Arriving at the outreach clinic

Photo: Murray McGavin

Post-Operative Community Based Follow-Up of Cataract Patients

Train CRWs (or nurses, SDRWs) to explain the following to patients and family members:

(i) How to use **post-operative medicines** and the length of treatment.

(ii) How to attach **spectacles** (as appropriate) to the ears.

(iii) How to clean spectacles.

(iv) Where to put spectacles in order to keep them safe
- a fixed place (otherwise they may be lost)
- where to place them at night.

(v) What to do if spectacles are broken and the cost of replacement.

(vi) **New vision exercises**
- use the restored sight; expect to see and recognise people
- post-operative patients, without social care, may continue to live as a 'blind' person.

(vii) **Re-integration**
- encourage other people to involve the ex-patient
- collect water
- attend the market
- attend meetings, social activities, e.g., women groups.

It is recommended that the CRWs make up to 6 post-operative visits: week 1, week 2, week 3, week 4; month 2 + 1 visit. ❑

The Global Initiative: Launch of Vision 2020

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'Vision 2020: The Right To Sight' is designed to eliminate avoidable blindness by the year 2020. The programme will enable all parties and individuals involved in combating blindness to work in a focused and coordinated way to achieve the common goal of eliminating preventable and treatable blindness. Vision 2020, in conjunction with the World Health Organization, will take on the following responsibilities:

- **Increase awareness of blindness as a major public health issue**
- **Control the major causes of blindness**
- **Train ophthalmologists and other personnel to provide appropriate eye care**
- **Create an infrastructure to manage the problem**
- **Develop appropriate technology.**

Vision 2020 involves the active participation of UN agencies, governments, eye care organisations, health professionals, philanthropic institutions and individuals working together in global partnership to accomplish this goal by the year 2020.

In order to communicate effectively the key messages of Vision 2020 to the general public, the programme will be officially announced via an international launch press conference. This launch event is planned for Thursday, February 18, 1999, from the Geneva Press Club in Switzerland, in conjunction with the meeting of the WHO Advisory Group for the Prevention of Blindness. It is envisaged that the WHO Director General, Dr Gro Harlem Brundtland, will lead this event together with staff from the World Health Organization and founding members of the Vision 2020 programme. An international gathering of spokespersons will jointly introduce Vision 2020 at this meeting. The different speakers will discuss the importance of making blindness a major public health initiative, past programmes designed to help manage the problem and how Vision 2020 programming can help to eliminate avoidable blindness in the world by the year 2020. Following the closure of the WHO meeting by Dr Brundtland, she will participate in a press conference which will be organised at the International Press Club in Geneva. On this occasion a message and proclamation of 'Vision 2020' will be announced. In view of this launch a promotional brochure (see illustration) has been produced which can be obtained from the International Agency for the Prevention of Blindness, IAPB Secretariat, Grosvenor Hall, Bolnore Road, Haywards Heath, West Sussex RH16 4BX, United Kingdom.

Media from other regions of the world will have the opportunity to listen to the press conference, including the following **World Health Organization regions:**

- **Harare, Zimbabwe**
- **Copenhagen, Denmark**
- **Washington DC, USA**
- **New Delhi, India**
- **Alexandria, Egypt**
- **Manila, Philippines**

Appropriate spokespersons from each of these regions will be identified by WHO and by founding members of the Vision 2020 programme. These spokespersons will respond to media inquiries generated from each particular region.

The press conference will also serve as a platform for the announcement of a declaration of support, acknowledging avoidable blindness as a major public health issue. During the months following the press conference, the Avoidable Blindness Declaration of Support will be circulated to every country greatly affected by the impact of blindness. This demonstrates evidence of and builds global support for blindness as a major public health problem. Other important events in support of the Launch of 'Vision 2020' will take place in Cairo (Egypt), Hyderabad (India), New York (USA) and particularly in Beijing (China), on the occasion of the Sixth General Assembly of the International Agency for the Prevention of Blindness in September 1999.

Founding members of Vision 2020: The Right to Sight are as follows:

- **World Health Organization**
- **International Agency for the Prevention of Blindness**
- **Christian Blind Mission International**
- **Helen Keller International**
- **ORBIS International**
- **Sight Savers International**

Support members of Vision 2020: The Right to Sight are as follows:

- **Al Noor Foundation**
- **Asian Foundation for the Prevention of Blindness**
- **Foundation Dark & Light**
- **The Fred Hollows Foundation**
- **The International Centre for Eye Health**
- **The International Eye Foundation**
- **The Lighthouse Inc.**
- **Nadi Al Bassar: North African Center for Sight and Visual Science**
- **Operation Eyesight Universal**
- **OPC: Organisation pour la Pr vention de la C cit**
- **Perkins School for the Blind**
- **SEVA Foundation**
- **SIMAVI**
- **World Blind Union**

Blindness has profound human and socio-economic consequences in all societies. Needless blindness can be eliminated from the face of the earth only if people worldwide have access to preventive measures and sight-saving medical and surgical techniques. All members of Vision 2020: The Right to Sight look forward to a productive and successful launch in February 1999, in order to communicate the importance of these issues. The launch is indeed an important milestone to all supporters of the campaign. Equally important as the launch, however, is the continuous work that must be done beyond the launch to ensure the success of the programme.

All members believe that the successful implementation of Vision 2020: The Right to Sight will prevent an additional 100 million people from going blind by the year 2020. The launch will begin to help this dream become a reality. ❑

Epidemiology in Practice: Case-Control Studies

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Introduction

A case-control study is designed to help determine if an exposure is associated with an outcome (i.e., disease or condition of interest). In theory, the case-control study can be described simply. First, identify the cases (a group known to have the outcome) and the controls (a group known to be free of the outcome). Then, look back in time to learn which subjects in each group had the exposure(s), comparing the frequency of the exposure in the case group to the control group.

By definition, a case-control study is always retrospective because it starts with an outcome then traces back to investigate exposures. When the subjects are enrolled in their respective groups, the outcome of each subject is already known by the investigator. This, and not the fact that the investigator usually makes use of previously collected data, is what makes case-control studies 'retrospective'.

Advantages of Case-Control Studies

Case-control studies have specific advantages compared to other study designs. They are comparatively quick, inexpensive, and easy. They are particularly appropriate for (1) investigating outbreaks, and (2) studying rare diseases or outcomes. An example of (1) would be a study of endophthalmitis following ocular surgery. When an outbreak is in progress, answers must be obtained quickly. An example of (2) would be a study of risk factors for uveal melanoma, or corneal ulcers. Since case-control studies start with people known to have the outcome (rather than starting with a population free of disease and waiting to see who develops it) it is possible to enroll a sufficient number of patients with a rare disease. The practical value of producing rapid results or investigating rare outcomes may outweigh the limitations of case-control studies. Because of their efficiency, they may also be ideal for preliminary investigation of a suspected risk factor for a common condition; conclusions may be used to justify a more costly and time-consuming longitudinal study later.

Cases

Consider a situation in which a large number of cases of post-operative endophthalmitis have occurred in a few weeks. The case group would consist of all those patients at the hospital who developed post-operative endophthalmitis during a pre-defined period.

The definition of a case needs to be very specific:

- Within what period of time after operation will the development of endophthalmitis qualify as a case – one day, one week, or one month?
- Will endophthalmitis have to be proven microbiologically, or will a clinical diagnosis be acceptable?
- Clinical criteria must be identified in great detail. If microbiologic facilities are available, how will patients who have negative cultures be classified?
- How will sterile inflammation be differentiated from endophthalmitis?

There are not necessarily any 'right' answers to these questions but they must be answered before the study begins. At the end of the study, the conclusions will be valid only for patients who have the same sort of 'endophthalmitis' as in the case definition.

Controls

Controls should be chosen who are similar in many ways to the cases. The factors (e.g., age, sex, time of hospitalisation) chosen to define how controls are to be similar to the cases are the 'matching criteria'. The selected control group must be at similar risk of developing the outcome; it would not be appropriate to compare a group of controls who had traumatic corneal lacerations with cases who underwent elective intraocular surgery. In our example, controls could be defined as patients who underwent elective intraocular surgery during the same period of time.

Matching Cases and Controls

Although controls must be like the cases in many ways, it is possible to over-match. Over-matching can make it difficult to find enough controls. Also, once a matching variable has been selected, it is not possible to analyse it as a risk factor. Matching for type of intraocular surgery (e.g., secondary IOL implantation) would mean including the same percentage of controls