



MINISTRY OF HEALTH

Division of National Tuberculosis, Leprosy & Lung Disease Program

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Ref: DNTLD/ADM/123

Date: 19th March 2020

County Directors of Health

Dear Sir/Madam,

RE: ADJUSTMENT OF SCHEDULED CLINICAL VISITS FOR TB PATIENTS ON TREATMENT DURING THE COVID-19 PANDEMIC

The Ministry of Health Kenya has confirmed the first cases of COVID-19 in the country since the beginning of the current pandemic. Kenya remains a high burden country for TB, and TB-HIV. COVID-19 presents with cough and fever which are also key symptoms as in TB disease. With the rising level of awareness among the public on the presentation of COVID-19, health facilities may get overwhelmed by increasing numbers of persons presenting with respiratory conditions.

There is limited data on the exact effects of co-infection with COVID-19 in persons with TB. Tuberculosis disease usually occurs due to a lowered immune response, and in itself lowers the immunity. COVID-19 has a higher likelihood of being severe in persons with lowered immunity and in persons with other comorbidities. Therefore, it is also likely that TB patients who get infected with COVID-19 may have a higher likelihood of severe lower respiratory tract infection and/or death.

It is crucial to prevent persons with TB disease from being infected with COVID-19 and also those with COVID-19 from infection with TB. Health facility setups are possible sites for the infections to occur. Therefore, infection prevention and control (IPC) is important to protect health care workers and patients.

In view of the above, the Division of Tuberculosis, Leprosy and Lung Disease program recommends the following:

1. Persons with suspected, probable or confirmed COVID-19 should also be evaluated for TB disease
2. The Program recommends for a reduction in the frequency of the scheduled follow-up visits for stable TB patients whom have completed at least one month of treatment. The recommended changes shall only apply during the duration of the COVID-19 pandemic. Evaluation for stable patients should be done using the patient profiling tool hereby attached. Proper documentation of the evaluation

should be done in the patients' record card (TB5). The recommended schedule visits during the period of the COVID pandemic is as shown below:

	Frequency of visits in intensive phase	Frequency of visits in continuation phase
Stable patients	Every 2 weeks	Monthly
Unstable patients*	Weekly	Every fortnight

*Unstable patients may have scheduled visits as per the current standard of care, or more frequently as the need arises

3. During this period, let us also lobby for setting up of permanent isolation units that can also be used for other infectious diseases including TB after the COVID pandemic. We need this isolation units moving forward.

Your continued support is appreciated.

Yours Sincerely,



Dr. Elizabeth Onyango

HEAD: DIVISION OF NATIONAL TUBERCULOSIS LEPROSY AND LUNG DISEASE

CC: ALL CTLCS
All SCMOHS
All SCTLCs
All Health facility in charges
TB/Chest clinic clinicians

PATIENT PROFILING TOOL

- Patient profiling, adherence strengthening and health education must be done at all clinic visits.
- Presence of one indicator within the unstable category qualifies a patient as unstable.
- At each follow up visit after the first month, profiling should be done and the patient classified as stable or unstable as appropriate.
- If a previously stable patient becomes unstable, they should be closely monitored following the standard monitoring schedule.
- Clinic visits must coincide with clinical and bacteriologic monitoring plans that include sputum microscopy in months 2, 5 and 6

Parameter	Stable Patient	Unstable Patient
Clinical Presentation	Clinically stable patient Improving clinical symptoms during treatment BMI >18.5 in adult In children ≥10yrs and Z score > -2 Smear negative at month 2	Unstable patient in respiratory distress. New/worsening respiratory symptoms during treatment BMI<18.5 In children ≥10yrs Z and score ≤ -2 Positive smear at month 2
Presence of comorbid conditions	No comorbidities present	Presence of comorbidities such as HIV, DM, NCDs, mental illness
Pregnancy status	Not pregnant	Pregnant
Adherence status and treatment outcome evaluation	No risk for poor adherence or poor treatment outcomes 100% compliance to clinic appointments and adherence counselling sessions	Risk for poor adherence Identified risk for poor treatment outcomes Missed appointments or adherence counselling sessions
Drug Resistance pattern	Susceptibility to all anti-TB medicines	Resistance to any anti-TB medicines
Age	Age>10years	Age <10yrs