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for the patient population with PV because of their heightened risk of COVID-19 infection and severe complications, such as long-term health impairments and death.⁵ We recommend that health care providers discuss the risks and benefits of receiving the COVID-19 vaccine with sensitivity and transparency and remain vigilant against the rare but severe risk of postvaccination PV onset.

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Conflicts of interest

None disclosed.

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Prevalence of SARS-CoV-2 infection in asymptomatic preoperative patients scheduled for dermatologic surgery: A single-center retrospective chart review



To the Editor: SARS-CoV-2, the pathogen responsible for the COVID-19 pandemic, presents a spectrum of disease severity, ranging from asymptomatic infection to pneumonia and fulminant respiratory failure. Although asymptomatic SARS-CoV-2 infection has been well-documented, data regarding the prevalence of asymptomatic infection in patients scheduled for ambulatory procedures are limited.¹⁻⁴ However, knowing asymptomatic prevalence rates could be helpful to dermatologic surgeons at increased risk of SARS-CoV-2 transmission given their case mix, which includes a bulk of procedures performed on the head and neck. Herein we present the results of a universal COVID-19 screening protocol in asymptomatic patients scheduled for dermatologic surgery within a community-based outpatient center.

We performed a retrospective chart review assessing patients scheduled for a dermatologic surgery involving the head and/or neck from June 1, 2020, to March 1, 2022, at our outpatient center based in Glenview, Illinois, a northern suburb of Chicago. As a part of our institutional protocol, all patients underwent preprocedural SARS-CoV2 reverse transcription-polymerase chain reaction testing 3 days before their planned procedures. A patient's asymptomatic status was subsequently confirmed through a telephone encounter 1 or 2 days after testing was performed. The primary outcome was the prevalence of asymptomatic SARS-CoV-2 infection, determined by a positive SARS-CoV-2 reverse transcription-polymerase chain reaction result. Secondary outcomes included the overall positivity rate and group demographics.

One thousand, one hundred eighteen patients, with an average age of 67.2 years, were included (Table I). A slight majority of men (59.2%) and a large majority of patients identified as White (94.9%). Nineteen of 1118 (1.7%) patients tested positive for SARS-CoV2. Fourteen of these 19 were confirmed as asymptomatic, resulting in an overall prevalence of asymptomatic SARS-CoV-2 infection of 1.3% (Table II). The asymptomatic group had a mean age of 63.3 years and was comprised of a slight majority of women (57.1%).

Glenview, Illinois, is in North Suburban Cook County, with an estimated population of 961,000. North Suburban Cook County has had a total of

Table I. Demographics of the asymptomatic study population

Characteristic	All patients, n = 1118
Age, mean (range), y	67.2 (15-99)
Sex, n (%)	
Male	662 (59)
Female	456 (41)
Ethnicity, n (%)	
White	1062 (95)
Hispanic	15 (1)
African American	1 (0)
Asian	9 (1)
Other	16 (1)
Declined	15 (1)

Table II. Demographics among the 14 asymptomatic patients with positive testing

Characteristic	Asymptomatic patients, n = 14
Age, mean (range), y	63.3 (21-95)
Sex, n (%)	
Male	6 (43)
Female	8 (57)
Ethnicity, n (%)	
White	13 (93)
Hispanic	1 (7)
African American	0 (0)
Asian	0 (0)

20,543 COVID-19 cases per 100,000 people since February 15, 2020, and an average COVID test positivity rate of 5.2% over the time period examined in this study.⁵ Our data demonstrate a higher prevalence rate of asymptomatic infection when compared with the prevalence rate of 0.5% observed in a study examining elective endoscopy procedures in a similar study setting and a rate of 0% observed in 1 study examining both ambulatory and nonambulatory otolaryngologic procedures.^{1,4} Though likely multifactorial, these differences could largely be explained by our longer study period and inclusion of the peak winter months in which most of our cases were diagnosed. Additional studies with larger sample sizes are needed to characterize better the regional prevalence of asymptomatic SARS-CoV-2 infection in the ambulatory periprocedural setting. Data derived from such studies could inform periprocedural protocols that best balance the safety of hospital staff and patients with the potential morbidity associated with delays in dermatologic surgery.

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Predictors of COVID-19 disease severity augment the Braden scale in the prediction of pressure ulcer development among COVID-19-positive intensive care unit patients: A case-control study



To the Editor: Pressure ulcer (PU) development among COVID-19-positive intensive care unit (ICU) patients is emerging as a unique, albeit incompletely understood, problem for health care