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Appendix

R Balestri, N Bernardini, E Botti, M Burlando, G Caldarola, A Cattaneo, P Dapavo, S Dastoli, C De Simone, S Di Nuzzo, F Diotallevi, MT Fierro, R Fidanza, C Foti, DM Gambini, A Gambardella, G Girolomoni, C Guarneri, G Gualdi, K Hansel, M Megna, C Mugheddu, ML Musumeci, A Patrizi, G Pellacani, S Piaserico, AG Richetta, E Rosi, MT Rossi, L Sacchelli, R Tiberio, G Tilotta, E Trovato, R Vezzoni, A Zangrilli

[Correction added on 24 November 2020, after first online publication: In Appendix section, 'K Hansel' has been corrected in this version.]

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A survey on tele dermatology use and doctors' perception in times of COVID-19

Dear Editor

The COVID-19 outbreak represented a tipping point for telemedicine. Because of the need of social distancing imposed by healthcare authorities to prevent the spread of the disease, the demand for telehealth increased dramatically.^{1–3} We aimed to investigate tele dermatology (TD) use and doctors' perception during the recent pandemic. The TD task force of the EADV (European Academy of Dermatology and Venerology) ideated an online survey that was spread via email among dermatologists with the support of EADV, AIDNID (Italian Association of Non Invasive Imaging in Dermatology) and SIDeMast (Italian Society of Dermatology and Venerology).

Four hundred and thirty-four doctors from 49 Countries completed the survey, 67.1% women. 35.5% were <40 years old; 24.0% were aged 40–50 years; 25.4% aged between 51–60 years; 15% were older than 60 years.

The majority of respondents were board-certified dermatologists (87.1%); working in public hospital/ambulatory/clinic in 29.5% of cases, in public University in 24.2%, in private hospital/clinic/ambulatory in 44.0% of cases and 2.3% working in a private University. The majority were from Southern Europe (210; 48.4%), followed by Northern Europe (88; 20.3%) and Eastern Europe (69; 15.9%); 35 (8.1%) were from Asia; 9 (2.1%) were from South America, 3 (0.7%) from Africa; 2 (0.5%) from Australia; 18 (4.0%) did not declare their origin.

54.1% ($n = 235$) of respondents declared to already practice TD before the pandemic, in the last 5 years on average (years of TD practice ranging from 1 to 20 years). Of these, 65.5% ($n = 154/235$) dermatologists declared to use TD not regularly

before the pandemic; and 81 (81/235; 34.5%) to regularly practice TD, for first visits and follow-up (50/235 = 21.3%) or only for follow-up (31/235 = 13.2%). The approximate percentage of patients visited before the pandemic with TD was <10% for the majority of respondents, mainly visited asynchronously with a store and forward modality. The great majority of doctors (88.2%) registered an increase in the demand for TD during the pandemic.

Among those who did not practice TD before COVID-19 ($n = 199/434$; 45.9%), 72.9% (145/199) declared to have started to practice it during the pandemic.

The main mode of TD during the pandemic was via telephone call (67.9%) alone or in combination with a store and forward (51.1%) and live interactive modality (41.1%). Acute inflammatory conditions were the main reason for consultation (32.8%).

There was a high variability in the platforms used, with 'informal' platforms (Skype, Zoom, WhatsApp) being the most frequently chosen (49.0%). 39% declared to use a dedicated secure hospital platform.

We asked to those who did not use TD, which was the main reason why the majority had a scarce opinion of this modality of consultation, which was judged not to be adequate to make a diagnosis by 33.3% of responders (14/42); others prefer to visit patients face by face (31%; 13/42).

32% of doctors changed their attitudes towards TD; they started TD during the pandemic and found it effective; 47% were already convinced about its utility.

In summary, in times of COVID-19 dermatology surfs the web. As highlighted by the results of this survey, many dermatologists experienced TD for the first time because of the need of social distancing and found it effective, thus reducing the number of face to face consultation and the number of accesses to the ambulatories. The efficacy of TD was already known and demonstrated by many publications; however, sometimes an epochal event is needed to speed up a process.⁴⁻¹⁰ The further steps could be re-thinking dermatological care in a more sustainable way, for doctors, patients and environment.

Conflicts of interest

None.

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Concerns related to the coronavirus disease 2019 pandemic in adult patients with atopic dermatitis and psoriasis treated with systemic immunomodulatory therapy: a Danish questionnaire survey

Dear Editor

Patients with moderate-to-severe atopic dermatitis (AD) or psoriasis often require systemic immunomodulatory therapy. The uncertainty of the potential of these therapies to increase the risk of more serious illness due to coronavirus disease 2019 (COVID-19) may have caused anxiety and led to treatment discontinuation. Therefore, we conducted an anonymous questionnaire on concerns of COVID-19 in patients with AD or psoriasis treated with systemic immunomodulatory therapy.

Adult AD and psoriasis patients with an outpatient visit at the Department of Dermatology at Aarhus University Hospital or Gentofte Hospital, Denmark, between 2 April 2020 and 15 June 2020 were invited to participate. We assessed whether patients were concerned about becoming ill with COVID-19 due to their disease and/or their systemic immunomodulatory therapy and