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| **Organisation: SASH** |  |

## Evidence Search Service Results of your search request

**COVID-19 and minor dermatology procedures**

Thank you for requesting this evidence search. We hope you find the results useful. If you would like to discuss the findings or require an additional search, please contact: Alison McLaren [alisonmclaren1@nhs.net](mailto:alisonmclaren1@nhs.net)

Please acknowledge this work in any resulting paper or presentation as: *Evidence search:* *COVID-19 and minor dermatology procedures* Alison McLaren. (01 May 2020). East Surrey Hospital, UK: Surrey and Sussex Library and Knowledge Services.

## Summary

At present, there is very little information on the provision of minor dermatological services although there is more information on the prioritisation and provision of urgent services. There is some evidence on the advisability of prescribing some medications. Where there is a treatment need for omalizumab injections, guidelines insist initial management should be in hospital and teaching patients to self-inject. The use of teledermatology is discussed in remote, inpatient and outpatient settings.

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## A. National and International Guidance

#### British Association of Dermatologists (BAD)

**Guidance for managing patients on Isotretinoin during the coronavirus pandemic** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=748c554fcfad170d12840742aa93005b)

Dermatologists should only be starting or continuing patients on isotretinoin where the risks are outweighed by the benefits. This needs to be considered carefully in light of the need to reduce face-to-face consultations in the current pandemic, and the uncertainty of reliable follow-up/monitoring over the coming months.

**Guidance for managing urticaria patients on Omalizumab during the coronavirus pandemic** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=958b3973e7bc853ecfcf336a105b41b5)

The first two injections of omalizumab need to be given in hospital due to the (small) risk of anaphylaxis. • However, patients can be taught to self-inject at the second visit to continue at home if they are competent and confident enough to do so and provided local Home Care or other similar services can cope with the demand. This is earlier than specified in the product information. Training will usually have to be in-house. • New patients with completed score sheets can be assessed initially on the phone and should return their score sheets by post or email before their 5th dose is due, to assess eligibility for completing the initial 6-month course of treatment.

**Clinical guidance for the management of skin cancer patients during the coronavirus pandemic** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=65c5b0e4a87d277168028c6ab887710e)

Skin cancer services may not seem to be in the frontline with coronavirus but we do have a key role to play and this must be planned and remain safe for staff and our patients. In the event of disruption to skin cancer services clinicians may also need to prioritise treatment for those most in need (Level 4, 5 and 6 care). It is important that all decisions taken are done so with multidisciplinary team (MDT) input and clearly communicated with patients.

**COVID-19: Clinical guidelines for the management of dermatology patients remotely** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=b64e8b389a1b7b2f0ff0eb6d22f04c42)

This guidance should be used to help dermatology units maintain urgent services, optimise use of medical staff, minimise additional work for GPs, and provide continuity of care with virtual patient management where possible. Dermatologists will need to comply with their own commissioners and organisations’ guidance in this unprecedented situation; this document aims to provide guidance and share good practice. Key principles: Streamline skin cancer patients on 2WW pathways, using teledermatology to triage referrals and book patients directly to surgery where possible -- Manage urgent / on-call patients and in-patient referrals using secure nhs.net email or mobile messaging apps where possible -- Redirect new patients through Advice and Guidance services where possible rather than referral -- Manage referred patients by switching face-to-face clinics to teleconsultation +/- video consultation where possible (new and follow-up) -- Optimise remote access to allow dermatology staff to continue to provide patient care from home if required -- Facilitate virtual staff team meetings to coordinate patient care

#### Guys and St Thomas' NHS Foundation Trust

**Safe Prescribing and Monitoring Protocol for Systemic immunomodulatory therapies for immune-mediated inflammatory skin disease in the context of Coronavirus (COVID-19)** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=5acc8f5c3ce1055a90c86c7009e6dec0)

Please note that this is a suggested framework which was developed for use at Guy's and St Thomas’ NHS Foundation Trust (approved locally on 6th April 2020) as an interim measure to support clinicians reconfiguring services in the context of COVID-19

#### National Institute for Health and Care Excellence (NICE)

**COVID-19 rapid guideline: dermatological conditions treated with drugs affecting the immune response** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=81cd33def506eeab58445681923c2c16)

The purpose of this guideline is to maximise the safety of children and adults who have dermatological conditions treated with drugs affecting the immune response during the COVID-19 pandemic. It also aims to protect staff from infection and enable services to make the best use of NHS resources. 5 Modifications to usual care -- 5.1 If necessary, only continue core services, including: -- dermatology department advice lines -- essential parenteral day-case treatment -- blood tests for drug monitoring where necessary -- services for urgent inpatient and outpatient review (both new and follow up) -- facilities to enable face-to-face review to manage disease flares and complications of therapy. -- 5.2 Provide acute and emergency dermatology advice to GPs to avoid unnecessary emergency department attendances and admissions, using advice and guidance services and teletriage where possible. -- 5.3 Think about pooling resources with other specialities and NHS trusts to provide services such as drug monitoring and telephone and email advice.

#### Royal College of Radiologists (RCR)

**Non-melanoma skin cancer (NMSC) and COVID-19** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=d7eadf70efe3a38bfaad8a32daaa32c1)

General advice... Discuss proposed changes to current treatment pathways within your Skin LMDTs and SMDTs and communicate effectively with the colleagues and patients any unforeseen consequences of COVID-19. • Use the RCR Skin Cancer Forum to seek advice from colleagues.

## B. Original Research

1. **Art of performing dermoscopy during the times of coronavirus disease (COVID-19): simple change in approach can save the day!**  
   Jakhar D. Journal of the European Academy of Dermatology and Venereology : JEADV 2020;:No page numbers.

Dermatoscope is a convenient diagnostic tool used by dermatologists in the diagnosis of skin, hair and nail disorders. During dermoscopy, a dermatoscope comes in contact with the patient and hence can act as a potential source of nosocomial spread of infections.1 The uncertainty associated with the mode of spread of current coronavirus disease (COVID‐19) has only lead to confusion, and studies are underway to determine the role of zoonotic and environmental factors. There are reports of the presence of severe acute respiratory syndrome coronavirus (SARS‐CoV‐2) on door handles, mobile phones and other surfaces. Newer studies confirmed the presence of SARS‐CoV‐2 on plastics, stainless steel, cardboard and copper and have indicated that the virus can stay on the surface for 48–72 h, making fomite spread a real threat. These newer developments are important, and therefore, it becomes important to modify the approach of performing dermoscopy and understand various ways to prevent dermatoscope from becoming a possible source of nosocomial spread. Certain steps are worth being incorporated into the practice...

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e83e5d455f64dd7a4ba67eefd652a9f0)

1. **Emergency management for preventing and controlling nosocomial infection of the 2019 novel coronavirus: implications for the dermatology department.**  
   Tao J. The British journal of dermatology 2020;:No page numbers.

... During the outbreak of COVID‐19, it was discovered that 78% of infected professionals worked in general wards,3 which indicates the strong transmissibility of COVID‐19 and reminds us of the high risk of nosocomial transmission in general departments. Since the outbreak, the Chinese government has implemented a series of strict prevention and control measures; however, it is still possible to miss infected patients in the asymptomatic incubation period. Additionally, both awareness of protection and protective facilities are generally lacking in medical departments, including dermatology. Moreover, most patients in dermatology department have skin lesions, which makes it easier for 2019‐nCoV to transmit via indirect contact. Therefore, dermatology departments could be at relatively high risk for COVID‐19 outbreaks, and it is necessary to set in place emergency management protocols to prevent and control the nosocomial infection of COVID‐19 in dermatology departments. Located in the infected centre, our hospital has set up pre‐examination and triage stations both at the hospital entrance and in the outpatient department of each subdepartment. In addition, a dermatologist is assigned to cooperate with nurses at the dermatology triage stations to evaluate patients further if necessary. Triage to the fever clinic is necessary when patients with skin disorders have fevers or are suspected of being infected with COVID‐19 (Figure 1). When the fever is considered to be caused by a skin disease, the dermatologist participates in the consultation. For patients determined to be free of viral infection, confirmed as noninfected or discharged by the designated department, the dermatology clinic is then made accessible.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e0c56652069f9980fe52bed1157bb846)

1. **Face the COVID-19 emergency: measures applied in an Italian Dermatologic Clinic.**  
   Marasca C. Journal of the European Academy of Dermatology and Venereology : JEADV 2020;:No page numbers.

We have read with great interest the article by Radi et al. which reported the measures applied in order to limit the spread of coronavirus-infection in their dermatological clinic. Particularly they described all the exceptional precautionary measures adopted in order to face COVID-19-emergency and to reduce the spread of infection. Herein we report the experience of our dermatologic Clinic (University of Naples Federico II) which has a very large catchment area and a high number of annually visits (59000 visits in the 2019).

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=6a02354d8e1038c2b2fdf5b2274cf675)

1. **Recommendations on dermatologic surgery during the COVID-19 pandemic.**  
   Der Sarkissian SA Journal of the American Academy of Dermatology 2020;:No page numbers.

... There is no certainty regarding when the pandemic is likely to subside and no evidence-based recommendation regarding when deferred procedures should be undertaken. Several institutions have proposed an approach to dermatologic surgery during the pandemic. We propose the following guidelines (Table 1). Where possible, clinics should be triaged so that only urgent patients are reviewed in person, with telehealth employed where appropriate. Elective surgery such as excision of benign lesions and cosmetic procedures should be postponed. For conditions such as hidradenitis suppurativa where minimally-invasive dermatologic procedures (such as incisional and drainage) may relieve debilitating morbidity, these should be pursued as soon as feasible. For superficial BCC we recommend deferring treatment for 6 months except where this may lead to significant morbidity, and for all other forms of BCC, deferring surgery for 3-6 months.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=908d840855c7f621dc0d7286296bbc58)

1. **Response of a tertiary dermatology department to COVID-19.**  
   Der Sarkissian S. The Australasian journal of dermatology 2020;:No page numbers.

... Due to the unprecedented nature of this pandemic there has been uncertainty regarding what changes should be implemented to Australian dermatology services. Given the reported efficacy of China’s response in reducing COVID‐19 transmission, we are employing similar protocols (Table 1). At the Department of Dermatology, Liverpool Hospital, we have deferred non‐urgent cases from surgical and medical clinics. We have defined urgent surgical cases as melanoma, and squamous cell carcinoma and other cutaneous tumours in high‐risk areas or immunosuppressed patients. Medical cases are reviewed on an individual basis. With the Government implementation of teledermatology, we are utilising this where possible.4 We are staggering patient appointment times to minimise the number in our waiting rooms, limiting patients to bringing one support person, and spacing seating by 1.5 m. For inpatient consultations we have limited the number of doctors seeing a patient to two. Patients are being proactively contacted to discuss the need for continuation of immunosupressive therapy. The British Association of Dermatologists have released a statement suggesting there is insufficient evidence to advocate stopping biologic therapy at this time...

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=d667ba7492b1530472d572b1dc511e3e)

1. **Should patients stop their biologic treatment during the COVID-19 pandemic.**  
   Bashyam AM The Journal of dermatological treatment 2020;:1-2.

The novel coronavirus (SARS-CoV-2) that causes COVID-19 has now reached all corners of the world, and our psoriasis patients are asking what this means for them. Even beyond preventing and controlling nosocomial infection in our clinics (Table 1), our treatment decisions must consider the current situation. Patients are asking whether they are at higher risk of being infected, whether they are at a higher risk of severe disease after being infected, and whether they need to discontinue their biologic treatment preemptively.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=6d696a587179a09655fe8a6201ccf81a)

1. **Strategic dermatology clinical operations during the coronavirus disease 2019 (COVID-19) pandemic.**  
   Price KN Journal of the American Academy of Dermatology 2020;:No page numbers.

To the Editor: We were very pleased to read Chenet al’s commentary presenting practical methods for reducing the spread of coronavirus disease 2019 (COVID-19) in the dermatologic setting. Health care teams around the world are working diligently to limit the spread of COVID-19 despite unprecedented challenges. In this letter, we provide additional strategies and a potential framework for maintaining successful patient care while limiting risks for faculty, residents, staff, and the community during theCOVID-19 outbreak

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=87c5ce6fba71a1f747d6789d6f3fff94)

1. **Teledermatology: a useful tool to fight COVID-19.**  
   Villani A. The Journal of dermatological treatment 2020;:1.

... Measures of protection, screening, and above all isolation have shown to be efficient in similar settings, particularly in the early stage of the disease. Dermatologists should reduce their outpatient visits to urgent cases, including surgical procedures for invasive malignancies, or emergent inpatient consultations with proper personal protective equipment and an emphasis on social distancing, as also indicated by Kwatra et al. (2) in their recent article. Although the reduction of face-to-face consultation is required in order to reduce the risk of infection, dermatological services must be maintained in action and “teledermatology” should be the solution. Medical staff should guarantee their presence with teleconsultation and therapeutic continuity for patients affected by chronic diseases. Teledermatology uses telecommunication to transmit medical information to a dermatologist. Two types of consultation do exist: the synchronous and the asynchronous one. The first is a live interactive consultation (video-call) in which patient and physician are able to interact in real-time, while, the second one is based on a store-and-forward system: patients’ medical information is stored and then reviewed at a later time by a medical provider...

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=456a8b502c459e266167ab4e9e7c6d61)

1. **The Danger of Neglecting Melanoma during the COVID-19 Pandemic.**  
   Gomolin T. The Journal of dermatological treatment 2020;:1-8.

Due to the COVID-19 pandemic, planned medical and surgical activities are being postponed. For the dermatology community, this interruption to the healthcare system can lead to delays in the diagnosis and treatment of melanoma. Neglecting melanoma during this crisis can result in increased mortality, morbidity and healthcare costs. With the COVID-19 pandemic evolving and no clear solutions in sight, it is time for the prospective evaluation of teledermatology. However, dermatologists should be cautious and continue seeing patients with pigmented lesions in person due to the necessity of early surgical intervention.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=097f4348975f5eb5c74e1bb7e1a7a525)

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**Portable Document Format / pdf / Adobe**  
Click on the Search button (illustrated with binoculars). This will open up a search window. Type in the term you need to find and links to all of the references to that term within the document will be displayed in the window. You can jump to each reference by clicking it.

**Word documents**  
Select Edit from the menu, the Find and type in your term in the search box which is presented. The search function will locate the first use of the term in the document. By pressing 'next' you will jump to further references.

## Search History

British Association of Dermatologists, National Institute for Health and Care Excellence (NICE), PubMed, TRIP PRO

**Date range used** (5 years, 10 years): -  
**Limits used** (gender, article/study type, etc.): -  
**Search terms and notes**:

dermatology -- skin -- inpatient -- outpatient -- hospital -- clinic -- restart -- service

**NICE Evidence search**: dermatology service covid 19

**PubMed**: Search: (("COVID-19" OR Coronavirus OR "Corona virus" OR "2019-nCoV" OR "SARS-CoV" OR "MERS-CoV" OR “Severe Acute Respiratory Syndrome” OR “Middle East Respiratory Syndrome”)) AND ((skin) OR (dermatology)) = 295 results

((((((("COVID-19"[All Fields] OR (("coronavirus"[MeSH Terms] OR "coronavirus"[All Fields]) OR "coronaviruses"[All Fields])) OR "Corona virus"[All Fields]) OR "2019-nCoV"[All Fields]) OR "SARS-CoV"[All Fields]) OR "MERS-CoV"[All Fields]) OR "Severe Acute Respiratory Syndrome"[All Fields]) OR "Middle East Respiratory Syndrome"[All Fields]) AND (("skin"[MeSH Terms] OR "skin"[All Fields]) OR ((("dermatologie"[All Fields] OR "dermatology"[MeSH Terms]) OR "dermatology"[All Fields]) OR "dermatology s"[All Fields]))

**TRIP PRO**: (dermatology services) ("COVID-19") = 4 results

**British Association of Dermatology**

**ID of request:** 23001  
**Date of request:** 30th April, 2020  
**Date of completion:** 1st May, 2020

**Context:** for Director of Outcomes in an acute Trust

[Reviewers Note 11/05/20: also consider adapting search and repeating in Embase]

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