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Blinding trachoma among refugees: complicating social disaster

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ABSTRACT

Objective: To determine the prevalence of blinding trachoma among refugees in South Western Ethiopia.

Methods: A cross-sectional outreach clinic based descriptive study was conducted on 1054 refugees in Southwest Ethiopia. A basic eyelid and cornea examination for signs of trachoma was done by using 2.5× binocular magnifying loupe. The findings were classified by using the World Health Organization simplified trachoma grading system and data were analyzed by using SPSS version 16.0.

Results: A total of 1054 refugee patients were examined for trachoma, 179 (16.98%) of them had clinical signs of trachoma. About 6 (3.35%) patients had active trachoma with trachomatous trichiasis (TT), 47 (26.26%) patients had TT only and the rest 126 (70.39%) patients had TT with trachomatous corneal opacity. All of the trachoma patients had blinding trachoma (TT with or without trachomatous corneal opacity), and about 60.89% of them had visual impairment. Blinding trachoma was significantly more common among females, patients in age group of 16-59 years, married patients, illiterates and Fugnido camp settlers ($P < 0.05$).

Conclusions: There is a very high burden of blinding trachoma among refugees. Urgent surgical intervention is needed to prevent blindness and low vision in the study subjects, and targeted regular outreach-based eye care service should be commenced.

1. Introduction

Trachoma, one of the neglected tropical diseases, is the leading infectious cause of blindness[1,2]. Globally about 40.6 million people are suffering from active trachoma and 8.2 million have trichiasis. Trachoma is responsible for 2.2 million visually impaired and 1.2 million blind people[1]. Africa is the most affected continent where 68.5% of active trachoma and 46.6% of trichiasis are found[1].

The highest prevalence of active trachoma is reported from Ethiopia and Sudan. Population-based surveys revealed that the

prevalence of active trachoma in children under 10 years of age is 40.14% in Ethiopia[3], 63.3% in Southern Sudan[4], 70.5% in Unity State of South Sudan[5], 70.9% in Darfur[6], 35% in Mali[7], and 13.6%-21.7% in Central and Southern Malawi[8]. Similarly, the prevalence of trichiasis in developing countries is variable, and it is higher in Eastern African countries: 3.1% in Ethiopia[3], 15.2%-19.2% in South Sudan[4,5], 19.1% in Darfur[6] and 0.17%-12.6% in Tanzania[9]. Moreover, the prevalence of trachomatous corneal opacity (TCO) in Unity State of South Sudan (7.6%)[5], Darfur (14.5%)[6], and Tanzania (27%) is among the highest in reported area[9].

Trachoma affects the disadvantaged segment of the population including females, children and refugees. Thirty percent of the refugees in the world are found in the Sub-Saharan Africa region, and Ethiopia hosts 370 000 refugees, which come from different neighboring countries of Africa[10]. Benishangul-Gumuz and Gambella regions of South Western Ethiopia host

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refugee settlement camps. These refugees are the most risk population undergoing health disparities for various reasons such as relocation, poverty and demographics of refugees that 80% of these refugees are women and children^[10]. Furthermore, there are very few (or no) mid-level eye workers in these regions and most of the residents of these regions and the refugees do not have direct access to eye care services (Regional Health Bureau reports).

Though refugees had been living in trachoma endemic areas in their original country, and there are multiple factors that predispose the refugees to trachoma, the sequelae and data concerning blinding trachoma in this disadvantaged segment of the population is lacking. However, prevalence estimate is vital to design intervention strategies for prevention and control of trachoma-related blindness and curtail vision loss-related psychosocial and economic impacts that further complicate the humanitarian/social disaster which refugees are facing. Thus, the objective of this study is to determine the prevalence of blinding trachoma among refugees in South Western Ethiopia.

2. Materials and methods

The study was conducted based on the Declaration of Helsinki, and verbal informed consent was obtained from each trachoma patient and/or guardian or care taker after explaining the purpose of the study. All patients with active trachoma received the appropriate treatment and those patients with trichiasis were subjected to surgical management. Authors assured the study participants that all the sociodemographic and clinical data were entirely anonymous, and authors did not record any personal identifiers.

A cross-sectional descriptive outreach clinic based study was conducted from November to December 2012 among refugees in Gambella and Benishangul-Gumuz regional government refugee settlement camps in Southwest Ethiopia. The Fugnido refugee camp of Gambella, and the Sherkole, Tongo and Bambassi refugee camps of Benishangul-Gumuz were all included.

We screened all refugees who came to the Mobile Outreach Eye Clinic in the settlement camps for trachoma as part of the general ocular morbidity survey and provided comprehensive primary eye care service. The responsible refugee camp officials, coordinators, camp leaders, social workers and school teachers had performed announcement and mobilization preceding the mobile outreach program and informed all the refugees. Besides, they communicated to all pre-registered refugees with visual impairment and/or blindness.

All refugees who came to the Mobile Eye Clinic for eye problem were registered; their ophthalmic history and the examination findings were recorded by using semi-structured

questionnaire. The distance visual acuity was measured by using the Snellen acuity chart for literates, E-chart for illiterates and Lea acuity chart for preschool children, and then the visual acuity was categorized by using the World Health Organization definitions of visual impairment and blindness^[11].

Ophthalmic examination was performed by using disposable glove, torch and 2.5× binocular magnifying loupe (Heine HR, Germany). The eyelids was first observed for inward turning lashes [trichomatous trichiasis (TT)] or evidence of previously removed lashes and the corneas for corneal opacity (CO), and then the upper eyelids were everted to check the tarsal conjunctiva of each eye for inflammation [trichomatous inflammation-follicular (TF) and trichomatous inflammation-intense (TI)] and trichomatous scarring (TS). The following case definitions of the World Health Organization simplified trachoma grading system was used to classify the clinical findings^[12]: TF, defined as presence of five or more follicles in the upper tarsal conjunctiva of at least 0.5 mm diameter; TI, defined as pronounced inflammatory thickening of the upper tarsal conjunctiva that obscures more than half of the normal deep tarsal vessels; TS, defined as presence of easily visible scarring in the tarsal conjunctiva; TT, defined as evidence of at least one eyelash touching the globe or evidence of recent removal of inturned eyelashes; and TCO, defined as presence of easily visible CO which obscures at least part of the papillary margin.

In this study, active trachoma was defined as a case of trachoma with TF and/or TI and blinding trachoma as a case of trachoma with trichiasis and/or CO. We categorized a person as having a particular grade of trachoma when trachoma signs were present in one eye or both eyes.

Individuals with active trachoma were treated with antibiotics according to the national guidelines and also provided with information on the importance of face washing and good hygiene practices. Patients with TT and other significant eye conditions who needed surgical treatment were referred to health facilities with available service.

The data were checked for completeness and consistency, and analyzed by using SPSS version 16.0 for Windows (SPSS Inc., Chicago, IL, USA). We used descriptive statistics to analyze statistical values and examine the participants' characteristics and we set the level of statistical significance at 0.05.

3. Result

A total of 1054 patients were examined for trachoma, and 179 (16.98%) of them had clinical signs of trachoma. Trachoma was significantly more common among females ($P=0.000$), patients in age group of 16-59 years ($P=0.009$), married patients ($P=0.000$), illiterates ($P=0.000$) and Fugnido camp settlers ($P=0.000$) (Table 1).

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