

Impact of COVID-19 pandemic on delivering TB services in the WHO European Region



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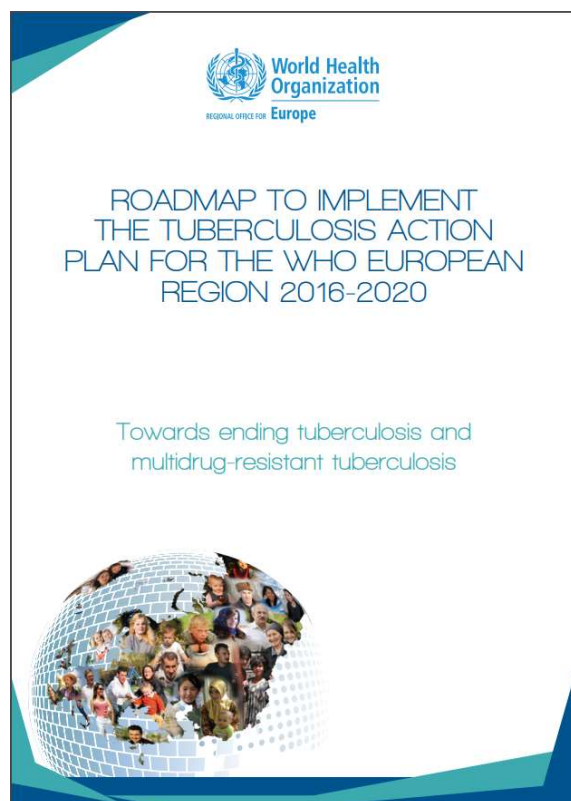
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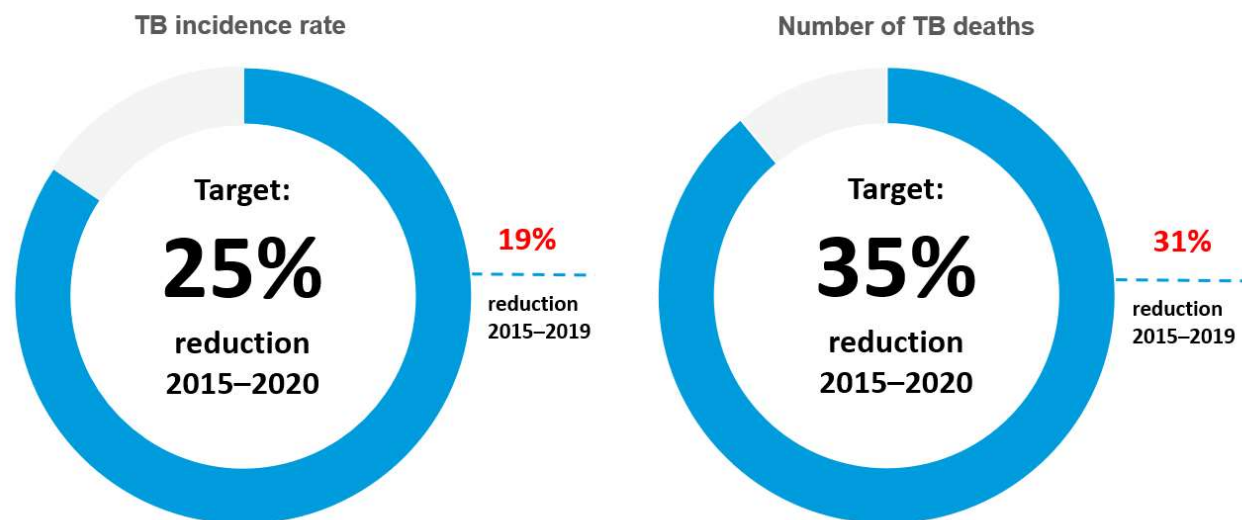
WHO Regional Office for Europe

Progress Towards Regional Commitments

before COVID-19 pandemic



WHO European Region



Impact of COVID-19 on TB response

Modelling done by WHO

- Temporary decrease in TB case detection:
 - 25% over a period of 3 months ➡ 13% increase in TB deaths
 - 50% over a period of 3 months ➡ 26% increase in TB deaths
- 3,600 to 7,200 additional deaths in WHO European Region
- TB deaths could be back to 2016-2017 level (≈ 30 000 deaths)

Stop TB partnership modelling

- An additional 26 500 TB deaths could be registered in WHO European Region between 2020 and 2025 as a direct consequence of the COVID-19 pandemic (1.4 million deaths globally)

Assessment of COVID-19 impact on TB response in WHO European Region



Background

Purpose: This data collection activity aimed at identifying impact of COVID-19 on delivering TB services at the national and regional level.

Data sources: Countries from the WHO European Region were asked to respond to the global survey and additionally share their TB notification data from health information systems, or aggregated data from electronic medical records.

Data collection: Survey on TB and COVID-19 was the part of the global TB data collection, which took place during April-June 2020.

Member States of the WHO European Region were additionally asked to report quantitative monthly data on TB notifications from first and second quarters of 2020 as well data from the same quarters of 2019 through the electronic data collection form

Results: This presentation shows the results as of mid-September using data submitted for January-June 2020.



Questions included in the WHO global survey



The survey included three main questions*:

1. Have any changes been made to how TB treatment services are delivered due to the COVID-19 pandemic?
2. Have TB patients been asked to self-isolate at home?
3. Has there been any reallocation of resources from TB services to COVID-19 testing and treatment?

And additionally 15 sub-questions linked to the three main questions

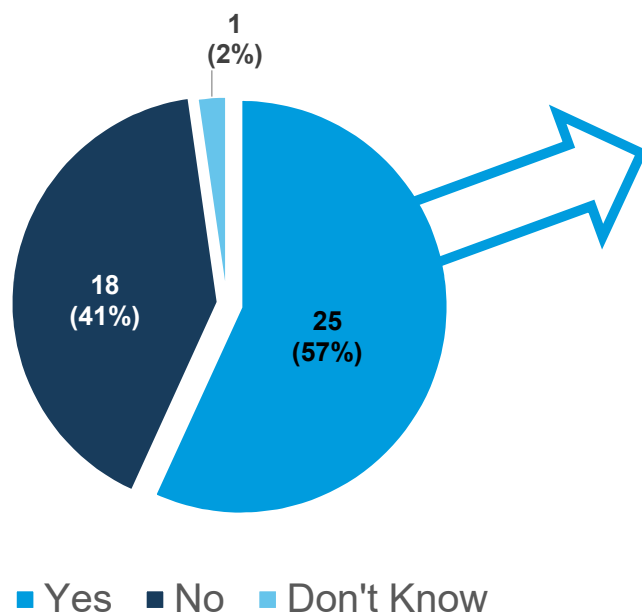
*Status reported as of June 2020



WHO Survey Results:

44/53 member states of the WHO European Region responded to the survey (83%)

Have any changes been made to how TB treatment services are delivered due to the COVID-19 pandemic? (n=44)



Challenges

32% reported reduction of outpatient TB facilities for drug susceptible and RR-TB
28% reported reduction of inpatient TB facilities for drug susceptible and RR-TB

6 countries (24%) reported reduction in both, outpatient and inpatient TB facilities for susceptible and RR TB

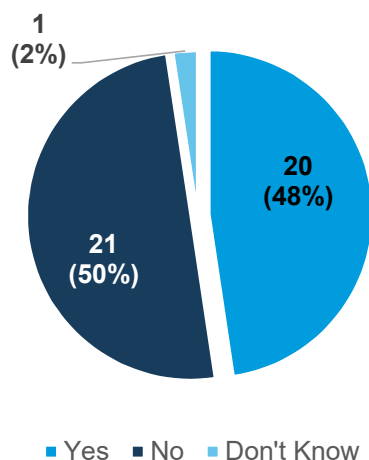
Solutions

76% expanded the use of remote advice and support
72% allowed >1 month of TB drugs to take home
68% introduced home delivery service for TB drugs
48% allowed household members to collect TB drugs

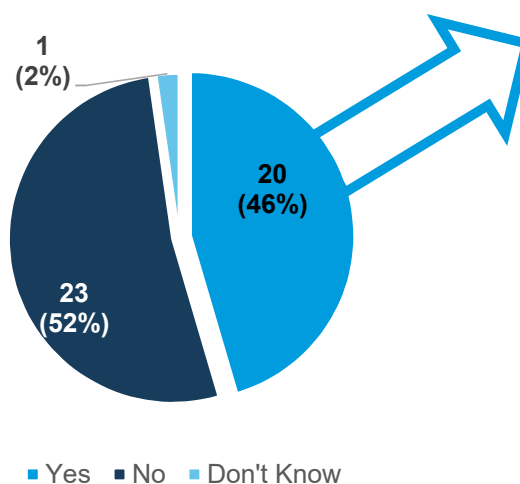
20 countries (80%) introduced/scaled-up at least two services from above list and 8 countries (32%) scaled-up all four services

WHO Survey Results: (cont.)

Have TB patients been asked to self-isolate at home? (n=42)



Reallocation of resources from TB services (n=44)



- ❑ 6 countries (30%) reported **GeneXpert machines** being reassigned for COVID-19 testing
- ❑ 17 countries (85%) reported **NTP staff** at the national or subnational level being reassigned to other duties
- ❑ 10 countries (50%) reported **TB budget** being reallocated to the COVID-19 response

Indicators included in the WHO/Europe data collection



1. TB diagnosis and detection:

Number of notified cases of all forms of TB (i.e. bacteriologically confirmed plus clinically diagnosed), new and relapse cases

2. Initiation of TB treatment:

Number of patients that began TB treatment

Number of cases with RR-TB and/or MDR-TB that began second-line treatment*

3. Retention in care:

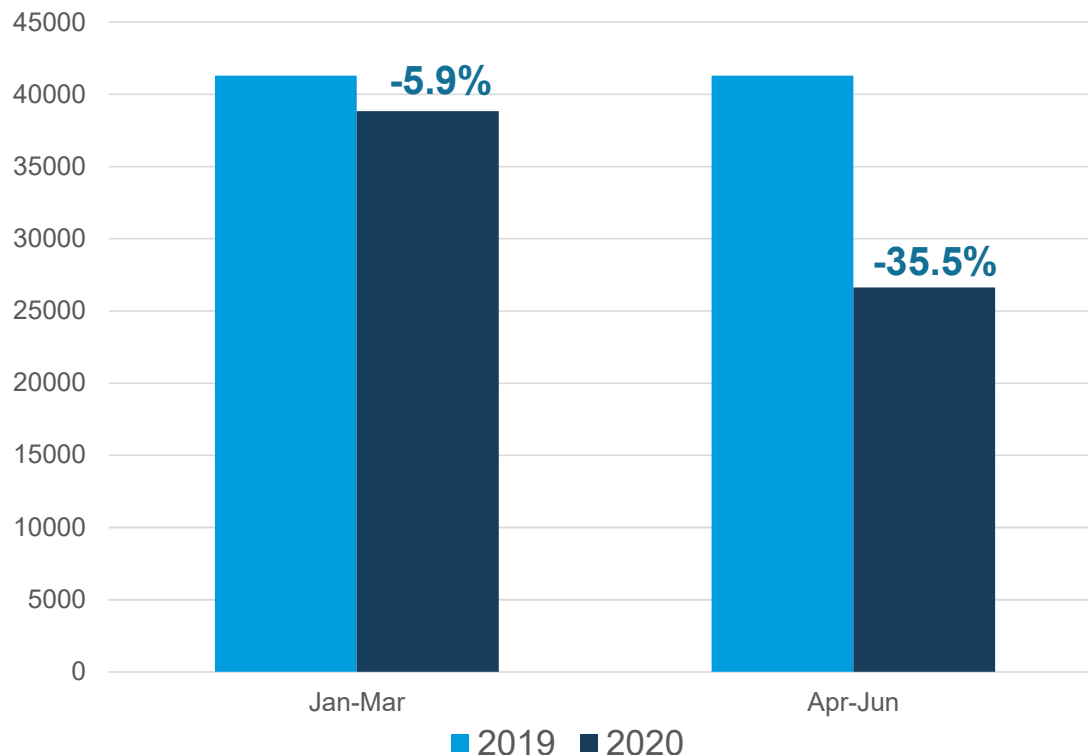
Percentage of patients reported on TB treatment at the end of the reporting period

*Only 18 high priority countries were asked to report on RR/MDR-TB treatment initiation



Comparison of quarterly notification of new and relapse TB cases in 2020 vs. 2019

WHO European Region



Before COVID-19 pandemic

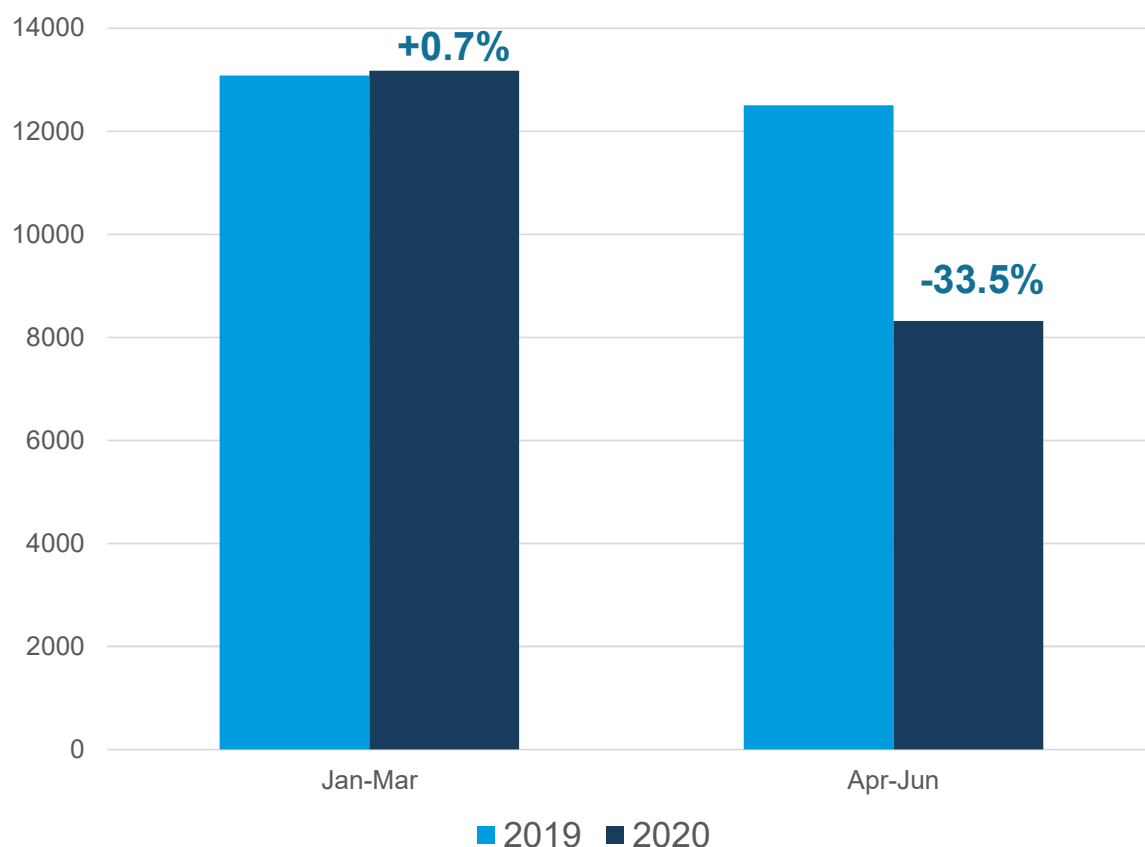
An average annual decrease in TB notification of **-5%** has been observed in the Region since 2015

After COVID-19 pandemic

An average **-35.5%** decrease in TB notification has been observed in Q2 2020 compared to the same period in 2019

Comparison of quarterly enrollment to MDR-TB treatment in 2020 vs. 2019

WHO European Region



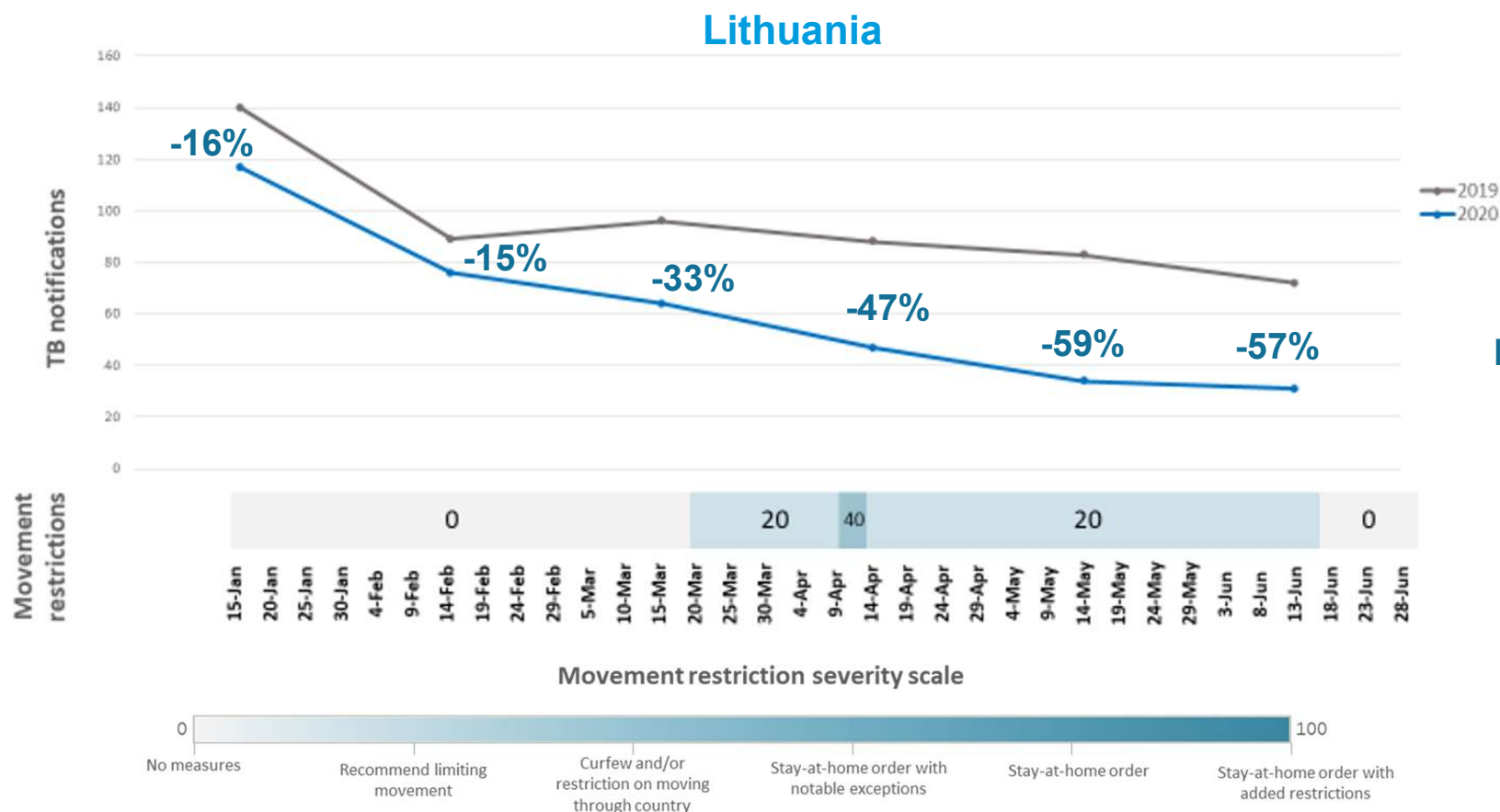
Before COVID-19 pandemic

On average, 45,000 RR/MDR-TB patients were enrolled to treatment annually, with no trend of annual decrease

After COVID-19 pandemic

Enrollment to MDR-TB treatment decreased with **-33.5%** average decline reported in Q2 2020

Monthly TB notifications (2020 vs. 2019) over movement restrictions



Mean annual change
in rate was
-6.8% during
2015-2019

*Measures implemented at a sub-national level or targeting a specific group of people (e.g. vulnerable populations) are reduced by 20.

Summary findings

- Almost 60% of countries had to introduce changes to TB services with substantial number of countries reducing the number of in-patient and outpatient TB facilities
- Almost half of the reporting countries had to reallocate TB resources to COVID-19 response
- Substantial decrease in TB case notification has been observed starting April 2020 compared to the last year (-35.5% in Q2 overall)
- Dramatic decline in the enrollment of patients to MDR-TB treatment has been reported in the second quarter of 2020 compared to the same quarter of 2019
- Vast majority of the countries reporting changes to TB services due to COVID-19, introduced or scaled-up supportive measures and/or innovative approaches to TB treatment and care
- Up to 20% increase in TB deaths (additional ≈ 5000 deaths if we extrapolate findings using data from modeling)

World Health Organization (WHO)

Information Note on Tuberculosis and COVID-19



Released by the WHO Global TB Programme on 20 March 2020 and updated on 4 April and 12 May 2020 with the aim to:

“...assist national TB programmes and health personnel to urgently maintain continuity of essential services for people affected with TB during the COVID-19 pandemic, driven by innovative people-centred approaches, as well as maximizing joint support to tackle both diseases...”



World Health Organization (WHO) Information Note

Tuberculosis and COVID-19

Date: 12 May 2020

COVID-19: Considerations for tuberculosis (TB) care

As the world comes together to tackle the COVID-19 pandemic, it is important to ensure that essential services and operations for dealing with long-standing health problems continue to protect the lives of people with TB and other diseases or health conditions. Health services, including national programmes to combat TB, need to be actively engaged in ensuring an effective and rapid response to COVID-19 while ensuring that TB services are maintained.

Modelling work suggests that if the COVID-19 pandemic led to a global reduction of 25% in expected TB detection for 3 months – a realistic possibility given the levels of disruption in TB services being observed in multiple countries – then we could expect a 13% increase in TB deaths, bringing us back to the levels of TB mortality that we had 5 years ago. This may even be a conservative estimate as it does not factor in other possible impacts of the pandemic on TB transmission, treatment interruptions and poorer outcomes in people with TB and COVID-19 infection(1). Between 2020 and 2025 an additional 1.4 million TB deaths could be registered as direct consequence of the COVID-19 pandemic(2).

The World Health Organization (WHO) is advising Member States that are leading the response to the unfolding COVID-19 pandemic(3). The WHO Global TB Programme, along with WHO regional and country offices, has developed an information note, in collaboration with stakeholders. This note is intended to assist national TB programmes and health personnel to **urgently maintain continuity of essential services for people affected with TB during the COVID-19 pandemic**, driven by innovative people-centred approaches, as well as maximizing joint support to tackle both diseases. It is important that the progress made in TB prevention and care is not reversed by the COVID-19 pandemic. Finding and treating people with TB remain the fundamental pillars of TB prevention and care and those would require maintained attention.

The COVID-19 pandemic has provoked social stigma and discriminatory behaviours against people of certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus. Stigma can undermine social cohesion and prompt social isolation of groups, which might contribute to a situation where the virus and TB are more likely to spread. This can:

- Drive people to hide the illness to avoid discrimination
- Prevent people from seeking health care immediately
- Discourage them from adopting healthy behaviours.

Stigma and fear around communicable diseases like TB hamper the public health response. What works is building trust in reliable health services and advice, showing empathy with those affected, understanding the disease itself, and adopting effective, practical measures so people can help keep themselves and their loved ones safe (4). Governments, citizens, media and communities have an important role to play in preventing and stopping stigma. We all need to be intentional and thoughtful when communicating on social media and other communication platforms, showing supportive behaviours around COVID-19, as well as older diseases like TB.

1. Are people with TB likely to be at increased risk of COVID-19 infection, illness and death?

While experience on COVID-19 infection in TB patients remains limited, it is anticipated that people ill with both TB and COVID-19 may have poorer treatment outcomes, especially if TB treatment is interrupted.

TB patients should take precautions as advised by health authorities to be protected from COVID-19 and continue their TB treatment as prescribed.

People ill with COVID-19 and TB show similar symptoms such as cough, fever and difficulty breathing. Both diseases attack primarily the lungs and although both biological agents transmit mainly via close contact, the incubation period from exposure to disease in TB is longer, often with a slow onset.

2. What should health authorities do to provide sustainability of essential TB services during the COVID-19 pandemic? What services can be leveraged across both diseases?

All measures should be taken to ensure continuity of services for people who need preventive and curative treatment for TB. Health authorities should maintain support to essential TB services, including during emergencies such as COVID-19. People-centred delivery of TB prevention, diagnosis, treatment and care services should be ensured in tandem with the COVID-19 response.

Prevention: Measures must be put in place to limit transmission of TB and COVID-19 in congregate settings and health care facilities, as per WHO guidelines (5),(6). Although modes of transmission of the two diseases are slightly different, administrative, environmental and personal protection measures apply to both (e.g. basic infection prevention and control, cough etiquette, patient triage). Provision of TB preventive treatment should be maintained as much as possible.

Diagnosis: Accurate diagnostic tests are essential for both TB and COVID-19. Tests for the two conditions are different and both should be made available for individuals with respiratory symptoms, which may be similar for the two diseases. TB laboratory networks have been established in countries with the support of WHO and international partners. These networks as well as specimen transportation mechanisms could also be used for COVID-19 diagnosis and surveillance.

<https://www.who.int/news-room/detail/12-05-2020-updated-who-information-note-ensuring-continuity-of-tb-services-during-the-covid-19-pandemic>

Steps to undertake to ensure continuity of essential TB services



Prevention: Provision of TB preventive treatment should be maintained as much as possible.

Diagnosis: Tests for two conditions are different and both should be made available for individuals with respiratory symptoms, which may be similar for two diseases. Established TB laboratory networks as well as specimen transportation mechanisms could also be used for COVID-19 diagnosis and surveillance.

Treatment and care:

- People-centered outpatient and community-based care should be strongly preferred over hospital treatment for TB patients to reduce opportunities for transmission;
- Provision of anti-tuberculosis treatment must be ensured for all TB patients, including those in COVID-19 quarantine and those with confirmed COVID-19 disease;
- Use of digital health technologies should be intensified to support patients and programmes through improved communication, counselling, care, and information management, among other benefits.

Proactive planning, procurement, supply and risk management: Appropriate planning and monitoring are essential to ensure that procurement and supply of TB medicines and diagnostics are not interrupted.

<https://www.who.int/news-room/detail/12-05-2020-updated-who-information-note-ensuring-continuity-of-tb-services-during-the-covid-19-pandemic>

Quick Guide to Video Supported Treatment of TB



What are the digital health solutions for video-supported treatment

How can video-supported treatment solutions be of use to the TB programme

[Available in English and Russian](#)

Thank you very much for your attention

Contact: eurotb@who.int

Acknowledgements:

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- WHO Country Offices
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WHO Regional Office for Europe

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