# Fighting TB during COVID19
# The Suno India Show

This year the World TB Day 2020 is falling right in the middle of the COVID-19 pandemic the world health organization or WHO recently released an information Note on TB and COVID-19. COVID 19 and TB are similar in many ways to what TB and COVID 19 patients have similar symptoms of cough, fever and difficulty in breathing; both diseases are spread by close contacts. TB, however, has a longer incubation period and the onset of the disease in the body is far slower compared to COVID-19. That means that TB spreads in the body more slowly. The WHO said that if people are ill with TB and COVID 19 the treatment outcomes are possibly poorer, especially if the TB treatment is interrupted. TB patients and sometimes survivors who have weakened lung capacity fall under the group of immunocompromised patients who are at a greater risk of getting infected with COVID-19.

On World TB Day 2020, For The Suno India Show, Menaka Rao interviewed Dr Raghuram Rao, Deputy additional director general with the Central TB Department, which runs the TB prevention treatment and control program in the country. We spoke about TB patients and what there is to COVID-19 access to diagnostics and medicines as well as the department's role in COVID-19 control.

**Menaka Rao(Host):** The first concern with COVID-19 is how it will affect TB services which have to be constant, which has to be perhaps on a daily basis regularly. And even with the fixed dose combination, like how do things change and if there is a plan for it?

**Dr. Raghuram (Guest):** Basically so many generativity you can look at, you know, two, three types. One is a new patient who is coming for seeking care for diagnosis. Okay, now in that case we have been very clear in our instructions that none of the service deliveries are closed. Okay, the microscopic centres would be functional signal centres are functional the OPDs, these are functional. So the routine foot falls in your OPD. Nevertheless, it will come down with this lockdown. I know in terms of routine OPDs attendance from the community and to the hospitals will be primarily towards COVID but otherwise these services are functional. That's one thing. Now, second is there would be a section of patients who are, you know, maybe last week a sample collected ones who are diagnosed and then were not put on treatment right now for them. The instructions are that the field workers would be going into their house collecting them because you'll always have their contact numbers. So making sure either they come over here to the health facility to collect the drugs or the health worker goes and then make sure that he or she is initiated on treatment. And then the third one is for the patients who are already on treatment. For them, the dispensation because it's FDC now in a blister pack. So we are getting a month medicine over there and then supervising them through the

local treatment supporter so that you know, DOT including family DOT and then making sure that they are consulted enough to understand the importance of sticking to the daily regimen and the key adverse even that can happen for which they are to report back to the health facility at the earlier. So this is broadly in terms of service delivery. The second is the availability of drugs for that. So, the system that we have in the TB program and ensures that there is enough buffer stock at each facility level to take care of at least one month of new cases, you know, so, so now more, whatever.

If for example, in a particular OPD or an Institute, if a hundred patients are diagnosed in a month, then roughly two months of new patient probably available in that OPD or in that hospital so that you know, there is no discontinuity and when the patient is being report put on treatment and given to a community dot provider or a family doctor, entire box of the course of treatment goes down. So that there is no interruption in the service delivery, you know, so that once started, there should not be interruption in the drugs. So that's how we are making sure that you know, we are trying to keep services continued in the field. But um, there would be you know, because let's put false from the community. So that will reduce the new cases that are getting diagnosed. You're roughly, we have around, you know, five, 6,000 getting newly entered into nikshay on a newly new or new case.

**Guest:** This is roughly five, 6,000 cases are getting reported into Nikshay. So that in the last week has seen a decline because the people coming into health facilities would have come down. So that has come down to around 2000 odd cases in a day. So almost three times, two to three times reduction in the case finding that is happening in the program.

**Host:** So you're saying that, so just to be clear, you're saying it's just five to 6,000 for the weekend. Now it has come down to 2000 per week or per day. Because you mentioned per day.

**Guest:** Per day the new cases get reported into NIkshay per day, So that has come down to 2000.

**Host:** Okay, the footfall, when you say is reduced, I mean do we have the figure for that too?

**Guest:** No, that that is very, very segregated. Like a PHC will have a different footfall, whatever the routine, no PDs or medical college or district hospital or a CA or a PHC in that. So whatever is the foot falls, the routine OPDs would come down. You know, where people would prefer, you know, that they seek healthcare unless and until it's an emergency. People would try to avoid coming to a hospital because one is the advisories also like that, you know, that's unnecessary, do not come out and get exposed to, you know, so it's better to stay home and know and seek health care. So the call centers are functional across the country, including the state call centers. And then the TB call center is also there. So any case that is, you know, if

somebody wants to take an opinion, they can always call the call center and take an opinion of when to visit the doctor.

**Host:** Do we know what kind of calls are coming? In terms of I'm just trying to understand at the ground of what kind of, you know, situation are we seeing in the arms of either patient. So in what state are these boxes being delivered home.

**Guest:** So, the standard system of delivery even otherwise it's not home delivery of the medicines they give is they give a strip of medicine, right? And then make sure that the patient takes those medicines and it is supervised. So even if it is a more, you know, a community dot provider, it could be anybody, the neighbor, it could be, you know, or even a family member who is able to take responsibility. So these people are identified, consoled, explained on how to monitor treatment, how to give the drugs for, you know, and all these things. And what are the key adverse events that they should know about. Whenever such things happen, they have to report back to the medical officer. So these guidelines are a routine part of the TB program even otherwise for DOT.

**Host:** DOTs is a directly observed treatment short course where the patient takes medicines every day in front of the provider. What I know from gender reporting is that community dots providers are not always available equally in all the States, all States, you know it's probably the concentration in more in some States, you know where people are having local ashas and anganwadi workers.

**Guest:** In terms of ASHA across the country is uniform. Okay. It's not that there is a little bit less is there in the urban areas because under the NUHM the Asha concept is not there, but in the rural areas definitely Asha is there for every fix population, your thousand population, there would be an Asha, mostly Ashas are the local dot providers. Apart from that, based on the patient's choice, the patient can choose his dot provider also. So if he doesn't want Asha to be a doctor, he can choose his, you know, chemists shop, we can choose somebody known to him as a teacher in the community, anybody, you know, it is a choice as a patient to choose his DOT provider. And then the dot provider is a consultant trained from the health system but yes TSE medical offices too, you know, ensure how to give medicines and how to report back to the health facility when to report back and how to report back then.

**Host:** That brings me to the second question on how, you know, because ASHAs are involved in COVID-19 control, quite a, I mean, you know, basically contact tracing and quite a bit you know and also a lot of other frontline workers, pulmonologist even the TB department because they are involved in TB sorry COVID-19 control. How do we ensure that these services are affected because it appears that they may have suspended their normal.

**Guest:** When, when it boils down to the village level, know, it'd be Asha level and Asha,at even in the highest burden settings, we will land up having four or five cases ongoing at any given point of time. TB cases, you know, on treatment maximum to maximum four and five cases at any given point of time in the year. So, the services definitely have not you know, interrupted for the ones who are already on treatment, there is no discontinuation. That is for sure, they already have their medicines in hand. And it is the supervisory mechanism that ensures that if they're going daily to see whether they've taken medicines or not, they would probably go once in two days to see her once in three days. Or do telephony use digital adherence tools like 99 dots and all to prioritize patients whom to make our house of it.

**Host:** Okay. And the calls are as regular as they used to be. Because I, I don't think you, I mean are there, is there anything that you're getting from the calls or is there any report that you're a call center?

**Guest:** As of TB call center There was no i mean out of this thing one is that our call center is now also being used for COVID call centers. You know, so it is linked to 1075. So, these services at the Noida center are being used for COVID. We have two centers, one in Mumbai and one in Noida. So the Noida one is now catering exclusively for TB, the Mumbai one and in Noida one is being used for COVID response. Plus we have already got approvals for increasing the strength of the call centers. So we have already, since Monday of this week have additional 20 seats added so that know the covered calls can be taken there and TB calls do not get compromised and the response to Covid,

**Host:** Is there any guideline for TB survivors and patients who are said to be more at risk? You know, the WHO guidelines, talks about it though there's no evidence per se plus coupled with the fact that there is a huge VP shortage all across the country,

**Guest:** See the guidance is simple. One is do not come out and unnecessary get yourself exposed to the virus. So the more self quarantine or home quarantine is the best possible guidance for any known or TB patient or surviver or a TB champion or you know, anybody who is vulnerable, it could be any number of compromised situations. Best is to stay put and stay within you know your house. So that you do not get unnecessarily exposed, venture out only if it is a requirement and essentially you know work.

**Guest:** And in terms of, you know, the prophylaxis for the prevention measures for COVID reserve is the prevention measures for TBs, not very different. Airborne infection control, cough etiquette, not spitting in the open, hand hygiene, self-hygiene, personal hygiene. All these things are even otherwise required for a, you know, a TB patient or whether it is, you know the COVID-19 patient for a contact or anybody in the community. So these measures which the community is taking right now is something we just even otherwise required and expected for a

TB patient. You know, or treated TB patients also to make sure that he takes the right nutrition, takes good food. He knows maintaining his hygiene ensures he doesn't cough. You know, when the open covers this mouth all those things. But having an N 95 mask, there is no rationale or evidence to suggest that people should move around with an N-95 mask. People shouldn't move around in the first place. You know, when it's a lockdown, they should stay put.

**Host:** That is a major link between malnutrition and TB and the lockdown and people losing work and running away Home and migration, all that.

**Guest:** Yeah. But as of response this has got nothing to do with TB, you know, It's beyond TB. But still, you know, the states are trying to ensure that, you know, even the midday meal is not compromised. Even if the schools are shut, the schools are open for giving out those meals when making sure that one month or two months or ration is also provided. So different state governments are taking their measures. So those instructions from the cabinet secretary, which says what our department should be doing more in the light of, you know, Corona or COVID-19 has already been circulated. So the state governments have guided well on how to now take this forward. So you feel that that will mitigate the problem fully, because this one is, I know it's like a spike. So this week now that we're looking at, and then how long this continues, depends on the, you know the daily updates and very advisory committees which decide on or I know how to continue further in the lockdown. So that call would be probably taken a day by the 30, 31st of whether it will be extended or not extended. But even otherwise, the essentials are taken, you know, the government is trying to ensure it is made available. The call centers are meant for that. The States, all the States have their own call centers now. They've given out numbers where anybody requires anything or you know, any clarifications they need, they can always call.

**Host:** Yeah. So the other one is about Cepheid and announced that CBNAAT can be used for COVID-19. CBNAAT is a cartridge based nucleic acid amplification test. It does a molecule or test that can diagnose TB and drug resistance to one TB drug that is refined and TB net, the spread of that diagnostic is pretty decent in a country its there in district level in most places. Yeah. Functional or otherwise. But it's there. So, you know, what kind of, I mean, what, what does the information you have, what other plans?

**Guest:** The technical committees are already having a look at it in terms of how to get it as quick as possible. And you know, seeing from our side, these CBNAAT machines, the, the molecular diagnostics that we are is already, you know available in the field and health system is already been you know, once we buy it, the program is already offered its resources in terms of giving the, making those machines available for the health system to use. But those cartridges have to be bought and supplies have to come, the company has to manufacture, make supplies available. So there are, it's not gonna happen overnight. you know the

companies, if we save the requirement, if India gives it requirement to come manufacturing capacity itself is in question first. So, and plus there are many other tools also that are available now for diagnosis, which the expert committees are looking at. The number of labs is increasing. The private labs have been accredited. So the capacity to test if required is being made available. And if required, the machines will also be a put at service. CBNAAT machines also will be put at service. (So basically it's premature and you know they have) It's premature because it's just a release by the US FDA and by the company. It's saying that we have got approval now when it has to, there's a channel to which it recommends those recommendations come into our expert committees which review it, look at the feasibility, how soon can it come, if it is good enough, and then implementing it, it'll take its time. But it's bound to happen in say two days or four days kind of thing. But once, once done it the machines are available for use, so as in when it comes in, it will be put to use,

**Host:** I also wanted to understand the, you know, I mean the TB department being co-opted into you know the COVID-19 controls because the WHO guideline talks about how the response can benefit from the capacity that has been built by TB program over the years.

**Guest:** Yeah. Yeah. So it's only put in use, you know, not only at the national level and the field level also right from the peripheral health workers. All the trainings that they have already got for tuberculosis process is already a value addition in terms of, you know, how to deal with communicable diseases, how to collect sputum or airborne infection control in healthcare fittings, all the DRTB centers you'll find, you know, all these principles of airborne infection control being implemented, the laboratory capacities that we have. So all these things are being put to use. Even as we speak and the health system, the peripheral health workers which are already trained are also being used for the DRTB medical officers, the faculties, DRTB centers, the district TB officers. They are all used as resources for building capacities of the general system. Stock for AIC, (airborne infection control). And even at the national center level, the, the call center is being you know, already used for that. The technical inputs guidelines that are available for airborne infection control is being used. So all the technical capacities know how and the capacities of the you know, the TB program including the sanatoria they are getting converted into quarantine facilities because airborne infection control is already taken care of. The bed spacing, the ventilation that is required. So these are all infrastructure which is already available, which is being used for the you know, COVID response.

**Host:** I was also interested, whether you know, JEET ( Joint Effort for Elimination of Tuberculosis) being brought in to sort of open private hospitals also because that's clearly one gap in the COVID response because there seems to be, apart from lab there is very little understanding of. So I was wondering if that's also being done.

**Guest:** The ones, yeah. Yeah. So, the list of all these facilities is available with the health system, even in the private sector. So that has been given and the States are using them. There was a training, you know, in fact by, AIIMS on ventilator management to all the state faculties, all these things through all the DRTB centers from the AIMS center. This training was imparted, in fact, you know, or for how to, you know, even use ventilators in respiratory critical cases. So all the technical expertise of the clinicians that is available is being put to use over there. And, for the private sector, yes, the states even otherwise are already, you know, moving in terms of giving instructions to private facilities to year mark, you know, beds if required based on the cases that may come up. So currently utilization is not required because the number of cases is still limited, but as, and when it does, these facilities in the private sector are already identified at the ministry level. So there was a meeting with all these, professional associations, you know, the, the private sector and in terms of instructions, all the corporates, everybody's on board in terms of making their resources available.

**Host:** I was actually looking more in terms of notification and the surveillance actually, so that not so much the year markings of beds.

**Guest:** That way is yes. But then OPDs, routine OPDs in private hospitals are going to come down, nobody is going to venture out, you know, whatever the OPDs are looking for as a comorbidity. But if her person is coughing and reaching there and you know when you're looking for TB and screening as a routine looking for, you know, making sure it is not a COVID that is already a part of it. But for the private sector yes, the guidelines are being issued no of how the facilities and the surveillance or, or using those resources we were running an OPD, you know, not all private hospitals are you know providing routine OPD services now.

**Host:** Is there anything else you want to say related to this.

**Guest:** today is world TB day. So the message is that COVID is here, it will go tomorrow, but TB was there, has been there and will be for a long, longer time unless and until we give such a kind of response for TB response. I know for the TB epidemic it'll go a long way in ending TB. Then when the community takes ownership and the behavior changes in the community that you're looking at now, you know, people want masks. Looking at cough hygiene, they are using sanitizers, making sure personalized hygiene is there. So all these things as a society, if we take up on a routine and we can definitely end TB also like this.

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*https://www.sunoindia.in/the-suno-india-show/fighting-tb-in-times-of-covid-19/* .