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காசநேரம் தடுப்பு மற்றும் மார்பு நோய்களுக்கான தேசிய செயற்திட்டம்  
NATIONAL PROGRAMME FOR TUBERCULOSIS CONTROL & CHEST DISEASES



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Ministry of Healthcare and Indigenous Medical Services

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எனது இல  
My No.

} NPTCD/TB-Covid19/2020

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Your No.

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திகதி  
Date

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25.03.2020

All Provincial Directors of Health Service,  
All Regional Directors of Health Service,  
Hospital Directors/ Medical Superintendents,  
Heads of Medical Institutions,  
Director / National Institute of Health Sciences,  
Chief Medical Officer of Health / Colombo Municipal Council,

## GUIDELINES ON DIAGNOSIS AND MANAGEMENT OF TB PATIENTS AT DISTRICT LEVEL DURING CURRENT COVID-19 PANDEMIC SITUATION

It is highly important to ensure that essential services and operation for long-standing health problems like tuberculosis to be continued to protect the lives of people with said disease. In this regard, following activities needs to be focused at district level to ensure an uninterrupted quality service. During arrangement of said activities, ALL DTCOs should liaise with the respective Regional Directors of Health Services (RDHSs) and Consultant Respiratory Physicians (CRPs) to ensure smooth implementation.

### 1. District Chest Clinics (DCCs):

- DCCs should be kept opened to provide minimum essential services for TB patients.
- Since TB patients are at a higher risk of ending up in poor treatment outcomes when infected with Covid-19, it is important to minimize the load of patients with respiratory symptoms at DCCs where TB patients are attending to get the essential TB services. Hence, it is advised to limit the OPD attendance of new patients with respiratory symptoms.
- Treatment for already diagnosed respiratory patients other than TB could be continued and drugs could be prescribed for two months (as per the circular issued by the DDG/NCD/62/2020) without direct examination of the patients if not indicated.
- Considering the TB burden of each district, DTCOs should decide on the service provision, whether to provide on daily basis or on selected days. Accordingly, a roster for the staff should be laid out.

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### 1.1 Diagnostic facilities:

- a. **DCC laboratories:** If a patient visits a DCC for sputum examination (sputum AFB), either for diagnosis or follow up, the relevant facility should be provided without causing undue delays
- b. If any patient needs **GeneXpert testing**, please utilize local GeneXpert facility which is available in the General Health Care Institutions in the district after checking the service availability at the respective institutions.
- c. **TB Cultures** should be sent to either ITLs or NTRLs after confirming the service availability. Before collection of samples, the service provision should be re-confirmed after contacting respective institutions.
- d. **Xray facilities** should be provided for the patients those who are having strong indications for Xrays (eg.in order to facilitate clinical diagnosis and other situations indicated by the Consultant Respiratory Physicians). Xrays for medicals should not be encouraged until the current situation is over.

### 1.2 Treatment facilities in DCCs; Special precautions should be taken to minimize the travel of TB patients who are already on treatment

- a. All DCCs should take following actions to deliver the drugs to the patients for those who didn't attend the DCC to collect the required drugs.
- b. Prioritize the patients who are completing the given quantity of drugs in the current week

#### **For the patients who are bacteriologically confirmed or clinically diagnosed PTB:**

- Please provide maximum two weeks supply of drugs for the patients who are in intensive phase.
- If the patient is scheduled to come for sputum examination at the end of intensive phase but not attended for follow up, this should be an extended two weeks period of intensive phase.
- If the patient is in continuation phase, supply should be arranged for maximum one month or less depending on the stage of continuation phase.
- If any patient is **completing treatment** in the due course and not attended for sputum, radiological and clinical assessment an extended two weeks period of supply is recommended until proper assessment.

#### **For the patients who are diagnosed with EPTB**

- Please provide maximum two weeks supply of drugs for the patients who are in intensive phase
- If the patient has completed two months of intensive phase, one-month supply of drugs for the continuation phase should be carried out
- If clinical monitoring of EPTB patients is necessary as in situations like pleural effusion, lymphadenitis, it is necessary to take clinical opinion of Consultant Respiratory Physicians if the patient present for assessment
- If any patient is completing treatment in the due course and not attended for radiological and clinical assessment an extended period of two weeks supply is recommended until proper assessment.

- c. Make arrangements to deliver the drugs utilizing DCC vehicle. Services of the PHII should be obtained in this regard.
- d. Drugs could be delivered directly to the residence of patients, or to a DOT centre.
- e. Utilization of the MOH team who are already in the field is recommended if only necessary. However, considering the Covid-19 risk and the workload of particular MOH area this should be arranged with minimum disturbance to the routine work with regard to Covid-19 contact tracing of particular MOH offices
- f. Monitor over the phone whether the delivered drugs have reached particular patients if you have delivered to places other than patients' residence.
- g. Continuously monitor the drug intake, side effects etc over the phone
- h. The patients who are identified as loss to follow up should be managed according to the guideline provided by NPTCCD.
- i. The patients who are under bridging therapy should be monitored strictly.
- j. As soon as the current situation is over, get the patients down to ensure microbiological, radiological and clinical assessment in order to stop the drugs if respective period is over or to continue with continuation phase for the patients who are on extended treatment.
- k. Equal priority should be paid to provide TB Preventive Therapy (TPT- INAH prophylaxis) for all those who have already initiated on INAH prophylaxis

## 2. Decentralized institutions:

- The decentralized institutions should function accordingly to provide continuous essential services with regard to diagnosis and management of TB patients.
- Following actions shall be carried out by the decentralized institutions (TH, PGH, DGH, BH, DH and CDs) with the concurrence of respective institutional heads and Regional Directors of Health Services where relevant.

### 2.1 Diagnostic facilities:

- a. **Microscopic centers:** Uninterrupted service provision for inward and Out Patient presumptive TB patients to facilitate TB diagnosis should be carried out in all decentralized institutions with microscopic facilities.
- b. According to human resource availability, provision of these services could be organized either on daily basis or on selected days of the week.
- c. Respective institutions should support the TB diagnosis of presumptive TB patients both inward and outpatient by providing Xray facility to reduce unnecessary travel of patients