



# Coalition to End TB in Los Angeles County



October 13<sup>th</sup>, 2020



# Agenda

- Welcome and Introductions
- Announcements
- Impact of COVID-19 Response on TB Prevention and Control
- QIAGEN presentation
- Break
- Workplan
- World TB Day 2021 Planning
- Reminders
- Adjourn



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# Welcome!

- Please state your name and organization you are representing
- Due to the COVID-19 situation, has your organization had any issues with accessing TB services?
- What is something you are grateful for/something that has helped you during this time?



# Announcements





# Newsletter

- Provides an opportunity for members to showcase their organization's work
- Share information on upcoming coalition activities
- Learn about ways members can get involved with activities led by other coalition members
- Provide updates for members that may not be able to attend coalition meetings
- Deadline to submit survey for the December issue is 11/15

# Next Meeting



# New Resources

## TB and COVID-19

## COVID-19 & Tuberculosis


The coronavirus (or COVID-19) pandemic has made the focus on tuberculosis (or TB) prevention/treatment more necessary and urgent in LA County.

### What is COVID-19?

- COVID-19 is a respiratory illness caused by a virus that can spread from person-to-person.

### What is TB?

- TB is a serious & sometimes deadly illness (caused by bacteria) that usually attacks the lungs, but can also affect other parts of the body.
- There are two types of TB — **latent TB infection & active TB disease.**
  - If you have latent TB infection, you can't spread it to others.
  - If left untreated, it can develop into TB disease, which can be spread to others.



#### Additional COVID-19 Symptoms

- Symptoms may develop 2-14 days after exposure
- Other symptoms:
  - new loss of taste or smell
  - sore throat & congestion/runny nose
  - nausea or vomiting
  - muscle or body aches
  - diarrhea

#### Shared Symptoms

- BOTH COVID-19 & TB may cause:**
  - cough
  - shortness of breath
  - fever
  - chills
- Spread when an infected person sneezes, coughs, etc.**

#### Additional TB Disease Symptoms


- Symptoms may develop after weeks to years if not treated for latent TB infection
- Other symptoms:
  - night sweats and persistent chest pain
  - coughing up blood or phlegm
  - weight loss or fatigue

### Who is at a Higher Risk for TB?

- People who have **lived in/visited another country** other than the US, Canada, Australia, New Zealand, or Western/Northern Europe
- Those who have a **weakened immune system** (ex. HIV, organ transplant, cancer etc.)
- Close contact** to someone who has TB disease
- History of **homelessness/incarceration**

### How to Protect You and Your Family

- If you're at a **high risk**, it's important to know your status & get treated if you have either latent or active TB
  - Getting **sick with COVID-19 while you have TB** can lead to more severe complications
  - Strictly follow your TB treatment** as directed by your healthcare provider
- Practice social distancing & wear face coverings
- Wash hands frequently & disinfect surfaces
- Avoid touching the face with unwashed hands
- Call your healthcare provider** if you have any symptoms noted above



### Where to Get Tested/More Information

- COVID-19 Testing:** Call 211 or Visit <https://lacovid19od.service-now.com/vrs>
  - More info on COVID-19:** <http://www.ph.lacounty.gov/media/Coronavirus/>
- TB Testing:** Visit <http://ph.lacounty.gov/tb/docs/TBClinics2017.pdf>
  - More info on TB:** <http://ph.lacounty.gov/tb/factsheets.htm>

Los Angeles County Department of Public Health  
[www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)

# New Resources

## We Are TB Brochure

**We Are TB**  
a supportive community of tuberculosis (TB) survivors,  
people in treatment, and family members  
committed to the common goal  
of eliminating TB

**Anyone can get tuberculosis.**  
*We Are TB* is here for YOU. Talk to someone who understands.

**We Are TB** volunteers have been where you are right now. We understand. We're here to support you during diagnosis and treatment, through your struggles, triumphs, and fears.

During and beyond treatment, members of *We Are TB* can serve as advocates, raising awareness about TB, and sharing their personal story to educate and reduce the stigma of TB.

"My son Jackson was diagnosed at 6 months old after being seen time and time again by different doctors and ER visits. After 18+ months of treatment, Jack is now a healthy and happy 2 year old."  
— Kristine, Texas

"It's important to understand that the enemy is the disease. Not the person who is the victim of it. TB patients... know that you are strong and resilient."  
— Tenzin, Massachusetts

**Let's talk.**  
Start by visiting us at [WeAreTB.com](http://WeAreTB.com), and a *We Are TB* volunteer will reach out. We're also on Facebook, Instagram, and Twitter!

**we are TB**





# New Resources

## [CTCA Share Your Story](#)

**Share Your Story**

Fields marked with an \* are required

Email \*

First Name \*

Last Name

I would like to remain anonymous? \*

- Yes
- No

Zip Code \*

My Story \*

Share a bit about the diagnosis, treatment, or other impact on your life or the lives of others close to you. If you work in TB care/prevention, tell us what you do and why you do this work. Share a little or a lot. It's up to you. Together we can end TB.



# Trainings

- [2020 NTCA Virtual Conference](#)
  - Registration is still open
  - Periodic trainings through early Dec
- [2020 CTCA Virtual Conference](#)
  - Two 2-hour sessions (11/12 & 11/17)
  - No cost but registration is required



# Cal OSHA – August 13<sup>th</sup>, 2020 Update

TB testing in HCP in CA – relaxed requirements during COVID-19 response

- Title 22 (Licensing and Certification)
  - Program flexibility granted upon application to provide TB testing on hire and then after exposure
  - During COVID-19 all TB testing requirements have been relaxed – **THIS IS TEMPORARY**
- Cal OSHA ATD Standard relaxed requirements – **THIS IS TEMPORARY**
  - On hire – symptom review, review of prior TB testing, offer testing if not “low risk”
  - Annual testing – consider facility prevalence and individual risk. Provide annual education



# Impact of COVID-19 on TB services: Quantitative data

**ACTION**  
GLOBAL HEALTH ADVOCACY PARTNERSHIP

Centre international de TB McGill  
  
McGill International TB Centre  
A PAHO/WHO Collaborating Centre for Tuberculosis Research

**Stop TB Partnership**  
Developing Countries NGO Delegation



**Stop TB Partnership**  
Community Delegation



Global Coalition  
of TB Activists

**global TB caucus** **TB PEOPLE**



## Frontline healthcare workers: USA

Total = 74

The health facility I work at has significantly reduced TB services during the COVID-19 pandemic/lockdown.

4 N/A

31%  54%

The number of people with TB coming to our health facility for TB treatment has decreased significantly during the COVID-19 pandemic/lockdown.

21 N/A

28%  45%

Our capacity to provide care and follow-up to people with TB has decreased significantly during the COVID-19 pandemic/lockdown.

14 N/A

40%  42%

Most of our resources for TB in-patients (e.g. isolation wards, beds) are being repurposed and used for COVID-19 patients.

33 N/A

29%  39%

I or my colleagues keep getting reassigned from usual TB work to respond to COVID-19

15 N/A

39%  47%

The number of people coming to our health facility for TB testing has decreased significantly during the COVID-19 pandemic/lockdown.

4 N/A

19%  71%

Our capacity to provide TB diagnostic services (e.g. smear microscopy, GeneXpert, culture etc.) has decreased significantly during the COVID-19 pandemic/lockdown.

14 N/A

43%  35%

So that people with TB can successfully continue their treatment at home we are adapting our methods of giving TB medicine to patients during the COVID-19 pandemic/lockdown.

27 N/A

11%  57%

Our health facility has seen a significant increase in stock-outs and/or delays in the delivery of TB medicines during the COVID-19 pandemic/lockdown.

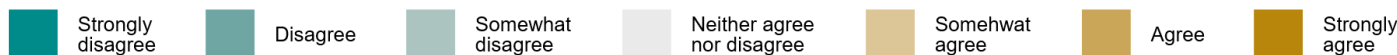
24 N/A

50%  14%

We are significantly lacking personal protective equipment (PPE) (e.g. masks) to safely care for both TB and COVID-19 patients.

4 N/A

49%  36%





## TB Program or Policy Officer: USA

Total = 47

I or my colleagues keep getting reassigned from usual TB work to respond to COVID-19.

0 N/A

13%

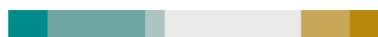


87%

A significant amount of TB funding is being diverted for the COVID-19 response.

9 N/A

42%



21%

Public healthcare facilities are significantly reducing TB services during the COVID-19 pandemic/lockdown.

4 N/A

14%



70%

Most resources for TB patients (e.g. isolation wards, beds, diagnostics) are being repurposed and used for COVID-19 patients.

5 N/A

24%



50%

There has been a significant decrease in TB notifications during the COVID-19 pandemic/lockdown.

0 N/A

17%



68%

We are seeing an increase in stock-outs and/or delays in the delivery of TB medicines during the COVID-19 pandemic/lockdown.

5 N/A

17%



62%

Private healthcare facilities are significantly reducing TB services during the COVID-19 pandemic/lockdown.

7 N/A

5%



65%

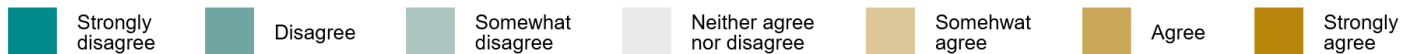
The number of people with TB receiving TB treatment has decreased significantly during the COVID-19 pandemic/lockdown.

2 N/A

42%



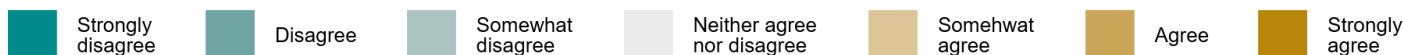
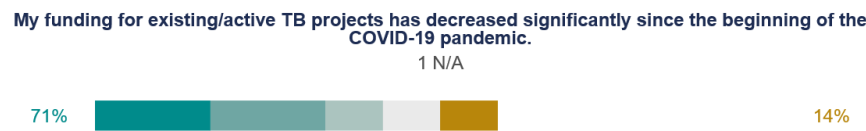
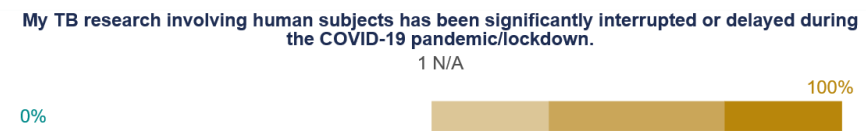
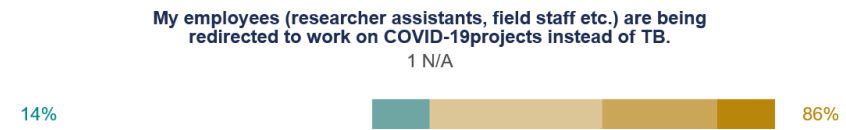
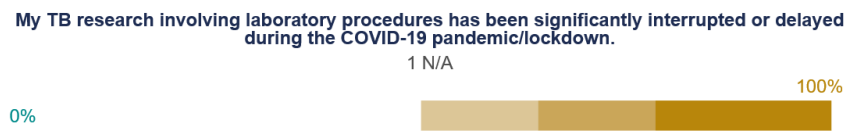
36%





## TB researchers: overall

Total = 8





# 01 USA

## The impact of COVID-19 on the TB epidemic: A community perspective



**74**  
RESPONSES



**47**  
RESPONSES



### HEALTHCARE WORKERS

**54%**  
AGREE

The health facility I work at has significantly reduced TB services during the COVID-19 pandemic/lockdown.

- I have 60 people currently that should be tested for TB, and do not have the time to call or the facility to get the tests done.
- I don't have enough time or staff to do the work.
- I am very concerned about resurgence in TB incidence r/t difficulties in locating and testing contacts



**71%**  
AGREE

The number of people coming to our health facility for TB testing has decreased significantly during the COVID-19 pandemic/lockdown.

- Patients are afraid to come to the hospital or it's affiliated clinic because they are afraid of contracting COVID-19. This leads to conditions not being treated in a timely and appropriate fashion.
- Patients are scared to come to the clinic



### TB PROGRAM OFFICERS



I or my colleagues keep getting reassigned from usual TB work to respond to COVID-19.

**87%**

AGREE

- I haven't worked TB since March 13th and have only had a couple days off during that time, working COVID-19 only.
- Everyone is so focused on COVID-19, that they have forgotten any other disease entity exists.
- Trying to communicate and go through our chain of commands but no one has time to discuss anything but COVID-19.

There has been a significant decrease in TB notifications during the COVID-19 pandemic/lockdown.

- Patients do not want to leave their homes to receive necessary TB care
- Testing of those with COVID-19 symptoms should also include testing for TB
- Fewer people getting tested and treated for LTBI leading to missed opportunities for prevention
- Unable to do home visits due to COVID-19 unless absolutely necessary (i.e., not finishing TB contact investigations).



**68%** AGREE

Honestly, I am spread thin beyond measure. I am the TB Case Manager and at current I am the only available TB nurse to provide direct patient care for multiple health units/counties. I am driving long distances to serve individual patients while also trying to monitor all of our TB patients in our region. Everyone is prioritizing COVID-19 and our TB program has suffered.

TB PROGRAM OFFICER

**70%**  
AGREE

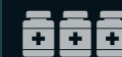
Public healthcare facilities are significantly reducing TB services during the COVID-19 pandemic/lockdown

- Only treating high-risk person who are infected. DOT providers now becoming COVID-19 contact tracers cause it pays more.



**62%**  
AGREE

We are seeing an increase in stock-outs and/or delays in the delivery of TB medicines during the COVID-19 pandemic/lockdown.





# 01 USA **The impact of COVID-19 on the TB epidemic:** A community perspective



## TB programs are fighting two pandemics at once... and are not resourced to successfully fight one.



*"COVID-19 funding should not take away from existing meagerly supported public health infrastructure and staffing, but rather add to the capacity. The co-existence of COVID-19 and TB are likely to persist for years/decades"*



*"We need to prepare for the real impact of COVID-19 on TB which will occur in 2 years time."*



*"We are using video DOT, but some patients do not have compatible devices, or are not able to use such devices easily"*



*"The work load for small county health departments is too great and more money is needed"*



*"I am one nurse providing care for over 6 counties, as well as, helping the nurses still available in other health units to manage their TB patients."*



*"I am unable to keep track of new intake that has to be tested for TB because at this time I have to report all COVID-19 cases and make sure that all COVID-19 testing is completed on all prisoners in my facility."*



*"The main challenge is that it appears that overall there is delayed care-seeking. Many of our newly-diagnosed TB patients are VERY sick by the time they have sought out care."*



*"The additional fear and stigma generated by COVID-19 is contributing to the hesitancy to present to care"*



*"[We Are] Unable to get patients evaluated in a timely manner. LTBI treatment is postponed due to Health Department shut downs. [There is a] Delayed response from public health nurses concerning current cases of TB due to their work with COVID-19."*



*"I do not feel as though with my work & little time to reflect back for anything missed."*



**Support our TB programs and protect our communities from TB, COVID-19, and any future pandemic.**



# QIAGEN Presentation





**BREAK- Return by 10:55**





# Coalition Workplan





# World TB Day 2021





# World TB Day 2021 Activity Planning

- Virtual Conference
- Invite former and current TB patients to share their story
- Any other ideas?

# Reminders

- Complete Newsletter survey by 11/15
- Next Coalition meeting will be in **January**. Meeting invite to follow.

