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D.O. No. HFW 365 ACS 2020

Dated 24.09.2020

Dear Deputy Commissioner,

Subject: Bi-directional TB-COVID screening and Screening of
TB among ILI/SARI cases

References: 1. D.O. No Z-28015/192/2020-TB dated 11th

August 2020 on step up efforts to improve TB services

2. D.O. No. Z-28015/81/2020-TB-Part(1) dated 1st September
2020 on Bi- directional TB-COVID screening and screening
of TB among ILI/SARI cases by the Union Secretary (HFW)

COVID-19 pandemic has affected all the key strategic interventions of TB program resulting in almost 36% decline in TB case notification in 2020 as compared to previous year. Decline in TB notification may lead to significant morbidity and mortality, and an increased likelihood of active transmission in the household and close contacts. Recent evidence has also shown that TB is an important risk factor for SARS-CoV-2 infection, it may also lead to rapid and severe COVID-19 disease with poor outcomes.

In order to address this dual morbidity of Tuberculosis and COVID-19, GOI in this DO letter cited above has recommended the following activities:

C. Bi-directional TB-COVID screening:

- All newly diagnosed TB patients or those currently on treatment should be tested for COVID-19 by RT-PCR/Truenat/CBNAAT
- All COVID-19 cases should be screened for TB symptoms

B. TB screening for ILI cases :

- Screen for TB if ILI symptoms persisting >10 days

D. TB screening for SARI cases :

- Screen for TB if SARI symptoms persisting >10 days

Implementation of these guidelines will go a long way in improving the case detection of the both the diseases. It is hereby directed that these interventions may be reviewed at your level and necessary steps and instructions be issued to all concerned for adapting and effectively implement the activities. The details are outlined in annexure.

With

Yours sincerely,

Sd/-

**Deputy Commissioners of
all the Districts**

Copy to:

1. Commissioner, Health and Family Welfare Services.
2. Special Commissioner, BBMP.
3. Mission Director, NHM.
4. Director, Health and Family Welfare Services.
5. Director of Medical Education
6. Joint Director, Medical - to bring it to the notice of all Private Establishments
7. Joint director (TB)
8. WHO- NTEP Consultants


(Jawaid Akhtar)

Annexure

Guidance note on Bi-directional TB-COVID screening and screening of TB among ILI/SARI cases

Tuberculosis and COVID-19 are infectious diseases which primarily attack the lungs. They present with similar symptoms of cough, fever and difficulty breathing, although TB disease has a longer incubation period and a slower onset of disease. The prevalence of TB among COVID-19 patients has been found to be 0.37 – 4.47% in different studies. There has been an overall decline in TB notification by 26% during January to June 2020 as compared to previous year, due to the COVID-19 pandemic.

Studies have shown that history of active as well as latent TB is an important risk factor for SARS-CoV-2 infection. This not only results in increased susceptibility, but also rapid and severe symptom development and disease progression with poor outcomes. Tuberculosis is associated with a 2.1-fold increased risk of severe COVID-19 disease. In addition, TB patients also tend to have co-morbid or living conditions (malnutrition, diabetes, smoking, HIV etc) that increase their vulnerability. In order to address this dual morbidity of Tuberculosis and COVID-19, the following activities should be carried out:

- A. Bi-directional TB-COVID screening
 - B. TB screening for ILI cases
 - C. TB screening for SARI cases
- A. **Bi-directional TB-COVID screening:** COVID screening for all diagnosed TB patients and TB screening for all COVID positive patients should be conducted.
- a. **Eligibility Criteria**
- i. **COVID screening for diagnosed TB patients:** All newly diagnosed TB patients or those currently on treatment should be tested for COVID-19 by RT-PCR/Truenat/CBNAAT (as per MoHFW guidelines). Based on the result of COVID-19 test, further management would be undertaken as per MoHFW guidelines. Even upon diagnosis of COVID, treatment of TB should continue uninterrupted.

