

NED NEWSLETTER

- special issue on NES II

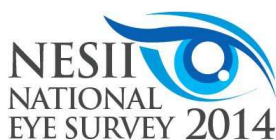
MOHS/CRC/30.13(NS)

National Eye Survey II: September—December 2014



Special points of interest:

- NES II data collection is done from end of September 2014 to end of December 2014
- NES II is conducted separately by different zones but simultaneously throughout the country
- NES II involves subjects 50 years and above only
- NES II aims to estimate prevalence of blindness/low vision, assess cataract surgical coverage and identify barriers to service



About National Eye Survey II

National Eye Survey II (NES II) is a population based eye survey conducted by the Ophthalmology Service in collaboration with the Institute of Public Health (IKU) and Center of Clinical Research (CRC), Ministry of Health Malaysia. The objective of this survey is to estimate the prevalence of blindness and low vision in Malaysia. It also aims to assess the coverage and identify barriers to access of cataract surgical service in the country.

This survey is part of our country's commit-

ment towards the WHO Global Action Plan for the Prevention of Avoidable Blindness and Visual Impairment 2014-2019 (<http://www.who.int/blindness/actionplan/en/>). It will be done separately in different zones but simultaneous throughout the country.

Information from this survey will be used as country's baseline eye health data. Findings can be compared with data from other countries in the region and countries in other parts of the world as data are collected and analysed

using standard protocol. In future, this survey can be replicated and be used to evaluate the effectiveness of Prevention of Blindness programmes and monitor any ongoing blindness intervention programme.

Survey will be conducted through door-to-door interview in randomly selected locations within each zone from end of September to end of December 2014. Brief interview followed by simple eye examination will be done on eligible individuals.

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Previous NES

The last eye population survey was conducted in 1996. It was a conventional population survey using stratified two stage cluster sampling method involving individuals of all age group. This survey was based on the National Health and Morbidity

Survey platform where interviews and examination were done by randomised Living Quarters (LQ).

The main findings were Prevalence of bilateral blindness was 0.29%, prevalence of low vision was 2.44%, the main cause of blindness

was cataract (39.1%) and the main cause for low vision was refractive error (48.3%).

These results were country representative but not zone representative therefore could not be used for regional planning.

NES II Method

NES II will be conducted using the RAAB methodology. It will be a nationwide exercise but sampling, randomisation, data collection and analysis will be done separately by each zone. Unlike the previous survey, results will be more representative of each zone. Using specific statistical tool, these results can be compiled to produce country data.

Each zone has one coordinator. These coordinators are responsible for:

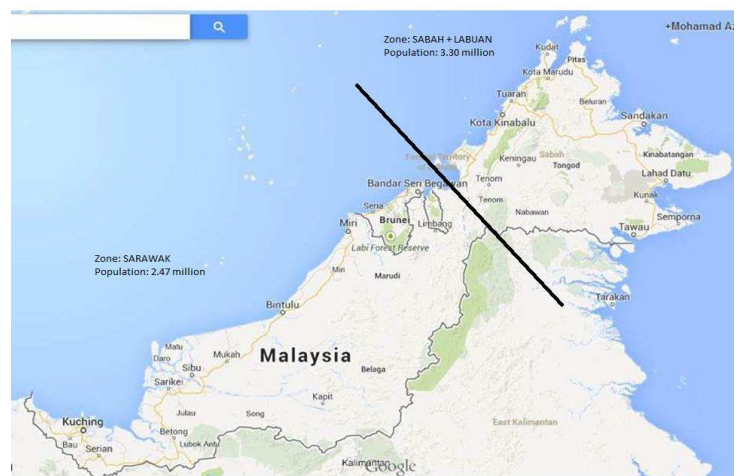
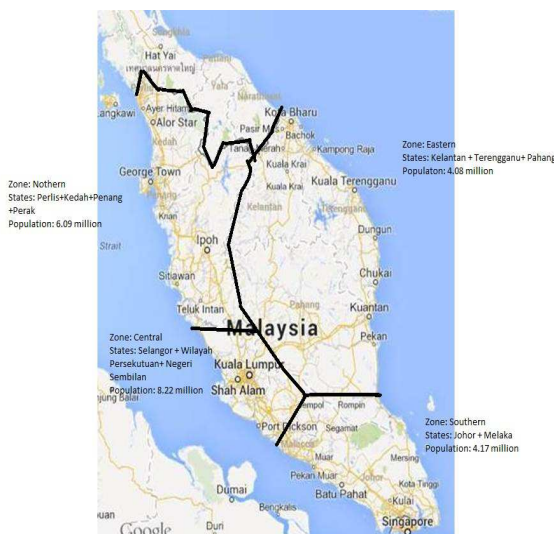
- monitoring the smooth conduct and progress of the survey

- ensuring quality of data collected by the survey teams within his/her zone
- managing finances required for the survey and
- managing publicity within the survey zone

There are five survey teams and 50 randomised Enumeration Block (EB) in each zone. Each team consists of three individuals, namely 1 medical officer, 1 optometrist and 1 paramedical staff. Each team is assigned to complete survey on 10 EBs according to the RAAB protocol

In contrast to the previous eye survey where subjects were individuals of all ages living in randomised selected Living Quarters, in NES II subjects comprise of 50 individuals 50 years and above for each EB. Survey will be done from door-to-door until 50 subjects have been recruited.

Data will then be entered by the team into the RAAB software. Results for 50 EBs will then be compiled by the coordinators and reports automatically generated using the software.



Survey Zones

Malaysia is divided into six zones as follows for administrative purposes in the Prevention of Blindness programme.

- Northern: Perlis, Kedah, Pulau Pinang and Perak
- Eastern: Kelantan, Terengganu and Pahang
- Central: Wilayah Persekutuan Kuala Lumpur, Putrajaya, Selangor and Negeri Sembilan
- Southern: Melaka and Johor
- Sarawak
- Sabah

Enumeration Block (EB)

An Enumeration Block (EB) is a geographical area which is artificially created and usually consists of specific boundaries such as natural boundaries, administrative boundaries, man-made boundaries and imaginary boundaries. In Malaysia, on average an EB consists of approximately 300 people of all ages.



NES II Training

Training for survey teams is essential prior to field work in any population survey. The main aim is to ensure data quality and strict adherence to standard protocol and methods employed.

RAAB methodology requires survey team members to attend four full days of training. Training includes lectures about NES

and RAAB, inter-observer variation assessment and field work. Real survey will be done in one of the nearest EB during field work.

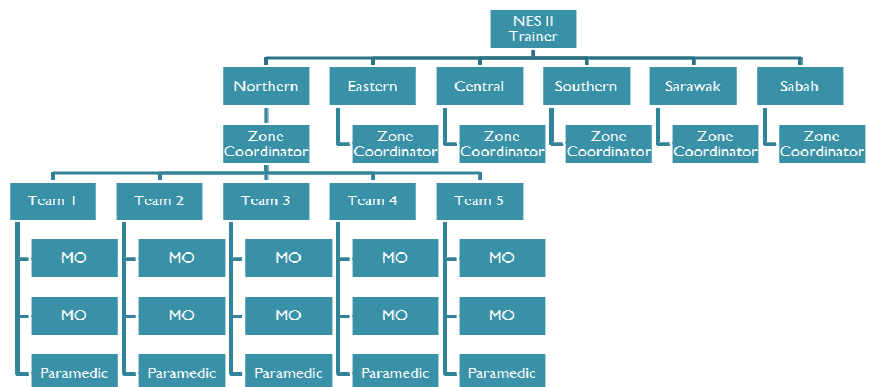
The 1st NES II training session will be conducted for the Northern Zone in Alor Star, Kedah on 22nd September 2014. It will be followed

by training for the Eastern, Central and Southern Zones in Kuala Lumpur on the 29th of September 2014. Training of survey teams for Sabah and Sarawak will be conducted in Kota Kinabalu on the 7th of October 2014.

Organization Chart – Zone Coordinator and Survey Teams

Each zone is assigned to a zone coordinator in-charge. There are five survey teams for each zone. Each team may consist of 2 MOs and 1 Paramedic or 1 MO, 1 Optometrist and 1 Paramedic.

Coordinator and Team Members are responsible for the completion of survey in their respective zone.



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The National Eye Database (NED) is a service supported by the Ministry of Health (MOH) as an approach to collect health information. It collects data on incidences and distributions, and evaluates risk factors as well as treatment outcome of visually threatening eye diseases such as cataract, diabetic retinopathy, glaucoma and contact lens related corneal ulcer. In the initial phase, NED will collect data on cataract surgery, status of diabetic retinopathy in new diabetic patients, contact lens related corneal ulcer and glaucoma patients. Besides disease registry, NED also collects monthly service census of MOH Ophthalmology departments. The census serves as an effort to monitor key performance indicators of each ophthalmology department in the MOH.

Information collected in the NED is very useful in assisting the MOH, Non-Governmental Organizations, private healthcare providers and industry in program planning and evaluation, leading to eye disease prevention and control

Rapid Assessment of Avoidable Blindness

Rapid Assessment of Avoidable Blindness (RAAB) methodology will be used in NES II. It is a standardised method to conduct a population based survey on blindness and visual impairment in a defined population. This can be a district, a state or province or an entire country. Reliable population data are essential and therefore RAAB should be conducted for administrative entities for which such data are available. RAAB uses a standardised survey form, a standard protocol and standardised examination protocol which can be used by local ophthalmic staff. The sample size varies between 2500 and 5000 persons aged

50+. The rationale for limiting to age 50+ is because of all blindness, the prevalence is high in this age group (80% or more). Hence the sample size can be much lower than when people of all ages are included. That saves time and money. Data from the survey forms are entered into the specially designed RAAB software.

Data are analysed automatically and reports are generated after removing inconsistencies and errors from the data.

The main aims of RAAB in NES II are:

- to estimate the prevalence and causes of avoidable blindness and visual impairment in people aged

50 and above

- to assess cataract surgical coverage
- to identify barriers to the uptake of cataract surgery
- to measure outcome after cataract surgery

These data are essential for the planning of new blindness intervention programmes and evaluation of ongoing programmes. Nearly 200 RAABs have now been conducted in more than 50 countries. Because all data are collected and analysed using the same protocol, findings are comparable worldwide.