Support the theory that FHU may be a secondary phenomenon or a clinical end stage of a number of conditions.

**Determining the importance of eye diseases in Africa**

**Editor.—**In Africa the public health importance of trachoma and xerophthalmia is often underestimated when based on routine surveillance data and even data from population based surveys of low vision and blindness. Surveillance data may under-represent occurrence because both diseases are prevalent in children who rarely complain of it and health personnel will seldom report them if they do not have an eye complaint. Population based surveys may under-represent occurrence if cluster sampling is used as this is a weak technique for detecting diseases with focal distribution. These problems are highlighted below using experiences on estimating the importance of these diseases in Ethiopia.

In 1978–80 the Ethiopian Nutrition Institute and the WHO conducted a countrywide assessment on the reporting of xerophthalmia in health centres and hospitals. The study concluded that the condition was rarely recorded. In the early 1980s two foci of vitamin A deficiencies were detected in famine prone areas in the Arsi, Bale, and Gamo Gofa provinces. Trachoma was also heavily underestimated. In a study of eye conditions at three health centres, where all children under 10 years of age attending the centres for any reason were examined for eye diseases, prevalence of trachoma was 10-fold higher than previously suggested by hospital records. In 1981 a population based survey of blindness was undertaken. The survey found a blindness prevalence of between 1.35% and 1.9% and trachoma was found to be the major cause. However, the survey failed to detect a high prevalence of xerophthalmia in the country. By chance the xerophthalmia foci were not selected when the random sample of clusters were drawn.

Because of the limitation of the methods discussed above health authorities should identify areas where the population is likely to be at high risk, because of the presence of known risk factors for that condition, and then undertake a sample survey of the children within the high risk areas. This should provide a more realistic insight into the magnitude of the problem in specific high risk areas and direct planning for targeted intervention.

**References**


