

Swaziland

Baylor College of Medicine International Pediatric AIDS Initiative

Early morning sunlight peeping through a clinic window offers a ray of hope to a thin, wasted child sitting in the waiting room. Each day, clinics throughout Swaziland are filled with these children and their caregivers desperately needing to be screened, tested, and treated for TB. Even more tragic than the large number of children with TB attending clinics on a daily basis is the reality that many more have never even sought care.

Swaziland has the highest HIV prevalence in the world. The HIV and TB epidemics fuel each other, and it is not surprising that Swaziland also has the highest TB incidence in the world. Regrettably, it has only a 43% TB case detection rate, leaving 57% of those living with TB undiagnosed. This high TB incidence, coupled with sub-optimal case detection, means that children are persistently exposed to TB, putting them at a higher risk for developing the disease. Swaziland's growing number of MDR-TB cases only underscores the pressing need for early and effective case detection. It is essential to improve outcomes for children affected by TB. Stemming from the SiSwati word Butimba, "to hunt", the Butimba project, a novel TB REACH funded initiative in Swaziland, meets this critical demand.

Designed by the Baylor College of Medicine Children's Foundation – Swaziland (BCMCF-SD), Butimba is an innovative TB case detection program, prioritizing case finding among children while maximizing opportunities to find adult cases. BCMCF-SD specifically aims to strengthen Swaziland's National TB Control Programme by:

1. Increasing the number of children and adults diagnosed with TB through traditional and reverse contact tracing.
2. Increasing the number of children and family members who gain access to TB treatment and INH preventative therapy.

Through collaboration with 7 high-burden TB Basic Management Units (BMUs), the Butimba project has introduced an efficient and standardized contact tracing system that incorporates active case finding via home visits and sputum collection. 5,905 people have been screened for TB (46.3% children) during the first year of the project. The diagnostic yield of sputum samples has been maximized through improved sputum collection methods and linkage to new diagnostic equipment (GeneXpert). During the first 12 months of Butimba, 704 children have been tested for TB and 41 of them have started TB treatment. As opposed to passive case presentation at clinics, our active community-based case finding has lessened the enormous gap in numbers between those exposed to TB and those who are able to benefit from medical care. As the hunt progresses, more people will be reached and more cases will be detected, hopefully contributing to a treatment turning point in the TB epidemic.

