

*Healthcare is vital to all of us some of the time, but public health is vital to all of us all of the time.”*

C. Everett Coop, U.S. Surgeon General, 1982-1989

## Providing TB Services During a Public Health Emergency

In March 2020, the Centers for Disease Control and Prevention (CDC) provisionally reported 2019 U.S. TB data, including the lowest number of new TB cases and the lowest TB case rate ever recorded in the U.S.

In the short time since March, public and private health care personnel have battled the spread of COVID-19, a major public health emergency that will likely delay the diagnosis and treatment of many medical conditions – including new cases of TB.

Dr. Edward Zuroweste, TB Consultant to the Pennsylvania (PA) TB Program, is very concerned that “delayed diagnosis of TB will result in increased transmission by untreated infectious TB patients and patients who are sicker when they do seek medical care”. Also, “because public health nurses’ time and energy have been diverted to COVID-19 activities, screening and treatment for latent TB infection (LTBI) will be greatly reduced statewide”.

Dr. Zuroweste offers the following recommendations for continuing to provide vital TB services safely and efficiently during the COVID-19 response:

- **Prioritize patients for TB evaluation** - Patients who are considered at high risk for progression to TB disease should be prioritized for evaluation, especially children. When prioritizing patients be sure to include those with Electronic Disease Notification (EDN) referrals.
- **Promptly conduct a contact investigation** for all cases of infectious TB. Contact investigations are done by public health personnel. Questions about the conduct of a contact investigation should be directed to the local state health center or county or municipal health department.
- **Increase use of video directly observed therapy (VDOT)** – if it can be done while maintaining the safety and confidentiality of the patient and in accordance with the governing state, county or municipal health department’s policy and procedures.
- **Consider alternate means of patient contact** such as telehealth visits or home visits by the TB clinician.
- **Consider options for providing medication** to TB or LTBI patients, such as:
  - Providing the patient with enough medication to self-medicate until the next scheduled in-person DOT or clinic visit;
  - Deliver medication directly to the patient using a “no-contact” delivery procedure or with appropriate personal protective equipment (PPE); or
  - Implement curbside or drive-through medication delivery at the health department or a nearby parking area on specified dates and times or by individual appointment.

The TB program does **not** recommend mailing medications to patients.

Dr. Zuroweste also has some tips for health care personnel to stay healthy during this difficult time. Use PPE as appropriate. Eat healthy. Stay hydrated. Make time for an activity you enjoy – walk or run, listen to music, have a virtual call with family or friends, read, work on your car, garden, play a game. Most importantly, pace yourself – this is a marathon, not a sprint.