

International Research Journal of Ophthalmology

Letter to the Editor

Open Access

COVID-19, Keep in mind these words: Exposure Dose**Masoud Mirghorbani**

Editorial Board Member at International Research Journal of Ophthalmology, RAFT Publications

***Corresponding Author:** Masoud Mirghorbani, Editorial Board Member at International Research Journal of Ophthalmology, RAFT Publications, Email: masoud_mirghorbani2016@yahoo.com**Received Date:** Dec 23, 2020 / **Accepted Date:** Jan 05, 2021 / **Published Date:** Jan 07, 2021**Cite this article as:** Masoud Mirghorbani. 2021. COVID-19, Keep in mind these words: Exposure Dose. Int Res J Optha. 3: 01-02.**Copyright:** This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. Copyright © 2021; Masoud Mirghorbani

We are currently experiencing the third wave of the COVID-19 spread in Iran. After a relative successful control of the first and second waves, the situation is going to be complicated again. We are facing two strong threats at the same time; COVID19 and struggling economics. And this is not only limited to Iran, but seems to be a major issue for many governments, too. Recently, new FDA approved vaccines turned on the glimmer of the hope, but it should be noted that worldwide vaccination will not happen just in few months and many areas may suffer COVID19 morbidity and mortality for long time. Additionally, do not forget the “mutations” that may simply make a resistant version of COVID19 to vaccination similar to flu viruses. The main idea for writing this short note is how we can live with COVID19 while not stop our daily activities, just modify or reshape them. Our experience showed that staying at home and social distancing are significant and already-solving solutions for COVID19. However, with reduction of limitations and reopening of shops, malls, offices, and public transportation, we are facing another peak of the disease. Reopening is a critical decision for any government to reactivate the economic cycles and decrease the burden of unemployment and economic downturn, however, this a one side of the coin

and the other side may be deterioration of the economy by recurrent outbreaks of the disease and high wasting of human and medical resources. The major issue is “crowds”. We are not knowing how exactly the virus behaves and spreads, but we see that anywhere you can find a “crowded” place, soon there will be a victim there. COVID19 does not respect gender, ethnicity, position, or age. Unfortunately, in the third peak that we are already facing, the morbidity and mortality of youth, especially healthy ones, are highly increased. It does not seem to be as a result of change in virus epidemiological behavior, but rather due to the concept of “exposure dose” to the virus. The morbidity and mortality are not a simple function of victims age, immunity, associated risk factors such as DM, IHD, etc. Rather it seems to be a function of exposure dose that is different for each person and dependent to the probable risk factors. If you are young but spending much more time in a crowded clinic, you may be at a higher risk relative to an older clinician visiting just a few patients per day. If you are healthy without any risk factor, there is no guarantee not to being infected by COVID19 and even being its victim! Although facial mask, hand hygiene, and social distancing in the clinics are highly significant in prevention, they are not working 100%. Many of the

asymptomatic COVID19 infected people are living among us and we are not even aware of them. And also, we have to continue serving medical care to our patients. Please review the “exposure dose” daily with yourself, to increase the safety of yourself and your patients. I strongly suggest to never let your clinic to be overfilled with patients; avoid “crowds”. Arrange the appointments, with a logical interval between patients, that only few ones waiting for visiting or para-clinic services. Reassure that distancing is completely obeyed in the waiting rooms. Clinician visit time should be as short as possible to decrease the exposure dose with probable infected persons. Any patient candidate for surgery, whether emergent or elective, should underwent the testing for COVID19 and positive cases should not be scheduled for elective operations. Tele-medicine should be a high priority for every health system to provide patients with timely health care services and without crowding the hospitals and clinics. Any present costs for tele-medicine is actually much more beneficent than later costs related to the burden of the COVID19 spread devastating both human and financial resources. The current fact is we have to learn how to live with COVID19.