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COVID-19 pandemic: University of Naples Federico II Dermatology's model of dermatology reorganization

Dear Editor,

On March 11, 2020, the World Health Organization officially declared the Coronavirus disease (COVID-19) a pandemic. Currently, Italy is the country with the third highest number of Coronavirus cases after the United States of America and Spain and the first for COVID-19 deaths. National lockdown measures have been enforced in Italy since March 12 and are set to remain in place until May 3. In Italy, we are all in quarantine: all population movements are restricted except for necessity or health circumstances; in addition, all non-necessary shops, businesses, and industries are temporarily closed.[1] The Italian authorities have established fines and penal condemnations for those who do not comply with the restrictive measures. The economic and psychological impact of the epidemic on Italian people will be great; however, the efficacy of lockdown is now manifesting with decreasing new infected cases as well as the number of patients hospitalized. We all must contribute to the infection containment. "We urge dermatology departments and practices to show leadership. If not now, when?" With these words Kwatra *et al.*[2] conclude their paper recently published. University of Naples Federico II dermatologists have answered to the call. Due to the necessity to set emergency management protocols for preventing and controlling novel coronavirus (2019-nCoV) infection spread,[3,4] we have completely reorganized our work in both hospital dermatology clinics and in private dermatological offices. The Section of Dermatology at the Department of Clinical Medicine and Surgery, University of Naples Federico II, Italy, is the biggest dermatological reference hospital in the Campania region with approximately 59,000 visits performed in the year 2019. Since the end of February, the following measures have been put in place: (i) Allowed access to the Dermatological Clinic only after having passed a "triage station" located at the entrance, managed by a nurse and a dermatologist. No patient with fever or respiratory symptoms can enter. (ii) All elective outpatient visits have been cancelled. Patients were provided an email address to contact physicians, who have been encouraged to practice telemedicine in a smart working modality. Only three types of services are permitted: urgent visits, surgical procedures for malignant tumors, dermatological consultations that cannot be deferred in other wards. (iii) Drastic reduction of health personnel. A rotation of all medical and nursing staff allows reduction of the number of people exposed to the contagion risk. (iv) Personal protective equipment (PPE) has been provided to the staff. All the healthcare personnel have been educated on the strategies and behaviors to be implemented in order to prevent and control 2019-nCoV infection. (v) All the healthcare staff have undergone an oropharyngeal swab for SARS-CoV-2 detection even in the absence of respiratory symptoms or established contacts with COVID-19 patients. (vi) An anti-COVID-19 research group made up of professors, researchers, PhD students, and residents has been created. The research group is drafting projects for anti-COVID pharmaceutical experiments as well as therapeutic management protocols for dermatological patients, especially if in treatment with biological or immunosuppressive drugs. All such research activities are conducted and coordinated online. Thanks to all these preventive and organizational measures, no worker in our Dermatological Clinic has been infected with SARS-CoV-2 to date. The situation of private dermatological offices is different: they are indefinitely closed, except for extremely urgent visits. However, private dermatologists are connected through an online network with the hospital structure: they can send patients who need urgent visits as well as can support the research activity of our University. In southern Italy, the epidemic has not reached the numbers of the northern regions, and we hope we don't face the same terrible emergency in the immediate future thanks to the all restrictive measures actually in place. We hope our mistakes as well as our initiatives can serve as a lesson for the other countries.[5] Dermatologists, let's start first: it's time to act.

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Knowledge of the meaning and utility of the ultraviolet index as a guide to sun-safe behaviors and attitudes toward hat wearing amongst Australian school students

Dear Editor,

Australian schools have a legal obligation to protect students from excessive ultraviolet radiation (UV) exposure, particularly because school times coincide with peak UV intensities.[1] Australian Capital Territory schools and other southern Australian regions adopt a "Hats Off Day" policy between May and August due to low UV levels and vitamin D deficiency concerns. Outside of this context, schools should, if not enforce, at least endeavor to educate and promote hat wearing, sunscreen use, sun-protective clothing, and shade seeking. For example, the New South Wales Department of Education, in conjunction with the New South Wales Cancer Council SunSmart sun protection policy, provides primary schools with educational resources.[2] Unfortunately, consistent and nationwide adoption by students of the SunSmart guidelines is often not achieved without ongoing school interventions and education[3-4] and can be limited by the cost of shade infrastructure, limited parental support, and lack of program awareness by parents and teachers.[5] Providing appealing sun-safe hats and education could prove to be a relatively inexpensive measure that governments could consider, especially bearing in mind the high lifetime cost of treating skin cancers.

This study of 376 primary and high school students sought to identify hat design elements most likely to be appealing to them and thereby increase hat wearing, and to prompt schools to think about the importance of being sun safe. Four hundred schools in all Australian states and territories, including government and independent schools, secular and religious schools, co-educational and single-sex schools, were contacted and invited to participate in this study using the "Good Schools Guide" (https://www.goodschools.com.au) and the "Australian Schools Directory" (https://www.australianschoolsdirectory.com.au). The email sent to schools during November 2019 included the study's ethics approval, participant information sheet, contact details of the study team, and a single black-and-white bucket hat picture with a three-question survey. Students could either print out and color in or create digital designs on the template provided. Completed sheets were then returned to myhatmyskin@gmail.com for analysis. Response collection ceased at midnight on December 1, 2019. Consent was assumed when worksheets were sent to myhatmyskin@gmail.com. The relative frequency (%) of hat design elements—including colors that covered the greatest surface area, shapes, and identifiable objects—was compared between age groups. Table S1 (supplementary data) depicts the framework used for analysis. The study

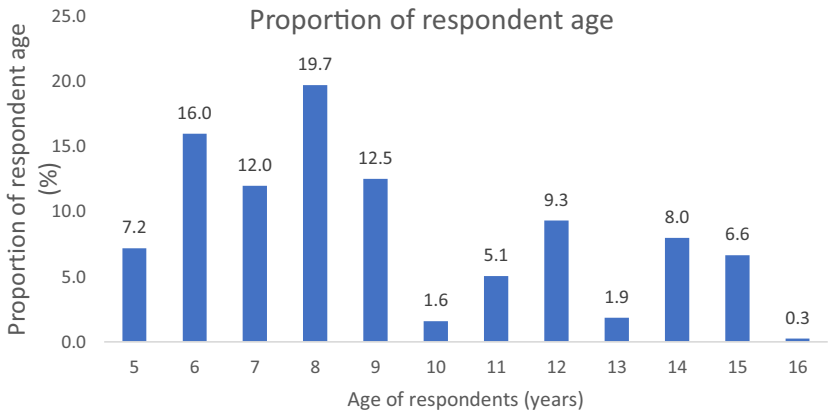

Figure 1 Proportion (%) of respondent age groups

