

## LETTER TO EDITOR

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Dear Editor,

### **COVID-19 Prevention and Difficulties experienced by Blind Persons in Low- and Middle-Income Countries**

The COVID-19 pandemic began in early 2020 and continues to be a health threat globally. The disease is caused by the emergence of a new virus, SARS CoV-9, which can induce respiratory tract infection. The disease has a wide clinical spectrum, ranging from silent asymptomatic to severe clinical symptoms. It can be easily transmitted, because a droplet generated from an individual with the pathogen can spread in the environment to many other people. After the first cases were reported in China, the disease rapidly spread to Southeast Asia and other parts of the world (Hsia, 2020). The result is a global public health crisis as well as global economic deterioration.

A large proportion of the world's population is already infected and there are millions of deaths globally. The pandemic has become an emergency in all countries. Due to lack of proven effective therapies for COVID-19, prevention against infection is the best course of action. Protection against COVID-19 is necessary for everyone, but more so for vulnerable people. Among the underprivileged groups, people with disabilities should receive special attention in COVID-19 prevention. However, as this group of people is diverse, forms a minority and often does not benefit from mainstream health interventions, it becomes difficult to reach them all. Primary prevention should cover self-protection, environmental decontamination, and practice of sanitation, as well as vaccination.

In general, facemask wearing, social distancing, environmental decontamination and vaccination are recommended as a combination of preventive actions. Since persons with disabilities are more vulnerable to infectious agents, some specific interventions need to be considered for them. In a recent publication focusing on people with autism, Araujo et al (2021) indicated that there were many challenges, such as effective communication of information about COVID-19. In fact, with people who are deaf, difficulty in communication due to wearing a facemask is expected. Here, the writers of this letter would like to share ideas and concerns regarding people who are blind and who may face many barriers in relation to information about the prevention of COVID-19. Checking for completeness

of face coverage after wearing a facemask and social distancing could also be problems for them.

Access to healthcare services in times of COVID-19 is a problem for everyone. During lockdown periods it is in general difficult for people to access eye-care services and it will be even more difficult for blind persons (Jackson et al, 2021). Difficulties in providing ophthalmological care start soon after the emergence of COVID-19. Routine eye examination is needed for the management of eye problems, but social distancing is virtually impossible in the process of ophthalmological examination. Arrigo et al (2020) noted that, "At least 1 m of distance among people is recommended; however, some clinical practices cannot allow this distance." Therefore, routine health services in clinics for people with impaired vision who may need specific care in ophthalmology clinics, can usually lead to COVID-19 transmission.

For people who are blind, correct wearing of a facemask is also sometimes difficult. The position of the facemask cannot be checked completely. One who is blind may use one's hands for orientation. This means an increased chance for contact with pathogen- contaminated objects. Use of hand sanitiser is certainly recommended. However, using a hand sanitiser could be more difficult for blind people than for people who can see. Similar problems with using facemasks can be experienced by other groups of persons with disabilities. For example, a person who has no ear pinna might not be able to wear a facemask.

Finally, COVID-19 vaccination is essential for people who are blind. The available vaccines offer hope for successful disease containment. Vaccination programmes generally focus on mass immunisation of large groups of people, with the aim of generating herd immunity. However, people who are blind may experience difficulties in accessing vaccine service points. In certain settings, such as some Asian countries, electronic internet pre-appointments via Smartphone apps may be needed but these are not always accessible to people who are blind. Hence specific public health support in getting COVID-19 vaccinations must be provided to those who are blind and to people with other disabilities. Good systems are those that offer blind persons special accessible appointments for vaccination, a walk-in service or forms of accommodation to access vaccination schemes.

It is evident that people with disabilities, in particular people who are blind, are facing serious difficulties in accessing information about (the prevention of) COVID-19 (Goudeau et al, 2021; Haupt, 2021; Shakespeare et al, 2021). Currently,

there is limited data on COVID-19 among blind persons, but it is apparent that the necessary support mechanisms are required to prevent infection among them.

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