HHS Public Access

Author manuscript

Nat Med. Author manuscript; available in PMC 2021 June 01.

Published in final edited form as:

Nat Med. 2020 June ; 26(6): 811–812. doi:10.1038/s41591-020-0917-1.

The fight to end tuberculosis must not be forgotten in the COVID-19 outbreak

Tsegahun Manyazewal[1,✉], **Yimtubezinash Woldeamanuel**[1], **Henry M. Blumberg**[2], **Abebaw Fekadu**[1], **Vincent C. Marconi**[2]

[1]Addis Ababa University, College of Health Sciences, Center for Innovative Drug Development and Therapeutic Trials for Africa, Addis Ababa, Ethiopia

[2]Emory University School of Medicine and Rollins School of Public Health, Atlanta, GA, USA

To the Editor — In the midst of the COVID-19 pandemic, the world must remain vigilant to the potential for eruptions of tuberculosis (TB) and its drug-resistant (DR-TB) strains. Many countries with a high TB burden remain reliant on in-person and community-based directly observed therapy for TB treatment. With the current COVID-19 conditions that affect mobility and access to care[1–4], bothw seem impractical.

Global TB is exacerbated by the COVID-19 pandemic. Regular treatment facilities are being closed because of a lack of resources, and TB could be misdiagnosed in settings in which COVID-19 testing is not available. Local governments must identify feasible options to retain patients with TB and DR-TB in care while fighting the COVID-19 pandemic. On 20 March 2020, the World Health Organization released an Information Note on TB and COVID-19 urging national TB programs to maintain continuity of essential services for people affected with TB during the COVID-19 pandemic[5]. It recommends providing adequate stocks of TB medicines for all patients in order to ensure treatment completion without the patients' having to visit treatment centers unnecessarily to collect medications; this essentially forces the global TB program to shift from directly observed therapy to self-administered therapy. Digital-health technologies such as electronic medication monitors and video-supported therapy were also recommended to help patients adhere to their treatment. However, for optimal implementation of this strategy, trials evaluating the effectiveness of remote treatment for TB in low- and middle-income countries are desperately needed. Healthcare workers urgently need to disseminate information on how to address patients with TB and DR-TB in the current COVID-19 outbreak. The most common medications used to treat TB and DR-TB need to be adequately stocked, primarily in countries with a high burden, to sustain clinical services in case of further restrictions due to COVID-19. For countries in sub-Saharan Africa where the healthcare system is fragile in

✉ tsegahunm@gmail.com.

Author contributions

T.M. conceived of the idea presented and developed the first draft; V.C.M., Y.W., H.M.B. and A.F. revised the draft; and all authors approved the final version for publication.

Competing interests

The authors declare no competing interests.

withstanding the COVID-19 outbreak[6–9], responding to these two diseases at the same time needs due diligence.

There have been several efforts contributing to the global TB momentum, including the End-TB Strategy, and tremendous efforts have been made to halt the TB epidemic. Undoing those gains would undoubtedly increase global health-security tension and result in deadly economic, social, political and health consequences. Both COVID-19 and TB have no borders, and both require a major commitment from all key stakeholders.

Acknowledgements

Supported by the Fogarty International Center and National Institute of Allergy and Infectious Diseases of the US National Institutes of Health under Award Number D43TW009127. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

References

1. Arnold C Nat. Med 10.1038/d41591-020-00005-1 (2020).
2. Gibney E Nature 580, 176–177 (2020).
3. Bhadelia N Nature 578, 193 (2020). [PubMed: 32047315]
4. Anderson RM, Heesterbeek H, Klinkenberg D & Hollingsworth TD Lancet 395,931–934 (2020). [PubMed: 32164834]
5. World Health Organization. https://www.who.int/tb/COVID_19considerations_tuberculosis_services.pdf (accessed 23 March 2020).
6. Maxmen A Nature 580, 173–174 (2020). [PubMed: 32242110]
7. Nkengasong JN & Mankoula W Lancet 395, 841–842 (2020). [PubMed: 32113508]
8. Adepoju P Nat. Med 26, 444–448 (2020). [PubMed: 32161414]
9. Makoni M Lancet 395, 483 (2020). [PubMed: 32061284]