*AUSTRALIA – Country Note – Survey of Adult Skills First Results*. Organisation for Economic Co-operation and Development; 2013.

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## Supporting information

Additional supporting information may be found in the online version of this article at the publisher's web site:

**Table S1.** Vaccination status of frequent ED attenders (>6 visits per annum) according to housing status on September 15th 2021.
**Table S2.** Vaccination status of high-frequency ED attenders compared to the general Victoria (Australia) population on September 15th 2021.
**Table S3.** Eligibility criteria for opportunistic vaccination in the ED.

# COVID-19 swab in patients with suspected open globe

Dear Editor,
SARS-CoV-2 polymerase chain reaction testing by nasopharyngeal swabs are current common practice in EDs in Australia as a significant proportion of patients in the EDs meet the criteria for suspected COVID-19.[1]

While collection is generally considered safe, case reports have described uncommon complications such as nasal foreign body, epistaxis and cerebrospinal fluid leak requiring surgical repair.[2,3]

Nasopharyngeal sampling is known to stimulate the gag and cough reflex which precipitates high intrathoracic pressures similar to vomiting.[4,5] Vomiting is an important cause of further ocular complications in a patient with an open globe. This is avoided by good prophylaxis with anti-emetics prior to further examination and surgical intervention in the operating theatre.

A 49-year-old female was recently referred to the Royal Victorian Eye and Ear Hospital ED for a suspected penetrating eye injury. She presented with a 5-mm inferior corneal laceration secondary to a fencing wire injury with iris prolapse through the corneal laceration. Her examination was limited given nausea, although concerning, it was noted that active iris prolapse and retraction from the wound occurred with eye movement.

Patients who are admitted to our hospital from the ED typically require a COVID-19 swab as a part of the admission process. In this case, it was decided that the COVID-19 nasopharyngeal swab would be deferred until the patient was under a general anaesthetic. This was to avoid possible further extrusion of intraocular contents by stimulating the gag and cough reflex by the nasopharyngeal swab.

For patients with undifferentiated ocular trauma, we would advocate for careful consideration of the best timing of nasopharyngeal swabs. This may be after an open globe has been ruled out following eye assessment or after the patient is under general anaesthesia in a confirmed globe rupture. Topical oropharyngeal anaesthesia delivered either by spray or lozenge may contribute to patient comfort but may not completely prevent the gag and cough reflex.[5] Alternative methods such as saliva testing may be more acceptable but is not as widely available at present.

### *Competing interests*

None declared.

## References

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