Purpose: Adenoviral conjunctivitis (Ad-Cs) is a highly contagious eye infection that can quickly spread through homes, schools and workplaces and has a considerable economic impact on society. The Reducing Adenoviral Patient Infected Days (RAPID) study is a double-masked randomized pilot trial examining the safety and efficacy of a single administration of ophthalmic 5% Povidone-Iodine (PVP-I) treatment for Ad-Cs. Here, we report on participant exposure to others with “pink eye,” upper respiratory infection symptoms and days missed from work/school.

Methods: 56 eligible participants with red eye symptoms ≤4 days and a positive point-of-care adenoviral immunoassay were randomized to receive either 5% PVP-I or artificial tears. Participant demographics and their self-reported exposure to people with symptoms consistent with Ad-Cs were recorded. The number of requests for excused work absence letters was tabulated, and for participants with at least 7 days of follow up, the number of self-reported days missed from work/school was noted at their last available visit.

Results: Participants missed a mean 3.3 ± 3.8 days of work/school and others in their place of residence missed an additional 1.3 ± 2.8 days due to their conjunctivitis. A work excuse was written for 70% of participants with a mean furlough of 5.3 ± 3.7 days. Fifty-two percent of participants reported exposure to an individual with coughing, fever, sore throat or runny nose in their place of residence in the prior 2 weeks. In addition, 43% percent of participants reported exposure to an individual with suspected ‘pink eye’ in the month prior to developing their conjunctivitis.

Conclusion: The number of missed school/work days, along with the frequency of excused work absence requests, illustrates the significant economic burden associated with Ad-Cs, despite its self-limiting nature. In this study, the majority of participants received a work excuse for 5 days, although most participants returned to work/school sooner.

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Clinical Trial Registration: https://clinicaltrials.gov/ct2/show/NCT02472223