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Although patients with psoriasis and transplant recipients are older, burdened by metabolic and cardiovascular comorbidities, and above all, immunosuppressed, there is no early signal of an increased hospitalization or death from COVID-19. We acknowledge that patients on biologics or immunosuppressive drugs may have self-isolated more effectively and focused on improved hygiene, thus limiting their own infection risk.

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Recommendations for phototherapy during the COVID-19 pandemic



To the Editor: The COVID-19 pandemic has resulted in the closure of many phototherapy units in the United States and around the world, especially in areas hard hit by the pandemic, with difficulty in maintaining social distancing being a driving factor. Currently, there is no guidance on managing a phototherapy service or resuming the service during this pandemic.

Because COVID-19 risk varies with disease prevalence and because disease prevalence varies in different locations, the decision to continue or resume phototherapy operations needs to be made based on local public health recommendations, and for medical center-based units, in consultation with the institution's infection control unit. To provide information for clinicians, the following recommendations are based on the consensus opinion of members of the dermatology expert committee of the Light Treatment Effectiveness (LITE) study, a pragmatic trial of home vs office narrowband ultraviolet (UV) B phototherapy in 1050 patients at approximately 30 sites across the United States.¹ The committee consists of dermatologists who have long-standing expertise in the management of patients on phototherapy.

The principle that we use in developing the recommendations is to balance risks and benefits for patients and to optimize safety for staff. Currently, the risk of spreading COVID-19 in a shared phototherapy setting is unknown. The germicidal property of UV light may be helpful in limiting COVID-19 in the phototherapy unit. UVC has been used for decontamination of N95 filtering face piece respirators during the pandemic.² On the basis of extrapolation of 254-nm UVC virus inactivation data using viruses other than severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), solar radiation, including UVB and UVA, has been estimated to also have virucidal effect.³

Office phototherapy is generally not the only option; therefore, risks and benefits of options, including home phototherapy and judicious exposure to natural sunlight, should be weighed. For sites providing a targeted phototherapy service (excimer laser or light), for the safety of the staff, treatment of facial lesions should be minimized, or if possible, avoided.

Once a decision to continue or to resume phototherapy service has been made, the following recommendations are made:

Consider to have all patients:

- Be screened for symptoms, based on local guidelines, before entering the unit, understanding that those with symptoms might be denied treatment;
- Attend the phototherapy appointment alone (ie, family members, friends, caregivers should not enter the medical facility). If the patient is a minor, 1 guardian is allowed to accompany the patient. Screening, wearing a homemade mask, applying hand sanitizer, and practicing social distancing would be required of the guardian;
- Wear a homemade cotton mask, with the exception during the total body phototherapy treatment;
- Apply hand sanitizer upon entering and leaving the unit;
- Be provided with their individual goggles (if the face is exposed during phototherapy) that can be stored in the unit in an individualized plastic bag. Patients should clean the goggles according to manufacturer's instructions thoroughly with disinfecting wipes before putting it in the bag;
- Be given a bag to store their clothes when they disrobe, and bag is discarded at end of treatment;
- Practice social distancing.

Staff should consider to:

- Schedule patients not more than every 30 minutes;
- Arrange waiting area with seats 6 feet apart;
- Wear a mask;
- Apply hand sanitizer before and after each patient encounter;
- Avoid turning on the fan of the phototherapy unit if possible; if need be, treatment can be fractionated to avoid excessive heat build-up in the unit;
- Disinfect high-touch surfaces in the changing area after each patient;
- Disinfect high-touch area of the phototherapy equipment in between patients.

Once the public health authority has given the permission to resume unrestricted daily activity, practice performed before the pandemic can then be done.

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Clinical considerations for managing dermatology patients on systemic immunosuppressive or biologic therapy, or both, during the COVID-19 pandemic



To the Editor: Concern exists about COVID-19 in patients treated with systemic immunosuppressive or biologic therapy, or both.^{1,2} However, there are no data on the effects of COVID-19 infection in this population.^{1,3} We examined randomized controlled trials (RCTs), systematic reviews, and meta-analyses, focusing on RCTs for dermatologic conditions and respiratory infections where available.

The results are presented in Table I, and a detailed discussion is available in the Supplemental materials (via Mendeley at <https://doi.org/10.17632/bsjcgsvvxw.2>). Briefly, our findings suggest that upper