## TRACHOMA IN ZAMBIA

## **Short Communication**

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Trachoma is a neglected tropical disease caused by the intracellular bacterium Chlamydia trachomatis. It is common in populations that have inadequate access to safe and clean water and where sanitation and hygiene is poor. In Zambia, as elsewhere, such populations tend to live in remote and rural areas, and to be very poor. The prevalence of active trachoma is Zambia ranges between 5% and 29%.

Chlamydia Trachomatis is transmitted in eye and nose secretions via fingers, fomites (such as face towels and clothing) and eye-seeking house flies particularly between members of the same household. Infection may be associated with active (inflammatory) trachoma, which often meets the criteria for trachomatous inflammation—follicular (TF) and/or trachomatous inflammation—intense (TI), signs defined within the WHO simplified trachoma grading scheme. Active trachoma is common and

more intense in children up to the age of 9 years and the prevalence is lower in older individuals. Repeated episodes of infection and associated inflammation are needed for the development of significant conjunctival scarring (TS) and for the trachomatous trichiasis (TT).

Blindness from trachoma is prevented using the SAFE strategy, which includes Surgery for TT, Antibiotics to treat infection, and Facial cleanliness and Environmental improvement to reduce transmission. The S component of SAFE should be offered to anyone with TT. The A, F and E components of SAFE are administered to whole populations in which the TF prevalence in 1–9-year-olds is more than 5%. Programmatic planning for publichealth-level approaches for reducing both the prevalence of TT and TF relies

on prevalence estimates of these signs, which are generated through population-based surveys. The surveys conducted in Zambia between 2016 and 2017 showed 16 districts, total population 1,473,707) had TF prevalence estimates in children of ≥5%. This shows that trachoma is a disease of public health significance in the country.

Having conducted the above surveys and established the magnitude of the trachoma problem, Zambia has embarked on programme to eliminate trachoma by the year 2025. The government and the cooperating partners are strongly focused on implementing the SAFE strategy through a comprehensive and multi-sectoral strategy. This can catalyze development partnerships whilst offering primary, secondary and tertiary prevention against trachoma blindness.

## LIST OF REFERENCES

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