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2007 NTPS Field Survey Completed

Fieldwork enters final week; Excellent coverage results in all clusters

The field work of the 2007 Nationwide Tuberculosis Prevalence Survey being conducted by TDF has entered its final week and is expected to be completed before this issue goes off the press.

Excellent coverage results in all the three strata (NCR, Other Urban & Rural clusters) were achieved as shown by the table below. The table also showed the National weighted average coverage.

% Average Coverages of Cluster Populations in 3 Strata	Interviews		TST 5-9 yrs	X-ray	Sputum
	HH	Ind			
	Percentages				
NCR	99.7	76.0	75.2	80.5	95.7
Other Urban Clusters	100	96.4	95.9	93.1	98.2
Rural Clusters	99.9	97.9	96.0	95.7	98.9
NATIONAL	99.9	94.3	93.1	92.6	98.2

For detailed results per cluster, see page 4.

Social Determinants and Risk Factors for TB

With only a week to go to the completion of the field survey of the NTPS, Dr. Jennifer Chua, NTPS Program Manager, will participate in the forthcoming WHO Task Force on TB Impact Measurement, 2nd meeting to be held in WHO HQ, Geneva, Switzerland, December 6-7, 2007. For the first time, a survey of the socio-economic status of households included in the cluster population and co-morbid conditions of the individual participants aged 20 years and above were included in the Nationwide TB Prevalence Survey (NTPS). The purpose of this is to determine social determinants and risk factors for TB which need to be addressed in addition to the case management approach through DOTS for effective and sustainable TB control.

Various agencies and consultants contributed to this effort. The Population Institute of the University of the Philippines (UPPI), the National Statistics Office and the WHO in Manila and WHO HQ were consulted. Ms. Anjana Bushan and Dr. Philippe Glaziou of WPRO provided recommendations on specific issues for risk factors and the socio-economic variables, respectively, to be included in the instrument. Dr. Knut Lonroth, Dr. Brian Williams, both of WHO HQ and Dr. Frank Cobelens of KNCV provided detailed recommendations

for a feasibility study in incorporating the SES and TB risk factor study onto the NTPS. They provided specific variables and queries, including illustrations, for the interview instrument. Professor Emeritus Dr. Mercedes Concepcion engaged her colleague Dr. Grace Cruz of the UPPI for field testing and training.

Data from the field survey are now being encoded under the supervision of Ms. Nellie Mangubat, Data Manager, and analysis will start in early January 2008. Dr. Aniceto Orbeta will provide technical assistance on the economic analysis specifically on wealth quintiles stratification of the population. Further analysis of data on the burden of TB disease and the annual risk of infection will be done in consultation with Dr. Sista Radhakrishna, previously of the IMR.



Mock Interview at UP Village: On field training for complete and accurate data gathering

THE NTPS SURVEY: A Photo Essay



More photos inside

NCR clusters revisited

The six clusters in the national capital region were the toughest to crack for a number of reasons. First, they were the first clusters to be surveyed by the neophyte surveyors. Second, the cluster population were totally indifferent, not realizing the importance of their participation, feigning previous examinations already done, that they could do the examinations on their own as they have their own doctors and could pay for the exams.

The results after three attempts at the beginning of the field work were dismal. However, the teams never say die. They went back to these difficult clusters during the break owing to the moratorium imposed by the DOH for the measles campaign and the barangay elections. The return visit proved to be just as difficult, people slamming their doors at the faces of the young team members and even on the WHO TB Officer himself, Dr. Michael Voniatis.

Unbelievable, he says! He, however, asserts that our teamwork is excellent and x-ray quality is good. The support from the steering committee was very much appreciated specially in Marikina where the first coverages were the most dismal. Dr. Elmer Garcia, who himself is a resident of the chosen cluster, helped pave the way for the magnificent improvement from 50% to 77% chest x-ray coverage. It was indeed a very difficult job in Taguig, where the barangay captain, Eddie Cruz, had one lame excuse to another. He was running for re-election, and could not care less about the survey. Tangang Sora was not too bad, but Caloocan was difficult with those people almost literally throwing you out of their homes on the only day that they had for their family, they said.

Difficult as it was, the return visit improved the NCR ratings, and we are glad for that.



Stories from the field . . .

Community Participation in the NTPS

It was a challenge to reach the target coverages in Batangas City. By Saturday, the chest x-ray coverage had reached only 62%, and the cluster population just would not listen to the pleadings of Team 3, led by Dr. Mary Rosary Taguinod. On a Sunday, the members of the Sangguniang bayan (village council) led by the barangay (village) captain, and the kagawads (councilors) went from house to house, to basket ball courts, billiard halls, to convince the selected cluster population to participate in the cluster activities. The survey team was determined and continued to go from house to house to bring the cluster population to the mobile x-ray unit. Reinforcement forces from the TDF led by Dr. Ma. Imelda Quelapio, Dr. Thelma Tupasi, and with the NTP manager herself, Dr. Rosalind Vianzon, came Sunday to assist in the task. Dr. Ma. Lourdes Villa, veteran from 1997 NTPS was there to share in the excitement of getting the target met.

By Tuesday, the exemplary participation of the local executives, led by kagawad Cory Valenzuela, had paid off and the coverage reached 90%. Dr. Marve Duka then decided to concentrate on undelivered targets of sputum specimen collection and interviews, and on Wednesday, they were on their way to Oriental Mindoro, barring stormy weather.

In Apalit, Pampanga, Team 1 led by Dr. Christian Villacorte, despite mud and rain, went from house to house, inviting the cluster population to participate. Aling Rose, a well respected village leader, who had donated the lot on which a church was built mostly through her solicitation, accompanied by Dr. Tupasi in the morning, then by Dr. Ernesto Bontoyan in the afternoon, pleaded to her village mates to participate in the examinations that the survey team was offering. At the end of the day, the target had almost been reached with chest x-ray coverage of 93% and the back-up team was left with following up the sputum specimens that still needed to be collected.

(Thelma E. Tupasi, MD, Monitor)

Enjoying the rigors of the field work

Team members expressed mainly positive sentiments towards their various and diverse field assignments in the 2007 National Tuberculosis Prevalence Survey (NTPS). The team traveled to urban areas as close as Taguig City within Metro Manila to Cotabato province in the southern region of Mindanao. While the survey was successfully completed, the team encountered numerous challenges that ultimately did not deter them from fulfilling the survey's objectives.

Some of the main facilitating factors contributing to the team's success were a result of the team's resilience and ability to adapt to diverse situations. The team was exposed to people representing different Philippine regions, socio-economic categories, religious beliefs, and linguistic backgrounds, enabling the different team members to develop confidence in interacting with survey participants. Due to the various reactions towards the survey, the team also had to learn patience and persistence, leading the team to achieve high coverage rates, and completing the survey.

As with any large undertaking, Team 1 met many difficulties and obstacles. One of the biggest hurdles that Team 1 came across included doubt regarding the survey's intentions. Many participants were suspicious and apprehensive towards interviewers. Despite the many licensed medical professionals in the team, their youth was also a liability in gaining the survey participants' trust and compliance. Additionally, many were disappointed in their expectations of benefits associated with participating in the survey, as they had presumed that the survey was a medical mission, and that they could avail of free medicines. Nonetheless, these doubts did not deter the team from accomplishing its goals.

(Christian Villacorte, MD, Erin Sinogba, Team 1)

Threats:

Challenges to the success of the field work of the survey included the politicization of the survey, particularly in the Taguig and Cotabato clusters. Politicians did not help the survey because they were under the wrong impression that the survey was a medical mission. In the months leading up to the Barangay and Sangguniang Kabataan elections, the local officials were indifferent towards the survey, since participating would compromise their political campaigns and would constitute violation of election regulations. Urban communities were also difficult to survey, due to a prevailing attitude that free health services were not necessary. Mop-up activities were also difficult to complete. Incidences including theft in Iloilo also got in the way of conducting the survey seamlessly.

The team expressed that the work was definitely demanding. Despite the survey's best intentions and the interviewers' most detailed explanations, members of the sampled populations were still hesitant to participate. With persistence, though, the team felt that participants joined the survey out of pity for the interviewers. The survey itself was also met with reluctance. A number of participants reacted negatively when asked questions concerning family assets, hunger, and cough symptoms. The need to complete the survey also called for resilience through extreme circumstances, including unfamiliar and dangerous terrain and harsh weather.

(Christian Villacorte, MD, Erin Sinogba, Team 1)

Making the Grade, Reaching the Targets

For every cluster that we surveyed, we'd usually start off with goal-setting, a review of the procedures, and suggestions of strategies to streamline the field work. After discussing any other issues that needed to be resolved, I usually concluded the meeting with some pep talk to fire up a little enthusiasm among team members. I feel that this meeting was always a good opportunity to set the pace, give the team a sense of direction. Every night thereafter, we would meet again and assess the day's activities, give feedback as to what we failed to do and what more we could do to make things better.

We finished the registration in barangay Villa Arcaya within the next two days without any major hitches. Apparently, the karaoke singing contest-cum-affle bonanza sponsored by Mayor Cabangon during the barangay assembly still had it afterwards: a whooping 200 participants were x-rayed on the first day of cluster activities. Despite the very political atmosphere during that time because of the coming barangay elections, we got tremendous support from the outgoing councilors as well as the health workers. Midwife Yolly and the veteran BHWs helped us a lot in convincing would-be-respondents to take part in the survey. The next few days brought only a scattering of respondents. By Friday we were already doing mini-mop ups and by the time our monitor, Dra. Mamel Quelapio, arrived Saturday morning we were approaching 90% of the coverages. We did not anticipate that Sunday would pose another big challenge: the Pacquiao-Barrera boxing match. Fortunately, the barangay council was able to set up the cable television in the barangay hall so that we can attract participants to the cluster activity site.

With Pacquiao winning, the team's mood was upbeat and we had all systems go. The interviewers (Anne, Jean, Faith and Welmer) were neck-and-neck with team doctor Joey and Darcy, the admissions officer/x-ray facilitator. The PPD team of Tere and Leah did not want to be left behind in the race, while the sputum collection duo of Marvie and Salvy were up to defend their consistently-100%-crown. There was a healthy competitive spirit among the different groups and everybody was actually having fun under pressure. The cable guy could not refuse when we fetched him and promised to bring him back in less than an hour just so he can participate in the cluster activities. We had to come in earlier than usual in order to accommodate one respondent who had to be at work from 7am; "borrow" a respondent from his seaside *carinderia manager*; carry a post-stroke respondent who had a history of TB; and, ferry a respondent wearing crutches to and from his house. We had to convince two teachers who were made to believe they could only have their x-rays taken at 6-month intervals (a similar problem we encountered in Panabo and San Isidro).

We had to chase after, and practically stalk, difficult and obstinate respondents, offering to tend someone's *sari-sari* store and even volunteering to do the laundry. We were prepared to climb the mountains (rumored to be rebel-infested) and to row towards the middle of the sea just to bring some coy fishermen ashore. We had to persuade, sweet-talk, bribe ("Tell the tricycle driver we'll pay for one or two trips or however long his x-ray and interview will take."), even bluff ("Nanay, I'll lose my job if you don't come and have your x-ray done as you promised."). Everybody's persistence and hard work paid off when that one last elusive respondent finally came for his interview and x-ray.

We began with the NTPS survey believing a goal of 100% coverage was outrageous, even impossible. I guess the reason for our success was that the team had evolved into a highly motivated group that valued collaboration amidst diversity of personalities and opinions and worked close to the precision of a production assembly line. We have dared to push ourselves further and do the unimaginable. It wasn't easy, but mind you, perfection is actually possible.

(Preciosa Coloma, MD, Team 2)

Learning more about people

The team found the provincial clusters were more receptive and happy with the services, because they are deprived of medical services and feel that they have been given importance by being selected for the survey. In particular, the team expressed compassion for the people of Maguing, Lanao del Sur, where there was no health center to serve the community's health needs, including immunization for its children. In Guimaras, despite difficulty in terrain and the long walking distance, the people went to the cluster to participate in the activities on their own without having to be fetched by the team. Bukidnon and Maguing were the team's favorite spots of all the cluster sites they visited. Bukidnon was the most successful in terms of coverage. People were most hospitable and the young people were respectful and very cooperative. Almost all households gave fruits of various kinds to the team.

Overall, the team members feel that participating in the 2007 NTPS was a positive and fulfilling learning experience and a privilege to be a part of. Team members learned a lot about the state of and access to health care in the Philippines. Traveling to and living among a wide variety of both urban and rural communities gave the team a better perspective and understanding of the standard of living throughout the country.

(Christian Villacorte, MD, Erin Sinogba, Team 1)



THE NTPS SURVEY: A Photo Essay



Cluster coverages . . .



METRO MANILA CLUSTERS	Interviews		PPD (5 to 9 years old)	X-ray	Sputum
	Household	Individual			
Percentages					
1. Tondo, Manila	100	96	71	86	100
2. Marikina Heights, Marikina City	99	36	74	77	97
3. Tandang Sora, Quezon City	100	88	95	88	97
4. Potrero, Malabon City	100	90	83	89	98
5. Brgy. 107, Caloocan City	99	73	50	75	86
6. Tuktukan, Taguig City	100	73	78	68	96
Average	99.7	76.0	75.2	80.5	95.7

OTHER URBAN CLUSTERS	Interviews		PPD (5 to 9 years old)	X-ray	Sputum
	Household	Individual			
Percentages					
1. Iloilo City	100	99	100	97	100
2. Bacolod City	100	91	71	86	96
3. Cotabato City	100	96	86	81	86
4. Baguio City	100	96	94	93	100
5. Calasiao, Pangasinan	100	98	98	95	100
6. Dumaguete City, Negros Or.	100	96	94	95	100
7. Panabo City, Davao Del Norte	100	98	90	94	100
8. San Isidro, Davao Oriental	100	100	100	97	100
9. Cebu City	100	88	97	84	100
10. Dasmariñas, Cavite	100	94	100	96	100
11. San Pablo City, Laguna	100	97	100	94	97
12. Naga City	100	92	100	87	99
13. Kalawit, Zamboanga del Norte	100	100	100	100	100
14. Ozamis City, Misamis Occidental	100	100	100	99	100
15. Batangas City (Poblacion), Batangas	100	95	100	90	96
16. San Antonio, Zambales	100	99	100	95	99
17. Apalit, Pampanga	100	99	100	99	97
Average	100	96.4	95.9	93.1	98.2

RURAL CLUSTERS	Interviews		PPD (5 to 9 years old)	X-ray	Sputum
	Household	Individual			
Percentages					
1. Jala-Jala, Rizal	100	97	93	89	99
2. Makato, Aklan	100	98	91	96	97
3. Sibunag, Guimaras	100	100	99	99	96
4. Tuguegarao City, Cagayan	100	100	91	96	99
5. Zamboanga City	100	94	93	91	100
6. Mabuhay, Zamboanga Sibugay	100	96	91	91	99
7. Asipulo, Ifugao	100	99	88	95	99
8. Maguing, Lanao Del Sur	100	99.6	96	90	95
9. City of Victorias, Negros Occ	100	99.6	100	98	100
10. Isabela, Negros Occidental	100	99	95	98.8	96
11. Tagudin, Ilocos Sur	99	98	97	98	100
12. Davao City	100	90	98	92	100
13. Malita, Davao Del Sur	100	96	98	95	100
14. Bayambang, Pangasinan	100	100	97	95	100
15. Alegria, Cebu	100	98	100	99.8	100
16. Iligan City	100	99	99	98	100
17. Malungon, Sarangani	100	97	95	97	96
18. Malaybalay, Bukidnon	100	100	100	99	100
19. Gumaca, Quezon	100	100	100	100	100
20. Claveria, Masbate	100	97	94	95	100
21. Pili, Camarines Sur	100	98	100	97	100
Average	99.9	97.9	96.0	95.7	98.9

The Back Support

Data Management Unit

As part of ensuring the quality and accuracy of data, the Data Management staff joined the teams during the survey as Field Editors. Editing of the information in the household and individual questionnaires was checked for completeness and validity. This ensured that skipping instructions in the questionnaires were followed where needed and corrected while still in the field. The monitors supervised and checked that the cluster assembly procedures are consistently done by each field team.

In the central office the data are entered into the computers by data encoders. Double entry of all cluster data is done to check encoding errors. The data encoder who performed the double entry should not be the same staff who encoded the data initially. This intends to capture possible mistakes in the encoding process.

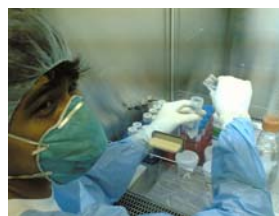


The TDF Laboratory

The 2007 NTPS has proved to be more challenging in the laboratory as it begun to receive sputum samples four times more than the previous 1997 survey. To be able to cope with the increased load and to maintain good quality laboratory performance two more laboratories were asked to allow the TDF laboratory personnel to process specimens on a given schedule, these are the STD-AIDS Central Cooperative Laboratory and the Philippine TB Society Inc Microbiology. Three teams were formed to do the processing with each team consisting of 2-3 members. The members of the processing team are Christopher Romano (team leader), Geoffrey Dizon, John Rey Villacorte, Emjie Pantorilla, Reiholdrost Contridas and Angelito Flores.

Due to space constraints, two more laboratories were engaged for the use of incubators, The National TB Reference Laboratory and the Microbiology Laboratory of the Lung Center of the Philippines. A team of culture readers were likewise assigned to go to these laboratories on a weekly basis to perform the routine reading of cultures for any growth, the members of the team are Anthony Geronimo, Suena De Jesus and Kathrinne Mae Burgonio as its leader.

There are now 12,000 sputum specimens processed for the NTPS, which is already equivalent to a one-year load of the TDF laboratory.



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*Marami pong salamat sa inyong pagsali
at pagtulong sa pagsisiyasat na ito!*