
Comment on: COVID-19 safety guidelines for school eye health screening programs

Dear Editor,

We read the article by Prakash *et al.*^[1] on the COVID-19 safety guidelines for school screening with great interest. First of all, we would like to congratulate the authors for such an explicit coverage of the much-needed topic at this point. The authors have given detailed descriptions about planning, organizing the camps, venue selection, involvement of stakeholders, and the necessary safety precautions to be adopted during the entire screening process. School screening programs are essential at this stage, as that seems to be the only way of mitigating the future myopia epidemics in the country. Well-organized school screening camps following the necessary COVID-19 guidelines, as described by authors, are the need of the time. We have a few additional points to highlight, which we feel would be helpful for the ophthalmologists, stakeholders, and educational institutes, keeping in mind the upcoming third wave scare.

Educational institutes are currently open, and it is vital to utilize this opportunity to screen children before another wave peaks in the country. One option can be active school screening camps by the ophthalmic teams while following the COVID-19 precautions. Another alternative can be training class teachers to perform the baseline screening. Children with ocular defects can either be referred to the hospital or a targeted screening later carried out by the ophthalmic team, thus limiting unnecessary exposure and maximizing safe screening of children. An "All Class Teacher Model" has been reported as a very efficient way of screening school children.^[2] This will help screen more significant numbers in a shorter duration throughout the country. Ophthalmic assistants or trained Accredited Social Health Activist workers can screen the preschool or school children as well. Any children with defects can be referred to ophthalmologists for further detailed evaluation.

Other alternatives include photoscreeners, which can be instrumental in these times.^[3] Photoscreeners allow screening from 1 m, thus preventing a close contact between the screener and children. Parents can also be involved in preliminary screening and trained using the same platforms used for online classes. Screening using online available applications or with

the help of Snellen's chart on smart devices measured at an accurate distance can help screening at each home with no extra costs involved. These simple measures can help and go a long way in detecting refractive errors, especially myopia in these unpredictable times.

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Conflicts of interest

There are no conflicts of interest.

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