





# Best Practices followed during the COVID 19 Pandemic

Amidst the following measures taken in Tamil Nadu for COVID 19 Pandemic , that includes geographic quarantine, social distancing measures, enhanced active surveillance, testing all suspected cases, isolation of cases, home quarantine of contacts, advocacy and social mobilization to follow preventive public health measures, Tuberculosis patients were supplied with 2 months course of ATT to tide over the lock down period.

Therefore, with foresight, all efforts were maximized for addressing any potential bottlenecks and maintaining standards. The following measures were taken to ensure receipt of full course of ATT for 2 months.

- 1. Circular was issued on 26/03/2020 on ATT distribution at the doorstep of TB patients.
- 2. In accordance with the directives from the Central TB Division, MoHFW, distribution of drug to all patients was initiated.
- 3. Regular reviews at the state levels to discuss the achievements, challenges and good practices were conducted.
- 4. Protocols for district level telephonic monitoring of NTEP service delivery, with a special focus on drug availability with patients, were developed at the state level. Districts were instructed to contact a specified number of patients and interview them telephonically based on a structured questionnaire.

- 5. Some of the District teams led by the District Tuberculosis Officers did commendable work in proactively facilitating the following actions:
  - a. Several instances of inter-district drug distribution in cases of patients stuck in non-current districts,
  - b. Instances of inter-state co-ordination for drug distribution for patients stuck in non-current states,
  - c. Transport of misdirected drug boxes between states,
  - d. Instances of drug supply for co-morbidities such as HIV and diabetes through expert consultation with physicians,
  - e. Instances of DR-TB patients finding it difficult to access injections were dealt with proper linkages with nearby healthcare facilities.
  - f. State Drug Store Chennai transferred DRTB drug tranches as requested by STO Andaman and Nicobar Islands by Sea.
- 6. Drug distribution efforts were coupled with follow-up sputum collection and IEC activities.
- 7. MD NHM and JD TB monitored district wise drug distribution for TB patient via VC.

<u>UDST and Follow up culture for Tuberculosis during lockdown</u>
Key challenges faced in sample transport for UDST and Follow up
Smear/culture:

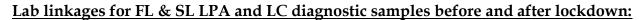
1. Complete non-availability of transport facilities for sample transfer

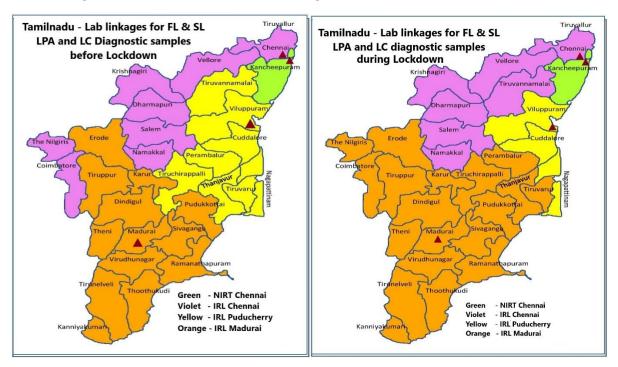
- 2. Non availability of Courier/postal services in all the districts
- 3. Difficulty for patients to reach health facilities to give sample
- 4. Difficulty in reaching Pondicherry IRL due to lockdown situation

Solutions for sample transport for UDST and Follow up Smear/culture: The discussion was facilitated between the districts by JD TB from state and everyone were asked to come up with solution to tackle the challenges faced. The following solution was then arrived at by achieving consensus among districts:

- The district TB officer's vehicles or STS vehicles were being used for sample transfer within districts
- For transfer of sample to IRL certain key districts were identified as places to pool the sample from the neighboring districts. A hired vehicle/ Government vehicle is arranged with a pass to transfer the sample to IRL
- In order to collect sample from patients, every district should have the line list of their patients and those due for Follow up smear/culture will be identified and home collection of sample will be done by the corresponding STS in his vehicle.
- As Pondicherry IRL was difficult to reach samples were redistributed between Madurai and Chennai IRL.
- Extraordinary effort was put up by the districts and state in ensuring uninterrupted TB diagnostic services even during Lockdown.
   Approximately 74 % of pulmonary TB patient samples were sent to respective IRL for FL-LPA testing.

 As discussed with the DTO's during video conference the Lab linkages for FL & SL LPA and Liquid culture samples were rearranged assessing the feasibility of transport.





#### NOTE ON STATE MONITORING OF TB SERVICES IN TAMILNADU

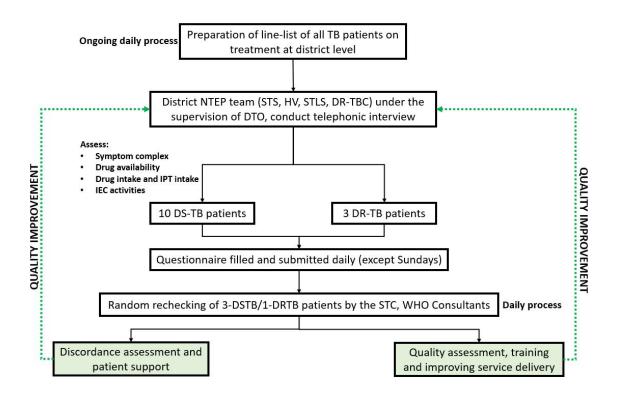
The distribution of districts for monitoring of TB services during the lockdown was made between the Joint Director, WHO-NTEP Consultants and the Medical Officers of the State TB-Cell.

An online training session was conducted for the team on 06-04-2020 and instructions were given for conducting the telephonic interview, as per the protocol circulated.

# The interview questionnaire (ANNEXURE 1) covered the following domains:

- Symptom complex: Relief of initial symptoms/complaints and symptoms/signs related to Adverse Drug Reactions.
- Drug availability: Proxy measure of the continuation of drug distribution and availability of drugs with patients
- Drug intake by patient & IPT provision: correctness of prescription practices was monitored, and continuity of contact tracing activities was monitored.
- IEC activities: Patient's knowledge about cough etiquette and its related practices and the availability of contact number of HV/STS for information/assistance was monitored.

#### Methodology-



#### **OVERVIEW:**

The monitoring activities at the state level started from 08-04-2020 and all the staff were requested to fill the google form created for the monitoring purpose, during their telephonic interview with the patient.

The data collected from 08-04-2020 to 02-05-2020 has been analysed (ANNEXURE 1) by WHO-NTEP consultants and the progress report is presented here:

1. On the whole, 343 DS-TB patients and 115 DR-TB patients were interviewed by the State-level team over the period of 22 days.

From 25-04-2020 to 02-05-2020 (third period), 112 DS-TB and 37 DR-TB patients were interviewed. The data was described for two groups of patients – those contacted from 08-04-2020 to 02-05-2020 and those contacted from 25-04-2020 to 02-05-2020.

- 2. Among the DS-TB patients (both in IP and CP phase):
- a. Around 80.3% of those interviewed in the third period said they are relieved of the initial complaints which they presented to the hospital with. Overall this proportion was 82.5%.
- b. Overall around 74% said they had drugs for a minimum of 3 weeks while around 10.5% had stocks for a week or less. Among those contacted in the third periodperiod, these proportions were 69% and 10.7% respectively. No patients reported drug stockouts.
- c. Overall nearly 93% of the patients were aware of and were able to describe measures to maintain cough hygiene. This proportion was 100% in the current study period.
- d. Over the 22 days, around 80.5% of patients reported that they had the contact number of at least one programme staff for assistance/support. For the third period, this proportion was 76%.
- e. Around 15.5% of all patients reported symptoms suggestive of adverse drug reactions and the same was communicated to respective district NTEP staff and actions taken. For patients interviewed in the current period, this proportion was 16%.

Among the DR-TB patients:

- a. Nearly92% of those interviewed in the third period said they are relieved of the initial complaints which they presented to the hospital with. Overall this proportion was 81.7%.
- b. Overall 76.5% said they had drugs for a minimum of 3 weeks while around 13% had stocks for a week or less. Among those contacted in the second half period, these proportions were 70% and 10.8% respectively. No patients reported drug stockouts.
- c. Over the 22 days, nearly 94% of the patients were aware of and were able to describe measures to maintain cough hygiene. This proportion was around 94.6% in the current study period.
- d. Overall around 91.3% of patients reported that they had the contact number of at least one programme staff for assistance/support. For the third period, this proportion was 83.8%.
- e. 31.3% of all patients reported symptoms suggestive of adverse drug reactions and the same was communicated to respective district NTEP staff and actions taken. For patients interviewed in the current period, this proportion was 35%.

#### Challenges faced:

- Delays in updating the quality check excel sheets at the district level.
   Diversion of staff from NTEP to COVID-19 response was one of the potential problems.
- Movement for work and connectivity with patients: Certain patients working on a daily basis had gone to other districts for work and got

- stuck due to the lockdown. However, the DTOs of corresponding districts were contacted and drugs provided.
- Wrong entry of phone numbers in Nikshay, not able to reach the patients even after repeated phone calls.
- Multiple entries of the same patient to fill the daily list.
- Incomplete/incorrect data entry in Nikshay especially with respect to IPT prophylaxis and co-morbidities.
- Due to existing technical problems in PFMS many patients contacted and complained regarding NPY payments.

#### Limitations:

- This was done at the state level using a random sample among the forms submitted by the district on their telephonic monitoring.
- The completeness of data from districts were poor.
- Some patients were at the end of their treatment so the variable reflecting drug stock in hand of the patient should be interpreted with caution.

#### Strengths:

- Frequent monitoring by the state has given districts a sense of accountability and hence improvement in quality of treatment services was noted.
- This kind of random telephonic checks can be scaled up in future to improve overall quality of care for all TB patients.
- In this unprecedented difficult situation, a phone call by concerned authorities makes the patient more involved with the programme and improves the trust.

• Many districts have shown extraordinary potential and have taken prompt action as soon as an issue was raised by the state.

#### ANNEXURE 2

QUESTIONNAIRE FOR DRUG SENSITIVE TE	B PATIENTS			
EPISODE ID:				
1.How do you feel physically and have the initial symptoms been relieved?				
1.Yes 2.No				
If no, what symptoms persists?				
i. Cough	1.Yes 2.No			
ii. Haemoptysis	1.Yes 2.No			
iii. Fever	1.Yes 2.No			
iv. Loss of weight and/or appetite	1.Yes 2.No			
v. Night sweats	1.Yes 2.No			
vi. Difficulty in breathing	1.Yes 2.No			
vii. Others: Specify				
2. Are you suffering from or have you ever so suggestive of any adverse drug reaction?	uffered from any symptoms or signs 1.Yes 2.No			
If yes,				
i. Jaundice	1.Yes 2.No			
ii. Orange discoloration of urine, saliva, tears	1.Yes 2.No			
iii. Nausea/vomiting/diarrhoea/loss of appetite/o	dyspepsia 1.Yes 2.No			
iv. Mood changes	1.Yes 2.No			
v. Difficulty in vision	1.Yes 2.No			

vi. Tingling and number in han	ds or feet 1.Yes 2.No
vii. Rashes	1.Yes 2.No
viii. Joint pain/myalgia	1.Yes 2.No
ix. Dizziness/breathlessness/pal	pitation 1.Yes 2.No
x.Others: Specify	
3. Are you taking medicines dai	ly? 1.Yes 2.No
4. If yes how many tablets do yo	ou take per day?
4.1 If no, why?	
5. What is mode of treatment su	pport?
1. SELF CONSUMPTION 2.	FAMILY TREATMENT SUPPORTER
3. HEALTH WORKER 4.	COMMUNITY MEMBER
6. For how many days do you ha	eve the drugs with you now?
7. When was the last contact wit	h a healthcare provider personal/telephonically?
a. <1 WEEK BACK	b.1-2 WEEKS
c. 2 WEEKS TO MONTH BACK	1 MONTH BACK d. MORE THAN 1
8. Do you know the contact a visitor?	number of your treatment supervisor and/or health 1.Yes 2.No
9. Are you aware about any mea	sures to maintain cough hygiene? 1.Yes 2.No
10.Is anyone taking IPT in your	home? 1.Yes 2.No
11.If yes, are they taking tablets	regularly? 1.Yes 2.No
12.Have you completed your en	d of IP/CP test (only if applicable) 1.Yes 2.No
13.If no, when is it scheduled no	ext? - Specify date:

ESTIONNAIRE FOR DRUG RESISTANT TB PATIENTS	
EPISODE ID:	

If no, what symptoms persists?	
i. Cough	1.Yes 2.No
ii. Haemoptysis	1.Yes 2.No
iii. Fever	1.Yes 2.No
iv. Loss of weight and/or appetite	1.Yes 2.No
v. Night sweats	1.Yes 2.No
vi. Difficulty in breathing	1.Yes 2.No
vii. Others: Specify	
2. Are you suffering from or have you ever suffere suggestive of any adverse drug reaction?	d from any symptoms or signs 1.Yes 2.No
If yes,	
Specify	
3. Are you taking medicines daily?	1.Yes 2.No
4. Who is your treatment supporter?	1.Yes 2.No
5. For how many days do you have the drugs with you	now? 1.Yes 2.No
6. When was the last contact with a healthcare provide	er personal/telephonically?
<1 WEEK BACK b.1-2 WEEKS	
c. 2 WEEKS TO 1 MONTH BACK BACK	d. MORE THAN 1 MONTH
7. Do you know the contact number of your treat visitor?	tment supervisor and/or health 1.Yes 2.No
8. Are you aware about any measures to maintain cou	gh hygiene? 1.Yes 2.No
9. Do you have injectable in your treatment regimen?	1.Yes 2.No
10.If yes, are you getting the injections regularly?	1.Yes 2.No
11.Have you been given patient-wise boxes with card	hoard grooves? 1 Ves 2 No

12. If the patient is on all-oral longer regimen (first 6 months):	
Do you have the plastic container for Bedaquiline with you?	1.Yes 2.No

#### **Good Practices.**

The telephonic monitoring by the District TB Officers and DTC Staff brought to light many a patient's woes and they were addressed immediately by the district NTEP Staff.



Patients and their family members were given food rations by partnering with charitable organisations.



### Video conference review conducted by DTO's within districts.



# **Uninterrupted TB Services - Initiation of H-Monopoly Treatment**

