

A surge in eye clinic nonattendance under 2019 novel coronavirus outbreak

Sir,

Being a pandemic but mainly a respiratory disease,^[1] 2019 novel coronavirus (COVID-19) is fearing patients back from the ophthalmology clinics with possible conjunctival transmission and evidence of human-to-human transmission.^[2]

Even with strict sterilization of instruments, high-risk activities do exist in an ophthalmology clinic. Disease transmission is possible through tears via cross-eye anesthetic and mydriatic drops applications;^[3] and even via noncontact examinations such as ocular response analyzer and tonometry,^[4] when microaerosols are generated from the air puff.^[5]

Herein, we report our public emergency hospital-based general ophthalmology clinic situations. There was no confirmed COVID-19 case from our acute hospital during the investigative period. The background daily nonattendance rate 1 month before the incidence was 6.0% (14 out of 234)–10.3% (22 out of 213), which rose to 19.1% (38 out of 199)–22.0% (42 out of 191) after the first confirmed case of COVID-19 in Hong Kong. The portion of the patient defaulting appointment further doubled to 42.1% (96 out of 228)–46.0% (109 out of 237) after the first COVID-19 mortality case.

Around 547 patients, ranged from 2 to 93 years (average 65.6) were contacted through telephone for reasons of nonattendance while rescheduling their defaulted appointments. For pediatric cases (22.9%), their parents were contacted. Most defaulted patients (44.6%) reported fear of COVID-19 infection upon attending the hospitals [Table 1]. Among the 15.0% of patients who reported forgetfulness, 6 patients claimed that they were busy purchasing facemasks, alcohol swabs and daily necessities for the foreseeable prolonged pandemic. In short, more than half of the nonattendance patients reported COVID-19 related reasons.

About 26.0% (142 patients) were glaucoma patients who required long-term regular glaucoma medications whereas 19.6% (107 patients) were following up for macula diseases who required serial monitoring and timely antivascular endothelial growth factor injections. Despite the advances of teleophthalmology, most applications are on screening and monitoring aspects of diseases. The fundamental

treatment of diseases still relies on physical patient-doctor interactions.

In conclusion, we observed a sudden surge in ophthalmology clinic nonattendance during the local COVID-19 outbreak, especially after the locally reported mortality cases. The situation is worrisome as disease progression is possible without timely treatment for potentially blinding eye diseases.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Sunny Chi Lik Au

Department of Ophthalmology, Tung Wah Eastern Hospital, Hong Kong

Correspondence to: Dr. Sunny Chi Lik Au, 9/F, MO Office, Lo Ka Chow Memorial Ophthalmic Centre, Tung Wah Eastern Hospital, 19 Eastern Hospital Road, Causeway Bay, Hong Kong, HKSAR. E-mail: kilihcua@gmail.com

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Table 1: Reasons for ophthalmology clinic nonattendance under 2019 novel coronavirus (2019-nCoV) outbreak

Reasons of nonattendance	n=547
Fear of 2019-nCoV infection upon attending the hospital	44.6%
Forgetfulness	15.0%
Acute illness (all kinds)	12.8%
On self-quarantine for 2019-nCoV	6.4%
Out of town	4.6%
Resolution of eye problems	4.2%
Failed to be phone contacted (including death on the registry)	12.4%

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Quick Response Code:	Website:
	www.ijo.in
	DOI: 10.4103/ijo.IJO_673_20

Cite this article as: Au SC. A surge in eye clinic nonattendance under 2019 novel coronavirus outbreak. *Indian J Ophthalmol* 2020;68:948.

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