Impact of COVID-19 on child and adolescent TB services: experiences from the Americas

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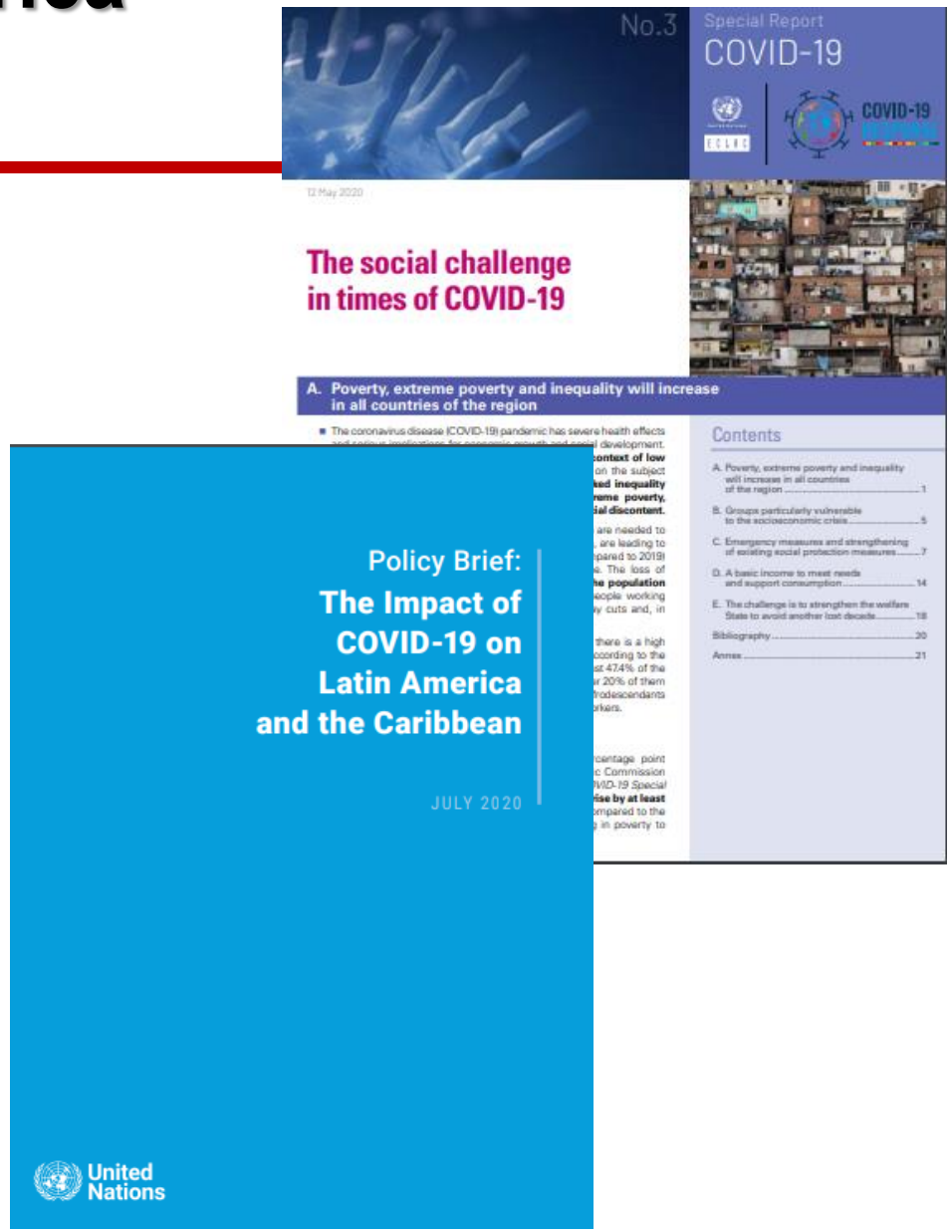
Regional Group on ending TB in Children and Adolescents of the Americas

The Impact of COVID-19 on Latin America and the Caribbean

- Health Impacts
- Economic impacts
- Social and humanitarian impacts



Economic Commission for Latin America and the Caribbean (ECLAC)
United Nations

Health Impacts in the LAC

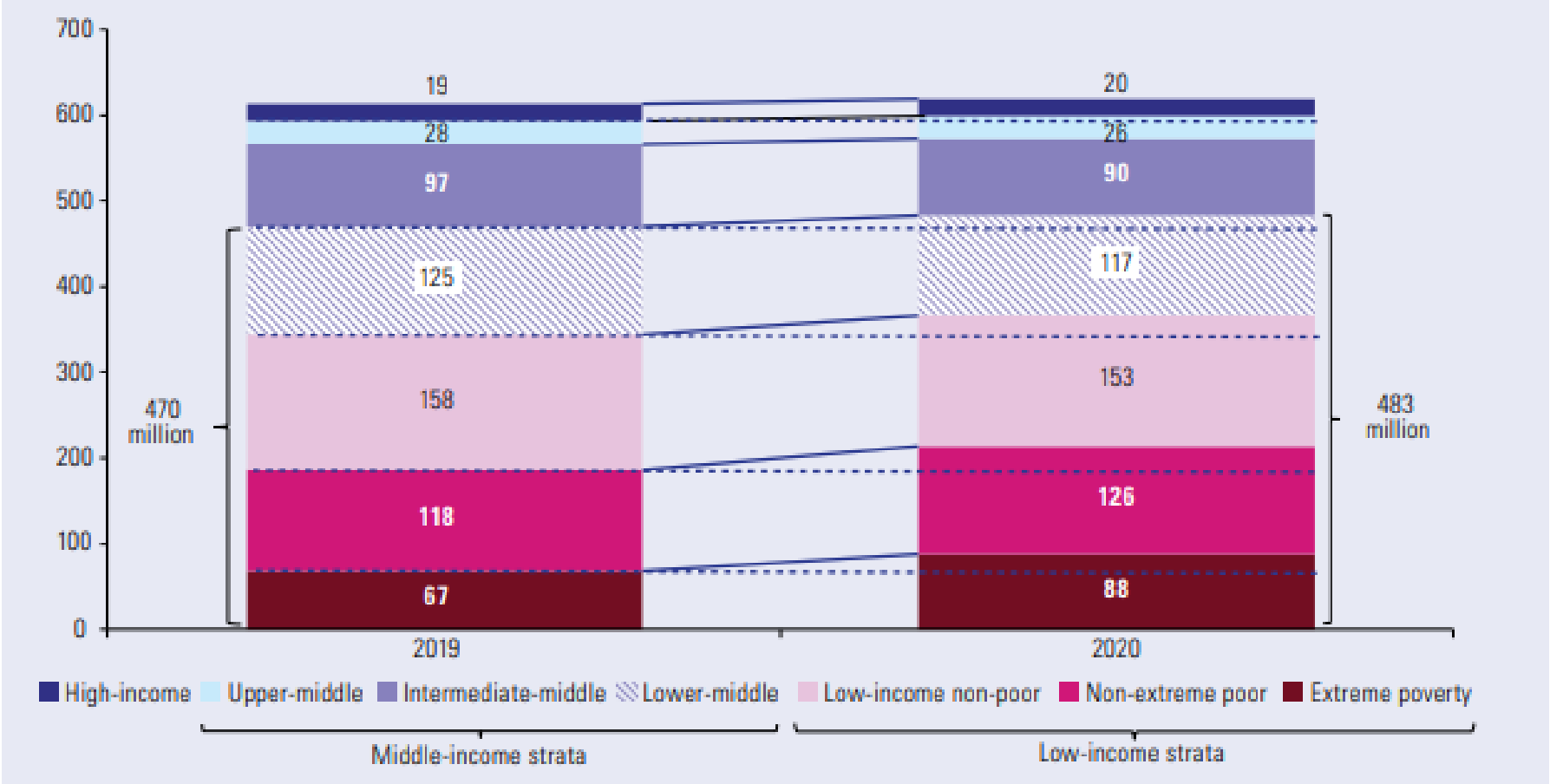
- Highest numbers of absolute and per capita cases worldwide.
- Fragmented and unequal health systems.
- Participation in health insurance plans was low.
- Lack of access to quality health care and information on health, especially serious in rural areas including indigenous people.

Economic impacts in the LAC

- GDP decreased 5.3%
- 1.6 million more unemployed in 2020, compared to 2019
- In 2020 poverty in LA may rise by at least 4.4 percentage points (28.7 million more people) compared to the prior year

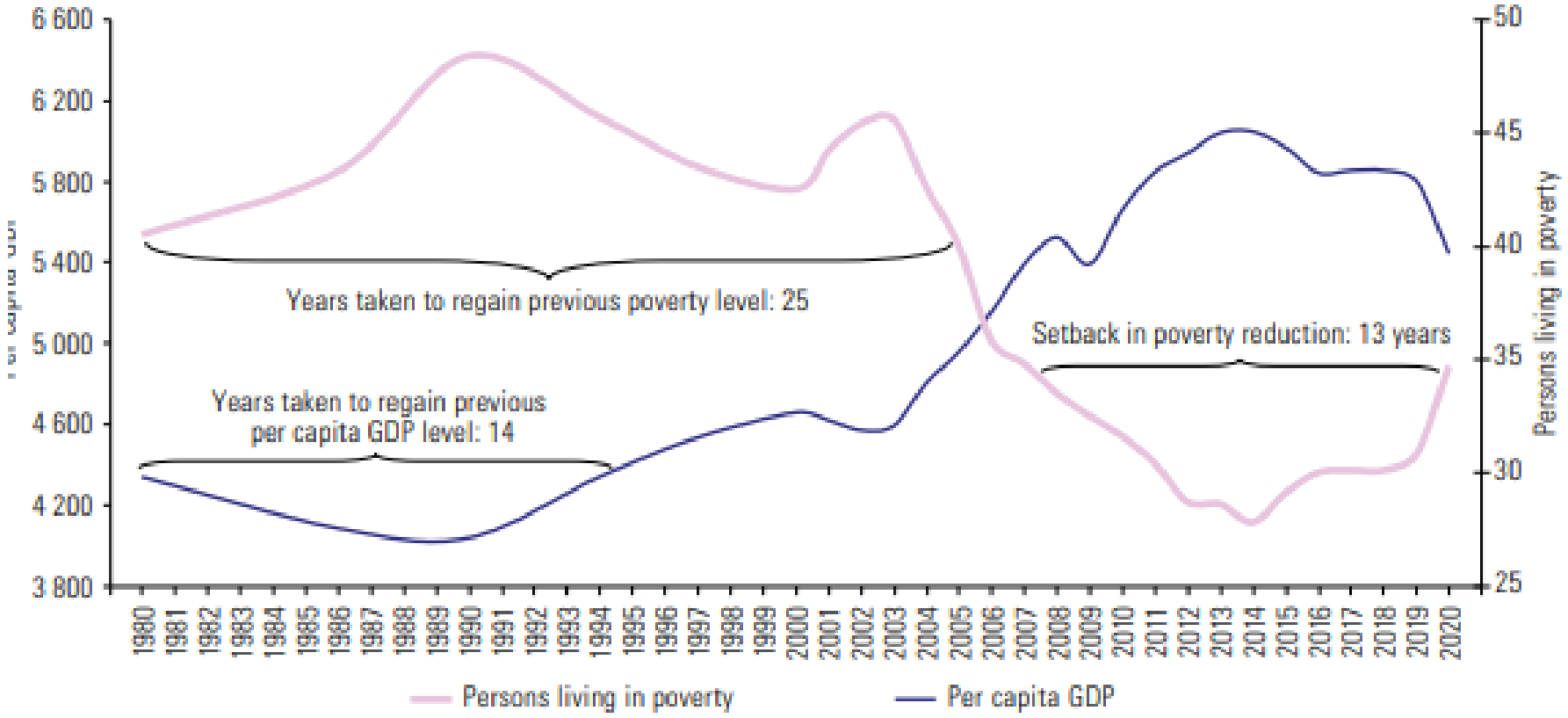
Economic Commission for Latin America and the Caribbean (ECLAC)

Latin America (18 countries): population size and trends by per capita income strata, 2019 and 2020 (*Millions of persons*)



Economic Commission for Latin America and the Caribbean (ECLAC)

Latin America (18 Countries): GDP per capita and incidence of poverty, 1980-2020



Economic Commission for Latin America and the Caribbean (ECLAC)

Populations most affected by the socioeconomic impacts of COVID-19

Population	Area affected by the pandemic
Women	Physical and mental health
Low- and lower-middle income strata	Nutrition
Informal workers	Education
Female paid domestic workers	Labour income
Children and adolescents	Child labour
Young people	Access to basic services (water, sanitation, electricity, gas, digital technologies)
Older persons	Unpaid care work
Rural population	Intrafamily violence
Indigenous peoples	
Afrodescendants	
Persons with disabilities	
Migrants	
Homeless persons	

Source: Economic Commission for Latin America and the Caribbean (ECLAC).

Economic Commission for Latin America and the Caribbean (ECLAC)

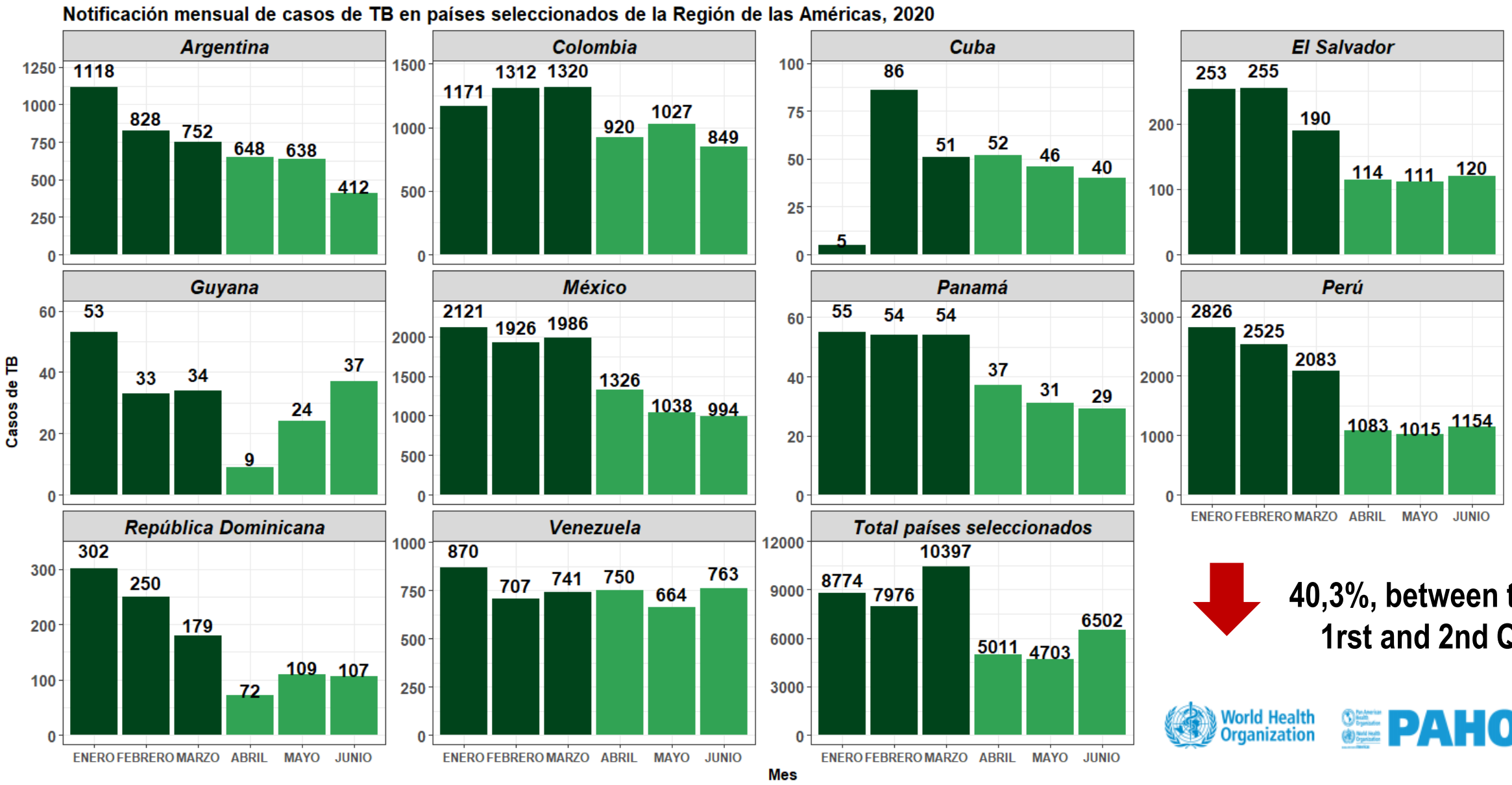
Social and humanitarian impacts

- The pandemic is exacerbating existing food insecurity caused by environmentally driven food shortages, political turmoil, and dwindling purchasing power.
- Latin America and the Caribbean has seen an almost three-fold rise in the number of people requiring food assistance.
- The number of people experiencing acute food insecurity could increase by 11.7 million to 16.0 million people in 2020 because of the pandemic.
- The Gini index is expected to increase with the pandemic by between 1.1% and 7.8% in several countries in the region.

COVID-19 has impacted the operation of TB health services in The Americas

- Limited access to services: outpatient services were partially interrupted. These disruptions have affected all types of care for people with TB.
- Health Services: routine health services were reorganized or interrupted and many stopped providing care to people in detection or treatment for TB.
- Diagnosis: interrupted or stopped because don't have a BSC II or adequate PPE to following the recommended biosafety measures.
- Treatment and care: TB health services were reorganized or interrupted and many stopped providing treatment.
- Heath care workers: Decrease in the workforce, many of the health workers who usually provide TB care were reassigned to the COVID-19 response.
- Others: Fear of the population to attend the consultation, due to the probable transmission of COVID-19 in the health services.

Impact of COVID -19 on TB cases notification Preliminary information from 10 LAC countries (Jan – Jun, 2020)

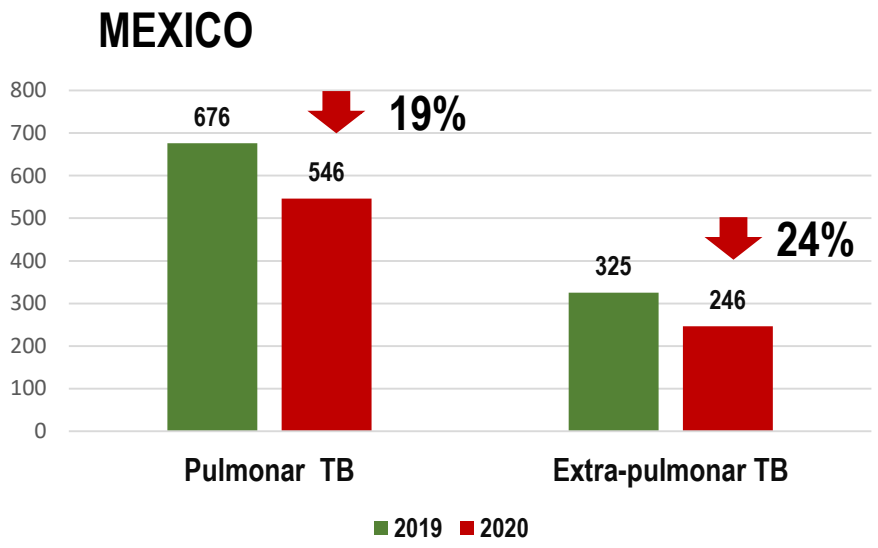


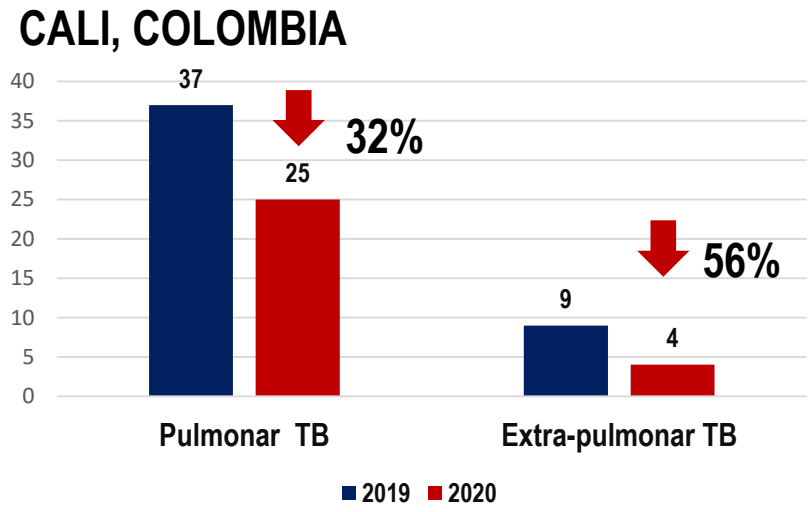
40,3%, between the 1rst and 2nd Q

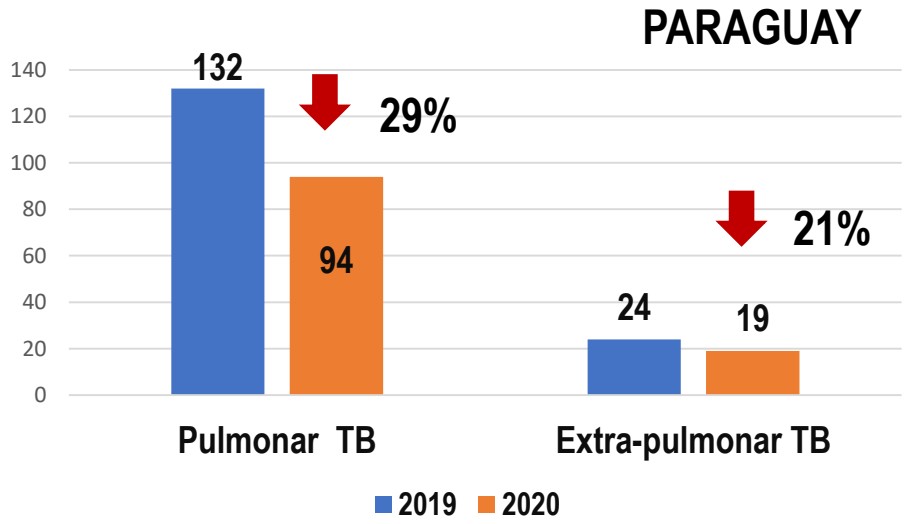
World Health Organization

PAHO

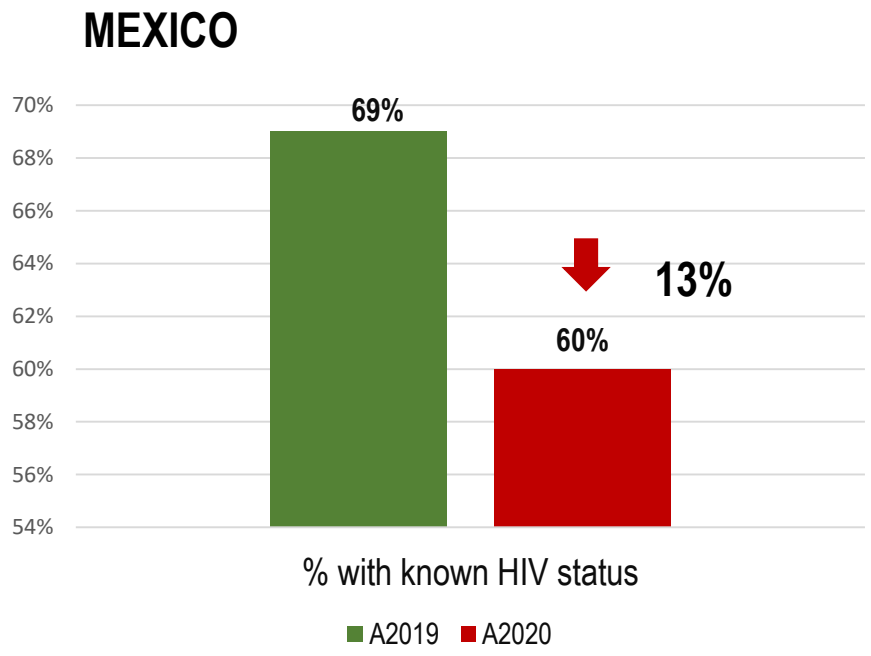
Number of PTB and EP-TB cases identified in children and adolescents. January . June, 2019 and 2020

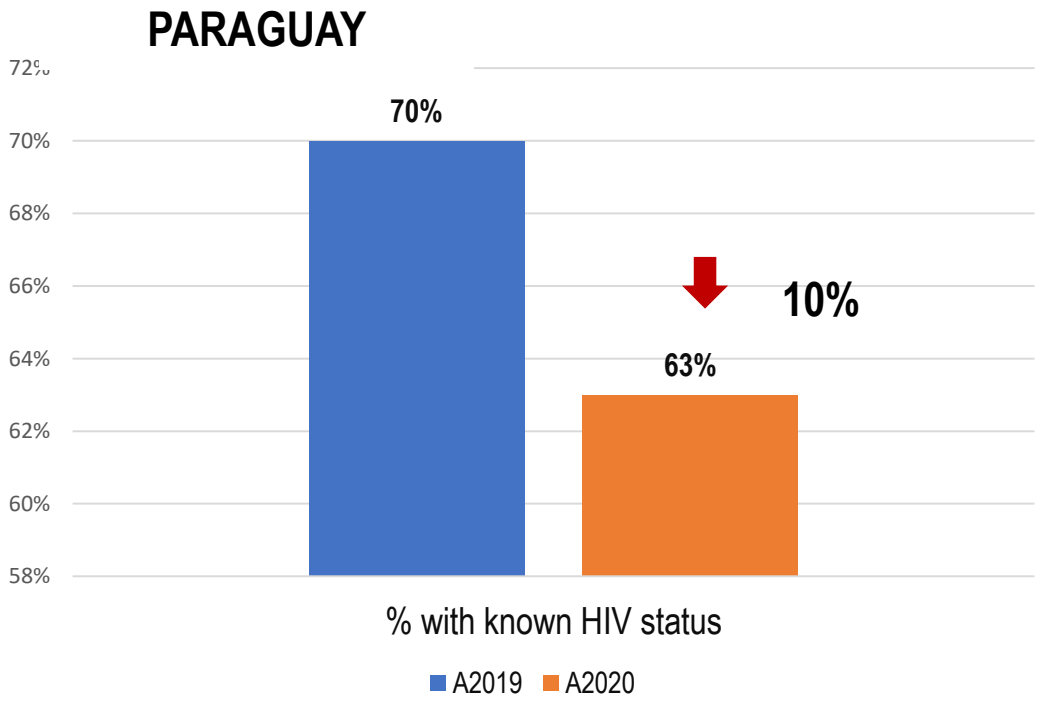






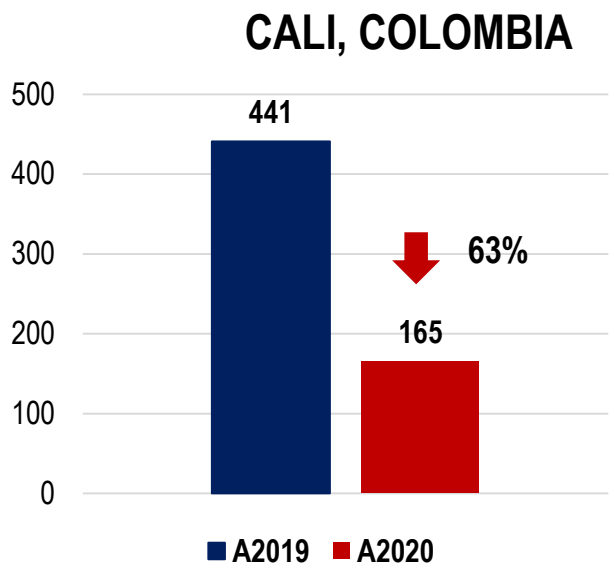
Percentages of TB cases identified in children and adolescents with known HIV status. January . June, 2019 and 2020

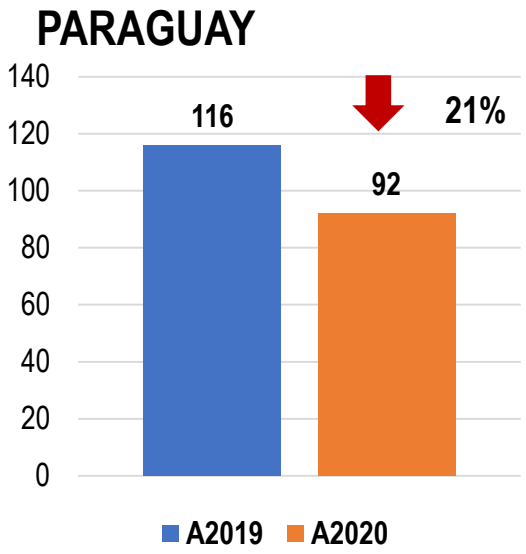




TB Program, 2020

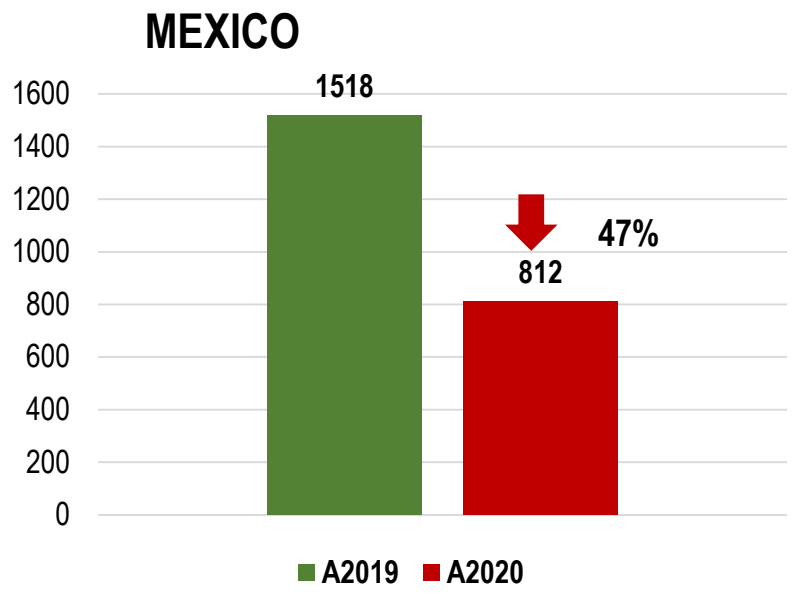
Number of Children and adolescent on ITP- January - June 2019 - 2020

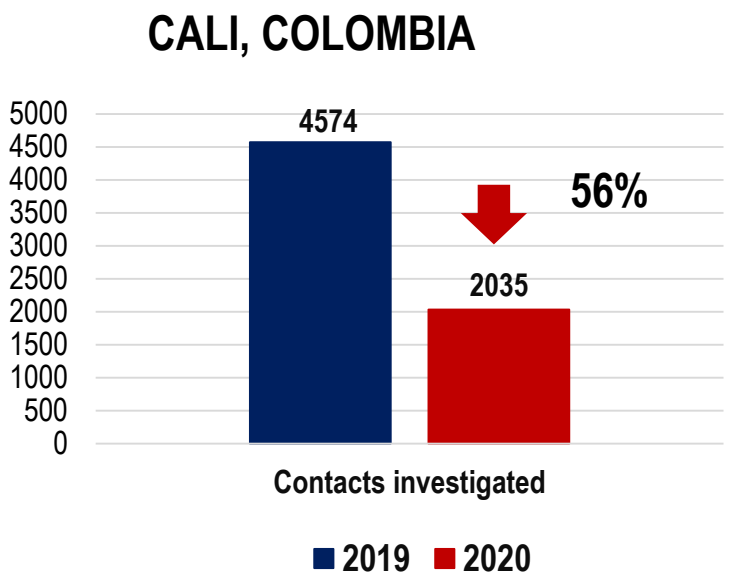


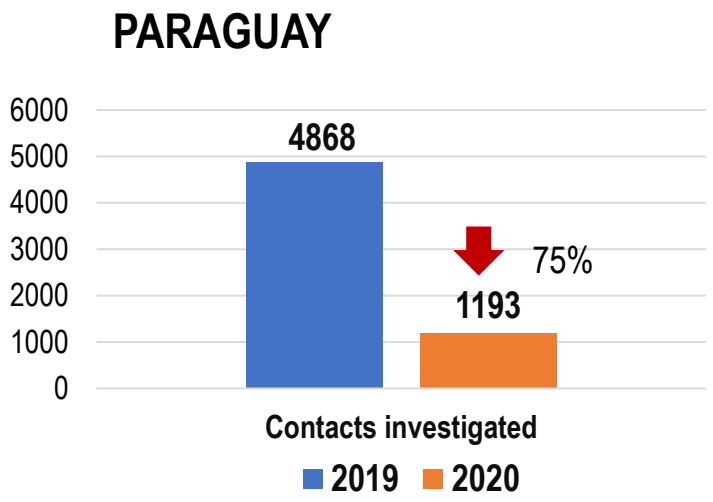


TB Program, 2020

Number of household contacts children and adolescents investigated. January - June, 2020

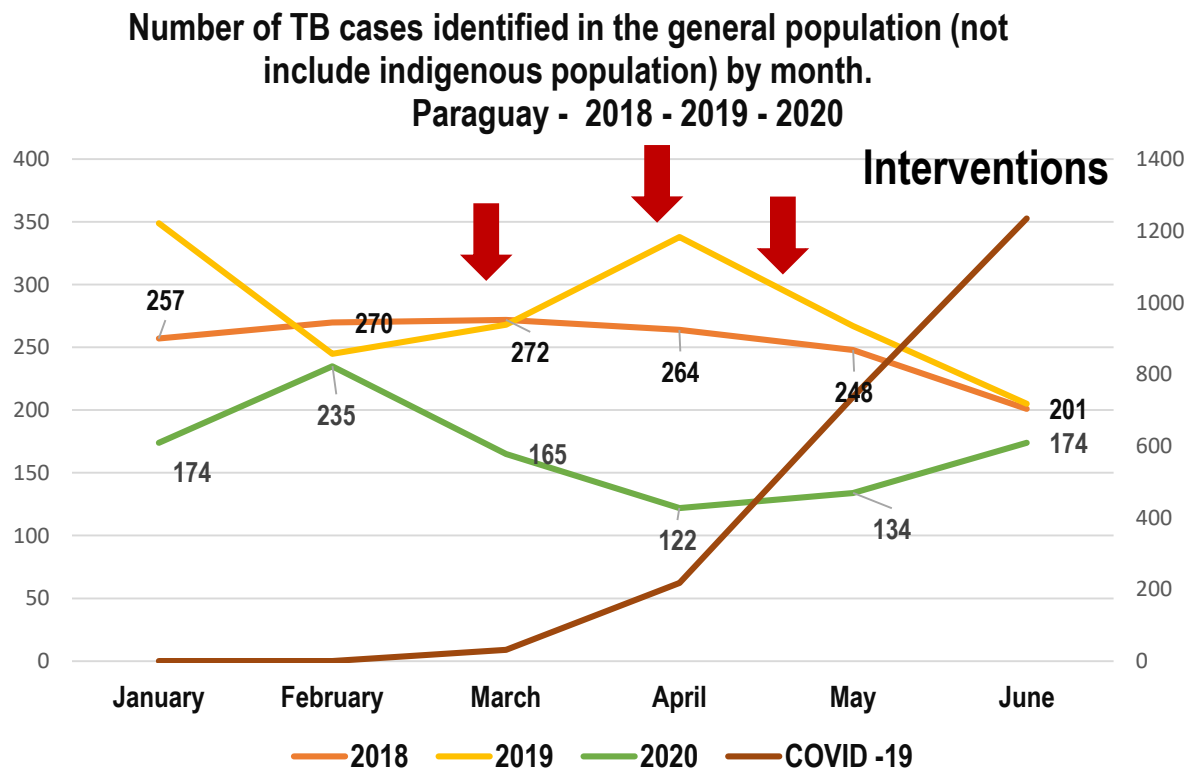


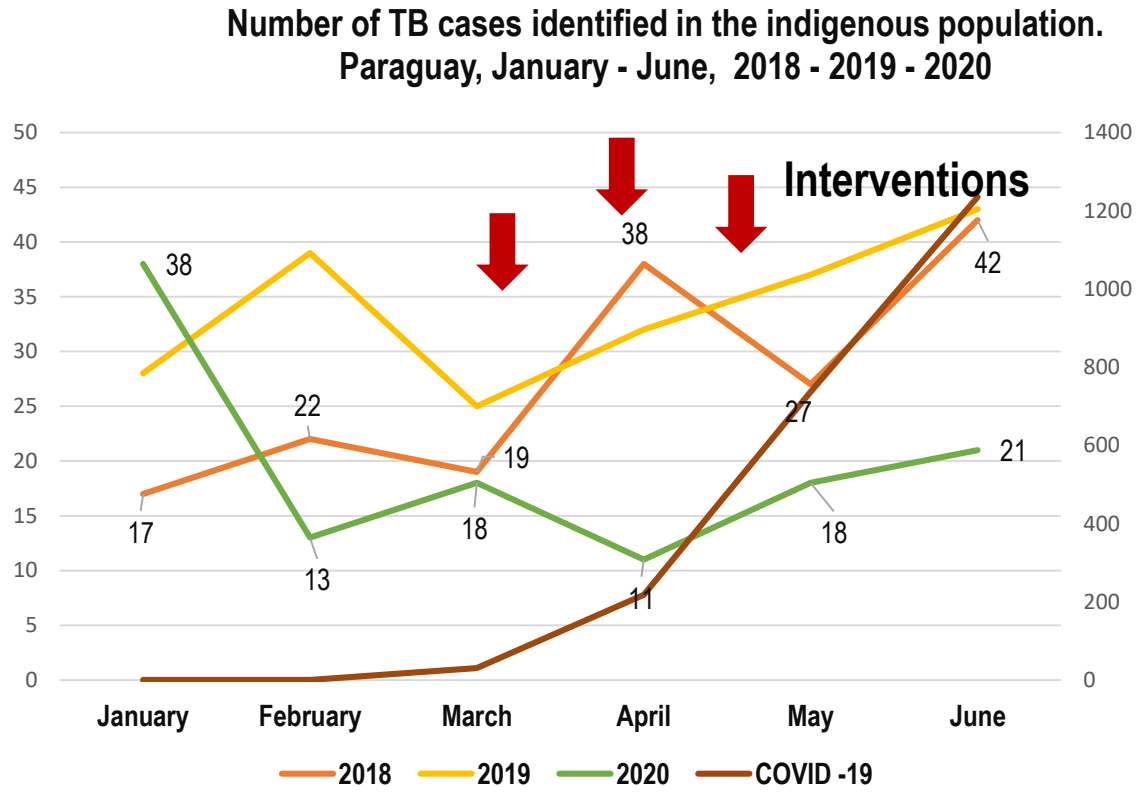




TB Program, 2020

TB cases in Paraguay





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MOTENONDEHA
MINISTERIO DE SALUD PÚBLICA Y BIENESTAR SOCIAL

National TB Program, 2020

World Health Organization

PAHO

Information Note
Tuberculosis and COVID-19

Date: 19th March 2020

COVID-19:
Considerations for tuberculosis (TB) care services

As the world comes together to tackle the
ensure that essential services and operatio
problems continue to protect the lives of pe
conditions. Health services, including nation
actively engaged in ensuring an effective a

The World Health Organization (WHO) is adv
response to the unfolding COVID-19 pandem
with WHO regional and country offices,
collaboration with stakeholders. This note is i
and health personnel with ensuring continuit
with TB during the COVID-19 pandemic,
approaches, as well as maximizing joint supp

All measures should be implemented to pre
of people affected by either of these
confidentiality and protection of their huma

1. **Are people with TB likely to be at incr illness and death?**

People ill with COVID-19 and TB show sin
difficulty breathing. Both diseases attac
biological agents transmit mainly via cl
exposure to disease in TB is longer, with o

While experience on COVID-19 infecti
anticipated that people ill with both TB a
outcomes, especially if TB treatment is int

TB patients should take precautions a
protected from COVID-19 and continue

PAHO Pan American Health Organization World Health Organization Americas

Recommendations for laboratory diagnosis of TB during the COVID-19 pandemic

Given the current situation of the COVID-19 pandemic, countries are advised to continue adopting the TB diagnostic algorithms recommended by PAHO / WHO[1].

Despite the differences in the modes of transmission of TB and COVID-19, certain personal protection measures are relevant for both diseases. Routine measures to protect yourself from TB should continue[2] along with additional precautions to protect workers from COVID-19[3].

The samples and diagnostic methods for TB and COVID-19 are different. For TB, the sample of choice is sputum, and diagnostic methods are based on rapid tests, culture, and DST. On the other hand, the samples for molecular diagnosis of COVID-19 (Real-Time PCR) are nasopharyngeal swabs or nasal lavage/aspiration. Facilities that diagnose TB may receive samples from people who may be infected with COVID-19, many of them undiagnosed. Therefore, TB laboratory personnel may be at increased risk of COVID-19 infection and these risks should be minimized. WHO advises all laboratory personnel involved in COVID-19 testing to follow good microbiological laboratory practices when performing laboratory procedures[3] (frequent hand washing and the use of hand sanitizers, especially after handling biological samples).

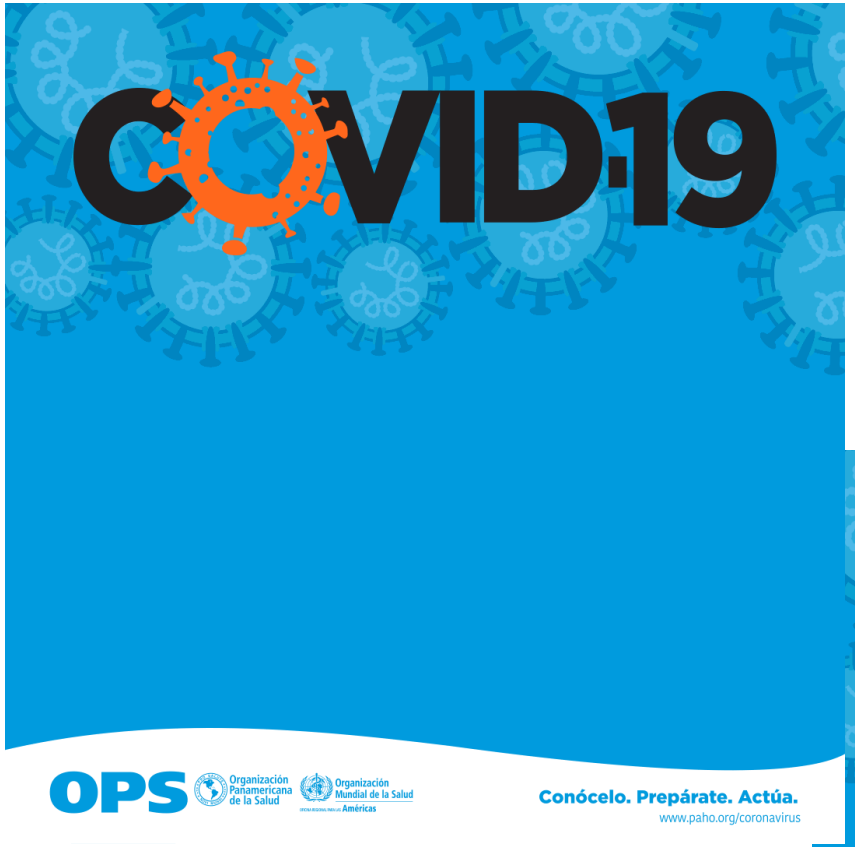
TB laboratory networks in countries that have incorporated GeneXpert® technology in recent years should take advantage of the response to COVID-19. The arrival of the Xpert® Xpress SARS-CoV-2[4] cartridge on the market is expected to increase demand, in TB diagnostic centers with GeneXpert® machines, to analyze COVID-19 samples. In this context, the diagnosis of TB could be affected since both diseases would use the same platform. Adopting measures that allow the two diagnostic tests to be carried out on the same machine, assigning different schedules, reinforcement of personnel and incorporating other work shifts, could increase the productivity of the GeneXpert ® and ensure the continuity of TB diagnosis.

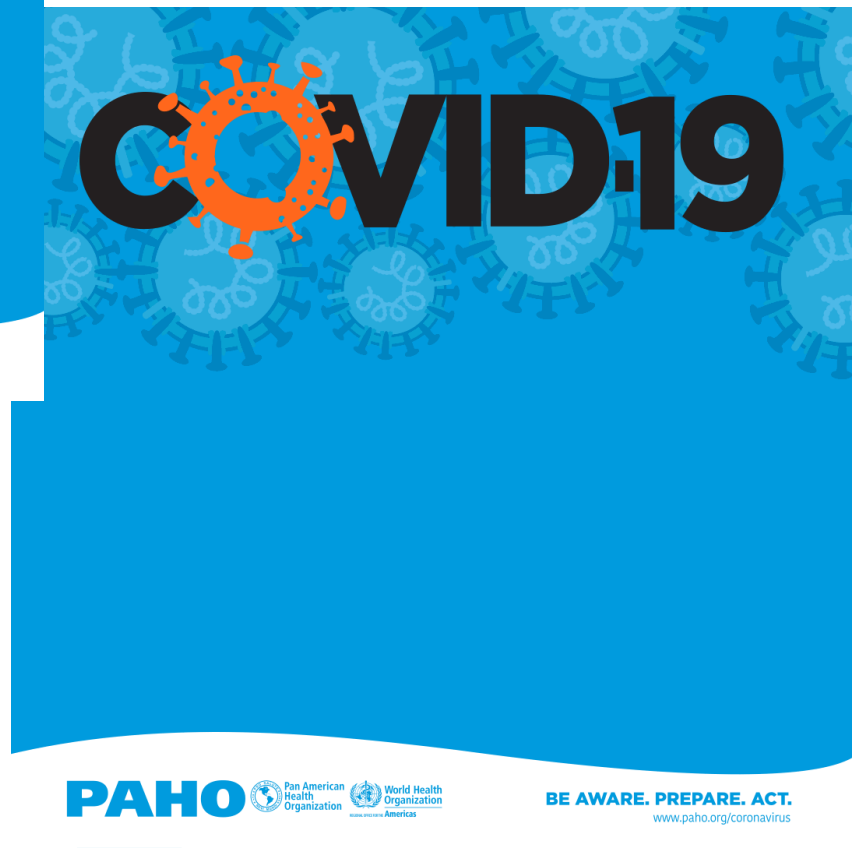
As per the above-mentioned statements, the following protection measures, for TB laboratory personnel, are recommended:

- Sputum should be collected in an open, well-ventilated space, and health personnel should stand more than two meters away from the person during collection.
- Strengthen and Maintain the use of biosafety measures and personal protective equipment (PPE) during sample collection, transport (use of triple packaging) and handling.
- Each TB laboratory must carry out a risk assessment according to the diagnostic methods it performs[2].
- Handling of sputum and any infectious specimens should be performed in a Class II Biological Safety Cabinet (BSC), during the COVID-19 pandemic. In addition, any laboratory procedures with the potential to generate fine particle aerosols (for example, during open tube sample preparation or vortex agitation) should also be performed in a BSC. It is recommended that sample preparation to perform the rapid molecular methods (Xpert MTB / Rif (Ultra), LPA), cultures, and DST be performed in a BSC.

- Information note: Tuberculosis and COVID-19 (19th march 2020)
- Recommendations for laboratory diagnosis of TB during the COVID-19 pandemic (7th April 2020).

PAHO/WHO Social media





What did the Ministries of Health do?

- Operational guidelines on maintaining TB health during the COVID-19 pandemic.
- Guidance on how to provide continuity for TB program:
  - How to provide medical care for TB (telemedicine), VOT
- Communication materials:
  - Education campaigns for the population: COVID-19 transmission and biosecurity.
  - Campaigns targeting healthcare workers on how to provide TB care in the health services

What did the Ministries of Health do?

- NTPs provide technical assistance to health services and local TB program
- Strong coalition with civil society organizations, scientific societies, Indigenous Health sector, Parliamentary Front and communities
- Monitor the access to and continuity of essential health services for TB
- Coordination meetings with laboratories
- Psychosocial support for patients with DR-TB and at risk of loss of follow up

Brazilian Ministry of Health

Guidelines

- Management and Control of Tuberculosis During the COVID-19 Pandemic

Information for the community:

- Frequent A&Q
- Information about Social protection for TB patients during the COVID pandemic.

MINISTÉRIO DA SAÚDE

Peru´s Ministry of Health

Guidelines

- Management and Control of Tuberculosis During the COVID-19 Pandemic

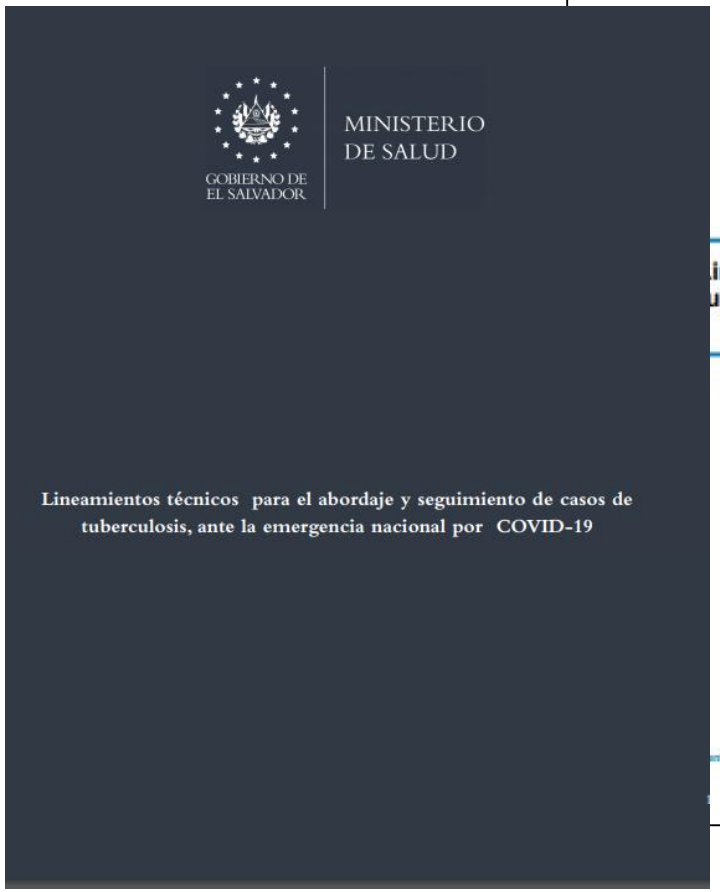
Community work:

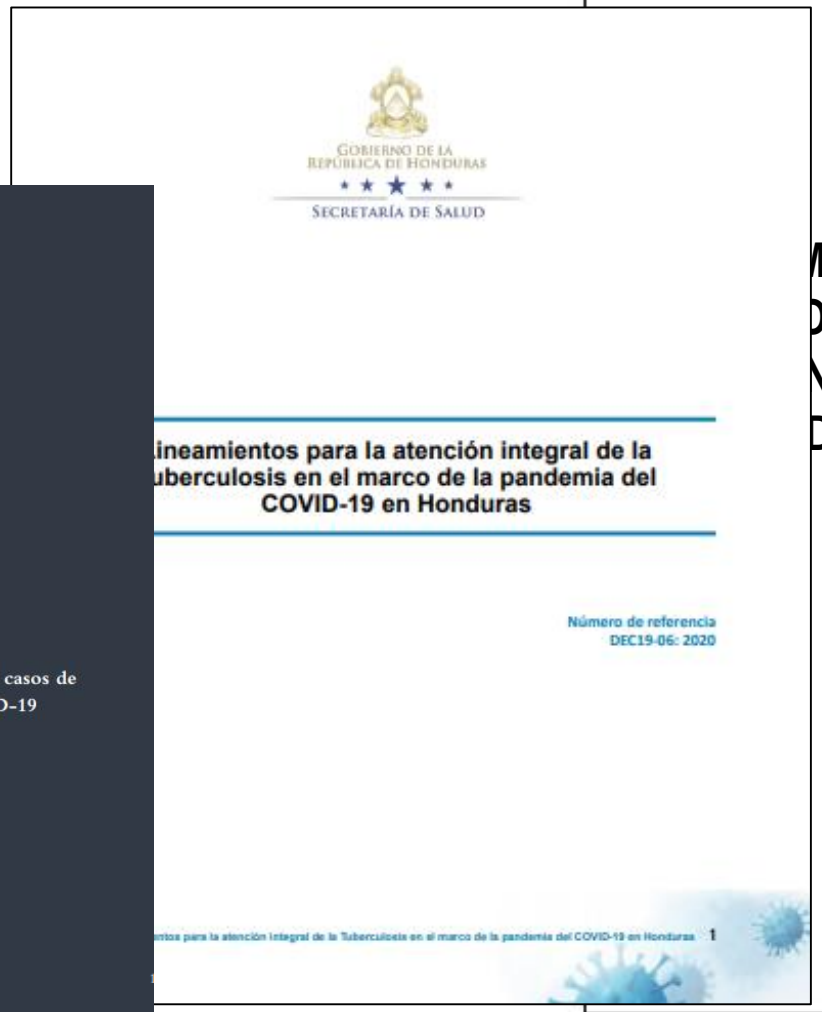
- TB prevention counseling
- Detection: chest x-ray (mobile unit)
- Xpert

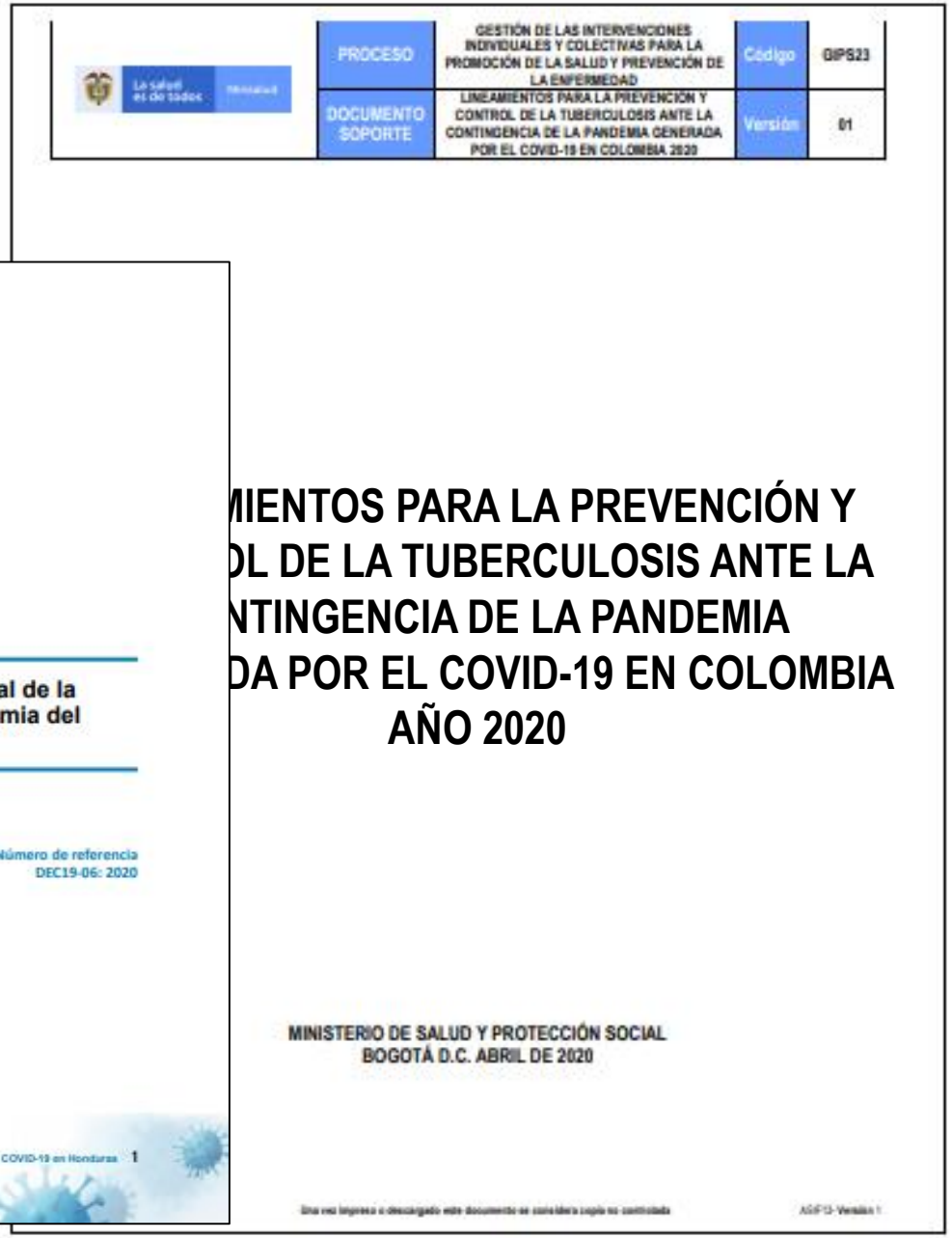
Ministry of Health of Peru

TELEMEDICINA EN TB - EN MENORES DE EDAD

Guidelines
Management and Control of Tuberculosis During the COVID-19 Pandemic





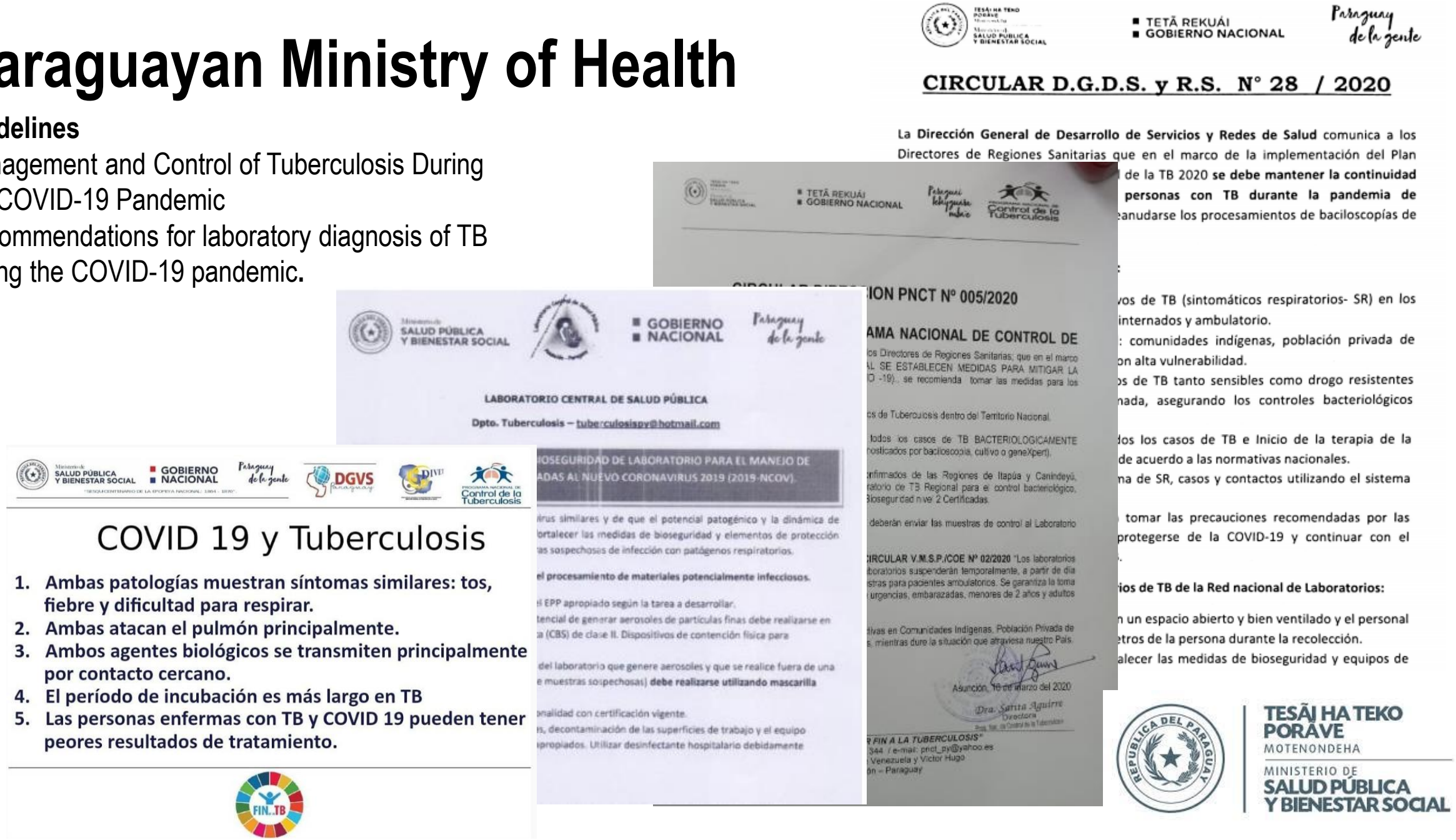


Paraguayan Ministry of Health

Guidelines

Management and Control of Tuberculosis During the COVID-19 Pandemic

Recommendations for laboratory diagnosis of TB during the COVID-19 pandemic.



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GOBIERNO NACIONAL

Paraguay de la gente

CIRCULAR D.G.D.S. y R.S. N° 28 / 2020

La **Dirección General de Desarrollo de Servicios y Redes de Salud** comunica a los Directores de Regiones Sanitarias que en el marco de la implementación del Plan de la TB 2020 **se debe mantener la continuidad personas con TB durante la pandemia de** anudarse los procesamientos de baciloscopías de

vos de TB (sintomáticos respiratorios- SR) en los internados y ambulatorio.

: comunidades indígenas, población privada de on alta vulnerabilidad.

os de TB tanto sensibles como drogo resistentes nada, asegurando los controles bacteriológicos

dos los casos de TB e Inicio de la terapia de la de acuerdo a las normativas nacionales.

na de SR, casos y contactos utilizando el sistema

tomar las precauciones recomendadas por las protegerse de la COVID-19 y continuar con el

ios de TB de la Red nacional de Laboratorios:

n un espacio abierto y bien ventilado y el personal etros de la persona durante la recolección.

alecer las medidas de bioseguridad y equipos de

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GOBIERNO NACIONAL

Control de la Tuberculosis

ION PNCT Nº 005/2020

AMA NACIONAL DE CONTROL DE

os Directores de Regiones Sanitarias; que en el marco AL SE ESTABLECEN MEDIDAS PARA MITIGAR LA O -19).. se recomienda tomar las medidas para los

cs de Tuberculosis dentro del Territorio Nacional.

todos los casos de TB BACTERIOLOGICAMENTE rosticados por baciloscopia, cultivo o geneXpert).

nfirmados de las Regiones de Itapúa y Canindeyú, ratorio de TB Regional para el control bacteriológico, Bioseguridad nivel 2 Certificadas.

deberán enviar las muestras de control al Laboratorio

CIRCULAR V.M.S.P./COE Nº 02/2020 "Los laboratorios laboratorios suspenderán temporalmente, a partir de día stras para pacientes ambulatorios. Se garantiza la toma urgencias, embarazadas, menores de 2 años y adultos

tivas en Comunidades Indígenas, Población Privada de s, mientras dure la situación que atraviesa nuestro País.

Asunción, 16 de marzo del 2020

Dra. Sonia Aguirre
Directora
Prog. Nac. de Control de la Tuberculosis

R FIN A LA TUBERCULOSIS"
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Venezuela y Victor Hugo
ón – Paraguay

Ministerio de SALUD PÚBLICA Y BIENESTAR SOCIAL

GOBIERNO NACIONAL

Paraguay de la gente

LABORATORIO CENTRAL DE SALUD PÚBLICA

Dpto. Tuberculosis – tuberculosispy@hotmail.com

IOSEGURIDAD DE LABORATORIO PARA EL MANEJO DE ADAS AL NUEVO CORONAVIRUS 2019 (2019-NCOV).

irus similares y de que el potencial patogénico y la dinámica de ortalecer las medidas de bioseguridad y elementos de protección as sospechosas de infección con patógenos respiratorios.

el procesamiento de materiales potencialmente infecciosos.

l EPP apropiado según la tarea a desarrollar.
tencial de generar aerosoles de partículas finas debe realizarse en a (CBS) de clase II. Dispositivos de contención física para

del laboratorio que genere aerosoles y que se realice fuera de una e muestras sospechosas) **debe realizarse utilizando mascarilla**

onalidad con certificación vigente.
s, decontaminación de las superficies de trabajo y el equipo apropiados. Utilizar desinfectante hospitalario debidamente

Ministerio de SALUD PÚBLICA Y BIENESTAR SOCIAL

GOBIERNO NACIONAL

Paraguay de la gente

DGVS Paraguay

Control de la Tuberculosis

COVID 19 y Tuberculosis

1. **Ambas patologías muestran síntomas similares: tos, fiebre y dificultad para respirar.**
2. **Ambas atacan el pulmón principalmente.**
3. **Ambos agentes biológicos se transmiten principalmente por contacto cercano.**
4. **El período de incubación es más largo en TB**
5. **Las personas enfermas con TB y COVID 19 pueden tener peores resultados de tratamiento.**

FIN TB

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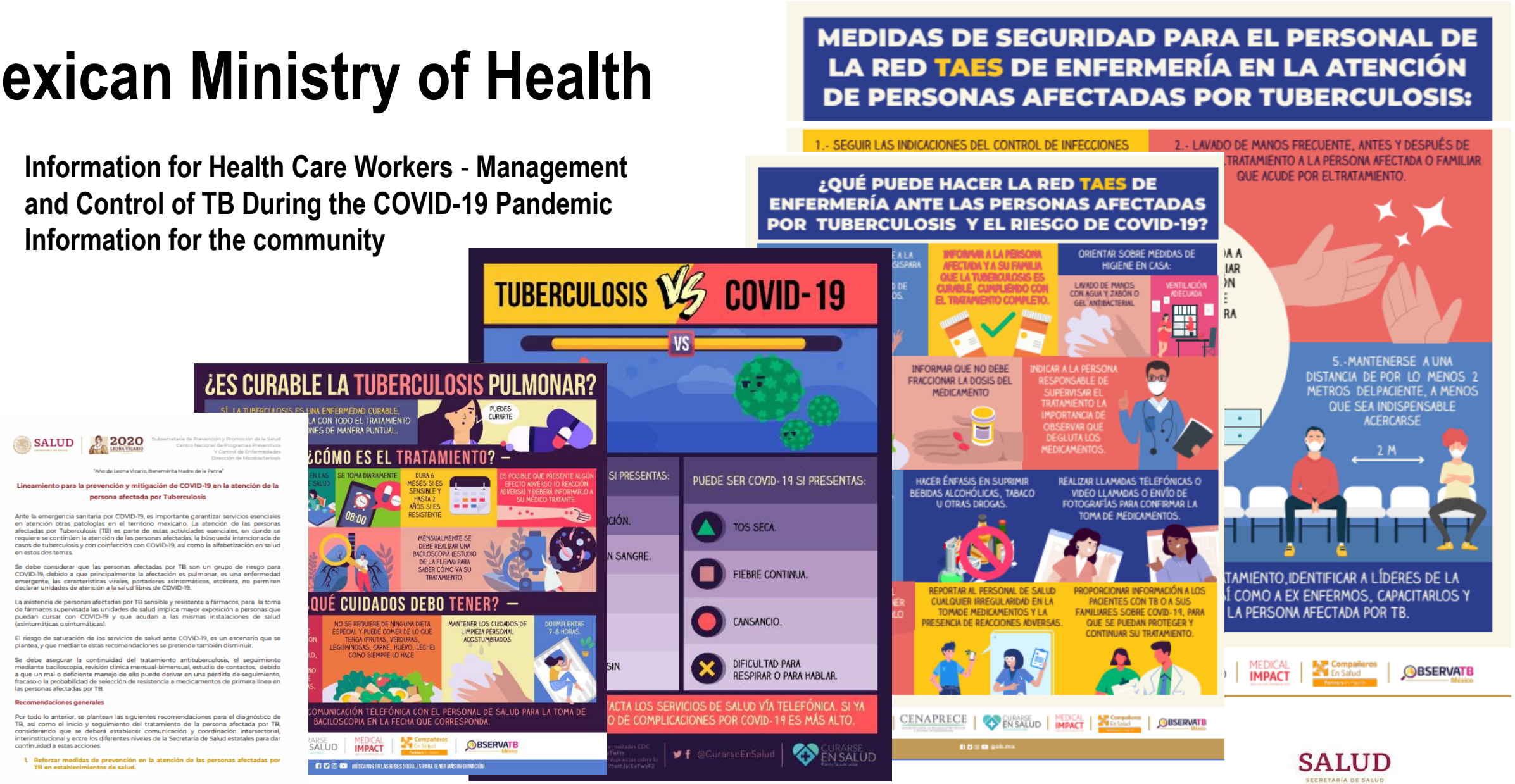
Paraguayan Ministry of Health

- TB detection in jails
- Advocacy
- Food
- House-hold and community-based care

Mexican Ministry of Health

- Information for Health Care Workers - Management and Control of TB During the COVID-19 Pandemic
- Information for the community



Coalition with Civil Society Organizations

- Deliver TB drugs,
- Take sputum samples in remote communities, in indigenous communities and in jails,
- Contact tracing,
- House-hold and community-based care

Pre-existing conditional cash transfer programs

País	Programa	Periodicidad	Aumento de los Pagos ⬆ o adelanto »	Cobertura (personas)	Cobertura (% de la población)
Argentina	Asignación Universal por Hijo	Una vez	⬆	11,880,376	26,3%
Belice	The Boost Program	Una vez	⬆	9,911	2,6%
Brasil	Bolsa Familia	Cinco veces Pasó de 3 a 5	⬆	53,229,083	24,8%
Colombia	Programa Familias en Acción	Dos veces Pasó de 1 a 2	⬆	10,548,119	21,5%
Jamaica	PATH	Tres veces	⬆	360,000	12,4%
Paraguay	Tekoporá	Una vez	⬆ »	840,648	12,2%
Perú	Juntos	Una vez	»	3,520,729	10,8%
Uruguay	Asignación Familiar Plan de Equidad	Dos veces Pasó de 1 a 2	⬆	372,231	10,8%
	Tarjeta Uruguay Social	Dos veces Pasó de 1 a 2	⬆	417,602	12,0%

Fuente: Elaboración propia con base en la información nacional disponible. Cobertura (personas) de la CEPAL, Base de datos de programas de protección social no contributiva en América Latina y el Caribe.

Temporary money transfer programs
(update until June 30, 2020)

País	Nombre del Programa	Moneda Local/USD PPA	# de pagos	Estado de los pagos	Población cubierta estimada	Beneficiarios alcanzados (B)*	% de la población (A)	% de la población (B)
Argentina	Ingreso Familiar de Emergencia	ARS $10,000 (USD $331)	2	Efectuado	8.7 millones personas	8.7 millones personas	-	19%
Brasil	Auxílio Emergencial	BRL $600 - $1,200 (USD $223 - USD $446)	5	En ejecución	80 millones personas	65 millones personas	38%	31%
Bolivia	Bono Familia	BOB $500 (USD $122)	1	En ejecución	3.2 millones personas	2.7 millones personas	27%	24%
	Bono Universal	BOB $500 (USD $122)	1	En ejecución	4 millones personas	3.4 millones personas	34%	30%
Chile	Bono de Emergencia COVID-19	CLP $50,000 (USD $98)	1	En ejecución	2.7 millones personas	1.5 millones personas	14%	8%
	Ingreso Familiar de Emergencia (2.0)	CLP $100,000 por persona (USD $590,25)	4	En ejecución	5.6 millones personas	4.9 millones personas	29%	26%
Colombia	Ingreso Solidario	COP $160,000 mensual (USD $96)	9	En ejecución	3 millones hogares	2.6 millones hogares	21%	18%
Costa Rica	Subsidio de Emergencias	CRC $125,000 (USD $289) CRC $100,00 (USD $231) segundo pago	2	En ejecución	33 mil hogares	23.700 hogares	2%	1.4%
	Bono Proteger	CRC $125,000 (USD $289)	3	En ejecución	680 mil personas	532 mil personas	13%	10%
Ecuador	Bono de Protección Familiar por Emergencia (Bono de Contingencia)	USD $60 (USD $90)	2	Efectuado	950 mil hogares	950 mil hogares	-	20%
El Salvador	Bonos de Compensación	USD 300 (USD 521)	1	En ejecución	1.5 millones personas	1.2 millones personas	23%	19%
Guatemala	Bono Familia de Q1 mil	Q1,000,00 (USD 559)	3	En ejecución	2.3 millones hogares	981 mil hogares	58%	25%
Haiti	"Transfert en espèces unique" (subvention de l'État)	3,000 gourdes (USD $68)	1	En ejecución	1.5 millones personas	146 mil personas	1%	13%
Honduras	Bono Único. Asistencia a los Trabajadores Independientes o de Cuenta Propia	2.000 Lempiras (USD $136)	1	En ejecución	500 mil personas	260 mil personas	3%	5%
Jamaica	The COVID Compassionate Grant	$10.000 (USD $101)	1	Efectuado	355 mil personas	337 mil personas	12%	11%
Panamá	Bono Solidario (Plan Solidario)	USD80 (USD $244)	2	En ejecución	1.2 millones personas	1.2 millones personas	42%	29%
Paraguay	Programa Pytyvõ	PYG $548,200 (USD $172)	2	En ejecución	1.8 millones personas	1.1 millones personas	26%	16%
Perú	Bono Urbano (Yo me quedo en casa)	PEN $760 (USD $380)	1	En ejecución	2.7 millones hogares	2.5 millones hogares	75%	69%
	Bono Independiente	PEN $760 (USD $380)	1	En ejecución	773.000 personas	664 mil personas		64%
	Bono rural	PEN $760 (USD $380)	1	En ejecución	980 mil hogares	384 mil hogares		29%
	Bono Familiar Universal	PEN $760 (USD $380)	1	En ejecución	1.6 millones hogares	1.4 millones hogares		66%
República Dominicana	Programa Pa' ti	DOP $5,000 (USD $185.5)	1	En ejecución	2.3 millones personas	200 mil personas	21%	
	Programa Quédate en Casa	DOP $5,000 (USD $185.5)	2	Efectuado	1.5 millones hogares	1.5 millones hogares	16%	16%
Trinidad y Tobago	Public Assistance Grant	$500.00 (USD $78) valor máx.	3	En ejecución	42 mil personas	42 mil personas	14%	14%
Venezuela	Bono especial quédate en Casa - Sistema Patria	VEF $350,000 (USD $2.60)	1	Efectuado	6 millones personas	6 millones personas	21%	21%
	Bono Normalidad Relativa - Sistema Patria NUEVO	VEF $800,000	1	Efectuado	SE	SE	-	SE

Conclusions

- Countries and the NTP have made numerous efforts to continue the fight against TB in the context of the pandemic.
- TB capacities building contribute to the response to the COVID-19 pandemic, mainly in relation to search and contact tracing, home and community-based care, as well as in surveillance and monitoring systems for TB.
- The actions incorporated to address Covid-19 can benefit TB programs, especially in relation to infection control and telemedicine.
- To ensure countries' economic recovery, comprehensive welfare and inclusive social protection systems are necessary.

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