

The changing pattern of childhood blindness in developing countries

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"Changing patterns of global childhood blindness suggest a reassessment of research, training, and programmatic needs," says a team of eye specialists from India, Malawi, and Tanzania.

There have been major reductions in nutritional and infectious causes of childhood blindness in developing countries, largely as a result of [vitamin A](#) supplementation and measles vaccination programs. "With reductions in nutritional and infectious causes of blindness," say Paul Courtright (Kilimanjaro Centre for Community Ophthalmology, Good Samaritan Foundation, Moshi, Tanzania) and colleagues, "intra-uterine and genetic causes of blindness (e.g., cataract and congenital anomalies) have assumed increased importance and need tertiary care-level interventions and long-term follow-up to achieve good visual rehabilitation."

Further research is needed, say the authors, to identify the underlying causes of congenital and developmental cataract and to determine the best strategies for recognition, referral, treatment, and rehabilitation.

More information: Gogate P, Kalua K, Courtright P (2009) [Blindness](#) in [Childhood](#) in Developing Countries: Time for a Reassessment?. *PLoS Med* 6(12): e1000177. [doi:10.1371/journal.pmed.1000177](https://doi.org/10.1371/journal.pmed.1000177)

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