Authors' response

We appreciate Tarun Sharma and colleagues for expressing their concerns. We agree that 30 degree field of view would be preferable for the assessment of the posterior segment. However, we wanted to stress upon the effectiveness of using indigenous, low cost, fundus camera, the only one of this kind available to the best of our knowledge at the time of the study with a 20 degree field of view. Hence, we have used 20 degree posterior pole photography for evaluation of retinal diseases in this particular study. However, some instrument companies are now offering low cost indigenous fundus cameras with wider fields which can be assessed for their use in primary eye care settings.

The study was done primarily to evaluate the potential of the fundus camera in primary eye care settings such as vision centres, where the referral decisions (to secondary/tertiary eye care centres) play import role in the management of retinal diseases. Keeping this in mind, various retinal diseases such as diabetic retinopathy and age related macular degeneration (ARMD) were not separately evaluated. However, we agree that it would be more useful to evaluate various retinal diseases separately, to know which diseases are more amenable for agreeable results with telescreening.

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