PRELIMINARY REPORT

TRACHOMA SCREENING ASSESSMENT

NORTHERN DIVISION FIJI

25-30 JUNE 2007
1. Background:

As one of several island nations of the Pacific where recent data on trachoma prevalence is unavailable, it was decided to meet with those groups responsible for trachoma screening in Fiji and start looking for up-to-date information. At the end of April 2007 several short workshops were arranged with the Northern Division Ophthalmologist Dr Sandeep Nakhate and Dr Pablo Romakin of Northern Division Community Health Services. These were held in Labasa and Savusavu in Fiji’s Northern Division with Divisional Community Health staff and with screening staff from a local NGO, Project Heaven. It was evident from these workshops that screening procedures were varied and often flawed (some only examining the lower lid conjunctiva, no use of magnification or using extra illumination). More importantly, when children were identified as having active trachoma, which according to both groups was common, the procedures for managing them and following-up them and their families either did not exist or could not be implemented for financial and organisational reasons. It was agreed, therefore, that toward the end of June 2007 we would carry out a limited number of trachoma screenings in Primary schools of Northern Division to test out the current screening system approved by MOH. Depending on results these would be extended at a later date to more comprehensive community-based Trachoma Rapid Assessment Surveys (TRAS) in affected areas, where a more representative sampling would take place, looking at adults >40 years old as well as the full range of children between the ages of 1 and 9 years.

2. Screening sites:

Taveuni Island – 2 Primary schools
Savusavu - 2 Primary schools
Labasa – 3 Primary schools:

3. Results:

<table>
<thead>
<tr>
<th>School</th>
<th>No. seen</th>
<th>No. Tr +ve</th>
<th>TF/TI/TS</th>
<th>Tr Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wairiki</td>
<td>69</td>
<td>22</td>
<td>20/3/2</td>
<td>32</td>
</tr>
<tr>
<td>Somosomo</td>
<td>126</td>
<td>11</td>
<td>10/2/0</td>
<td>9</td>
</tr>
<tr>
<td>Kamendra</td>
<td>166</td>
<td>13</td>
<td>13/0/0</td>
<td>8</td>
</tr>
<tr>
<td>Bhashiya</td>
<td>166</td>
<td>13</td>
<td>13/0/0</td>
<td>8</td>
</tr>
<tr>
<td>Muanivatu</td>
<td>56</td>
<td>14</td>
<td>14/0/0</td>
<td>25</td>
</tr>
<tr>
<td>Basoga</td>
<td>72</td>
<td>1</td>
<td>1/0/0</td>
<td>1</td>
</tr>
<tr>
<td>Vunicuicui</td>
<td>52</td>
<td>0</td>
<td>0/0/0</td>
<td>0</td>
</tr>
<tr>
<td>Uluibau</td>
<td>61</td>
<td>6</td>
<td>6/0/0</td>
<td>10</td>
</tr>
</tbody>
</table>
4. Conclusions:

The WHO trachoma programme recommends that the threshold for intervention with mass antibiotic treatment should be where rates reach or exceed 10%.

These screenings were carried out using the normal school screening procedure and there was insufficient time or resources to visit the village communities from which the affected children came. We therefore were unable to get an accurate estimate of the actual rates in the communities themselves, where the parents, siblings and neighbours of the affected children lived.

The accepted procedures varied but generally affected children would be given a referral note to take home, with or without a tube of Tetracycline eye ointment (TEO) if the screening nurse happened to have a supply with her/him. Project Heaven staff do not carry TEO and just provide a referral note for the child to give to the parents. No follow-up to see whether this happened or not would normally be done. Screening for Refractive Error, carried out by Project Heaven is implemented along similar lines in Secondary Schools, with similar follow-up problems for children needing glasses.

The current school screening system, as it is currently practised in Fiji is less helpful than it could be, utilising time and resources without providing any useful functions for the children themselves or for the communities as a whole. This could be relatively easily changed.

The results do however point to there being a significant amount of active trachoma in children of Northern Fiji. This is supported by anecdotal reports from Community Health nurses and Project Heaven staff.

There appeared to be a difference between children of mainly Indo-Fijian ethnicity compared with children from indigenous Fijian communities which may bear further study since social, cultural and economic differences do exist. All children examined in these schools had clean faces but their younger siblings in the villages were not examined.

5. Recommendations:

- All screening staff need to be equipped with 2.5X magnifiers, pen-torches and further training.
- A workshop for senior Divisional Ophthalmic and Community Health leaders and Project Heaven management needs to be held.
- Trachoma screening should be done in the village communities indicated from children found to have trachoma at school screening.
- The process of screening, referral, treatment and follow-up for children with trachoma and refractive error needs to be reviewed and revised.
- Formal Trachoma Rapid Assessment surveys need to be carried out in all Divisions, including some of the outlying small island communities, examining both children and adults > 40 yrs old.
6. Acknowledgements:

- The Fiji Ministry of Health
- Dr Ami Chandra, Divisional Director of Health, Northern Division
- Dr Sandeep Nakhate, Consultant Ophthalmologist, Northern Division
- Dr Pablo Romakin, i/c Community Health Services, Northern Division
- Sr. Silina R Waqa, Community Health Services, Northern Division
- Dr Hla Thein, Sub-Divisional MO, Taveuni, Northern Division
- Nursing and CBR Staff of Northern Division: Sangeeta Sagar, Rohini Lata, Maria Maivalenisau and Salome M Tuima
- Project Heaven Field Staff, including Mr Tomasi Ganiuwale