

Guidance note on Bi-directional TB-COVID screening and screening of TB among ILI/SARI cases

Tuberculosis and COVID-19 are infectious diseases which primarily attack the lungs. They present with similar symptoms of cough, fever and difficulty breathing, although TB disease has a longer incubation period and a slower onset of disease. The prevalence of TB among COVID-19 patients has been found to be 0.37 – 4.47% in different studies. There has been an overall decline in TB notification by 26% during January to June 2020 as compared to previous year, due to the COVID-19 pandemic.

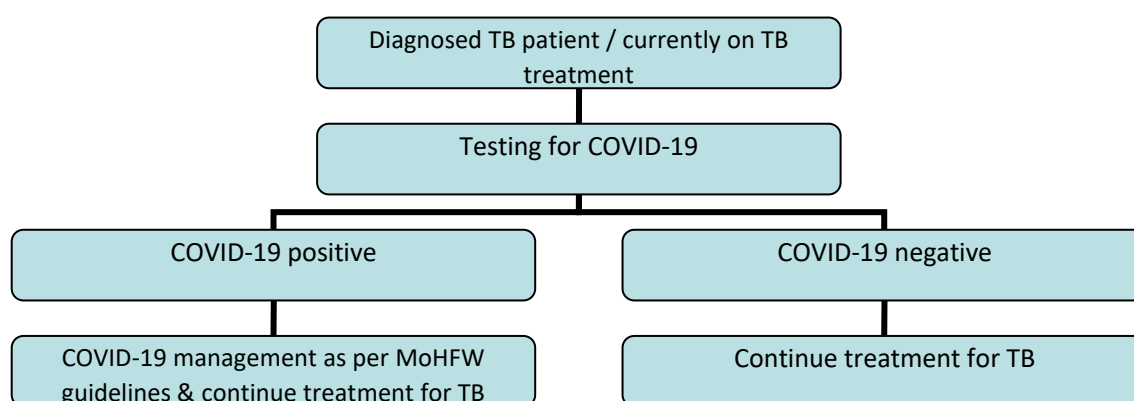
Studies have shown that history of active as well as latent TB is an important risk factor for SARS-CoV-2 infection. This not only results in increased susceptibility, but also rapid and severe symptom development and disease progression with poor outcomes. Tuberculosis is associated with a 2.1-fold increased risk of severe COVID-19 disease. In addition, TB patients also tend to have co-morbid or living conditions (malnutrition, diabetes, smoking, HIV etc) that increase their vulnerability. In order to address this dual morbidity of Tuberculosis and COVID-19, the following activities should be carried out:

- A. Bi-directional TB-COVID screening
- B. TB screening for ILI cases
- C. TB screening for SARI cases

A. **Bi-directional TB-COVID screening:** COVID screening for all diagnosed TB patients and TB screening for all COVID positive patients should be conducted.

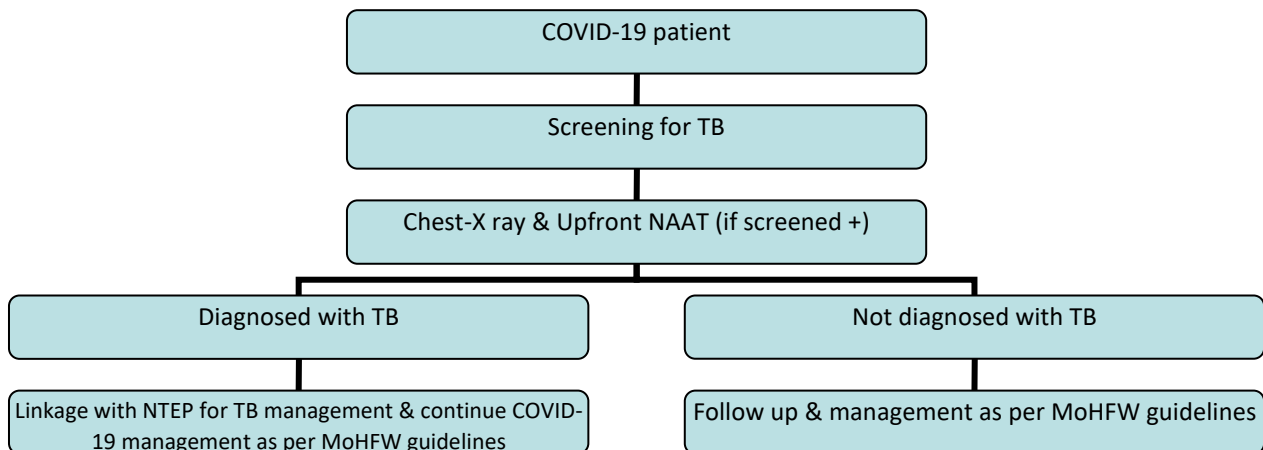
a. Eligibility Criteria

- i. **COVID screening for diagnosed TB patients:** All newly diagnosed TB patients or those currently on treatment should be tested for COVID-19 (as per MoHFW guidelines). Based on the result of COVID-19 test, further management would be undertaken as per MoHFW guidelines. Even upon diagnosis of COVID, treatment of TB should continue uninterrupted.



- ii. **TB screening for COVID positive patients:** All COVID-19 cases should be screened for TB symptoms using the 4-symptom complex (Cough for > 2 weeks, persistent fever for > 2 weeks, significant weight loss, night sweats), history of contact with TB case, history of TB and those symptomatic should be offered Chest X ray and upfront Nuclear Acid Amplification Test (NAAT) – CBNAAT/TrueNat) for diagnosis of Tuberculosis. Sample for TB should be collected in a segregated open or well-ventilated area under bright sunlight, identified exclusively for the

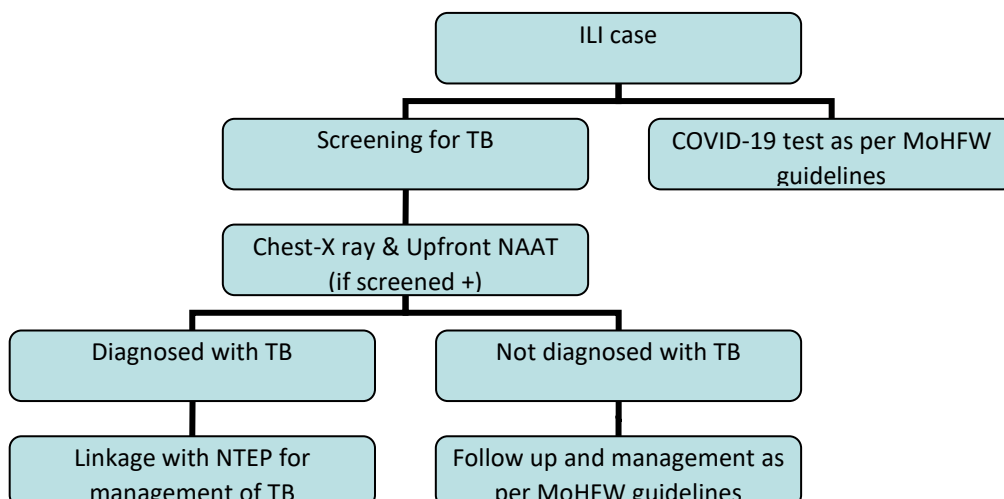
purpose. Arrangement has to be made such that the sample reaches NAAT site in cold chain (transportation in ambient temperature using pre-frozen gel packs). Appropriate PPE should be used during sample collection, processing and performing the test. Universal safety precautions including hand washing must strictly be followed by patients and HCW while collecting, receiving and testing samples. Based on result of TB test, patient should be managed as per NTEP guidelines. Home sample collection services to test TB for those fulfilling the above criteria should be provided wherever possible.



- iii. For intensive management of TB-COVID co-morbid patients, linkages of TB service facilities with COVID Isolation facilities should be established. All COVID positive TB patient, will be admitted to a Dedicated COVID Care Centre/ Dedicated COVID Health Centre/ Dedicated COVID Hospital (level as per severity), if required.
- iv. The information on COVID-19 screening among TB patients would be captured in the Nikshay portal. The updated CIF form of COVID-19 patients placed at Annexure 1.

B. TB screening for ILI cases:

- a. *Eligibility Criteria:* Any ILI case with 4-symptom complex (Cough for > 2 weeks, persistent fever for > 2 weeks, significant weight loss, night sweats), history of contact with TB case, history of TB, ILI symptoms persisting >10 days
- b. Diagnostic Algorithm for TB screening among ILI



- c. Home sample collection services to test TB for those fulfilling the above criteria should be provided wherever possible, with adequate safety precautions.

C. TB screening for SARI case:

- a. *Eligibility Criteria:* Any SARI case with 4-symptom complex (Cough for > 2 weeks, persistent fever for > 2 weeks, significant weight loss, night sweats), history of contact with TB case, history of TB, SARI symptoms persisting >10 days
- b. Diagnostic Algorithm for TB screening among SARI

