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Reply to: “Biologics for psoriasis during COVID-19 outbreak”



To the Editor: We thank Dr Di Lernia¹ for his commentary on the stratification planning of dermatology patients on biologics that has been adopted in Italy. Because there are many patients on biologics and on immunosuppressants for psoriasis, hidradenitis, atopic dermatitis, pemphigoid, pemphigus, and other conditions in Italy and other countries hit by the COVID-19 pandemic, hopefully, we will soon have more information about whether the rate of respiratory decompensation in this population is greater or less than expected. Until then, all we can do is to make educated recommendations. Those advocated by Dr Di Lernia¹ are logical. Suggestions that biologic therapies may abrogate the severe pneumonitis that kills many are hopeful but are as speculative as suggestions made by others that biologics might worsen the course of COVID-19 infection.

Because many biologics have long half-lives, it is neither practical nor logical to cease these over a few weeks while this pandemic is upon us, because it is likely to last months. Furthermore, recent studies have shown that a significant portion of individuals affected by COVID-19 will be asymptomatic carriers and that even those who eventually develop symptoms can transmit the virus to others before developing symptoms.^{2,3} In light of this, the Centers for Disease Control and Prevention announced the voluntary wearing of nose and mouth coverings, and we recommend that all patients taking biologics wear such coverings or masks when outside the home and practice social distancing.

Currently, there is evidence that supports the accuracy and cost-effectiveness of tele dermatology.⁴ Telehealth is now accepted in many countries by insurers to mitigate exposures for these patients.⁵

Dedee F. Murrell, MA, BMBCh, MD, FRCP,^a Ryan Rivera-Oyola, MS,^b and Mark Lebwohl, MD^b

From the Department of Dermatology, St George Hospital, University of New South Wales, Sydney,

Australia^a; and The Kimberly and Eric J. Waldman Department of Dermatology, Icahn School of Medicine at Mount Sinai Hospital, New York, New York.^b

Funding sources: None.

Conflicts of interest: Dr Murrell is an employee of St George Hospital, has been an investigator/advisor for Novartis, Sun Pharma, Janssen, and AbbVie, and is also the director of a clinical trial center for dermatologic diseases. Dr Lebwohl is an employee of Mount Sinai Hospital, receives research funds from AbbVie, Amgen, Eli Lilly, Janssen Research & Development, LLC, Novartis, Ortho Dermatologics, and UCB, Inc, and has been the principal investigator for numerous clinical trials but has no personal financial gain. Mr Rivera-Oyola has no relevant conflicts of interest to disclose.

IRB approval status: Not applicable.

Reprints not available from the authors.

Correspondence to: Ryan Rivera-Oyola, MS, The Kimberly and Eric J. Waldman Department of Dermatology, 5 E 98th St, 5th Floor, New York, NY, 10029

E-mail: ryan.riveraoyola@mountsinai.org

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