

Low vision and blindness in adults in Gurage Zone, central Ethiopia

M Melese
W Alemayehu
S Bayu
T Girma
T Haileelliasie
R Khandekar
A Worku
P Courtright

AIM: To determine the magnitude and causes of low vision and blindness in the Gurage zone, central Ethiopia. **METHODS:** A cross sectional study using a multistage

cluster sampling technique as used to identify the study subjects. Visual acuity was recorded for all adults 40 years and older. Subjects who had a visual acuity of <6/18 were examined by an ophthalmologist to determine the cause of low vision or blindness. **RESULTS:** From the enumerated population, 2693 (90.8%) were examined. The prevalence of blindness (<3/60 better eye presenting vision) was 7.9% (95% CI 6.9 to 8.9) and of low vision (6/24-3/60 better eye presenting vision) was 12.1% (95% CI 10.9 to 13.3). Monocular blindness was recorded in 16.3% of the population. Blindness and low vision increased with age. The odds of low vision and blindness in women were 1.8 times that of the men. The leading

causes of blindness were cataract (46.1%), trachoma (22.9%), and glaucoma (7.6%). While the prevalence of vision reducing cataract increased with age, the prevalence of trachoma related vision loss did not increase with age, suggesting that trichiasis related vision loss in this population might not be cumulative. **CONCLUSION:** The magnitude of low vision and blindness is high in this zone and requires urgent intervention, particularly for women. Further investigation of the pattern of vision loss, particularly as a result of trachomatous trichiasis, is warranted.

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Br J Ophthalmol 2003; **87**: 677–80.

A critical review of the SAFE strategy for the prevention of blinding trachoma

H Kuper
J Buchan
A Foster
AW Solomon
M Zondervan
D Mabey

T Trachoma is an ocular disease caused by repeated infection with Chlamydia trachomatis. It is the leading cause of infec-

tious blindness globally, responsible for 5.9 million cases of blindness. Although trachomatous blindness is untreatable, it is eminently possible to prevent and the World Health Organization promotes the use of the SAFE strategy (surgery to treat end-stage disease, antibiotics to reduce the reservoir of infection, facial cleanliness, and environmental improvement to reduce transmission of *C trachomatis*) for this purpose. In this review we have assessed the evidence base supporting the elements of the SAFE strate-

gy. We find strong support for the efficacy of the surgery and antibiotics components, although the optimal antibiotic regimens have not yet been established. The evidence for an effect of health education and environmental improvement is weaker, and depends mostly on cross-sectional observational studies.

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Lancet Infect Dis 2003; **3**: 372–81.

Azithromycin treatment coverage in Tanzanian children using community volunteers

M Lynch
B Munoz
HA Mkocha
S West
KD Frick

PURPOSE: To determine which of two village-based strategies was more effective at recruiting residents for a trachoma mass treatment campaign. **METHODS:** The two strategies were to use either village govern-

ment personnel to recruit residents for treatment, or to solicit interested community volunteers to recruit residents. Three villages were assigned to each strategy, and the outcome measured was treatment coverage of individuals, groups and the villages. **RESULTS:** Self-selected community volunteers were significantly more effective than village government personnel in recruiting villagers for antibiotic treatment ($p < .0001$). The differences were strongest for the group at highest risk for active trachoma, pre-school children; 73% of children in community volunteer villages were

treated, compared to 63% in village government villages ($p < .05$). Children in villages using community volunteers and from larger families were more likely to be treated. **CONCLUSION:** These findings support using motivated community volunteers, rather than traditional government workers, for mass treatment campaigns where high coverage is necessary.

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Ophthalmic Epidemiol 2003; **10**: 167–75.

Barriers to accessing low vision services

TL Pollard
EL Lamoureux
JA Simpson
JE Keefe

AIM: To investigate barriers to accessing low vision services in Australia. **METHODS:** Adults with a vision impairment (<6/12 in the better eye and/or significant visual field defect), who were current patients at the Royal Victorian Eye and Ear Hospital (RVEEH), were interviewed. The questions investigated self-perceived vision difficulties, duration of vision loss and satisfaction with vision and also examined issues of awareness of low vision services and referral to services. Focus groups were also conducted with vision impaired (<6/12 in the better eye) patients from the RVEEH, listeners of the Radio for the Print

Handicapped and peer workers at Vision Australia Foundation. The discussions were recorded and transcribed. **RESULTS:** The questionnaire revealed that referral to low vision services was associated with a greater degree of vision loss ($p = 0.002$) and a greater self-perception of low vision ($p = 0.005$) but that referral was not associated with satisfaction ($p = 0.144$) or difficulties related to vision ($p = 0.169$). Participants with mild and moderate vision impairment each reported similar levels of difficulties with daily activities and satisfaction with their vision ($p > 0.05$). However, there was a significant difference in the level of difficulties experienced with daily activities between those with mild-moderate and severe vision impairment ($p < 0.05$). The participants of the focus groups identified barriers to accessing low vision services

related to awareness of services among the general public and eye care professionals, understanding of low vision and the services available, acceptance of low vision, the referral process, and transport. **CONCLUSION:** In addition to the expected difficulties with lack of awareness of services by people with low vision, many people do not understand what the services provide and do not identify themselves as having low vision. Knowledge of these barriers, from the perspective of people with low vision, can now be used to guide the development and content of future health-promotion campaigns.

Reprinted courtesy of:
Ophthalmic Physiol Opt 2003; **23**: 321–27.