TB services will be impacted at various levels as resources are diverted to COVID-19 and the epidemic ramps up. So, high TB burden countries must do everything they can to protect people in treatment for TB and survivors from COVID-19 exposure. If people with TB and survivors develop COVID-19 symptoms, they must be tested immediately and hospitalized, if indicated.

Although there is not much data yet, lung damage might make people with TB more prone to COVID-19 and its negative outcomes.

TB patients also tend to have comorbidities or living conditions that increase their vulnerability. These include conditions such as malnutrition, HIV, silicosis, diabetes, homelessness, overcrowding, and smoking.
During lock-downs and self-isolation, people with TB will , or might not be able to visit health facilities. It is predicted that and there will be a . Post-COVID-19, people might present with more advanced or severe TB disease.

COVID-19 will divert healthcare workforce and resources away from routine TB services. There may be a reduction in the number of health workers because of illness and self-isolation. Health care workers may be anxious about seeing patients with cough/fever (especially if they lack personal protective equipment). TB wards may be converted into COVID-19 wards.

People with TB may defer healthcare seeking and are anxious about getting exposed to COVID in health facilities. Due to school closures, people with TB with children cannot leave homes. Diagnostic laboratories are already being prioritized for COVID-19 testing instead of TB testing. We could see substantial delays in TB diagnosis, with increased community transmission of TB. GeneXpert machines purchased by TB programs might be used to diagnose COVID-19 (at the cost of TB testing), and production of Xpert MTB/RIF cartridges could be affected.

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We can expect a fall in TB notifications, and will see treatment interruptions and inadequate follow-up. MDR-TB care is likely to suffer the most. Interventions such as TB contact investigation and preventive therapy are likely to be completely deprioritized. TB trials might be delayed, and updates to TB guidelines and policies will likely also be delayed.

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COVID-19 could result in serious disruptions of payments (e.g. cash transfers) and social benefits to persons with TB. This, in turn, could reduce treatment completion rates and drive people into poverty, with additional out of pocket health care costs.

COVID-19 chaos could weaken the quality of TB data that high-burden countries are able to collect and analyze.

This briefing was adapted especially for the Global TB Caucus from the work of Professor Madhukar Pai, MD, PhD, FCAHS, Canada Research Chair in Epidemiology & Global Health, Director, McGill Global Health Programs, Director, McGill International TB Centre.