

How TB and COVID-19 compare: an opportunity to integrate both control programmes

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Dear Editor,

With attention focused on the COVID-19 response, there has been an impact on TB diagnosis and care.¹⁻³ The COVID-19 pandemic is threatening efforts to control TB, and as a direct consequence the WHO has estimated that (with a 3-month lockdown plus a 10-month recovery period) 6.3 million additional new TB cases and an additional 1.4 million TB deaths will be registered between 2020 and 2025.¹⁻³ In Ecuador, TB services have also been obstructed and personal communications with hospitals show a more than 90% reduction in the processing of clinical samples for TB diagnosis. Since the lockdown in March 2020, the Eugenio Espejo Hospital (in Quito, the capital city) is processing only 10 clinical samples per month, down from 250 samples per month. Other cities in Ecuador, hospitals in Azogues, Cuenca and El Oro, report a similar reduction of about 90% (personal communication NM, NG, MET, AA). This is not only a problem in Ecuador. In Venezuela, there is a >90% decrease in the number of samples processed for TB diagnosis in the second quarter of 2020 (personal communication, JHdW);