COMMENT & RESPONSE

Social Conditions and the Rate of Severe Retinopathy of Prematurity Among a Diverse Cohort of Infants

To the Editor: We applaud the study by Karmouta and colleagues1 that examined the social conditions influencing the rate of severe retinopathy of prematurity (ROP) among a diverse cohort of infants in Los Angeles, California. Karmouta et al demonstrated that Hispanic ethnicity and Black race are associated with severe ROP only insofar as they act as intermediate risk factors for lower gestational age and household income, respectively. The article1 not only enhances our understanding of why Black and Hispanic premature infants in the US are more likely to have severe ROP, but also highlights the importance of understanding race as a cultural construct rather than a biological one.

In addition to race, ethnicity, and socioeconomic status, the environment within which families reside can influence the health and well-being of children. Locally available resources can serve to either promote or prevent the healthy trajectory of pregnancy and early newborn development. In their analysis, Karmouta et al1 used median neighborhood-level income in each participant’s zip code as a proxy for individual household income. Neighborhood-level statistics, such as income level and unemployment, are often used as an indicator of socioeconomic status; however, they represent a limited view of socioeconomic disadvantage. Several novel metrics have been developed that integrate an array of social metrics at the census tract level. In pediatrics, for instance, researchers have developed the Childhood Opportunity Index, a multidimensional surveillance tool that integrates 29 attributes of neighborhood conditions in 3 domains (education, health and environment, and social and economic).2 It would be exciting to see increasing use of census tract-level metrics, such as the Childhood Opportunity Index, which may provide additional insights into the social determinants of severe ROP and other pediatric ophthalmic diseases.

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Editorial Note: This letter was shown to the corresponding author of the original article, who declined to reply on behalf of the authors.


CORRECTION

Error in Text: In the Research Letter titled “Corneal Injury Secondary to Accidental Surgilube Exposure,”1 published in the September 2011 issue of Archives of Ophthalmology (now JAMA Ophthalmology), there was an error in the Comment section. The reported percentage of chlorhexidine gluconate in Surgilube was erroneous and should have been reported as 0.05%. This article was corrected online.


Addition of Nonauthor Collaborator Names for the DRCR Retina Network: The Original Investigation titled “Association of Ultra-Widefield Fluorescein Angiography–Identified Retinal Nonperfusion and the Risk of Diabetic Retinopathy Worsening Over Time,”1 published in the October 1, 2022, issue of JAMA Ophthalmology, has been updated to accurately index the nonauthor collaborator (group) names that were provided in a supplement. This article was corrected online.


Addition of Nonauthor Collaborator Names for the DRCR Retina Network: The Original Investigation titled “Association of Predominantly Peripheral Lesions on Ultra-Widefield Imaging and the Risk of Diabetic Retinopathy Worsening Over Time,”1 published in the October 1, 2022, issue of JAMA Ophthalmology, has been updated to accurately index the nonauthor collaborator (group) names that were provided in a supplement. This article was corrected online.


Updated Information on Monkeypox Virus (MPXV) Ophthalmic Disease: In the Original Investigation titled “Monkeypox Virus and Ophthalmologic—A Primer on the 2022 Monkeypox Outbreak and Monkeypox-Related Ophthalmic Disease,”1 published on November 3, 2022, in JAMA Ophthalmology, the authors added information about previously reported patients with MPXV ophthalmic disease and updated information based on public health reports. This article has been corrected online.


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