National TB Elimination Program

Targeted Case Finding for TB to improve case finding during COVID pandemic for achieving END -TB 2025

At this time of COVID 19 pandemic and lock down it is observed that there is reduction in 72% TB case notification from public sector. Hence, the Tamil Nadu Government has drafted the following "Targeted Case Finding" strategy to improve the notification.

Targeted Case Finding will be focusing on the following groups:

1) Contacts of TB Patients.
2) Sari/ILI.
3) Patients under NPCDCS program care (DM and HT).
4) PLHIV under active care.
5) Presumptive patients from previous ACF with incomplete testing.

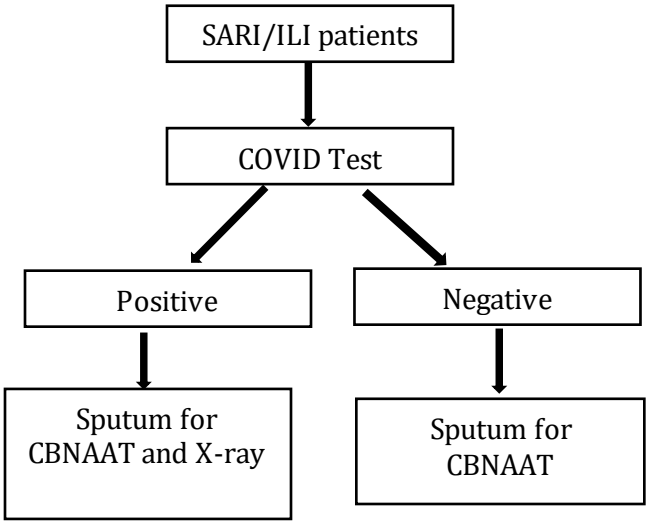
Annexure: Targeted case finding for TB to improve case finding during COVID pandemic for achieving END -TB 2025

At this time of COVID 19 pandemic and lock down it is observed that there is reduction in 72% TB case notification from public sector. Some of presumptive TB patient's symptoms are also presenting symptoms of COVID disease; hence it is most likely being missed in the health care settings. Additionally, the imposition of lockdown as part of controlling corona spread has resulted in restricted travel and thereby access to health care system for TB diagnosis. This is evident from the decline in TB notification in the state of Tamil Nadu in the past more two months. As there is no clear time frame as to when the COVID pandemic will experience decline, intense efforts are needed from the "National TB Elimination Programme" to increase the case finding of Tuberculosis both in community and in healthcare settings.

Targeted Case Finding focuses on the following Groups

1. Contacts of TB Patients.
2. Sari / ILI.
3. Patients under NPCDCS program care (DM and HT).
4. PLHIV under active care.
5. Presumptive patients from previous ACF with incomplete testing.

<u>Protocol for presumptive TB examination in Health care setting (Algorithm for TB diagnosis in SARI/ILI patients)</u>:



- All SARI/ILI patients should undergo TB evaluation with upfront CBNAAT and Chest X ray after being tested for COVID.
- Based on results of CBNAAT/X-ray clinicians to diagnose and then to decide on treatment course.
- DTO to coordinate with facility nodal officer and ensure implementation of above targeted screening for TB at facility level.

HOSPITAL REPORTING FORMAT

Table 1: line list for TB evaluation among SARI/ILI patients:

S.No	Name and phone number	SARI/ILI symptoms with duration	COVID test results	Sputum NAAT Sample sent date and result	Chest X-ray result	TB MC/CD/NO TB	Initiated on ATT Y/N

<u>Protocol for contact screening of TB patient at community level:</u>

Data sources for prioritizing the targeted screening activity in the community:

- **For within-district prioritization of areas:** District to analyze TB unit wise notification data based on current facility in last 2 years and categorize TB unit as high-load and low-load.
- **For prioritization of population inside the areas:**
    - Contacts of TB patient.
    - District may also use line list of previous ACF presumptive TB line list who are pending for completion of diagnosis using mobile diagnostic unit which will be provided by state for targeted case detection.
    - NCD line list to be utilized. Line-listing of all NCD patients within TB unit to be consolidated and targeted intensified case finding activity to be followed. Also intensified case finding activity among PLHIV patients to be undertaken.

Tests for targeted case finding:

- Districts to utilize Mobile vans for taking chest X-Rays and avoid crowding, also ensure social distancing.
- Anyone reporting symptoms from the case definition given below, will be given two labelled falcon tubes and requested to submit early morning sputum samples the next day in the nearby DMC for testing. One sample to be tested for COVID and the other sample to be tested for TB using NAAT testing.

Protocol for sample testing during COVID pandemic:

1. All DMCs, Rapid Molecular testing laboratories, Culture and DST laboratory as well as Reference laboratories under NTEP are to ensure un-interrupted services.
2. To identify alternate health facilities for repurposed health facilities where TB services have been disrupted
3. Patients travel and visit to health care institutions to be minimized. Two spot sample, one-hour apart can be collected in current context.
4. Samples to be transferred to nearby CBNAAT centre without BSL-2 for COVID non-suspects and CBNAAT centre with BSL-2 facility for COVID suspects testing and diagnosis.
5. Universal standard precautions including hand washing must be strictly followed by patients and HCW while collecting, receiving and testing samples in laboratories.
6. Laboratory technicians performing the tests must wear PPE- N95 masks, gloves, disposable aprons.
7. DTOs to ensure transport of all samples from field/PHIs to laboratories for TB testing. Local solution to be sought for transporting specimens (permission to agency for essential services, designated auto-rickshaws/India post, special vehicle, club with other sample transportation system/drug delivery system).

Recommended Bio-safety level practices at DMCs:

The following precautions to be taken while collecting specimens from presumptive/COVID-19 positive patients for TB diagnosis:

i. Sputum to be collected in sterile universal specimen container. Patients advised to provide a good quality (mucopurulent) specimen.

ii. Open the cups for testing after 10 minutes, giving sufficient time for the aerosols to settle.

iii. Lab technicians performing Microscopy/CBNAAT/LPA/C&DST must wear N95 masks (Reuse and extended use of masks in such areas is not recommended)

iv. After specimen collection the HCW must ensure surface sterilization of specimen container by wiping with absorbent cotton/tissue/paper towel soaked in freshly prepared 1% Hypochlorite solution.

v. The container to be labelled and transported in triple layer packaging.

vi. Instructions to be given to the transporting agency/person on safe handling of specimens and nodal person to contact in case of any spill/damage/emergency during transport.

vii. All materials used, to be discarded in a bin a containing freshly prepared 1% Hypochlorite solution and disposed as per BMW guidelines.

viii. Place all wastes in a leak-proof container or autoclavable plastic bag that contains disinfectant which should be sealed and autoclaved.

ix. The autoclave should be monitored with an autoclave tape at least monthly to ensure that sterility is achieved.

x. To follow hand hygiene and social distancing at all procedures strictly.

Standard operating procedure for effective use of the Mobile X-Ray Vehicle.

1) 60 MA X- ray machine, only Chest X-ray imaging is advised.
2) The entire operation needs Generator; however, Institutions may connect to Power supply, the Cable is provided.
3) Generator requires **2lit** of Petrol for 1 hour.
4) The laptop, router and Detector should never be left back in the Vehicle. The Radiology department's X-Ray technician has to repack after use and take it to the Department for safe custody.
5) Printer is provided for typing the results only.
6) 8-10 X - rays may be taken in 1 hour.
7) The Machine has to be rested for 10 minutes every 1 hour.
8) Image Transfer is possible by using of USB (Pen drive).
9) Anti-Virus will hinder image transfer. Hence laptops cannot and should not be used for any other purpose.

- **Ensure surface disinfection as per current guidelines specific to Corona Pandemic.**
- **Ensure PPE for the Staff at work assigned to the Mobile X-Ray Vehicle**.

-Sd -
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