Improving the Diagnosis and Management of childhood TB in The Gambia







Gambia

MRC The Gambia Unit

Children constitute a large proportion of the TB burden worldwide, but childhood tuberculosis remains under-reported, under-diagnosed and poorly understood. Most children - especially the very young - acquire their TB infection from a household contact. The WHO guidelines therefore recommend screening of children in TB-affected households to detect and treat any secondary cases and to place all children under five years old on prophylactic medication to prevent future cases, which are most likely to arise in this highly susceptible age group. Unfortunately, it is difficult to implement this practice in resource-poor settings.

The Gambia is the only country to have received funding for a TB REACH Wave 2 pediatric proposal in this round. This has afforded the Medical Research Council the opportunity to:

- To implement household contact tracing in The Gambia
- To ascertain the proportion of exposed, infected and diseased children within households
- To enhance the identification of active TB cases in childhood through better diagnostics and screening, including the use of GeneXpert technology on SS- samples
- To identify at-risk children and place all household contacts under 5 years old on chemoprophylaxis
- To prevent secondary household cases of TB amongst young children
- To develop a training module for childhood TB for community health workers in order to improve recognition of TB in children within the health services

Over the last 9 months, the MRC has set up both a community screening program to implement chemoprophylaxis and a family TB clinic for symptomatic children to enhance active case finding using advanced diagnostics. The MRC has also developed an educational training package for community health workers, which is jointly owned and taught by the National Leprosy and Tuberculosis Program (NLTP).

To date, the MRC team has screened over 850 children, placed over 250 children under five years old on INH and commenced TB treatment in over 20 children presenting with active TB. There is now much improved collaboration with the NLTP to collect age-disaggregated data which is now included in regular reports.

As the MRC moves towards the goal of increasing active case identification, they are also working with the expectation that a sustained program will result in the additional benefit of reducing the number of new cases of childhood TB, although that outcome is unlikely to become clear during the first year of implementation.







FINDING AND TREATING PEOPLE WITH TB IN THE WORLD'S POOREST COMMUNITIES

TB REACH

The first wave of projects increased case detection by an average of 26% compared to the previous year

More than nine million people around the world become ill with tuberculosis (TB) each year. About one-third of them fail to get an accurate diagnosis or effective treatment and are more likely to die from this curable disease.

By supporting the many partners working in the field, TB REACH offers a lifeline to people among this missing 3 million by finding and treating people in the poorest, most vulnerable communities in the world. In areas with limited or non-existent TB care, TB REACH supports innovative and effective techniques to find people with TB quickly, avert deaths, stop TB from spreading, and halt the development of drug resistant strains.

- TB REACH was launched in 2010 and will run until 2016, thanks to a CAD\$ 120 million grant from the Canadian International Development Agency.
- TB REACH is committed to getting funds to our partners with a very short turnaround time.
- TB REACH has committed nearly \$50 million to partners working on 75 projects in 36 countries covering a wide range of interventions.
- Preliminary analysis from Wave 1 shows that efforts of partners led to an increase of 26% in TB case detection over an area of 100 million people, while some areas saw increases of more than 100%. The average cost per person covered is US \$0.15.

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