

## Mask exemptions for facial skin diseases: are they warranted?

TO THE EDITOR: Clinicians are faced with requests for mask exemptions but guidance remains limited. In keeping with the Australasian College of Dermatologists' guidelines,<sup>1</sup> we believe skin problems are rarely severe enough to warrant exemption.

The Department of Health and Human Services states people with "a serious skin condition of the face" are eligible for mask exemption,<sup>2</sup> but this statement is open to interpretation. Mask exemptions for skin conditions are provided by numerous clinicians and not limited to dermatologists.

Regardless of immunisation status, cases that may warrant exemption include severe dermatitis with crusting or weeping; severe infections such as impetigo or eczema herpeticum; bullous dermatoses, ectodermal dysplasias and other rare conditions featuring facial skin fragility; and post-surgical procedures involving grafts or flaps where masks may impede healing. In addition, treatments for actinic damage such as 5-fluorouracil, imiquimod or photodynamic therapy may cause severe inflammation.<sup>3</sup>

We suggest if exemptions are warranted, duration should be

minimised, which may be before resolution of the dermatoses (eg, 2 weeks followed by a review). This is essential given masks have been key in reducing severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) transmission.<sup>4</sup>

The development of an assessment pathway for facial dermatoses impeding mask use may be beneficial and should differentiate between health care workers, who wear fit-tested masks, and the general public, guiding prompt treatment and follow-up to facilitate a return to mask use. From our experience, facial masks may irritate the skin from pressure, sweating and humidity, and commonly aggravate underlying dermatoses, such as seborrheic dermatitis, acne or rosacea. Facial masks may rarely cause allergic contact dermatitis,<sup>5</sup> and these cases should involve a contact dermatitis expert.

Education regarding skin care is vital, in particular regular cleansing and reducing the number of products used which may aggravate acne. When utilising reusable masks, it is important to opt for an appropriate material such as light-coloured cotton and maintain mask hygiene, which includes daily mask changes, regular washing, not sharing masks, and taking regular breaks from mask wearing.

In summary, clinicians should remain vigilant when writing mask exemptions, aiming to minimise the duration by treating underlying skin problems and providing patient education.

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- 1 Australasian College of Dermatologists. Guidelines for exemption from face mask use during the COVID-19 pandemic if there is facial skin disease 2021. [https://www.dermcoll.edu.au/wp-content/uploads/2021/09/COVID-19\\_Guidelines-for-exemption-from-face-mask-use-if-facial-skin-disease.pdf](https://www.dermcoll.edu.au/wp-content/uploads/2021/09/COVID-19_Guidelines-for-exemption-from-face-mask-use-if-facial-skin-disease.pdf) (viewed Jan 2022)
- 2 State Government of Victoria. Face masks — when to wear a face mask. <https://www.coronavirus.vic.gov.au/face-masks-when-wear-face-mask#exceptions-for-not-wearing-a-face-mask> (viewed Jan 2022).
- 3 McIntyre WJ, Downs MR, Bedwell SA. Treatment options for actinic keratoses. *Am Fam Physician* 2007; 76: 667-671.
- 4 Prather KA, Wang CC, Schooley RT. Reducing transmission of SARS-CoV-2. *Science* 2020; 368: 1422-1424.
- 5 Keng BMH, Gan WH, Tam YC, Oh CC. Personal protective equipment-related occupational dermatoses during COVID-19 among health care workers: a worldwide systematic review. *JAAD Int* 2021; 5: 85-95. ■