

**[DOH ADMINISTRATIVE ORDER NO. 2009-0003,
January 08, 2009]**

**TECHNICAL GUIDELINES FOR IMPLEMENTING DOTS STRATEGY
IN JAILS AND PRISONS**

I. RATIONALE

In 2008, it was estimated that of the total of about 130,000 prison inmates in the country, 28% or 36,000 had symptoms of TB. In a study of 7,282 inmates in five (5) jails and one (1) prison in Davao Region^[1], the prevalence of sputum smear positive among inmates was 8.7/1,000 compared to the 2/1,000 for the general population based on the result of the 2007 National TB Prevalence Survey^[2]. Globally, the estimated number of people detained on any given day is over 9 million^[3] and the prevalence rate of TB in prisons usually exceeds that of the civilian population^[4].

The increased vulnerability of this group to TB can be attributed to several factors: (1) overcrowding and lack of ventilation in many jails/prison facilities, (2) late case detection secondary to lack of access to health services and stigma, (3) lack of health human resource and trained staff servicing inmates and (4) presence of other risk factors such as malnutrition and co-morbidities.

Considering that more than half of the inmate population are detainees awaiting case resolution and that a large majority of them shall be re-integrated with the society at large, the Department of Health (DOH) intends to implement Directly Observed Treatment Short-Course (DOTS) Strategy to this captive population in order to reduce TB transmission, morbidity and mortality within jails and prisons and to render inmates non-infectious by the time they are released to mainstream society.

The controlled, supervised situation of the inmates in jails and prisons, on the other hand, is also expected to yield success rates and cure rates that are higher than those for the civilian population. Thus, implementing DOTS Strategy in jails and prisons has the potential of significantly expediting the achievement of national and Millennium Development Goal (MDG) target related to TB control.

II. OBJECTIVES

These guidelines aim to strengthen the implementation of the Comprehensive and Unified Policy (CUP) for TB Control in the Philippines (Executive Order 187 s. 2003), by providing minimum standard guidelines for integrating (DOTS) Strategy within jails/prisons. These guidelines shall become the basis for the development of specific operational guidelines by the Bureau of Corrections (BuCor) and Bureau of Jail Management and Penology (BJMP) in collaboration with concerned Local Government Units (LGUs).

III. SCOPE/COVERAGE

The guidelines are to be used by jail and prison authorities who can comply with minimum DOTS Service requirements of the DOH.

The implementation shall initially cover four (4) city jails, one (1) district jail and one (1) prison namely: Manila, Cebu, Davao and Antipolo City Jails, Metro Manila District Jail and New Bilibid Prison. Expansion shall be done in phases.

IV. DEFINITION OF TERMS

- a. Casefinding – an activity to discover or find TB cases.
- b. Caseholding – an activity to treat TB cases through proper treatment regimen and health education.
- c. Detainee – a person accused before a court or competent authority and is temporarily confined in a jail while undergoing or awaiting investigation, trial, or final judgment^[5].
- d. DOTS Referring Jails/Prisons – jails/prison providing Directly Observed Treatment (DOT) except sputum microscopy which is linked outside.
- e. DOTS Service Providing Jails/Prisons – jails/prisons providing DOTS services including sputum microscopy.
- f. Droplet nuclei - microscopic particles which are estimated at 1-5 microns in diameter and are produced when a person coughs, sneezes, shouts or sings. Such particles may contain the *M. tuberculosis* bacilli and remain suspended in the air for hours^[6].
- g. Direct Sputum Smear Microscopy (DSSM) - is the primary diagnostic tool in NTP case finding. It serves as basis for categorizing TB symptomatics according to standard case definition, used to monitor progress of patients with sputum smear positive TB while they are receiving anti-TB treatment and confirm cure at the end of treatment.
- h. Environmental Control Measures – these are measures that can be used in jails/prisons to reduce the concentration of droplet nuclei in the air (e.g., maximizing natural ventilation or controlling the direction of airflow)^[6].
- i. Health Promotion – a process of enabling people to take action to improve health.
- j. Infection Control – specific measures and work practices that reduce the likelihood of transmitting *M. tuberculosis* ^[6].
- k. Inmates – is a generic term used to refer to a prisoner or a detainee^[5].
- l. Jail – a place for confinement for city and municipal prisoners, any fugitive from justice, detainee awaiting trial or under investigation or transfer to a National Penitentiary/Mental Institution^[5]. It caters to detainees and inmates serving up to 3 years of imprisonment. Jails are managed by the BJMP and/or LGUs.

m. Prison – refers to a penal establishment under the control of the BuCor^[7]. It caters to prisoner serving more than 3 years.

n. Prisoner – an inmate who is convicted by final judgement^[5].

o. TB Symptomatic – any person with cough for two (2) weeks or more with or without the following symptoms: fever; chest and/or back pains not referable to any musculo-skeletal disorders; hemoptysis or recurrent blood-streaked sputum; significant weight loss; and other symptoms such as sweating, fatigue body malaise, shortness of breath.

p. Work Practice and Administrative Control Measures – managerial or administrative measures which guide work practices to reduce significantly the risk of TB transmission by preventing the generation of droplet nuclei. These include early diagnosis, prompt isolation or separation of infectious TB patients and prompt initiation of appropriate anti-TB treatment^[6].

V. GUIDING PRINCIPLES

a. TB cannot be managed effectively in a country if the TB reservoir in jails/prisons is not dealt with correctly^[4].

b. Jails/prisons are reservoirs of TB infection that receive TB disease; concentrate the disease; make it worse by not providing adequate case finding and treatment; create resistance through erratic or non-supervised treatment; disseminate it amongst inmates and export TB through visits and other contacts such as jail/prison staff^[4].

c. A comprehensive package of medical and administrative interventions is necessary to control TB in prisons^[8].

d. TB control in jails/prisons must be incorporated into the existing programmatic TB control strategies thru the NTP, with DOTS Strategy as the overarching framework^[8].

e. Inmates have the right to the same standard of health care as the people in the general community (principle of equity of care)^[8].

f. Inmates have the right to avail of medical, dental and other health services^[5].

g. The inherent worth, dignity, health and safety of inmates must be respected at all times^[5].

h. The community is a partner in the developmental processes of inmates^[5].

i. A diagnosis of TB or incomplete TB treatment must never be used to delay trial, release or amnesty. It should not also bring any extra advantage to the patient compared to other inmates^[4].

VI. GENERAL GUIDELINES

A. Administrative

- a. The DOTS Strategy shall be integrated within the jails/prisons health services and these services shall be decentralized in accordance to their respective system whenever possible (**Annex A**)*].
- b. Engagement and partnership of the DOH-NTP with national authorities in charge of jails/prisons in the country shall be formalized thru the signing of a Memorandum of Understanding (MOU) at the national level. The MOU shall then be adopted at the local level prior to the implementation of the program.
- c. Operational Guidelines for BuCor prisons and BJMP jails shall be developed and disseminated.
- d. Jails and prisons shall upgrade their facilities in order to be classified as a DOTS Referring Unit or DOTS Service Providing Units.
- e. A point person from the BJMP and BuCor shall be designated to ensure effective implementation of this program from the national down to the jail/prison level. The point person shall initiate the organization of DOTS Team for each jail/prison.
- f. The Jail/Prison DOTS Team shall be responsible for the following:
 - develop written work plans. The plan shall cover:
 - a. routine NTP activities and procedures
 - b. infection control
 - c. health promotion
 - d. comprehensive discharge/release plan that will ensure continuity of care
 - e. reporting of treatment outcome of transferred or released inmates.
 - Manage and implement the program in coordination with the LGUs and CHDs.
- g. The basic composition of the DOTS team are:
 - health staff that will manage and oversee the implementation
 - treatment partner
 - specimen transporter (for DOTS Referring Units)
 - sputum collector
- h. Training courses or program shall be provided by DOH to jail/prison staff and DOTS team that are specific to their task.

B. Management of TB patients in Jails/Prisons

1. Casefinding and caseholding shall be systematically implemented in respective jails and prisons during the routine procedures that inmates undergo:

- upon entry (or commitment/admission)
- during incarceration (or confinement)
- prior to transfer of inmates to another jail or prison
- prior to release of inmates back to the community

2. General Guidelines on Casefinding:

- a. DSSM shall be the primary diagnostic tool in casefinding.
- b. Casefinding shall prioritize the early diagnosis of inmates with infectious TB (i.e pulmonary smear-positive) and treat them until cure.
- c. The main strategies for casefinding are through:
 - screening for signs and symptoms of TB
 - surveillance
- d. A screening form shall be used to identify the following:
 - TB symptomatic inmates (upon entry and before release or transfer)
 - detainees with history of anti-TB treatment and those undergoing treatment for TB (upon entry)
- e. All TB symptomatics identified shall undergo DSSM for diagnosis before start of treatment, regardless of whether or not they have available X-ray result or whether or not they are suspected of having extra-pulmonary TB. The only contraindication for sputum collection is hemoptysis; in which case, DSSM will be requested after control of hemoptysis.
- f. All sputum collection shall be supervised by the Sputum Collector. Collection, storage and transport shall follow the NTP guidelines.
- g. A cough surveillance shall be put in place to ensure early identification of incarcerated inmates who are TB symptomatics.
- h. All sputum collection shall be supervised by the Sputum Collector. A proper area for sputum collection shall be designated in well ventilated area outside the cell and away from other people. Sputum collection, storage and transport shall follow the NTP guidelines.
- i. For DOTS Referring Units where DSSM is not available, DSSM shall be done in a designated microscopy center near the jail/prison. Proper coordination with the LGUs managing the microscopy centers shall be done by the Center for Health Development (CHD)-NTP Coordinators in collaboration with the Department of the Interior and Local Government (DILG). The arrangement shall be stipulated in the MOU.
- j. Results of DSSM must be available within 5 working days.