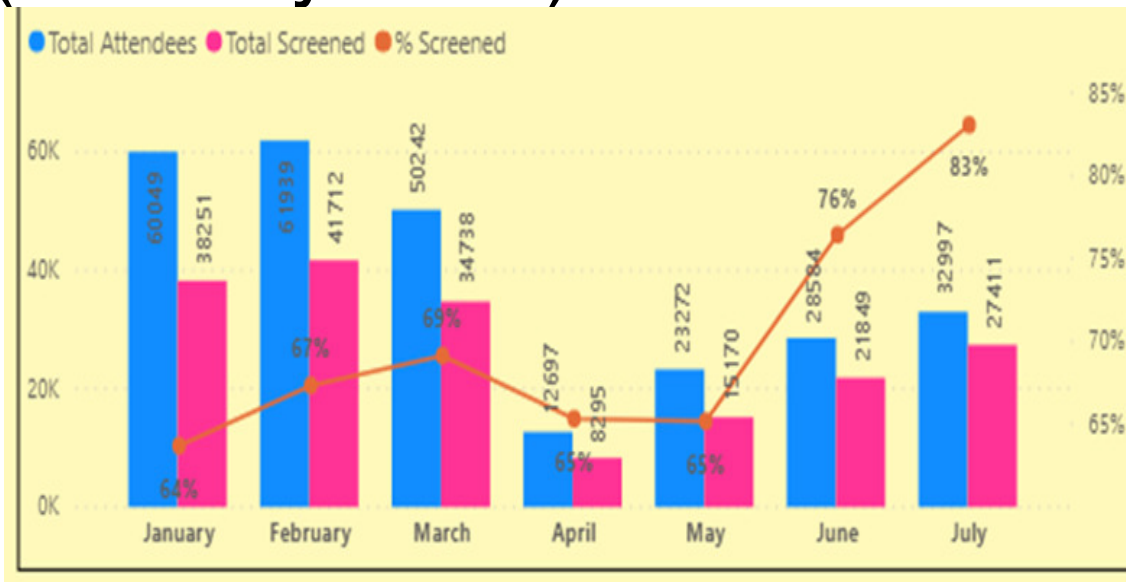
- Fixed OPD hours with well-scheduled appointments
- Restrict in-patient care only for very essential/emergency cases
- People who call the hospitals for appointment are asked for COVID symptoms and those found to have COVID related symptoms or assumed to be having COVID or COVID exposure are given separate appointment slots



Distinction Between TB and COVID-19

- Doctors reported differentiating COVID-19 and TB was challenging initially, but later with time, it was understood well.
- Self learnings and technical sessions by professional medical associations for their members helped doctors to learn and understand COVID
- Individual interactions with practicing doctors helped further understanding learnings and guide discussions on continuation of pediatric TB services
- *History elicitation regarding duration of symptoms: chronicity of TB vs. acuity of COVID*

TB Screening for Children Attendees Under Age 14 (Jan-July 2020)

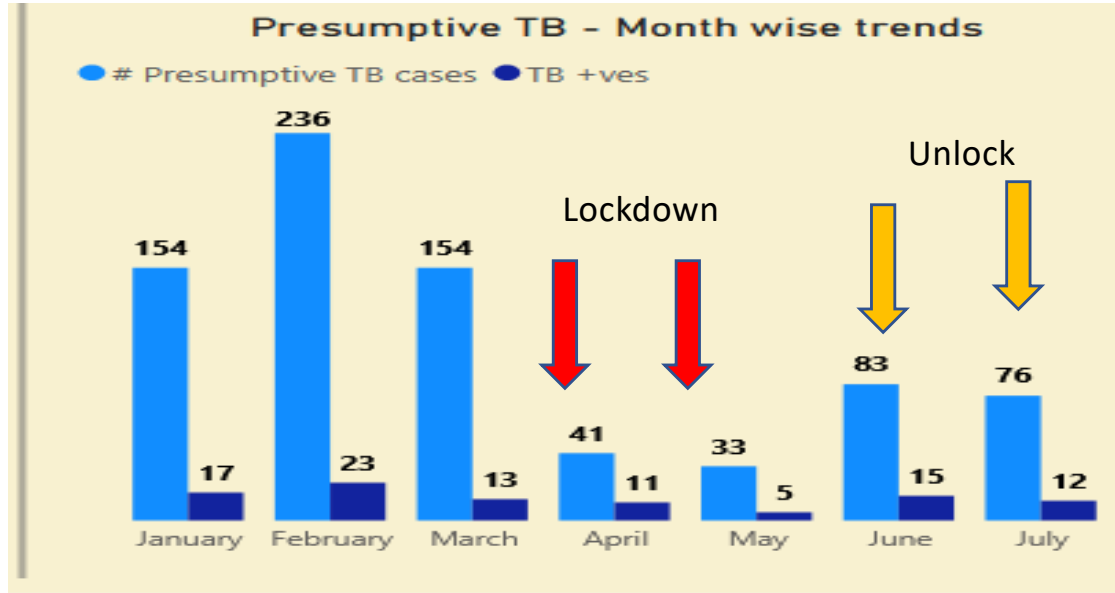


Key Findings:

- Reduction in under age 14 OPD attendees during COVID (Apr-Jun) by almost 50% compared with pre-COVID (Jan-Mar 2020)
- Around 46% reduction in IPD attendees from 663 in pre-COVID Q1 to 358 during COVID Q2

- With unlock phase, people started coming out to seek services from mid-May, bringing children for services
- Most common visits during COVID (Apr-May) were for respiratory infections and fever management
- Now, most common visits are vaccinations, respiratory tract infections (SARI), dengue, and diarrhea (few) among others

Presumptive TB & TB-positive Identification Trends (Jan-July 2020)

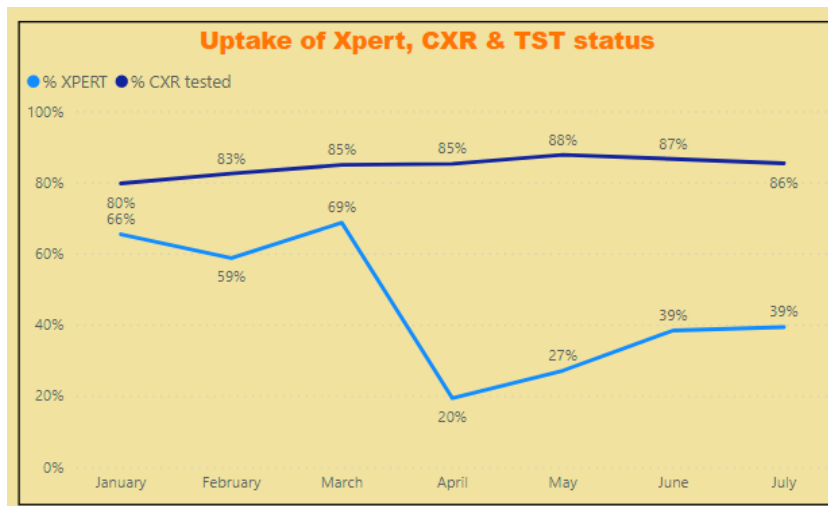
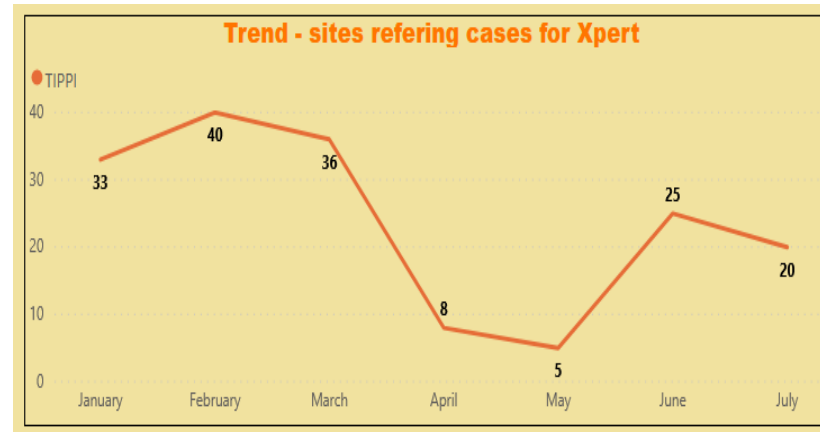
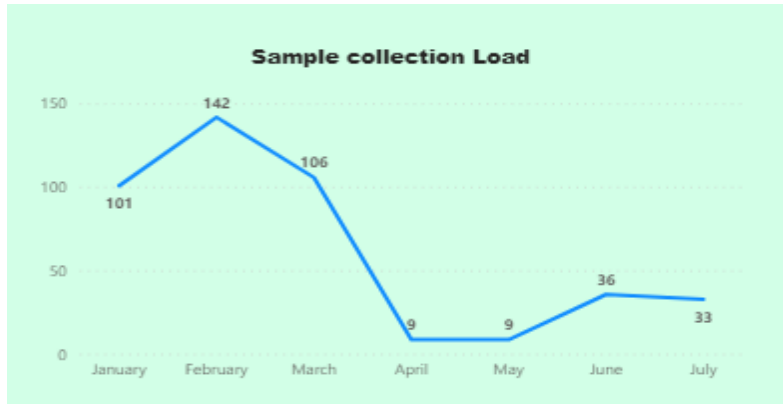


- Two-thirds reduction in numbers of presumptive TB case detection in Q2 when compared to first quarter
- 40% reduction in TB positives detection in Q2 when compared to Q1
- TB positive detection was 9.7% of presumptive TB in Q1 and 19.7% in Q2

Key findings:

- Overall reduction in presumptive TB and TB-positive children

Uptake of Xpert and Chest X-ray

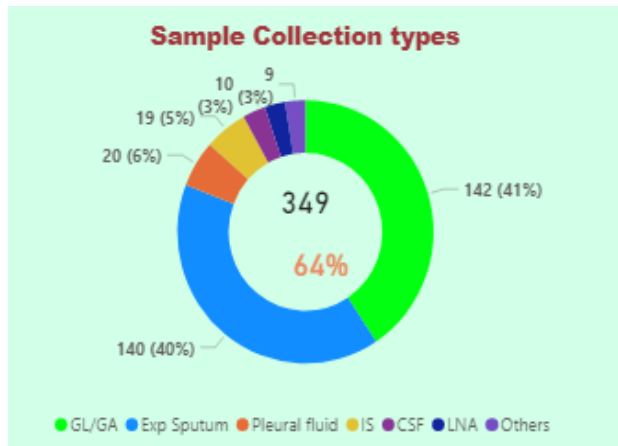


Key findings:

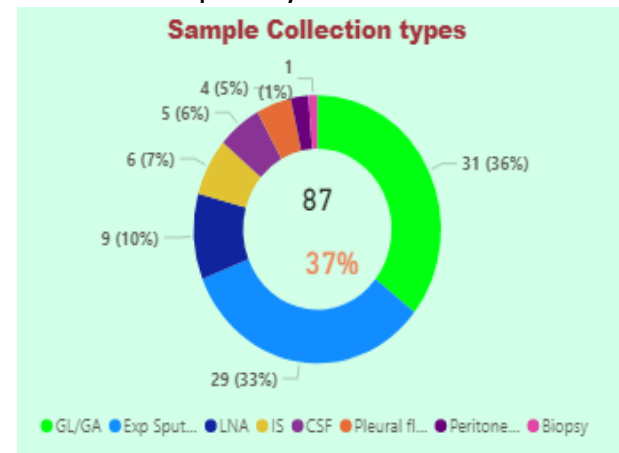
- Reduction in sample collection from 64% of presumptive TB cases in Q1 to around 34% of presumptive TB cases in Q2
- Gradual increase in sites collecting samples and testing cases for Xpert in June and July
- Lab services are always available
- CXR investigations maintained at around 85% levels

Sample Collection

Jan-Mar 2020



Apr-July 2020

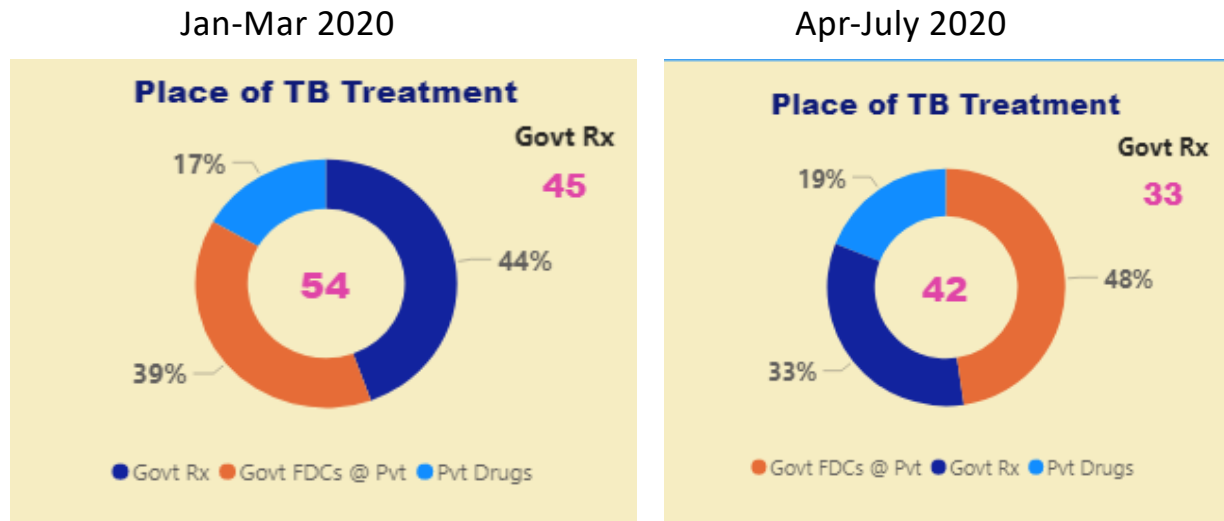


Majority of the samples collected during COVID (Apr-Jul 2020) are pulmonary, with 36% gastric lavage, followed by 33% expectorated sputum, 10% Lymph node aspiration and 7% induced sputum

We can do gastric lavage, lymph node aspiration and other extra pulmonary samples in COVID situation. But doing induced sputum is risky in COVID situation. We need to ensure disinfection after every procedure.

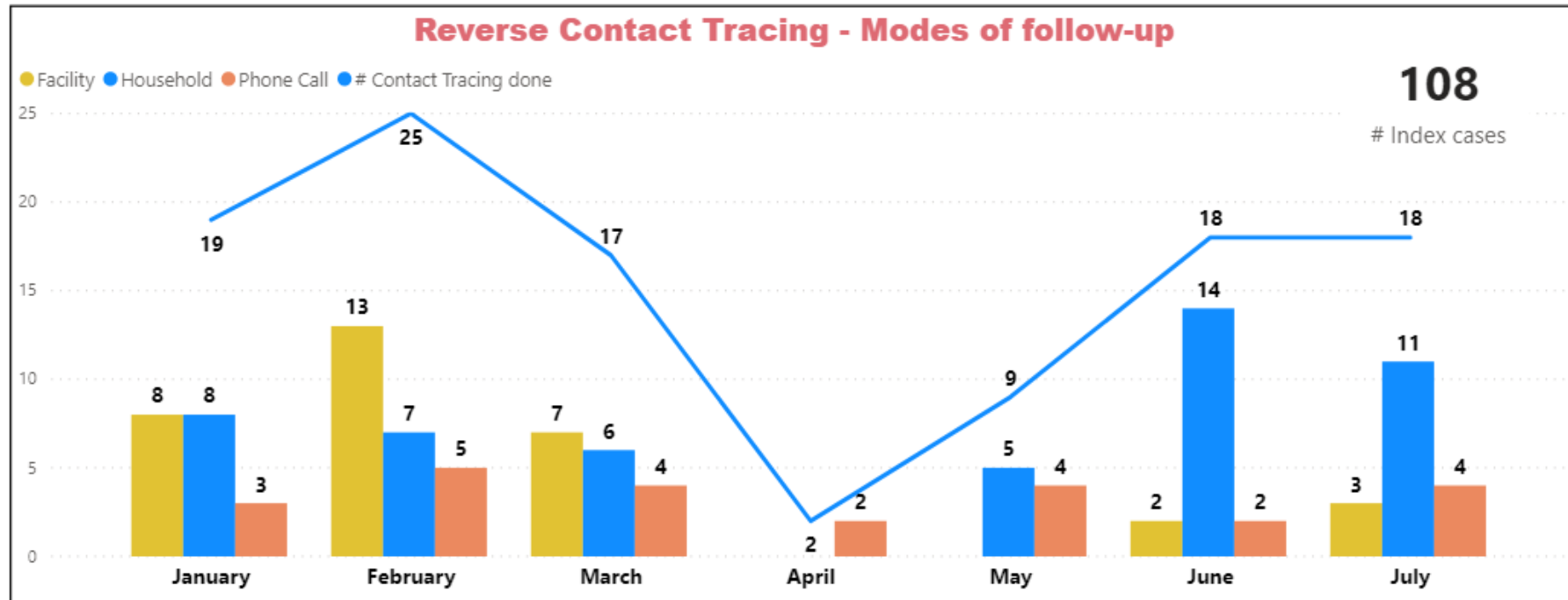
- Quote from a CaP-TB site doctor

TB Treatment Initiation and Drug Refill



- Majority (around 80%) of children are taking government's free-of-cost FDCs before COVID and continue to take during COVID.
- They continue to get the government FDC drugs either at private facilities or by visiting the government health facilities at their nearest location
- Multi-month drug supply given to the TB patients limited the challenges related to travel for drug refill
- Drug refill rate has been 88% average during COVID

Contact Tracing



- Improvements in household visits after the lockdown, with initiation of TPT
- 108 index pediatric TB cases contact tracing completed during Jan-July 2020 period, with 10 out 14 (71 %) of eligible initiated on TPT

Presentation Overview

- About CaP TB project
- COVID situation in India
- Mitigations in place put by CaP TB and MoH/CTD
- Results
- Lessons learned

Lessons Learned

- Provision of work permit passes for CaP-TB staff enabled continuation of field visits to private health facilities for technical support during lock down
- Guidance from NTEP and continuation of NTEP's services enabled the private sector linkages for sample transportation, treatment initiation and timely drug refills
- Motivation and consistent use of PPEs gave confidence in patient related services and infection prevention practices at sites enabled continuation of sample collection practices
- Sample collection is possible during the COVID situation, especially gastric lavage and extra pulmonary samples

Lessons learned Cont...

- Ongoing technical support through trainings, sensitisation, and ensuring linkages of private sites with NTEP services helped uninterrupted pediatric TB services
- With the current spread of COVID-19 from major cities to remote geographies, we anticipate fluctuations in pediatric TB detection
 - Sharing the experience gained during the initial period of COVID-19 in India through sessions with IAP members will help in continuation of pediatric TB services and increase the pediatric TB detection
 - Promotion of TB sample collection by those who performed with all other pediatric practitioners

Thank you!



**Elizabeth Glaser
Pediatric AIDS Foundation**
Fighting for an AIDS-free generation

Partners:

EGPAF is the lead grantee and implements CaP-TB in 9 sub-Saharan African countries



CaP-TB project is funded and supported by Unitaid. Unitaid accelerates access to innovative health products and lays the foundations for their scale-up by countries and partners.

CaP TB India team would like to thank NTEP and all the partnering private pediatric facilities, pediatricians and their staff who have been providing continuous pediatric TB services

Child and adolescent TB services during the COVID-19 pandemic: Lessons from Zambia

Dr Chishala Chabala

University of Zambia, School of Medicine,

Lusaka, Zambia

University Teaching Hospital, Children's Hospital

Lusaka, Zambia

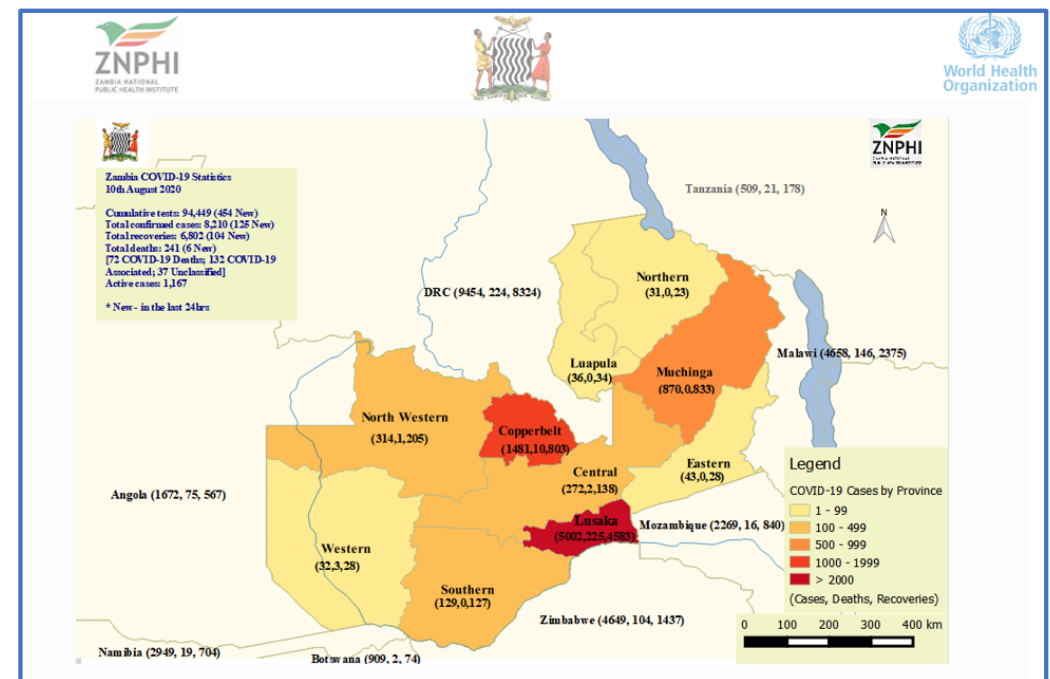
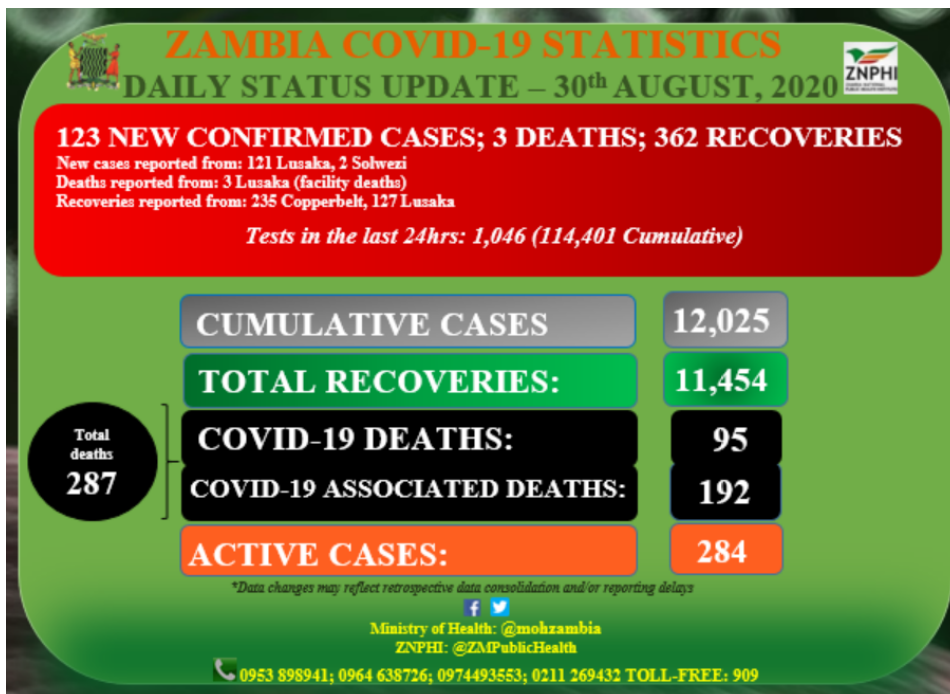


Background

- Zambia recorded its first two cases of COVID 19 on 18th March 2020
- Like most countries public health intervention have been put in place halt the spread of COVID-19
- Covid-19 measures have an indirect impact to delivery of health services for TB, HIV and malaria with a huge burden of disease
- It is imperative essential health interventions are maintained this critical period

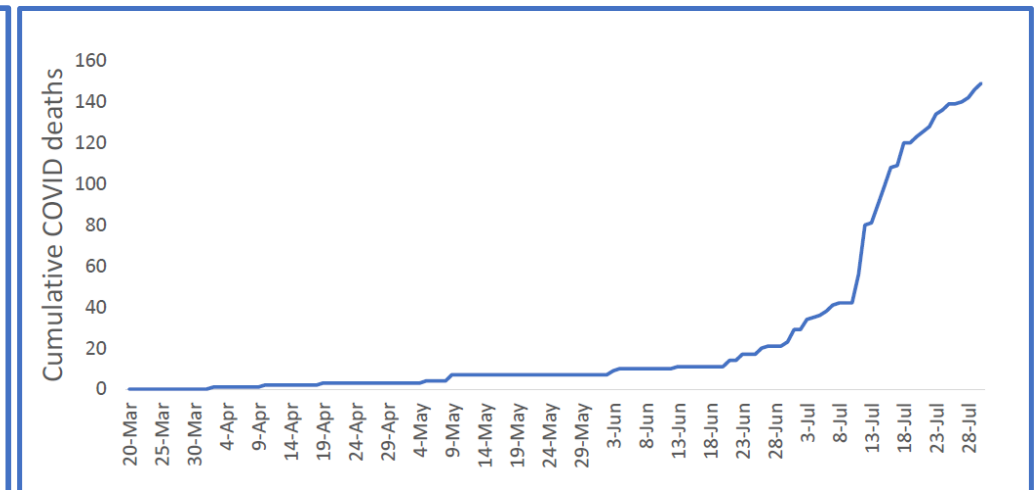
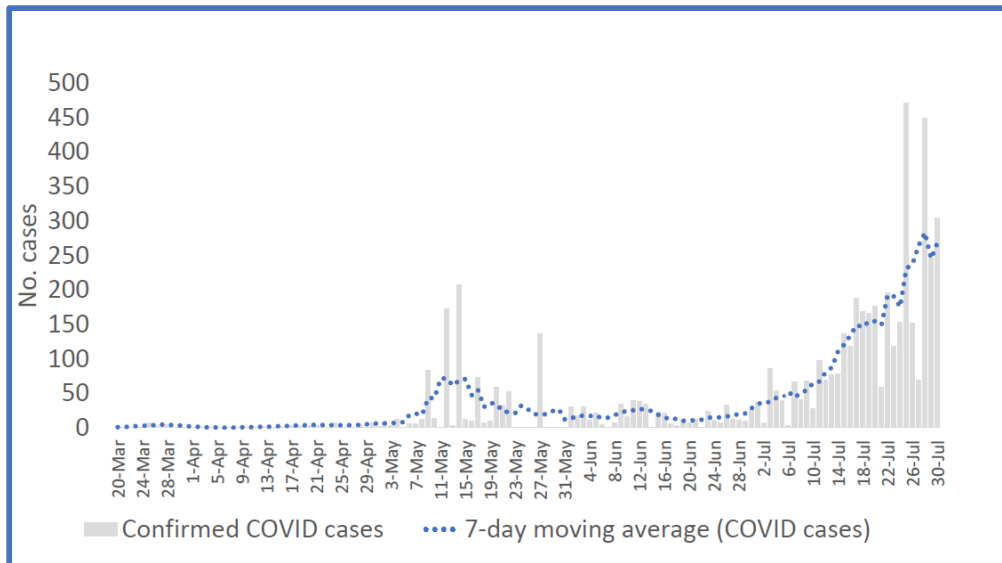
COVID-19 situation in Zambia

- Gradual increase in cases since first March with exponential rise observed in July/August period.
- Initial cases clustered in Lusaka city, but now countrywide spread + established community transmission

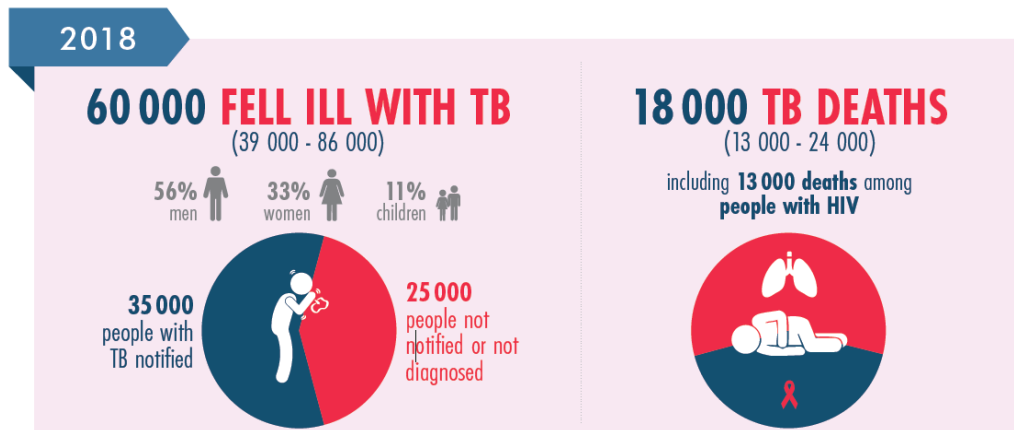


COVID-19 situation in Zambia

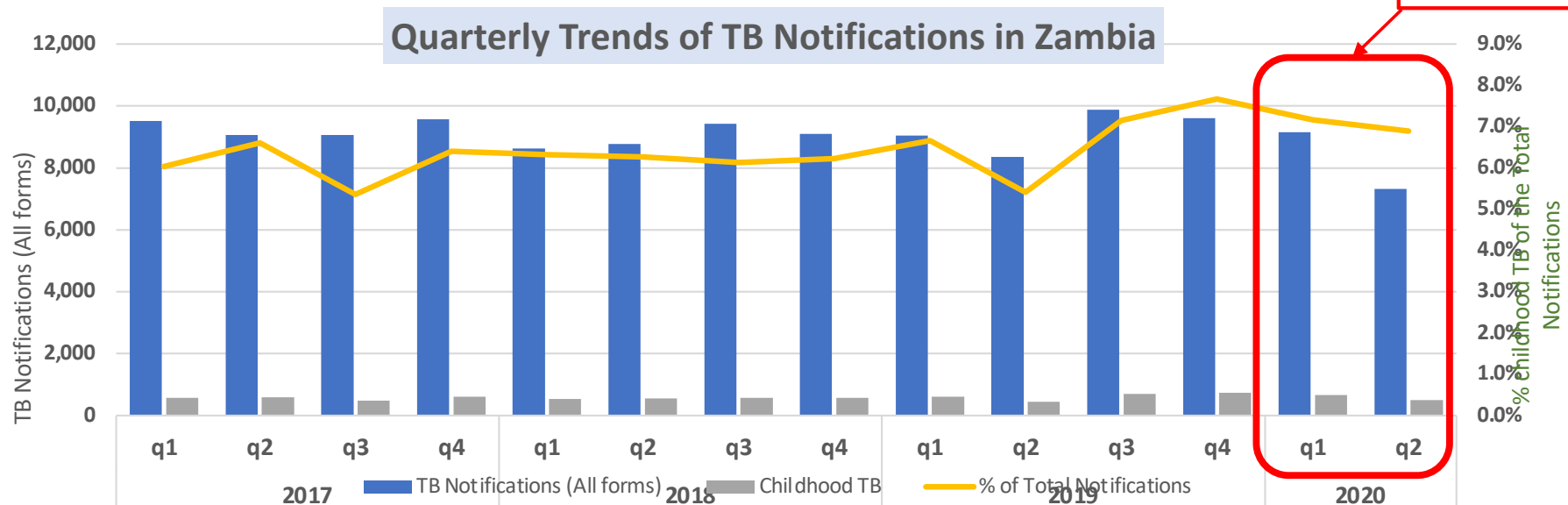
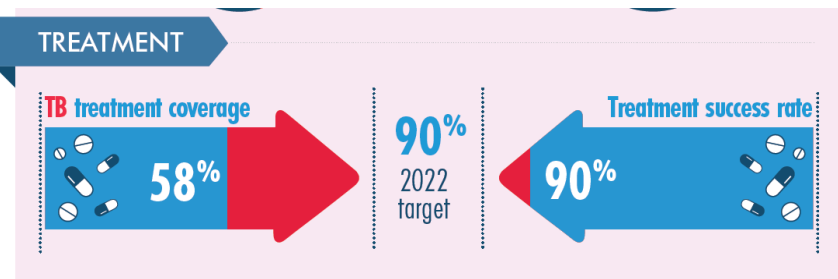
- Rising number of cases with corresponding rise in COVID deaths



TB burden and trends in 2020 since COVID-19

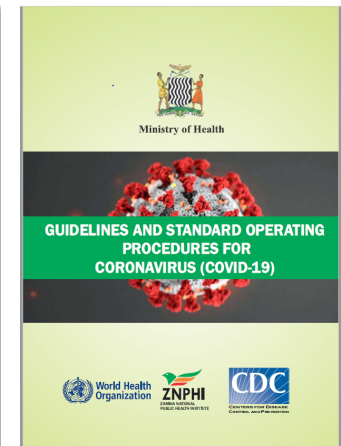
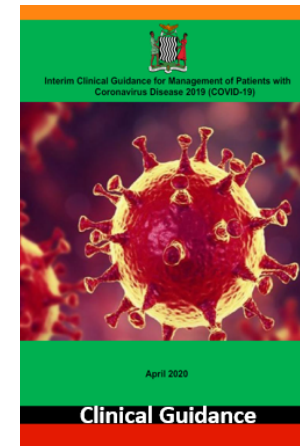


WHO Global TB report 2019



Mitigation measures to maintain TB service delivery

- National guidance on maintenance of TB & other services by Health ministry to minimize disruptions to key services
- Spaced TB follow-up visits;
 - <5 years; month 1, 2, 4, 6
 - >5 years; month 2, 4, 6
- Multi-month dispensing for TB preventive therapy & TB/HIV on antiretroviral therapy
- Telephone follow-up by health provider or community treatment supporters in between visits
- Maintaining vaccinations including BCG while ensuring infection control measures



COVID-19 AND TUBERCULOSIS

COVID-19

Symptoms appear rapidly over 1 week.
Symptoms may include:

- Usually high-grade fever 39.4°C
- Dry cough
- Shortness of breath
- Difficulty breathing
- Chest pain
- Headache
- Sore throat
- May be asymptomatic

TUBERCULOSIS

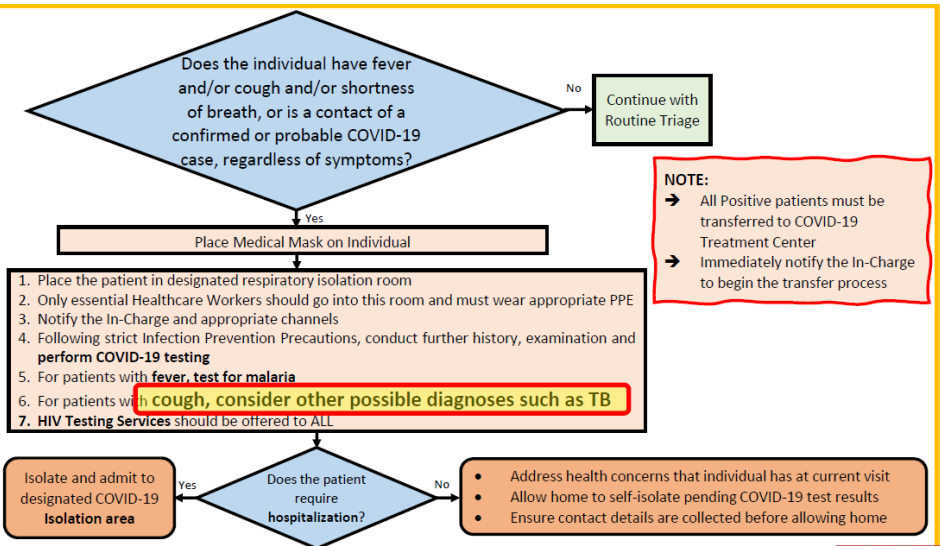
Symptoms *gradually* appear over 2 or more weeks and become worse with no treatment.

Symptoms may include:

- Fever >1 week (usually low grade 38.0°C)
- Productive/Dry cough
- Shortness of breath
- Chest pain
- Loss of appetite
- Weight loss
- Drenching night sweats
- Blood in sputum
- Contact with a TB patient



Active COVID Case-finding in Health Facilities



Mitigation measures to maintain TB service delivery

- Upfront ordering of TB commodities – 7mo buffer
- Weekly virtual “TB situation room” tracking TB services countywide
 - Weekly tracking of case notifications, sharing good practices, flags facility/districts facing challenges & helps plan technical support
- Pediatric TB Clinical mentorship and Technical support Supervision
- Maintaining community TB engagement while ensuring physical distancing & masking



Challenges

- Reduction in health care facility attendances → diagnostic delays
- Disruption of services that serve as entry pathways for child TB diagnosis → Growth monitoring, therapeutic feeding programmes
- Interruption of community-based health care interventions → contact tracing & provision of preventive therapy, active case finding
- Impact of spaced-out TB follow-up visits → Ensuring adherence especially among adolescents, treatment monitoring, treatment outcomes
- Strain of COVID-19 on clinical and lab services & commodities → sharing of X-pert platform

Best practices

- Planning, national guidelines & programme leadership
- Virtual 'TB situation room' tracking child & adult TB services during the pandemic
- Pediatric TB clinical mentorships
- Utilising COVID-19 tools to re-enforce TB messages
- Maintaining community engagement to sustain contact screening & preventive therapy
- Reinforcing Infection control to sustain TB services

Conclusion

- The Covid-19 pandemic is a big threat to maintaining child TB services
- Health systems and TB programmes need to adapt and innovate to overcome the challenges posed by COVID-19
- Targeted interventions required to sustain the gains in the provision of Paediatric TB services

Acknowledgements

- Zambia Paediatric Association
 - Dr Chungu Chalilwe
 - Dr Kevin Zimba
 - Dr Khozya Zyambo
- Ministry of Health, National TB Programme
 - Dr Patrick Lungu
 - Ms Clara Kasapo



Questions?



Follow us on:

Twitter @TheUnion_TBLH

Facebook @TheUnionLungHealth & @UnionConference

LinkedIn The International Union Against Tuberculosis and Lung Disease

The Union

100

A CENTURY OF LEADERSHIP
IN LUNG HEALTH

worldlunghealth.org

THE 51ST UNION WORLD
CONFERENCE ON LUNG HEALTH

ADVANCING PREVENTION

20–24 OCTOBER 2020
VIRTUAL EVENT



To join the members of the Child and Adolescent TB Working Group, you can write to:

Annemieke Brands brandsa@who.int

Sabine Verkuijl verkuijls@who.int