

## **NPOC Testing in Prison Settings: Lessons from the Philippines**

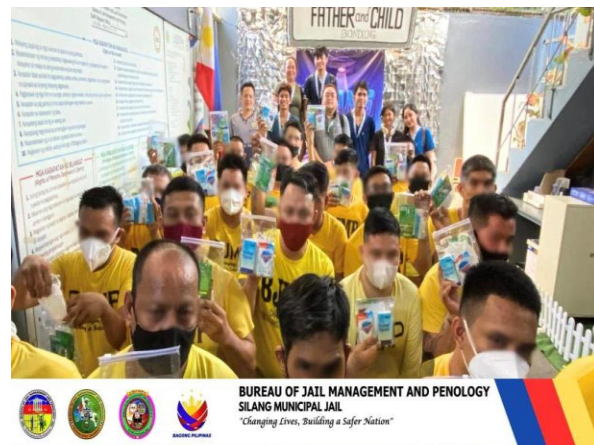
Persons deprived of liberty (PDLs) carry a disproportionate TB burden, yet routine screening in prison settings remains limited. This case study describes how a project team in the Philippines implemented NPOC tongue swab TB testing at a municipal jail, the key challenges they encountered, and how they addressed them, offering practical lessons for other programs considering similar settings.

### **WHY THIS SETTING MATTERS?**

TB notification rates in Philippine prisons are estimated at 1,777 per 100,000 PDL, nearly three times the national rate of 643 per 100,000. Globally, prison TB incidence is reported to be up to 10 times higher than in the general population, driven by overcrowding, poor ventilation, and limited access to health services. While sputum remains the preferred specimen type, tongue swab testing provides a practical, biosafe, and non-invasive fallback for PDLs who cannot produce sputum.



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### **CHALLENGES AND HOW WE ADDRESSED THEM**

#### **Challenge 1: Low sputum production**

- A significant proportion of PDLs, 63% early in implementation, were unable to produce sputum.
- Rather than treating this as a barrier, the team used tongue swab as the primary specimen type while continuing to encourage sputum submission through targeted counselling, focusing on PDLs with prior TB history, high-risk conditions, or current symptoms.
- This approach worked: sputum collection rates increased progressively over the screening round.
- Importantly, all positive Pluslife results came from sputum specimens, underscoring that sputum remains the higher-yield option when obtainable: so the effort to encourage it is worth sustaining.

#### **Challenge 2: Limited physical space**

- Restricted space within the facility made it impossible to test all participants simultaneously.
- The team introduced batch testing, processing participants in organised groups, which maintained continuity of operations and allowed efficient daily throughput without compromising the workflow.



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## WHAT WORKED WELL

Despite the constraints of a custodial setting, implementation proceeded smoothly. Some notable successes:

- Zero refusals across all participants tested
- TB cases identified were initiated on treatment within 24 hours
- Turnaround times were consistent and efficient (<1hr on most testing days)