



Republic of the Philippines
Department of Education
NATIONAL CAPITAL REGION

REGIONAL MEMORANDUM

ORD-2025 173

TO : **SCHOOLS DIVISION SUPERINTENDENT**
SDO- Quezon City

FROM : **OFFICE OF THE REGIONAL DIRECTOR**

SUBJECT : **ROLL-OUT OF THE TB FREE SCHOOLS PROGRAM IN PARTNERSHIP WITH PHILIPPINE TUBERCULOSIS SOCIETY INC. (PTSI)**

DATE : **February 20, 2025**

1. Attached is an Unnumbered Memorandum signed by Dr. Dexter A. Galban, Assistant Secretary for Operations, Officer in Charge, Office of the Undersecretary for Operations titled "ROLL-OUT OF THE TB FREE SCHOOLS PROGRAM IN PARTNERSHIP WITH PHILIPPINE TUBERCULOSIS SOCIETY INC. (PTSI)" dated February 13, 2025. PTSI will provide free tuberculosis screenings for 1) public school teachers, 2) non-teaching staff, and 3) learners aged 15 and above through the *TB Free Schools Program*.
2. Utilizing advanced ultraportable X-ray technology with artificial intelligence (AI), the TB Free Schools Program will be available for identified schools within a 20-kilometer radius of the PTSI branch. For the National Capital Region, it is the **Quezon Institute** located at E. Rodriguez Ave.
3. For inquiries, kindly may contact the External Partnership Service- Local Partnerships through telephone no. 8638-8637 or email at externalpartnerships@deped.gov.ph..
4. Immediate dissemination of this Memorandum to those concerned is desired.


JOCELYN DR ANDAYA
Regional Director, NCR
Concurrent Officer-In-Charge
Office of the Assistant Secretary for
Operations



Address: 6 Misamis St., Bago Bantay, Quezon City
Email address: ncr@deped.gov.ph
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Republic of the Philippines
Department of Education
EXTERNAL PARTNERSHIPS SERVICE

CO-EPS- 02-057 s. 2025

MEMORANDUM

FOR : **DR. DEXTER A. GALBAN**
Assistant Secretary for Operations

FROM : **GRACIELA E. MENDOZA**
Director IV

SUBJECT : **PARTNERSHIP WITH PHILIPPINE TUBERCULOSIS
SOCIETY INC. ON "TB FREE SCHOOLS PROGRAM"**

DATE : January 27, 2025

The Philippine Tuberculosis Society, Inc. (PTSI), established in 1910, has joined forces with Department of Health (DOH), local government units (LGUs), and other stakeholders to combat tuberculosis (TB). The recent acquisition of Ultra-Portable Chest X-ray (UPCXR) machines has facilitated mass screenings, allowing the screening of 400-500 individuals daily. While significant progress has been made, greater efforts are required to meet the 90-90-90 TB elimination targets by 2035.

In this effort, PTSI has partnered with the Department of Education (DepEd) to implement the "TB Free Schools Program." The program's objective is to conduct TB screenings for teachers, non-teaching staff, and learners (ages 15 and older) in schools located within a 20-kilometer radius of the following PTSI branches:

1. Quezon Institute – Quezon City, Metro Manila;
2. Cagayan Chest Clinic & Dispensary – Tuguegarao City, Cagayan Province;
3. Albay Chest Clinic & Dispensary – Legazpi City, Albay;
4. Iloilo Chest Clinic & Dispensary – Iloilo City;
5. Roxas Chest Clinic & Dispensary – Roxas City, Capiz;
6. Negros Oriental Chest Clinic & Dispensary – Dumaguete City, Negros Oriental;
7. Eastern Visayas Chest Clinic & Dispensary – Tacloban City, Leyte; and
8. Davao Chest Clinic & Dispensary – Tagum City, Davao del Norte

To operationalize this program, we seek the assistance of the Operations Strand in issuing a memorandum to the target Regional and Schools Division Offices mentioned above.

For your reference and guidance, the following documents are attached:

- Copy of MOU with PTSI (signed and notarized)
- Mechanics of Active Case Finding (ACF)
- Registration Form with Consent
- Masterlist Template

Should you have any questions or require further details, your staff may coordinate with Mr. John Joshua Cruz via email at johnjoshua.cruz@deped.gov.ph copy furnish jhoana.llana@deped.gov.ph.

Thank you very much for your kind assistance in this vital initiative of PTSI.



Republika ng Pilipinas
Department of Education

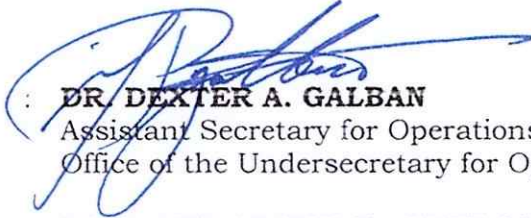
OFFICE OF THE UNDERSECRETARY FOR OPERATIONS

MEMORANDUM

FOR : **REGIONAL DIRECTORS**
NCR, Regions II, V-VIII, XI

SCHOOLS DIVISION SUPERINTENDENTS

ALL OTHERS CONCERNED

FROM : 
DR. DEXTER A. GALBAN
Assistant Secretary for Operations, Officer-in-Charge,
Office of the Undersecretary for Operations

SUBJECT : **ROLL-OUT OF THE TB FREE SCHOOLS PROGRAM IN
PARTNERSHIP WITH PHILIPPINE TUBERCULOSIS SOCIETY
INC. (PTSI)**

DATE : February 13, 2025

In line with the World Health Organization's 90-90-90 Strategy to eliminate tuberculosis (TB), the Department of Education (DepEd), in partnership with the Philippine Tuberculosis Society, Inc. (PTSI), will provide free tuberculosis screenings for 1) public school teachers, 2) non-teaching staff, and 3) learners aged 15 and above through the *TB Free Schools Program*.

Utilizing advanced ultraportable X-ray technology with artificial intelligence (AI), the *TB Free Schools Program* will be available for identified schools within a 20-kilometer radius of the following PTSI branches:

1. **Quezon Institute** – Quezon City, Metro Manila
2. **Cagayan Chest Clinic & Dispensary** – Tuguegarao City, Cagayan Province
3. **Albay Chest Clinic & Dispensary** – Legazpi City, Albay
4. **Iloilo Chest Clinic & Dispensary** – Iloilo City
5. **Roxas Chest Clinic & Dispensary** – Roxas City, Capiz
6. **Negros Oriental Chest Clinic & Dispensary** – Dumaguete City, Negros Oriental
7. **Eastern Visayas Chest Clinic & Dispensary** – Tacloban City, Leyte
8. **Davao Chest Clinic & Dispensary** – Tagum City, Davao del Norte

To ensure the successful implementation of this program, we request your offices to **identify eligible public schools within the specified radius, and coordinate the rollout of the screenings**. Participation is **COMPLETELY VOLUNTARY and FREE OF CHARGE**.

Attached are the following documents for your reference:

- **Active Case Finding Procedure in Schools**, provided by PTSI, outlining the step-by-step implementation of the program.
- **Registration and Consent Form**
- **Masterlist Template**

For any inquiries or clarifications, please contact the External Partnerships Service-Local Partnerships via email at externalpartnerships@deped.gov.ph or through phone at **8368-8637**.

For your appropriate action.

[OASOPS/CEA]

Active Case Finding (ACF) Procedure in Schools

Definition:

Active Case Finding: systematic screening implemented outside health facilities (i.e. high-risk populations or settings) by bringing the screening examination/procedures such as x-ray to the community. Chest x-ray is used as a primary screening tool and a rapid diagnostic test (e.g. Xpert test).

Presumptive pulmonary tuberculosis – refers to any person having: i) two weeks or longer of any of the following – cough, unexplained fever, unexplained weight loss, night sweats; or ii) chest X-ray finding suggestive of TB.

Active TB disease – a presumptive TB case that is either bacteriologically confirmed or clinically diagnosed by the attending physician.

Bacteriologically Confirmed: refers to a patient from whom a biological specimen, either sputum or non-sputum sample, is positive for TB by smear microscopy, culture or rapid diagnostic tests (such as Xpert MTB/RIF, line probe assay for TB, TB LAMP).

Clinically Diagnosed: – refers to a patient for which the criterion for bacteriological confirmation is not fulfilled but diagnosis is made by the attending physicians on the basis of clinical findings, X-ray abnormalities, suggestive histology and/or other biochemistry or imaging tests. 6. New – refers to a patient who has never

Objective

To identify TB cases among Learners/ Teachers/Non-Teaching Personnel and ensure timely referral and management.

Step-by-Step Mechanics

1. Pre-ACF Phase

- ✓ Ensure the Memorandum of Understanding between the Department of Education (DepEd) and the Philippine Tuberculosis Society, Inc. (PTSI) has been reviewed/signed by both parties.
- ✓ Conduct initial consultative meeting with the DepEd- External Partnerships Service to lay down the mechanics of ACF activity and the clarified process flow.
- ✓ Issuance of Memorandum for DepEd Regional Directors regarding the conduct of ACF activity.
- ✓ Conduct an online ACF orientation among Division Health Personnel.
- ✓ Conduct mapping of schools by DepEd that will be involved in the project.
- ✓ Conduct roll-out orientation among schools by the Division Health Personnel

- ✓ Provide a copy of the Information, Education, Communication (IEC) Campaign video as part of the advocacy prior to the ACF. This IEC video can be played during Homeroom sessions. Please see link below:

<https://www.youtube.com/watch?v=INMsYI65VK4>

- ✓ Conduct initial coordination with the school principal at least 3 weeks prior to the activity. (*Quezon Institute-QC, Cagayan Chest Clinic & Dispensary, Albay Chest Clinic & Dispensary, Iloilo Chest Clinic and Dispensary, Roxas Chest Clinic and Dispensary, Negros Oriental Chest Clinic & Dispensary, Eastern Visayas Chest Clinic & Dispensary and Davao Chest Clinic & Dispensary*).
- ✓ Provide a soft copy of ACF Registration/Consent Form to schools a month prior to the conduct of ACF.
- ✓ Obtain masterlist of learners (≥ 15 y/o), teaching and the non-teaching personnel who consented to undergo chest x-ray CXR); *Masterlist should be submitted to PTSI, two weeks prior to the conduct of the ACF.*
(*Eligible individuals for screening: (1) Age is ≥ 15 y/o; (2) No CXR in the past year; (3) With CXR in the past year but currently experiencing TB symptoms such as cough, unexplained fever, unexplained loss of weight and night sweats; (4) Those with other lung diseases that had no response to two weeks antibiotic treatment; (5) or those decided to undergo CXR regardless of the last or recent CXR.*)

Logistics:

PTSI: Ultraportable X-ray with Artificial Intelligence (UPXR with AI); soft copy of IEC video; soft copy of registration/consent forms/anti-TB medicine/TB Preventive Treatment/ TB Skin Test.

Schools: Tables, chairs, tents, electric fan, room for UPXR with AI units, printed-out of accomplished registration/consent forms; masterlist for individuals eligible for CXR;

REGISTRATION AREA REQUIREMENT: TABLES- 2/ STAFF AND PATIENT CHAIRS- 6/
WAITING AREA: 15-20 chairs

X-RAY AREA: TABLES- 2/ STAFF CHAIRS- 4/ WAITING AREA- 10 chairs/ electric fans- 2/
electric outlets for laptop and UPXR battery charging.

DRESSING AREA: near x-ray

RELEASING OF RESULTS: TABLES -- 2/ STAFF AND PATIENT CHAIRS- 4 / WAITING AREA-
10 chairs

SPUTUM COLLECTION AREA: With good ventilation/privacy/ideally with faucets/handsoap for handwashing

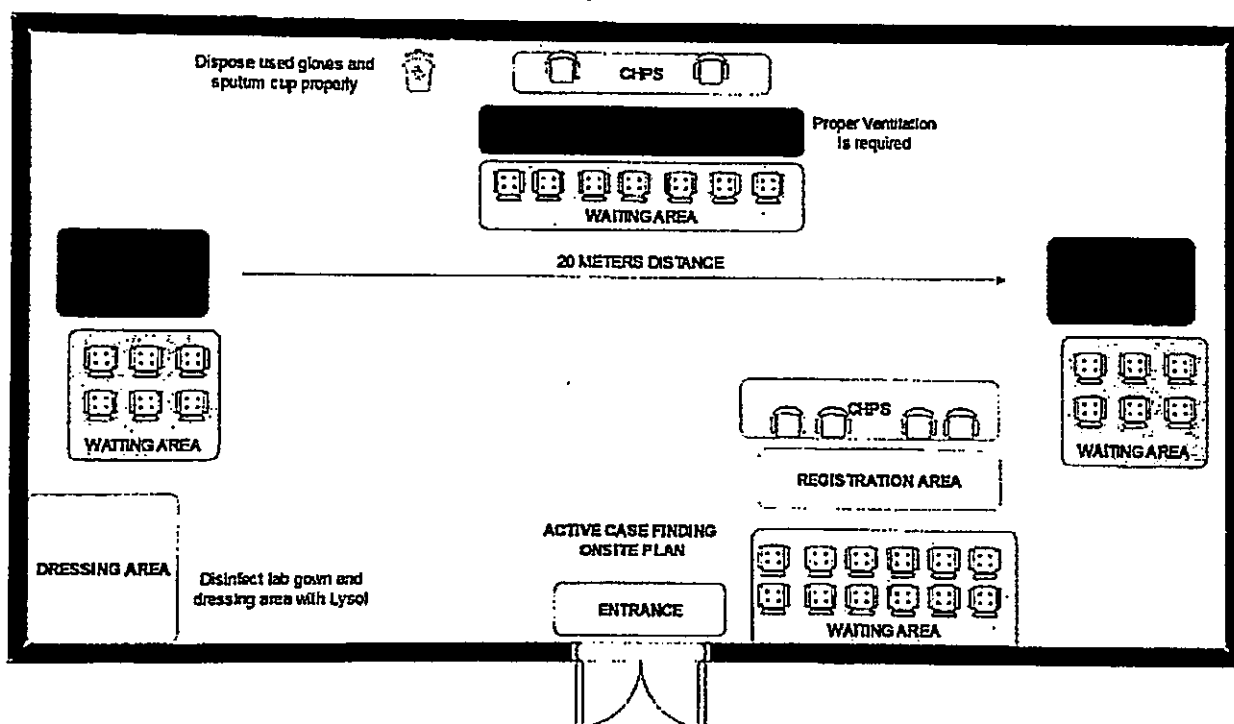
Requirement Distance for UPXR Units:

- ✓ If two UPXR Units will be utilized simultaneously for the ACF, the distance should be 20 meters apart.
- ✓ The distance between the camera and the flat panel detector will be maintained at 1 meter apart for both units.

Awareness Campaign: (aside from the above-mentioned orientation among Division Health Personnel and roll-out sessions)

- ✓ Announcement of ACF activity during flag ceremony, TB IEC reading for the months of March (World TB Month) and August (Lung Month Celebration);
- ✓ For ACF announcements, you may include the following reminders:
 - Wear any plain white or colored shirts: NO collar, NO buttons, NO prints
 - Avoid wearing jewelry: NO necklace or dangling earrings
 - **Ocular Inspection** conducted during initial visit and coordination and 2 days prior to the scheduled ACF.

2. ACF Phase: Ideal Set-up



- ✓ Designate screening areas in the school (e.g., classrooms, library, or at school activity hall with consideration of the specified distance per UPXR unit / UPXR camera to the Flat panel detector).
- ✓ Ensure privacy during screenings/sputum collection.

STEP 1: REGISTRATION AREA: All clients will bring their accomplished registration form/consent. Clients are interviewed and data are encoded; X-ray requests will be provided to clients.

STEP 2: X-RAY AREA: All clients will bring the accomplished registration form/consent and the x-ray request for encoding and data validation. Clients will be screened using UPXR with AI.

STEP 3: RELEASING OF RESULTS AREA/SPUTUM COLLECTION AREA: All of the client's initial X-ray results are listed/encoded. Those with normal CXR-AI results are provided with health education to maintain a healthy lifestyle and when to seek consultation.

Health education/instruction on how to cough-out sputum is also provided for those whose CXR-AI results showed findings suggestive of TB. Sputum cups are labelled accordingly. Clients are informed that personal calls will be received for additional health instructions.

3. Post ACF

- ✓ All diagnosed TB cases will be enrolled at PTSI branches;
- ✓ All schools involved will act as treatment supporters upon orientation by an identified staff (e.g., nurse or Clinic Teacher); The PTSI will provide the anti-TB drugs monthly, for the continuation of their treatment.
- ✓ Contact Tracing:
 - PTSI Branches/Preferred DOTS facility of diagnosed TB cases will spearhead contact tracing among household members or referred by PTSI to the RHU's near their residences FOR CONTACT SCREENING ONLY.
 - Schools to assist in reminding the diagnosed TB cases to have their close contacts or household contacts seek consultation.
- ✓ WHEN CAN THE PATIENT REPORT TO SCHOOL/WORK:
 - After one week of uninterrupted treatment for clinically diagnosed TB cases.
 - After a negative follow-up smear for bacteriologically confirmed TB cases. If patient wishes to return to work sooner, SM may be repeated (outside of the regular schedule) at least two weeks after treatment initiation.
- ✓ PTSI branches will refer clients to other health facilities upon patients' preference.
- ✓ For any other inquiries: You may reach the PTSI-Community Health Program Section at:
 - Facebook Page: PTSI-ICHPS
 - Facebook Page Link: <https://bit.ly/PTSI-ICHPS>
 - Cellphone Number: 0964-926-4892

4. Documentation and Reporting Phase:

- ✓ Feedback accomplishment right after the ACF;
- ✓ Provide the summary report of official X-ray findings upon obtaining from radiology. Time Frame: Usually, 7 to 10 working days.
- ✓ Provide the sputum test result upon obtaining from the laboratory. Time Frame: Usually, 2 to 3 working days. The positive results will be endorsed immediately to the schools while the remaining results will be given along with the summary report of official X-ray findings.

**CLIENT'S DEMOGRAPHIC AND MEDICAL HISTORY**

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

PATIENT NO.: _____

INSTRUCTIONS:

Write or type all information in BLOCK or CAPITAL LETTERS
Put a CHECK (✓) in questions with boxes.
If the question is not applicable to the patient put N/A.
If the client can't recall the answer to a certain question put UNRECALLED.
DOUBLE CHECK all data before allowing patient to proceed to encoding.

CONSENT FORM

Ako si _____ ay boluntaryong nakikilahok sa Chest X-ray (CXR) screening ng Philippine Tuberculosis Society Inc. dito sa aming komunidad/organisasyon. Naipaliwanag sa akin nang maayos ang procedure ng CXR, ano ang impormasyon ukol sa X-ray at ang mga gampanin ko pagkatapos ng screening activity. Kasama sa impormasyon na ibinigay sa akin na Ultraportable X-ray ang gagamitin na may mababang epekto ng radiation (70 kV).

Ako ay napayuhang bumalik sa Quezon Institute sa petsa na itinakda para sa resulta. Binibigyang pahintulot ko din ang QI na ako ay kuhaan ng plema o sputum at iba pang kinakailangan na eksaminasyon at pagsusuri ng doctor.

Naipaliwanag din sa akin ang tungkol sa "Data Privacy Act of 2012" at ako ay pumapayag na gamitin ang aking datos para sa screening activity na ito at iba pang kaukulang reports. Binibigyang pahintulot ko ang PTSI sa propesyonal na paggamit ng aking mga personal na impormasyon.

Naipaliwanag din sa akin na kung sakaling magbago ang isip ko sa pakikilahok sa CXR screening activity, ito ay hindi makakaapekto sa aking pagpapakonsulta o pag tanggap ng kaukulang pangangalaga mula sa Quezon Institute.

Ang lahat ng impormasyon na aking ibinigay ay pawang katotohanan lamang.

CLIENT'S SIGNATURE/ THUMB MARK _____

DATE _____

IDENTIFYING INFORMATION			
PHILHEALTH ID NO.:			
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CIVIL STATUS	BIRTHDATE
OCCUPATION	HOUSE/BLDG. NO., ST/ SUBD. / BRGY. / CITY/ MUNICIPALITY		CONTACT NUMBER
GOVERNMENT ISSUED ID (CHECK as many as applicable): <input type="checkbox"/> SENIOR CITIZEN ID <input type="checkbox"/> SOLO PARENT <input type="checkbox"/> PWD ID TYPE OF DISABILITY AS REFLECTED ON THE PWD ID: _____			
NAME AND CONTACT NUMBER OF HOUSEHOLD MEMBER:		NAME AND CONTACT NUMBER OF PUROK LEADER:	

MEDICAL HISTORY AND SOCIAL DETERMINANTS			
SYMPTOMS: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> COUGH ≥ 2 WEEKS	<input type="checkbox"/> UNEXPLAINED FEVER ≥ 2 WEEKS	<input type="checkbox"/> UNEXPLAINED WEIGHT LOSS ≥ 2 WEEKS
	<input type="checkbox"/> NIGHT SWEATS ≥ 2 WEEKS	OTHERS (IF TB SYMPTOMS ARE LESS THAN 2 WEEKS, SPECIFY): _____	
CHEST X – RAY: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE WHEN LAST X – RAY WAS TAKEN: _____	PREGNANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU DIAGNOSED WITH DIABETES? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> SMOKER <input type="checkbox"/> PAST SMOKER <input type="checkbox"/> NON-SMOKER <input type="checkbox"/> PASSIVE SMOKER	IF SMOKER; PACK PER DAY _____ SINCE _____		
<input type="checkbox"/> VAPING <input type="checkbox"/> PAST VAPER <input type="checkbox"/> NON – VAPER <input type="checkbox"/> PASSIVE VAPER	IF PAST SMOKER; STOPPED IN _____		
	IF VAPING; ML PER DAY _____ SINCE _____		
	IF PAST VAPER; STOPPED IN _____		
DO YOU DRINK ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW OFTEN DO YOU DRINK: _____		
	HOW MUCH DO YOU SPEND: _____		
OTHER MEDICAL DIAGNOSIS: (PLEASE SPECIFY) _____			

CLINICAL/DIAGNOSTIC INFORMATION		<input type="checkbox"/> N <input type="checkbox"/> S
HISTORY OF TB: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DRUG RESISTANT TB (DR – TB) <input type="checkbox"/> DRUG SUSCEPTIBLE TB (DS – TB)	DATE OF TREATMENT: _____
TYPE OF TREATMENT:	DURATION OF TREATMENT: _____	MODE OF TREATMENT: <input type="checkbox"/> DOTS <input type="checkbox"/> NON - DOTS
NAME OF TREATMENT FACILITY: _____		

MASTER LIST FOR CHEST X-RAY SCREENING

DATE OF THE ACTIVITY: March 4, 2025 (Tuesday)

NO.	LAST NAME	FIRST NAME	MIDDLE NAME	AGE
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