

TRACHOMA FACTSHEET

DECEMBER 2019

WHAT IS TRACHOMA?

Trachoma is an infectious disease of the eyes caused by bacterium *Chlamydia Trachomatis*. It is one of the major causes of avoidable blindness, only next to Cataract and the leading infectious cause of blindness worldwide. Repeated episodes of the infection lead to scarring of the tissue lining the underneath of the eyelid. This scarring causes the eyelid to eventually turn inward allowing the eyelashes to rub against and abrade the cornea of the eye. This painful condition called Trichiasis (TT) can result in irreversible blindness.

Globally, Trachoma is responsible for the blindness or virtual impairment of about 1.9 million people. The disease is endemic in 44 countries, predominantly in sub-Saharan Africa, Asia, Australia, Central and South America and the Middle East.

MODE OF TRANSMISSION

Trachoma occurs in areas where personal and community hygiene are poor. The disease is spread through personal contact via unwashed hands, shared face-wiping cloths, towels or bedding and by flies in contact with infected discharge/fluid from the nose or eyes especially in the case of children who harbour the principal reservoir of infection. In children, the germ is easily spread through infected eye fluids which is passed between them when playing and sharing same beddings, including dirty faces

ENVIRONMENTAL RISK FACTORS

To prevent and/or eliminate Trachoma, it is necessary to understand and address the environmental risk that influence the transmission of the disease. They include:

- poor sanitation and hygiene
- crowded households
- inadequate access to water

TRACHOMA IN NIGERIA

In 2017, 19.87million people needed treatment for Trachoma in Nigeria and 6.03million people received treatment according to the Nigeria Neglected Tropical Disease Treatment Report (2017). The disease is highly prevalent in the northern part of Nigeria which falls within the Trachoma belt and is found to excessively affect children and women in vulnerable communities.

As of December 2019, the National Trachoma Elimination Programme of the Neglected Tropical Diseases (NTDs) Elimination Programme, Federal Ministry of Health Nigeria has completed the epidemiologic mapping of all relevant Local Government Areas (LGAs) suspected to have trachoma with the exception of 14 LGAs in Borno State due to security challenges.

EFFECTS OF TRACHOMA

The disease has both health and socioeconomic effects, which includes:

- Visual impairment which may eventually lead to permanent blindness/disability
- Social exclusion and psychological effects such as anxiety and depression owing to permanent scarring from Trachoma.

- Financial insecurity resulting from loss of income due to inability to work.
- Low standard of living and increased poverty both at the individual and community levels especially in endemic communities

KEY FACTS

- Trachoma is a contagious bacterial infection and one of the causes of avoidable blindness only next to cataract.
- The female Bazaar Fly, or *Musca sorbens*, found widely in Africa, Asia and the Pacific is considered a likely vector of trachoma.
- Children ages 1–9 years and women have the greatest burden of disease.
- Women are more prone to Trachoma infection than men because of their roles as the primary caregivers of children, they end up being exposed to reinfections from infected children.
- If Trachoma is not treated, it can produce corneal scarring and blindness.
- Nigeria has the second highest number of people with Trachoma in the world after Ethiopia and the highest in the Commonwealth.
- According to WHO, 142.2 million people live in Trachoma endemic areas worldwide.
- 8 countries have been validated as having eliminated trachoma as a public health problem, they include; Morocco, Oman, Cambodia, Lao People's Democratic Republic, Mexico, Ghana, Nepal and the Islamic Republic of Iran.

SYMPTOMS

Trachoma usually affect both eyes and its symptoms may include:

- Mild itching which leads to more intense irritation of the eyes and eyelids
- Discharge from the eyes containing mucus or pus
- Eyelid swelling and pain
- Light sensitivity (photophobia)
- Blurred vision/visual impairment eventually progressing to blindness

PREVENTION AND TREATMENT

A single dose of azithromycin is recommended for treatment of persons with active Trachoma. It is also recommended that persons living and/or sleeping in the same house with infected persons, should also be treated with the antibiotic as Trachoma is highly infectious.

To eliminate Trachoma as a public health problem by 2020, the World Health Organization recommended the **SAFE** strategy since 1993:

- **S** = Surgery to correct trichiasis;
- **A** = Antibiotics use to treat infection;
- **F** = Facial cleanliness to reduce transmission, and
- **E** = Environmental improvement to reduce transmission of *Chlamydia Trachomatis*.

Trachoma control in Nigeria is based on the comprehensive SAFE strategy. This comprehensive SAFE approach includes reducing the prevalence and transmission of active disease in a population as well as undertaking corrective surgery on people suffering from the potentially blinding end stage of the disease.

COUNTRY EFFORTS

The National Trachoma Elimination Programme (NTEP) of the Neglected Tropical Diseases (NTDs) Elimination Programme, Department of Public Health, Federal Ministry of Health (FMOH) was established in 2001 in response to World Health Assembly (WHA) resolution WHA 51.11 to stop the spread of the disease through Mass Administration of Medicines (MAM); and reduce suffering caused by the disease through Morbidity Management and Disability Prevention (MMDP).

The National Trachoma Elimination Programme (NTEP) has made the following achievements:

- Till date, 449 LGAs in 24 states in Nigeria have been mapped for Trachoma including Borno State where 14 LGAs are yet to be mapped¹.
- Of the 449 LGAs mapped, 122 LGAs were classified as endemic in 17 states. The states are Bauchi, Benue, Borno, Ebonyi, Edo, Jigawa, Kaduna, Kano, Kebbi, Katsina, Nasarawa, Niger, Plateau, Sokoto, Taraba, Yobe and Zamfara.
- Mass Drug Administration (MDA) for Trachoma treatment started in 2010 in 10 LGAs in 5 States - Kebbi (1LGA), Sokoto (1LGA), Zamfara (1LGA), Nasarawa (4LGAs) and Plateau (3LGAs) and scaled up to 53 LGAs in 2018.
- As at June 2019, impact survey had been conducted in 84 LGAs and 72 of these LGAs in 11 states have stopped treatment for Trachoma and await surveillance survey result.

CALL TO ACTION – CITIZENS

- The practice of proper hygiene remains the best form of prevention. Regular face and hand washing may help break the cycle of reinfection.
- Adequate efforts should be put in place to control flies around dwelling as this can help eliminate a major source of transmission.
- Stop open defecation and properly dispose animal waste around dwellings as they serve as breeding grounds for flies.
- Having a fresh water source nearby can help improve hygienic conditions.
- Avail yourself and encourage others to receive treatment during mass drug administration and Trachomatous Trichiasis (TT) surgery outreach programs.
- Trachomatous Trichiasis is prevalent in Nigeria. To promote prevention, pass on the information on this factsheet.

Sources:

- [CBM Trachoma Factsheet \(2016\)](#)
- [Elimination of Blinding Trachoma. Ten-years Strategic Fast Tracking Plan in 24 countries – November, 2011](#)
- [International Trachoma Initiative](#)
- Nigeria Neglected Tropical disease control master plan 2013
- Nigeria Neglected Tropical Diseases (NTDs) Master Plan 2015-2020
- Neglected Tropical Diseases Elimination Programme Report, Department of Public Health, Federal Ministry of Health, Abuja 2019.
- [WHO Weekly Epidemiological Record, 19 July 2019](#)
- [WHO GET2020 Database](#)
- www.who.int/news-room/fact-sheets/detail/trachoma
- www.endtrachoma2020.org.au

For more information, email us at info@activevoicesng.org or contact the National Coordinator, Neglected Tropical Disease (NTDs) Elimination Programme, Department of Public Health, Federal Ministry of Health, Abuja or call +234 803 451 4547



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