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SENTRONG SIGLA
Health ang una!

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ADMINISTRATIVE ORDER
No. 140 s., 2004

SUBJECT : Revised Guidelines for Hospital-Based TB Control Program Under the Hospitals as Centers of Wellness Program

I. RATIONALE

A significant proportion of TB cases seek assistance from the hospitals. The first National Tuberculosis (TB) Prevalence Study conducted in 1981-1983 showed that 23% of TB symptomatic visit the hospitals while the National Prevalence Survey conducted in 1997 stated that only approximately half of the TB symptomatic interviewed took action. Of these, 47.9% self-medicated and only 12.8% availed of the services of the government health centers, which serve as the entry point to the program. Data gathered by the National Center for Health Facilities Development of DOH also in 1997 revealed that TB ranks as the number two cause of death, fifth as the reason for discharges and seventh as cause of consultations among DOH-retained hospitals. Results from these initiatives imply the important role of hospitals in the identification and management of TB cases. Further, increasing case detection and cure rates through hospital referrals would be a good strategy to achieve targets in treating tuberculosis.

In this regard, the Infectious Disease Office (IDO) of the National Center for Disease Prevention and Control (NCDPC) has coordinated with the Hospitals as Centers of Wellness Program (HCWP) and initiated the process of systematizing and strengthening the services to be provided among TB symptomatics and TB patients.

This is being pursued to include the Directly Observed Treatment Short Course Chemotherapy for TB (DOTS) as the main strategy in treating TB cases in all DOH-retained and LGU Hospitals. This strategy has proven to have dramatically improved the cure rate of TB patients to more than 85 per cent in areas where it has been implemented. Therefore, LGU hospitals and DOH-retained hospitals have to adopt the provisions of this revised Administrative Order.

II. DEFINITION OF TERMS

1. **DOH Retained Hospital** – hospital under the direct supervision of DOH.

2. **TB Symptomatic** – a person manifesting cough for two weeks or more or combination of one or more of the following signs and symptoms like fever, progressive weight loss, hemoptysis or recurrent blood streaked sputum, chest and/or back pains not referable to musculo-skeletal disorder and others (tiredness, loss of appetite, night sweats). This person is not yet diagnosed as suffering from TB.

3. **TB Patient** – a person diagnosed as one suffering from TB based on laboratory (sputum examination for AFB, radiological findings suggestive of TB) and/or histologic examination.

4. **Pulmonary Smear Positive Patient** – a person whose sputum microscopy examination exhibits the tubercle bacilli.

5. **Pulmonary Smear Negative Patient** – a person whose sputum microscopy examination exhibits no tubercle bacilli but with radiological findings suggestive of TB.

6. **Extra-Pulmonary Patient** – a person with tuberculous lesions in areas other than the lungs.

7. **New TB Case** – smear (+) and/or chest x-ray (+) who had never been treated for TB or one who had received anti-TB drugs for less than one month.

8. **National Tuberculosis Control Program (NTP) ID Card** – This is a card given to a case as a handy source of information on the patient's diagnosis, treatment regimen, schedule of drug-taking and follow-up sputum smear examinations.

9. **NTP Treatment Card** – This card is a record of TB patient admitted to the treatment program. It is completely filled out with all the necessary information about the TB patient and the treatment he/she is receiving including drug intake and collection as well as the results of sputum follow-up examinations. This is maintained and updated by a staff concerned at the DOTS clinic.

III. COVERAGE AND SCOPE

These guidelines shall apply to all DOH-retained hospitals and LGU hospitals that will implement the hospital-based DOTS under HCWP.

IV. GENERAL GUIDELINES

A. Policy Statement on DOTS

DOTS shall continue to be the main strategy for the NTP since it was adopted in 1993 during the external review of the program. This strategy comprises five components/essential elements and these are the following:

- Quality Microscopy - to confirm whether or not TB bacilli are present in the sputum
- Uninterrupted Drug Supply - the right drugs must always be available at all times
- Reporting Books - as part of a system that document the progress in the treatment of patients
- Observer/Treatment Partner – individual who is either an NTP DOTS clinic member or patient's family member or relative who will watch and monitor patients take in/swallow their drugs
- Political commitment - funding and sound policies need to support a well-managed DOTS Program may come from the government and private sector

B. Management of TB Patients in the Hospital

1. <u>On Prevention</u>

In accordance with the policies and procedures of the EPI, BCG vaccination shall be given to all newborn delivered in the hospital except those who are sick. Sick newborns maybe vaccinated just before discharge. The vaccination shall be administered by the Department of Pediatrics of each hospital.

Recording and reporting of this activity shall be done as prescribed by the EPI.

2. <u>On Case Finding</u>

2.1. All persons, whether seen at OPD or ward, with cough of two weeks or more or associated with any of the following signs and symptoms shall be suspected as having tuberculosis:

a. Fever
b. Hemoptysis or recurrent blood streaked sputum
c. Progressive weight loss
d. Chest and/or back pains not referable to musculo-skeletal disorder
e. Others (tiredness, loss of appetite, night sweat)

2.2. All identified TB symptomatic shall undergo sputum microscopy. Three specimens shall be collected (on the spot, early morning and

another on the spot) and sent to the hospital laboratory for sputum examination.

2.3. TB symptomatic with three sputum negative results and who wish to avail of free x-ray examination shall be referred to the TB Clinic for further assessment before referring them for chest x-ray examination.

2.4. For those walk-in and in-patients (non-TB) with concomitant x-ray findings suggestive of Pulmonary Tuberculosis, a sputum examination is required prior to enrolment in the NTP. Likewise, for patients with extra-pulmonary tuberculosis, official pathologic report, chest x-ray and/or other diagnostic procedures shall be submitted to the hospital DOTS clinic staff concerned as soon as possible.

3. On Case Holding and Treatment

3.1. All diagnosed TB cases shall be referred to the TB clinic for pre-treatment assessment and evaluation. The cases shall be treated based on the following treatment regimens below:

Table 1: Treatment Regimens for TB Patients

Treatment Regimen	Symptoms	Drugs & Duration	
		Initial Phase	Continuation Phase
Regimen I	For new smear positive, smear negative with extensive lesions on x-ray & seriously ill; and extra-pulmonary TB case	2HRZE	4HR
Regimen II	For re-treatment cases (smear positive cases who are: (1) relapses, (2) failure or (3) returned after default (RAD) and others	2HRZES/ 1HRZE	5HRE
Regimen III	For new smear negative cases with radiographic findings showing active minimal lesion	2HRZ	4HR
Note: H = INH; R = Rifampicin; Z = Pyrazinamide; E = Ethambutol; S = Streptomycin			

3.2. TB patients who are confined at the hospital shall also be referred to the TB clinic. Referring physician from various departments should accomplish the referral slip and provide results of the laboratory examination relative to TB for proper assessment of the patient. Daily drug intake of patient shall be supervised. The nurse assigned in the ward shall record this in the treatment card. Treatment card shall be sent to the

treatment unit where the patient shall continue his/her treatment based on the referral slip.

3.3. TB patients who are for discharge, whether from the ward or from the OPD shall be referred to the DOTS Clinic for enrollment in the NTP-TB Case Registry. Discharge summary, referral slip and photocopy of laboratory results shall be given to the NTP Coordinator. They may also be enrolled for treatment, provided the following requirements are satisfied:

a. the patient agrees with the treatment policies and strategies,
b. there is enough anti-TB drugs for the entire duration of the treatment,
c. there is adequate and trained manpower to provide the necessary case holding services including defaulter tracing and
d. the patient must be residing in the barangay where the hospital is located.

If any of the following requirements above are not satisfied, the patient must be referred to the health center nearest his residence to ensure compliance to treatment.

3.4. All referrals shall be registered regardless of whether they are enrolled in the hospital or referred to the health centers and must be classified as such.

3.5. TB patients who will be referred to the DOTS clinic shall be provided with the following: discharge summary, referral slip, and photocopy of laboratory results. This shall be checked and given to the NTP Coordinator upon enrollment by the TB patient.

3.6. A treatment partner from the DOTS Clinic shall be assigned to supervise the daily intake of drugs of each patient at the clinic.

3.7. Enrolled TB cases shall be provided with both the treatment card and an NTP ID card. TB cases referred to health centers, on the other hand, shall be given the same.

3.8. All cases on treatment shall be placed under DOTS until sputum is converted to negative. If this could not be done by the hospital, they should be referred to health centers.

3.9. Patients who fail to come on the scheduled date must be called or traced back as soon as possible by the Nurse or HEPO.

3.10. Discharged TB cases who shall be referred to the health center nearest their residence shall be provided with referral slip, photocopy of laboratory examinations and two-week supply of drugs.

3.11. To monitor response to treatment, patients shall undergo sputum examination on the following schedules:

New smear positive cases	-	end of 2nd and 4th beginning 6th month
Re-treatment/relapse cases	-	end of 3rd, 5th, & beginning of 8th month
X-ray positive cases	-	end of 2nd month

Monitoring of extra-pulmonary TB cases shall be in accordance with agreed protocol within the hospital.

3.12. At the end of the prescribed duration of treatment, patients shall be declared cured/completed based on laboratory results and assessment of the patient by the NTP coordinator/attending physician.

4. <u>On Counseling</u>

Good communication through counseling is very important in the treatment process of every TB patient enrolled in the NTP. An interview which includes patient's drug history, knowledge of the disease, attitudes towards treatment compliance and others should be conducted.

4.1. The HEPO or hospital staff trained/experienced in health counseling shall be assigned in hospital wards and OPD to render counseling services, especially on the importance of treatment compliance.

4.2. A counselor must be sensitive with the patient's physical condition during counseling. If the patient is not capable of spending more time through interview, he or she must be given enough time or continue at the soonest possible time he or she is available. The counselor must explain the importance of counseling and treatment compliance without leaving the patient untreated during the first treatment day.

4.3. A patient shall be made aware that tuberculosis is a life threatening disease and treatment is only effective if all his prescribed drugs are taken for the entire treatment period. Taking only part of the prescribed drugs is risky because the disease may become incurable. This must be emphasized well to the patient for him to internalize the importance of patient compliance to treatment.

4.4. Continuous communication through counseling and reminding of the patient to comply to his drug regimen is also effective when rapport is already established during the initial visit.

4.5. Continuous health counseling shall be given to the patients/family throughout the treatment short course, if possible.

4.6. Rapport with the patient and the treatment partner must be established through the initiative of the NTP counselor.

C. Health Education / Community Involvement

Health education and community development are two related concepts that are considered effective in increasing the level of compliance among patients. Below are the following guidelines that help in the implementation of these two concepts:

1. During first contact/meeting with a patient, which usually happens during registration to NTP TB Register, the patient must be informed about his disease. Make sure he/she feels comfortable enough to ask you things he/she does not understand. Keep in mind that the patient is probably very sick and might still be feeling distressed about having the disease. Ask the patient essential questions throughout the discussion to make sure he understands what is being said. During later discussions with the patient, the following shall be explained further:

    - duration of his treatment
    - the importance of regularly taking his prescribed drugs
    - that TB is a life threatening disease and that he may have already transmitted the infection to the family members
    - that he will continue to transmit TB if he does not take all drugs
    - that TB treatment is only effective if he takes all his drugs for the entire prescribed period. It is dangerous to take only some drugs because the disease may become incurable.

2. When you first meet the patient, explain the following to him about tuberculosis:

    - What is tuberculosis
    - Treatment of tuberculosis
    - Necessity of closely supervised drug intake during the intensive phase
    - How tuberculosis is spread
    - Symptoms of tuberculosis

3. Continuous health education to patients must be done throughout the treatment course. The following information should be communicated:

   - Type and color of prescribed drugs/injection
   - Amount and frequency of drugs/injection
   - Possible side effects of drugs/injection
   - Frequency and importance of sputum follow-up examinations
   - Simple definitions of sputum results
   - What happens if a patient takes his drugs irregularly
   - What happens if a patient does not complete his treatment

4. All hospital-based DOTS personnel should be advocates of NTP.

5. The Infectious Disease Office (TB-IDO) of the National Center for Disease Prevention & Control (NCDPC) and Center for Health Development (CHD) shall provide prototype of IEC materials to the hospitals. Hospitals are also encouraged to develop their own IEC materials.

6. Community involvement shall be highly encouraged through the creation of organizations/clubs which are to be composed of patients, families and health staff. This, however, must be properly guided and supervised by the TB committee; thereby, providing opportunities for people participation.

D. <u>On Monitoring and Evaluation</u>

1. Monitoring report shall be submitted to the Infectious Disease Office, NCDPC by the Regional NTP Coordinators as agreed by hospital concerned.

2. The hospital NTP Coordinator shall participate in the regional NTP consultative workshop to evaluate the program and identify problems and issues and how these should be tackled.

3. Annual Performance Report shall be submitted to the Hospital Chief, copy furnished CHDs, TB Unit - IDO, NCDPC and TSG-HCWP/NCHFD.

E. <u>On Logistics</u>

1. Anti-TB drugs and NTP supplies allocated to DOH-Retained Hospitals

shall be based on their submitted quarterly accomplishment reports and current inventory of NTP commodities. Priority for the NTP drugs shall be Regimen I and II.

2. A lead time of at least two months must be properly observed by the requisitioning hospital in the acquisition of drugs and supplies for medical centers, special and specialty hospitals in Metro Manila and in the regions.

F. Recording and Reporting

1. The TB symptomatic examined shall be recorded at the TB laboratory register which shall be maintained by the designated TB microscopist who is trained and available health worker to administer sputum microscopy.

2. All TB patients enrolled in the program shall have a treatment card, identification card and they shall be recorded in the NTP TB register.

3. Reports such as the Quarterly Retrospective Cohort Analysis and Quarterly Report on Case Finding should be analyzed and submitted to CHDs copy furnished the IDO, NCDPC and the National Center for Hospital Facility Development (NCHFD).

4. It is the responsibility of the NTP Coordinator to maintain the NTP records, drug inventory reports and referral slips.

G. Referral System

1. Patients who are to be referred to their respective RHU or other health institutions for continuation of treatment shall be provided with the following:

    a. Two referral slips properly filled-up, one to be retained at the TB/clinic and the other one at the referred health facility, the lower portion of which shall be filled up by the referred center and sent back to the referring unit.
    b. Photocopy of properly and completely filled-up clinical treatment card of patient to be endorsed to the referred center.
    c. NTP identification card (to remain with the patient).

2. TB patients referred by RHUs or other health facilities shall be assessed by the Physician NTP coordinator and provided appropriate services.

H. Research and Training

1. Researches on TB shall be encouraged either for the improvement of treatment of TB cases or identifying future program direction.

2. All hospital staff involved in any aspect of this program must be trained on the technical and administrative aspect of NTP.

V. IMPLEMENTING MECHANISMS

A. Organizational Set-up

1. A **Committee on Hospital-Based TB Control Program** shall be organized upon the recommendation of the respective Head of Offices/Departments and which shall be headed by the designated Physician NTP Coordinator. A qualified *Physician NTP Coordinator* shall be any licensed physician holding a permanent position status and preferably in the field of Internal Medicine or Family Medicine. This committee shall be under the direct supervision of the Chairman of the Preventive, Promotive, Program Committee in the DOH Hospitals and by the Chief of Hospital in the LGU Hospitals.

1.1. Composition

In the DOH Hospital, the following members shall include the following:

a. Physician NTP Coordinator
b. Nurse Coordinator
c. Medical Technologist
d. HEPO/Social Worker

In the Provincial and District Hospitals, the minimum composition shall be the following:

a. Physician NTP Coordinator
b. Nurse Coordinator
c. Medical Technologist

1.2. Functions

a. To oversee the implementation of the Hospital-Based TB Control Program and ensure the integration of DOTS in all the plans,

programs, and budget for the Hospital as the Center for Wellness Program.

b. To develop mechanism to ensure patient's compliance to treatment.
c. To establish a functional two-way referral system between hospital and the field health units/private sector.
d. To develop a scheme of ensuring a regular and adequate NTP drugs, reagents and supplies.
e. To collaborate and coordinate with other government offices, NGOs and LGUs for an effective and sustainable program implementation.
f. To ensure continuous staff development on TB Control Program.
g. To create a functional TB audit within the hospital.
h. To submit accomplishment report including targets and budget utilization reports.

2. A **DOTS Clinic** shall be part of the Outpatient Department (OPD) activities. It shall be manned by at least one physician, one nurse and one health educator.

B. Roles and Responsibilities

The roles and responsibilities of the following members of the hospital-based NTP are as follows:

1. Hospital-Based NTP Coordinator

a. To prepare a quarterly inventory report in stocks/balances of NTP commodities and submitted to Center for Health Development – NCR for the Medical Centers, Special and Specialty Hospitals in Metro Manila and to respective CHDs in other regions.
b. To assess TB patients referred by RHUs or other health facilities and provision of appropriate services. At the end of the prescribed duration of treatment (6 months), patients shall be declared cured/ completed based on the laboratory results of assessment of patient.
c. To coordinate all NTP activities in the hospital with the assistance of the CHD and Provincial NTP Coordinators.
d. To supervise hospital NTP health workers to ensure the proper implementation of the NTP policies such as identification and examination of TB symptomatics with sputum smear examination, implementation of the DOT for cases, ensure the TB drugs and supplies, referral of patients to RHU/MHC for continuation of the treatment (NTP Referral/Transfer Form should be properly filled in by doctor or nurse).

e. To provide continuous health education to all patients placed under DOT and encourage family members of patient to participate in TB control activities.

f. To secure discharge summary, referral slip and photocopy of laboratory results upon the enrollment to NTP and discharge of TB patient.

g. To handle the storage and warehousing of NTP drugs and supplies allocated to DOH hospitals. The NTP Coordinator shall notify the supply officer and c hief pharmacist upon receipt of these drugs for proper recording and reporting.

2. IDO-NCDPC

This office is task to do the overall monitoring, supervision and evaluation of all NTP activities and also responsible for the supplies of drugs under the sub-allotments.

3. Center for Health Development (CHD)

All CHDs shall be responsible for providing drugs and supplies to the DOH hospitals. The CHD-NCR shall be responsible for medical centers and special and specialty hospitals in Metro Manila.

4. Referring physician (from various departments)

This person shall accomplish the referral slip and provide results of the laboratory examination relative to TB for proper assessment of the patient other DOTS providers as partners.

5. Nurse Coordinator

Daily supervision of patient and his drug intake must be recorded in the treatment card. In other words, he or she may be a treatment partner, if possible. He or she is also responsible in the recording and reporting of patients in the TB register and proper updating of their treatment cards.

6. TB Microscopist

The person designated shall maintain the TB symptomatic examined and recorded in the TB laboratory register. This person must be trained on sputum microscopy who can be any health worker available for training.

7. Medical Technologist

This person is in-charge of the sputum examination of the patient and recording to register the results at the microscopy record book. This person must be a registered medical technologist trained on sputum microscopy.

8. Nurse or HEPO

Either of these persons is responsible for tracing back or calling back

patients who failed to come on the scheduled date of treatment as soon as possible. The nurse or the HEPO of the hospital must be the one doing the health education and counseling of patients.

C. Funding

Funds to operate the DOTS Clinic shall be borne by each hospital under the Preventive, Promotive Program of the Hospital or under the Hospital as Center for Wellness Program.

VI. REPEALING CLAUSE

All Orders inconsistent with the provisions of this Administrative Order are hereby rescinded / repealed.

VII. EFFECTIVITY

This Order shall take effect immediately.

MANUEL M. DAYRIT, MD, MSc.
Secretary of Health