help the country to meet requirements in the future.

Once the MOU has been signed by the ministry and returned to ITI, delivery of Zithromax® is scheduled for approximately one to two months prior to the time when MDA is to take place. For countries that are already involved and that have received Zithromax® in past years, there needs to be an updated inventory of any drugs already in the country, including those with a short shelf life and those about to expire. On the basis of this information, adjustments to the donation forecast are made.

Supply chain

Currently, Zithromax® is manufactured in two formulations, pediatric powder for oral suspension for children ages six months to five years, and tablets for people over five years of age. The product is manufactured at various sites in Europe or the USA. Once manufactured, the product is stored in one of Pfizer's European warehouse locations where the goods await allocation to recipient countries. Due to the large size of each shipment (hundreds of pallets for each country), several airplane loads may be required. Upon arrival in the country, the ministry of health must ensure customs clearance and transport to central medical stores and to regional warehouses in preparation for MDA. All charges are the responsibility of the ministry of health. A detailed description of best practices for in-country supply chain can be found in "Zithromax® in the Elimination of Blinding Trachoma: A Program Manager's Guide" at **www.trachoma.org/guides-and-manuals**

Countries seeking Zithromax®

The Zithromax® donation is available only to governments of poor endemic countries for the elimination of blinding trachoma. Countries that have been approved for the donation may use it for MDA, administration after trichiasis surgery, or as part of surveillance or prevalence surveys, in addition to special pre-approved uses by ITI and the TEC.

National ownership and proven commitment to the elimination goal is key for a successful application and continued donation of Zithromax.® The requirements for Zithromax® donation (including evidence of need, training of health care staff, SAFE strategy implementation, effective distribution strategies, and monitoring and evaluation) may be demanding for under-resourced and overstretched national health programmes. However, they are necessary to manage and monitor the Zithromax® donation to aid in the elimination of this painful and blinding disease.

EXCHANGE

Using a lighter to heat a cautery

Dear Editor,

Those of us who are extracapsular cataract surgeons have all experienced delays in cauterizing the eye due to difficulty in lighting a spirit lamp containing methylated spirit with too much water mixed in it. What should be a simple and short stage of the operation becomes tense and prolonged, cautery may be inadequate, and there is inefficient use of anaesthetic time.

We have found that using a cigarette lighter for heating is a viable alternative.

In Tanzania, the cigarette lighter illustrated is easily available and can be purchased cheaply from local stores, costing only TZS 500 (around US $0.30). The flame effectively heats the ball of the Wordsworth cautery, and soot accumulation can be avoided if the cautery is held in the blue rather than the yellow part of the flame.

So far, we have tested two models of cheap lighter. Not all are suitable, as the top of the lighter becomes hot and parts may melt during prolonged use. For this reason also we recommend that surgical gloves are not worn by the person holding the lighter. When using a lighter of the type illustrated, we have found this method to be safe, easy to operate, and effective both in our own theatre and on outreach.

Brian Savage

Wordsworth cautery being heated in blue part of the flame. (The flame here is turned much higher than normal for illustration purposes)

Using a lighter will also reduce the risks of fire in the theatre caused by gowns or drapes coming in contact with the flame of an unattended spirit lamp, when operator or assistant are absorbed by a challenging operation. I have seen this once: surgical gowns are surprisingly flammable!

In general anaesthetic situations, the usual precautions regarding inflammable gases and naked flames should be observed.

Brian Savage

Examples of the lighter we have found effective

Brian Savage
Ophthalmologist, Haydom and KCMC Hospitals, Tanzania.

USEFUL RESOURCES

Diabetic retinopathy

Book

Diabetic Retinopathy for the comprehensive ophthalmologist.
Walker J.

This book will be available in electronic format on the new Community Eye Health Update CD, due out with the December 2011 edition of this journal. Look out for your free copy! The book is also available for purchase (US $39.99, soft cover, free delivery) or free download (nine PDF files of 14–59MB each) from **http://drcobook.com**. Please note that the book is now three years old and that new information has become available, in particular about intravitreal injections. However, the book also covers timeless topics such as informed consent and diabetes control.

Online resources

Diabetes grading scheme: International Clinical Diabetic Retinopathy And Diabetic Macular Edema Disease Severity Scales. International Council of Ophthalmology, October 2002.
http://archive.icoph.org/standards/gdrp.html

Patient information about diabetic retinopathy (pdf, 200KB)
www.retinalscreening.nhs.uk/userFiles/File/diabeticRetinopathyFacts.pdf

Patient information about a DR screening programme: examples in several languages (PDF, 356KB maximum) **www.dhsspsni.gov.uk/public_health_diabetic_retinopathy**

Detailed patient information about screening for DR (pdf, 200KB) **www.retinalscreening.nhs.uk/userFiles/File/EyeScreeningForDiabetes.pdf**

Patient information about laser treatment (pdf, 200KB)
www.retinalscreening.nhs.uk/ userFiles/File/PreparingForLaserTreatmentDR.pdf