



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

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SAN LAZARO COMPOUND
RIZAL AVENUE, STA. CRUZ
MANILA, PHILIPPINES
TEL. NO. 711-60-80

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Subject: Guidelines on the implementation of the Directly Observed Treatment of Short Course Chemotherapy (D.O.T.S.) or "Tutok Gamutan" of TB patients

The Department of Health is strongly recommending the use of Directly Observed Treatment of Short Course Chemotherapy (D.O.T.S.) or locally called "Tutok Gamutan" as a strategy to improve treatment compliance of TB patients. This is an internationally accepted strategy to ensure that patients will be cured; hence, this will lead to the control of tuberculosis.

1. Rationale for introducing this strategy

Effective anti-TB drugs are available in the country to cure TB patients. However, there are many cases who are not cured due to irregular intake of drugs; others stopped treatment. The long duration of treatment - six months on the average- makes it most likely for patient to default from treatment. There are many factors contributing to poor compliance to treatment. It could be in the side of the patient, health worker or health facility.

Poor treatment compliance leads to three probable outcomes which are; (1) TB patient becomes chronically ill, hence, he/she continues to spread the TB bacilli and the pool of infectious cases increases, (2) he/she may die and (3) he/she may become resistant to one or more anti-TB drugs which makes treatment difficult. Second line anti-TB drugs for drug resistant cases are very expensive (ten times the cost of first line drugs) and most are not available in the country. The best way is to prevent the occurrence of drug resistance is through regular intake of drugs for the prescribed duration.

D.O.T.S. has been proven effective in improving treatment compliance among TB patients in other countries such as China, Vietnam, Peru, Tanzania and U.S.A.

2. Definition of directly observed treatment of SCC (D.O.T.S.) or “Tutok Gamutan?”

D.O.T.S. or “Tutok gamutan” is a mechanism of providing support to a TB patients so that he/she will be motivated to regularly take his/her drugs and complete treatment. This is done by having a responsible person/s or whom we call a *treatment partner* who will watch the TB patient take his medicines everyday.

3. TB patients who will undergo supervised treatment?

All TB patients, especially the smear positive cases, shall undergo supervised treatment. Priority are the smear positive cases because they are more infectious and they spread the bacilli through coughing or sneezing.

4. Persons who could serve as treatment partner of a TB patient during “Tutok-gamutan”?

Any of the following could provide the necessary supervision of treatment of a TB patient: (1) staff of the health center or clinic such as midwife or nurse, (2) member of the community such as barangay health worker (BHW), local government official or former TB patient and (3) member of the patient's family. It maybe one or a team of two persons, alternating or simultaneously, watching the TB patient take his/her medicines.

5. Place of “Tutok-gamutan”

5.1 Watching a TB patient take his drugs should preferably be done in a health facility (barangay health station, rural health units, out patient department of hospital or clinic). Health worker are knowledgeable in managing side effects and they are highly respected by the patients.

5.2 If a patient is far from the health center, it could also be done at the house of the volunteer like the Barangay Health Workers.

5.3 For those who are weak or bedridden, the patient could be supervised in his house by a family member.

6. Duration of supervised treatment

Daily intake of drugs of TB patients should be supervised during the intensive phase of treatment (two months or three months depending on treatment regimen). This period is critical for the success of treatment.

7. Procedural guidelines in doing "Tutok-gamutan"?

7.1 Once a TB patient has been diagnosed, he/she should be advised to go to the health center with a family member for the initiation of treatment. The physician or whoever is in charge of treatment initiation should explain to him/her and family member his/her disease and how he/she will be managed. Physician shall inform the patient where he/she will take his/her medicines and who will be his/her treatment partner.

7.2 Treatment card should be opened and patient should be given his/her ID card. A written agreement that TB patient will complete treatment will be signed by the patient.

7.3 Initial dose of the drugs should be taken in the health center where his treatment is initiated. He/she is then referred to whoever will supervise his/her treatment.

7.4 Patient's treatment partner (nurse, midwife or BHW) will keep his/her drug supply and give it to the patient daily. Every morning, the patient shall report to the health center or house of the BHW/volunteer and take his/her medicines in front of the treatment partner. After intake of the drugs, the treatment partner shall sign the treatment card or ID card.

7.5 On Saturdays, Sundays and holidays, when the health center or clinic is closed, treatment could be done at home but supervised by a family member.

7.6 During the continuation phase, patient could take his/her drugs at home supervised by a family member. Drugs shall be distributed weekly by the health worker to the patient. However, BHW should spot check on the TB patient once a week.

7.7 Treatment partner should regularly motivate the TB patient by emphasizing the key messages such as (1) TB could be cured but he/he has to take his/her treatment regularly for the prescribed duration, (b) report any adverse reaction and (3) undergo sputum examination on specified dates.

7.8 Should the patient fail to report on the day he/she is expected, efforts shall be done to retrieve him/her immediately.

7.9 To monitor the response to treatment, sputum examination shall be done on the specified date.

7.10 At the end of treatment, the patient shall be given a certification that he/she is cured or treatment completed.

8. Assessment at end of treatment

All TB patients, whether, smear (+) or x-ray (+)/smear (-) should undergo sputum examination on his/her last month of treatment. For smear (+), if his/her last two sputum examinations are negative, then he/she is considered cured. For x-ray (+) cases, if his/her sputum examination is negative and the radiographic findings show that the lesion has cleared, decreased or stabilized, then treatment could be stopped.

9. Evaluation of this strategy

For smear positive cases, success could be measured by the percent of cases who have completed treatment and results of last two sputum examinations are negative. This is what we call **cure rate**. If this rate is 85% or more, then the strategy is successful. **Completion rate** (percent who completed out of those initiated treatment) for smear negative cases should also be at least 85%.

TB has been with us for decades. Through this strategy and the commitment of our health workers, volunteers and TB patients, we could hasten the attainment of our vision which is a country where TB is no longer a public health problem.


CARMENCITA NORIEGA-REODICA, MD, MPH, CESO II
Secretary of Health