

# SCIENCE POLICY AND INFORMATION FORUM ON Tuberculosis Elimination

**ELIZABETH V. CADENA, MD, FPCP, FPCCP**

Philippine College of Chest Physicians

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**The Lung Experts**



## Philippine College of Chest Physicians

**Established** April 25, 1973

**Chapters** 10



**Membership**

**Councils** 11

**Training Institutions** 17

**Continuing Professional Development (CPD)**

**Advocacies**

**#Galing Lungs!**

**Medical Mission**

**National Quit Smoking Hotline**

**World Lung Cancer Day**

**Lung Function and Imaging Skills Training**

**World TB Day**

**World Asthma Day**

**Inhalation Therapy Workshop**

**World No Tobacco Day**

**World COPD Day**

**PCCP-CHEST PD Handshake**

**National Lung Month**

**World Lung Day**

[pulmonologist@philchest.org](mailto:pulmonologist@philchest.org)

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# 256 TB Council Members

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Volume 2 Number 1



# TB COUNCIL NEWS



## Initial Draft of Guidelines on Skin Testing in Adult Fil

The Council on Tuberculosis formed a Task Force in late 2002 to formulate guidelines on the use of the tuberculin skin test (TST) in adult Filipinos. It was noted that despite its long history of use (1), many aspects of the interpretation and application of the TST remain controversial. And although the TST has an accepted role in the diagnosis of tuberculosis in children (2), a debate rages on its usefulness in the diagnosis of TB disease and infection in adult patients. It was in 1989 that the PCCP organized the First National

Consensus in Tuberculosis and a comprehensive review on issues on TST made. It was in this forum that 8mm became the recommended cut-off for a positive TST (3). Subsequent consensus statements in 1991 highlighted its controversial use in Filipino adults and the need to interpret the results "In the light of the clinical data, chest radiograph, bacteriology and diagnostic parameters available." (4) The most recent practice guidelines on tuberculosis by the 2000 Task Force on Tuberculosis did not include specific recommendations on the use of TST in adults see (5). Thus, considering the passage of time, the volume of new literature on TST and persistent questions among members since the last consensus, the formulation of new statements and guidelines seem imperative.

The following is the initial draft of the guidelines on TST, a product of an extensive literature search and discussions within the members of the Council on Tuberculosis. This only includes the Question, the Statement, Level of Evidence and Grade of Recommendation; the Summary of Evidence is not included due to lack of space. Assessment of Level of Evidence is based on the method used in the 2000 Practice Guidelines see page 5. Grade of Recommendation used the system of the US Public Health Service where

### TB COUNCIL

#### MISSION

- the official representative of the PCCP in bodies, organizations, meetings or conferences related to TB
- the official source of statements, information and data about TB for release by the PCCP
- the official body that takes charge of all other activities or projects on TB under the PCCP

#### VISION

The council will be indispensable arm of the PCCP in the field of tuberculosis as it attains its vision to be the premier specialty organization acknowledged as the authority in pulmonology in the country

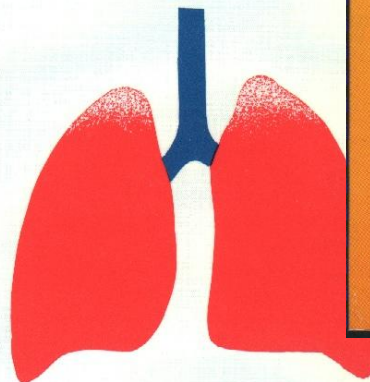
## Clinical Practice Guidelines

## Tuberculosis

### Clinical Practice Guidelines Number 3

# Diagnosis, Treatment and Control of Tuberculosis

Given the 2003 OUTSTANDING  
MONOGRAPH AWARD by the  
NATIONAL ACADEMY OF SCIENCE AND TECHNOLOGY



Philippine Practice Guidelines Group in Infectious Diseases  
An initiative of the Philippine Society for Microbiology and Infectious Diseases  
and the Philippine College of Chest Physicians

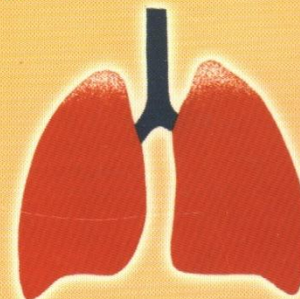
## Clinical Practice Guidelines

## Tuberculosis

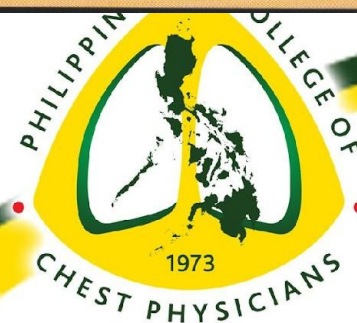
### Clinical Practice Guidelines

Volume 2  
Number 3

# Diagnosis, Treatment, Prevention and Control of Tuberculosis: 2006 update



Philippine Practical Guidelines Group in Infectious Diseases  
An initiative of the Philippine Society for Microbiology and Infectious Diseases,  
Philippine College of Chest Physicians and the Philippine Coalition Against Tuberculosis



The Lung Experts





PHILIPPINE

MAYROON

## SYMPTOMS

### Sintomas

Any of the following 4 Cardinal symptoms, lasting two weeks or more, is a sign of TB. If you have any of these symptoms, you should see a doctor.

- ✓ Cough  
Uso
- ✓ Unexplained fever  
Di maipalwanag na lagat
- ✓ Unexplained weight loss  
Di maipalwanag na pagbababa ng timbang
- ✓ Night sweats  
Pagpawis sa gabi

Others:  
Iba pang Sintomas:

- ✓ Chest or back pain  
Pananakit ng dibdib o likod
- ✓ Coughing out of blood  
Plamang may dugo
- ✓ Shortness of breath  
Hinahapo o hirap huminga

## TRANSMISSION

### Pagkahawa

TB is spread from person to person through the air. When an untreated infected person coughs, sneezes, talks or sings, the airborne particle released is inhaled by another person and becomes infected.

Ang paglaganap ng TB ay sa pamamagitan ng hangin. Kapag ang taong may TB ay umubo, bumahing, nagsalita o kumanta, pwede siyang makahawa dahil ang mikrobyo ng TB ay kanyang inilalabas sa hangin.

Maaari itong masagap ng iba sa kanilang paghinga at sila ay magkaroon din ng TB.

## DIAGNOSIS

### Pagsuri

A Presumptive TB patient (with one of the Cardinal symptoms or a positive chest X-ray) needs to have his/her phlegm examined through Rapid TB Diagnostic Test such as Gene Xpert to confirm the diagnosis of TB.

Ang pasyenteng Presumptive TB (na may isa sa mga pangunahing sintomas o positive chest xray) ay kailangang magpasuri ng plema sa pamamagitan ng Rapid TB Diagnostic test tulad ng Gene Xpert para makumpirma ang TB.

## TREATMENT

### Gamutan

Complete the prescribed 6-month course of treatment for drug susceptible TB even if you feel better early on. (2 months intensive phase and 4 months maintenance phase)

Kumpletuhin ang itinakdang 6 na buwang gamutan para sa "drug susceptible TB" kahit na nakakaranas na ng agarang ginhawa (2 buwang masinsinang gamutan at 4 na buwang pagpapatuloy na gamutan)

## COMMON ADVERSE DRUG REACTIONS OF ANTI-TB TREATMENT

Mga Di Kanais-Nais na Epekto ng mga Gamot sa Baga

### MINOR ADVERSE REACTIONS

- ✓ Gastrointestinal Intolerance  
Pagdighay; Paghilab ng tiyan; o Pananakit ng tiyan o sikmura
- ✓ Mild or localized skin reactions  
Pangangati sa balat
- ✓ Orange OR Red colored urine  
Kulay pula o k
- ✓ Burning sensation  
Pamamanhid o mga daliri sa k
- ✓ Flu like symptoms  
Mga sintomas ng mga kasu-kasu

### WHAT

Continue TB me  
Tuloy ang pag in  
bata sa sintoma

### WHAT

STOP TB me  
ITIGIL ang ga

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## PREVENTION AND CONTROL

Pag-iwas at Pag Kontrol

### LATENT TB

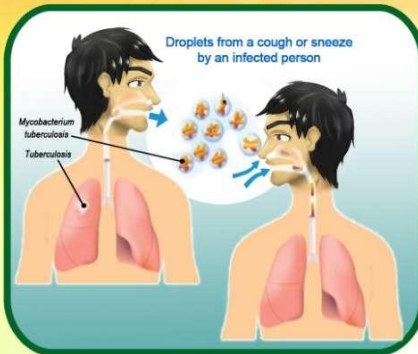
- ✓ SLEEPING TB GERM  
TB AY TULOG
- ✓ DOES NOT MAKE YOU FEEL SICK  
WALANG ALINMANG SINTOMAS

### ACTIVE TB

- ✓ TB GERM IS AWAKE AND GROWING  
MICROBYO NG TB AY GISING AT DUMARAM
- ✓ USUALLY MAKES YOU FEEL SICK  
MADALAS MAY SINTOMAS

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Ang paglaganap ng TB ay sa pamamagitan ng hangin. Kapag ang taong may TB ay umubo, bumahing, nagsalita o kumanta, pwede siyang makahawa dahil ang mikrobyo ng TB ay kanyang inilalabas sa hangin.

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PHILIPPINE COLLEGE OF CHEST PHYSICIANS  
TB Council

## SYMPTOMS

### Sintomas

DO I HAVE TB?  
MAYROON BA AKONG TB?

## TREATMENT

### Gamutan

It is important to take the recommended regimen of anti-TB treatment to avoid the risk of drug resistance and complicated course

Mahalagang inumin ng tama ang rekomendadong rehimen sa gamutan ng TB upang maiwasan ang panganib ng hindi pagtalab ng gamot sa pasyente at iba pang komplikasyon.



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The number of tablets that one must take depends on the patient's weight.

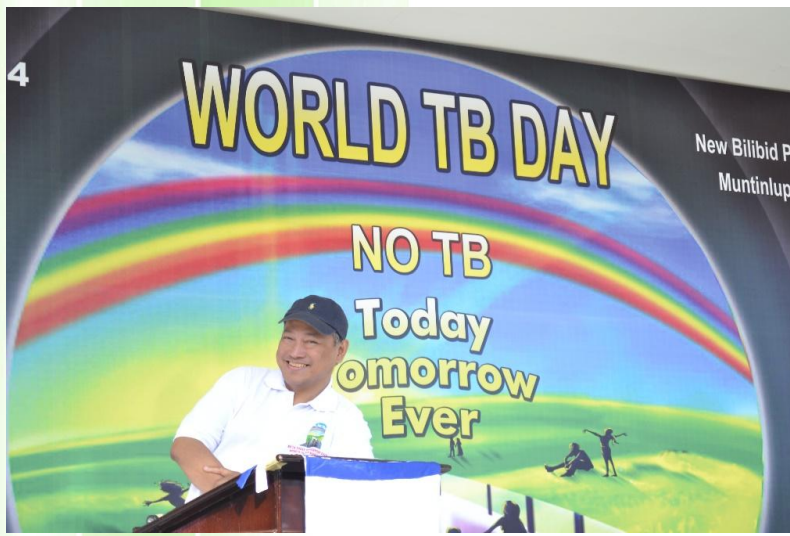
Ang bilang ng tabletang linumin ay depende sa timbang ng pasyente.

Remember, it is only the doctor who shall advise on when to stop treatment.

Tandaan, ang doktor lamang ang maaaring magpatigil ng gamutan.

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WELCOME



# KEY MESSAGES

- Professional associations are a powerful ally of the National TB Program of the DOH.
- Mobilization of professional associations should go a long way in linking private practitioners to the National TB Program.
- We urge other specialty societies to play a role in TB control
- The mandatory notifications of TB cases under Republic Act 10767 should be enforced to ensure that missing TB cases are identified



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