Trachoma

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Trachoma is a disease of poor hygiene related to poverty and proximity. Primary transmission involves transmission from person to person through infected ocular secretions or nasal discharge; secondary transmission by flies also occurs. Specific risk factors for trachoma include household crowding, an insufficient or unclean water supply, the absence of a toilet in the household, and an increased presence of flies. The most important risk factor is poor facial hygiene, characterised by a dirty face.

The control strategy recommended by the WHO is SAFE: Surgery, Antibiotics, Facial cleanliness and Environmental improvement. Surgery for trichiasis involves reversing the in-turned eyelashes. Antibiotics reduce the level of chlamydial infection in the active trachoma phase through a single oral dose repeated every 6–12 months and may be administered at a family or community-wide level. Facial cleanliness involves behavioural change in communities and families, addressed through health promotion programs, while environmental strategies address water, sanitation and household hygiene.

The National Indigenous Eye Health Survey4 (2009) determined the overall rate of active trachoma to be 3.8% in all Aboriginal and Torres Strait Islander children aged 5–15 years (ranging from 0.6% in major cities to 7.3% in very remote areas). In Aboriginal and Torres Strait Islander adults the rate of scarring was 15.7%, trichiasis 1.4% and corneal opacity 0.3%.

In New South Wales (NSW), 8.1% of adults surveyed had trachomatous scarring. Trachoma was very common in Aboriginal communities in western NSW until the 1970s and therefore trichiasis may be found in older Aboriginal people in these areas. To detect trichiasis in these people one can follow the ‘Ts for Trichiasis’; Think of looking for it; use your Thumb to lift the upper lid off the eyeball; and use a Torch to see in-turned lashes. Outreach eye services in NSW do not keep data on the number of clients with trichiasis, but anecdotally report the numbers as low.

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