

HIGHLIGHT



TRACHOMA BRIGADES: HEROES IN ELIMINATING TRACHOMA BLINDNESS IN CHIAPAS

Since the late 19th century, communities in the Mexican state of Chiapas have been aware of an eye disease that, in the most serious cases, produces blindness, but they did not know the name of the disease or how to treat it.

"In Maya, they call it *chalam choks*, because the direct effect is the growth of double eyelashes. Children and adults suffered dramatically from this disease, but we had neither name, solution, nor medicine for it," explained Esteban Guzmán Jiménez, Municipal President of Tenejapa.

The infection was identified as trachoma blindness, which has been endemic in 246 communities in five municipalities of the state of Chiapas—Chanal, Huixtán, Oxchuc, Tenejapa, and San Juan Cancuc—affecting a total of 146,207 individuals.

Currently, thanks to the collective efforts by government, various partners and allies, and the affected communities themselves, the country is ready to request that WHO officially validate the elimination of trachoma as a public health problem. This would make Mexico the first endemic country in the Americas to be free of trachoma.

Guzmán Jiménez celebrates "the investments that have arrived here over the last 20 years to mitigate the various factors that cause the disease," such as the lack of potable water and basic sanitation and the presence of unhealthy dwelling conditions. This indigenous leader explained how the improved quality of life in the municipality has contributed directly to reducing transmission of the disease. Improvements include making specific spaces available for sanitary facilities, and making parents aware of the importance of washing children's clothes to eliminate bacteria and forestall transmission.

Brigadiers conducting ocular exams in Chiapas, Mexico in order to detect ocular trachoma.

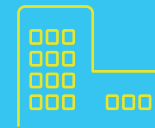


According to the Chiapas government, in 2010, more than US \$470 million was allocated to urban water supply, sewerage, and sanitation programs and activities covered under an agreement on construction and rehabilitation of potable water and sanitation systems in rural areas.

Government officials noted the "investment in public works in the areas of hydraulic and sanitation infrastructure and solid waste treatment in the municipalities where trachoma is known to be present," with more than US\$ 16 million invested to date.

Since 2004, Mexico's Secretariat of Health, in collaboration with other ministries, has adopted a series of measures to eliminate trachoma blindness in Chiapas. These measures are being implemented locally, led by a group of doctors, nurses, and technicians specially trained to combat trachoma, known as the Trachoma Brigades.

Thanks to the work of the Trachoma Brigades, there has been a reduction in the number of cases. In 2012, only 36 cases of trachoma infection in children under 9 years old were reported, and overall prevalence of trachoma blindness



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was less than 1 per 1,000 inhabitants—an outcome that meets the international criterion for the elimination of this condition.

Marcela Gómez, a member of the Trachoma Brigades, describes how they function, explaining that the main objective is to detect any new cases and treat existing cases by moving from house to house in each of the endemic communities. The process begins with a request to local authorities to provide treatment, and the assignment of a local guide to accompany the Brigades on their visits. The local guide also acts as an interpreter, when necessary, since most of the villages have their own language or dialect.

Gómez explains that once the Brigades are inside the home, they “conduct a family survey, followed by an ophthalmologic exam, and ending with the provision of information, in the family’s native language, promoting good health practices.”

All children with eyelid inflammation caused by trachoma receive a single dose of the antibiotic azithromycin, and adult patients in the chronic phase of the disease are made aware of the realities of the condition, to pave the way for acceptance of the need for surgery. Guillermo de la Torre, a nurse in one of the units, says it is normally the guides, or even lo-

cal authorities, who explain the benefits of surgery to the patients—mostly older adults—explaining the risk of becoming blind if they do not opt for it. “All of the treatments are free of charge for the patients. For surgery, we bring them from their house to the health unit, feed them, and accompany them home afterward,” explains de la Torre.

Both Brigade members agreed that “the best part of the program is the gratitude of the population.”

Beyond detecting cases, and providing treatment and surgery, the Trachoma Brigades explain basic personal cleanliness practices to the young children, with an emphasis on facial and hand hygiene.

“The greatest challenge was how to bring about a change of hygiene habits in the localities,” explains the nurse, “especially where access to potable water is nonexistent or difficult.”

Marcela Gómez and Guillermo de la Torre are celebrating the program’s success on the 10th anniversary of its launch, and chant the Brigade slogan (“*Con jabón, agua e higiene el tracoma previenes*”), explaining its meaning (“Where hygiene and soap and water flow, trachoma is sure to go, go, go!”).



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