Technical resource

Training Curriculum for Trichiasis Case Identifiers

ICTC International Coalition for Trachoma Control
Acknowledgements

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Please contact the Co Chairs Amir Bedri Kello (Light for the World) and Emily Gower (Wake Forest School of Medicine) for any questions. Thanks also to Anthony Solomon (WHO) and Danny Haddad (Emory University) for their inputs on the final version.

Views represented are the preferred practices of the coalition and not necessarily the official views of individual member organizations or agencies.
Foreword

Countries, partners, and donors are committed to the global elimination of blinding trachoma by 2020. Achieving this public health milestone requires more than funding; it requires health personnel with the right mix of skills, and well supported and managed health systems.

A key component of elimination is to reduce the number of unmanaged trachomatous trichiasis cases to less than 1 per 1,000 population in affected areas. With just five years to go and significant scale up underway, finding people with trichiasis in the run up to elimination will be increasingly challenging as cases become less common and are likely to be found in increasingly remote and hard to reach areas. In this context, raising awareness of trichiasis and the availability of services to correct trichiasis alone will not suffice. Concerted efforts to seek out and find cases are essential. Further down the line, when there will be just a few trichiasis cases remaining, these approaches will likely need to be further adapted.

The goal of this preferred practice manual is to provide a framework for how to conduct effective training of trichiasis case finders. It addresses all aspects of preparing for, and undertaking, the training, from who can be trainers, who to train as case finders and their roles and responsibilities as well as the training objectives, components and sessions.

We know that trichiasis case finding will likely not be perfect. Some cases might be missed and over diagnosis will take place, too. This reiterates the need for continued outreach, providing basic eye treatment and referral for other conditions.

This document is not prescriptive. Context varies by country and in large countries there are likely to be differences noted across regions that influence how training for trichiasis case finders should be carried out. This preferred practice deliberately does not identify any particular group of people to prioritize – health workers in each setting will have to figure out which group might be the most appropriate. Thus, we hope you will adapt these tools to your environment.

It is essential that those who use this preferred practice also have access to other trichiasis management material (Box 1). We refer to different manuals whenever appropriate, rather than repeating information. Finally, it is important to recognize that approaches for trichiasis outreach are not rigid and that new innovations may be found to address the challenges in delivering trichiasis surgery.

We ask you to help us by letting us know about your ideas and experiences. Please contact ICTC at trachomacoalition@gmail.com.

With thanks,

Martin Kollmann (ICTC Chair) and Emily Gower and Amir Bedri Kello (ICTC Co Chairs of the trichiasis management practices and capacity strengthening working group)

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<th>Box 1</th>
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<tr>
<td><strong>Reference material manuals</strong></td>
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<tr>
<td>The Global Scientific Meeting on Trachomatous Trichiasis</td>
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<td>LSHTM trichiasis surgery DVD</td>
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<td>WHO Trichiasis Surgery for Trachoma (yellow manual)</td>
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<td>Planning for the elimination of trichiasis manual</td>
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<td>Training of trainers for trichiasis surgery (includes use of Head Start)</td>
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<td>Supervision guidelines for trichiasis surgery</td>
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<td>List of TT instruments &amp; consumables for a team plus the unit cost (or per 50 cases)</td>
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<tr>
<td>Monitoring outcome of trichiasis surgery (including standard form)</td>
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Trachoma is an infectious disease caused by bacteria that thrive in settings with inadequate hygiene. After years of repeated infections in childhood, adults can develop scarring of the inner eyelid, which results in painful inturned eyelashes that rub the eye and can lead to blindness. Simple eyelid surgery can prevent blindness. Photo: NEED.
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Community Health Workers (CHWs) already present in the communities in which you will be working may be good candidates for trichiasis case finders. Nurses and clinical officers at the local health center/ dispensary, may be able to tell you the names of the CHWs who are very dedicated to the work and trusted by the community. Photo: NEED.
Background

Community mobilization, necessary for conducting an efficient and effective trichiasis outreach activity, has two steps: [1] creating broad-based awareness of trichiasis and the availability of services to correct trichiasis, and [2] identification of people with trichiasis. However, this may not lead to significant surgical uptake on its own for many reasons, including fear of surgical failure/recurrence, a belief that a long recovery is required after surgery, and lack of social support. This training curriculum addresses the training of community-based individuals to be trichiasis case identifiers. The curriculum is based on “Eye Ambassador” training conducted by Esmael Habtamu and colleagues in Amhara, Ethiopia, and on work with microfinance programmes in Tanzania conducted by Fortunate Shija and colleagues. Experience in Tanzania has also shown that trained Zithromax MDA distributors can also be effective trichiasis case finders. Programme staff should adapt this manual to the local context and national policies prior to training trichiasis case identifiers.

Aim

It is essential to devise a method to identify trichiasis patients and address their primary needs and concerns. It also is critical to create an opportunity for patients and relatives to discuss surgery so they accept it in a timely manner.

Roles and responsibilities of case finders

Trainers should clearly know the roles and responsibility of case finders, which are to:

- Search for trichiasis cases
- Escort trichiasis patients from household level to the trichiasis camps for verification and services
- Complete the trichiasis identification forms
- Counsel trichiasis client and family members so the client seeks care at the trichiasis camps
- Remind trichiasis post-op clients to return to the health facility after 3-6 months for follow-up visit and services
- Advocate for trichiasis surgeries

Who to train?

Experience suggests that trichiasis case finders should be people from the community who are trusted by the community. The closest approximation of trichiasis case finders in the eye care field is the use of key informants for identification of children with severe vision loss or blindness. The trainees should be [a] able to read and write the local language, and [b] influential and respected within the community. In many cases trainees are selected by the community or members of the village administration team. If microfinance programmes (or selected women’s groups) are used, they manage the selection of trichiasis case finders.

There often are Community Health Workers (CHWs) already present in the communities in which you will be working. Nurses and clinical officers at the local health center/ dispensary, may be able to tell you the names of the CHWs who are very dedicated to the work and trusted by the community. Be sure to consider attaching trichiasis case finding to Zithromax MDA, where appropriate.

Select case finders who have good eyesight and who will be able to examine a patient and recognize a trichiasis case. If a case finder does not have good eyesight, they may struggle to see eyelashes touching the eye of potential patients, which means their work will not be effective.

Depending upon the context, the programme or community may wish to provide an incentive to trichiasis case finders; this can be a set amount for each case finder for a particular period of time or for each trichiasis case that the finder identifies who receives surgery or another appropriate intervention. trichiasis case finders should not use incentives to coerce patients to accept surgery. It is expected that some people, referred by trichiasis case finders, do not actually have trichiasis.

Who are the trainers?

Those responsible for training case finders can be from the eye care field (eye nurses, trichiasis surgeons) or from the general health care field, if they have experience with trichiasis and are good instructors. Do not assume that all eye care workers are good trainers; selection of trainers should be based upon ability to impart information in an engaging and participatory manner.
A health worker checks the bandage of a patient who had trichiasis surgery to prevent blindness. Bandages protect the eye from infection and usually can be removed the day after surgery. Photo: NEED.
Objectives of the training

By the end of the training the trainees should be able to:

1. Explain what trachoma is, and how it is spread, controlled, and treated
2. Use equipment and methodologies to identify trichiasis patients
3. Provide counselling to trichiasis patients and their family members
4. Refer them for screening and treatment at the respective centres
5. Record and report trichiasis patients identified to the relevant team leaders

Do not train more than 20 trichiasis case identifiers per session. This will ensure that the skills are learned properly and they are ready to undertake the tasks. If attached to Zithromax MDA distributor training, additional trainers may be needed.

Training components

A half-day to one-day theoretical and practical training should be provided on the following components.

A. Theoretical training
1. Explain trachoma
2. Describe how trachoma is spread
3. Describe the control measures to prevent trachoma (SAFE)
4. Describe trichiasis management
5. Show pictures of trichiasis (compared to a normal eyelid)
6. Teach how to examine eyes in order to identify trichiasis
7. Describe and discuss the messages to deliver during house-to-house visits
8. Demonstrate form completion and reporting
9. Describe counselling of trichiasis cases and family members.

B. Practical Training
1. With clean hands, demonstrate to the trainees the examination technique to identify trichiasis (using thumb and torch)
2. Demonstrate to the trainees the counselling techniques that should be used when counselling patients and family members
3. Have trainees practice the examination technique
4. If possible, bring in several (8-12) trichiasis patients and a few (3-5) people without trichiasis to the training room and let the trainees practice examination
5. Let the trainees practice counselling on the actual trichiasis patients

Material
If available, a laptop and LCD projector with screen can be used for showing images of trichiasis. If not available, printed laminated images of trichiasis (and normal eyelids) can be used. All trichiasis case finders should be given a small, bright torch. All trichiasis case finders also should be given a logbook to enter information on trichiasis cases identified. An example of a logbook is in the annex.

Agenda for training
The agenda for the training programme is in the annex. The format for the training programme, provided below, should be adapted to the context of the setting. Refer to the trichiasis Counselling Manual for details on counselling procedures.
Trichiasis case identifiers must be able to recognize the clinical signs of trichiasis, which include whether eyelashes are scraping the eyeball. Trichiasis counsellors must be able to explain treatment options, including surgery, to patients and family members. Photo: NEED.
Training sessions

Session 1: Introductions

**Session Summary:** This introductory session is critical as it sets the tone for the workshop. This workshop is designed to be participatory, so use an interactive approach requiring the participants to get up and move about, as this reinforces the concepts of accountability and active participation. There are many such “ice-breaking” activities. The one below is only a suggestion.

**Objectives:**

1. To demonstrate that this is a participatory workshop and full participation from each learner is expected.
2. To demonstrate that the participants are responsible for their learning and the facilitator is there to facilitate, but not impose it.
3. To allow the participants and facilitator to interact and to get to know one another creating a sense of community and safety within the learning environment.

**Duration:** 20 minutes

**Materials:** None

**Handouts:** None

**Training Procedure:**

1. Ask participants to form a circle that includes the facilitator;
2. The facilitator tells the participants that each person will start by announcing their name accompanied by a gesture. (Hands raised above head, a dance step, a jump, etc.).
3. The next person must say the name of the first person, replicate the gesture, state his/her own name accompanied by a different gesture.
4. The third person must say the names and replicate the gestures of each of the people before and then add his/her name and unique gesture;
5. This is continued all the way around to the last person who needs to remember everyone’s names and gestures.
6. Following this activity, the facilitator asks the participants to comment on the value of such an activity, writing their responses on flip chart.
7. Some responses to bring up are: allow participants to become acquainted; to develop a sense of community; help relax people; set a climate of participation and “instant involvement” of all; to demonstrate that the facilitator is part of the group and not a leader or lecturer; to provide the facilitator with a sense of the group dynamics that will help as the workshop proceeds; helps reduce anxiety of the facilitator.
Session 2: Agenda and learning objectives

**Session Summary:** In this session the facilitator presents the learning objectives and leads a discussion about whether there are any expectations that stray from the design of the workshop; if so, how can they be met, or, if not, explain why.

**Objectives:**
1. To present the intentions of the workshop design and the objectives it hopes to achieve;
2. To ensure that participants’ expectations are managed within the parameters of the workshop (either incorporated or explained why they cannot be)

**Duration:** 20 minutes

**Materials:** Handout or PowerPoint presentation of agenda and learning objectives

**Handouts:** Agendas with objectives listed

**Training Procedure:**
1. Present the learning objectives for the workshop acknowledging those expectations that do not conform. The objectives are as follows:
   By the end of the workshop, participants will be able to:
   a. Explain what trachoma is, and how it is spread, control, and treatment;
   b. Identify trichiasis patients;
   c. Provide counselling to trichiasis patients and their family members;
   d. Refer them for screening and treatment at the respective centres;
   e. Record and report trichiasis patients identified to the relevant team leaders.
2. Present the agenda to illustrate the steps that will be taken to achieve the objectives.
3. If there are expectations that cannot be met, indicate what they are and explain why.
4. Ask the participants if they have any questions.

Session 3: Overview of trachoma and the SAFE strategy

**Session Summary:** This session presents the basic facts of trachoma and the WHO endorsed SAFE strategy (Surgery, Antibiotics, Face Cleanliness, Environmental Improvement) to provide further context for the training workshop.

**Objectives:**
1. To provide the participants with basic information concerning trachoma and SAFE.
2. To provide the overall context for the trichiasis case identification.

**Duration:** 20 minutes

**Materials:** PowerPoint presentation and/or large laminated pictures of people with trichiasis, pictures of poor hygiene, flies on faces, antibiotic distribution, etc.

**Handouts:** Laminated handouts

**Training Procedure:**
1. Present the PowerPoint or hand out the pictures and have people discuss each picture and how it reflects trachoma.
2. During and after the presentation invite questions from participants.
**Session 4: Overview of trichiasis and trichiasis surgery**

**Session Summary:** This session presents information on the diagnosis of trichiasis and information on trichiasis surgery and epilation.

**Objective:**
1. To provide participants with the knowledge and skills to diagnose trichiasis.
2. To ensure that participants understand the options for managing trichiasis.

**Duration:** 30 minutes

**Materials:** Multiple large laminated pictures of people with trichiasis (some with a few eyelashes, some with many eyelashes), without trichiasis, and with other (recognizable) eye conditions, video of trichiasis surgery

**Handouts:** None

**Training Procedure:**
1. Hand out the pictures and have people discuss each picture to reach a decision whether the person has trichiasis or not.
2. Make sure that all participants reach the correct consensus.
3. If possible, hand out a second set of pictures to use as a test of each participant’s ability to correctly identify trichiasis.
4. Show part of the video on trichiasis surgery and describe, as the video is playing the different steps in operation. Tell participants to ask questions if they are unclear about something.

**Session 5: Overview of how to examine for trichiasis**

**Session Summary:** This session describes the equipment and methodologies needed to correctly identify trichiasis cases, and teaches how to examine somebody’s eyes in order to determine whether or not they have trichiasis.

**Objectives:**
1. To provide participants with the equipment needed to identify cases of trichiasis.
2. To ensure that participants understand how to look at a person’s eyes in order to check for trichiasis.

**Duration:** 30 minutes

**Materials:** A small, bright torch for each participant (pen-torch, maglite mini, or similar). Flip chart paper and markers. Laminated photo of eye/eyelid without trichiasis

**Handouts:** None

**Training Procedure:**
1. Hand out torches and ask participants to pair up and look at each others’ eyes. Ask if they understand how to recognize whether their partner has trichiasis. Many participants may say that they do not yet understand.
2. Using flip chart paper and markers, draw a very large eye. Draw the “pink line of flesh” that is between the eyeball and the eyelashes for a person without trichiasis. Show the laminated photo of the eye/eyelid without trichiasis and ask them to point out the pink line of flesh.

(continues next page)
3. Tell participants that it is not always easy to see eyelashes. Then tell them there are a few very important steps to follow that will help them to examine the patient:

- Look at the person’s eyes using a torch with strong batteries. They should have spare batteries when they are examining patients;
- Look at the person’s eyes using their torch in shaded places, for example inside a room or under a tree. They will not see eyelashes easily in bright sun;
- Make sure they are at the patient’s level or below the patient. If they are above the patient’s head, they will not be able to see eyelashes easily. (Ask volunteers to demonstrate various ways to stand/sit so that they can see the person’s eyes well);
- Ask the patient to look UP using their eyes, without angling their head up. Sometimes it is helpful for the examiner to put a hand on top of the patient’s head in order to hold it straight. Alternatively, they might find it helpful to hold a hand over their own head and to ask the patient to look at their hand. (Demonstrate these methods with participant.)
- Once the patient’s head is in the right position and they are looking up with their eyes, the examiner should hold his/her torch below the eye and angle the torch up into the eyelid so he/she can see the pink line of flesh on the eyelid between the eyeball and the eyelashes.

4. Ask participants to turn back to their partners and demonstrate the key points they have been taught:

- Stand or sit at the same level as the patient, or slightly below;
- Ask the patient to keep head straight, but look up with eyes;
- Hold torch low down, but angled up at eyelid, about 20 cm from the eye;
- Look very carefully for any eyelashes crossing the pink line and touching the eyeball.

5. Remind participants the following key points about trichiasis:

- For the person to have trichiasis, they must have at least one lash touching the eyeball. Any patient with even one lash touching their eyeball who wants treatment should be referred to an outreach camp for examination by trained personnel;
- If the case finder can see no eyelashes touching, but the individual says that they have been pulling out their eyelashes, then they also might have trichiasis and therefore should be referred to an outreach camp for further examination;
- An individual with red or itchy eyes, or with white scars on their eye, does not have trichiasis unless there are eyelashes touching the eyeball.
Session 6: Overview of barriers to trichiasis surgery

Session Summary: This session is for participants to list all the possible reasons that people do not get surgery for trichiasis. It provides the foundation for the next session, on counselling.

Objectives:
1. To identify potential reasons people do not get trichiasis surgery before they go blind.
2. To start to identify approaches to addressing each reason.

Duration: 40 minutes

Materials: None

Handouts: None

Training Procedure:
1. Put people into small groups and ask them to list the reasons why people do not get trichiasis surgery. Tell them to list as many reasons as possible within 15 minutes. Have them make two identical lists.
2. After 15 minutes, ask them to give one list to the facilitator. They should use the other list and identify possible solutions to the barriers.
3. While this is going on, the facilitator should combine the different groups’ lists of barriers to come up with one overall list.
4. At the end of the session, the facilitator presents each item on the combined list and the groups offer solutions.

Session 7: Key messages: counselling patients with trichiasis (and their families)

Session Summary: This session, building on the previous session, is to identify the key messages for trichiasis patients and their families and learn how to counsel and support them to receive surgery.

Objectives:
1. To understand the key messages that trichiasis patients and their family members need to hear to assist them in making an informed decision regarding trichiasis surgery.
2. To understand how to counsel (how to listen)

Duration: 40 minutes

Materials: None

Handouts: List of key messages (see annex)

Training Procedure:
1. Hand out the list of key messages. Ask participants if they want to revise or add other key messages they think are important. Remind the participants that a big part of counselling is listening to the needs of the patient and family members. Active listening is an essential part of counselling.
2. Put people into groups of four and ask them to role play (one person is the trichiasis patient, two other people are family members, and one person is the trichiasis case finder). Have them practice providing the key messages and listening, changing roles to ensure everyone has an opportunity to practice.
Session 8: Recording and reporting

**Session Summary:** During this session the participants will review the trichiasis logbook and learn how to link with the surgical team/organizer regarding an outreach visit to the area.

**Objectives:**
1. To understand how to record patients with trichiasis in their logbook.
2. To understand how to communicate with the trichiasis outreach organizer regarding their work and patients needing screening for surgery.

**Duration:** 30 minutes

**Materials:** None

**Handouts:** Logbook (see annex)

**Training Procedure:**
1. Hand out the trichiasis logbook. Review each column so that each participant understands how to use the logbook.
2. Discuss how the screening and counselling process fits into organizing an outreach and providing services to those in need. Highlight the importance of adequate case volume and the need for accurate identification of trichiasis cases (not to send people with cataract) in having an effective outreach campaign. Also, highlight the importance of quality communication between trichiasis case identifiers and the outreach team regarding the outcome of their case identification.

Session 9: Field practice with trichiasis cases

**Session Summary:** This is the final session of the training and is a field practice with people with trichiasis. Participants are expected to carry out all aspects of the programme including recognition, counselling, and recording. Ideally, this should be done at a setting, such as during a trichiasis outreach, where there are patients with trichiasis. It is always important to ensure that those people participating during the field practice are provided trichiasis management after the training session.

**Objective:** To practice all aspects of their work (recognition, counselling, and recording)

**Duration:** 30 minutes

**Materials:** None

**Handouts:** None

**Training Procedure:**
1. Have 3-4 trichiasis patients willing to be part of the training. Brief them about the training.
2. Divide the participants among the trichiasis patients and ask them to carry out their examination, counselling, and recording.
3. Have the other participants observe and comment.
Session 10: Closing, certificates, and material distribution

Session Summary: The closing should focus on ensuring that the participants are ready to carry out trichiasis case identification. This is also the time to hand out certificates and any material to be provided to the case finders.

Objective: To distribute certificates, logbooks and torches.

Duration: 20 minutes

Materials: None

Handouts: Certificates, logbooks, torches

It is important to keep careful records of people who are treated for trichiasis. Documentation of treatment, including surgery, is critical. Photo: NEED.
Trichiasis counsellors can work with groups of people, explaining trachoma, trichiasis and treatment options. Meeting in a comfortable setting can be helpful. Photo: NEED.
Annex A: Sample agenda for training

This sample agenda combines the training sessions from the Case Finders Training Manual and the Counselling Manual. This should be a full-day training.

At each training, at least 8-12 trichiasis patients should be present, as well as 5-10 other individuals for examination (some with other eye conditions and others with no eye conditions). You may find it works to bring a surgeon to the field so that the patients present can have surgery performed after being examined for the training.

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<th>Session #</th>
<th>Time</th>
<th>Topic</th>
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<tr>
<td>1</td>
<td>08:30-09:00</td>
<td>Introductions</td>
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<td>2</td>
<td>09:00-09:15</td>
<td>Agenda &amp; objectives</td>
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<td>3</td>
<td>09:15-09:30</td>
<td>Overview of trachoma &amp; SAFE strategy</td>
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<td>4</td>
<td>09:30-10:00</td>
<td>Trichiasis and trichiasis surgery</td>
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<td>5</td>
<td>10:00-10:30</td>
<td>Break</td>
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<td>6</td>
<td>10:30-11:00</td>
<td>Overview of how to examine for trichiasis</td>
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<td>11:00-11:30</td>
<td>Practice in pairs examining for trichiasis; practice with any trichiasis patients / other individuals present</td>
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<td>7</td>
<td>11:30-12:00</td>
<td>Barriers to trichiasis surgery</td>
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<td>12:00 - 12:30</td>
<td>Principles of counselling (from Counselling Manual)</td>
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<td>12:30-13:00</td>
<td>Key messages when counselling for trichiasis</td>
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<td>13:00 - 13:45</td>
<td>Lunch</td>
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<td>13:45-14:15</td>
<td>How to use counselling cards</td>
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<td>9</td>
<td>14:15-14:45</td>
<td>Recording and reporting (practice using logbook)</td>
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<td>14:45-15:30</td>
<td>Full field practice in small groups (examining patient, counselling patient and family, and filling in logbook; each participant should practice several times)</td>
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<td>10</td>
<td>15:30-15:45</td>
<td>Closing</td>
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Annex B: List of key messages

What is trichiasis?
Trichiasis is the inturning of eyelashes that rub the cornea and can lead to blindness.

What are the causes of trichiasis?
Trachoma is an infectious disease caused by bacteria that thrive in settings with inadequate hygiene. After years of repeated infections in childhood, adults can develop scarring of the inner eyelid, which results in painful inturned eyelashes that rub the eye and can lead to blindness. This condition is known as trachomatous trichiasis.

What are the signs and symptoms of trichiasis?
- Eyelashes touching the eye
- An irritating sensation that something is in your eye
- Redness
- Tearing
- Sensitivity to bright light
- Reduced vision if the cornea (front of the eye) damaged

How is trichiasis diagnosed?
Trichiasis is diagnosed by examination of the upper eyelids to determine if there are any eyelashes that are touching the eyeball. A torch, shining upward from below, is used to illuminate the upper eyelid to detect if one or more eyelashes is scratching the front of the eye. Sometimes, the eyelid is so scarred that inturned eyelashes may not be visible during the first examination. In these cases, the eyelid should be gently rolled to see the eyelashes. Additionally, people with trichiasis may pull out (epilate) the inturned eyelashes, in which case trichiasis is diagnosed by evidence of epilation.

How is trichiasis treated?
In most, but not all, cases, trichiasis is managed surgically. Specific important points people with trichiasis and their family members need to know about treatment of trichiasis are listed above. Surgery is the preferred method of treatment of trachomatous trichiasis (with conjunctival scarring and entropion), however some patients (without entropion and just a few eyelashes in the periphery) can be managed with epilation (pulling out eyelashes).

What do trichiasis patients and their families need to know about trichiasis?
There are considerable misunderstandings about trichiasis and its management, and these must be addressed. The list below includes some of the most common messages that people with trichiasis and their family members need to know; however, it may be necessary to add messages to this list based upon the local context.
1. Trichiasis can lead to blindness if not treated.
2. Trichiasis can be very painful, making it difficult for a person to work or take care of family members.
3. Surgery is often provided free of charge at outreach centres.
4. Surgery to correct trichiasis takes about 15 to 20 minutes per eye.
5. Surgery does not require general anaesthesia; you will not be “put to sleep.”
6. Surgery can be somewhat painful but it is much less painful compared to the daily pain of eyelashes scratching the eye.
7. Surgery is only on the eyelid, not the rest of the eye. The eye will not be harmed or removed.
8. Within an hour or two after surgery you can go home.
9. You can return to work a day or so after surgery.
10. You should protect your eyelid from infection by using an eye patch the first day. The patch can be removed the morning after surgery.
11. In most instances, sutures must be removed. This should be done approximately 1-2 weeks after surgery, depending on the local policy.
12. If you have any problems after surgery, contact the appropriate eye care worker.
13. Sometimes trichiasis can return; if it does, seek help immediately.
14. A follow-up with a health worker between 3-6 months after surgery to check the condition of your eye after surgery must and will be provided.
## Registration Logbook of Trichiasis Patients Identified During House to House Visit

<table>
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<tr>
<th>S.N.</th>
<th>Name</th>
<th>Father Name</th>
<th>Grandfather Name</th>
<th>Cell phone number</th>
<th>Sex</th>
<th>Age</th>
<th>Address</th>
<th>Confirmed by trichiasis surgeons (Yes or No)</th>
<th>Follow up surgery performed (Yes or No)</th>
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</table>

### Villages

- Village: ____________________________  
- Subvillage: ____________________________  

### Date of visit:

- ________________________________  

### Number of households visited:

- ________________________________
International Coalition for Trachoma Control (ICTC)

VISION:
Global Elimination of blinding Trachoma by 2020.

MISSION:
To act as a catalyst for the implementation of the SAFE strategy in support of endemic countries’ trachoma control programs.

ICTC has a highly committed and professional multi-stakeholder membership, including Non-Governmental Development Organizations, donors, private sector organizations and research/academic institutions that demonstrate a commitment to GET 2020 and the WHO-endorsed SAFE strategy.

ICTC members at time of publication:

ICTC observers at time of publication:

ICTC
International Coalition for Trachoma Control

www.trachomacoalition.org | trachomacoalition@gmail.com