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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 colleagues 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.

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COVID-19 pandemic: University of Naples Federico II Dermatology's model of dermatology reorganization

Dear Editor,

On March 11, 2020, the World Health Organization officially declared the Coronavirus disease (COVID-19) a pandemic. Currently, Italy is the country with the third highest number of Coronavirus cases after the United States of America and Spain and the first for COVID-19 deaths. National lockdown measures have been enforced in Italy since March 12 and are set to remain in place until May 3. In Italy, we are all in quarantine: all population movements are restricted except for necessity or health circumstances; in addition, all non-necessary shops, businesses, and industries are temporarily closed.¹ The Italian authorities have established fines and penal condemnations for those who do not comply with the restrictive measures. The economic and psychological impact of the epidemic on Italian people will be great; however, the efficacy of lockdown is now manifesting with decreasing new infected cases as well as the number of patients hospitalized. We all must contribute to the infection containment. "We urge dermatology departments and practices to show leadership. If not now, when?" With these words Kwatra *et al.*² conclude their paper recently published. University of Naples Federico II dermatologists have answered to the call. Due to the necessity to set emergency management protocols for preventing and controlling novel coronavirus (2019-nCoV) infection spread,^{3,4} we have completely reorganized our work in both hospital dermatology clinics and in private dermatological offices. The Section of Dermatology at the Department of Clinical Medicine and Surgery, University of Naples Federico II, Italy, is the biggest

dermatological reference hospital in the Campania region with approximately 59,000 visits performed in the year 2019. Since the end of February, the following measures have been put in place: (i) Allowed access to the Dermatological Clinic only after having passed a "triage station" located at the entrance, managed by a nurse and a dermatologist. No patient with fever or respiratory symptoms can enter. (ii) All elective outpatient visits have been cancelled. Patients were provided an email address to contact physicians, who have been encouraged to practice telemedicine in a smart working modality. Only three types of services are permitted: urgent visits, surgical procedures for malignant tumors, dermatological consultations that cannot be deferred in other wards. (iii) Drastic reduction of health personnel. A rotation of all medical and nursing staff allows reduction of the number of people exposed to the contagion risk. (iv) Personal protective equipment (PPE) has been provided to the staff. All the healthcare personnel have been educated on the strategies and behaviors to be implemented in order to prevent and control 2019-nCoV infection. (v) All the healthcare staff have undergone an oropharyngeal swab for SARS-CoV-2 detection even in the absence of respiratory symptoms or established contacts with COVID-19 patients. (vi) An anti-COVID-19 research group made up of professors, researchers, PhD students, and residents has been created. The research group is drafting projects for anti-COVID pharmaceutical experiments as well as therapeutic management protocols for dermatological patients, especially if in treatment with biological or immunosuppressive drugs. All such research activities are conducted and coordinated online. Thanks to all these preventive and organizational measures, no worker in our Dermatological Clinic has been infected with SARS-CoV-2 to date. The situation of private dermatological offices is different: they are indefinitely closed, except for extremely urgent visits. However, private dermatologists are connected through an online network with the hospital structure: they can send patients who need urgent visits as well as can support the research activity of our University. In southern Italy, the epidemic has not reached the numbers of the northern regions, and we hope we don't face the same terrible emergency in the immediate future thanks to the all restrictive measures actually in place. We hope our mistakes as well as our initiatives can serve as a lesson for the other countries.⁵ Dermatologists, let's start first: it's time to act.

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