

Publications approval reference: 001559

26 March 2020

Dear colleague,

## **COVID-19: Provision of tuberculosis services**

Tuberculosis (TB) is a notifiable infectious disease and active TB disease is 'health critical' to the individual with TB and the wider community. Providers of TB services must maintain their focus on early diagnosis and the management and care of people with active TB disease during this current situation.

Maintaining the provision of TB services will include ensuring TB clinics (new patients/follow-up/treatment adherence/DOTs/contact tracing) are adequately staffed.

TB service issues include:

- Inclusion of maintenance of TB services and TB staff in emergency planning processes by hospitals and community services.
- TB services with only one nurse: The hospital or community service providing the TB service should ensure their local TB service has adequate support to maintain this during this COVID-19 outbreak.
- Guidance and risk management for clinics during the COVID-19 outbreak should be as for all other patient contact situations ([www.england.nhs.uk/coronavirus/secondary-care/infection-control/](http://www.england.nhs.uk/coronavirus/secondary-care/infection-control/)).
- Patients fearful of attending appointments due to current advice about social distancing should be offered alternative support through telephone or mobile telephone communication apps.
- To reduce person-to-person contact a blood test (IGRA) can be used for contact tracing instead of the TST/Mantoux test.
- Physical, personal patient visits/contact should be maintained where the contact tracing process shows:



- children are at risk of exposure to TB
- patients have infectious or pulmonary TB or are vulnerable contacts who are at high risk of progression to active TB disease.
- Telephone or mobile telephone communication apps can be used where appropriate.
- Public Health England (PHE) will maintain the National Mycobacterium Reference Service during the COVID-19 outbreak and with NHS-based laboratories expects laboratories to prioritise the following:
  - identification of TB, drug-resistant TB and drug susceptibility testing, where indicated
  - identification of non-Tuberculous mycobacteria, if clinically indicated
  - data flows to enable TB contact tracing, and in particular MDR-TB.
- The national latent TB testing and treatment programme is paused as of today. Any queries regarding this programme should be emailed to [tbprogramme@nhs.net](mailto:tbprogramme@nhs.net)
- **BCG vaccinations – neonatal BCG schedule change:**

Childhood vaccination programmes are continuing, including the neonatal BCG. Therefore, maternity providers should continue to vaccinate for BCG before discharge of mother and baby. At the moment, there will be no changes to the commissioning of the programme or schedule.

Yours faithfully,

**Matthew Fagg**  
Programme Director,  
NHS England

**Andrew Menzies-Gow**  
National Clinical Director, Respiratory  
Medicine, NHS England