Abstract

Objective: To assess the prevalence and distribution of trachoma and dirty faces prior to implementation
of the SAFE strategy (Surgery, Antibiotic treatment, Facial cleanliness and Environmental improvement)
in the Upper Eastern Kenya region.

Methods: A pre-survey trachoma risk assessment was conducted followed by division of the region
into three geographical areas (survey segments). The sample size was 800 children aged 1-9 years old
and 600 adults aged >40 years per segment.

Results: A total of 2,400 children were examined. The prevalence of TF in the region was 9.2% (95%CI:
8.0%-10.4%) and Marsabit was the only segment with prevalence >10%. The prevalence of a dirty face
in the region was 17.5% (95%CI: 16.0%-19.1%) and Masabit was the only segment with prevalence
>20%. A child with a dirty face was more likely to have TF than one with a clean face. The Odd's ratios
were: Marsabit 12.1(95%CI: 8.1-18.1), Isiolo 7.5(95%CI: 4.4-12.8) and Moyale 1.9 (95%CI: 0.7-5.6).
A total of 1,797 adults were examined and 54 (3.0%, 95%CI: 2.2%-3.8%) had TT. Women had higher
prevalence of TT than men. Ten out of 13 persons with CO were from Moyale. The backlog of TT in the
region was 2,369 people and TT surgical services were poor. Moyale had the lowest prevalence of TF
but the highest prevalence of TT.

Conclusion: The survey methods used allowed differentiated interventions as follows: Marsabit needed
full SAFE strategy; Moyale "S" component and Isiolo repeat sub-district surveys. A Knowledge Attitude
and Practice (KAP) was needed to explain the distribution of trachoma in the region.