Table 1 Total number of diagnoses between April and August 2018, compared with 2020. Percentage is the percentage of all patients in the time period

	April–August 2018 *n* (%)	April–August 2020 *n* (%)	Difference *n* (%)
Bacterial vaginosis	133 (3.9)	63 (7.4)	−70 (+3.5%)
Genital warts	121 (3.6)	135 (15.9)	+14 (+12.3%)
Chlamydia	92 (2.8)	55 (6.4)	−37 (+3.6%)
Molluscum	50 (1.5)	17 (2)	−33 (+0.5%)
Candidiasis	42 (1.3)	35 (4.1)	−7 (+2.8%)
Gonorrhoea	42 (1.2)	39 (4.5)	−3 (+3.3%)
Genital herpes	28 (0.8)	17 (2)	−11 (+1.2%)
Syphilis	30 (0.6)	10 (1.1)	−20 (+0.5%)
Negative screen	2030 (61.5%)	405 (47.8%)	−1625 (−13.7%)

The mean number of sexual partners in the previous three months was 1.7 (range: 0–15). Most (254) were asymptomatic, 227 were symptomatic, 25 were contacts of someone with an STI, and 33 presented for other reasons. Genital warts (89) and Chlamydia trachomatis (34) were the most common diagnoses. Other reasons included urethritis, epididymo-orchitis, syphilis, hepatitis, antibody testing and PrEP/PEP. 257 (47.6%) had a negative screen, of whom 149 were asymptomatic (Fig. 1).

Diagnoses in April–August 2018 and 2020 were compared (Table 1). The proportion of negative screens decreased from 61.5% (2018) to 47.8% (2020). Most conditions decreased in number during lockdown, apart from anogenital warts, which increased from 121 (3.6%) to 135 (15.9%).

Compared with 2018, there were reduced diagnoses during the COVID-19 crisis. Although the absolute number of diagnoses decreased during lockdown, the proportion of patients having symptoms or a diagnosis increased. This is expected as patients were triaged by phone, and less asymptomatic patients were seen. There was a marked reduction in bacterial infections, e.g. Chlamydia trachomatis and Neisseria gonorrhoeae, consistent with other reports.[1] This may be due to reduced numbers of sexual partners during lockdown, or due to reduced testing of asymptomatic individuals. Presentations with genital warts increased, which may be explained by delayed development following human papillomavirus infection, contracted prior to COVID-19.[2]

COVID-19 has profoundly reduced interpersonal exposure, with consequences for healthcare systems and sexual health. Some changes made in response to challenges have been positive and will become permanent features of our GUM service.

Conflict of interest

None declared.

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Concerns and perceptions of patients with psoriatic disease during the COVID-19 pandemic: results from a two-wave survey by the National Psoriasis Foundation

Editor,

Rapid online surveys may help illuminate patient perspectives about the SARS-COV-2 virus and the COVID-19 pandemic, allowing clinicians to address these concerns.[1] To understand patient perspectives during the early phases of the COVID-19 pandemic, the National Psoriasis Foundation (NPF) conducted a two-wave survey of a random stratified sample of individuals 18 years of age or older with psoriatic disease in the United States who recently contacted the NPF. In April and June 2020, the following questions assessed patient perspectives (IRB-approved by Genetic Alliance):

- How concerned are you (1, not at all concerned – 5, very concerned), if at all, that the current treatment(s) you take for your PsO/PsA may:
  - Increase your risk of becoming infected with COVID-19?
  - Cause you to have a worse outcome if you were to become infected with COVID-19?
- Has your healthcare provider discussed any risks associated with:
  - Your PsO/PsA and COVID-19? (Y/N).
  - The treatments for your PsO/PsA and COVID-19? (Y/N).
- How much of a threat, if any, do you feel the COVID-19 pandemic represents to your personal health? (1, not at all – 5, extremely serious threat).

Of the 8398 surveys sent out, 263 were completed. Respondents were mostly female (84%) and white (88%), older (mean age = 53.6), 57.8% with PsO/PsA, 4.9% with PsA alone, 37.3% with PsO alone, and 54.4% had previously used biologics. Few reported their HCP discussed the impact of having PsO/PsA (18.6%) or PsO/PsA treatments (20.2%) on COVID-19 infection risk. Increased perception of COVID-19 as a threat to personal health was associated with disease type but not treatment type. Individuals with PsA perceived COVID-19 as a higher threat to their personal health than patients with PsO alone (baseline $F(1, 259) = 7.12$, $P < 0.05$, and follow-up $F(1, 252) = 7.83$, $P \leq 0.05$; one-way ANOVA results). Past biologic use did not affect perceived threat of COVID-19 on personal health (baseline, $P = 0.104$; follow-up $P = 0.160$).

Biologic users were, however, more concerned treatments may increase risk of COVID-19 infection at baseline ($M = 3.78$, SD = 1.23 vs. $M = 2.28$, SD = 1.41; $t(260) = -9.11$, $P \leq 0.001$) and follow-up ($M = 3.45$, SD = 1.40 vs. $M = 2.12$, SD = 1.40; $t(252) = -7.53$, $P \leq 0.001$) and contribute to worse COVID-19 outcomes at baseline ($M = 4.03$, SD = 1.20 vs. $M = 2.39$, SD = 1.44; $t(259) = -9.84$, $P \leq 0.001$) and follow-up ($M = 3.60$, SD = 1.41 vs. $M = 2.21$, SD = 1.43; $t(252) = -7.77$, $P \leq 0.001$; two-tailed independent sample t-tests). Among all respondents, concerns about treatments decreased at follow-up:

- Increase risk of COVID-19 due to PsO/PsA or its treatments?($M = 3.10$, SD = 1.51 vs. $M = 2.85$, SD = 1.55, $t(263) = 3.04$, $P \leq 0.001$).
- Worsen outcomes if infected due to PsO/PsA or its treatments?($M = 3.10$, SD = 1.51 to $M = 2.85$, SD = 1.55, $t(263) = 3.04$, $P \leq 0.001$; paired samples t-test).

In summary, in two surveys administered early in the COVID-19 pandemic, US patients with psoriatic disease reported that few COVID-19-related discussions had occurred between them and their HCP. Respondents with PsA and biologic users reported a greater concern that treatments increase risk of SARS-CoV-2 infection and may cause worse COVID-19 outcomes. These survey results resemble comparable studies,[2–4] suggesting patients are concerned how treatments and disease status may influence risk of COVID-19 infection and outcomes. Guidance on managing psoriatic disease during the COVID-19 pandemic published by the NPF may improve patient-provider communication about these important topics.[5,6]

Low-survey completion rate and a sample consisting of individuals engaged with a patient advocacy organization may contribute to selection bias. The COVID-19 pandemic could have increased barriers to e-mail communication, contributing to the lack of communication between patients and HCPs. Treatment status was also not objectively defined. Lastly, survey items had not undergone psychometric testing, and the survey sample may not be representative of the estimated psoriatic patient population.

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Conflicts of interest

George Gondo, Dr. Stacie Bell, Jane Slayden and Georgia Ullmann are employees of the National Psoriasis Foundation. Dr. Andy Blauvelt has served as a consultant and investigator for AbbVie, Almirall, Arena, Athenex, Boehringer Ingelheim, Bristol-Myers Squibb, Dermavant, Eli Lilly and Company, Evommune, Forte, Galderma, Incyte, Janssen, Leo, Novartis, Pfizer, Rapt, Regeneron, Sanofi Genzyme, Sun Pharma, and UCB Pharma.

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Is SARS-CoV-2 screening test indicated for psoriasis patients candidate to biologic therapy?

Dear Editor,

Patients and physicians may be concerned about starting a biologic treatment during the COVID-19 pandemic. Whether biologics enhance the risk of being infected with SARS-CoV-2 or whether the disease course is worsened remains to be ascertained. So far, no negative signal emerged for an increased risk