



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

April 30, 2018

**DEPARTMENT MEMORANDUM**

No. 2018-0200

**FOR : SECRETARY OF HEALTH OF AUTONOMOUS REGION IN MUSLIM MINDANAO (ARMM), DIRECTORS OF REGIONAL OFFICES, CHIEFS OF MEDICAL CENTERS, HOSPITALS AND SANITARIA WITH DOTS SERVICES**

**SUBJECT: Use of Category II Treatment Regimen for Re-treatment TB Cases among Adults and Modified Category I Treatment Regimen for New TB Cases among People Deprived of Liberty**

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To mitigate the situation of having expired Category II anti-TB drugs due to issues in the logistics management/ distribution delay, the following are the actions being undertaken:

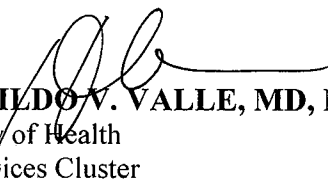
1. Reiteration on the use of Category II Treatment Regimen for re-treatment of adult TB cases.
2. Use of 2HRZE/4HRE treatment regimen for new TB cases among people deprived of liberty.

Please see Annex A for the explanation on the use of the said treatment regimens.

On this regard, Category II anti-TB kits will be delivered to the provinces and cities nationwide. As such the regional National TB Control Program Team are instructed to immediately disseminate this information to all health staff at the health center level and to monitor its implementation.

For compliance.

By Authority of the Secretary of Health:

  
**HERMINIGILDO V. VALLE, MD, MPA**  
Undersecretary of Health  
Technical Services Cluster

## Annex A.

### **1. Use of Category II treatment regimen for re-treatment TB cases among adults (15 years old and above)**

According to the World Health Organization (WHO) “*Guidelines for Treatment of Drug-Susceptible TB and Patient Care*” 2017 Update, in patients who require TB re-treatment, the Category II regimen should no longer be prescribed **and** drug susceptibility testing (DST) should be conducted to inform the choice of treatment regimen. Patients eligible for re-treatment should be referred for a rapid molecular test or DST to determine at least rifampicin resistance, and preferably also isoniazid resistance status. However, performing DST to at least rifampicin for all TB patients is not feasible at the moment due to limited access to rapid TB diagnostic laboratories. There is also limited capacity to perform rapid DST to isoniazid.

Further, based on the opinion of some TB experts, the use of the 6-month Category I regimen (2HRZE/4HR) in TB re-treatment, after rifampicin resistance is excluded, may increase the risk of acquired resistance to rifampicin than using Category II regimen in settings where isoniazid monoresistance is substantial and obtaining results of DST to isoniazid in a timely manner is not feasible. (Please see attached document). The International Union Against Tuberculosis and Lung Disease is currently conducting a review of this recommendation. Based on the 2012 Drug Resistance Survey (DRS), monoresistance to isoniazid among re-treatment TB patients is 13.08% (95% CI 8.67 - 19.26), and is considered substantial. Hence, the NTP is reiterating the use of Category II treatment regimen for re-treatment TB cases among adults. The NTP will provide update on the use of Category II TB kits by the end of this year.

### **2. Use of 2HRZE/4HRE treatment regimen for new TB cases among People Deprived of Liberty**

According to the WHO “*Guidelines for Treatment of Drug-Susceptible TB and Patient Care*” 2017 Update, in populations with known or suspected high levels of isoniazid resistance, new TB patients may receive HRE as therapy in the continuation phase as an acceptable alternative to HR.

Based on the 2012 DRS, monoresistance to isoniazid among new TB patients is 10.04% (95% CI 8.84 - 11.39) which is considered high or substantial. Hence, the use of HRE during the continuation phase of treatment is acceptable. For this reason, and to facilitate the distribution of logistics, and monitoring, the 2HRZE/4HRE treatment regimen will be used for new TB cases among People Deprived of Liberty. For the other population group, the use of HRE will be decided once the official report of the 3<sup>rd</sup> DRS is available. The NTP will convene an Expert panel to determine if there is a need to change the current regimen of 2HRZE/4HR treatment regimen.



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MAY 30 2018

**ADMINISTRATIVE ORDER**

No. 2018 - 0015

**SUBJECT: Repeal of A.O. 2013-0020 dated July 5, 2013, entitled, "Participation of DOH Officials and Employees in International Developmental Interventions and Country Commitments"**


**I. GENERAL GUIDELINES**

Pursuant to the issuance of Memorandum Circular No. 35 dated November 22, 2017, and Memorandum dated January 3, 2018 from the Office of the President, regarding "Clarifying and Reinforcing Existing Rules and Regulations on Foreign Travel Authorities, Travel Entitlements and Travel Tax Exemptions, which require the approval of the Office of the President" and "Directives applying to Foreign Travels of All Government Officials and Personnel in the Executive Department" respectively, Department Order 2018-0138 dated April 5, 2018 was issued to provide guidelines for the participation of DOH officials and staff in international engagements in support of Philippine commitments and international learning and developmental intervention.

In this connection, Administrative Order 2013-0020 "Participation of DOH Officials and Employees in International Developmental Interventions and Country Commitments" dated July 5, 2013 is hereby repealed.

**II. EFFECTIVITY**

This Order shall take effect immediately.

  
**FRANCISCO T. DUQUE III, MD, MSc**  
Secretary of Health