

# COVID-19 Impact on US Tuberculosis Programs: National Tuberculosis Controller Association Survey

Donna Wegener<sup>1</sup>, Katelynne Gardner Toren<sup>2</sup>, Evan Timme<sup>3</sup>, Shu-Hua Wang<sup>4</sup>

<sup>1</sup> TB Association, <sup>2</sup>Seattle & King County TB Control Program, <sup>3</sup>Arizona TB Program, <sup>4</sup>The Ohio State University

## Background

- Early in the pandemic, efforts made to capture the effects of COVID-19 on tuberculosis (TB) elimination efforts in the US showed that resources were being diverted from central TB activities.
- The goal of this National Tuberculosis Control Association (NTCA) survey was to assess and detail the impact of COVID-19 on US TB programs, including early evidence of TB-COVID-19 Co-infections, identify strategies for addressing COVID-19 impact on TB programs, and to evaluate potential need for additional resources to TB programs.

## Method

- The survey was developed by the NTCA Survey Committee and launched between January-March 2021.
- The survey was distributed to all NTCA members representing Centers for Disease Control and Prevention Cooperative Agreement programs and other local health departments.
- The survey was also promoted by the National Association of County and City Health Officials via an e-announcement to members.
- One survey was requested per jurisdiction.

## Results

- A total of 46 State/ Territory/ District programs and 96 local programs (county, city, and regional levels) responded.
- Select changes in TB activities are shown in Figure 1:
  - Decreased TB program staffing and clinic hours/appointments
  - Decreased TB reporting, contact investigations and diagnostic work-ups.
  - Increased use of electronic directly observed therapy (eDOT) and telemedicine visits.

**Figure 1. Changes in TB Activities due to COVID-19**

	Reduced	No Change	Increased	n	
Staffing and service changes	TB program staff time devoted to TB activities	120	16	1	137
	TB clinic hours	76	31	4	111
	TB clinic appointments	92	22	2	116
	Proportion of B notifications known to have arrived being evaluated	64	37	0	101
	Proportion of close contacts being evaluated	42	70	3	115
	LTBI treatment initiation	84	43	4	131
Service delivery changes	Treatment via in-person DOT for patients with presumptive or confirmed TB	78	38	4	120
	The use of telemedicine for clinic visits	3	22	65	90
	The use of electronic DOT (eDOT)	6	26	80	112
Diagnosis and reporting change	Reporting of presumptive TB from providers	61	50	2	113
	Collection or receipt of sputum specimens to the public health laboratory for MTB testing	45	56	0	101

## Conclusions

- The survey revealed the need for increased qualified staff and/or time dedicated to TB including the need for flexible and sustained funding.
- The increased use of electronic platforms has led to efforts to sustain and expand these programs and to improve reimbursement for these activities.
- Delayed and missed diagnosis required additional efforts to educate health care providers to “Think TB”.
- It is important to invest in TB programs now so that we can respond to the depletion of resources and staffing and build out a solid infrastructure and knowledge base.

