



Dr. K S SACHDEVA

*Dy. Director General
Head, Central TB Division
Project Director, RNTCP*



Tel. : 011-2306 3226
011-2306 2980
E-mail : ddgtb@rntcp.org

भारत सरकार
Government of India
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Ministry of Health & Family Welfare
निर्माण भवन, नई दिल्ली-110108
Nirman Bhavan, New Delhi-110108

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Dear STOs,

The following Advisory is issued further based on VC meeting with States/UTs on 20th April 2020. This is continuation to the previous advisories dated 25th/26th March,2020 on this issue.

Following measures are to be taken by all the NTEP Stakeholders:

All measures should be taken to ensure continuity of services for people who need preventive and curative treatment for TB. Health authorities at various levels should maintain support to essential TB services even during the COVID-19 and lockdown situations. People-centred delivery of TB prevention, diagnosis, treatment, and care services should be ensured in tandem with the COVID-19 response. Special care needs to be taken for TB patients suffering from other diseases (TB-comorbidities). TB managers must ensure that diagnosis and notification of TB patients in no way be interrupted further.

A) Measures must be put in place to limit transmission of TB and COVID-19 in congregate settings and health care facilities. Although modes of transmission of the two diseases are slightly different, administrative, environmental, and personal protection measures apply to both (e.g. basic infection prevention and control, cough etiquette, patient triage). In view of the ongoing COVID -19 pandemic, Health Care Staff / Laboratory Technician who are involved in collection/transportation/test of samples particularly those performing sputum smear microscopy/ CBNAAT test should follow:

1. Good Laboratory Practices and Universal safety precautions which include:
 - (a) Washing hands with soap and water after collecting, receiving and testing specimens,
 - (b) Not eating/ drinking in the laboratory area
 - (c) Restricting access to the laboratory premises. In laboratories with more than one technician posted, adequate distance between the personnel must be maintained.
 - (d) The working surfaces must be made free of organic matter with the help of 1% sodium hypochlorite and large amount of folded absorbent paper. This should be followed by **Disinfection of work surfaces using 1% sodium hypochlorite, allowing 10-20 minutes contact time with sodium hypochlorite.** This exercise should be repeated twice in a day (before the start and after completion of the day's work). Work must be started only after the surface is completely dry.

- (e) Biomedical waste management to be strictly followed as per National/ State BMW management guidelines *etc.*,
2. Health Care Staff must ensure the surface disinfection of specimen container by wiping the exterior of the container with absorbent cotton/Tissue paper towel soaked in 1% sodium hypochlorite.
 3. Health Care Staff must wear the following Personal Protective Equipment (PPE) while handling specimens:
 - Disposable N95 respirators (mask)
 - Disposable apron/ Surgical Gown / Normal Apron covered with plastic sheet (disposable/autoclavable /disinfected with hypochlorite).
 - Gloves (Vinyl or Latex)
 - Disposable Head gear(cap)
 4. All PPE must be discarded in closed bins containing freshly prepared 1% Hypochlorite solution for minimum 30 minutes and disposed as per BMW guidelines. Or it could be placed in a yellow bag, tied appropriately and disposed as per BMW guidelines. Foot operated bins of adequate size containing 1% Hypochlorite solution must be made available for disinfection of PPEs.

The NTEP needs to maintain TB services based on local needs. In regions of high drug resistant (DR) TB case incidence, consider retaining a proportion of testing capacity for TB and DR-TB diagnosis. If these machines are being re-purposed for COVID-19 testing, then TB testing could be done during the other shift, to ensure continuity of essential TB services.

- B)** Migrant workers are particularly vulnerable, and all efforts should be made to ensure that they can be diagnosed if symptomatic of TB, and that those that are residing in the state-run isolation facilities are not at risk for contracting it. The highest priority should be accorded to migrant labourers and States/Districts should ensure TB patients among migrants receive timely and proper care and medicines.
- C)** People-centred outpatient and community-based care should be strongly preferred over hospital treatment for TB patients (unless serious conditions are requiring hospitalisation) to reduce possibility for transmission. Provision of anti-tuberculosis treatment, in line with the latest NTEP guidelines, must be ensured for all TB patients, including those in COVID-19 quarantine and those with confirmed COVID-19 disease. Adequate stocks of TB medicines should be provided to all patients to take home to ensure treatment completion without having to visit treatment centres unnecessarily to collect medicines. NTEP facilities are advised to provide 1 month or even in some extremely difficult situations 2 months of anti TB drugs to TB patients according to local needs, to ensure there is no interruption in the treatment.
- D)** Use of ICT platform (Ex: *Nikshay, Nikashay Aushadhi, LIMS or other state level ICT applications*) and NTEP Call Centre should be intensified to support patients and programme. It is compulsory to make all the TB patients aware of the Toll-Free TB Help Line / Call Centre number (1800-11-6666) to raise any issue/query/clarification.

- E) All respective States and Districts should report issues to competent authorities/ respective administration for urgent resolution of matters pertaining to drug supply, transportation of samples, patient mobility etc. In **Green Zone District**, NTEP activities will resume normally with complete utilisation of the human resources, with immediate effect. In **Orange Zone District**, barring few officials, who are directed/involved by the local administration for COVID-19 related containment zone duties, the rest of the human resource shall function and cater to TB Services fully. In **Red Zone District**, human resource who are involved in both NTEP/COVID activities should play a more active role and must ensure that routine activities under NTEP goes unabated.
- F) TB Healthcare managers of States and Districts must motivate, orient, council and perform periodic reviews of peripheral health care workers/TB workers, over the phone and videoconference and to contribute to improving the service standards and optimal functioning of the NTEP program. Peripheral health workers (ANM/ASHA etc.) should ensure the adherence to treatment of TB patients, over regular phone calls.
- G) Medical Officer is required to take a detailed history of OPD patients for segregation and conducting TB/COVID-19 clinical examination, as appropriate.
- H) States/District should prepare/plan for the provision of providing exclusive passes for TB patients for visits to the health facility during the lockdown.

For any further clarification or queries, you may please contact:

Dr Sudarsan Mandal (Addl. DDG-TB) mandals@rntcp.org

Dr Raghuram Rao (Dy. Director-TB) raor@rntcp.org



(Dr. K. S. Sachdeva)
Deputy Director General (TB)

To
All State TB Officers

Copy to:

- PPS to Special Secretary (Health) and DG (NTEP)
- PPS to Joint Secretary (TB) MoHFW, Gol
- PPS to Director (NHM & TB)
- Mission Director-National Health Mission (NHM) / Additional Chief Secretaries/Principal Secretaries/Secretaries – All State/UTs
- National Programme Officers (WHO)
- All NRI, IRL and STDCs
- All Nodal Drug Resistant TB Centers
- NTEP NTF Chair, ZTF Chairs, STF Chair
- All State WHO-NTEP Consultants/Reg. WHO-NTEP Consultants
- All District TB Officers
- IMA and IAP National President for dissemination
- All JEET partners (FIND, CHAI, CHRI)



(Dr. K. S. Sachdeva)