

Briefing note | Impact of COVID-19 on TB services

- ▶ TB kills 4000 people each day, and 1.5 million people each year. An estimated 10 million people fell ill in 2018, of which nearly half a million developed drug-resistant TB (DR-TB). It is the leading killer of people living with HIV/AIDS today.
- ▶ TB and COVID-19 are both airborne infectious diseases and have considerable social and economical impact. In the first quarter of 2020, COVID-19 has infected more than 700,000 people in 193 countries, and this number is rising at an alarming rate.

The Caucus Secretariat can support all MPs to:

- Meet virtually with your National TB Program to discuss COVID and TB
- Meet virtually with civil society organisations and TB survivors
- Connect you to TB researchers in your country to be briefed on the latest developments

▶ Anticipated impact of COVID-19 on people affected by TB and TB survivors

TB services will be impacted at various levels as resources are diverted to COVID-19 and the epidemic ramps up. So, high TB burden countries must do everything they can to protect people in treatment for TB and survivors from COVID-19 exposure. If people with TB and survivors develop COVID-19 symptoms, they must be tested immediately and hospitalized, if indicated.

TB patients and survivors often have lung damage

Although there is not much data yet, lung damage might make people with TB more prone to COVID-19 and its negative outcomes.

Comorbidities increase COVID risk

TB patients also tend to have comorbidities or living conditions that increase their vulnerability. These include conditions such as malnutrition, HIV, silicosis, diabetes, homelessness, overcrowding, and smoking.

During lock-downs and self-isolation, people with TB will **defer seeking care**, or might not be able to visit health facilities. It is predicted that **TB diagnosis will be delayed** and there will be a **drop in TB notifications**. Post-COVID-19, people might present with more advanced or severe TB disease.

▶ Impact on the health care and TB infrastructure

Diversion of health workforce/resources

COVID-19 will divert healthcare workforce and resources away from routine TB services. There may be a reduction in

the number of health workers because of illness and self-isolation. Health care workers may be anxious about seeing patients with cough/fever (especially if they lack personal protective equipment). TB wards may be converted into COVID-19 wards.

Disruption of diagnostic services

People with TB may defer healthcare seeking and are anxious about getting exposed to COVID in health facilities. Due to school closures, people with TB with children cannot leave homes. Diagnostic laboratories are already being prioritized for COVID-19 testing instead of TB testing. We could see substantial delays in TB diagnosis, with increased community transmission of TB. GeneXpert machines purchased by TB programs might be used to diagnose COVID-19 (at the cost of TB testing), and production of Xpert MTB/RIF cartridges could be affected.

Drop in TB notifications & quality of care

We can expect a fall in TB notifications, and will see treatment interruptions and inadequate follow-up. MDR-TB care is likely to suffer the most. Interventions such as TB contact investigation and preventive therapy are likely to be completely deprioritized. TB trials might be delayed, and updates to TB guidelines and policies will likely also be delayed.

Disruption of social benefits

COVID-19 could result in serious disruptions of payments (e.g. cash transfers) and social benefits to persons with TB. This, in turn, could reduce treatment completion rates and drive people into poverty, with additional out of pocket health care costs.

Disruption of TB data systems

COVID-19 chaos could weaken the quality of TB data that high-burden countries are able to collect and analyze.

▶ Impact on global TB resources

Disruption of the supply chain

COVID-19 is already depleting and disrupting the global supply chain for all drugs, including TB medicines, and other products (e.g. N95 respirators).

Diversion of funding

In the longer term, countries may cut expenditure on TB, because of the massive economic loss due to COVID-19. Donor countries might scale-back investments in Global Fund, for example. R&D for TB is already under-funded by about \$1 billion/year. Mitigating this would require advocating for countries to meet their "fair share" targets by spending at least 0.1% of their overall R&D budget on TB. In addition, delays of TB drug, diagnostic and vaccine trials can have a big impact on when new tools can be introduced.

All countries must anticipate and mitigate these adverse impacts of COVID-19 on routine TB services. For additional guidance, please see: <http://www.stoptb.org/covid19.asp> & https://www.who.int/tb/COVID_19considerations_tuberculosis_services.pdf

Link to Dr Pai's article on COVID-19 and TB in Forbes: <https://www.forbes.com/sites/madhukarpai/2020/03/17/covid-19-and-tuberculosis-we-need-a-damage-control-plan/#1427658b295c>