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# 23 ABSTRACT

# 24 PURPOSE

25 To characterise changes in soft contact lens wearing habits during the COVID-19 pandemic

# 26 METHODS

- 27 A detailed online questionnaire was circulated to individuals aged 40-70 years, during the period April
- 28 to May 2021. Data sampling took place in the United Kingdom (UK), United States of America (USA),
- 29 Netherlands, Germany, France, Spain and Italy. Only data pertaining to individuals who were soft
- 30 contact lens wearers were included. Data were extracted for questions relating to contact lens
- 31 wearing habits pre- and during the COVID-19 pandemic, and expectations for future lens wear beyond
- 32 the pandemic.

# 33 **RESULTS**

- 34 Seven-hundred and twenty-eight individuals were identified as soft contact lens wearers of which six-
- 35 hundred and nineteen wore a combination of contact lenses and spectacles. Most respondents
- 36 indicated contact lens wear times had either remained the same (57.3%) or increased (9.8%) during
- 37 the pandemic. The country with the greatest proportion of respondents decreasing wear time during
- 38 COVID-19 was the UK (45.3%), and the least in the Netherlands (20.0%). The primary cause of
- 39 decreased lens wear was attributed to leaving the home less often (70.0%), and the second most
- 40 common reason due to concerns about hygiene (10.8%). Most respondents (83.9%), however,
- 41 expressed a desire to return to pre-pandemic wear times once the pandemic was over.

### 42 CONCLUSIONS

- 43 Practitioner concerns about contact lens market recovery ought to be assuaged by the survey
- 44 outcomes which show most individuals to have maintained lens wear during the pandemic. In view of
- 45 the continued lens wear, as and when restrictions ease, ECPs may wish to encourage patients to
- 46 return for routine check-ups that may have been missed due to the pandemic.

47

### 49 INTRODUCTION

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51 Since the first case was identified in December 2019, the Severe Acute Respiratory Syndrome

- 52 Coronavirus-2 (SARS-CoV-2) has spread globally with more than 200 million cases worldwide.
- 53 Initially the high reproduction rate, compounded by a lack of effective treatments, led to a crippling
- 54 demand upon many healthcare systems. A severe restriction of social interactions and movement
- 55 followed. Such 'lockdowns' generally led to a suspension of non-urgent healthcare services, which for
- 56 some regions included a halt to contact lens fittings.
- 57 The current COVID-19 status remains that of an ongoing pandemic, in the midst of which a
- 58 widespread vaccination programme is underway and gradually people are returning to pre-pandemic
- 59 activities. Yet, in some parts of the world, current circumstance bears little resemblance to pre-
- 60 pandemic life. Use of personal protective wear, such as face masks, remains commonplace; health
- 61 care practitioners are required to adapt practices by observing periods of 'fallow' time between
- 62 patients following any potential aerosol generating procedures (e.g. non-contact tonometry); and
- 63 despite the reopening of most health services, the threat of new disease variants continues to pose a
- 64 risk of future lockdowns.
- 65 The impact of the COVID-19 pandemic on the optical industry has largely manifested itself through
- 66 negative economic effects; delayed diagnoses and treatments for patients; and a reported increase in
- 67 conditions such as 'quarantine myopia', digital eye strain, and Mask Associated Dry Eye (MADE) [1-
- 68 4]. Such challenges have also provided the impetus for change, embodied by the rapid development
- 69 of new care pathways [5-7], a willingness to embrace telehealth [8-11], and the adaptable response
- 70 demonstrated by professional regulatory bodies. Suffice to say it has been a period of swift and
- 71 significant transformation.
- 72 Amid the initial rush to provide advice, one aspect of the optical industry which suffered from
- 73 misinformation early in the pandemic is the field of contact lenses. Both general media outlets and
- 74 public health messaging contributed to erroneous messages dissuading patients from contact lens
- 75 wear [12-14]. Whether such well-meant but misplaced cautionary messages had a significant
- <sup>76</sup> influence on contact lens uptake, or if counter health advice managed to placate concerns, remains
- 77 unknown [15-18].
- 78 The contact lens industry is estimated to be worth more than sixteen billion US dollars globally, with
- the USA being the largest contributor, hence a small reduction in global contact lens wear can yield
- 80 significant economic effects [19]. At present, the impact of the pandemic on contact lens wear has
- 81 only been assessed for specific countries, with little comparative worldwide data (e.g. [16, 20-21]).
- 82 Given the different rates at which COVID-19 spread within countries, differences in the duration of
- 83 lockdowns, disparities in public messaging, and indeed, the availability and adaptability of optical
- 84 services, it is of interest to characterise the impact of the pandemic on contact lens wear in different
- 85 geographical regions.
- 86 Using data acquired through robust market research methods, an analysis is presented of the
- 87 attitudes and soft lens wearing trends pre- and during the COVID-19 pandemic. The objective of the
- 88 analysis was to better understand the short-term impact of the pandemic aswell as gather information

- 89 towards future market directions. Such information should facilitate future resource allocation and
- 90 help business planning for practitioners, regulatory bodies, and manufacturers.
- 91

# 92 METHODS

- 93
- A detailed non-validated online questionnaire was circulated to individuals aged 40-70 years, during
   the period April to May 2021 to evaluate the views of presbyopic contact lens wearers and individuals
   interested in lens wear. The project was commissioned by Menicon Co., Ltd and undertaken by an
- 97 international market research agency. Data sampling took place in the following countries: United
- 98 Kingdom (UK), United States of America (USA), Netherlands, Germany, France, Spain and Italy. The
- 99 intention was to include an equal ratio of contact lens users and non-users. All aspects of the
- 100 questionnaire were translated by a professional translation company and efforts were made to use
- 101 commonly understood terminology.
- 102 The questionnaire took approximately 15 minutes to complete.
- 103 Only data pertaining to individuals who were active soft contact lens wearers or had expressed an
- 104 interest in wearing contact lenses were included in this analysis.
- 105 From the broader 5-part 32 question questionnaire, data were extracted for questions relating to
- 106 general demographics, contact lens wearing habits pre- and during the COVID-19 pandemic, and107 expectations for future post pandemic lens wear.
- 108

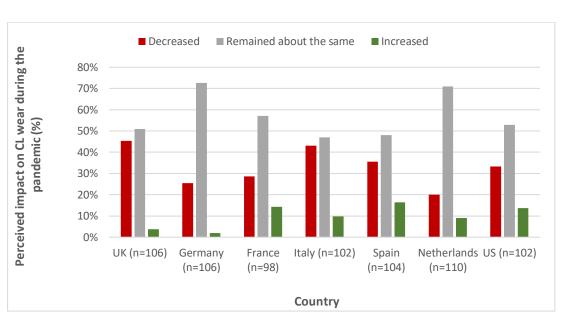
# 109 **RESULTS**

110

# 111 Demographics

- 112 Of the 6,465 survey respondents, 2,859 did not require any form of vision correction. 2,066 of the
- 113 remaining 3,606 respondents were neither contact lens users nor did they express interest in future
- 114 contact lens use.
- 115 The remaining 1,540 respondents were spread approximately equally amongst the seven countries
- 116 (ranging from 215 to 223 respondents per country).
- 117 From this 1,540, 728 were soft contact lens wearers, with 109 wearers claiming to exclusively wear
- 118 contact lenses, the remaining 619 wore some combination of contact lenses and spectacles.
- 119 The rest either exclusively wore spectacles (n=758), some other form of contact lens (n=14), or a
- 120 combination of both (n=40). Of the soft lens wearers, 39.4% wore daily disposables; 47.8% wore daily
- 121 wear reusables; and 12.8% wore extended wear lenses.
- 122 The present study focusses on individuals wearing a combination of spectacles and soft contact
- 123 lenses (n=619) and those who exclusively wore contact lenses (n=109). One point of note was the
- 124 spread of age groups across the different countries; the data from the Netherlands was biased
- 125 towards the younger (40-54 year old) participants
- 126
- 127 Perceived change in contact lens wear

- Whilst one-third (33.3%, n=240) of respondents felt their contact lens wear had decreased during the pandemic, over half indicated it had remained the same (57.3%) (see Fig 1). The greatest perceived decrease in wear was noted for respondents based in the UK (45.3%) and the least for those based in the Netherlands (20%) (see Fig 1). In Germany and the Netherlands, more than 70% of respondents indicated they had continued with similar contact lens wearing times during the pandemic.
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137 Figure 1 Respondent perception of whether contact lens wear had increased, decreased, or

remained the same during the pandemic (n=728); individuals who wore a combination of

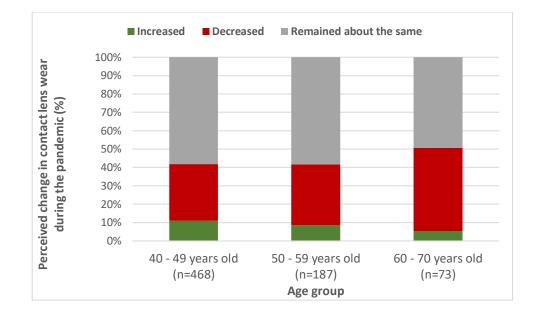
139 spectacles and contact lenses (n=619) and those who exclusively wore contact lenses (n=109).

140

141 Of interest are potential differences in contact lens wear, during the pandemic, across different age

142 groups. A larger proportion of participants aged 60-70 years old tended to decrease contact lens

- 143 wear, and appeared less inclined to increase it, relative to their younger counterparts (see Fig 2).
- 144



#### 147 Figure 2 Respondent perception of whether contact lens wear had increased, decreased, or

remained the same during the pandemic (n=728); data for individuals who habitually wore a

combination of spectacles and contact lenses and those who exclusively wore contact lenses

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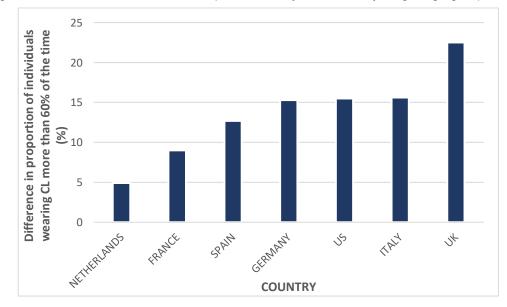
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#### 151 Pre and during pandemic changes to spec vs. contact lens wearing balance

152 The overall proportion of global respondents wearing contact lenses for at least 60% of the time was

153 59.3% (n=367/619) pre-pandemic, reducing to 45.4% during the pandemic. The greatest differences

- 154 for this specific metric were found amongst respondents from the UK and the lowest for the
- 155 Netherlands (see Fig 3). The balance between contact lens vs. spectacle wear on a typical day pre-
- and during the pandemic also showed trends by age, with the greatest shift to spectacle-only wear
- 157 found amongst the 60–70-year-old age group (see Fig 4). These data do not include 109 individuals
- 158 who claimed to exclusively contact lenses. The data are presented with the caveat that participants
- 159 from regions such as the Netherlands were predominantly drawn from younger age groups.



- 161 Figure 3 Country specific data for the decline in proportion of respondents wearing contact
- 162 lenses for at least 60% of the time, pre and during the COVID-19 pandemic (n=619); data for
- 163 individuals who wore a combination of spectacles and contact lenses only.

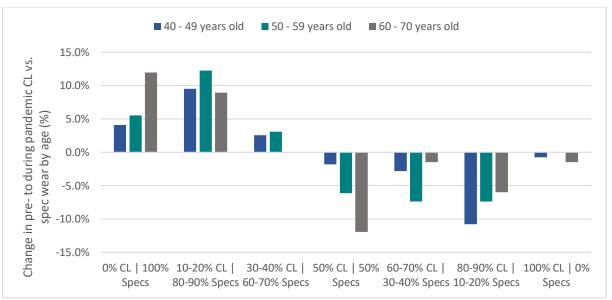


Figure 4 Global age group data for the change in proportion of respondents wearing contact lenses vs. spectacles, pre and during the COVID-19 pandemic (n=619); data for individuals wearing a combination of spectacles and contact lenses. Positive/negative values denote the relative increase/decrease in balance of CL vs. spec wear

169

### 170 Reasons for change in contact lens wear

171 The overwhelming majority of respondents indicated the reason for reduction in contact lens wear

during the pandemic was due to leaving the house less often (70%) (see Fig 5); this remained the

173 most common reason even when individual country data were considered, however inter-country

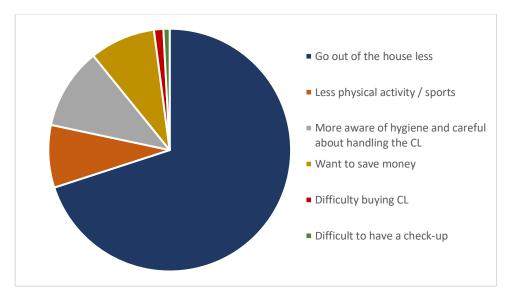
174 differences amongst reasons for reduced wear were noted.

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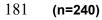
176 Whilst adoption of a cautious approach due to hygiene was, on average, the second most popular

177 reason for reducing contact lens wear, such responses were proportionately much lower (10.8%) (see

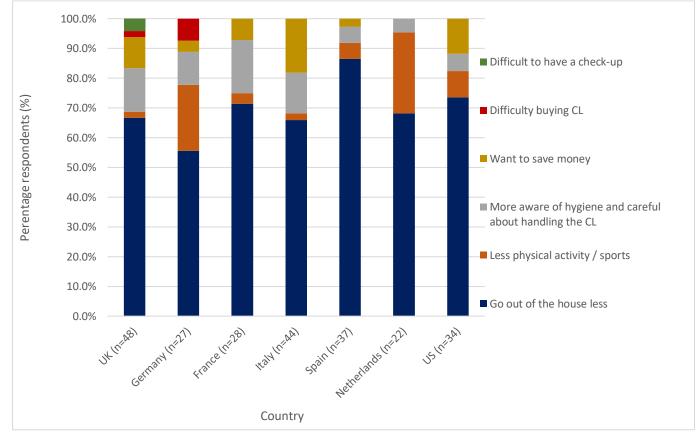
178 Fig 6).



180 Figure 5 Main reason for reducing contact lens wear during the pandemic from all respondents



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183

184 Figure 6 Main reason for reducing contact lens wear during the pandemic from all respondents

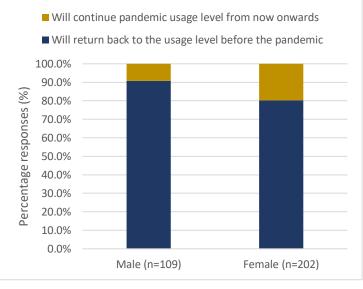
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# 187 Expectations for contact lens wear post pandemic

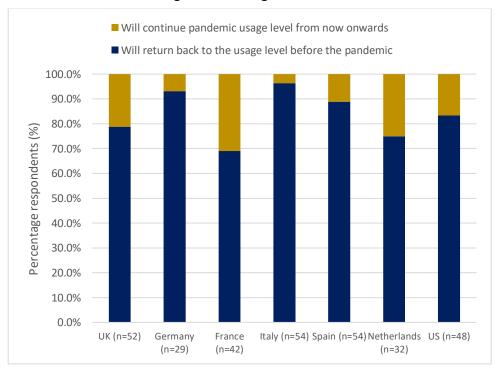
- 188 Over 80% of respondents, on average, felt their contact lens usage would return to pre-pandemic
- 189 levels (n=261 of 311 respondents); whilst this sentiment was also expressed across the country

<sup>185</sup> by country (n=240)

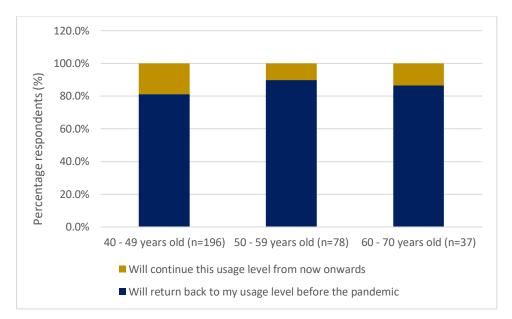
- 190 specific data, notably almost one-third of respondents from France felt they would maintain the level of
- 191 contact lens usage adopted during the pandemic (n=13 of 42 respondents).
- 192 When taking into consideration whether the respondents had indicated an increase or decrease in
- 193 contact lens wear during the pandemic, those who had increased wear were 2.7 times more likely to
- 194 indicate they would return to pre-pandemic contact lens wearing levels than not, yet those who had
- 195 decreased wear were 6.7 times more likely to indicate a return to pre-pandemic levels than not.
- 196
- 197 An association appeared to be present between whether an individual was intending to return to pre-
- 198 pandemic levels of wear and country and, separately, with whether they were males/females, but less
- 199 clear trends were noted with age group (see Figure 7 9).



201 Figure 7 Future contact lens wearing intent amongst males and females



203 Figure 8 Future contact lens wearing intent by country



# 205 Figure 9 Future wearing intent by age group

# 206

207 DISCUSSION

Recent studies investigating the impact of the COVID-19 pandemic on contact lens wear have primarily focused on data collection in specific countries. The present study offers new insights characterising lens wear in seven key market areas that have regulated contact lens practice. Encouragingly, ~67% of respondents indicated that wear times had either remained the same or increased during the pandemic, however, an association between changes to wearing patterns and country was noted.

214

215 Whilst it may seem logical to attribute any reduction in lens wear to fears about hygiene or increased 216 infection rate, this was seldom the case. Most individuals were simply leaving home less often, which 217 minimised the need to wear contact lenses. The findings are generally consistent with previous 218 reports undertaken earlier in the pandemic, in the UK, Ireland, Spain, Portugal, Greece and Jordan 219 where a decline in social interactions and activities/leaving home were also cited as common reasons 220 for decreasing lens wear [16]; [21-25]; [20]. Secondary concerns, however, differ both within the 221 cohort investigated and more widely. For example, Figure 6 shows a higher proportion of individuals 222 from areas such as France were worried about hygiene compared to the Netherlands (17.9% vs. 223 4.5%). Separately, a report from Spain has found a significant relationship between participants 224 concerned about risk of contact lens infection and those who ceased contact lens wear during the 225 pandemic [25]. Thus, the data cannot easily be extrapolated between different regions/countries. 226 227 The trend for older individuals to reduce contact lens wear is likely explained by the longer lockdown 228 periods, and thus fewer in-person interactions, to which older population groups were exposed.

229 These data are, however, presented with the caveat that owing to the smaller number of older

respondents' caution must be applied when interpreting results (Fig 2 and 4).

#### 233 THE FUTURE

234 In the near future, a multitude of factors could influence eye care practice and demand for services

- 235 [26-27]. An indication that many respondents who decreased lens wear during the pandemic also236 expressed a desire to return to pre-pandemic wearing levels, offers a positive signal to those
- concerned about market recovery prospects [25].
- 238

239 Concerns about contact lens attrition aside, for individuals who continued wearing lenses through the 240 pandemic the possibility of non-compliance and exposure to avoidable risks may have given rise to 241 complications. There have been mixed reports on the efforts made by practitioners to communicate 242 contact lens wearing advice during the past ~18 months [25;22]. While some investigations have 243 reported high levels of adherence to aspects of compliance during the pandemic e.g., better 244 handwashing, others have noted a decline, particularly amongst individuals wearing reusable contact 245 lenses [28;22]. A pre-pandemic study of over two-hundred asymptomatic soft lens wearers found 246 more than half of the participants to exhibit at least one undiagnosed complication when presenting for 247 a routine check-up. In most cases the complication related to the anterior eye or contact lenses [29]. 248 Thus, as always, an absence of symptoms does not imply an absence of complications. Such reports 249 support the need for ECPs to take a proactive approach and encourage patients, even if 250 asymptomatic, to attend for face-to-face routine follow ups.

251

252 Further demand for services could arise from patients seeking help for symptoms experienced during 253 the pandemic, e.g., an exacerbation of digital eye strain or dry eye syndromes such as MADE [23]. 254 Patients who continue to harbour concerns about hygiene may be tempted to avoid regular 255 replacement lenses in favour of daily disposables [25], and those frustrated by mask induced fogging 256 of spectacles [30]) could perhaps be more motivated to embrace contact lenses. The easing of 257 lockdown restrictions also allows activities favouring contact lens use to recommence which could 258 potentially increase uptake. Of course, such forecasts are speculative, but the potential for new 259 opportunities, coupled with widespread vaccine uptake should facilitate recovery of the contact lens

260 261

industry.

262 The data presented are not without limitations; most surveys are subject to recall-bias, but the claims 263 by respondents that lens wear times were reduced due to fewer social interactions is a point indirectly 264 supported by data on initial lockdown durations. Of the countries investigated, parts of the UK were 265 exposed to the longest initial lockdown, whereas the initial lockdown period in the Netherlands was 266 comparatively much shorter. As noted in the results, data from the Netherlands was biased towards 267 individuals who were younger, and this may have impacted some of the responses. A further limitation 268 is that data are restricted to individuals aged 40-70 years. The inclusion of a younger cohort may 269 have proven a useful comparator, since they were typically considered to be at lower risk of serious 270 complications from COVID-19 and thus were subject to fewer lockdown restrictions, their inclusion

271 may have offered an even more optimistic outlook for the contact lens industry.

- 272
- 273 In summary, global contact lens wear times reduced for around one-third of respondents during the
- 274 pandemic, a reduced need to leave home was consistently cited as the key reason for this reduction.
- 275 Whilst some respondents may have been less inclined to maintain their level of contact lens wear
- 276 during the pandemic, there is strong indication that many individuals are hopeful about returning to
- 277 pre-pandemic wear times.
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#### 279 REFERENCES

- 280 1. Chang P, Zhang B, Lin L, Chen R, Chen S, Zhao Y, Qu J. Comparison of Myopic Progression 281 before, during, and after COVID-19 Lockdown. Ophthalmology. 2021 Mar 23:S0161-282 6420(21)00234-7. doi: 10.1016/j.ophtha.2021.03.029. Epub ahead of print. PMID: 33771516; 283 PMCID: PMC7986471.
- 284 2. Xu L, Ma Y, Yuan J, Zhang Y, Wang H, Zhang G, Tu C, Lu X, Li J, Xiong Y, Chen F, Liu X, 285 Xue Z, Zhou M, Li WQ, Wu N, Bao J, Chen H, Lu F, Su J, Qu J; Myopic Epidemiology and 286 Intervention Study. COVID-19 Quarantine Reveals That Behavioral Changes Have an Effect 287 on Myopia Progression. Ophthalmology. 2021 Apr 14:S0161-6420(21)00257-8. doi: 288 10.1016/j.ophtha.2021.04.001. Epub ahead of print. PMID: 33857574.
  - 3. Usgaonkar U, Shet Parkar SR, Shetty A. Impact of the use of digital devices on eyes during the lockdown period of COVID-19 pandemic. Indian J Ophthalmol. 2021 Jul;69(7):1901-1906. doi: 10.4103/ijo.IJO\_3500\_20. PMID: 34146054.
  - 4. Boccardo L. Self-reported symptoms of mask-associated dry eye: A survey study of 3,605 people. Cont Lens Anterior Eye. 2021 Jan 20:101408. doi: 10.1016/j.clae.2021.01.003. Epub ahead of print. PMID: 33485805; PMCID: PMC7816875.
- 295 5. Zeri F, Naroo SA. Contact lens practice in the time of COVID-19. Cont Lens Anterior Eye. 296 2020 Jun;43(3):193-195. doi: 10.1016/j.clae.2020.03.007. Epub 2020 Mar 19. PMID: 297 32201054: PMCID: PMC7270367.
- 298 6. Harper RA, Dhawahir-Scala F, Wilson H, Gunn PJG, Jinkinson M, Pretty IA, Fletcher S, 299 Newman WD. Development and implementation of a Greater Manchester COVID19 Urgent 300 Eyecare Service. Eye (Lond). 2021 Mar;35(3):705-708. doi: 10.1038/s41433-020-1042-6. 301 Epub 2020 Jun 29. PMID: 32601500; PMCID: PMC7322717.
- 7. Kanabar R, Craven W, Wilson H, Rietdyke R, Dhawahir-Scala F, Jinkinson M, Newman WD, 303 Harper RA. Evaluation of the Manchester COVID-19 Urgent Eyecare Service (CUES). Eye 304 (Lond). 2021 Apr 30:1–9. doi: 10.1038/s41433-021-01522-0. Epub ahead of print. PMID: 33931762; PMCID: PMC8086227.
- 306 8. Nagra M, Vianya-Estopa M, Wolffsohn JS. Could telehealth help eve care practitioners adapt 307 contact lens services during the COVID-19 pandemic? Cont Lens Anterior Eye. 2020 308 Jun;43(3):204-207. doi: 10.1016/j.clae.2020.04.002. Epub 2020 Apr 18. PMID: 32336578; 309 PMCID: PMC7165279.
- 310 9. Patel A, Fothergill AS, Barnard KEC, Dunbar H, Crossland MD. Lockdown low vision 311 assessment: an audit of 500 telephone-based modified low vision consultations. Ophthalmic 312 Physiol Opt. 2021 Mar;41(2):295-300. doi: 10.1111/opo.12789. Epub 2021 Feb 2. PMID: 313 33529405; PMCID: PMC8014140.
- 314 10. Keilty M, Houston KE, Collins C, Trehan R, Chen YT, Merabet L, Watts A, Pundlik S, Luo G. 315 Inpatient Virtual Vision Clinic Improves Access to Vision Rehabilitation Before and During the 316 COVID-19 Pandemic. Arch Rehabil Res Clin Transl. 2021 Mar;3(1):100100. doi: 317 10.1016/j.arrct.2020.100100. Epub 2020 Dec 19. PMID: 33363279; PMCID: PMC7749728.
- 318 11. K Karthikeyan S, Nandagopal P, R VS, Nayak A. Challenges and impact of COVID-19 319 lockdown on Indian optometry practice: A survey-based study. J Optom. 2020 Dec 26:S1888-

320	4296(20)30133-3. doi: 10.1016/j.optom.2020.10.006. Epub ahead of print. PMID: 33414101;
321	PMCID: PMC7762711.
322 323	12. American Academy of Ophthalmology, Eyecare during COVID-19, <u>https://www.aao.org/eye-</u>
323 324	health/tips-prevention/coronavirus-covid19-eye-infection-pinkeye [ACCESSED AUG 22, 2021]
324	<ol> <li>CNN, <u>https://edition.cnn.com/2020/03/27/health/contact-lens-glasses-coronavirus-</u> wellness/index.html [ACCESSED AUG 22, 2021]</li> </ol>
323 326	14. WedMD, https://www.webmd.com/lung/news/20200423/how-contact-lenses-affect-your-risk-
320 327	
327	of-covid-19 [ACCESSED AUG 22, 2021]
328 329	15. Cho P, Boost M. COVID 19-An eye on the virus. Cont Lens Anterior Eye. 2020 Aug;43(4):313-
329 330	314. doi: 10.1016/j.clae.2020.05.011. Epub 2020 May 31. PMID: 32507407; PMCID:
330 331	PMC7261430. 16. Morgan PB. Contact lens wear during the COVID-19 pandemic. Cont Lens Anterior Eye. 2020
331	Jun;43(3):213. doi: 10.1016/j.clae.2020.04.005. Epub 2020 Apr 22. PMID: 32334933; PMCID:
333	PMC7174164.
333	17. Orsborn G. The importance of credible information about contact lens wear during pandemic.
335	Cont Lens Anterior Eye. 2020 Jun;43(3):214-215. doi: 10.1016/j.clae.2020.04.008. Epub 2020
336	Apr 27. PMID: 32359969; PMCID: PMC7184014.
337	18. Jones L, Walsh K, Willcox M, Morgan P, Nichols J. The COVID-19 pandemic: Important
338	considerations for contact lens practitioners. Cont Lens Anterior Eye. 2020 Jun;43(3):196-203.
339	doi: 10.1016/j.clae.2020.03.012. Epub 2020 Apr 3. PMID: 32273245; PMCID: PMC7129028.
559	doi. 10.1010/j.clae.2020.03.012. Epub 2020 Apr 3. FMID. 32273243, FMCID. FMC7129020.
340	19. Statista, https://www.statista.com/outlook/cmo/eyewear/contact-lenses/worldwide
341	[ACCESSED AUG 23, 2021]
342	20. Bakkar MM, Alzghoul EA. Assessment of contact lens wearers' attitude toward contact lens
343	wear and care during Coronavirus Disease 2019 (COVID-19) pandemic: A cross-sectional
344	online survey. Cont Lens Anterior Eye. 2021 Jan 14:101410. doi: 10.1016/j.clae.2021.01.005.
345	Epub ahead of print. PMID: 33461877; PMCID: PMC7832052.
346	21. Vianya-Estopa M, Garcia-Porta N, Piñero DP, Simo Mannion L, Beukes EW, Wolffsohn JS,
347	Allen PM. Contact lens wear and care in Spain during the COVID-19 pandemic. Cont Lens
348	Anterior Eye. 2020 Nov 11:101381. doi: 10.1016/j.clae.2020.11.001. Epub ahead of print.
349	PMID: 33246914; PMCID: PMC7657612.
350	22. Cardona G, Alonso S, Busquets A. Patient - practitioner communication and contact lens
351	compliance during a prolonged COVID-19 lockdown. Cont Lens Anterior Eye. 2021 Mar
352	2:101433. doi: 10.1016/j.clae.2021.02.019. Epub ahead of print. PMID: 33685823; PMCID:
353	PMC7923872.
354	23. Martinez-Perez C, Monteiro B, Soares M, Portugues F, Matos S, Ferreira A, Alvarez-
355	Peregrina C, Sánchez-Tena MÁ. Influence of Face Masks on the Use of Contact Lenses. Int J
356	Environ Res Public Health. 2021 Jul 11;18(14):7407. doi: 10.3390/ijerph18147407. PMID:
357	34299865; PMCID: PMC8303769.
358	24. Tzamouranis DD, Chandrinos A. Dataset on the questionnaire-based survey of the perceived
359	risk of COVID-19 infection and Contact lens (CL) wearers. Data Brief. 2021 Jun;36:107101.
360	doi: 10.1016/j.dib.2021.107101. Epub 2021 May 1. PMID: 33969164; PMCID: PMC8087585.
361	25. García-Ayuso D, Escámez-Torrecilla M, Galindo-Romero C, Valiente-Soriano FJ, Moya-
362	Rodríguez E, Sobrado-Calvo P, Di Pierdomenico J. Influence of the COVID-19 pandemic on
363	contact lens wear in Spain. Contact Lens and Anterior Eye. 2021 Jun 1;44(3):101351.
364	26. Naroo SA, Kapoor R, Zeri F. Times they are a-changin for contact lens practice. Cont Lens
365	Anterior Eye. 2021 Jun;44(3):101445. doi: 10.1016/j.clae.2021.101445. Epub 2021 Apr 2.
366	PMID: 33820707.
367	27. Nagra M, Allen PM, Norgett Y, Beukes E, Bowen M, Vianya-Estopa M. The effect of the
368	COVID-19 pandemic on working practices of UK primary care optometrists. Ophthalmic
369	Physiol Opt. 2021 Mar;41(2):378-392. doi: 10.1111/opo.12786. Epub 2021 Feb 2. PMID:
370	33533077; PMCID: PMC8013371.

- 28. Vianya-Estopa M, Wolffsohn JS, Beukes E, Trott M, Smith L, Allen PM. Soft contact lens
  wearers' compliance during the COVID-19 pandemic. Cont Lens Anterior Eye. 2021
  Aug;44(4):101359. doi: 10.1016/j.clae.2020.08.003. Epub 2020 Aug 14. PMID: 32839091;
  PMCID: PMC7427528.
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  377
  378
  29. Chen EY, Myung Lee E, Loc-Nguyen A, Frank LA, Parsons Malloy J, Weissman BA. Value of routine evaluation in asymptomatic soft contact lens wearers. Cont Lens Anterior Eye. 2020 Oct;43(5):484-488. doi: 10.1016/j.clae.2020.02.014. Epub 2020 Mar 4. PMID: 32146118.
- 379

380
30. Bhardwaj A, Sharma C, Rajan M B. Simple solutions for the fogging of spectacles when
wearing surgical masks. J Am Acad Dermatol. 2020 Aug 14:S0190-9622(20)32432-4. doi:
382
10.1016/j.jaad.2020.08.041. Epub ahead of print. PMID: 32805291; PMCID: PMC7427617.

383 384