Provincial Tuberculosis (TB) Services– Prioritization of Essential TB Care and Services in Response to and Recovery from the COVID-19 Pandemic

Background
TB is one of the top ten leading causes of death and is the second leading cause of death from a single infectious agent. British Columbia is not immune to this global TB public health threat with an active case rate higher than the national average. The COVID19 pandemic has significantly disrupted TB services worldwide thus threatening global progress on TB elimination. For the first time in over a decade TB deaths have increased (WHO 2021 Global TB Report). COVID-19-related disruptions also jeopardize efforts to end TB in Canada. A recent survey of Canadian TB program leads, TB staff, and those affected by TB highlighted diagnostic delays and individuals presenting with more advanced disease, large-scale diversions of TB staff to COVID-19 work, significant disruptions to active case finding, contact tracing and LTBI management, and declines in quality of TB care during the COVID-19 pandemic.

Successful completion of treatment for latent TB infection (LTBI) is one of the most important measures in preventing active TB. Health inequities in BC lead to TB disproportionately affecting some First Nations communities, new migrants and other groups such as people experiencing homelessness. The provincial TB strategic plan has guided provincial efforts to help eliminate TB. As our province and health care sector continues to respond to the evolving COVID-19 pandemic, there is recognition that some public health resources will be reallocated, as needed, to respond to spikes in COVID19.

Purpose
In recognition of the challenges of COVID-19 and in an effort to reduce COVID-19-related disruptions to TB care, essential TB services have been identified by Provincial TB Services. This will help conserve and focus public health efforts, prioritize TB care and services, minimize risk to public health staff as well as help ensure that high priority TB clients receive the appropriate care and services in all stages of the COVID-19 pandemic. It will also help prevent delays in accessing care for persons under investigation for active TB.

Essential or Prioritized TB Services
The following Prioritized TB Services are considered essential:

<table>
<thead>
<tr>
<th>Active TB Service</th>
<th>Rationale</th>
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<tbody>
<tr>
<td>Notification and assessment of new cases</td>
<td>Ensures clients receive a timely diagnosis, care, support and education to reduce the burden of disease and transmission to others.</td>
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<tr>
<td>New treatment starts</td>
<td>Ensures clients receive timely and appropriate access to treatment and monitoring.</td>
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Medication pick up
Ensures clients have continued access to appropriate medications to increase treatment success, prevent the development of drug resistance, and to address medication safety issues.

Facilitation of hospital discharges
Ensures transition of care as well as ensures clients are appropriately set up with medications and continuing care in the community.

Follow up and monitoring of clients on treatment
Ensures safety and wellbeing of clients that are on TB medications. Ensures clients receive the appropriate follow up care including relevant diagnostic tests (e.g., chest x-rays, lab work, sputum induction, ECG) and appointments (e.g., ophthalmology, audiology).

Latent TB Infection (LTBI)

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<tr>
<td>Screening (TST or IGRA if applicable as well as chest x-rays as required) for high priority contacts*</td>
<td>Ensures clients with a high chance of TB infection, and progression to active TB disease are tested and treated in a timely manner.</td>
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<tr>
<td>New high priority LTBI treatment starts**</td>
<td>Ensures clients with a high degree of progression to active TB disease are treated.</td>
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<tr>
<td>Follow up and monitoring of clients on LTBI treatment</td>
<td>Ensures safety and wellbeing of clients that are on TB medications. Ensures clients receive the appropriate follow up care including relevant diagnostic tests (e.g., chest x-rays, lab work).</td>
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*Includes household and symptomatic pulmonary TB contacts as well as candidates for window period prophylaxis. Other contacts (e.g., HCPs or patients within a hospitalized setting), may also receive contact tracing recommendations that should be followed up on.

**Includes pre-biologics, CKD, and transplant clients as well as contacts with LTBI, as well as candidates for window period prophylaxis. It does not include LTBI treatment starts for school/employment purposes in the absence of medical co-morbidity.

Other

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<tr>
<td>Follow up and monitoring of clients currently on NTM treatment</td>
<td>Ensures safety and wellbeing of clients that are currently on NTM treatment. Ensures clients receive the appropriate follow up care including relevant diagnostic tests (e.g., chest x-rays, lab work) and appointments (e.g. ophthalmology, audiology) and they have continued access to their funded medications.</td>
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Key Considerations
For the above services, it is imperative that staff minimize COVID-19 transmission risk as best as possible in order to preserve their health and the health of their clients. As such, we recommend that staff adhere to principles of physical distancing (if possible) and follow personal protective equipment (PPE) recommendations as stipulated by their respective health authority. Additional considerations may be warranted such as limiting appointments to only one client at a time, or utilizing virtual care options. Pre-screening of clients for COVID-19 and influenza-like illness (ILI) symptoms in advance of their clinic appointment may also provide utility in ensuring that staff can prepare ahead of time as needed.
Clients may express concern with attending clinic appointments or with following up as required (e.g., completing a CXR when medically indicated). Health care providers are encouraged to:

- Acknowledge the concern by taking the time to listen to and understand the client’s concern
- Support the client in making an informed decision (e.g., review the risk/benefits and implications of their options)
- Explore client-centred strategies that may reduce the concern (e.g., access to masks; access to hand sanitizers; appointment during quiet hours; taxi voucher vs public transport; short-term delay of investigations if possible)

Non-Essential TB Services
The TB services listed below are deemed non-essential in the short-term and in the context of an overwhelming public health redistribution of services:

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<tr>
<th>Non Essential Service</th>
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<td>Immigration appointments</td>
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<td>Screening (TSTs) for work/school***</td>
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<tr>
<td>Preventative therapy discussion/IGRA results for low risk/low priority contacts</td>
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***There is variability across the province with respect to work/school screening in the context of the COVID-19 pandemic. If screening has been temporary suspended in your region, it is important to note that this should not hinder hiring processes or obstruct individuals from completing their education/training. If a TST is unable to be performed at baseline of hire, or start of an education program, regions should consider performing a TB assessment and symptom check in order to rule out active TB disease. TST for work/school screening can be deferred once local services have been resumed. Refer to the TST work/school communication template.

Key Considerations
The determination as to whether to continue or defer these non-essential TB services can occur at the local level with input from the respective regional medical health officer (MHO). If such services are temporarily deferred, clients should be made aware of this change, the rationale, applicable implications and anticipated timelines for resumption of services. Deferrals impacting the shared care model, and respective workflows between regions and Provincial TB Services, should also be communicated. Of note, Provincial TB Services continued to see clients in person in the Provincial Clinics and has resumed the majority of services initially deferred due to the pandemic.

Key considerations to guide local decision making around non-essential TB services, may include available resources and capacity, a risk/benefit analysis of delaying these services and ability of your site to provide timely catch up appointments for any delayed services.

If you have any further questions about this, please do not hesitate to connect with us.
Regards,

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References

https://www.who.int/news-room/fact-sheets/detail/tuberculosis

2. BC Centre for Disease Control, TB Annual Surveillance Report, 2017. [Internet]. May 2019. [cited 2020 April 15]. Available from:  

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https://www.who.int/publications/i/item/9789240037021

https://www.stoptbcanada.com/resources/canada-specific