

# COVID-19 and Ophthalmologists

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Dear Colleagues,

Italy, where I currently reside, is a country where the global health threat of COVID-19 has spread with particular virulence. The increasing number of cases has lead public authorities to stress about the mode of transmission of the disease via droplets in presence of respiratory symptoms and contaminated surfaces, and drastic prevention measures have been adopted. Yet, the role of conjunctivitis in asymptomatic subjects is receiving less attention and consideration than it deserves from the public health Authorities. As far as we know, pre-triage questionnaires in Italy do not investigate about conjunctival signs and symptoms (despite these can be early indicators of COVID-19 disease); this seems, indeed, unreasonable, even more considering that the first subject who contracted the disease in China was an ophthalmologist who examined a COVID-19 positive asymptomatic patient, and died one month later. As a matter of fact, Lai and colleagues<sup>1</sup> reported that the control measures adopted in their department include a triage system that inquires not only on recent travels to outbreak regions, fever and respiratory symptoms, but also on conjunctivitis of recent onset.

The dramatic conditions ophthalmologists are experiencing in most of the Italian Departments, where adequate protections, namely protective masks (not surgical but FFP2 or FFP3) and protective glasses are missing, make the risk of infection for eye care specialists unacceptable, so much so that the slit lamp examination requires a distance between technician and patient far less that one meter, that is the minimum safe distance recommended by the Italian health authorities. It is well known that the lack of adequate mouth, nose, and eye protection increases the risk of transmission by droplet contact. In this respect, it should be stressed that control measures in China recommend for ophthalmologists not only the use of eye protection devices and of adequate protective masks, but also of protective shields to be mounted on the slit lamps.

Based on the above, during an ophthalmological examination the use of adequate protections including gloves, eye shields, and FFP3 masks is mandatory for our safety and to limit the risk of disease transmission to the patients. With the lack or incomplete availability of such devices the ophthalmological practice must be suspended.

For the same reasons the use of contact lenses should be discontinued as long as the Covid-19 emergency comes to an end.

Life taught us: safety first.

## References

- [1] Lai THT, Tang EWH, Li KKW. (2020). Stepping up infection control measures in ophthalmology during the novel coronavirus outbreak: an experience from Hong Kong. *Graefve's Archive for Clinical and Experimental Ophthalmology*.



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