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TRACHOMA CONTROL PROGRAM

"Can Trachoma Be Controlled?"

(An illustration of Mass Trachoma Therapeutics)

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Dr. Kitotsu Imaizumi
Professor of Opthalmology
Iwate Medical College
Morioka, Iwate Prefecture

A. PREFACE

It is a great honor for me to present my views on the issue of "Can trachoma be controlled?" before you ladies and gentlemen directly concerned with the matter of public health.

Needless to say, loss of eyesight is not only a distress for the individual concerned but causes a great burden on the family and society he belongs. And it is a discouraging fact that our country has a considerable number of blind persons. (They covered 0.0966 per cent of the population in the year 1936). Statistically surveyed, most of the adults who have lost their eyesight have been carried into misfortune under the curse of trachoma, which, as you know, is virtually left uncontrolled in our country. It is certainly a matter of great regret in view of the national policy as well as public health that this dishonorable state is permitted to go, with little attention paid to the significance of trachoma by the sufferers themselves and society in general, as the disease is very chronic in its invasion with no vital effect on life.

B. STATUS OF TRACHOMA DISTRIBUTION

Although trachoma cases notified on the basis of the regulations governing infectious diseases notification have decreased in number (as 213 cases for 100,000 population in 1949), we cannot but get surprised at too many sufferers of trachoma when we conduct a survey through a town or village or a school from the professional standpoint. The contamination rate is so outstanding that we could barely bring forth such a high percentage of affection even if we inoculated trachoma mucus to healthy eyes. Regrettable to state, however, we could not reach accurate national statistics in this regard, because diagnosis on trachoma requires so much technical circumspection that the examination results turn out different according to individual practitioners, even in the case of oculists. Most of the failure in checking trachoma on the part of examining physicians is found in its earliest stage of affection as mostly found in infants. In this respect, I should like to advocate the necessity of re-training general physicians in the technique of trachoma checking in view of their examination reports directly affecting success or failure of therapeutic activities.

According to the degree of trachoma contamination, the area can be grouped into four major districts, namely, urban district, farming village, fishing village, and upland village. Putting aside the urban district where, as a matter of course, the people suffer least from trachoma (20 - 30% in Sendai City), in the

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rural group, fishing villages suffer most (around 70%), followed by farming villages (50 - 60%), and upland villages (around 40%). This trachoma distribution chart has been caused beyond doubt by the different degree of the local people's hygienic information and living form, but what attracts our interest is the fact that sufficiency or cleanliness of water has critical relation to the contamination of trachoma. For instance, in a village, the block blessed with clean water is less suffered than other blocks with inferior water facilities, and in a city, the district where the people are blessed with no water supply facilities and use water from restricted well sources is observed suffering most from trachoma.

C. NATIONAL POLICY REQUISITE FOR TRACHOMA CONTROL

This high percentage of trachoma cases is never inherent to our country. As is well known, trachoma was first brought into Europe with the return of Napoleon I (1798) from the Egyptian expedition, and then it spread all over the world. Civilized western nations, especially the United States of America, Britain, France, and Germany, from their serious attention to public health, concentrated all out efforts for the extermination of trachoma with substantial expenses and the strictness just as now seen in the case of the law-controlled infectious diseases control program of this country. Their concerted move in due appreciation of the dreadful effect of trachoma has resulted in now negligible suffering from the disease in these countries, with Japan, China, Burma and other Oriental countries, lagging behind in public health concern, now under the trouble of rampant spread of trachoma. As is obvious from this instance, the control of trachoma can most successfully be attained by coordinate sweeping move on a national basis, and I want to attract the attention of all of you and the Government authorities to this regard.

D. FEATURES OF TRACHOMA

It is clear that trachoma is a chronic disease of conjunctiva, communicable through contact of infected gum. Its germs, however, are not so strong and can easily be brought to death on exposure to dryness, sunlight, and high temperature. Therefore, it's reasonable to conclude that social intercourse or friendly relation of school children can afford rather slim chance for trachoma to expand its victims. On this reason, I contend the compulsory examination hitherto enforced to service agents on a stressed control policy of the Welfare Ministry and other precantionary instructions are dilatory in viewpoint of a sweeping control of trachoma, as the overwhelming majority of trachoma cases has been carriers since their infancy.

E. TRACHOMA PREVENTIVE

As to the germ of trachoma, there is yet no settled conclusion, though the prowazek theory is predominant among the contemporary scholars. In so far as the germ is unsettled, it is a matter of course that we cannot locate any panacea with sweeping effect. Then, is there any effective preventive? Here arises the issue of time and place of infection. We must start from the major premise that trachoma cases for the most part have got themselves infected through family contact during their infancy, which we can affirm from statistics of one village or one primary school showing the highest suffering rate foremost in the 5 - 10 age group of the first year grade brackets. Under such

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LIST VI.

EFFECT OF TRACHOMA MASS TREATMENT

(Left Intact after Conjunctive Rubbing - One a Year)

Toricho Primary School

Year	Examined	Affected					
		Early stage	1st stage	2nd stage	3rd stage	Total	prositive rate (%)
1944							
Male	814	71	235	61	1	363	44.5
Female	845	74	211	61	0	346	40.7
Total	1659	145	446	122	1	709	42.6
1946							
Male	1012	52	244	72	2	370	36.5
Female	809	63	187	51	0	301	39.0
Total	1821	115	431	123	2	671	36.9
1947							
Male	985	77	96	72	19	275	27.9
Female	919	59	124	101	7	261	29.5
Total	1904	136	320	173	26	536	28.1

Remarks: Once-a-year operation was exercised after the examination (for 1944 and 1946)

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LIST VIII.

EFFECT OF TRACHOMA MASS TREATMENT
IN RESPECTIVE STAGES
(ONE MONTH AFTER OPERATION)

(Conjunctiva Rubbing and Sulfamine Ointment
Plastering One Week after Operation)

Mass treated school	Infection stage				
	Early	1st	2nd	3rd	Total
Ohta Primary					
Treated	51	98	44	7	200
Cured	45 (88%)	75 (77%)	18 (41%)	1 (14%)	139 (70%)
Ohta Primary Branch					
Treated	68	82	32	6	188
Cured	60 (89%)	68 (83%)	16 (50%)	0 (0%)	144 (76%)
Ohta Junior High					
Treated	8	94	68	47	218
Cured	8 (100%)	88 (94%)	41 (61%)	24 (49%)	161 (74%)
Hirakasa Primary					
Treated	13	14	4	1	32
Cured	13 (100%)	10 (71%)	2 (50%)	0 (0%)	25 (78%)