The COVID-19 pandemic began in December and has affected people in nearly every country in the world. We provide a summary of ocular-related associations with COVID-19 in the literature, and we plan to update this as we become aware of new manuscripts. Thus far, it appears that approximately 1-5% of COVID-19 patients experience conjunctivitis and very few COVID-19 patients exhibit virus in their tears.


- 29-year-old, healthy woman
- 1-month vacation in the Philippines 3 days before presentation
- Spent 1 day in San Francisco en route home
- Swam in the ocean and swimming pools while in Philippines and in pool upon return home
- Feeling well on her date of return
- 18 hours after return, she developed rhinorrhea, cough, nasal congestion, and right eye conjunctivitis
- On March 3, she denied any fever though took over-the-counter antipyretic medication
- Photophobia worsening, sore and swollen eyelid, and mucous discharge of the right eye
- 20/20 visual acuity OU; 1 to 2+ conjunctival injection, 3+ follicles, 1 small pseudodendrite inferior temporal cornea, and 8 small (0.2 mm) subepithelial infiltrates (SEIs) with overlying epithelial defects at superior temporal limbus
- Diagnose herpetic keratoconjunctivitis and started on oral valacyclovir 500 mg PO TID and moxifloxacin 1 drop QID OD
- Following day, patient’s family physician coordinated throat swab for acute pharyngitis: negative for group A Streptococcus
- Patient returned two days later due to worsening redness, pain, and irritation
- Tender right pre-auricular node noted
- 20/20 OU; 2+ conjunctival injection development of numerous SEIs with pin-point staining over defects on temporal cornea
- New diagnosis: epidemic keratoconjunctivitis; oral valacyclovir and moxifloxacin drops continued, contact precautions suggested
- Returned next day due to worsening symptoms and vision
- Right eye 20/30; pinhole 20/30
- Tender right preauricular lymph node noted again, as well as cervical lymphadenopathy
- Follicular conjunctivitis with 2+ conjunctival injection and over 50 SEIs with overlying epithelial defects diffusely through entire cornea
- Presumed viral etiology, so continued on valacyclovir and counselled regarding this being very contagious
- Conjunctival swabs to test for chlamydia, gonorrhea, and bacterial culture were negative
- On March 8, nasopharyngeal swab positive for COVID-19, and retrospective testing of eye swab originally submitted for gonorrhea/chlamydia on March 6, was weakly positive for COVID-19
- Conclusion: “The case emphasizes the importance for eye care professionals to remain vigilant and consider SARS-CoV-2 as the causative agent in patients presenting with viral conjunctivitis, particularly in high-risk patients with travel to areas of active transmission of the virus.”