

-Tuberculosis / Lungs—diseases / Virus

How Covid-19 threatens to undo years of progress in TB control

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THE World Health Organization's (WHO) recently released Global Tuberculosis Report for 2021 paints a dismal picture of the impact that the Covid-19 pandemic has had on the fight against TB across the globe.

Progress against TB has long been inadequate to reach the target of elimination by 2030. But before the pandemic, the world was making steady progress in diagnosing and treating TB, and deaths from TB had steadily decreased every year since 2005.

This year, the report contains very worrying news about the Covid-19 pandemic's wide-ranging and longer-term effects on TB services.

For the first time since 2005, the number of deaths due to TB increased from one year to the next.

Mathematical modelling projections for the 16 worst-affected countries, including South Africa, suggest the knock-on effect will be worse this year and beyond.

The priority, according to the report, is to restore access to and provision of TB services to enable levels of TB case detection and treatment to recover to prepandemic levels. In the longer term, countries must invest in research and innovation to address the priority needs. These are: TB vaccines to reduce the risk of infection and the risk of disease in those infected; rapid diagnostics for use at the point of care; and simpler, shorter treatments for TB disease.

Covid-19 has had a large negative effect on all health services. The effect on TB services has been profound. This is especially the case with regard to TB diagnosis – the essential first step to treating TB and preventing death. The Covid-19 epidemic has had many consequences for TB services. The report notes three:

- ◆ Patients have delayed seeking care due to restrictions on movement.
- ◆ Reduced likelihood of diagnosis because of resource constraints.
- ◆ Reduced treatment initiation because of medicine supply interruptions and stockouts.

The increased number of undiagnosed and untreated TB cases will lead to more TB transmission and a further increase in TB disease and death in years to come, unless action is taken now.

TB preventive treatment is given to people who are at high risk of developing TB disease after being infected with Mycobacterium TB. The WHO recommends that TB preventive therapy be given to people living with HIV, household contacts of individuals diagnosed with TB of the lungs, and certain people with comorbidities such as those receiving dialysis, or diabetics.

TB is a leading cause of death in people with HIV. The absolute number of people diagnosed with TB who knew their HIV status fell by 15% last year. But the global coverage of HIV testing among people diagnosed with TB remained high last year. Treating TB and providing antiretrovirals to HIV-positive people diagnosed with TB is estimated to have averted 66 million deaths between 2000 and last year.

The first South African National Prevalence survey and other emerging research have shown that only about half of people with active TB disease report having one of the classic symptoms of TB disease: cough, fever, weight loss and night sweats.

It is vitally important that attempts to recover from Covid-19 setbacks, such as catch-up campaigns for case-finding and treatment, involve methods to find people with TB who do not have symptoms, as well as those who do.

It is sobering to reflect that, during the 18 months of the Covid-19 pandemic, about 90 500 South Africans have died of TB – more than the 88 754 reported to have died of Covid-19 during the same period.

The Covid-19 pandemic has proved that health systems are capable of making drastic changes when the need arises. It is time to apply the same determination to fighting TB.

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