

President's Insights January 2021

In late March 2020, as President of VOSH/International I shared the following recommendation from the organization with our chapters, "*Due to the quickly evolving situation regarding the outbreak of COVID-19, VOSH/International recommends suspending all domestic and international chapter clinics until further notice.*" You can find the recently updated statement on our website at vosh.org. We are a little over a year into this pandemic and this may be a good time to revisit where we're vis à vis the pandemic and our position at VOSH/International.

According to the Johns Hopkins University of Medicine [Coronavirus Resource Center](#), worldwide there have been over 94 million people infected with SARS-CoV-2 and over 2 million people have died. There are COVID-19 hot spots and one of them happens to be in Arizona where I live. My county, Pima County, is reporting 119 cases per 100,000 people per day. As a comparison, the entire United States is reporting 69 cases, United Kingdom 80 cases, Spain 57, Mexico 11, and Brazil 30 cases per 100,000 per day. Some countries such as New Zealand instituted a hard lockdown, extensive testing, and travel restrictions early on and most days report 0 cases per 100,000 per day. Other countries, especially the poorer ones, appear to have stopped trying altogether to track cases and deaths, so not all of the data are accurate.

Many US hospitals are reporting a shortage of hospital and ICU beds. Los Angeles County Emergency Medical Services workers were told to conserve oxygen due to a shortage. Brazil has also reported shortages of oxygen used to treat patients in severe respiratory distress.

The pressure faced by the health systems has been compounded by at least one coronavirus strain with new mutations, called the UK strain, that has been circulating in the US and around the globe. This variant strain seems to be more rapidly transmissible than other circulating strains of SARS-CoV-2. This could be contributing to the surges of coronavirus infections, or could make current surges worse.

There is some good news. As of recent date, there are three vaccines, by Pfizer, Astra Zeneca and Moderna, that have been shown to be safe and effective in clinical studies. In the US and other high-income countries, there is an ongoing effort to vaccinate a large percentage of their populations.

Some optometric state boards, such as in California, allow optometrists to administer vaccinations after taking a 20-hour, state approved course. If this trend were to spread to all states, optometry could be well positioned to help fight the pandemic, or even to help developing countries by supplying and administering coronavirus vaccinations.

However, the situation is different in many of the countries we visit. Last Monday January 18th, WHO's Director General, Dr Tedros Adhanom Ghebreyesus, when addressing its 148th Executive Board indicated " *we now face the real danger that even as vaccines bring hope to*

some, they become another brick in the wall of inequality between the world's haves and have-nots....More than 39 million doses of vaccine have now been administered in at least 49 higher-income countries. Just 25 doses have been given in one lowest-income country. Not 25 million; not 25 thousand; just 25". Vaccine equity is a real challenge we cannot ignore; it will influence how much longer the pandemic will last and how we move forward.

In view of the above, when we might be able to hold clinics again, remains an open question. Now it is not the time to hold a VOSH clinic. There is a coronavirus surge, many regional and public hospitals are stressed, and we are early on in the vaccination process. With hard work and perhaps some luck, in the US by the summer or fall of 2021 we might have reached the 70 to 90% coronavirus vaccination rate to achieve herd immunity. My guess is when this happens, that it would be best to hold domestic VOSH clinics in your US communities using best practices to prevent coronavirus spread. We will follow CDC and WHO assessments and guidelines to decide if it is safe to hold a clinic, based on infection and vaccination rates and will reach to our international chapters and partners to identify how we can support them to work in a COVID-safe environment.

I know that this has been a challenging time for all, and some of you have been affected personally by illness or death among your friends and family. You have my sincere condolences. Please do your best to protect yourselves, your families, and communities.

Even through the challenges, VOSH/International has been working hard to provide online education to continue to make a difference in eye and vision education, increase our understanding of eye health and vision care around the world and grow our network of volunteers and partners around the world. One day we'll be able to travel and hold clinics once again, but for now let's concentrate on education, relationship building and networking.

<https://vosh.org/>

<https://coronavirus.jhu.edu/>

<https://www.mayoclinic.org/coronavirus-covid-19/map>

<https://covid.cdc.gov/covid-data-tracker/#global-counts-rates>

<https://www.aoa.org/news/clinical-eye-care/public-health/doctors-of-optometry-and-staff-preparing-for-next-move-in-vaccine-distribution>

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