An analysis of data reveals that COVID-19 pandemic and the subsequent lockdown has compromised TB services under NTEP to a great extent. As the footfall in the outdoors has come down due to containment measures, house to house search of presumptive TB patients will be a useful intervention for case finding by either referring the patients to the DMCs or collection the sputums during the active search.

As house to house screening is being conducted by ASHAs on for detecting ILI/SARI cases in the community, the same will be utilised for finding presumptive TB patients to detect TB cases.

The forms already being utilised for data collection and referral of presumptive COVID patients are to be combined with TB screening data by adding extra column to the existing forms.

Thus an integrated TB-COVID active case search may be conducted throughout the State utilising the ongoing system and HR provided.

Similarly, presumptive TB cases from fever clinics, quarantine/isolation centres and COVID hospitals (level 1 to 4) has to be tested for diagnosis of TB following the guidelines attached.

Memo No.: HTB/70-2005/239
Dated: 22/05/2020

[Signature]
Director of Health Services
Government of West Bengal

Copy forwarded for kind information and necessary action:
1. The Mission director, NHM, West Bengal
2. The Additional Secretary (PHP), Health & FW Department, West Bengal
3. The Jt. DHS (PH & CD), West Bengal
4. The Director, STDC, West Bengal
5. The DDHS (PH), West Bengal
6. The Chief Municipal Health Officer, Kolkata Municipal Corporation, Kolkata
7. The Chief Medical Officer of Health (All Districts and Health Districts) for circulation to all blocks and municipalities in the district.
8. The Dy Chief Medical Officer of Health - II (All Districts and Health Districts)
9. The CTO, Kolkata District.
10. The DTO (All Districts and Health Districts)
11. All WHO RNTCP Consultants, West Bengal.
12. Office Copy.

[Signature]
Director of Health Services
Government of West Bengal
Integrated TB & COVID screening plan

- **At Community level**
  - As per GoWB guidelines, ASHA and other staff are performing House to House survey for SARI / ILLI. During these surveys if the surveyors come across any Presumptive TB (case definition written below), then they should be provided with 1 sputum cup and counselled to visit the nearest Microscopic center along with early morning sample. A referral slip has to be provided to the patient. Alternatively, if patient is reluctant or cannot go to nearest health center, their samples can be collected and sent to Microscopic centers for testing. So, sputum cups can be handed over to surveyors. The CHO/ANMs should supervise this activity and facilitate in filling up the Annexure 15A.
  - If the presumptive TB person is also a presumptive Covid, then s/he should be sent to a Fever Clinic where guidelines mentioned for Fever Clinic has to be followed.

- **At fever clinic (Flu clinic)**
  - At Fever clinic if any patient presents with symptoms of presumptive TB (according to case definition given below)—then in addition to sample collection for Covid testing, sputum sample must be collected for diagnosis of TB. Sputum sample has to be tested directly by CBNAAT for TB in the district, irrespective of the decision for sending the patient to Quarantine / isolation center.
  - At general OPD existing guidelines for detection of TB will apply for those who are presumptive TB patients.

- **At Level 1 / 2 / 3 / 4 COVID Hospital including quarantine and isolation centers**
  - At Quarantine / isolation centers, if symptoms persist for a **Covid negative** individual, sputum sample should be collected for diagnosis of TB (if not collected earlier when patient presented in fever clinics). Sputum sample has to be tested directly by CBNAAT in the district.
  - Similarly, at Level 1 / 2 / 3 / 4 Covid Hospital, if a **Covid positive** individual is a presumptive TB, sputum sample should be collected for diagnosis of TB (if not collected earlier when patient presented in fever clinics / quarantine / isolation centers). **Sputum sample has to be tested directly by CBNAAT placed within a BSL 2 facility.** The list of CBNAAT sites along with BSL II facilities are mentioned below.

- **At Fever Clinic and Level 1 / 2 / 3 / 4 COVID Hospital including quarantine and isolation centers**
  - Falcon tubes and Annexure 15 A obtained from the District TB cell, should be present. STLS will train individuals to fill up form correctly.
  - Sample for TB should be collected in a segregated open area or area with excellent ventilation. Arrangement has to be made such that the sample reaches CBNAAT site in cold chain within 24 hours of collection.
  - Appropriate PPE should be used during sample collection & transport

- **At PHI / DMC / TU / DR sites**
  - All diagnosed TB patients should be offered COVID testing if patient satisfies criteria for presumptive Covid patient as per ICMR / GoWB guidelines.
  - Treatment of TB must continue even if a patient is diagnosed with Covid. A Covid positive TB patient on ATD, will be admitted to a Covid Hospital (levels as per severity) if required. A
presumptive Covid patient on ATD can be admitted (if required) in a Level 1 or 2 Covid Hospital. All TB patients should be advised to carry their TB identity card and produce it to Flu clinics and hospitals for better management of the diseases.

- **Case definition of presumptive TB to be used in community and any health institutions**
  - Presumptive Pulmonary TB refers to a person with any of the symptoms and signs suggestive of TB, including: cough for 2 weeks or more, fever for 2 weeks or more, significant weight loss, haemoptysis, any abnormality in chest radiograph (if an X-ray is present with the patient during HTH visit or an X-ray is taken when patient has visited any PHI).
  - In addition, if the above symptoms are present even for 1 day for contacts of TB Patients, PLHIV and Diabetes they are also presumptive TB whose samples need to be tested.

- **Case definition of Covid 19 suspect (as per ICMR guidelines 18.05.2020)**
  - All symptomatic (ILI symptoms) individuals
    - Within hotspots/containment zones
    - Among returnees and migrants within 7 days of illness
    - With history of international travel in the last 14 days
    - Who are contacts of laboratory confirmed cases
    - Who are health care workers / frontline workers involved in containment and mitigation of COVID-19
  - All patients of Severe Acute Respiratory Infection (SARI)
  - Asymptomatic direct and high-risk contacts of a confirmed case
  - All hospitalised patients who develop ILI symptoms

NB: ⚠️ ILI case is defined as one with acute respiratory infection with fever ≥ 38°C AND cough. ⚠️ SARI case is defined as one with acute respiratory infection with fever ≥ 38°C AND cough AND requiring hospitalization

- **Community awareness on TB along with Covid**
  - While H-t-H activities are going on, the community should be made aware of the symptoms of TB as mentioned above.
  - A person (ASHA / ANM / AWW / CHO / Any health personnel known to the community) has to be identified whose phone number should be shared with the community, such that any person who have symptom of TB can contact the person and arrangements are made for collection of sputum sample for TB diagnosis. This is more applicable for Containment / Red zones / during Lock downs or if the person is apprehensive to attend the Health institution. In green zones, such presumptive TB cases can be encouraged to attend nearest Health institutions where triaging is being followed.
  - Toll free number 1800-11-6666 has to be shared with any TB patients in the community so that TB patients can reach out when in need. In addition, NTEP staff / PHI staff have already been instructed to make a phone call to each and every TB patient once in 10 days, to know their well-being, counselling and taking care of Adverse drug reactions (ADR) if any. Ancillary medicines for mild ADRs if required, have to be provided from sub-centers.

- **As an abundant precaution, it is again reiterated that—**
a) HCW must wear Personal Protective Equipment (PPE) while handling respiratory specimens. All NTEP Lab technicians are to be provided with N95 masks and PPE adequately. Districts have to ensure this.

b) After specimen is collected, HCW must ensure surface sterilization of the Falcon tubes and sputum containers. Surface sterilization is performed by wiping the exterior of the container with absorbent cotton/ tissue / paper towel soaked in freshly prepared 1% Hypochlorite solution.

c) Used cotton / tissue / paper towels are to be discarded in closed bins containing freshly prepared 1% Hypochlorite solution.

d) Universal safety precautions including hand washing must strictly be followed by patients and HCW while collecting, receiving and testing samples.

e) All biological specimens and materials are to be discarded in freshly prepared 1% Hypochlorite solution and disposed as per BMWS guidelines.

➢ Organisation

a) Short sensitisation either through VC or through sensitization meeting (maintaining social distancing as relevant) should be completed for ASHA / ANM / NTEP staff, staff and Medical Officers at Fever Clinics, Quarantine/isolation centers, Levels 1 to 4 Covid Hospitals, as early as possible so that activity starts immediately. Necessary logistics (containers and forms) should be supplied.

b) DMCs and CBNAAT sites have to be kept open on all days, at least with a collection arrangement on days Lab personnel is not available for examining TB samples.

c) At CBNAAT sites placed in BSL II / III facilities where Covid testing is taking place at present, at least 1 (if required more) cycle of TB testing has to be done. TB testing has to be performed within 24 hours of collection. Other CBNAAT sites in the district will test for samples for TB for U DST and diagnosis as applicable. Districts that do not have BSL II / III lab facilities along with CBNAAT will have to plan for sending samples to such facilities in the neighboring districts where such facilities are available.

Sputum containers / Falcon tubes are to be labelled appropriately and transported as per guidelines in cold chain. The test request (Ann 15A) for TB, accompanying the specimen must be labelled as “specimen from presumptive Covid / COVID-19 positive patient for testing TB” on top for recording purposes, if the person satisfies criteria for presumptive/ COVID-19 positive patient. In the Annexure 15A, Presumptive Covid / Covid patient has to be written in Key population- Others, in addition to the other key population mentioned (if present). In CBNAATLab register, Presumptive Covid / Covid patient has to be written in the column Key Population. Compiled Data will be asked for at the end of each fortnight from every district in a prescribed format.

➢ Recording and reporting—

a) Existing Forms 1 to 5 being used now for H-t-H activity will be used for recording and reporting purposes for the above activity at community level.

b) Referrals from community and all other health institutions (fever clinics etc) will be recorded at and reported from the DMC, CBNAAT sites, TB Units and Districts.