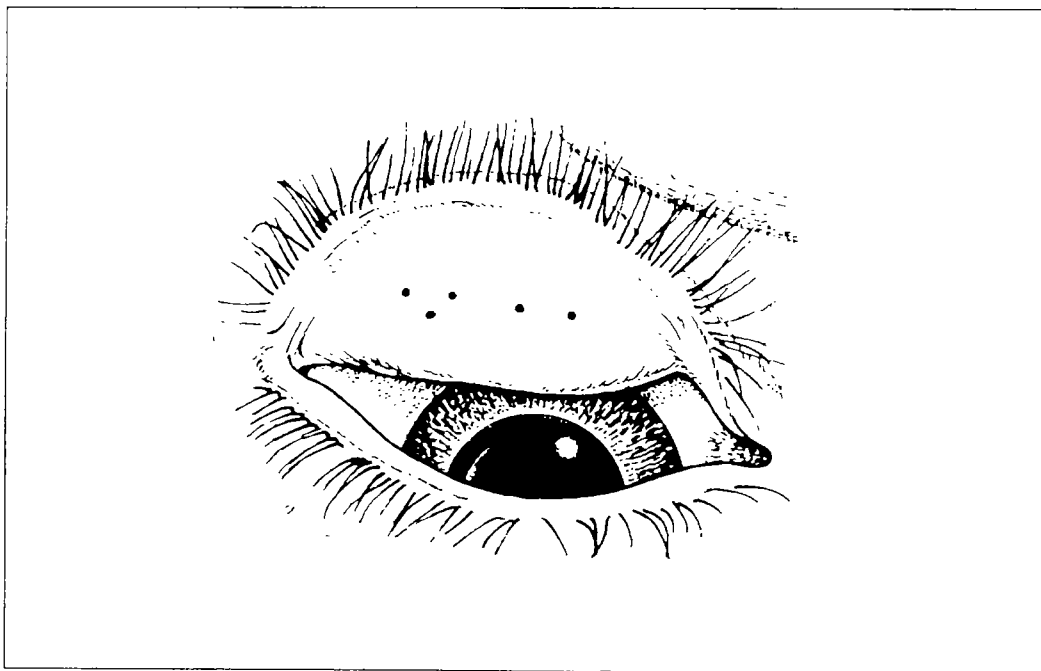


# Primary Health Care Level Management of Trachoma



World Health Organization  
Programme for the  
Prevention of Blindness



The Edna McConnell  
Clark Foundation  
New York



## HOW LECTURERS SHOULD USE THE MANUAL, SLIDES AND RECOGNITION CARD

### 1. Planning the training session

It is important to choose a hyperendemic or mesoendemic area in which to conduct this training, so that patients showing the spectrum of trachoma are readily available.

The class should be limited to 10 to 12.

The classroom should: be large enough for everyone to sit; be dark enough to show slides all through the day; and have a blackboard or flip-chart.

Before starting, it is useful to develop a programme for the duration of the training and to make sure that all teaching material is available.

### 2. Introduction

Explain the purpose of the course and explain the programme. Encourage discussion on points that are not understood as they arise. Proceed through the book page by page. It is very useful to tell the students the number of people in that country who have trachoma and who are blind from trachoma.

### 3. What is trachoma?

Explain to the students the problem of trachoma. This may include information about trachoma in the country. The manual includes sections on: What is trachoma? (page 3), How does the disease develop? (page 4) and Trachoma in the community (page 5).

Students may ask: Why are only 6 million of the 150 million people blind, why aren't they all blind? Explain that trachoma may be mild in some areas and more severe in others. Only severe trachoma leads to blindness, and particularly in older people.

4. Explain in simple terms the **anatomy** of the eye, in particular cornea, conjunctiva and the eyelids. Make simple drawings, similar to those on page 6. Then explain and discuss the **main signs of trachoma** (page 11).

5. Discuss and demonstrate how to **examine** the eye for trachoma (page 7), including eversion of the upper eyelid.

6. **Slides** of the various signs can be used at this point to demonstrate the clinical features, or the **photographs** on the recognition card may be used:

Slide 5:	Follicles
Slide 6:	Papillae
Slide 12:	Conjunctival scars
Slide 15:	Trichiasis
Slide 19:	Corneal opacity

7. **Describe and define** the five grades in the simplified scheme (TF, TI, TS, TT, CO).

Demonstrate these grades using slides 1 to 20. It is good to emphasize the following points.

- (a) Fig. 5 is shown actual size. If looked at with loupes, the dots will be the right size for what is seen when examining a patient.
- (b) TI - the key feature here is inflammatory thickening of the conjunctiva to the extent that more than half of the tarsal plate is involved. TI is almost always associated with TF, as it reflects more severe inflammation. Often, older people with severe TS will have red conjunctiva and the deep tarsal vessels are not visible. This is **not** TI unless there is also inflammatory thickening of the conjunctiva.
- (c) TT - lower lid trichiasis occurring by itself should not be coded as TT.

- (d) Corneal opacity may be caused by many things. For grading this sign, we are concerned with whether there is a corneal opacity that meets the definition, rather than trying to establish a likely cause.
- (e) Patients will be seen who have some features of a "key" sign but not sufficient to reach the threshold to be graded present. This does not mean the eye is normal, but only that it does not meet the threshold. It is important to have a threshold or reference level, so that all examiners can use the same threshold.
- (f) It is useful to emphasize that signs will often occur together, and each should be graded and recorded.

Slides 21-30 show difficult examples of the signs for grading, which can also be used to improve the understanding of the students.

It is useful then to shuffle the slides or turn them backwards and review the slides again, asking the students to grade them.

Later, one can have the students practise completing the grading form using the slides.

It is often useful for the students to have time by themselves to review the slides and discuss them in small groups.

**8.** Explain the **significance** of the five signs as they relate to individual **patients** (page 14) and to **communities** in which surveys are to be or have been undertaken using the grading scheme (page 15).

**9.** Explain the **strategies** for community treatment and control of trachoma, using results of surveys for TF and TI in children (1-10 years) (page 16).

Emphasize the importance of health education at the family level in reducing the risk of infection, especially the importance of clean faces.

**10.** Having completed the classroom training about trachoma and the simplified grading scheme, it is then **essential to examine patients** with the students.

Most appropriate to examine are young schoolchildren (aged 6-10 years) in an area known to have endemic trachoma. Remind the students how to examine the eye and evert the upper eyelid for signs of trachoma.

Demonstrate normal, TF and TI in children. Also try to examine some adults with TS, TT and CO.

Groups of 12-16 people should be examined as a batch by three or four students and a teacher. It is important that the patients have a spectrum of the disease. They should be screened first by the teacher. Often it may be useful to select several families, examining the preschool children, the mother and the grandparents. To aid in patient identification and reidentification, it is helpful to give each patient a number. This can easily be done by writing the allocated number on the back of the patient's hand, using a water-soluble marking pen.

Each student should grade each patient individually. When all have finished, the students' gradings should be compared to the teacher's. Where they disagree, the students and teacher should re-examine that patient together and discuss the difficulties, until all are in agreement. At the completion of a batch, any patients requiring treatment should be given tetracycline ointment or referred for further treatment.

**11.** Once you are convinced that the students' results are accurate, you can **encourage them to start using the simplified grading scheme** in their daily clinics to diagnose individual patients, and also in their villages to conduct simple community surveys (section 14, "Prevalence survey", refers).

**12.** **Regular follow-up** of the health workers' performance is advised, to check that their training and skills are being used correctly. Any error in understanding or practice can then be corrected.

## **1. AIMS OF THE TRAINING MANUAL**

This manual and set of slides have been produced to assist trainers of health workers to teach a simplified assessment of trachoma.

The manual is for use by the trainer to explain how to examine children and adults for signs of trachoma and how to use the simplified grading scheme.

The slides demonstrate the clinical signs and grades of trachoma infection. They can be used in the classroom to help students to understand and correctly grade trachoma. However, it is essential to have clinical training as well, to demonstrate the signs of trachoma and its complications in individual patients.

## **2. AIMS OF THE SIMPLIFIED GRADING SCHEME**

The simplified trachoma grading scheme has been developed in order:

- (1) to facilitate for all health workers the recognition of the signs of trachoma and its complications;
- (2) to enable health workers to assist in undertaking simple surveys to identify communities in need of measures to control blindness from trachoma;
- (3) to allow for easy evaluation, by health workers, of results of trachoma control efforts in identified communities.

### 3. WHAT IS TRACHOMA?

Trachoma is an infectious eye disease which causes inflammation and scarring of the conjunctiva, the inner lining of the eyelid, thus leading to blindness. It is caused by a microorganism, *Chlamydia trachomatis*, which gives rise to the inflammation of the conjunctiva covering the inside of the eyelids. After several years of disease, this inflammation may cause scarring of the eyelid, later leading to inturned eyelashes that rub on the cornea. Subsequent loss of vision occurs because of scarring of the normally transparent cornea.

Trachoma is a very common disease, particularly in developing countries. There are at least 150 million people in the world suffering from active disease, 6 million of whom have gone blind due to the disease.

Trachoma is the second largest cause of blindness in the world, after cataract.

#### 4. HOW DOES THE DISEASE DEVELOP?

Trachoma tends to be found in dry rural areas, where lack of water and bad living conditions may facilitate the spread of the disease.

In communities where trachoma is common, infection starts in early childhood. The first signs can be found in children of less than one year old. Trachomatous inflammation becomes increasingly intense in children up to the age of six to eight years. Scars on the inside of the eyelids, caused by trachoma, can be found in children from the age of four years. Scarring is increasingly common in older children, but the serious complications of intumed eyelashes and corneal scarring do not usually appear before adult age. Thus, blindness due to trachoma is most common in adults.

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_30721](https://www.yunbaogao.cn/report/index/report?reportId=5_30721)

