

WORLD HEALTH ORGANIZATION ALLIANCE
FOR THE GLOBAL ELIMINATION OF
TRACHOMA BY 2020

SECOND GLOBAL SCIENTIFIC MEETING
ON TRACHOMATOUS TRICHIASIS

CAPE TOWN, 4–6 NOVEMBER 2015



**World Health
Organization**

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Second Global Scientific Meeting on Trachomatous Trichiasis

Cape Town, 4–6 November 2015



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Abbreviations

BLTR	bilamellar tarsal rotation
CO	corneal opacity
HEAD START	human eyelid analogue device for surgical training and skills reinforcement in trachoma
PLTR	posterior lamellar tarsal rotation
TF	trachomatous inflammation—follicular
TS	trachomatous conjunctival scarring
TT	trachomatous trichiasis
WHO	World Health Organization

1. Introduction

1.1 With support from a number of international nongovernmental organizations, the Kilimanjaro Centre for Community Ophthalmology hosted the first Global Scientific Meeting on Trachomatous Trichiasis from 30 January to 1 February 2012 in Moshi, United Republic of Tanzania. That meeting led to the publication of a report [1] as well as to the development of preferred practice materials [2, 3] on surgery for trichiasis. Between February 2012 and November 2015, additional evidence on and experience in the management of trichiasis was accumulated. A second Global Scientific Meeting on Trachomatous Trichiasis was therefore convened from 4–6 November 2015 in Cape Town, South Africa, by the Kilimanjaro Centre for Community Ophthalmology, acting in its capacity as a candidate World Health Organization (WHO) Collaborating Centre for Trachoma, and at WHO's request.

1.2 **The purpose of the meeting was to review published and unpublished data on trichiasis that might help guide those delivering trichiasis services as part of trachoma elimination programmes.** The meeting agenda is included as Annex 1. Participants are listed in Annex 2.

1.3 Unpublished data were discussed with the understanding that this would be done “off the record”. Participants signed non-disclosure agreements in relation to those parts of the conversation. In this report, therefore, references are provided to support some, but not all, of the decisions made.

1.4 Even in areas where trachoma is endemic, not all trichiasis is trachomatous (see 12.9, below). Because there is not yet international consensus on how trachomatous trichiasis (TT) and non-trachomatous trichiasis should be differentiated at the level of an individual patient, this document will generally refer to “trichiasis” rather than to “TT”, except where the context requires use of “TT”.

1.5 **Neither the recommendations made in this report, nor the standard operating procedures that arise from it to be offered as formal guidance to trachoma elimination programmes, should be considered to limit programmes or surgeons from exercising appropriate judgement tailored to the circumstances of particular environments or particular patients.**

1.6 Neither the recommendations made in this report, nor the standard operating procedures that arise from it to be offered as formal guidance to trachoma elimination programmes, should be considered to be final and unchanging. **Guidance should be expected to evolve as the evidence base used to inform that guidance develops.**

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