

Commentary: School screening programme: Should it be universal and uniform?

Worldwide, childhood blindness accounts for the second largest cause of blind-person years, after cataract.^[1] The old adage of “an ounce of prevention is worth a pound of cure” rings true, especially with children’s eye health. Therefore, early detection, diagnosis and management of various types of eye problems in children from birth are essential with timely and periodic school screening. Vision screening is important to achieve full academic potential of children, irrespective of being urban or rural area. The prevalence of various causes of childhood blindness is very difficult to ascertain^[2] in our country, owing to vastness in geography, regional variations and methodology adopted in screening. Though uncorrected refractive errors are a significant cause of avoidable visual disability, especially in developing countries,^[3] prevalence of refractive error is very varied. According to the study on prevalence of ocular morbidities amongst school children in Raipur district, India,^[2] it was found to be 5.2%, whereas in Rahman M *et al.* study it was 8.8%,^[4] and higher number has been reported outside India

by He M *et al.*^[5] (21.1%) Likewise, it is logical not to be able to obtain exact prevalence of other causes of childhood blindness. To overcome these variations, it calls for having a uniform method of screening school children for various eye problems in both rural and urban areas and compare the data.^[2] Also we need to have a method to screen those children who are not enrolled in schools especially so in rural areas.

Here comes the importance of a well-equipped mobile eye unit which will be very useful and handy for comprehensive eye evaluation. This can be made cost effective too so as to cater to the remotest schools. Few variations that we face in methodology are: vision testing charts used (both for distance and near), cycloplegic refraction in all children, color vision testing for all, fundus examination for all, examining for signs of vitamin A deficiency and adopting standard (American Academy of Ophthalmology - AAO) guidelines for spectacle prescription. The authors of the study on prevalence of ocular morbidities amongst school children in Raipur district, India, have also compared ocular morbidities between urban and rural schools.^[2] More number of similar studies are essential in charting out specific preventive programmes based on target areas through National Programme of Control of Blindness (NPCB).

In conclusion, to ensure that school screening programme is universal, there must be a complete coverage of both the urban as well as rural schools through government and non-governmental organizations. A uniformity in the same can be brought about by setting specific guidelines or protocols and ensuring that these are followed appropriately.

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