

## COVID-19 SPECIAL FORUM

# European Task Force on Atopic Dermatitis statement on severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)-infection and atopic dermatitis

*Editor,*

Atopic dermatitis (AD) is a complex disease with elevated risk of respiratory comorbidities.<sup>1,2</sup> Severely affected patients are often treated with immune-modulating systemic drugs.<sup>3,4</sup> On 11 March 2020, the World Health Organization declared the 2019 novel coronavirus severe acute respiratory syndrome (SARS-CoV-2) epidemic to be a pandemic. The number of cases worldwide is increasing exponentially and poses a major health threat, especially for those who are elderly and immunocompromised, or have comorbidities. This also applies to AD patients on systemic immune-modulating treatment. In these days of uncertainty, reallocation of medical resources, curfew, hoarding and shutdown of normal social life, patients, caregivers and doctors ask questions regarding the continuation of systemic immune-modulating treatment of AD patients. The ETFAD decided to address some of these questions here:

## What do we recommend for AD patients treated with immune-modulating therapy at times of SARS-CoV-2 pandemic?

- To continue all immune-modulating treatments, including immunosuppressive therapy, since exacerbations of underlying diseases can have a large negative impact on patients' immunity.
- To strictly follow the recommendations for patients at risk issued by the local health authorities in each European country.
- To carefully observe hygienic procedures using hand wash and disinfectants. Non-irritant soap substitutes should be used in the same way as directed for soap. Moisturizers should be applied afterwards.

## Which considerations regarding comorbidities of AD and pausing of systemic therapy should be made in SARS-CoV-2-infected patients?

- Patients diagnosed with coronavirus disease (COVID-19) should undergo interdisciplinary risk assessment first. Immune-modulating therapy may or may not be paused

afterwards, in accordance with current guidelines on active infections and systemic therapy.

- Immune-modulating drugs used for treating AD also affect the severity of comorbidities such as asthma, chronic obstructive lung disease, eosinophilic oesophagitis, kidney disease and severe allergies. The abrupt termination of a stable systemic treatment regimen may lead to exacerbations of AD and such comorbidities.
- If systemic treatment of AD needs to be paused, patients should be supplied with ample topical therapy and guidance on the amount needed to prevent flares until systemic therapy can be reinstated.<sup>3,4</sup> Monitoring and treatment of comorbidities such as asthma are required in such a situation.
- Patients with severe and complicated AD should ideally be managed in a specialized, tertiary centre.<sup>5</sup>

## Can we predict interactions of AD, its complications, immunosuppressive and immunomodulating therapies with COVID-19?

- Severe and untreated AD is a known risk factor for disseminated viral skin disease.<sup>6</sup> On the other hand, many conventional systemic immune-modulating agents, such as cyclosporine, may interact with the human bodies' defence mechanisms against viral disease. We currently do not know how SARS-CoV-2 affects AD patients and specifically those on immune-modulating therapies.
- Disseminated viral skin infection such as eczema herpeticum, herpes zoster infection or seasonal nasopharyngitis observed in AD patients could serve as potential model diseases for estimating the handling of SARS-CoV-2 infection by AD patients on systemic therapy, but the conclusions which can reasonably be drawn are very limited.
- Targeted treatment selectively interfering with type 2 inflammation, such as dupilumab, is not considered to increase the risk for viral infections and might thus be preferred compared to conventional systemic immunosuppressive treatments, such as cyclosporine, in a situation such as the COVID-19 pandemic. However, this theoretical advantage is not supported by robust clinical data.

Finally, the ETFAD recommends all doctors treating AD patients to remain vigilant and updated through international, national and local guidelines, local health authorities' homepages and the WHO homepage [www.who.int](http://www.who.int).

No funding was obtained for this work.

This research was performed independently through the authors' academic university and hospital affiliations.

A. Wollenberg,<sup>1,2,\*</sup> C. Flohr,<sup>3</sup> D. Simon,<sup>4</sup> M.J. Cork,<sup>5</sup>  
J.P. Thyssen,<sup>6,7</sup> T. Bieber,<sup>8</sup> M.S. de Bruin-Weller,<sup>9</sup>  
S. Weidinger,<sup>10</sup> M. Deleuran,<sup>11</sup> A. Taieb,<sup>12</sup> C. Paul,<sup>13</sup>  
M. Trzeciak,<sup>14</sup> T. Werfel,<sup>15</sup> J. Seneschal,<sup>16</sup> S. Barbarot,<sup>17</sup>  
U. Darsow,<sup>18</sup> A. Torrelo,<sup>19</sup> J.-F. Stalder,<sup>20</sup> A. Svensson,<sup>21</sup>  
D. Hijnen,<sup>22</sup> C. Gelmetti,<sup>23</sup> Z. Szalai,<sup>24</sup> U. Gieler,<sup>25</sup>  
L. De Raeve,<sup>26</sup> B. Kunz,<sup>27</sup> P. Spuls,<sup>28</sup>  
L.B. von Kobyletzki,<sup>29,30</sup> R. Fölster-Holst,<sup>10</sup>  
P.V. Chernyshov,<sup>31</sup> S. Christen-Zaech,<sup>32</sup> A. Heratizadeh,<sup>15</sup>  
J. Ring,<sup>33,34</sup> C. Vestergaard<sup>11</sup>

<sup>1</sup>Department of Dermatology and Allergy, Ludwig-Maximilian University, Munich, Germany, <sup>2</sup>Department of Dermatology I, München Klinik Thalkirchner Strasse, Munich, Germany, <sup>3</sup>St John's Institute of Dermatology, King's College London and Guy's & St Thomas' NHS Foundation Trust, London, UK, <sup>4</sup>Department of Dermatology, Inselspital, Bern University Hospital, University of Bern, Bern, Switzerland, <sup>5</sup>Sheffield Dermatology Research, Department of Infection, Immunity and Cardiovascular Disease, The University of Sheffield, Sheffield, UK, <sup>6</sup>Department of Dermatology and Allergy, Herlev and Gentofte Hospital, Hellerup, Denmark, <sup>7</sup>Copenhagen Research Group for Inflammatory Skin (CORGIS), Hellerup, Denmark, <sup>8</sup>Department of Dermatology and Allergy, Christine Kühne-Center for Allergy Research and Education, University Hospital of Bonn, Bonn, Germany, <sup>9</sup>National Expertise Center of Atopic Dermatitis, Department of Dermatology and Allergology, University Medical Center Utrecht, Utrecht, The Netherlands, <sup>10</sup>Department of Dermatology and Allergy, University Hospital Schleswig-Holstein, Kiel, Germany, <sup>11</sup>Department of Dermatology, Aarhus University Hospital, Aarhus, Denmark, <sup>12</sup>University of Bordeaux, Bordeaux, France, <sup>13</sup>Department of Dermatology, Toulouse University, Toulouse, France, <sup>14</sup>Department of Dermatology, Venereology and Allergology, Medical University of Gdansk, Gdansk, Poland, <sup>15</sup>Department of Dermatology and Allergy, Hannover Medical School, Hannover, Germany, <sup>16</sup>Department of Adult and Pediatric Dermatology, CHU Bordeaux, University of Bordeaux, Bordeaux, France, <sup>17</sup>Department of Dermatology, CHU, Nantes, France, <sup>18</sup>Department of Dermatology and Allergy, Technical University of Munich, Munich, Germany, <sup>19</sup>Department of Dermatology, Hospital Infantil Niño Jesús, Madrid, Spain, <sup>20</sup>Department of Dermatology, Nantes Université, CHU Nantes, UMR 1280 PhAN, INRAE, F-4400, Nantes, France, <sup>21</sup>Department of Dermatology, Skane University Hospital, Malmö, Sweden, <sup>22</sup>Department of Dermatology, Erasmus MC University Medical Center, Rotterdam, The Netherlands, <sup>23</sup>Department of Pathophysiology and Transplantation, Foundation IRCCS, Cà Granda Ospedale Maggiore Policlinico, Università degli Studi di Milano, Milan, Italy, <sup>24</sup>Department of Dermatology, Heim Pál National Children's Institute, Budapest, Hungary, <sup>25</sup>Department of Dermatology, University of Gießen and Marburg GmbH, Gießen, Germany, <sup>26</sup>Department of Dermatology, Universitair Ziekenhuis Brussel (UZB), Free University of Brussels (VUB), Brussels, Belgium, <sup>27</sup>Dermatologikum, Hamburg, Germany, <sup>28</sup>Department of Dermatology, Amsterdam Public Health, Infection and Immunity, Amsterdam UMC, University of Amsterdam, Amsterdam, The Netherlands, <sup>29</sup>University Healthcare Research Center, Faculty of Medicine, Lund University, Lund, Sweden, <sup>30</sup>Department of Occupational and Environmental Dermatology, Lund University, Skåne University Hospital, Malmö, Sweden, <sup>31</sup>Department of Dermatology and Venereology, National Medical University, Kiev, Ukraine, <sup>32</sup>Pediatric Dermatology Unit, Departments of Dermatology and Pediatrics, Centre Hospitalier Universitaire Vaudois, Lausanne, Switzerland, <sup>33</sup>Department of Dermatology and Allergy Biederstein, School of Medicine, Technical University of Munich, Munich, Germany, <sup>34</sup>Christine-Kühne Center for Allergy Research and Education (CK-Care), Davos, Switzerland

\*Correspondence: A. Wollenberg. E-mail: wollenberg@lrz.uni-muenchen.de

## References

- Simon D, Wollenberg A, Renz H, Simon HU. Atopic dermatitis: collegium internationale allergologicum (CIA) update 2019. *Int Arch Allergy Immunol* 2019; **178**: 207–218.
- Egeberg A, Andersen YM, Gislason GH, Skov L, Thyssen JP. Prevalence of comorbidity and associated risk factors in adults with atopic dermatitis. *Allergy* 2017; **72**: 783–791.
- Wollenberg A, Oranje A, Deleuran M *et al.* ETFAD/EADV Eczema task force 2015 position paper on diagnosis and treatment of atopic dermatitis in adult and paediatric patients. *J Eur Acad Dermatol Venereol* 2016; **30**: 729–747.
- Wollenberg A, Barbarot S, Bieber T *et al.* Consensus-based European guidelines for treatment of atopic eczema (atopic dermatitis) in adults and children: part II. *J Eur Acad Dermatol Venereol* 2018; **32**: 850–878.
- Vestergaard C, Thyssen JP, Barbarot S, Paul C, Ring J, Wollenberg A. Quality of care in atopic dermatitis - a position statement by the European Task Force on Atopic Dermatitis (ETFAD). *J Eur Acad Dermatol Venereol* 2020; **34**: e136–e138.
- Seegreber M, Worm M, Werfel T *et al.* Recurrent eczema herpeticum - a retrospective European multicenter study evaluating the clinical characteristics of eczema herpeticum cases in atopic dermatitis patients. *J Eur Acad Dermatol Venereol* 2020; **34**: 1074–1079.

DOI: 10.1111/jdv.16411

## Art of performing dermoscopy during the times of coronavirus disease (COVID-19): simple change in approach can save the day!

### Editor

Dermatoscopy 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.<sup>1</sup> 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