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COVID-19: Adaptations and changes at Guinness Eye Centre, Nigeria

The COVID-19 pandemic has brought unprecedented challenges for eye care in Lagos, Nigeria.

Guinness Eye Centre (GEC) is the Eye Department of Lagos University Teaching Hospital and College of Medicine, University of Lagos, Nigeria; it offers specialist eye care to between 13,000 and 15,000 people per year from Lagos, neighbouring states, and other countries.

The first person to test positive for COVID-19 in Nigeria was identified in Lagos on 27 February 2020. With Lagos becoming the epicentre of COVID-19 in the country, it was vital to adapt eye services to prevent further spread. From 28 February, GEC added more infection control measures whilst continuing to offer all its usual services.

- An auxiliary nurse carried out triage at the entrance to GEC, using an infrared thermometer to check patients' temperature. Patients with a high temperature and/or any history of cough or sore throat were treated as suspected COVID-19 cases (Figure 1).



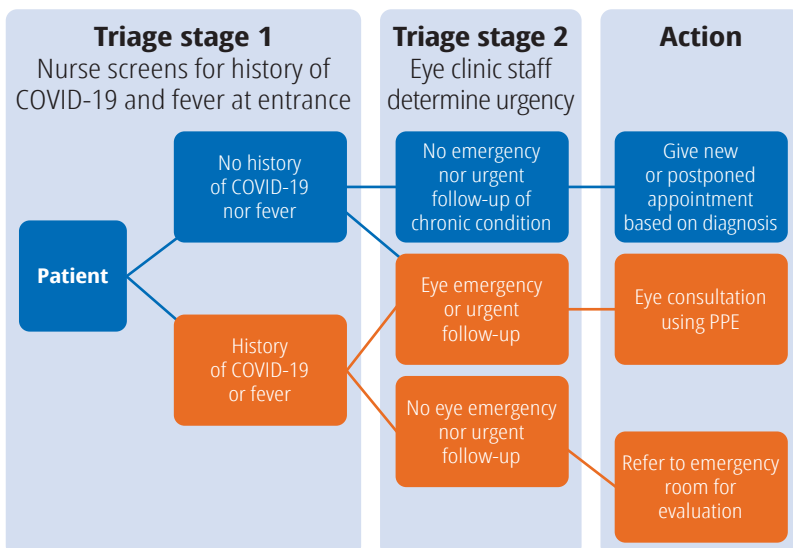
A nurse checks the temperature of patients before they enter the eye centre. NIGERIA

- Hand sanitisers, water, and soap were available at all entrances so people could wash their hands before entering.
- Alcohol disinfectants were used to clean surfaces and equipment in consulting rooms and in clinical and administrative areas. Slit lamps were disinfected after each patient.
- All doctors and nurses involved in patient care received face masks, eye protection (goggles) and gloves.

A month later, there was a sudden surge in the number of confirmed COVID-19 cases in Lagos, with suspected community transmission. Hospital managers decided to reduce services and take further measures to protect staff members and patients.

- In order to control the flow of people entering and leaving the hospital, we sealed the back entrance so only the main entrance was kept open.
- Attending physicians and nurses used face shields and protective wear, for example, using adapted theatre gowns as personal protective equipment (PPE) when attending patients.
- Intraocular pressure assessment was performed with non-contact tonometer, and only when this was essential.
- Staff members encouraged and supported to practice social distancing, i.e., stay 1-2 metres away from each other.
- Patients requiring non-urgent follow-up were given extended appointments (i.e., they could come back at a future date).
- Elective surgery was postponed until further notice
- Clinic consultations were restricted to patients with urgent and emergent conditions only, including

Figure 1 Protocol for patient triage during the COVID-19 pandemic



COVID-19 and eye care services in Ethiopia



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Physicians and nurses wore adapted theatre gowns and used face shields and face masks when attending to patients. **NIGERIA**

recent surgery, retinoblastoma, retinopathy of prematurity, unexplained red eye, trauma, and sudden vision loss. Staff members shared contact numbers with patients and, if needed, contacted them to provide further information.

- Staff members were put on a rota and attended only once or twice per week.
- We started to offer some of our training and teaching activities by webinar, which has been very well received.

Going forward at GEC after lockdown involves a gradual return to full services, starting with around 30% of the normal consultations and offering staggered appointment times. Stringent measures are being introduced to reduce the number of people in the waiting area, e.g., by allowing patients to be accompanied by no more than one supporting family member, if needed. Everyone in the clinic will be expected to practice social distancing, wash and disinfect their hands, and wear face masks. Appointments for patients with stable chronic conditions such as glaucoma or refractive errors will be postponed.

Services will be evaluated and reviewed every two weeks. Elective surgery is still on hold until a return to full activities, which depend on a significant decline in the COVID-19 infection rate and a return to normal activities in the country.

Acknowledgements

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Useful resources

- 1 Nigeria Centre for Disease Control (NCDC) COVID-19 dashboard.
<http://COVID19.ncdc.gov.ng>
- 2 American Academy of Ophthalmology Advisory on COVID-19.
<http://aao.org/coronavirus>

In Ethiopia, COVID-19 is spreading less rapidly than in many other countries, with 831 people infected, 191 recovered, and 7 deaths as of 28 May 2020. However, its impact on every aspect of life has been profound. The government has declared a state of emergency, limiting movement and physical contact to control the spread of infection. The need to prevent infection, but still deliver important health care services, has profoundly challenged the health care sector.

The ministry of health recently released a statement about the need to continue to provide facility-based essential health care services in parallel with the COVID-19 response; these include maternal and child health services, services for communicable diseases such as HIV, TB, leprosy, and malaria, and non-communicable diseases such as severe hypertension, cardiac problems, diabetes mellitus, asthma, and chronic obstructive pulmonary disease. Eye health is not included in this list, and it is not yet certain what will happen with eye care services.

Most eye health units have suspended eye examinations for fear of spreading the SARS-CoV-2 virus, which is responsible for COVID-19. Services are limited to managing injury-related eye emergencies. Elective ocular surgery has been suspended all over the country, and people presenting to eye units with bilateral blindness from cataract, for example, are being turned



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away, even if surgery would improve vision. There are concerns that the situation is likely to drive people to look for alternative care, such as from traditional healers; this may prove costly for people's eyesight and general health.

Ethiopia is the country most affected by trachoma. There were intensive trachoma elimination activities throughout Ethiopia before COVID-19. However, following the World

Sight-saving eye surgery has been suspended in Ethiopia due to COVID-19.
ETHIOPIA

Health Organization (WHO) recommendation on neglected tropical diseases (bit.ly/cov19ntd), all trachoma elimination activities were suspended, including Zithromax® Mass Drug Administration (MDA) to clear the pool of ocular *Chlamydia trachomatis* infection in the community. This poses a risk that active infection may re-emerge in districts which were on the verge of meeting elimination targets; this compromises several years of collective elimination efforts. Corrective eyelid surgical services to treat trichiasis (the blinding stage of trachoma) have been stopped, leaving hundreds of thousands of people at risk of irreversible vision impairment. Community-based eye health surveys and ongoing research have also been discontinued, leading to considerable delays in the planning and provision of eye health services.

Overall, the COVID-19 situation in Ethiopia is having a profoundly negative effect on the progress made in the last several years as part of the WHO-led VISION 2020 and global trachoma elimination programmes. This has very significant health and socio-economic implications for a country with high rates of poverty and a high burden of blindness from preventable and treatable conditions.