



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

March 16, 2020

DEPARTMENT MEMORANDUM

No. 2020- 0128

TO: BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (BARMM) MINISTER OF HEALTH AND ALL DIRECTORS OF THE DEPARTMENT OF HEALTH CENTERS FOR HEALTH DEVELOPMENT (CHD)

SUBJECT: Ensuring Continuous TB Services During Community Quarantine

Due to the recent outbreak of COVID-19 and the proclamation of Code Red Sub Level 2, several areas have been and may be put on community quarantine. This is to prevent exposure from the virus and possible transmission of the disease. To ensure safety of both the facility staff, presumptive TB, and TB patients, who are at high risk of infection, we would like to advise every healthcare facility rendering TB services to implement the following guidelines to wit:

1. TB nurses shall allow all enrolled TB patients to take home one (1) month supply of anti-TB medications for community and home based DOT and follow-up with patient via phone every 1 to 2 weeks to ensure compliance.
2. TB nurses shall implement community based care treatment by engaging treatment supporters as stipulated in the NTP Manual of Procedures and Department Memorandum 2017-0250, and to implement Digital Adherence Technologies such as 99DOTS or video DOT, as may be available and necessary.
3. TB nurses shall inform patients on community or home DOT including proper handling and storage of anti-TB drugs especially injectable agents to enrolled patients and to conduct the same to qualified treatment supporters.
4. Patients shall be advised to have a replenishment of their medications after one (1) month or until further notice. Ensure availability of a completely-filled Patient's Card including facility contact number to be used as a proof of ongoing treatment.
5. All patients with injectable agent shall be advised to go to the nearest Rural Health Unit or explore qualified individual living within the household or nearby patient's residence to administer the injection.
6. Patients shall be advised to report any occurrence of adverse event (during home or community DOT) to any of the facility staff, through phone call or SMS or upon refill of medicines, for proper management and documentation.
7. Sputum may be submitted one week earlier or later than scheduled to minimize travel to the facility. TB Nurse shall adjust and remind sputum collection schedule weekly after

coordination with the laboratory and messenger (ie., STRiders). Sputum cups shall be given to patients ahead of time.

8. Schedule for delivery of drugs and sputum pick-up for congregate settings (ie., jails and prisons) shall be adjusted to minimize interaction of external personnel with detained patients. Organic personnel are expected to conduct usual supervised treatment.

9. Shifting of regimen type to remove injectable agents without clinical basis is not allowed. However, Department Memorandum 2020-0074 instructs implementation of a Standard Short All Oral Regimen (SSOR) for all patients to be enrolled.

10. Screening of Presumptive TB, through passive, active, intensified, or enhanced case finding, shall continue subject to mandated social distancing and usual infection control procedures. Avoid gathering people in one place for TB screening and provide masks for healthcare staff and patients.

11. TB nurses shall inform all enrolled patients, and ensure that all stakeholders including but not limited to supervisors, community health workers, laboratory staff, and referring facilities are cognizant of this guideline.

Reminder to all that in all these actions, please observe basic protective measures against COVID 19 (wash hands frequently, maintain social distancing, avoid touching eyes, nose and mouth, and cough etiquette).

For compliance and immediate effectivity.

By Authority of the Secretary of Health


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