

Not the 2020 we asked for

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2020 was poised to be the year when the larger ophthalmic community, including academia and industry, would showcase its accomplishments and eye care advances. Unfortunately, 2020 has become the year that a viral pandemic upended everything, leaving scores dead and many more severely ill. Life as we knew it is on hold and will never be the same for many of us. The COVID-19 pandemic presents the biggest challenge our generation has ever faced. In this context, it is encouraging that physicians and scientists around the world have continued to push forward with research targeted to understand and ultimately defeat the infection. Chen *et al* present the clinical findings and outcome of a patient who developed mild follicular conjunctivitis during his COVID-19 infection.¹ Tear samples taken from the patient after onset of conjunctivitis were positive by reverse transcription PCR for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the coronavirus that causes COVID-19. Repeated tear sampling revealed a downward trend which

matched a gradual improvement of ocular symptoms. A recent study of 30 patients (60 eyes) hospitalised for COVID-19 in China reported SARS-CoV-2 in the ocular secretions of both eyes of the only patient with conjunctivitis, but not in the 29 patients (58 eyes) without signs of conjunctivitis.² In another study, researchers documented conjunctival 'congestion' in 9 of 1099 patients (0.8%) with laboratory-confirmed COVID-19 from 30 hospitals across China,³ suggesting that ~1% of patients with COVID-19 may develop conjunctivitis. As of 26 March 2020, there were over 460 000 known cases of COVID-19. That would translate to ~4600 patients with COVID-19 conjunctivitis that could be seen by ophthalmologists. These data confirm the potential risk to ophthalmologists when examining a COVID-19 patient with conjunctivitis and should offer reassurance to those performing eye examinations of COVID-19 patients without conjunctivitis that patient tears are an unlikely source of transmission. As more reports emerge,^{4,5} we should soon have a clearer picture of the ocular findings associated with COVID-19 and the potential risks encountered by ophthalmologists in the care of affected patients, so that our view going forward will indeed be 20/20.

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Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Commissioned; internally peer reviewed.

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To cite Jhanji V, Chodosh J. *Br J Ophthalmol* Epub ahead of print: [please include Day Month Year]. doi:10.1136/bjophthalmol-2020-316403



► <http://dx.doi.org/10.1136/bjophthalmol-2020-316304>

Br J Ophthalmol 2020;0:1.
doi:10.1136/bjophthalmol-2020-316403

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