



PHILHEALTH CIRCULAR

No. 018, s-2011

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TO : ALL ACCREDITED DIRECTLY OBSERVED TREATMENT SHORT-COURSE (DOTS) PROVIDERS, PHILHEALTH REGIONAL OFFICES (PhROs), PHILHEALTH MEMBERS AND ALL OTHERS CONCERNED

SUBJECT : Diagnosis of Tuberculosis (TB) in Children Aged Zero to Nine Years Old

I. RATIONALE

In support to the United Nation's Millennium Development Goals (MDGs) to reduce prevalence and mortality of TB by 50%, and to the objectives of Philippine Plan of Action to Control Tuberculosis (PhilPACT) to scale up and sustain coverage of DOTS implementation and reduce out-of-pocket expenses related to TB care, PhilHealth hereby issues these guidelines for the reimbursement of claims on TB in children.

II. DECLARATION OF POLICY AND OBJECTIVES

In compliance to DOH Administrative Order No. 2008-0011, direct sputum smear microscopy shall no longer be required for children zero to nine years old who cannot expectorate. For children zero to nine years old with no or negative sputum smear microscopy, three out of five criteria must be satisfied:

- 1) TB symptomatic – at least 3 of the following signs and symptoms provided by DOH AO 2008-0011:
 - a. Cough/wheezing for 2 weeks or more
 - b. Unexplained fever for 2 weeks or more after common causes such as malaria or pneumonia have been excluded
 - c. Loss of weight/failure to gain weight/weight faltering/loss of appetite
 - d. Failure to respond to 2 weeks of appropriate antibiotic therapy for lower respiratory tract infection
 - e. Failure to gain previous state of health 2 weeks after a viral infection or exanthema (e.g., measles)
 - f. Fatigue/reduced playfulness/lethargy
- 2) History of exposure to TB case/s
- 3) Positive Tuberculin Skin Testing (TST)
- 4) Positive Chest X-ray
- 5) Other laboratory findings suggestive or indicative of TB




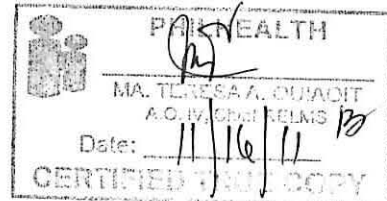
III. OTHER RULES

- 1) Copy of the National Tuberculosis Program (NTP) Form for children should be attached to the claims for TB DOTS for children (see attached).
- 2) All provisions of previous issuances that are not inconsistent with any provisions of this Circular remain in full force and effect.

IV. EFFECTIVITY

This Circular shall take effect for all claims on maintenance phase and intensive phase fifteen (15) days after publication in the Official Gazette or in a newspaper of general circulation and shall be deposited thereafter with the National Administrative Register at the University of the Philippines Law Center.


DR. EDUARDO P. BANZON
President and CEO
Date signed: 11/4/11



NTP TREATMENT CARD FOR CHILDREN 0-9 years old

TB CASE NUMBER	DATE THE CARD WAS OPENED <small>month/day/year</small>	REGION/PROVINCE	NAME OF DOTS FACILITY																																				
NAME OF PATIENT: / /	Birth day: / / <small>years mo. day</small>	Age: / /	Sex: Height: BCG Scar: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Incomplete																																				
COMPLETE ADDRESS:	NAME/RELATIONSHIP/ADDRESS OF CONTACT PERSON:		TEL NO. OF CONTACT PERSON:																																				
SOURCE OF PATIENT: <input type="checkbox"/> Public <input type="checkbox"/> Private Name of Referring Physician:	HISTORY OF ANTI-TB DRUG INTAKE: <input type="checkbox"/> No <input type="checkbox"/> Yes Duration: <input type="checkbox"/> less than 1 mo. <input type="checkbox"/> 1 mo. or more Check drugs: <input type="checkbox"/> H <input type="checkbox"/> R <input type="checkbox"/> Z <input type="checkbox"/> E <input type="checkbox"/> S When: / / to / /		Name of source case: (if known) Relationship:																																				
DIAGNOSTIC TESTS: 1. Tuberculin Skin Testing (TST): Result: mm Date read: / / Date of exam: / / 2. CXR Findings: 3. Other exam: Date of exam: / / 4. DSSM Results Record:	CLASSIFICATION OF TB DISEASE: <input type="checkbox"/> Pulmonary <input type="checkbox"/> Extra-pulmonary specify site _____ TYPE OF TB PATIENT: <input type="checkbox"/> New <input type="checkbox"/> RAD <input type="checkbox"/> Relapse <input type="checkbox"/> Treatment Failure <input type="checkbox"/> Transfer-in <input type="checkbox"/> Other	TB DISEASE CATEGORY OF TREATMENT (encircle) I. 2HRZE/4HR II. 2HRZES/1HRZE/6HRE 1. New Smear (+) 1. Relapse 3. RAD 2. New Smear (-), extensiva 2. Treat. Failure 4. Other (sm+/-) parenchymal involvement 3. Severe forms of EPTB other than TB meningitis La 2HRZE/4HR III. 2HRZ/4HR 1. TB Meningitis 1. New Smear (-) 2. Less severe forms of EPTB ODT & those other than Cat. I																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Month</th> <th>Due Date</th> <th>Date Examined</th> <th>Result</th> </tr> </thead> <tbody> <tr><td>0</td><td></td><td></td><td></td></tr> <tr><td>1</td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td><td></td></tr> <tr><td>>7</td><td></td><td></td><td></td></tr> </tbody> </table>		Month	Due Date	Date Examined	Result	0				1				2				3				4				5				6				>7				TBDC Findings and Recommendations: Date: / /	
Month	Due Date	Date Examined	Result																																				
0																																							
1																																							
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DIAGNOSIS: <input type="checkbox"/> TB DISEASE Children 0-4 years old: <input type="checkbox"/> TB INFECTION, for IPT <input type="checkbox"/> TB EXPOSURE, for IPT		TREATMENT STARTED: month day year																																					
		TREATMENT OUTCOME: <input type="checkbox"/> CURED Date: / / <input type="checkbox"/> FAILED Date: / / <input type="checkbox"/> TREATMENT COMPLETED Date: / / <input type="checkbox"/> DEFAULTED Date: / / <input type="checkbox"/> DIED Date: / / <input type="checkbox"/> TRANSFERRED OUT Date: / / Cause: _____ Specify: _____																																					
CLINICAL EXAMINATION BEFORE AND DURING TREATMENT: <input type="checkbox"/> if present, [O] if absent, draw horizontal line if not applicable or write specific sign or symptoms																																							
	Initial	2 weeks	1	2	3	4	5	6	7	8	9	10																											
Date Examined/Results	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /																											
Weight in Kg.																																							
Unexplained fever >2 wks																																							
Unexplained cough/wheezing >2wks																																							
Unimproved general well being*																																							
Poor appetite																																							
Positive PE findings for Extra-pulmonary TB																																							
Side Effects**																																							
DRUGS: Dosages and Preparations																																							
Isoniazid [H] 5mg/kg (200mg/5ml)	ml	ml	ml	ml	ml	ml	ml	ml	ml	ml	ml	ml																											
Rifampicin [R] 10mg/kg (200mg/5ml)	ml	ml	ml	ml	ml	ml	ml	ml	ml	ml	ml	ml																											
Pyrazinamide [Z] 25mg/kg (250mg/5ml)	ml	ml	ml	ml	ml	ml	ml	ml	ml	ml	ml	ml																											
Ethambutol [E] 20mg/kg (400mg tab)	tab	tab	tab	tab	tab	tab	tab	tab	tab	tab	tab	tab																											
Streptomycin [S] 15mg/kg (1g/vial)	ml	ml	ml	ml	ml	ml	ml	ml	ml	ml	ml	ml																											

* 1-fatigue 2-reduced playfulness 3-ethargy

** 1-itchiness, 2-skin rashes, 3-vomiting, 4-abdominal pain, 5-reddish urine or tears, 6-numbness, 7-sweat changes, 8-yellowing of sclerae and skin, 9-enlarged liver, 10-others