



Comment on: “Controversies regarding mask usage in ophthalmic units in the United Kingdom during the COVID-19 pandemic”

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To The Editor:

We read with interest the article published on the controversies regarding mask usage in ophthalmic units in the UK during the COVID-19 pandemic [1]. The authors suggest that safe practices should mandate filtering face piece (FFP3) respirators when dealing with symptomatic patients and a surgical fluid repellent masks when assessing asymptomatic patients.

However, there have been reports of asymptomatic patients who may still be infectious. With the close proximity of Ophthalmological examinations, this advice may be argued as not being safe [2].

After the Ebola virus outbreak in West Africa between 2013 and 2016, NHS England and Public Health England (PHE) launched the High Consequence Infectious Disease (HCID) programme to prepare for future outbreaks. Recommendations were made on a unified personal protective equipment strategy (PPE) that included an FFP3 respirator, anti-infection transfer hood and a disposable full-face visor [3].

In January 2020, COVID-19 was officially designated a HCID. On 13th March 2020, the government downgraded its guidance on PPE and told NHS staff they were safe to wear just protective aprons and basic surgical masks in all but the most high-risk circumstance. The Advisory Committee on Dangerous Pathogens backed the decision to remove COVID-19 from the HCID list and on 19th March 2020, PHE authorised this decision [4].

A recent investigation by the British Broadcasting Corporation reported that the government pandemic stockpile set up in 2009 had been allowed to be depleted and advise from the expert committee to the government on pandemics, the New and Emerging Respiratory Virus Threats Advisory Group had been ignored [5].

Advice on PPE from the Royal College of Ophthalmologists has been incongruous. On 19th March 2020, for asymptomatic patients, clinicians were advised to wear a standard surgical mask at their discretion and use a slit lamp breath guard. This was changed on 3rd April 2020 (further updated 9th April) to also advise the use of disposable gloves, plastic apron, surgical mask and eye protection [6].

The question arises whether government policy is being dictated by the availability of PPE for healthcare workers. The risk to Ophthalmologists should not be underestimated.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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