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between 2017 and 2019, survey protocols were also reviewed by Tropical Data (https://www.tropicaldata.org/). Verbal in-

Training. The same grader training methods were used for all surveys conducted between 2010 and 2017 and have been described elsewhere.[15,16,23] The grader trainings conducted between 2017 and 2019 were similar to those conducted previously, both in content of the trainings and inter-grader assessments (IGAs). Between 2017 and 2019, grader trainees were trained to identify TF, TI, and TT. Graders who passed the slide-based IGAs subsequently undertook a field-based IGA by examining 50 children. To qualify, grader trainees needed to score a kappa of at least 0.7 for the sign TF, when compared with a single "grader trainer"

with TI ≥ 3% were Waghemra (37.5%) and South Gondar (38.5%) zones, whereas Awi and Oromia zones had 0 districts still ≥ 3%.

As of these current surveys, 37/160 (23.1%) districts have reached the TF elimination threshold and had completed surveillance surveys. Among these 37 districts, 28 (75.7%) remained below the 5% TF threshold at surveillance survey (Figure 6). There was a statistically significant correlation between the TF prevalence observed at the first impact survey and the prevalence at surveillance survey. Of 37 districts with a surveillance survey, all seven districts with a first impact survey < 5% TF remained < 5% at surveillance, 11 districts with a first impact survey between 5% and 9.9% TF, nine (81.8%) remained < 5% at surveillance; and 19 districts with a first impact survey between 10% and 30%, 12 (63.2%) remained < 5% (Ptrend = 0.04). Among the nine districts where TF was ≥ 5% at surveillance, the TF prevalence at surveillance ranged from 5.1% (95% CI: 3.2–7.4) to 11.2% (95% CI: 4.6–18.2). The prevalence of TI was ≤ 1% in all nine districts.

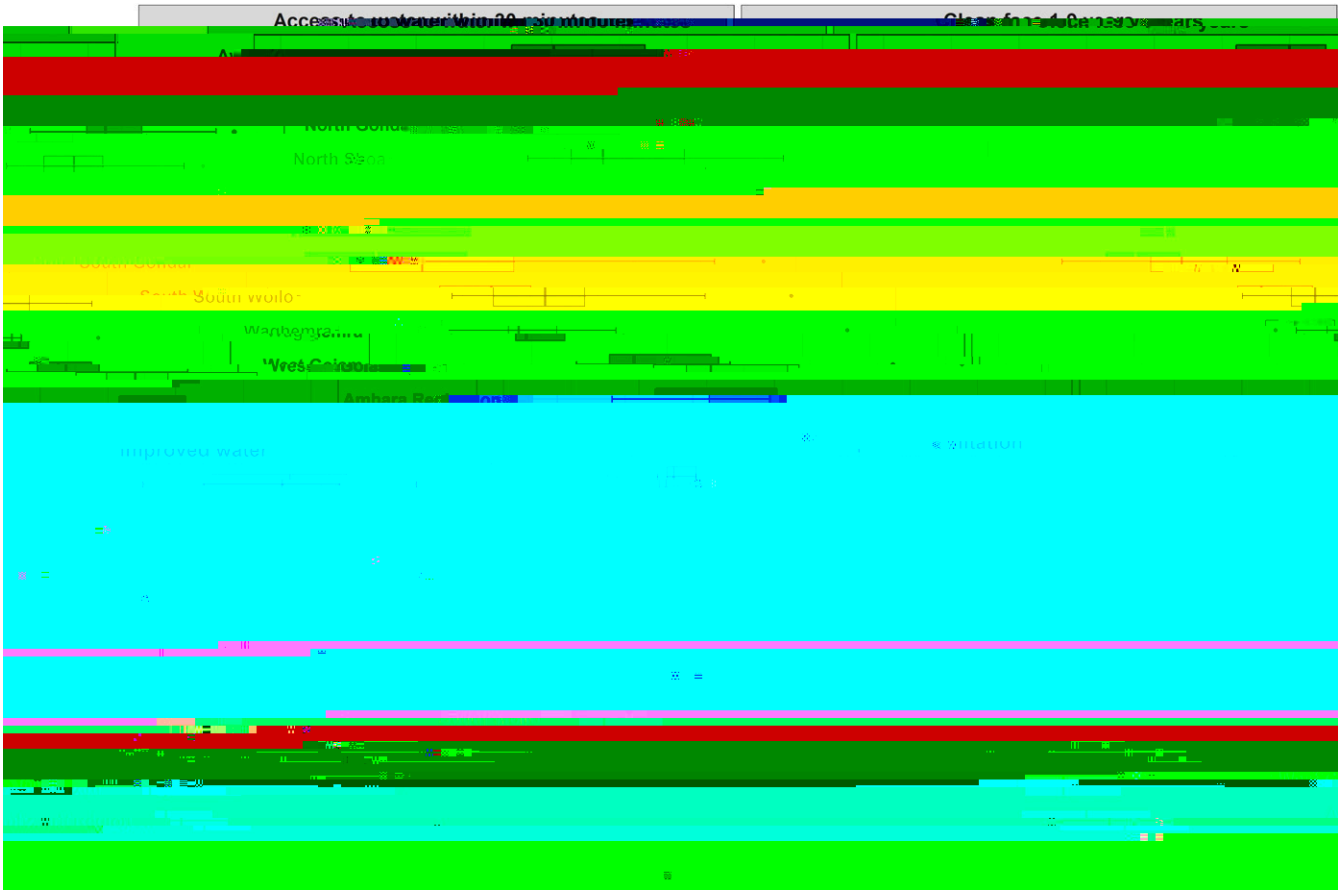

FIGURE 1. Prevalence distribution of water, sanitation, and hygiene indicators by zone Amhara, Ethiopia, 2015–2019. Figures show the median, first and third quartiles, range, and outliers. *Clean face and sanitation were directly observed. Improved sanitation defined as at least a pit latrine with at least a slab of concrete; improved water defined as one of the following: protected spring, hand pump/tube well/borehole, public piped water/tap/standpipe, private piped into yard/dwelling, or rainwater collection. This figure appears in color at www.ajtmh.org.

The age-specific TF prevalence among children aged 1–9 years in the current survey was lower for each year of age than that among children surveyed in 2010–2015 (Figure 7A). In the current surveys, the prevalence of TF among older children was considerably lower (Ptrend < 0.001) than those of younger children. The age-specific prevalence of TI was also consis-

FIGURE

categories, the number of districts with a TF prevalence < 5% has increased from 9/152 (5.9%) districts as of 2015 to 45/160 (28.1%) districts as of 2019 (Supplemental Figure 4). Furthermore, the number of districts with a TF prevalence ≥ 30% has decreased from 67/152 (44.1%) as of 2015 to 30/160 (18.8%) as of 2019.

DISCUSSION

Substantial reductions have been observed in the prevalence of TF over a 12-year period in Amhara, Ethiopia. As of 2019, 72% of districts had seen a ≥ 20% reduction in TF prevalence, and 28% of districts had reached the threshold for

31. Pickering HCA et al., 2020. Genomics of ocular chlamyda trachomatis after 5 years of SAFE interventions for trachoma in Amhara, Ethiopia. bioRxiv.
32. West SK, Munoz B, Mkocha H, Gaydos CA, Quinn TC, 2011.

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