

## COVID-19: Recommendations from the EADV Task Forces

The EADV Task Forces are groups of experts in a specific field of dermatology and venereology. They were invited to formulate recommendations related to their area of expertise, which could be helpful for dermatologists and their patients during this Covid-19 episode.

To guide you through this information, a summary of specific recommendations has been listed below, directing you to the specific advice from each Task Force.

You can read the different Task Force documents by clicking on the corresponding links.

\* The **Teledermatology Task Force** emphasizes the important **role of telemedicine** in the Covid-19 episode. Dermatology can benefit from technological innovation by managing visits from a distance via an online interaction between doctor and patient. If not already available, this is the time to organise a Teledermatology service in your working place. Both acute and chronic diseases can be managed via Teledermatology; however, lesions suspected to be skin cancer should preferentially be managed via face-to-face consultation.

[Click here to read the full Teledermatology Task Force Recommendations.](#)

\* The document from the **Sexually Transmitted Disease Task Force** summarizes the **minimal care which should be provided to each patient**. Besides the general hygiene measures to protect clients and healthcare workers from Covid-19, the document explains **how to perform examination safely, how to take a blood sample, and also offers instructions for patients to take a self-swab**. It is also an encouragement and guidance for Sexual Health Centres. It underlines the importance of accessible sexual health care units and their availability for the psychological needs of this difficult-to-reach population. A link providing further resources useful for the European situation on social distancing, Covid-19 and sex is available.

[Read here the full STI Task Force Recommendations.](#)

\* Since the start of the Covid-19 epidemic the number of many office-based activities has been drastically reduced hitting hard on the economic aspect of most practices. The **Laser and EBD Task Force** shares its thoughts on office management and proposes some **strategic measures to ensure that doctors can safely resume their activities**, that patients can consult again without fear of getting contaminated and, in the meantime, to be prepared for an eventual Phase 2 of the

pandemic. An authoritative consensus statement from a respected organization such as the EADV, concerning infection-preventive strategies in our medical facilities, together with proper informative campaigns, would be helpful to create a sense of renewed trust in the safety profile of dermatologic practices and motivate patients to reschedule missed appointments.

Laser and EBD-systems are ubiquitous in modern Dermatologic practices worldwide. These units are often well equipped with laser plume-specific filtering aspiration devices, room aspiration systems and are provided with laser-proof goggles for both patients and staff, laser plume-specific filtering facial masks, surgical gloves, and surgical gowns for medical personnel. These laser-specific protective measures could be implemented in most of the private and public medical facilities and even theoretically be copied and pasted to all examination/minor treatment rooms in Dermatologic practices.

The Task Force also emphasizes the advantage of *Teleconsultation* as timesaving and useful in particular for those patients who are living far away and to replace follow-up visits. This innovative hybrid “virtual and conventional” patient-physician relationship, if well accepted, could become a standard, once the pandemic is over. Let us see some positive aspects of this Covid-19 pandemic.

[Click here to read the full Laser and EBD Task Force Recommendations.](#)

\* **Hand hygiene is crucial in the prevention of viral transmission.** Preventive measures include **washing our hands frequently**. Unfortunately many people, especially health care workers, who also frequently use disinfecting gels and gloves, develop **irritant contact dermatitis**. The **Contact Dermatitis Task Force** formulates several tips which can be helpful to **avoid side effects** from these measures.

[Read here the full Contact Dermatitis Task Force Recommendations.](#)

\* The **Wound Healing Task Force** recommends **measures for the prevention and the treatment of pressure ulcers** for health care providers working in intensive care units while wearing Personal Protective Equipment (PPE) e.g. face masks.

[Click here to read the full Wound Healing Task Force Recommendations.](#)



\* The **ETFAD (European Task Force on Atopic Dermatitis)** was one of the first EADV Task Forces to recognise the major health threat which poses Covid-19 infection for our dermatology community, especially for the elderly, the immunocompromised patients and people with comorbidities. This also applies to atopic dermatitis (AD) patients on systemic immunomodulatory therapy. The EFTAD recommendations on **the management of the AD patient group** have been published recently in the JEADV, [click here to read the full article.](#)

\* Patients with psoriasis and inflammatory skin diseases are a heterogeneous population with a wide variety of topical and systemic treatments. The **Psoriasis Task Force** and **SPIN - Skin Inflammation & Psoriasis International Network** formulated a statement on the **management of immunosuppressed and psoriatic patients** based on a recent data search. They underline the lack of data regarding the impact of systemic psoriasis therapies (or therapies for atopic dermatitis and hidradenitis suppurativa) on *susceptibility to, or severity of,* Covid-19 infection and also underline the need of relevant registries.

[Click here to read the full SPIN/Psoriasis Task Force Recommendations.](#)

\* The **Task Force on Autoimmune Blistering Diseases** supports patients and their families during this difficult period of Covid-19 pandemic and provides the following advice:

- Do NOT stop or modify your treatment by yourself: a relapse of your disease could be more severe than an infection with Covid-19.
- In case of COVID-19 infection, modification of your treatment needs to be done in close collaboration between the physician/dermatologist **managing your autoimmune blistering disease** and the physician treating Covid-19.

[Read here the full AIBD Task Force Recommendations.](#)

\* The **Vasculitis Task Force** expresses **concern on the inappropriate use of glucocorticoids and immunosuppressants in the treatment of vasculitides**. The Task Force recommends case by case evaluation and multidisciplinary decision making. *“During the Covid pandemic the use of immunosuppressants should be even more restricted when there is not sufficient evidence for their efficacy (as in most cases of IgA vasculitis or of polyarteritis nodosa cutanea), while they must not be stopped abruptly and prophylactically in ANCA associated and other severe systemic vasculitides”.*

[Click here to read the full Vasculitis Task Force Recommendations.](#)

\* The current situation is very stressful for all patients, including those with **pruritic diseases**.

The **Pruritus Task Force** recommends the regular use of topical treatments, including emollients, containing antipruritic substances, *not to interrupt any treatment* without advice and, for this purpose, to *use digital media* to get in contact with the specialist. The *use of social media and simple behavioural/empowerment strategies* (sun exposure at home, relaxation techniques, physical therapies, visual distraction, etc.), can be helpful to control the symptoms and psychological burden.

[Read here the full Pruritus Task Force Recommendations.](#)

\* The European Reference Network **ERN-Skin and Genodermatosis Task Force** fully support patients and their families during this Covid-19 pandemic; they not only provide a detailed list of general recommendations, but also very specific information. In particular, they recommend **extra precautions for patients with rare skin diseases taking immunosuppressive drugs and anti-inflammatory drugs**, which could make these patients more vulnerable in case of infection with Covid-19 virus. They underline that knowledge about Covid-19 is in constant progress and that it can be expected that recommendations will be updated in the future according to the advances of research and new epidemiological results.

[Click here to read the full ERN/Genodermatosis Task Force Recommendations.](#)

\* The **HS Task Force** summarizes its view on the management and systemic therapy for patients with Hidradenitis suppurativa/Acne inversa during the pandemic phase of SARS-CoV-2 (Coronavirus)

[Read here the full Task Force Recommendations.](#)

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