

SECRET

JUNE, 2018

NCH/61/003V

**MEMORANDUM OF THE HONOURABLE MINISTER OF HEALTH ON ADOPTION OF THE POLICY ON MANDATORY TUBERCULOSIS SCREENING FOR ALL NEWLY EMPLOYED STAFF INTO THE FEDERAL AND STATE ESTABLISHMENT AS WELL AS NEWLY ADMITTED STUDENTS INTO THE TERTIARY AND SECONDARY INSTITUTION OF LEARNING IN THE COUNTRY**

**1 PURPOSE**

The purpose of this memo is to seek the approval of council on the mandatory Tuberculosis screening for all newly employed staff into the federal and state establishments as well as newly admitted students into the tertiary and secondary institutions of learning in the country.

**2. BACKGROUND**

Tuberculosis (TB) is a top infectious killer disease that continues to be a global threat with 11 million people developing the disease yearly. Nigeria is one of the countries with high burden of the disease globally. Every hour, 47 Nigerians develop active TB, 7 of these Nigerian are children. More worrisome is the fact that, every hour 18 Nigerians also die of TB, a disease that is preventable and curable. The burden of the disease is further fuelled by the huge number of undetected TB cases which serves as pool of reservoir for the continuous transmission of the disease. Evidence suggests that TB transmission is enhanced in settings where people tend to congregate, which includes workplaces, school hostels and dormitories.

It is against this backdrop, that it is critically important to utilize all opportunities to screen, detect, and treat TB timely to interrupt the transmission of this disease for the realisation of the End TB target of the Sustainable Development goals by 2030.

**3.0 CONTENTS**

I According to the 2017 WHO Global TB report (and previous reports) Nigeria is among the 14 countries globally with high burden for TB, TB/HIV and MDR-TB. The country has the 2<sup>nd</sup> largest burden of TB and HIV in Africa. Evidence from our national TB prevalence survey conducted in 2012 indicate that as many as 400,000 TB cases occur annually in the country. Ironically, the survey result showed that 73% of the sputum positive (infectious) cases remain undetected, hence untreated, and thereby spreading the disease within our communities. Infection control measures are currently sub-optimal in most settings; and TB case finding is heavily reliant on passive approaches to identify and diagnose cases.

Consistent with global best practices, the Ministry has adopted a more active approach to case finding including the implementation of innovative methods such as active house to house case search, especially in the slums in some states. These approaches have proved successful in improving our treatment coverage, which began to witness an increase again from 90,584 TB cases (17%) in 2015 to 109,904 TB cases (25.8%) in 2017.

The state level analysis of CNR revealed that all the states recorded a very low CNR, with only 43% of the states have CNR for all forms of TB above the national average, an indication of very low TB case detection rate in all the states. The CNR for all forms of TB ranges from 11/100,000 pop in Ekiti state to 123/100, 00 pop in Sokoto state. Furthermore, the proportion of clinically diagnosed TB reduced from 31% in 2016 to 26% in 2017, the proportion in 2017 was below 20% in 9 of the states, with the proportion as low as 13% in Edo state suggesting under-diagnosis of clinical TB. This might be due to unawareness/skills among Health Care Workers at Out Patient Departments of Health facility; inadequate access to X-ray and/or poor supervisory capacity of the State and LGA programme to recognize these problems and provide rectifying solutions. Overall, there is under-diagnosis and under-reporting of TB cases.

In spite of children making up around 41% of the population, notification rates for children remain far lower than expected, only 13% of the estimated TB cases among children were notified in 2017 with 87% of them still being missed contributing to the low treatment coverage rate (low TB case detection rate).

The TB case-finding gap is much higher among drug resistant TB, even though there was 36% increase in number of diagnosed DR-TB cases from 1,686 in 2016 to 2,286 in 2017 however, 89% of the estimated MDR/RR-TB cases in 2017 were still being missed and not notified, thereby fuelling continuous transmission of drug resistant TB in the community. The huge number of missed DR-TB cases is due to Low TB treatment coverage rate and suboptimal access to GeneXpert MTB/RIF tests among notified TB cases despite the policy of using Xpert MTB/RIF assay as the primary diagnostic tool.

Our national notification reports indicate that TB cases have been detected among students in tertiary, secondary and primary schools as well as among the teaching staff. This development points to the likelihood of an increase in TB transmission rate occasioned by the congregate nature of settings like schools hostels /dormitories, classrooms and work places in which persons from diverse backgrounds and communities are housed/interacting in close proximity for varying periods.

As the Government of Nigeria is committed to achieving the Sustainable Development Goals including the End TB target by 2030, it has become imperative that the gap in TB case detection is closed. One of the strategies to achieve this is the inclusion of TB screening as part of mandatory medical fitness assessment for all newly employed staff into government establishments (Ministries, Department and agencies); newly admitted students into tertiary institutions and secondary students.

### **3.0 PRAYERS:**

**The council is hereby invited to note the following:**

- i. The country is currently detecting 25.8% of the estimated TB cases leaving a huge number of missed TB cases (25.8% for TB, 11% for DR-TB, 13% for childhood TB in 2017(NTBLCP 2017 annual report)
- ii. The undetected TB cases, who remain untreated and infectious constitute a pool of reservoir for the continuous transmission of the disease in the community. One TB case has the potentials of infecting 10-15 persons annually,
- iii. National TB notification reports points to an increase in TB transmission in congregate (crowded) setting.
- iv The under-diagnosis and under-reporting of TB by health care workers at the Outpatient Department of secondary and tertiary health institutions despite the availability of Tuberculosis services at these facilities. According to the 2016 National Health facility survey report, Tuberculosis services are available in 75.8% of Secondary Health Facilities.
- v. The Thrust of the present administration's efforts to ensure universal access to TB services in the country and progress towards achieving the 90-90-90- targets of the End TB strategy.

**Council is further invited to approve**

- I. Inclusion of TB screening as part of mandatory medical fitness assessment for all newly employed staff into the government establishments (Ministries, Department and agencies )
- II. TB screening of all new entrants/admitted students into secondary schools and higher institutions of learning at state and Federal levels.
- III. Symptomatic TB screening at Outpatient Department of all Health care facilities especially Secondary and Tertiary Health institutions.

**Honourable Minister of Health**  
**JUNE , 2018.**