



COVID-19 AND TUBERCULOSIS: THE ENCOUNTER BETWEEN NEW THREATS AND OLD DISEASES

COVID-19 AND TUBERCULOSIS: THE MEETING BETWEEN NEW THREATS AND OLD DISEASES

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Mr. Editor

COVID-19 may be considered a storm which has been destabilizing health systems around the world. Within almost 8 months it has gone from being an atypical pneumonia report with unknown etiology to the 21st century pandemic⁽¹⁾. In Peru, the first confirmed case was on March 6th, and until early July it has claimed the lives of over 10,000 people⁽²⁾.

Tuberculosis (TB), on the other hand, has recently regained first place as the infectious disease with the highest mortality rate worldwide⁽³⁾. In Peru it is not the exception, since it is among the 15 first causes of death, being considered an endemic disease. Certainly, TB has not disappeared; however, the protagonism of COVID-19 has focused the efforts of the system, including the stopping of primary care, which is substantial for the control and prevention of TB in our environment⁽⁴⁾.

Although both diseases have in common an affinity for the lung, and overcrowding favors its spread, thus far information on the interaction between COVID-19 and TB is limited. Some studies have identified that somehow countries with a longstanding and universal Bacillus Calmette-Guérin (BCG) vaccination policy may have some degree of immunity against the emerging pathogen, unlike other countries where this policy is not in place⁽¹⁾. Therefore, more studies are needed to determine if there is any degree of protection with this vaccine.

In 2019, Peru managed to reduce TB treatment abandonment to 3.6%, but the detour of resources and inevitable prioritization towards COVID-19 could jeopardize any progress made.

Between the decrees, the WHO has determined to keep the measures of prevention and treatment for TB, and encourage not neglect with this public health problem, because it can lead to unfavorable results. On March 16th of 2020, The Management of Control and Prevention of TB issued a statement in Peru, which proposed to protect all people with TB from the infection of COVID-19, ensure treatment in all health establishments through the institutional, home and family support network, and strengthen the approach to prisons. However, the main disadvantage has been not predicting the duration of the State of Emergency. In addition, with the recent implementation of home treatment, the health personnel could be more exposed, due to greater mobilization for the administration of doses⁽²⁾.

Recent studies estimate that at the end of this health crisis, the number of people living in poverty will increase by up to five hundred million, and this being the main factor for the development of TB, we could soon have an increase in its incidence if proper measures are not taken⁽⁵⁾.

Currently, we see that the world is fighting against the control and eradication of the new virus, but

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are these activities comparable to the efforts made to quell another epidemic that has been occurring for decades? Therefore, it is imperative to strengthen and develop the resolution capacity of this type of situation, in addition to the greater implementation of programs that allow mitigating the damage that a disease such as Tuberculosis continues to cause

in our country. Also, it is essential to consider an increase in the budget for the TB program, which allows strengthening the resolution capacity through the hiring of personnel, the active search for cases, adequate remuneration and monitoring of compliance with the recommendations already established.

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