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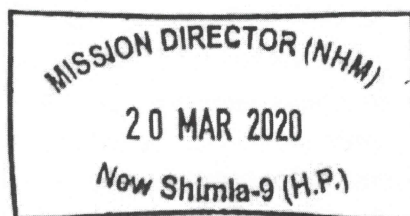
Health and Family Welfare Department
National Health Mission
Himachal Pradesh

From:

The Special Secretary Health cum
Mission Director NHM HP

To:

The Chief Medical Officers
All Districts in Himachal Pradesh



Subject: Advisory regarding continuity of services and mitigation of untoward effect of possible panic among communities and TB patients due to COVID-19.

Sir /Madam

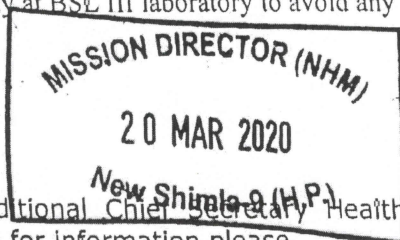
All of you are taking appropriate steps to address COVID-19 situation in the country it is important to ensure continuity of services and mitigation of untoward effect of possible panic among communities and TB patients. Some of the following actions will be helpful for minimizing impact on TB services in this new situation.

1. **Community activities:** It has been decided that Sunday ACF suspended till further orders. Be tactful while planning community interaction meetings for tuberculosis alone, as the staff may need to conserve energy necessary for field visits of quarantined suspects of COVID-19 as well as their contact tracing and action. If continuing with already planned activities, the staff should be equipped with all basic knowledge about COVID-19, expect questions and guide communities accordingly.
2. **Addressing panic:** Sometimes due to overall shut down of public places and misinterpretation advisories or even due to rumors, TB patients who are already on treatment or need to be initiated on treatment may not turn up to the health facilities. In such situation, extra efforts will be needed to further assess the patients and ensure treatment initiation and continuation with provisioning of medicines to patients and their family DOT providers for longer duration of (2 month in IP and 4 months in CP for drug sensitive TB and quarterly for Drug resistant TB) with remote monitoring by health staff. For such drug delivery and dispensing if alternative approaches including online pharmacies or courier are needed, may be used along with tele-conversation and support from call center for TB patients (TOLL FREE Number, 104, 1800-11-6666)
3. **Treatment adherence:** Ensuring health facility based daily Directly Observed Treatment (DOT) may not be convenient or desirable in current situation. However, after dispensation of adequate medicines, it would be highly desirable to provide digital adherence support with systems like 99-DOTS, Video-DOT etc. While such digital adherence tools can be helpful, one should be careful and avoid alternatives like biometric devices which have been used previously in some of the initiatives. Optimize and maximize use of call center for TB to reach out to TB patients and minimize visits to health facilities when

for display on
website
HOD chest/TB.
for circulation
Among faculty people

possible. When the patient insists on institutional / facility-based DOT, then ensure adequate water, soap and promote repeated hand washing for all patients and staff.

4. **Co-morbidity and risk aversion:** It is well known that mortality among COVID-19 known cases is higher when there are co-morbid conditions. Considering the same; it is important for health staff to ask for detailed history from all existing TB patients and rule out history of any contact with known cases of COVID-19 or even suspects. If identified, all steps and guidance for testing must be followed including hospitalization if needed. Such patients and other TB patients having difficulty in breathing may require critical care and it should be offered to them. DR-TB patients in particular may be more vulnerable due to their already compromised lung function and should be addressed with highest quality of clinical care by the respective facility. Referral channels should be activated and made available for this. TB patients with PLHIV, diabetes etc in particular, should be offered care through different channels to minimize their visits to clinics / ART centers whenever possible.
5. **Indoor facilities:** Hospitals where TB patients are admitted for various reasons ensure availability of adequate number of Personal Protective Equipment (Masks and gloves) for all health staff as well as adequate number of masks for patients as well as relatives / attendants who are coughing. Biomedical waste management facility of local health facilities need to be augmented and monitored. Encourage health staff to frequently (preferably hourly) clean and disinfect surfaces like handles of cupboards, fridge, windows and doors, staircase hand rail, water tap knobs, scanners, keyboards etc.
6. **COVID-19 patients:** Detailed history is sought from all COVID-19 suspects while deciding on their sample collection of testing. Since the symptoms of COVID-19 also overlap with TB symptoms, it would be prudent to test them for TB as well. If it turns out to be a co-morbidity of COVID-19 and TB; hospitalization will be necessary as the patient may require critical care. So, careful symptom screening and testing will aid in early diagnosing the co-morbidity and by providing critical care, excessive risk of mortality can be reduced. However, sputum samples of COVID-19 suspects should be tested only at BSL III laboratory to avoid any nosocomial transmission.



Dy. Mission Director
National Health Mission
Himachal Pradesh

Copy to:

1. The Additional Chief Secretary Health to the Government of Himachal Pradesh for information please.
2. The Director Health Services Himachal Pradesh for information Please.
3. All Sr. Medical Superintendent, Himachal Pradesh for information and necessary action please.
4. All Medical officer Health Himachal Pradesh for information and necessary action please