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# Assessment in kersa district, southwest ethiopia

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## Abstract:

Trachoma is the leading cause of infectious blindness worldwide. Though trachoma can be treated with antibiotics (active trachoma) or surgery (trachomatous trichiasis), it is still endemic in most parts of Ethiopia. Despite the prevalence of this infectious disease in different parts of the country, district level data is lacking. This study was thus conducted to assess the prevalence estimate of trachoma and its risk factors in Kersa District, Southwest Ethiopia. **METHODS:** A community based cross sectional Rapid Assessment of Trachoma was conducted using a WHO guideline. Six sub-districts were selected from Kersa District based on primary high risk assessment and from each sub-district; 21-27 households were randomly selected. Active trachoma for children aged 1-9 years, trachomatous trichiasis for people above 15 years old and environmental risk factors for trachoma were assessed. Data were analyzed using SPSS version 16. **RESULTS:** The overall prevalence estimate of active trachoma was 25.2% (95% CI: 20.7-30.4%). Forty three percent of children had unclean faces, 11.5% of households had water source at more than half hour walking distance, 18.2% did not have functional latrine, and 95.3% of the households had solid waste disposal within a distance of 20 meters. Households with environmental risk factors were at an increased risk to active trachoma, but the association was not statistically significant ( $p>0.05$ ). The prevalence estimate of trachomatous trichiasis inclusive of "trachoma suspects" was 4.5%. **CONCLUSION:** Trachoma is endemic in Kersa District with active trachoma being a public health problem in the studied sub-districts. Hence, SAFE strategy should be implemented.