

INDIAN ASSOCIATION OF DERMATOLOGISTS, VENEREOLOGISTS & LEPROLOGISTS - 2020

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Date:22/Mar/2020

IADVL POSITION STATEMENT ON OUR DERMATOLOGY CLINICAL PRACTICE IN THE EVOLVING COVID-19 SCENARIO

Current Scenario

Situation report (March 21 2020)

(<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/> and <https://www.mohfw.gov.in/>)

- Globally (March 20, 2020):** Confirmed 234 073 (new cases 24 247, Death 9840 deaths (new death 1061)
- It took over three months to reach the first 100 00 confirmed cases, and only 12 days to reach the next 100 000.
- India:** Confirmed 296, Death 5 (Maharashtra -2 and Delhi, Karnataka, Punjab with 1 each)

Health care/ Community Intervention

- To prevent community transmission of the virus, all effort should be made by stakeholders to reduce crowding, i.e. maintaining a distance of at least of 1 meter between 2 individuals.
- This is not possible when the outpatient departments are running as usual and the waiting area is crowded.
- Travel of patients using public transport and waiting in the waiting area puts them at an increased risk of exposure and thus fuels the fire.
- To clamp down on the community transmission and to reduce the risk of patients of other disease and doctors being exposed to the infection, are recommending curtailment of non-emergency services, and outpatient services

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have been stopped in some institutions. While, emergency and other essential service like antenatal clinic and chemotherapy are running.

5. Elective operative procedures have been cancelled in several Government hospitals.

6. Considering this changing scenario, all members of our association are urged to keep themselves and their families safe.

Considerations for dermatology practice

1. If feasible, you may consider stopping the outpatient services altogether for some days.

2. Inconvenience caused to genuinely needy patients has to be given cognizance to. Patients in need of emergency care may be advised to report to nearest emergency department.

3. If you are not closing outpatients, direct walk in patients should be avoided. You may consider consultation only by prior appointment.

4. When giving appointment, you can seek brief history by whatsapp/ or email before giving an appointment for the clinic. Consultation for all routine clinical cases may be deferred. Only the ones needing immediate attention may be given appointment. Other consultations may be deferred after discussing with the patient about the prevailing situation and considering health safety of everyone involved.

5. Advice patients for hand hygiene and cough etiquette while in clinic or otherwise. Unnecessary handling of stuff and surfaces in the clinic should be avoided.

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6. Teleconsultation- Please note that the general guidelines of the Medical Council of India/ State Medical Councils qua the issue of telephonic medication and online consultations still govern the practice of medicine by their registered members. Any deviation therefore may expose the members to adverse legal consequences.

7. Patients with the following situations or in any other dermatological emergencies should be advised to report to a nearby emergency care facility

a. Someone with any skin diseases and having fever/cough/breathlessness. They should report to clinics set up for screening coronavirus cases.

b. Angioedema with respiratory distress

c. Severe drug rash, represented by generalized maculopapular rash, oral ulcers, rash with dusky discoloration, jaundice, loss of appetite, decreased urine output, and yellowish discoloration of urine.

d. Any patient with erythroderma of any etiology

e. Any patient of autoimmune blistering disease with severe disease, i.e body surface area involvement >5%.

8. Please note that emergency medical support is not subject to the restrictions on social distancing and travel. Such patients therefore may be attended in person for proper treatment upon physical examination prior to diagnosis and prognosis.

9. **Elective Procedures:** The virus remains active in aerosol for multiple hours and surface for days. The virus is most stable on plastic and stainless

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Steel. Hence, elective dermatological procedures may be avoided for the time being.

Patients on immunosuppressants

1. Continuing or starting immunosuppression with a patient with severe disease has to be done on a case to case basis. Immunosuppressed patients are at an increased risk of severe coronavirus disease.
2. Instruct patients already on immunosuppressants including steroids, chemotherapeutic drugs and biologics on effective preventive strategies. International Psoriasis Council recommends discontinuation of biologics who are infected with Coronavirus. Similar measures should be considered for other immunosuppressants in other diseases.
3. For other patients who are not symptomatic or have not tested positive for coronavirus infection, reduce steroids and other immunosuppressants to the lowest clinically effective dose. Consider effect of sudden reduction of dose or withdrawal of the immunosuppressant on the primary disease, and also on the patient, e.g. sudden withdrawal of long term corticosteroid and adrenal insufficiency. If the patient has been on long-term oral prednisolone, the target dose should be 7.5-10 mg/day to avoid manifest adrenal insufficiency.

If you are senior, or have an underlying medical condition associated with reduced immunity, cardiac or pulmonary ailments, or are pregnant; please stay home. You may consider referring your patient to a colleague who is working.

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- Everyone stays safe by staying at home as much as possible.
- Facilitate care of patients as much as feasible.
- Patients with severe disease who need emergency care may be sent to the nearest emergency department.
- Stay safe. Help your patients.

Disclaimer: These are general guidelines. All IADVL members are requested to follow state specific recommendations

Thankyou

Regards,

Dr KIRAN GODSE
President, IADVL
Academy

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Hon Secretary General, IADVL.



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Chairperson, IADVL

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