1 Introduction

Trachoma is a chronic kerato-conjunctivitis caused by the intracellular bacterium *Chlamydia trachomatis*. In the nineteenth century it was an important cause of blindness in Europe and North America, but it disappeared from more affluent parts of the world as living standards improved in the twentieth century. It is now a disease of poor rural communities, mainly in Africa and Asia, but it remains the leading infectious cause of blindness worldwide (Mabey et al. 2003).

The clinical signs of trachoma are best seen in the conjunctiva of the everted upper eyelid. Sub-conjunctival follicles are the characteristic sign of active disease (Fig. 1), which is usually seen in children in endemic communities. *C. trachomatis* can often be found in active cases, though follicles can persist for some months after infection has been cleared. In some cases, severe inflammation is seen in the subtarsal conjunctiva (Fig. 2). Such cases are particularly likely to progress, over many years and following repeated reinfection, to develop conjunctival scarring (Fig. 3). As the scars contract, the lid margin turns inwards, and the lashes rub against the cornea, a condition known as trichiasis (Fig. 4). This damages the cornea, eventually rendering it opaque (Fig. 5).

This review will discuss recent progress towards the elimination of blinding trachoma as a public health problem.

2 Epidemiology

In 1995, the World Health Organisation (WHO) estimated that trachoma was responsible for 15% of global blindness, with 5.9 million blind from the disease (Thylefors et al. 1995). In 1998 the World Health Assembly passed a resolution calling for the global elimination of blinding trachoma by the year 2020. A recent review by WHO estimated that, in the year 2002, trachoma was responsible for only 3.6% of global blindness, or 1.3 million blind (Resnikoff et al. 2004). Does this reflect significant progress towards the elimination of blinding trachoma, or merely uncertainty in the estimation of trachoma blindness? Probably both.
Ranson and Evans drew attention to the uncertainty in estimating trachomatous blindness due to a lack of reliable data from many regions. Depending on which method they used to extrapolate global figures from available data, they estimated that either 0.64 or 2.9 million people were blind from trachoma, and either 1.5 or 6.7 million were visually impaired (Ranson and Evans 2003). Polack et al. (2005) recently mapped the distribution of active trachoma and of trachomatous trichiasis worldwide at the District level, using both published and unpublished data from