

**LETTER**

# The COVID-19 outbreak in Italy: Preventive and protective measures adopted by the Dermatology Unit of Bologna University Hospital

Dear Editor,

In December 2019, a novel coronavirus severe acute respiratory syndrome - coronavirus - 2 emerged in Wuhan, China, responsible for an aggressive interstitial pneumonia.<sup>1</sup> In few weeks, this condition becomes a matter of global health and the coronavirus disease (named COVID-19 by the World Health Organization) was declared a pandemic on March 11, 2020.<sup>2</sup> At the time of writing, April 22, 2020, the pandemic in Italy has reached 187 327 total cases of contagion and 25 085 deaths.<sup>3</sup> The Dermatology Unit of S. Orsola-Malpighi University Hospital in Bologna, being situated within one of the areas most affected by the epidemic, has applied all possible measures to contrast the spread of the infection.<sup>4-7</sup> Our dermatological unit offers specialist consultations with an average of 50 000 admissions per year, resulting in an obvious high risk of contagion.

According to the ministerial decree of March 9, 2020 (GU Serie Generale n. 62), all scheduled visits have been suspended, maintaining access strictly reserved for urgent cases. Urgent dermatological procedures due to neoplastic causes and dermatological consultations required by other hospital wards were maintained.

The medical staff has contacted all scheduled patients by phone to assess their health condition and provide, when possible, telematic therapeutic counseling (telemedicine). Patients with worsening or relapsing dermatological conditions are allowed to access outpatient clinics, provided with precise indications about how and when to access, in order to avoid overcrowding the waiting rooms. No accompanying persons can enter the clinic. A remote clinical service has been applied for many outpatient clinics, which follow chronic-relapsing skin conditions: chronic inflammatory diseases, allergology, pediatric dermatology, phototherapy, mycology and parasitology, skin annexes diseases, and skin cancer screening visits. Other dermatological services have remained open, but with a drastically reduced number of patients: skin cancer follow-up visits, sexually transmitted diseases, pediatric dermatological visits, and the wound care outpatient clinic. Surgery activity has also been reorganized. Daily surgical procedures have been reduced and limited to patients with a suspected neoplastic skin disease with high priority, with a total number of three to five surgical procedures per day. Our dermatopathology service has remained open.

All patients who access the general emergency department or come directly to our unit must pass through dedicated checkpoints,

and answer questions about their state of health (fever, cough, dyspnea) and any confirmed or suspected contact with COVID-19 patients. Patients are strongly encouraged to wear masks and keep them on throughout the whole visit.

The ordinary dermatological hospitalization service (six beds) has been almost completely suspended and the ward has been converted to a ward for patients with COVID-19. Only two beds per week were maintained for the hospitalization of urgent dermatological conditions. Medical staffs have been reorganized: physicians and residents have redefined their work shifts, whereas doctoral candidates and temporary research fellows continue to work from home. Some of the dermatologists in our unit have volunteered to assist emergency staff on COVID patient wards, giving an exemplary message of dedication and resource optimization.

Finally, medical and nursing staff must be equipped with appropriate protective facial devices, which, however, are scarce and need to be rationed daily, with undeniably negative potential effects on the health of both health care workers and patients: this is an essential point that the Italian government is urgently examining.

In these last days, all the health personnel were tested with the immunochromatographic test and the confirmatory test by enzyme immunoassay was conducted to identify at least a part of the asymptomatic-infected subjects. So far, preventive and protective measures appear to have made it possible to prevent the spread of the virus in the dermatology unit. It is our hope that these data will be maintained and, even more so, that the worldwide efforts against this new pathogen will lead to the rapid conclusion of this difficult chapter of our times.

## CONFLICT OF INTEREST

The authors declare no potential conflict of interest.

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