Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

NOV 09 2020

ADMINISTRATIVE ORDER
No. 2020 - 0056

SUBJECT: National TB Control Program Adaptive Plan for the COVID19 pandemic

I. RATIONALE

Rapid assessment of TB services showed that the TB continuum of care has been displaced due to the disruptions brought about by the COVID-19 situation. Case notification decreased by almost 70% after the community quarantine was imposed. Access to TB care may also be influenced by their perceived risk of infection - to either delay or cancel their visits altogether - in facilities where these services are available.

The DOH has initiated organizing an overall agency-wide adaptive plan or the "new normal" which will guide the government on how it will move forward and cope owing to the experience of the COVID-19 pandemic and its socio-economic effects. The DOH has issued Administrative Order 2020-0015: "Guidelines on the Risk-based Public Health Standards for COVID-19 Mitigation". which provides risk-based public health standards for COVID-19 mitigation specifically on non-pharmaceutical interventions (NPI) that are meant to mitigate and suppress transmission of infectious diseases. The DOH National TB Control Program (NTP) has likewise issued interim guidelines to ensure sustained TB services while COVID-19 response is in effect (DOH Department Memorandum 2020-0128). However, there is still a need to provide more specific and updated guidelines on TB service delivery along the TB continuum of care. This NTP adaptive plan was developed through a consultative process involving various stakeholders and implementers.

II. OBJECTIVE

This Order aims to provide specific doable measures and adjustments to ensure the sustainability of TB services throughout the cascade of care in prevention, screening, diagnosis, and treatment, and complementing the COVID-19 response of the designated facilities and providers.

III.SCOPE AND COVERAGE

This Order shall apply to all DOH offices, bureaus, services and units, Centers for Health Development, Local Government Units, the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) subject to the applicable provisions of RA 11054 or the "Bangsamoro Organic Law" and subsequent rules and policies issued by the Bangsamoro government, government and private national and local health facilities, health care providers, health offices of the LGUs and all others concerned.

IV.DEFINITION OF TERMS

A. Presumptive Pulmonary TB - refers to any person having:
1. Two weeks or longer of any of the following – cough, unexplained fever, unexplained weight loss, night sweats; or,
2. Chest X-ray (CXR) finding suggestive of TB.

B. Suspect COVID-19 case

1. A person who meets the clinical **AND** epidemiological criteria:
   Clinical criteria:
   1. Acute onset of fever AND cough; **OR**
   2. Acute onset of ANY THREE OR MORE of the following signs or symptoms: fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnea, anorexia/nausea/vomiting, diarrhea, altered mental status.

   AND

   Epidemiological criteria:
   1. Residing or working in an area with high risk of transmission of the virus: for example, closed residential settings and humanitarian settings, such as camp and camp-like settings for displaced persons, any time within the 14 days prior to symptom onset; **OR**
   2. Residing in or travel to an area with community transmission anytime within the 14 days prior to symptom onset; **OR**
   3. Working in health setting, including within health facilities and within households, anytime within the 14 days prior to symptom onset.

   OR

2. A patient with severe acute respiratory illness (SARI: acute respiratory infection with history of fever or measured fever of $\geq$ 38 C°; and cough; with onset within the last 10 days; and who requires hospitalization).

C. Severe Acute Respiratory Infection (SARI)- A person with acute respiratory infection with:

1. History of fever or measured fever of $\geq$ 38°C
2. And cough
3. With onset (of fever and cough) within the last 10 days
4. And requires hospitalization

D. Influenza-like Illness (ILI) - an acute respiratory infection with

1. Measured fever of 38°C
2. And cough
3. With onset within the last 10 days

E. Probable COVID-19 case

1. A patient who meets clinical criteria above AND is a contact of a probable or confirmed case, or epidemiologically linked to a cluster of cases which has had at least one confirmed case identified within that cluster; OR
2. A suspected case (described above) with chest imaging showing findings suggestive of COVID-19 disease*; OR

* Typical chest imaging findings suggestive of COVID-19 include the following (Manna 2020):

- chest radiography: hazy opacities, often rounded in morphology, with peripheral and lower lung distribution
- chest CT: multiple bilateral ground glass opacities, often rounded in morphology, with peripheral and lower lung distribution
- lung ultrasound: thickened pleural lines, B lines (multifocal, discrete, or confluent), consolidative patterns with or without air bronchograms.

3. A person with recent onset of anosmia (loss of smell) or ageusia (loss of taste) in the absence of any other identified cause; OR
4. Death, not otherwise explained, in an adult with respiratory distress preceding death AND who was a contact of a probable or confirmed case or epidemiologically linked to a cluster which has had at least one confirmed case identified within that cluster.

F. Confirmed COVID-19 case - Any individual who tested positive for COVID-19 through laboratory confirmation by RT-PCR at the national reference laboratory, subnational reference laboratory, or a DOH-certified laboratory testing facility.

G. Systematic screening for active TB - refers to the systematic identification of presumptive TB in a predetermined target group, using examinations or other procedures that can be applied rapidly.

1. **Active case finding (ACF)** - systematic screening implemented outside health facilities (i.e. high-risk populations or settings) by bringing the screening
examination/procedures such as chest X-ray to the community.
2. **Intensified case finding (ICF)** - systematic screening in health facilities among all consults. In the program context, ICF will also utilize chest X-ray screening.
3. **Enhanced case finding (ECF)** - systematic screening in the community using symptoms screening, such as house-to -house visits by community workers.

V.GENERAL GUIDELINES

A. All facilities and providers involved in TB care shall observe the minimum public health standards to mitigate measures for COVID-19 response across all settings such as home, public places, offices and workplaces, prisons and other places of detention, health facilities, among others, as per DOH Administrative Order No. 2020-0015: "Guidelines on the Risk-Based Public Health Standards for COVID-19 Mitigation".

B. Screening of presumptive TB (through passive, active, intensified, and enhanced case finding), and contact investigation, shall continue subject to mandated physical distancing and strict infection control procedures.

C. All staff working in TB laboratories and healthcare facilities shall implement TB biosafety and infection prevention and control (IPC) measures. (See **Annex A**.IPC Guidelines during TB Systematic Screening, **Annex B/C** for PPE Requirements in different Healthcare Settings, **Annex D** for Recommended frequency of cleaning environmental surfaces)

D. TB diagnostic testing shall continue with strict compliance toStandard Precautions for Infection Prevention and Control and Laboratory Biosafety Standards, as per DOH Department Memorandum 2020-0291: "Updated Guidelines on Handling of Specimens for TB Testing in the Presence of COVID-19 Community Transmission".

E. Healthcare facilities at all levels rendering TB services shall implement a flexible treatment management and provision of anti-TB medicines to enrolled TB patients to decongest and minimize physical contact from frequent visits to the health facility.

F. The use of digital technology for TB service delivery (i.e., adherence monitoring, and TB screening through virtual/telephonic consultation, contact tracing and adverse event monitoring) and other programmatic purposes (i.e., electronic recording, eLearning and laboratory information systems) are highly encouraged.

G. Health Centers/RuralHealthUnits (RHUs) and public hospitals shall provide feedback to the City Health Office/Provincial Health Office, and Centers for Health Development, respectively, to describe if the guidelines are being followed. All information shall follow the existing monitoring scheme that is in place among TB health services providers.

VI.IMPLEMENTING GUIDELINES

A. Screening for Tuberculosis

1. Do simultaneous screening for COVID-19 and TB. Ask for symptoms, exposure and risk factors for COVID-19 (based on DM 2020-0013), and ask for TB cardinal signs and symptoms or perform Chest X-ray for TB. **(Annex E.** Sample COVID-19 and TB Screening Form)
    a. For suspect COVID-19 case only, refer to COVID-19 care facility, or collect swab samples for COVID-19 testing, subject to capacity of the facility.
    b. For presumptive TB only, collect sputum for Xpert MTB/Rif test or TB loop Mediated Isothermal Amplification Test (TB-LAMP)
    c. For suspect COVID-19 case AND presumptive TB, refer to COVID-19 care facility or collect swab sample for COVID-19 testing and collect also sputum for Xpert MTB/Rif test or TB-LAMP, subject to capacity of the facility.
2. For all screening-related activities, implement adequate infection prevention

and control (IPC) measures, physical distancing, use of appropriate Personal Protective Equipment (PPE), and hand hygiene among patients, their companions and health workers. **(Annex A.**IPC Guidelines during TB Systematic Screening)

a. Attempt to move face-to-face encounters by community and facility health workers outside of buildings into the open air as much as possible.
b. In health facilities, customization of the triage area to include a physical barrier between health workers and patients is highly suggested.
c. Limit number of people gathering during active case finding (ACF) by assigning time slots considering the size/space of the venue
d. TB navigators or community volunteers or barangay health workers (BHWs) should observe adequate infection prevention and control measures (physical distancing, use of appropriate PPE, hand hygiene,etc.) when doing household visits and contact investigation.

3. In the conduct of screening and contact investigation, use of real-time mobile application shall be used. If digital platforms are not available, contact tracing shall be conducted via telephone screening by BHWs/TB navigators /community volunteers, midwives, or nurses.

B. Testing and Diagnosis (Refer to DOH Department Memorandum 2020-0291: "Updated Guidelines on Handling of Specimens for TB Testing in the Presence of COVID-19 Community Transmission")

1. Patient shall collect sputum for TB test at home with specific instructions if identified as presumptive TB during virtual/ telephone screening or during household visits by BHWs. If identified as presumptive TB during community-based screening (ACF) or at a health facility, collect sputum immediately, with observance of appropriate IPC.
2. Collection shall be in an open, well-ventilated space preferably outside of the health facility or home.
3. Standard Precautions and Biosafety shall be observed during receiving, packaging and transporting, and processing of specimens. These include wearing of PPE, regular decontamination of surfaces, physical distancing in the health facilities and having a well-ventilated workplace.
4. Laboratory staff performing TB tests shall wear a complete set of personal protective equipment (PPE).
5. Special transport mechanism shall be organized in areas with quarantine restriction. For areas under quarantine restrictions, specimens whether collected at home or in the health facility shall be picked up by dedicated couriers.
6. Improving acces to TB diadnostics shall be continued as COVID-19

laboratories have displaced some TB Laboratory services.

a. TB Culture labs that are not designated to do RT-PCR testing for COVID-19 shall continue processing TB specimens for LPA, culture, and DST.

b. Tap private and government facilities with existing TB diagnostics not currently engaged in the network.

7. Use of real-time mobile application and digital analytics for testing activities and supply to inform re-distribution or allocation is recommended. If feasible, the mobile app may also include test results of Xpert MTB/Rif or TB LAMP sputum analysis.

C. Treatment

1. Minimize travel and promote physical distancing by reducing clinic visits during treatment.
   a. Shift to community and home-based treatment as early as enrolment
   b. Consider provision of at least (1) one-month supply of medications to patients and/or treatment supporters as new normal with regular check-in calls or SMS by health workers.
   c. Consider flexible clinic hours (sundown clinics operating beyond 5:00 PM), for patients needing face-to-face consult. Also, consider implementing flexible hours for virtual/telephone consultation.
2. Facilitate rapid uptake of all oral regimens and integration of OS and DR-TB services.
   a. Reinforce decentralization and iDOTS implementation which will improve access to treatment and laboratory/diagnostic tests, treatment follow-up by patients, and drug supply.
   b. Allocate communication allowance to TB coordinators at CHO, LGU and facility level to facilitate patient outreach for treatment compliance.
3. Implement new measures to monitor treatment adherence and active drug safety monitoring and management: digital adherence technologies (DAT), telemedicine or tele or e-counseling, hotline for clients, tapping family members as treatment supporters.
4. Treatment response shall be monitored through follow-up smear microscopy (and culture for DR TB) following standard precautions and biosafety.
   a. Follow-up sputum collection at home for smear microscopy (SM)/culture with submission at the time of drug delivery or refill
   b. Use a special sample transport mechanism for culture from treatment facilities to culture laboratories when courier service is suspended.
   c. SM can be done in peripheral sites (RHUs / HCs) with complete PPE, except if confirmed active COVID case.

5. Roving vehicles shall be considered to provide supply of medications, collect sputum specimen, and if possible, extract blood samples and perform diagnostic tests (baseline and monthly follow-up lab/diagnostic tests). Consider the inclusion of other health services in the use of roving vehicles to efficiently use resources.

D. Prevention

1. Excluding active TB by symptom and Chest X-ray screening prior to initiation of TB Preventive Therapy (TPT) shall be continued. Observe the IPC guidelines for case finding activities as described above and in Annex A-D.
2. All healthcare providers shall ensure completion of preventive treatment through methods that promote physical distancing and reduce clinic visits.
    a. Supply TPT medicine for the whole course (if shorter regimen such as 3HP, 3HR, 4R) or 2-3 monthly if 6-H is used.
    b. Implement new measures to monitor treatment adherence and active drug safety monitoring and management using DATs, telemedicine, tele or e--counseling, hotline for clients.
    c. Family members are encouraged to be tapped as treatment supporters.
3. Establish surveillance of TB-designated health workers with COVID-19.

E. Cross-cutting Health Systems Support

1. Social and behavior change campaingn with adoption of #TBFreePH and simultaneous track of #TB Free-TBStrong to highlight resilience in time of crisis shall continued.
2. Online training platforms to train health workers. Improve internet capabiliy to host teleconferencing and training shall be used.
3. Use of Integrated TB Information System (ITIS) for reporting stock availabilty and move to more frequent monitoring shall be enforced.
4. Data quality check and program review methods to utilize online platforms and dashboards from ITIS shall be shifted.
5. Policies and implementation of health monitoring and infection control in workplaces to address potential TB and COVID-19 infectious among workers shall be strenthened.

VII. ROLES AND RESPONSIBILITIES

I. 1. Department of Health (DOH) shall:
    a. Provide technical assistance in planning and implementation according to the NTP Adaptive Plan;
    b. Update the set procedures based on recent evidence and issues encountered in the field;
    c. Develop tools and capacity-building packages for operationalizing the adaptive measures;

d. Engage stakeholders and promote awareness on the NTP Adaptive Plan;
e. Provide accurate information about appropriate protocols; and,
f. Consolidate reports and recommendations from LGUs to improve and update the plan

2. Local Government Units shall:
   a. Ensure implementation of the NTP Adaptive Plan for sustained TB services during the COVID-19 pandemic;
   b. Set up mechanisms to monitor compliance and submit NTP reports according to policy;
   c. Coordinate with DOH in carrying out these guidelines;
   d. Develop counterpart local policy and allocate budget to ensure compliance with adaptive guidelines; and,
   e. Ensure immediate and wide dissemination of these guidelines to all health facilities within their jurisdiction.
3. Health Facilities shall:
   a. Comply with guidelines on TB screening, testing and diagnosis, treatment and prevention; and,
   b. Coordinate with LGUs in carrying out these guidelines.

VIII. REPEALING CLAUSE

Other related issuances not consistent with the provisions of this order are hereby revised, modified or recinded accordingly. Nothing in this Order shall be construed as limitations or modification of existing laws, rules and regulations.

IX. SEPARABILITY CLAUSE

Should any provision of this Order or any part thereof be declared invalid, the other provisions, insofar as they are separable from the invalid ones, shall remain in full force and effect.

X. EFFECTIVITY

This Order shall take effect fifteen (15) days following its publication in the Official Gazette or a newspaper of general circulation.

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

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CORAZON S. DELA CRUZ
KMITS - RECORDS SECTION
Department of Health

ANNEX A
Infection Prevention and Control (IPC) Operational Guidelines
During TB Systematic Screening

1. **Guidelines applicable to Intensified Case Finding (ICF) and Active Case Finding (ACF)**
   a. Before entry to the health facility (for ICF) or activity area (for ACF), instruct all clients and their companions to wear non-medical/cloth/fabric masks and perform hand hygiene with 70% ethyl alcohol or hand wash by soap and water, whichever is available.
   b. Measure body temperature of every client by non-contact digital thermosensor at least 3 cm away from the forehead of the client.
   c. Triaging of patients upon entry to health facilities (for ICF) or activity area (for ACF) must be done to segregate suspect COVID-19 cases. Health workers must require ALL suspect COVID-19 cases to wear medical masks. If the patient does not have a medical mask, the health facility is encouraged to provide one to the patient.
   d. Mark physical distancing block/circle at least 1 meter apart between clients, as well as between clients and staff.
   e. For chest x-ray (CXR), or other imaging procedures, there must be strict equipment and surface disinfection after every patient. Note that the appropriate disinfectants must be used for each surface.
   f. If the facility has a standard disinfection protocol that is sufficient to eliminate potential COVID-19 contamination, this protocol is suggested to be continued.
   g. Comprehensive guidelines on disinfection of health facilities is provided in Annex D, "Healthcare Setting Recommended Frequency of Cleaning of Environmental Surfaces".
   h. Facilities may opt to conduct CXR on segregated time. Allot a dedicated CXR time for non-suspect COVID-19 patients. The World Health Organization (WHO) recommends to schedule CXR of suspect or confirmed COVID-19 patients at the end of clinic day if possible. If resources are available, allot a dedicated CXR machine for non-suspect COVID-19 patients.
   i. Health workers performing chest imaging procedures shall wear medical masks, gloves, and safety goggles or face shield.
   j. For aerosol generating procedures (AGP) (e.g., tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, bronchoscopy, sputum induction using nebulized hypertonic saline, and autopsy procedures), air disinfection should be done.
   k. Follow proper specimen collection, handling and transport for tuberculosis (TB) testing.
   l. Follow proper waste disposal as previously described in the National Tuberculosis Laboratory Biosafety Guidelines published by the Department of Health (DOH) - Research Institute for Tropical Medicine (RITM), National Tuberculosis Reference Laboratory (NTRL).

2. **Infection Prevention and Control for Intensified Case Finding (ICF)**

   a. In health facilities with large out-patient department (OPD), customization of the triage area to include a physical barrier between patients and health workers is highly suggested. This may lessen personal protective equipment (PPE) needs — for instance medical mask and gloves only, instead of full PPE suits required for COVID-19.
   b. Areas with natural ventilation are ideal for triage.
   c. Only after the client has passed through COVID-19 triage and is not suspected of COVID-19 infection must he/she be directed to the radiology department or to a partner diagnostic facility.

3. **Infection Prevention and Control (IPC) for Active Case Finding (ACF)**

   a. Considering the size/space of the venue, limit the number of people gathering by assigning time slots. Given the stringent IPC requirements for patients, the number of patients to be catered is expected to be reduced in a day.
   b. Only after the client has passed through COVID-19 triage and is not suspected of COVID-19 infection must he/she be directed to the mobile CXR van.
   c. Serve one client at a time inside the CXR van.
   d. Perform hand hygiene with 70% ethyl alcohol or hand wash by soap and water, whichever is available before entering the van.
   e. Disinfect surfaces of the van (including door handles) after every patient. Disinfection of the x-ray room shall follow the general IPC guidelines stated above.

4. **IPC for Enhanced Case Finding (ECF) and Contact Investigation**

   a. Conduct interview outdoors.
   b. Instruct client/s to wear non-medical/cloth/fabric mask/s.
   c. Maintain at least 1-meter distance between clients, as well as between clients and TB navigators.

ANNEX B.
Matrix of Recommended PPE According to Activity

Activity	Who Should Wear PPE	Type of PPE					
		Gloves	Disposable Lab Gown[1]	Dedicated Lab Shoes and/or Shoe Cover	Head Cover	Face Shield / Googles	Fit-tested N95, N100, P100 respirator[2]
Specimen collection (if accompanying patient to collect)[3]	Collection unit staff	Double gloves recommended	Recommended	-	Based on risk assessment	Based on risk assessment	Recommended
Specimen packaging	Collection unit staff	Double gloves recommended	Recommended	Recommended	Based on risk assessment	Based on risk assessment	Recommended
Receiving of sealed specimen package and accompanying documents	Laboratory staff	Recommended	Recommended	-	-	-	Based on risk assessment (face mask may be used as substitute based on risk assessment)
Specimen transport	Specimen transporter	Recommended	-	-	-	-	Based on risk assessment (face mask may be used as substitute based on risk assessment)
Unboxing of specimen package for specimen receiving, sorting, and verification	Laboratory staff	Double gloves recommended	Recommended	Recommended	Based on risk assessment	Based on risk assessment (recommended if no BSC)	Recommended
Specimen processing	Laboratory staff	Double gloves recommended	Recommended	Recommended	Recommended	Based on risk assessment (recommended if no BSC)	Recommended
Decontamination of transport boxes and biological spills; and Handling of laboratory waste for decontamination[4]	Laboratory staff	Double gloves recommended	Recommended	Recommended	Based on risk assessment	Recommended	Recommended
General surface decontamination	Health facility and laboratory staff	Recommended	Based on risk assessment	Based on risk assessment	Based on risk assessment	Based on risk assessment	Based on risk assessment (face mask may be used as substitute based on risk assessment)

[1] Impermeable/breathable, long sleeves, with back enclosure
[2] PAPR may be used in case of failed respirator fit
[3] Specimen collection at home is preferred to reduce risks for health worker
[4] Refer to reference documents for procedure on biological spill response and healthcare/laboratory waste decontamination

References:
[1] World Health Organization (WHO). (2020, May 13). Laboratory Biosafety Guidance Related to Coronavirus Disease 2019 (COVID-19). Geneva: WHO.
[2] Research Institute for Tropical Medicine (RITM) Biorisk Management Office (BRMO). (2020, March 15). Interim Biosafety Guidelines for Laboratories Handling and Testing SARS-COV-2 Specimen, Version 2. Muntinlupa: RITM.
[3] Department of Health (DOH). (2020, February 3). Interim Guidelines for 2019 Novel Coronavirus Acute Respiratory Disease (2019-nCoV ARD) Response in Hospitals and Other Health Facilities. Manila: DOH.

ANNEX C
Type of Mask for Use by Health Workers
(Depending on Transmission Scenarios, Setting, and Activity[1])

Who	Setting	Activity	Type of Mask
Health worker	Healthcare facility	In patient care area irrespective if patients are COVID-19 suspect/confirmed	Medical mask (targeted continuous medical masking)
		When in contact with suspect or confirmed COVID-19 patient	Medical mask
	Healthcare facility (including long term care facility), in settings where aerosol generating procedures (AGP) are performed	Performing AGP on a suspect or confirmed COVID-19 patient or providing care in a setting where AGPs are in place for COVID-19 patients	Respirator (N95 or N99 or FFP2 or FFP3)
		Sputum collection and sputum analysis (where aerosolization of the samples may take place)	
	Home visit	When in direct contact or when distance of at least 1 meter cannot be maintained	Consider using a medical mask
		Assistance in sputum collection (where aerosolization of the samples may take place)	Respirator (N95 or N99 or FFP2 or FFP3)
	Home care	When in close contact or when a distance of at least 1 meter cannot be maintained from a suspect or confirmed COVID-19 patient	Medical mask
	Community	Community outreach programs	Consider using a medical mask
Community workers/BHWs	Home visit	Assistance in sputum collection (where aerosolization of the samples may take place)	Respirator (N95 or N99 or FFP2 or FFP3)
	Community	Community outreach programs	Consider using a medical mask
Personnel (working in healthcare facilities but not providing care for patients, e.g., administrative staff)	Healthcare facility	No routine activities in patient areas	Medical mask not needed. Medical mask should be considered only if in contact or within 1 meter of patients, or according to local risk assessment.

- The table above refers to the use of medical masks and respirators. Note that medical masks and respirators should be certified according to international or national standards.
- The use of medical masks and respirators may need to be combined with other personal protective equipment (PPE) and other measures as appropriate, and always with hand hygiene. Further, based on the available evidence on effectiveness of different masks, the type of mask (medical mask vs respirator) to be used will depend on transmission scenarios, settings, and activities. Also, depending on values, preferences and availability, respirators could also be used when providing direct care to suspect or confirmed COVID-19 patients in other settings.
- Face shield with proper design may be considered as an alternative to medical mask in the context of mask shortage. Note that non-medical/cloth/fabric masks are NOT considered appropriate for protection.
- It is essential for health workers to know the appropriate use and disposal of masks to ensure its effectiveness and to avoid any increase in transmission.

[1] World Health Organization (WHO). (2020, June 5). Advice on the Use of Masks in the Context of COVID-19. Interim Guidance. Geneva: WHO.

ANNEX D

Healthcare Setting Recommended Frequency of Cleaning of Environmental Surfaces (According to Patient Areas with Suspected or Confirmed COVID-19 Patients)

Patient Area	Frequency[1]	Additional Guidance
Screening/triage area	At least twice daily	Focus on high-touch surfaces, then floors (last)
Inpatient rooms/cohort occupied	At last twice daily, preferably three times daily, in particular for high-touch surfaces	Focus on high-touch surfaces, starting with shared/common surfaces, then move to each patient bed; use new cloth for each bed if possible; then floors (last)
Inpatient rooms-unoccupied (terminal cleaning)	Upon discharge/transfer	Low-touch surfaces; high-touch surfaces, floors (in that order); waste and linens removed, bed thoroughly cleaned and disinfected.
Outpatient/ambulatory care rooms	After each patient visit (in particular for high-touch surfaces) and at least once daily terminal clean	High-touch surfaces to be disinfected after each patient visit. Once daily low-touch surfaces, high-touch surfaces, floors (in that order); waste and linens removed, examination bed thoroughly cleaned and disinfected.
Hallways/corridors	At least twice daily (can be once a day if hallways are not frequently used)	High-touch surfaces including railings and equipment in hallways, then floors (last)
Patient bathrooms/toilets	Private patient room toilet: at least twice daily Shared toilets: at least three times daily	High-touch surfaces, including door handles, light switches counters, faucets, then sink bowls, then toilets and finally floor (in that order) Avoid sharing toilets between staff and patients

[1] Environmental surfaces should also be cleaned and disinfected whenever visibly soiled or if contaminated by a body fluid (i.e., blood).

ANNEX E

Sample COVID-19 and TB Screening Form

PARAMETERS	YES	NO
A. WITHIN THE LAST 10 DAYS, did patient have:		
1. History of fever or measured fever of ≥38 C		
2. Cough		
B. Patient REQUIRES hospitalization?		
C. WITHIN 14 DAYS PRIOR TO SYMPTOM ONSET, did patient have:		
1. History of travel to or residence in an area that reported local transmission of COVID-19 disease		
2. Contact to a confirmed or probable case of COVID-19 disease		
D. PRESENCE of other respiratory signs and symptoms (shortness of breath, colds, sore throat)		
E. WITH ANY OF THE FOLLOWING CONDITIONS:		
1. Aged 60 years and above		
2. With a comorbidity (hypertension, cardiovascular disease, diabetes, chronic kidney disease, asthma, COPD, liver disease, malignancy		
3. Assessed as having a high-risk pregnancy		
4. Health worker		

F. **FOR 2 WEEKS OR MORE,** does the patient have any of the following:	YES	NO
1. Cough with or without phlegm		
2. Unexplained weight loss		
3. Fever		
4. Night sweats		

G. **WITHIN THE PAST ONE YEAR:**	YES	NO	Not Sure
1. Did patient have a Chest X-Ray Done?			
2. If yes, were the Chest X-ray lung findings normal?			

If the answer is:	Action by Triage Officer
YES to ALL in Sections A AND B	Consider as Suspect COVID-19 case: Refer to the Emergency Room or designated COVID-19 area in the facility for COVID-19 diagnosis and treatment. Offer CXR as part of baseline work-up[1]
YES to ALL in Section A AND ANY in Section C	
YES to ANY in Sections A or D AND ANY in Section E	
YES to ANY in Section F AND considered as suspect COVID-19 case	Consider as BOTH *Presumptive TB AND Suspect COVID-19 Case*: Refer to the Emergency Room or designated COVID-19 area in the facility for COVID-19 diagnosis and treatment and facilitate collection of sputum for Xpert MTB/Rif test in designated collection area or advise sputum collection at home.
YES to ANY in Section F	Consider as *Presumptive TB*. Facilitate collection of sputum for Xpert MTB/Rif test in designated collection area or advise sputum collection at home.
YES to ANY in Section G	If abnormal findings suggestive of PTB, consider *Presumptive PTB*. Facilitate collection of sputum for Xpert MTB/Rif test in designated collection area or advise sputum collection at home. If not sure of CXR result, offer CXR.
NO to ALL Sections	Offer CXR

I hereby certify that the above are true and correct based on the best of my knowledge. (CAPITAL LETTERS ONLY)

Full Name	
Signature	
Date of Signature	
Place of Residence	
Mobile Number	

[1] DOH-PSMID Clinical Practice Guidelines for COVID-19 version 2.1 as of 31 March 2020