

COVID-19 OCULAR ASSOCIATIONS IN THE SCIENTIFIC LITERATURE:

SYNOPSIS 12

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.

Romano MR, Montericcio A, et al. Facing COVID-19 in ophthalmology department. Current Eye Research 2020

- COVID-19 less virulent than SARS-CoV (9.6%) and MERS-CoV (35%) with mortality -3.4%
- Estimated one COVID-19 patient will infect 2.2 to 3.6 people, compared to 1.2 to 1.4 for seasonal flu
- Recommendations:
 - Reduce treatment to urgent or emergent care
 - Survey patients about symptoms
 - Before entering treatment area, patients should have temperature measured, hands disinfected, gloves and surgical mask
 - Patients should sit at least 6 feet apart
 - Minimize staff and separate them into those who works with COVID-19 (+) and COVID-19 (-) patients
 - Clean surfaces with neutral soap and sodium hypochlorite 0.1% or 70% ethanol if damaged by sodium hypochlorite
 - Consider non-contact tonometer for IOP
 - Wash hands with soap and water or alcoholic gel
 - Install or use slit lamp barrier or breath shield
 - Limit the number of people who visit with the patient
 - Request special tests (visual field, optical coherence tomography, corneal topography, ultrasound) only when critical to clinical decision
- Use indirect ophthalmoscopy rather than slit lamp fundus examination
- Doctor should wear surgical mask with 80% filter efficacy if COVID-19 (-) and 94 or 99% filter efficacy if COVID-19 (+)
- Use goggles with good adhesion to the face, that can be reused after proper disinfection
- Use waterproof gowns and consider disposable plastic apron, and change between patients
- Change gloves after each task
- Rapid testing for staff with symptoms
- Conclusions: "It is necessary and urgent to rearrange ophthalmologist and optometrist routine appointments in order to control viral spread and try to maximize patient and healthcare provider's safety. Current evidence suggests deferring all the elective activity and providing assistance for only acute and chronic sight or life-threatening conditions."



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