

## Commentary: COVID-19 lockdown-I and rural eye centers

The year 2020 started as a year of celebration for the tremendous advances in ophthalmology that would make the promise of 20/20 visual acuity a reality for more people worldwide. Yet, our conventional perspectives have changed owing to changes following the coronavirus disease-2019 (COVID-19) pandemic on societies around the world<sup>[1]</sup> While the world is asked to stay home with social distancing recommendations, ophthalmology colleagues and their teams continue to provide urgent care to patients.

Minimizing further loss of vision and its effect on patients and populations obviously requires the resumption of more regular eye care. We would benefit from a thorough understanding of how to ramp up eye care, both to describe lessons learned from COVID-19 and for insights relevant to potential future pandemics.<sup>[1]</sup>

The COVID-19 pandemic is having a devastating impact on people, communities and economies, including health care and eye care.<sup>[2]</sup> This heightened concern was paralleled by patient fears, with the perception that many were opting to not pursue care for even urgent or emergent ophthalmic concerns. The cumulative effect of these delays on visual outcomes is not yet known, although it is estimated that there was a nearly 80% initial decrease in ophthalmology visits<sup>[3]</sup> and that as of mid-June there was still a cumulative decrease in ophthalmology visits of 40%.<sup>[4]</sup>

A retrospective cross-sectional observational study conducted Varsha M. Rathi and colleagues in The Indian Journal of Ophthalmology is a useful addition to what is already known about the impact of COVID-19 on eye care. Lockdown-I in India severely impacted patient footfalls in rural centers. In the pre-lockdown period, these centre received on an average 1100–1200 patients on a daily basis. During lockdown I, we could serve only 263 patients. Unlike pre-lockdown, where we had more female patients (52.3%), during lockdown we had more male patients (55.13%). It's likely that due to lockdown, there would have been issues related to accessing services by female patients, thus reducing their footfalls.

The study shows, nearly 91% of the cases were managed at the rural centers and 9% needed a referral to higher centers, however, pre-lockdown the referral rate was 5.34%.<sup>[5]</sup> This was due to a higher number of specialty patients visiting during the lockdown, thus, increasing the referral rates. The presence of rural centers ensured care is provided at their doorstep, avoiding long travel for many of these patients during the lockdown.

The authors recognize that to increase accessibility, patient care needs to be modified and improved to include a combination of in-person visits as well as teleconsultations.<sup>[5]</sup>

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### Conflicts of interest

There are no conflicts of interest.

**Priya Adhishesha Reddy<sup>1,2</sup>**

<sup>1</sup>Centre for Public Health, Queen's University, Belfast, United Kingdom, <sup>2</sup>Seva Foundation, Berkeley, California, USA

**Correspondence to:** Dr. Priya Adhishesha Reddy, Centre for Public Health, Queen's University, Belfast, United Kingdom.  
E-mail: priyaadhi.reddy@gmail.com

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