

No blinding trachoma in Guangxi, China

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In 2005, Boost and Cho reported a high incidence of trachoma in rural areas of Guangxi, China (1). Ten years later, active trachoma has been controlled in this province in southern China.

Trachoma is the major cause leading to infectious blindness worldwide (2,3). The risk factors of the spread of trachoma includes the poor environmental conditions, water scarcity, lack of latrines, high fly density, poor facial cleanliness and so on (4). In 1997, the World Health Organization (WHO) had established the global alliance to eliminate trachoma by 2020 (GET 2020) and recommended the SAFE strategy (surgery of late stage disease, antibiotics to clear infection, facial cleanliness and environmental improvement) to facilitate the global elimination of trachoma (5,6). In this decade, the government had made a lot of efforts to achieve the goal of elimination of blinding trachoma, such as strengthened the work health missions, organized regular checks on pre-school and young children, and large-scale constructed of rural drinking water project. The purpose of this study is to evaluate the current prevalence of trachoma in Guangxi.

The study was undertaken in six villages in each of six counties of Guangxi Zhuang autonomous region. The six districts were selected by the autonomous region health authorities on the basis of historical material and documents on trachoma survey, numbers of trichiasis cases seen in health services and data from prior decades, etc. Except for Qisha, Chongzuo, Rongshui, Jinxiu mentioned by the literature (7-10), the Rongling and Dahua County are economically backward, poor hygiene, and lack of surface water.

Active disease in children under the age of 10 was examined at least in 50 children's eyes and their facial

cleanliness from grade 1 in each town primary school. The children with follicular trachomatous inflammation and intense trachomatous inflammation were determined as active trachoma (11). A total of 397 children under the age of 10 were examined in six schools during the rapid assessment. The rates of active trachoma in children under age 10 were low in six sites: only 1.35% (1/74) in Zhongliang and 1.96% (1/51) in Qibainong.

To determine the adults' trichiasis, the village doctors were requested to list the patients who were potential subjects of trichiasis before the day of the study group's arrival. In the examination day, the potential trichiasis patients were asked to come to the examination locations. The trachoma graders in the study group diagnosed the trichiasis by clinical examination (11). Of the 34,769 people living in the six villages, only two cases in Zhongliang had trichiasis as determined through the rapid assessment. The trichiasis cases had no accompanying corneal opacity.

Data on the physical environment of the community and access to health care were obtained by interviewing the village leaders, examining the households of children who were diagnosed as active trachoma and touring the school. In the households, we found that the households had an elimination system of human excrement; animals were bred and lived separately. In the school, we found that all children presented clean face, and the school had rich water supply. Although part of pupils lived in the school at noon, the school had a standard and spacious living environment.

In this study, a follicular trachomatous inflammation was detected in two eyes, and trachomatous trichiasis in two eyes. WHO and Blindness Prevention of China experts check and accept our project. According to the results, WHO experts are unanimous that the Guangxi

Zhuang Autonomous Region has successfully achieved the elimination of blinding trachoma.

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

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