Correspondence

Rescheduling of clinical activities and teleconsulting for public dermatology. Two prompt answers to COVID-19 emergency

Dear Editor,

On February 20, 2020, after a dramatic spread across China, the novel coronavirus, recently named SARS-CoV-2, determined the first autochthonous case of COVID-19 in a village in Northern Italy.[1] At the time of the writing of this letter, 135,586 confirmed cases in Italy have been diagnosed and over 17,000 patients have died.[2] To date, the Italian government started a program of progressive restrictions in the whole country up to a complete lockdown from mid-March. People can access hospitals only with a medical prescription that allows to pass police checkpoints. All Italian hospitals are taking measures to control the nosocomial spread of the novel coronavirus and to maintain all current standard care for patients with clinical conditions other than COVID-19. In addition, in dermatological departments, the risk of nosocomial transmission from asymptomatic-infected patients has been highlighted, where the awareness of protective facilities is generally scarce and skin lesions can play a role in the indirect transmission of the virus.[3]

On March 20, 2020, the San Gallicano Dermatological Institute of Rome, a historical public dermatological hospital, revised the planning of all care activities to drastically reduce the flow of outpatients across its different facilities, laboratories, and surgery units. Furthermore, in order to assure physical distancing, a considerable number of waiting chairs have been made unavailable in clinical areas.

The walls of the halls, meeting points, wards, and waiting rooms were used to place the point-by-point recommendations on COVID-19 prevention that have been disseminated by the National Health Authorities.

In the meantime, all nonurgent outpatient visits, such as those for cosmetic procedures, non-acute allergological conditions, acne, and chronic skin disorders, have been postponed or cancelled. All the dermatologists, nurses, and other health operators are now required to wear protective suits, masks, and gloves during current clinical procedures also in accordance with the SIDEMAST (Società Italiana di Dermatologia e Malattie Sessualmente Trasmissibili) recommendations regarding the coronavirus emergency.[4]

In the STI Centre, the screening activities for sexually transmitted infections (STIs) have been temporarily suspended to limit the stay of attendees in the waiting and consultation rooms. Only scheduled visits for ongoing clinical trials have been guaranteed and conducted according to the strict norms for environmental control of droplet transmission of the Sars-CoV-2.

According to the recommendations of Chinese specialists,[5,6] during the last week, two pre-triage stations have been arranged at the main entrances of the Institute, where all attendees are scanned for signs of fever with thermometer guns and undergo a brief epidemiological interview.

At this moment, serological screening for antibodies against SARS-CoV-2 targeted at all healthcare workers and selected groups of patients (i.e.; patients with autoimmune disorders, HIV-1 infected individuals) has been launched.

Additionally, a WEB platform for teledermatology has been organized to respond to the consultation needs of external patients with mild and nonemergency dermatological conditions.[7,8] The procedures to access this teleconsulting were promptly explained on the Institutional website and radio and TV advertisements. The system is based on an asynchronous contact process between patient and dermatologist. The response by the staff of the Institute is assured within 24 hours of the call.

We hope that in our dermatological Institute, the above-mentioned strategies can contribute to contrast the nosocomial spread of COVID-19 in Central Italy, and in the meantime, ensure that patients with dermatological disorders of different severity can receive the appropriate management and treatment that they would have received in the absence of the COVID-19 epidemic. We are aware that the strategies presented here are far from perfect and that because of the uncertain evolution of the epidemic, they could be modified in real time.

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What is the role of a dermatologist in the battle against COVID-19? The experience from a hospital on the frontline in Milan

Dear Editor,

In December 2019, a series of interstitial pneumonia emerged in the Chinese city of Wuhan, due to a novel coronavirus (2019-nCoV, provisional name). On February 11, 2020, the World Health Organization (WHO) announced the official name of the virus as SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) and that of the disease as COVID-19 (Coronavirus Disease 2019), which was recognized as pandemic by WHO on March 11.

To date (April 9), Italy is among the most affected countries in the world with more than 143,000 of contagion and 18,279 of death.[1]

On February 23, one of our collegues from the Dermatology Unit of Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan, capital of Lombardy, tested positive for SARS-CoV-2 on a nasopharyngeal swab. He presumably became infected 6 days before during a duty at the dermatological first aid service of our Unit, which is a free access service attracting about 50 outpatients daily. Our colleague had been complaining of fever (up to 39°C), cough and coryza accompanied by hyposmia/hypogeusia, and weakness for 3 days, leading to his hospitalization in the Infectious Disease Unit.

All the dermatology staff underwent nasopharyngeal swab, and further five positive cases were found within the medical and nursing staff, who had been in closer contact with the index case.

According to the medical direction of the hospital, we decided to arrange the reduction of outpatient services. In particular programmable or deferred consultations, that is procedures to be conducted between 30 and 120 days, were discontinued. All the main outpatient consultations, such as surgical dermatology, pediatric dermatology, allergological dermatology, and skin immunopathology, were postponed. Consultations for outpatients treated with biologicals were confirmed in order to guarantee therapeutic continuity. Outpatient dermatological surgery interventions were reduced, in particular admitting only patients with lesions suspected of malignancy, while postponing patients with facial lesions that prevented the surgical mask from being held during surgery. Furthermore, the immediate discontinuation of ordinary hospitalizations and day hospital admissions has been established.

The dermatological first aid service, which most patients referring to have a white code of severity, was also stopped; only urgent dermatological cases were admitted, upon first evaluation by general practitioners.

Patients in follow-up for chronic dermatoses were provided with the opportunity to contact their dermatologists by telephone or e-mail and to submit clinical images to them (telemedicine).

The activity of residents was reorganized; lessons were cancelled, and scientific activities at home were encouraged.

Considering that most dermatological consultations are non-emergent, exposure of both medical/nursing staff and patients to individuals potentially being asymptomatic carriers shedding viral particles before or without symptoms must be avoided,[2] while cancelling consultations only for patients with fever and/or respiratory symptoms is not sufficient.

Thereby, we managed to reduce the number of weekly accesses from an average of a thousand patients per week to about one hundred outpatients weekly during COVID-19 peak. Despite these preventive measures, another small epidemic was registered in our Dermatology Unit, following a medical meeting in the Oncology Department among oncologists and dermatologists, wearing mask but not keeping at least one-meter distance from each other throughout the whole course of the meeting itself. Indeed, healthcare workers are at risk of contagion also among colleagues and must keep personal protective equipment PPE even in contexts devoid of suspicious patients, such as medical meetings and switching deliveries from one shift to the next one.

In conclusion, dermatologists can collaborate with the whole medical community, by reducing non-emergent ordinary activities, and by assisting colleagues in intensive care, pneumology, and internal medicine units.

