Recent TB case finding data in Nigeria have shown that routine case finding activities are missing a significant portion of incident cases in recent years, with a particularly low performance evident in notification of childhood TB. A German Leprosy and TB Relief Association (GLRA) desk review of notified TB cases (2000 to 2011) in the 14 states assisted by GLRA in southern Nigeria showed that the median proportion of under-15 yearolds among all forms of TB was less than 2%. At the time, the WHO estimated that child cases should contribute up to 20% of the total notified cases in Nigeria. The GLRA Nigeria TBREACH wave 3 project directly responded to this 'emergency'.

Based on current prevailing challenges in the Nigerian health system and encouraged by published reports on improvement of childhood TB projects in Bangladesh, this project committed to increasing notification by 100% within one year.

The project is targeting 6 states in southern Nigeria, namely, Lagos, Ogun (south-west zone), Akwa-Ibom, Rivers (south-south zone) and Enugu, Ebonyi (south-east zone). Main project interventions include advocacy to community gatekeepers and management of large health facilities, training/orientation of health workers including paediatricians and nurses. Active case finding through screening of children for TB and family-centred contact tracing among others are employed to achieve the project objectives. Patent medicine vendors also received appropriate orientation for their role in identification and referral of TB suspects.

Desk guides and score charts were provided to aid increased index of suspicion and diagnosis by health workers. Posters were placed at strategic points in health facilities to alert patients and visitors to the signs and symptoms of TB in children. The project also provided incentives to improve access, especially for poor and underserved populations. These services include free x-rays as well as tuberculin skin testing for TB diagnosis.

The entire process from identification of suspects, diagnosis and registration of cases for treatment has been methodically documented. Data are collected at regular intervals to monitor performance, and use of ad hoc staff has significantly improved the screening of children attending health facilities.

Preliminary notification figures are encouraging, and emerging results suggest that the interventions are effective. Reports from the field clearly show that more childhood TB cases are being detected since the project began. For instance, Lagos State, being one of the six intervention states, registered up to 200 childhood TB cases, (after several years) in the third quarter of 2013. This represents an additionality of 42.9% childhood TB cases compared to the pre-intervention time period. In another intervention area, Rivers State, 55 childhood TB cases were registered in the first quarter of 2104. This represents an additionality of 129.2% childhood TB cases compared to the same quarter in the pre-intervention year. A recent project monitoring exercise also observed an additionality of 34% childhood TB cases in the first two quarters of the project in Akwa Ibom and Ebonyi States.



Nigeria

GLRA Nigeria threach wave 3 project on improving diagnosis of childhood TB in Southern Nigeria



Finally, the project has been very warmly received by the Society of Paediatric Infectious Diseases of Nigeria, who have decided to collaborate with GLRA in operational research studies related to diagnosis and management of TB in Nigerian children in the future. With continued success of these active case finding interventions and fruitful collaboration with country partners, the gap in case detection shows promise of coming to a close in vulnerable and underserved populations.

