Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

August 1, 2015

DEPARTMENT MEMORANDUM
No. 2015 - 0271

FOR : **ALL DOH REGIONAL OFFICES (RO) DIRECTORS AND SECRETARY OF HEALTH OF AUTONOMOUS REGION FOR MUSLIM MINDANAO (ARMM)**

SUBJECT : **Full Implementation of Xpert MTB/RIF under the Revised NTP MOP for Case Finding of All Types of TB**

In line with the current efforts to scale-up Xpert MTB/RIF implementation nationwide and as indicated in the revised NTP Manual of Procedures (MOP), 5th edition, the National TB Control Program (NTP) shall be implementing the full utilization of Xpert MTB/RIF (GX) to the following indications:

1. Presumptive Drug-resistant TB (DR-TB)
    a. All types of Retreatment cases
        i. Pulmonary or extra-pulmonary
        ii. Adult or children
        iii. Relapse, Treatment After Failure, Treatment After Lost to Follow-up, Previous Treatment Outcome Unknown, Other
    b. New cases who are contacts of confirmed DR-TB
    c. New cases who are non-converter of Category 1
    d. New cases who are PLHIV with at least one sign/symptom of TB
2. Presumptive Drug-susceptible TB (DS-TB) satisfying at least one of the following:
    a. New cases who are DSSM negative but with chest X-ray findings suggestive of TB
    b. New cases who are Children with presumptive TB
    c. New cases who are Presumptive extra-pulmonary TB

In view thereof, all DOTS and PMDT facilities can now refer **ALL presumptive DS-TB and DR-TB following above indications** to their nearest Xpert site.

Further to above, the following facilities shall perform the following:

A. For Xpert sites:

1. Operate on daily basis to maximize utilization.
2. Avoid rejecting specimens unless it would compromise the quality of results and/or machine function.

3. Accept and process specimens other than sputum such as but not limited to gastric aspirate, cerebrospinal fluid and fluid biopsy. However, blood, urine and stool are still NOT acceptable for Xpert testing.
4. Limit recollection only to those whose initial Xpert results are either (a) MTB Detected-Indeterminate results or (b) Invalid/Error results and (c) Presumptive DS-TB with initial Rifampicin Resistance Detected result. For cases with already two Indeterminate results or Invalid/Error results, refer back to DOTS/ PMDT facility for clinical assessment.
5. Accomplish Form 3. Laboratory Register (Microscopy and Xpert MTB/RIF) and Report 1a. Quarterly Report on Xpert Laboratory Examination as per new instructions to be given by NTRL.
6. Accomplish and submit Report 4. Quarterly Report on Supply Inventory through proper channels. Initial allocation of cartridges will be based on an eight-per-day workload for the first quarter of implementation. Succeeding allocation thereafter will be based on actual workload/accomplishments during the previous quarter.
7. Encode Xpert results in the Integrated TB Information System (ITIS) once trained on the system.

B. For DOTS facilities and Satellite/Treatment Centers:

1. For Satellite/Treatment Centers, utilize ITIS in creation of LRF.
2. Indicate in the revised Form 2a. NTP Laboratory Request Form (LRF) (refer to attached) whether referred patient is Presumptive DS-TB or Presumptive DR-TB. In case the new form is not yet available, add reason for Xpert testing, as highlighted and instructed in said attachment.
3. Ensure complete patient information in the LRF prior to submission to Xpert site. Incomplete forms can cause delay in processing.
4. Refer Presumptive DS-TB/DR-TB directly to Xpert site. However, presumptive DR-TB are still encouraged to be screened by DOTS facility with PMDT services (ie. Satellite/ Treatment Center) prior to Xpert testing.
5. For patients without access to an Xpert site, collect the specimen at the referring unit and send to the Xpert site (following existing zoning protocol in the area) with duly accomplished LRF.
6. Recollection will only be done to those with initial Xpert results are either (a) MTB Detected-Indeterminate results or (b) Invalid/Error results and (c) Presumptive DS-TB with initial Rifampicin Resistance Detected result. Presumptive DS-TB belong to the group with low MDRTB risk. (Refer to a separate Department Memorandum on Revised Diagnostic Algorithm for DR-TB for detailed case finding algorithm.)

C. For DOH Regional Offices and Provincial/ City Health Offices:

1. Specify zoning arrangements in each province/city and disseminate accordingly to all stakeholders, at all levels, including NTRL, IDPCD-NTP and other partners.
2. Advise all stakeholders, at all levels, including NTRL, IDPCD-NTP and other partners should routing of specimen workload be necessary, as in the case of limited absorptive capacity of the Xpert site.

This memorandum hereby directs all RO-NTP Coordinators to advise all Xpert sites, DOTS facilities and Satellite/Treatment Centers, public or private, and respective PHOs/CHOs to implement these guidelines immediately. This memorandum supersedes all previously issued related memorandum limiting Xpert utilization.

For your compliance.

By Authority of the Secretary of Health:

VICENTE Y. BELIZARIO JR., MD, MTM&H
Undersecretary of Health
Office for Technical Services

Revised Form 2a.

Form 2a. NTP Laboratory Request and Result Form

Name of Collection Unit: _____ Date of Request: _____

Name of Requesting Physician: _____

Name of Patient: _____

Age (years): _____ *Date of Birth:* _____ Sex: [ ] Male [ ] Female

Address: _____ Contact No.: _____

Reason for Examination:
- [ ] Diagnostic — Presumptive DS-TB [ ] / Presumptive DR-TB [ ]
- [ ] Baseline
- [ ] Follow-up — Month of treatment: _____ / TB Case No: _____

Registration Group:
- [ ] New
- [ ] Retreatment
  - [ ] Relapse [ ] TAF
  - [ ] TALF [ ] PTOU
- [ ] Other

Specimen Type: [ ] Sputum [ ] Other (Specify) _____

Repeat Collection? [ ] No [ ] Yes Reason: _____

HIV Infection: [ ] Yes [ ] No [ ] Unknown

Date Sample Collected: (1) (2)

Test Requested: [ ] DSSM [ ] Xpert MTB/RIF [ ] Culture [ ] DST [ ] LPA

If for Xpert, DSSM Result: _____ *If for DST, Xpert Result:* _____

Name of Sample Collector: _____ Contact Number: _____

MICROSCOPY RESULTS

Date Received: _____ Date Examined: _____

Laboratory number	Date Sample Collected	Visual Appearance	Reading	Laboratory Diagnosis

Examined by: _____ Date Released: _____

Xpert MTB/RIF RESULTS

Date Received: _____ Date Examined: _____

Laboratory number	Date Sample Collected	Visual Appearance	Result

Examined by: _____ Date Released: _____

TB CULTURE RESULTS

Method: _____ TB Culture Laboratory: _____

Laboratory number	Date Sample Collected	Date Sample Received	TB Culture Result	Remarks

Examined by: _____ Reviewed by: _____ Date Released: _____

DST RESULTS

TB Culture Laboratory: _____ Date Collected: _____

DST Laboratory: _____ Method: _____ Date Received: _____

Laboratory Number	First Line Drug mcg/mL				Second Line Drugs mcg/mL		
	Drugs	Solid	Liquid	Results	Drugs		Results
	Isoniazid (H)	0.2	0.10		Levofloxacin (Lfx)	1.0	
	Rifampicin (R)	40	1.0		Kanamycin (Km)	30	
	Ethambutol (E)	2.0	5.0		Amikacin (Amk)	40	
	Streptomycin (S)	4.0	1.0		Capreomycin (Cm)	40	
	Pyrazinamide (Z)	100					

Examined by: _____ Remarks: _____

Reviewed by: _____ Date Released: _____

Old Form 2a.

Form 2a. NTP Laboratory Request Form

To be filled out by Health Worker

Name of Collection Unit: _____ **Date of Request:** _____

Name of Requesting Physician: _____

Name of Patient: _____ **Age:** _____ **Sex:** [ ] M [ ] F

Address: _____ **Contact #:** _____

Registration Group: [ ] New [ ] Retreatment [ ] Other
O Relapse O Treatment After Failure O TALF O PTOU

Anatomical Site: [ ] Pulmonary [ ] Extra-pulmonary **Site:** _____

Reason for Examination: [ ] Diagnosis [ ] Follow-up **TB Case No.** _____
Presumptive DR-TB/ Presumptive DS-TB [ ] Baseline (for PMDT) **Month of Follow-up (for PMDT):** _____

Repeat collection? [ ] No [ ] Yes **Reason:** _____

Type of Specimen: [ ] Sputum [ ] Other **Specify:** _____

Test Requested: [ ] DSSM [ ] Culture [ ] LPA
[ ] Xpert MTB/RIF [ ] DST if for DST, GX result: _____

If old Form 2a will be used, please indicate in handwriting if patient is presumptive DR or DS-TB.

Specimen	Date of Collection
1	
2	

Name of Specimen Collector: _____ **Designation:** _____
Signature over Printed Name

Portion below to be filled-out by Medical Technologist/ Microscopist/ GX Technician

Laboratory Serial Number: _____ **Date Received:** _____

	Smear Microscopy		Xpert MTB/ RIF
Specimen	1	2*	
Visual Appearance**			
Reading			
Lab. Diagnosis			

*Specimen # 2 not applicable if follow-up **Muco-purulent, blood-stained, salivary, etc.

Date of examination: _____ **Examined by:** _____
Signature over Printed Name

The completed form (with results) should be sent to the treatment unit, for recording.
A separate Result Form for Culture, DST and LPA will be issued.