

## Disaster Management and TB

On many occasions, when a disaster strikes a primary health care service, it loses control over tuberculosis and the cases can migrate. Under those circumstances, the most important thing is to continue the treatment of those in temporary shelters and establish a monitoring system over those that have shown respiratory problems of the disease for over two weeks. Those who persist with respiratory symptoms should have a diagnostic evaluation done and the treatment should immediately started for diagnosed cases.

Keeping a stock of first line medicines is necessary. A nurse, nurse auxiliary or other health professional should manage this stock in the shelter.

In temporary shelters or camps which remain for a long periods following the emergency, it is necessary to take into account the following risk factors:

- Population displacements are common in disaster situations, and this can create problems in treating and monitoring patients with TB.
- Population migration in the aftermath of disasters makes it common for persons from areas where the prevalence of TB differs, to come into contact with each other.
- Overcrowding is common in shelters and temporary settlements. A patient that is sputum smear positive and that is not managed, becomes source of transmission.

### Do's and Don'ts:

1. Avoid close contact with people who are having respiratory illness.
2. The sick person should stay at home, and avoid going into the community, school/office, public places for at least 24 hours after symptoms have resolved.
3. Sick persons at home should keep distance from others.
4. Respiratory Hygiene/Cough Etiquette:-
  - a) Cover the nose/mouth with a handkerchief/ tissue paper when coughing or sneezing which should be disposed off in dustbins;
  - b) Perform hand hygiene (e.g., frequent hand washing with soap and water, alcohol-based hand rub, or antiseptic hand wash) and thoroughly dried preferably using disposable tissue/ paper/ towel after contact after having contact with respiratory secretions and contaminated objects/materials.
    - a. Triple layer surgical Mask of standard and certified make should be worn by Suspected/ probable/confirmed cases of TB or by the care provider in home care settings and close family contacts of such cases undergoing home care.
    - b. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.
    - c. Avoid smoking.
    - d. Persons who have difficulty breathing or shortness of breath should seek immediate medical attention and report to the nearby hospital.
    - e. If sick persons must go into the community (e.g., to seek medical care), then they should wear a face mask or use a handkerchief or tissues to cover any coughing and sneezing so as to reduce the risk of spreading the infection in the community.

### Post disaster rapid assessment of TB programme:

Rapid assessment and response in disaster situation for TB should be integral part of rapid response team.