
EDITORIAL

Drifting into the eleventh month of COVID-19 pandemic, countries worldwide have been hit by second, or even third wave of the outbreak; while others still struggle with an endless, climbing-up-the-hill-first wave of the pandemic. The continuous, uncontrolled spread of the virus in several regions of the globe has given the SARS-CoV-2 virus a chance to mutate into its more contagious strain, more difficult to contain. Effectively from January 11th this year, the Indonesian government has implemented a new social restriction (*Pemberlakuan Pembatasan Kegiatan Masyarakat/PPKM*) in hope to control the spread of the virus. Closing its international borders to limit the chance of the new strain to emerge and limiting the regional movement of its people to control the spread of the virus. Unfortunately, the lack of authority control and loose implementation makes it less effective in controlling the virus spread, with no decrease in active case numbers, suffocating the already-on-the-edge public health system of this country. The total case has risen to more than 1 million confirmed cases of COVID-19 infection by mid-January 2021, with weak tracing and possibly under-reporting of the case, and more than 30.000 deaths. More than 600 Indonesia's healthcare workers in the last 11 months had succumbed to the disease. A grave time for our country, indeed.

A glimpse of hope in the form of vaccination had arrived earlier this year, with published efficacy of 65.3%, the vaccine is aimed to give protection from severe disease needing intensive hospital care, reducing morbidity and mortality rate, therefore lowering the number of hospitalizations, and relieving the healthcare system from the brink of collapse. By January 13, the first dose of CoronaVac vaccine was given to the President of the Republic of Indonesia, marking the start of a historic vaccination program. Starting with healthcare workers aged 18-59 as the priority group, the vaccination program will continue on several stages until at least 60% of the country's population is vaccinated and herd immunity is achieved. Vaccine may be our biggest hope in tackling this disease, but only with an aggressive combination of testing - tracing and treatment (3T), along with continuous use of face mask - avoiding crowds and social distancing (3M) could this pandemic be under control. Vaccine is one step, controlling the spread is another. Do your part in each and every step of the process.

Even amid the COVID-19 pandemic, *Ophthalmologica Indonesiana* has always been committed to bring upon scientific publications to the ophthalmological society in Indonesia. With no signs of slowing down in the near future, the COVID-19 pandemic has created unique circumstances to the research world. Social restrictions, physical distancing, travel limitations, and measures to limit potential COVID-19 transmission have posed negative impact in medical research works, especially in clinical trials. Even so, research development in medical field is essential, a necessity to give the best of care to our patients. An obstacle that needs to be addressed, but by no means putting an end to our passion of evidence-based medicine. Good publications, in any types of research, will still be needed to improve our

knowledge in the medical field. In the limitations of conducting clinical trials, other types of publication might be worth to consider. Case reports, case series, review articles or metanalysis are among the types of publication easier to deliver during this difficult time.

I would like to shift my focus on case report publications, which we have no shortage of for this issue of *Ophthalmologica Indonesiana*. We have been receiving various, interesting case reports for this issue, which could be utilized as a good learning tool for all of us. A well-written case report manuscript begins with an interesting introduction, followed by a systematically composed case presentation, concise discussion, and conclusion. Ethical aspects that need to be considered includes patient's consent, anonymity, and financial disclosures. Despite the lower level of evidence (3), a well-written case report is no short of value when it comes to continuous medical education. Unique, novel cases possess their own distinctive challenges in diagnosis and treatment. We could always learn on the diagnostic process with puzzling signs and symptoms, differential diagnosis that might mimic it, new emerging theory of the pathogenesis of the disease itself, and also treatment consideration that might be unique to our socio-economical features, which might pave theoretical grounds for further studies in the future. As we all have probably known, many medical breakthroughs in the past had risen from case reports and hopefully soon, new disruptive studies may emerge from these reports for a better patient care.

I genuinely hope this issue will be of a great value for us all. After all, we all agreed that medicine is a lifelong learning process. Be of a case report or complicated clinical trial, there will always be something we can learn from.

Best regards,

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REFERENCES

1. Green BN, Johnson CD. How to write a case report for publication. *J. ChiroprMed.* 2006; 5: 72-82.