

Comment on: Comparative evaluation of qualitative performance of technical human resource in school eye health program

Dear Editor,

Vision screening is crucial in young children for early detection and prevention of vision loss. Apart from the traditional screening methods, recently there has been an increased interest towards photoscreening devices. The vision screening programs and devices are cost-effective, efficient, and effective methods for eye screening. We read the article by Dole *et al.*^[1] with great interest. We would like to congratulate the authors for evaluating an important aspect of pediatric vision screening using different cadres of human resources as vision screeners. Earlier studies have proven role of class teachers for school screening.^[2,3] We have a few important observations and suggestions to make for this study, which we feel would be beneficial for the readers, especially those involved in pediatric eye screening.

It is gratifying to see 100% sensitivity results of screeners 1 and 2, which we believe is difficult to achieve even after extensive training. However, we noticed that screener 3 showed highly variable sensitivity results of 100% (private school) versus 60% (government school). It will be interesting to know if screeners were given any predefined time frame to complete screening. Screener 3 was allotted more kids (573) as compared to screeners 1 and 2 (200 each); there might be a possibility that screener 3 would have been hurrying to finish the target in time and this could have compromised the screening quality. It would be better to know whether government/private school was covered first by screener 3 as the differences might also be related to the learning curve.

Screener 4 was allotted lesser number of children (123) but still had only 75% sensitivity. The children allotted were from first to third standard from a government school. Low performance of screener 4 can be attributed to younger age group and government schools, which is similar to results found by Saxena *et al.*^[4]

It will be interesting to know if there were any referrals for squinting or other ocular pathologies like ptosis/cataract/lid/adenexal pathologies, apart from refractive errors. This will be helpful in understanding the ability of vision screeners to screen different ocular pathologies. It has not been clearly explained that if these cases were excluded from the study. Can the authors throw some light over this. It will also be useful to know about the proportion of mild/moderate/severe refractive error cases that were missed during screening.

Children in private and semiprivate schools were screened with 100% sensitivity, irrespective of the screener. Did authors retrospectively evaluated reasons for poor performance in government schools? It is important to know if the differences found were actually related to vision screener/understanding of test by children/inaccurate screening conditions like insufficient lightening/lack of cooperation from school staff.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Access this article online	
Quick Response Code:	Website: www.ijo.in
	DOI: 10.4103/ijo.IJO_300_21
	PMID: 34304227

Cite this article as: Kaur K, Gurnani B. Comment on: Comparative evaluation of qualitative performance of technical human resource in school eye health program. *Indian J Ophthalmol* 2021;69:2242.

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